



ECMCC Board of Director's Meeting

January 28, 2025

Zizzi Conference Center

Erie County Medical Center

462 Grider Street

Buffalo, NY 14215

AGENDA
REGULAR MEETING OF THE BOARD OF DIRECTORS OF
ERIE COUNTY MEDICAL CENTER CORPORATION
JANUARY 28, 2025

- I. CALL TO ORDER: DARBY FISHKIN, VICE CHAIR
- II. APPROVAL OF MINUTES:
- III. RESOLUTIONS MAY BE DISTRIBUTED TO THE BOARD OF DIRECTORS DURING THE MEETING ON JANUARY 28, 2025
- IV. REPORTS FROM THE CORPORATION'S LEADERSHIP TEAM
 - A) **Chief Executive Officer & President**
 - B) **Chief Financial Officer**
 - C) All other reports from leadership are received and filed.
- V. REPORTS FROM STANDING COMMITTEE CHAIRS
 - A) **Executive Committee** (by Darby Fishkin)
 - B) **Finance Committee** (by Michael Seaman)
 - C) **Buildings and Grounds Committee** (Ronald Bennett)
 - D) **Quality Improvement and Patient Safety Committee** (by Michael Hoffert)
- VII. ADJOURN

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

Present: Ronald Bennett*, Reverend Mark Blue*, Darby Fishkin, Sharon Hanson, Michael Hoffert*, James Lawicki*, Hon. John O'Donnell, Reverend Kinzer Pointer, Thomas J. Quatroche, Eugenio Russi, Michael Seaman, Dr. Philip Stegemann, Benjamin Swanekamp*

Excused: Jonathan Dandes, Christian Johnson, Christopher O'Brien, , Jennifer Persico

Also

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

*participated virtually

I. Call to Order:

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

II. Minutes

Upon a motion made by Reverend Kinzer Pointer and seconded by Benjamin Swanekamp the minutes of the October 22, 2024 regular meeting of the Board of Directors were unanimously approved.

III. Action Items

Resolution Receiving and Filing Medical-Dental Staff Meeting Minutes

Additionally, Dr. Cloud reported that Dr. Michael Manka and Dr. Maureen Sullivan will be stepping down as Chief of Emergency Medicine and Oral Oncology respectively. Dr. Jennifer Pugh will replace Dr. Manka and Dr. Rachael Rositto, Dr. Sullivan.

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 began by thanking Dr. Jennifer Pugh for her service as President of the Medical Executive Committee.

ECMC had zero occurrences of the monthly patient indicators during October. Acquired infection rates continue to be low for CAUTI and CLABSI. CDI/F continues to be a challenge though there has been an improvement during the last month. Hospital Experience scores continue to be better than New York State. Dr.

Quatroche recognized various employees for their outstanding work. Hospital Events and celebrations were highlighted. A press conference was held where Congressman Tim Kennedy announced \$525,550 in federal funding for the ECMC BRAVE (Buffalo Rising Against Violence) Center. ECMC held its first Annual Career Development Day. Members of ECMC's MWBE committee attended the New York State MWBE Forum in Albany. Dr. Quatroche reported that there have been 726 new hires since the beginning of the year including 164 RNs and 46 LPNs.

Chief Financial Officer

Jonathan Swiatkowski reported a stronger month. Discharges increased from the previous month and was at budget. Inpatient surgeries were 11.5% higher than budget. Total surgeries were 9.1% higher than budget. ALC days and left without being seen both increased. Acute LOS decreased and was 11.9% higher than budget and 0.4% higher than 2023. Total average length of stay was only 4.3% higher than budget and less than last year. Fewer patients left without being seen with half as many as the previous month. October reflected a net loss of \$1.4M. Mr. Swiatkowski gave additional information on cash flow and actuarial reports and reviewed the trends for volume and acute average length of stay for the year. Discussion followed. A summary of the preliminary financial results through October 31, 2024 was reviewed and the full set of these materials are received and filed.

V. Standing Committees

Sharon Hanson on behalf of the Governance Committee that Darby Fishkin has been named Vice Chair of the ECMC Board of Directors. She will be confirmed at the January meeting.

- a. **Executive Committee:** Chair Russi reported that the Executive Committee meeting a week earlier discussed issues concerning ongoing initiatives.
- b. **Finance Committee:** Michael Seaman had no additional information to report from the Finance Committee.
- c. **Audit Committee:** Darby Fishkin gave a brief summary of the November Audit meeting.
- d. **HR Committee:** Michael Seaman stated that the committee discussed the DEI program.
- e. **Investment Committee:** Chair Russi summarized the October 29th Investment meeting.
- f. **MWBE Committee:** Rev. Mark Blue updated the group on the committees most recent meeting.
- g. **Post-Acute QI Committee :** Michael Seaman gave an update of the most recent Post-Acute QI Committee meeting.

- h. **Quality Improvement and Patient Safety Committee:** Michael Hoffert offered a brief summary of the most recent Quality Improvement and Patient Safety Committee meeting.

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

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

Moved by Reverend Kinzer Pointer and seconded by Michael Seaman to enter into Executive Session at 5:04 p.m. to consider matters made confidential by law, including strategic planning.

Motion approved unanimously

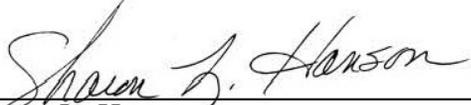
VII. Reconvene in Open Session

Moved by Michael Seaman and seconded Reverend Kinzer Pointer to reconvene in Open Session at 5:12 p.m. No action was taken by the Board of Directors in Executive Session

Motion approved unanimously

VIII. Adjournment

The Board of Directors meeting at 5:13 p.m.



Sharon L. Hanson
Corporation Secretary

Present: Dr. Yogesh Bakhai, Dr. Samuel Cloud, Dr. Mandip Panesar, Dr. Siva Yedlapati, Dr. Richard Hall (via video conference), Dr. Ashvin Tadakamalla and Christopher Resetarits, CRNA

Excused: Dr. Lakshpaul Chauhan, Dr. Victor Vacanti and Dr. Thamer Qaqish

Agenda Item	Discussion/Recommendation	Action	Follow-up
I. CALL TO ORDER	Dr. Bakhai called the meeting to order at 3:02 pm		
II. ADMINISTRATIVE			
A. Minutes	Minutes from the October 3, 2024 meeting were presented for review.	A motion was made by Dr. Panesar, seconded by Dr. Tadakamalla and unanimously carried:	RESOLVED, that the Credentials Committee approve the minutes of the October 3, 2024 meeting as presented and recommend same to the Medical Executive Committee.
B. Deceased	None	None	None
C. Applications Withdrawn/Processing Cessation	None	None	None
D. Automatic Conclusion (Initial Appointment)	None	None	None
E. Name Changes (2)	<p><u>Family Medicine</u></p> <ul style="list-style-type: none"> Changed name from Ryane Parson, PA-C to Ryane Schupp, PA-C <p><u>Surgery</u></p> <ul style="list-style-type: none"> Marielle Ferstenberg, DO to Mariella Ferstenberg-Osygian, DO 	None	None
F. Leave of Absence (6)	<p><u>Anesthesiology</u></p> <ul style="list-style-type: none"> Danielle Doherty, CRNA-maternity; RTW 12/01/24 <p><u>Internal Medicine</u></p>	None	Informational purposes only

Highlight: Initiate FPPE

	<ul style="list-style-type: none"> Pradeep Srikanthan, MD-paternity; RTW 01/28/25 <p>Neurology</p> <ul style="list-style-type: none"> Rebecca Buttaccio, PA-C-maternity; RTW 11/18/24 <p>Obstetrics and Gynecology</p> <ul style="list-style-type: none"> Elana Tal, MD-maternity; RTW 02/03/25 <p>Plastics & Reconstructive Surgery</p> <ul style="list-style-type: none"> Rachel Harris, FNP-maternity; RTW 11/19/24 <p>Psychiatry</p> <ul style="list-style-type: none"> Hannah Lapidés, NP- maternity; RTW 12/31/24 				
G. Resignations (8)		Files are updated and resignation protocol followed. The Committee discussed retention rates and Wellness Committee initiatives to investigate and manage.		Notification via these minutes to MEC, Board of Directors, Revenue Management, Decision Support	
NAME	DEPARTMENT	PRACTICE PLAN/REASON	COVERING/COLLABORATING/SUPERVISING	RESIGN DATE	INITIAL DATE
Kerryann Broderick, MD	Emergency Medicine	<ul style="list-style-type: none"> UEMS Retiring Confirmed via email 	N/A	11/07/24	02/25/20
William Dice, MD	Emergency Medicine	<ul style="list-style-type: none"> UEMS Retiring Confirmed via email 	N/A	10/22/24	02/01/02
Margaret Eberl, MD	Family Medicine	<ul style="list-style-type: none"> GPPC No longer at ECMC Confirmed via email 	2 NP- GPPC working on	11/2/24	11/29/22
Sarah Abdelsayed, MD	Internal Medicine	<ul style="list-style-type: none"> UBMD CRF Confirmed via email 	N/A	11/07/24	07/25/17
Mayada Ismail, MD	Internal Medicine	<ul style="list-style-type: none"> UBMD Left practice plan Confirmed via email 	N/A	11/01/24	09/28/21

Highlight: Initiate FPPE

Marcus Romanowski, MD	Orthopaedic Surgery	<ul style="list-style-type: none"> GPPC Retiring Confirmed via email 	N/A	11/01/24	11/27/18
Ekrem Maloku, MD	Pathology	<ul style="list-style-type: none"> UBMD Personal and Family issues Confirmed via email 	N/A	11/01/24	02/28/23
Kamalpreet Parmar, MD	Pathology	<ul style="list-style-type: none"> GPPC Leaving GPPC Confirmed via email 	N/A	10/15/24	09/26/23
III. CHANGE IN STAFF CATEGORY (1)					
A. Elie Nehme, MD	Internal Medicine	<ul style="list-style-type: none"> Changing from Active to Courtesy, Refer and Follow 	The Committee voted, all in favor, to approve the changes as requested.		Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support
IV. CHANGE/ADD DEPARTMENT (1)					
A. Carly Gerretsen, FNP	Internal Medicine	<ul style="list-style-type: none"> Removing Rehabilitation Medicine privileges Adding Internal Medicine- Level 1 Core Collaborating Physician: Dr. Naheed Alam (4NP/1PA) Temporary privileges granted 10/16/2024 	The Committee voted, all in favor, to approve the changes as requested.		Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support
V. CHANGE/ADDITION Collaborating/Supervising (14)					
A. Alexandra Peters, PA-C	Emergency Medicine	<ul style="list-style-type: none"> Changing from Dr. Dice to Dr. E. Shaw (1PA) 	The Committee voted, all in favor, to approve the changes as requested.		Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue

Highlight: Initiate FPPE

			Management and Decision Support.
B. Lucinda Kilbury, PA-C	<p><u>Family Medicine</u></p> <ul style="list-style-type: none"> Changing from Dr. Wilkins to Dr. Wilber (2NP/2PA) 	The Committee voted, all in favor, to approve the changes as requested.	Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support.
C. Syuzanna Leigh, PA-C	<p><u>Family Medicine</u></p> <ul style="list-style-type: none"> Changing from Dr. Lin to Dr. Wilkins (2NP/3PA) 	The Committee voted, all in favor, to approve the changes as requested.	Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support.
D. Jennifer Murtha, FNP	<p><u>Family Medicine</u></p> <ul style="list-style-type: none"> Changing from Dr. Wilkins to Dr. Wilber (3NP/2PA) 	The Committee voted, all in favor, to approve the changes as requested.	Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support.
E. Kyle Switzer, PA-C	<p><u>Family Medicine</u></p> <ul style="list-style-type: none"> Changing from Dr. Lin to Dr. Wilber (3NP/3PA) 	The Committee voted, all in favor, to approve the changes as requested.	Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support.
F. Joseph Quackenbush, PA-C	<p><u>Family Medicine</u></p> <ul style="list-style-type: none"> Changing from Dr. Wilkins to Dr. Wilber (3NP/4PA) 	The Committee voted, all in favor, to approve the changes as requested.	Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support.

Highlight: Initiate FPPE

G. Pia Musielak, PA-C	<u>Internal Medicine</u> <ul style="list-style-type: none"> • Adding Dr. Ellen Rich (1NP/3PA) Also has Dr. Glover Jr. (3PA)	The Committee voted, all in favor, to approve the changes as requested.	Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support.
H. Rebecca Buttaccio, PA-C	<u>Neurology</u> <ul style="list-style-type: none"> • Changing from Dr. Ferguson to Dr. Cheng (3NP/3PA) 	The Committee voted, all in favor, to approve the changes as requested.	Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support.
I. Mercedes Cline, ACNP	<u>Neurology</u> <ul style="list-style-type: none"> • Changing from Dr. Ferguson to Dr. Cheng (3NP/3PA) 	The Committee voted, all in favor, to approve the changes as requested.	Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support.
J. Morgan Fowler, PA-C	<u>Neurology</u> <ul style="list-style-type: none"> • Changing from Dr. Ferguson to Dr. Cheng (3NP/3PA) 	The Committee voted, all in favor, to approve the changes as requested.	Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support.
K. Nicole Ksiazek, PA-C	<u>Neurology</u> <ul style="list-style-type: none"> • Changing from Dr. Ferguson to Dr. Cheng (3NP/3PA) 	The Committee voted, all in favor, to approve the changes as requested.	Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support.

L. Joseph Rasnick, ANP	<u>Neurology</u> <ul style="list-style-type: none"> Changing from Dr. Ferguson to Dr. Cheng (3NP/3PA) 	The Committee voted, all in favor, to approve the changes as requested.	Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support.
M. Marc Siebert, ANP	<u>Neurology</u> <ul style="list-style-type: none"> Changing from Dr. Ferguson to Dr. Cheng (3NP/3PA) 	The Committee voted, all in favor, to approve the changes as requested.	Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support.
N. Lauren Gugino, PA-C	<u>Neurosurgery</u> <ul style="list-style-type: none"> Changing from Dr. Spiro to Dr. Algattas (1PA) 	The Committee voted, all in favor, to approve the changes as requested.	Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support.
VI. PRIVILEGE ADDITION/ REVISION			
	None		
VII. PRIVILEGE WITHDRAWAL (2)			
A. Nicole Ksiazek, PA-C	<u>Orthopaedic Surgery</u> <ul style="list-style-type: none"> Resign privileges 	The Committee voted, all in favor, to approve the changes as requested.	Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support.

B. Joseph Rasnick, ANP	<p>Orthopaedic Surgery</p> <ul style="list-style-type: none"> Resign privileges 	The Committee voted, all in favor, to approve the changes as requested.	Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support.
VIII. UNACCREDITED FELLOWSHIPS			
	<ul style="list-style-type: none"> No updates at this time 	None	Informational purposes only
IX. INITIAL APPOINTMENTS (12)			
Lauren Ewell, PA-C Cardiothoracic Surgery	<ul style="list-style-type: none"> Seton Hill University Master of Science in Physician Assistant May 2022 Time gap May 2022 to October 2022 waiting to start Surgical Assistant Residency Program The John's Hopkin's Hospital Physician Assistant Surgical Residency October 2022 to October 2023 Cardiothoracic Physician Assistant General Physician, PC at Buffalo Medical Center October 2023 to present Supervising Physician – Dr. Awad El-Ashry (2) NCCPA certified 	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive Committee for approval.
Brendan Gavin, PA-C Internal Medicine	<ul style="list-style-type: none"> Gannon University Master of Physician Assistant Science August 2024 Time gap August 2024 to December 2024 obtaining medical license, DEA and board certification 	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive Committee for approval.

Highlight: Initiate FPPE

	<ul style="list-style-type: none"> • Joining Grider Support Services in December to work in Cardiology • Supervising Physician – Dr. Victor Vacanti (3) • NCCPA certified 		
Uri Goldberg, MD Internal Medicine	<ul style="list-style-type: none"> • St. George’s University School of Medicine MD June 2013 • Clinical Research Coordinator Montefiore Medical Center Department of Internal Medicine June 2013 to November 2013 • Kingsbrook Jewish Medical Center Internal Medicine Residency November 2013 to November 2016 • Time gap – November 2016 to January 2017 credentialing/on-boarding • Hospitalist – Our Lady of Belfont Hospital January 2017 to May 2017, Lake Cumberland Regional Hospital February 2017 to November 2017, Pikeville Medical Center August 2017 to November 2017, Parkview Hospital October 2019 to November 2023, and Our Lady of Lourdes Hospital April 2018 to present • Sickle Cell Research Fellow King’s County Hospital September 2017 to April 2018 • Dartmouth Hitchcock Medical Center Hospice & Palliative Medicine Fellowship July 2022 to July 2023 • Joining Apogee Physicians as Independent Contractor 	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive Committee for approval.

Highlight: Initiate FPPE

	<ul style="list-style-type: none"> American Board of Internal Medicine certified 		
Colleen Klos, PA-C Internal Medicine	<ul style="list-style-type: none"> University of Pittsburgh Master of Physician Assistant Studies December 2021 Time gap December 2021 to March 2022 graduated PA school pending license and credentialing Physician Assistant – Infinity Medical of WNY Hospitalist Service at Buffalo General March 2022 to present Joining Grider Support Services Gastroenterology January 2025 Supervising Physician – Dr. Navpreet Rana (1) NCCPA certified 	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive Committee for approval.
Mulham Ombada, MD Internal Medicine	<ul style="list-style-type: none"> Khartoum College of Medical Sciences MBBS July 2016 Time gap August 2016 to December 2016 Vacation Rotating House Officer/Resident Training Al-Faisal Specialized Clinic, Khartoum, Sudan December 2016 to January 2019 Time gap February 2019 to March 2019 Vacation Internal Medicine House Officer/Resident Training, King Abdul-Aziz University Hospital, Jeddah, KSA March 2019 to August 2019 Time gap September 2019 to January 2020 Vacation Certified Donor Ambassador with the American Red Cross, Johns 	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive Committee for approval.

Highlight: Initiate FPPE

	<p>Hopkins University, Baltimore, MD January 2020 to December 2020</p> <ul style="list-style-type: none"> • Academic Medical Advisor/Group Facilitator at Kaplan Institution, NYC, NY January 2021 to May 2021 • Clinical Assistant at Essen Healthcare Hematology/Oncology January 2021 to May 2021 • Tele-Research Fellow at Michigan State University in Geriatric Medicine July 2020 to June 2021 • SUNY Upstate Medical University Internal Medicine Residency June 2021 to June 2024 • USMLE Mentor & Residency Guider at Michigan State University Department of Geriatric – Virtual July 2021 to present • Jacobs School of Medicine Palliative Medicine Fellowship July 2024 to present • Joining Apogee Physicians as Independent Contractor • American Board of Internal Medicine certified 		
<p>Marcos Cruz, MD Neurology</p>	<ul style="list-style-type: none"> • Universidad Autonoma De Guadalajara, Mexico, MD June 2002 • New York Medical College 5th Pathway MD July 2002 to June 2003 • University Pediatric Hospital, University of Puerto Rico Pediatric Internship July 2003 to June 2004 	<p>Flag was reviewed and application endorsed by the Chief of Service.</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>

Highlight: Initiate FPPE

	<p>and Residency July 2004 to June 2005</p> <ul style="list-style-type: none"> • St. Christopher’s Hospital for Children, Philadelphia, PA Neurology Fellowship July 2005 to June 2008 • Vanderbilt Medical Center Neurophysiology Fellowship July 2008 to June 2009 • Time gap June 2009 to August 2009 Fellowship ended, waited for employment • Neurophysiologist – Tristar Hendersonville August 2009 to present, C&C Neurological Associates, PLLC August 2009 to present, Real Time Neuromonitoring Associates January 2011 to present and Neurophysiologic Interpretative Specialists & Medicine January 2010 to present • American Board of Psychiatry and Neurology and Clinical Neurophysiology certified 		
<p>Thai Dang, DO Neurology</p>	<ul style="list-style-type: none"> • Lake Erie College of Osteopathic Medicine June 2018 • Desert Regional Medical Center Neurology Residency July 2018 to June 2021 • Loma Linda University Health Education Neurology Residency July 2021 to June 2022 • University of California School of Medicine Clinical Neurophysiology July 2022 to June 2023 	<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>

Highlight: Initiate FPPE

	<ul style="list-style-type: none"> • IONM Interpreting Physician - Neurophysiologic Interpretative Specialists & Medicine July 2023 to present • American Board of Psychiatry and Neurology and Clinical Neurophysiology certified 		
Sarah Zubkov, MD Neurology	<ul style="list-style-type: none"> • New York University School of Medicine MD June 2009 • New York Medical College Internal Medicine Internship June 2009 to June 2010 • Mount Sinai Medical Center Neurology Residency July 2010 to June 2013 and Neurophysiology Fellowship July 2013 to June 2014 • New York University School of Medicine Epilepsy Fellowship July 2014 to June 2015 • Time gap June 2015 to August 2015 Fellowship ended, waited for employment • Assistant Professor of Neurology Temple University School of Medicine August 2015 to June 2018 and Associate Program Director Neurology Residency September 2016 to June 2018 • Staff Neurologist – Jeanes Hospital November 2015 to June 2018 and Holy Redeemer Hospital March 2016 to June 2018 • IONM Interpreting Physician - Neurophysiologic Interpretative Specialists & Medicine July 2018 to present 	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive Committee for approval.

Highlight: Initiate FPPE

	<ul style="list-style-type: none"> American Board of Psychiatry and Neurology and Clinical Neurophysiology and Epilepsy certified 		
Anthony Tirabassi, PA-C Neurosurgery	<ul style="list-style-type: none"> Daemen University Master of Science Physician Assistant May 2024 Time gap June 2024 to August 2024 sat for boards, waited for employment with UBNS Physician Assistant Neurosurgery – UBNS August 2024 to present Supervising Physician – Dr. Gregory Castiglia (3) NCCPA certified 	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive Committee for approval.
Robert Pasquini, PA-C Radiology	<ul style="list-style-type: none"> SUNY Upstate Medical University Master of Science Physician Assistant August 2019 Time gap August 2019 to October 2020– completed school, applied for jobs, resigned from working as a radiographer and moved to TX Physician Assistant – Radiology Associates of North Texas October 2020 to December 2021 Time gap December 2021 to May 2022 exceptionally long time to obtain Indiana PA license (COVID related delays), followed by multiple credentialing delays Physician Assistant – Radiology Partners, Terre Haute, IN May 2022 to July 2024 and Southtowns Radiology Associates, West Seneca, NY August 2024 to November 2024 	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive Committee for approval.

Highlight: Initiate FPPE

	<ul style="list-style-type: none"> • Joining Great Lakes Medical Imaging December 2024 • Supervising Physician – Dr. John McGrath (8) • NCCPA certified 		
Nadare Alwan, FNP Rehabilitation Medicine	<ul style="list-style-type: none"> • D’Youville University Master of Science Family Nurse Practitioner May 2020 • Registered Nurse – Mercy Hospital of Buffalo January 2015 to February 2016 and Erie County Medical Center Burn ICU March 2016 to August 2018 and Medical ICU August 2018 to January 2021 • WellNow Urgent Care Fellowship Program February 2021 to February 2022 • Advanced Practicing Provider WellNow Urgent Care of WNY Region & Telemedicine Services February 2022 to present • Nursing Inservice Instructor for Medical Surgical Nursing Staff – ECMC February 2024 to present • Joining Rehabilitation Medicine November 4, 2024 temporary privileges for immediate patient need • Collaborating Physician – Dr. Mary Welch (2) • ANCC certified 	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive Committee for approval.
Jenna Bork, PA-C Surgery	<ul style="list-style-type: none"> • Daemen University Master of Science Physician Assistant May 2023 • Time gap June 2023 to July 2023 sat for boards, pending employment 	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive Committee for approval.

Highlight: Initiate FPPE

	<ul style="list-style-type: none"> Buffalo Medical Group – Medical Assistant July 2023 to October 2023 and Physician Assistant October 2023 to present Joining USI January 2025 Supervising Physician – Dr. Jeffrey Brewer (3) NCCPA certified 		
X. Temporary Privileges	<ul style="list-style-type: none"> Carly Gerretsen, FNP Internal Medicine October 16, 2024 Erin Davis, FNP Internal Medicine October 16, 2024 Nadare Alwan, FNP Rehabilitation Medicine November 4, 2024 	For informational purposes.	None
XI. REAPPOINTMENTS (38)	See reappointment summary below	The Committee voted, all in favor, to recommend approval of the re-appointments listed with privileges as requested.	Via these minutes, recommendation to Medical Executive Committee for approval.

NAME	DEPARTMENT	CATEGORY	PRIVILEGES
Coniglio, Julia CRNA	Anesthesia	AHP	
Haws, Brianna CRNA	Anesthesia	AHP	
Kocz, Remek MD	Anesthesia	Active	
Ring, Alan CRNA	Anesthesia	AHP	
Majka, Kylie PA-C Supervising MD: Doane	Emergency Medicine	AHP	
Plonka, Marta MD	Emergency Medicine	Active	
Pokoj, Nicholas MD	Emergency Medicine	Active	
Tanaka, Kaori DO	Emergency Medicine	Active	
Walsh, Evan DO	Emergency Medicine	Active	
Barkowski, Rakhi MD	Family Medicine	Active	
Battista, Olivia ANP, DNP Collaborating MD: Garbarino	Family Medicine	AHP	
Leigh, Syuzanna PA-C Supervising MD: Wilkins	Family Medicine	AHP	Privilege Addition: Pre-Natal/Maternal/Fetal Care
Berenji, Farid MD	Internal Medicine	Associate	

Highlight: Initiate FPPE

Chang, Shirley MD	Internal Medicine	Active	
Chaudhuri, Ajay MD	Internal Medicine	Active	
Nieswiadomy, Kayla ANP Collaborating MD: Von Visger	Internal Medicine	AHP	
Shah, Dhiren MD	Internal Medicine	Active	
Walden, Jenna ANP Collaborating MD: Von Visger	Internal Medicine	AHP	
Yacoub, Rabi MD	Internal Medicine	Active	
Zahid, Usman MD	Internal Medicine	Active	
Benedict, Ralph PhD	Neurology	AHP	
Buttaccio, Rebecca PA-C Supervising MD: Cheng	Neurology	AHP	
Gugino, Lauren PA-C Supervising MD: Algattas	Neurosurgery	AHP	Privilege Addition: Maintenance of open airway in non-intubated, unconscious patient with ventilation by bag or mask.
Tal, Elana MD	OB/GYN	Active	
Lillvis, John MD	Ophthalmology	Active	
Nagai, Michael DDS MD – 3 Depts.	Oral & Maxillofacial Surgery Otolaryngology Plastic & Reconstructive Surgery	Active	
Bernas, Geoffrey MD	Orthopaedic Surgery	Active	
Freeland, Erik DO	Orthopaedic Surgery	Active	
Stegemann, Philip MD	Orthopaedic Surgery	Active	
Mazgaj, Shana FNP Collaborating MD: Loree	Plastic & Reconstructive Surgery	AHP	
Leo, Raphael MD	Psych & Behavioral Medicine	Active	
Smith, Beth MD	Psych & Behavioral Medicine	Active	
Breslau, Jonathan MD	Radiology	Active	
Chengazi, Harris MD	Radiology	Active	
Mitchell, Charles MD	Radiology	Active	
Shaw, Sharjeel PA-C Supervising MD: Zions	Rehab Medicine	AHP	
El-Ashry, Awad MD	Thoracic/Cardiovascular Surgery	Active	
Guseth, Jennifer PA-C Supervising MD: Rutkowski	Urology	AHP	

**Bold highlighted names are
reappointment dates that will**

Highlight: Initiate FPPE

be changed to align with Kaleida

XII. AUTOMATIC CONCLUSION	Reappointment Expiration		
1st Notice (1)	<u>Internal Medicine</u> <ul style="list-style-type: none"> Thomas Edd, MD - Apogee Letting privileges run out 1-31-2025 Per Apogee	For informational purposes.	None necessary.
2nd Notice (1)	<u>Internal Medicine</u> <ul style="list-style-type: none"> Ashleigh Walker, FNP-Apogee Letting privileges run out 12-31-2024 Per Apogee	For informational purposes.	None necessary.
3rd Notice (2)	<u>Family Medicine</u> <ul style="list-style-type: none"> Rhonda Francis, FNP - Apogee Letting privileges run out 11-30-2024. Has not worked here in 2 years. Per Apogee <u>Ophthalmology</u> <ul style="list-style-type: none"> Charles Niles, MD – C,R&F Letting privileges run out 11-30-2024. Per email	For informational purposes.	None necessary.
XIII. PROFESSIONAL PRACTICE EVALUATIONS	Internal Medicine has been completed – 240 providers. Opportunities have been identified, as well as items to be tracked & trended. Dr. Murray suggested some new measures that we would like to use for Ambulatory. It is noted that going forward, VIP and FPPE for causes items will be brought to the Credentials Committee for review.	All reviewed by the Chief of Service. There were no FPPE’s necessary for the providers who did not meet one or more measures. The providers were notified and metrics will be tracked.	Continue to monitor.
XIV. OLD BUSINESS			
A. Expirables	Expirables will be reviewed and discussed with the Credentials Committee.	For informational purposes. Practice Plans and Chiefs of Service have all been notified multiple times.	Continue to monitor.

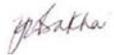
Highlight: Initiate FPPE

B. DEA, License, Boards	<p>November 2024</p> <ul style="list-style-type: none"> • DEA- 3 • License- 8 • Boards- 0 <p>December 2024</p> <ul style="list-style-type: none"> • DEA- 28 • License- 34 • Boards- 26 MD/28 PA 	For informational purposes.	None necessary.
C. Moderate sedation criteria	<p>After significant discussion by the Credentials Committee and approval by Dr. Anthony DePlato, Anesthesiology Chief of Service, it was recommended that anyone performing Moderate/Deep Sedation will be required to maintain ACLS certification; excluding Emergency Department as they meet criteria through Board certification/eligibility. If approved by the Medical Executive Committee and BOD, privilege forms will be modified to reflect the criteria change.</p> <p>The second part of the ACLS discussion included a criteria change for Hospitalists. Due to their scope of practice including code calls, it has been recommended that all Hospitalists maintain ACLS certification.</p>	The Credentials Committee recommends that anyone with moderate sedation privileges as well as all Internal Medicine Hospitalist maintain current ACLS training. Med Exec extraction	Follow up at December meeting
D. Policy regarding Expirables	This policy was presented to the Annual Medical Staff Meeting. Committee agreed to send to Medical Executive Committee for vote/approval	The Credentials Committee recommends the attached process for maintenance of expirables. The policy will be presented to the Board of Directors in January following vote by the Medical Staff.	Follow up at December meeting
E. Terrace View/Buffalo Ultrasound Contract	Lindy Nesbitt is working on separating the credentialing portion from the rest. This will allow us to start credentialing the Providers in a timelier fashion.	For informational purposes.	None necessary.
F. Pain Management addition	No follow up at this time	For informational purposes.	None necessary.
XIIV. NEW BUSINESS			
A. MD Staff Update	<ul style="list-style-type: none"> • Ongoing updates will be shared at monthly meeting 	For informational purposes.	None necessary.

Highlight: Initiate FPPE

B. 2025 Credentials Committee schedule	<ul style="list-style-type: none"> Committee voted to keep same day of the week and same time for 2025 	For informational purposes.	None necessary.
C. Dr. Parmar	<ul style="list-style-type: none"> The Committee had several questions concerning Dr. Parmar's resignation. It was decided that a meeting will be held with Dr. Tomaszewski, Dr. Cloud, Dr. Bakhai and Cheryl Carpenter for further discussion 	For Credentials Report to MEC	
XIIII. ADJOURNMENT	There being no further business to discuss, the meeting was adjourned at 4:10 pm		

Respectfully submitted,



Yogesh Bakhai, MD
 Chair, Credentials Committee

ERIE COUNTY MEDICAL CENTER CORPORATION
DECEMBER 17, 2024 MEETING MINUTES
EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS
BOARD OF DIRECTOR'S CONFERENCE ROOM

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

ALSO

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

*VIRTUAL

I. Call to Order

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

II. Minutes

Motion was made by Sharon Hanson, seconded by Darby Fishkin and unanimously passed to approve the minutes of the Executive Committee meeting of November 19, 2024.

III. Hospital Update

General Overview

Dr. Thomas Quatroche reported the distribution of 4,000 meals and 3,600 holiday gifts to the ECMC employees and thanked the board members for their assistance given. Both the North and South MICU Units received the Beacon Award of Excellence. Throughput and length of stay continue to improve each month.

Finances Report

Jonathan Swiatkowski reported a positive month. Discharges surpassed budget and the previous year by 2.0% and 5.0% respectively. Average length of stay has increased but still came in below budget and last year's number. Outpatient visits were up by 7.9% from budget. The CMI is 1.95, 6.8% higher than budget. FTEs are higher this month and there was greater overtime in November. November reflected a net loss of \$988K. Mr. Swiatkowski gave additional information on cash flow and actuarial reports. Year-to-date revenue shows that the hospital is better than budget and 2023. Discussion followed.

IV. Medicaid Funding Update

Dr. Quatroche reported that he, Mr. Swiatkowski and two others traveled to Albany in November and met with the Budget Director for the state. Dr. Quatroche and Mr. Swiatkowski received positive feedback. No commitment was made by the state.

V. 2025 Organizational Changes
An Executive session was called.

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

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS
MINUTES OF THE FINANCE COMMITTEE MEETING

TUESDAY, NOVEMBER 19, 2024 – 8:30 AM

BOARD MEMBERS PRESENT OR
ATTENDING BY VIDEO
CONFERENCE OR TELEPHONE:

MICHAEL SEAMAN
REV. MARK BLUE *
DARBY FISHKIN *
PHILIP STEGEMANN, MD

* ATTENDING BY VIDEO
CONFERENCE OR PHONE

BOARD MEMBERS EXCUSED:

BENJAMIN SWANEKAMP

ALSO PRESENT:

THOMAS QUATROCHE
JONATHAN SWIATKOWSKI
ANDREW DAVIS
VANESSA HINDERLITER

I. CALL TO ORDER

The meeting was called to order at 8:31 AM by Chair Michael Seaman.

II. REVIEW AND APPROVAL OF MINUTES

Motion was made by Dr. Philip Stegemann, seconded by Darby Fishkin and unanimously passed to approve the minutes of the Finance Committee meeting of October 15, 2024.

III. OCTOBER 2024 OPERATING PERFORMANCE

Mr. Swiatkowski reviewed key statistics for the month of October, reporting that ECMCC saw stronger operating performance in several areas. Inpatient discharges were higher than results from the last few months and met the monthly budget projection. Acute average length of stay and the number of patients who left without being seen were both lower than the prior month levels. Acute case mix index was 11.7% greater than budget at 2.06. Inpatient and outpatient surgeries were both greater than the operating plan with the total number of surgeries exceeding the operating plan by 9.1%.

Mr. Swiatkowski reviewed the finance dashboard and reported that although an operating loss was projected for the month, net income was slightly higher than projected. The total number of FTE's was consistent with prior month while the acute average length of stay was lower than plan at 7.8 days as a result of ongoing bed management and favorable discharge volume.

Mr. Swiatkowski reviewed financial performance for the month of October. Operating revenue was greater than projected in the operating plan while operating expenses again exceeded budget. Non-operating income was unfavorable for the month, due to investment market performance but exceeds budget projections for year-to-date. In response to a question raised by Dr. Stegemann, Mr. Swiatkowski provide a brief overview of investment holdings in the corporation's portfolio.

Mr. Swiatkowski further discussed acute average length of stay trends and efforts led by ECMCC's Senior Vice President of Nursing, Ms. Charlene Ludlow and Chief Medical Officer, Dr. Samuel Cloud and their dedicated teams who coordinate day-to-day bed management and patient throughput.

Mr. Swiatkowski reviewed monthly operating revenue and expenses. Net patient service revenue exceeded the operating plan due to volume and case mix. The number of transplant cases was greater than plan for the month of October and is also trending above budget for the calendar year-to-date. A greater number of medical and surgical cases with high severity also occurred during the month of October. Mr. Swiatkowski provided a brief update to the Committee regarding ongoing work being led by Dr. Tadakamala under the physician advisory program related to documentation and coding improvement efforts.

Mr. Swiatkowski advised that new Medicare rates went into effect on October 1st, noting that additional cash flow from the rate enhancements is reflected in October's net patient service revenue. Additional information regarding the rate increase was reviewed by Mr. Swiatkowski. Other revenue also exceeded budget for the month due to additional volume in the ECMCC specialty pharmacy.

Operating expenses which exceeded budget for the month of October include salary expense due to additional FTE's, and supply expense due to volume related surgical supplies and kidney acquisition costs, and pharmaceutical expense related to medical oncology and specialty pharmacy. Mr. Swiatkowski briefly reviewed temporary agency staffing currently being utilized within the organization.

Mr. Swiatkowski reviewed year-to-date financial performance. Although an operating loss is projected for the calendar year through October, the loss is lower than projected and significantly lower than the loss incurred in prior year. After recognition of grant revenue and non-operating income, total year-to-date operating performance through October 31st is slightly above break even.

IV. OTHER UPDATES

Mr. Swiatkowski presented updates regarding 2023 nursing home UPL payments and advised the Committee that New York State has confirmed that 4 equal payments will be issued by end of the calendar year.

ECMCC has recently completed the annual corporate insurance renewal process. All insurance coverages will remain the same as prior year. Mr. Swiatkowski thanked Mr. Joseph Giglia, ECMCC's General Counsel and Ms. Amy Flaherty, ECMCC's Director of Risk Management who coordinate the Corporation's insurance program in conjunction with brokerage services provided by Lawley Insurance.

Mr. Swiatkowski invited questions from the Committee. In response to a question from Chair Michael Seaman, Mr. Swiatkowski reviewed a trend report focused on several key areas of volume and statistics for the period of 2019 through 2023 with year-end projections for 2024. Mr. Swiatkowski noted that the trends illustrated point to the effect of the COVID-19 pandemic on hospital operations and key indicators of improvement beginning in 2023.

Committee members and management discussed several additional topics, including physician recruitment, throughput improvements and the effect on emergency department volume, and increasing case mix index statistics.

V. ANNUAL INVESTMENT COMMITTEE UPDATES

Mr. Swiatkowski reported that ECMCC's Investment Committee met on October 29, 2024.

Mr. Swiatkowski presented an overview of investment performance for holdings in the ECMCC portfolio for a one-year period. Mr. Swiatkowski advised that all holdings performed at or above benchmark returns for the last several years. A historical report on portfolio performance for the period of 2018 to 2024 year-to-date was also presented to the Committee.

The Investment Committee and ECMCC's investment advisors, Mercer, recommended some rebalancing of asset allocations in the Retiree Health Reserve and Workers' Compensation Professional Liability Reserve portfolios. Mr. Swiatkowski reviewed details of the rebalancing actions.

Mr. Swiatkowski noted that the draft updated Investment Policy Statement (IPS) which includes details of the rebalancing actions has also been provided to Finance Committee members for their review prior to today's meeting. The draft revised IPS was recommended by Investment Committee for approval by the Board of Directors at an upcoming meeting.

In closing, the Committee discussed several additional topics including the recent closure of a local nursing home and its effect on the community.

VI. ADJOURNMENT

There being no further business, the meeting was adjourned at 9:01 AM by Chair Michael Seaman.

ERIE COUNTY MEDICAL CENTER CORPORATION

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

TUESDAY, DECEMBER 17, 2024 – 8:30 AM

BOARD MEMBERS PRESENT OR
ATTENDING BY VIDEO
CONFERENCE OR TELEPHONE:

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

* ATTENDING BY VIDEO
CONFERENCE OR PHONE

BOARD MEMBERS EXCUSED:

PHILIP STEGEMANN, MD

ALSO PRESENT:

THOMAS QUATROCHE
JONATHAN SWIATKOWSKI
ANDREW DAVIS
VANESSA HINDERLITER

I. CALL TO ORDER

The meeting was called to order at 8:33 AM by Chair Michael Seaman.

II. REVIEW AND APPROVAL OF MINUTES

Motion was made by Reverend Mark Blue, seconded by Darby Fishkin and unanimously passed to approve the minutes of the Finance Committee meeting of November 19, 2024.

III. NOVEMBER 2024 OPERATING PERFORMANCE

Mr. Swiatkowski reviewed key statistics for the month of November noting that although the organization faced some challenges, overall performance was favorable compared to budget and was led by volume. Inpatient discharges and total outpatient visits were 2% and 7.9% greater than budget respectively. Total surgeries were 1.9% greater than budget, led by outpatient surgeries which exceeded budget by 4.2%.

Acute case mix index for the month of November exceeded the operating plan at 1.95, representing a slight decrease from the past several months. Mr. Swiatkowski noted that one factor which contributed to the lower case mix index statistic was fewer transplant cases during the month.

Mr. Swiatkowski reviewed the finance dashboard and briefly discussed several topics including acute average length of stay, current FTE's, and cash flow.

Mr. Swiatkowski reviewed financial performance for the month of November, reporting that although an operating loss was incurred, the loss was lower than projected in the operating plan. Non-operating income was favorable for the month due to strong investment market performance. Mr. Swiatkowski noted that after the recognition of non-operating income, the overall operating loss recorded for the month is well ahead of the budgeted operating loss.

Mr. Swiatkowski reviewed acute average length of stay for November and noted current statistics as of mid-December are slightly higher at 8 days but are anticipated to drop over the upcoming holidays.

Net patient service revenue exceeded budget projections for the month as a result of higher inpatient volume and case mix. Other operating revenue was again driven by volume in ECMCC's specialty pharmacy. Mr. Swiatkowski also advised the Committee that the organization recorded a bonus payment from a NYS program for achieving certain metrics related to safe staffing levels at Terrace View. Management will continue to monitor requirements relating to this program as the program is ongoing.

Mr. Swiatkowski reviewed operating expenses and revenue for the month of November. Operating expenses exceeded budget projections due to overall patient volume. Mr. Swiatkowski reviewed salary expense and other expense, including overtime expense and temporary agency costs for staffing at Terrace View and specific areas within the hospital. Mr. Swiatkowski reviewed physician fees and supply expense and advised the Committee of high supply costs related to pharmacy and oncology volume. Mr. Andrew Davis noted that a recent recruiting event was held for open positions at Terrace View.

Mr. Swiatkowski reviewed year-to-date financial performance. As of November 30th, the hospital has incurred an operating loss, but the loss is lower than projected in the operating plan and well ahead of prior year performance. Mr. Swiatkowski also discussed an extension of reporting deadlines and project closeouts recently announced by FEMA which may delay receipt of outstanding payments due to ECMCC for several approved projects.

IV. OTHER UPDATES

Mr. Swiatkowski presented updates on several topics, including ECMCC's continued participation in the NYS VAPAP Program for 2025 and the status of IGT and nursing home UPL payments. In response to a question from Chair Seaman, Dr. Quatroche discussed nursing home reimbursement.

Mr. Swiatkowski reported that anesthesia professional billing has been restored after the third-party external cyber event in February 2024 impacted the billing system. Mr. Swiatkowski credited efforts led by Ms. Vanessa Hinderliter, Ms. Nicolette Wilson and Ms. Gail Andolina and their staff to expedite all historical billing once the new system became operational. The next phase to be restored is clinic professional billing which is moving towards go live in early January. Mr. Swiatkowski also noted that the organization

is working with all payers and will file any timely filing notices that are necessary due to the billing interruptions.

Mr. Swiatkowski briefly reviewed upcoming year-end close activities and advised that preliminary actuarial reporting is anticipated in mid-January.

In closing, the Committee held a general discussion and Mr. Swiatkowski reviewed current key statistics for the month of December.

V. ADJOURNMENT

There being no further business, the meeting was adjourned at 9:01 AM by Chair Michael Seaman.

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS

MINUTES OF THE QUALITY IMPROVEMENT/ PATIENT SAFETY COMMITTEE MEETING

TUESDAY, DECEMBER 10, 2024

MICROSOFT TEAMS PLATFORM

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

PRESENTERS: RICHARD HALL, MD, DDS, PHD, ANTHONY DEPLATO, MD, PHILIP STEGEMANN, MD, RACHAEL ROSSITTO, DDS, JOE TYRPA

ATTENDANCE:

SERGIO ANILLO, MD

DONNA BROWN

CHARLES CAVARETTA

JOHN CUMBO

PETER CUTLER

ANDY DAVIS

BECKY DELPRINCE, RN

RICHARD HALL, MD

JUSTINE KAURICH

KEITH KRABILL, MD

MARC LABELLE, RN

PAMELA LEE

CHARLENE LUDLOW, RN, CIC

PHYLLIS MURAWSKI, RN

TOM QUATROCHE, CEO

SIVA YEDLAPATI, MD

JOANN WOLF

CALL TO ORDER

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

I. MINUTES

The November 12, 2024, meeting minutes will be approved at the January 2025 meeting.

II. SUMMARY REPORT OF THE QUALITY LEADERSHIP COUNCIL – NO REPORT.

III. ORAL/MAXILLO SURGERY – RICHARD HALL, MD< DDS, PHD.

Dr. Hall reported on the Department of Oral/Maxillo Surgery. His agenda included a department update, volume and outcomes, QAPI projects and a review of department goals.

A review of department volumes took place indicating an increase in both outpatient visits and operating room cases. Dr. Hall also shared a department update.

Dr. Hall shared previous year goals and accomplishments along with department QAPI projects. Some of those projects include allergy documentation, fall risk assessment and medication reconciliation.

Current year quality improvements goals include beginning a project on antibiotic stewardship in the outpatient clinic and will be presenting at OMFS Grand Rounds.

IV. ANESTHESIA – ANTHONY DEPLATO, MD

Dr. DePlato presented on the Anesthesia Department. The agenda included department updates, QAPI projects, an incident report summary and department goals.

Department staffing reflects 14 physician anesthesiologists with two identified departures in 2025. The department has 21 fulltime CRNA's, 2 RPT's and 5 per diem with one position posted. There are also 2 fulltime anesthesia technicians and 2 RPT's.

The department is improving with staffing variability, extending service time along with improved weekend coverage.

QAPI projects from 2023 included Normothermia goals, Antiemetic prophylaxis treatment goal improvements, on time first surgery starts, and ASA designation goals. There were no incident reporting items from the Department of Anesthesia.

2025 goals for the department include meeting OR and off-site scheduling requests, meet quarterly QAPI metrics, direct replacement of two physician anesthesiologists, and budgeted ultrasound.

V. ORTHOPAEDICS – PHILIP STEGEMANN, MD

Dr. Stegemann presented on the department of Orthopaedics. A review of surgical site infections, length of stay, readmission rates, DVT compliance.

Patient experience, surgical volumes, add on cases and clinic volumes took place with several charts and graphs reflecting the measurable data.

Staff changes within the department were reviewed and discussed. A recent change included Christopher Ritter, MD, now the Associate Chief of Orthopaedic Surgery.

VI. DENTAL & ORAL ONCOLOGY – RACHAEL ROSSITTO, DDS

Dr. Rossitto presented on Dental & Oral Oncology. Dr. Rossitto is now the Chief of Service for Dental and Oral Oncology with Dr. Sullivan stepping down.

Goals and accomplishments along with training programs were discussed. Dr. Rossitto mentioned that the department has received several grants including the Golisano Grant, Univera Healthcare Health Equity Innovation award, and the Ryan White grant to name a few.

The department participated in nine different community events providing oral cancer screening, discussions on HPB prevention and awareness, provided HPV vaccines and partnered with other ECMC cancer population health services to connect patients to care.

Dr. Rossitto reviewed clinical research accruals, general dentistry and patient volumes, oral oncology/patient volumes, and 800 Hertel location patient volumes. Future goals include continued community outreach initiatives and cancer screenings, maximize Hertel location to see primarily special needs cohort, and to keep up with clinical volumes to keep up with the needs of our community.

VI. DIETARY – JOE TYRPA

Joe presented on the Dietary Department. An update included employee engagement and retention along with accreditation and regulatory readiness.

Riskconnects versus total meals served was reviewed. The department has improved staffing levels and supervisor accountability which seem to be the driving force behind fewer Riskconnects.

QAPI projects were reviewed which include ongoing quality audits conducted using the Touchworks rounding tool. Previous year goals and accomplishments included improved retail sales year over year, new patient menu implementation, modified patient menu for CPEP, improved staffing levels, and patient advocate rounding. One of the main 2025 smart goals is to improve Patient Experience scores with a combination of equipment optimization, menu updates and improved hospitality associate training.

VIII. REGULATORY REPORT – CHARLENE LUDLOW, RN, CIC

Charlene Ludlow gave her regulatory report. OMH report from summer survey was received with a performance improvement plan to be submitted by December 31, 2024.

Joint Commission improvement plan submitted based on survey findings from October 2024 CPEP review.

An additional Joint Commission complaint was reviewed with no findings.

Phyllis Murawski, Chief Quality Officer will take over regulatory reporting starting in 2025.

IX. ADJOURN

There being no further business, the motion was made and seconded to adjourn the meeting. The next meeting will be held on January 14, 2025.

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

Submitted by Andrew Davis

OPERATIONS

Ambulatory Medical Practices

Center of Cancer Care Research

December 2024

Monthly Oncology Research Report – Dr. Jennifer Frustino

Highlights:

- Enrolled fourth subject into Lipella clinical trial (liposomal tacrolimus rinse) for oral lichen planus.
- Dosed the eighth subject with gene therapy vs. placebo for Meira GTx clinical trial for dry mouth after head and neck radiation.
- Completed study start up activities and monitoring visits.
- Submitted feasibility survey for a new Merck sponsored trial.
- Added a second ultra-low temperature freezer to the Research Lan in L235 (grant purchase).
- Posted position for a new nurse coordinator.
- Research staff moved from the third floor of the Snyder building to the “You Center for Wellness” on the lower level of the hospital, Rooms T25 and T26. New computers, furniture and equipment was outfitted from a research grant.

Orthopedics

- In 2024, the Ortho clinic hired a part-time PA, David Joslyn, to increase our ability to provide direct access to the clinic. Previously, it was more difficult to schedule new patients due to limited availability in the surgeons’ schedules based on volumes dictated by their trauma cases. Additionally, our ECMC Primary Care offices have direct access to David’s schedule and our own schedulers were able to schedule patients who called from the community. The new process allowed the office to see patients faster and easier. The patients were then funneled to Physical Therapy, Injection Clinic, and/or appropriate Orthopedic Surgeon within the clinic. David saw 589 unique patients in 2024.

Outpatient Behavioral Health

Program Updates/Initiatives

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

- **Intensive Outpatient Program (IOP)**
 - Expansion of IOP services planned for the end of January 2025
 - Maximizes allocation of assigned FTEs
 - Reduce patient wait-listing.
 - Continued development of Data Repository reporting and focus on QA/QI and cross collaboration within ECMC Outpatient Behavioral Health programming.
- **Partial Hospitalization Program (PHP)**
 - Creation of PDSA surrounding implementation of Family Session events with all patients who participate in PHP.
 - Implementation of Help Center informational card to patient folders at intake in order to increase awareness about ECMC program.

Primary Care

- Internal Medicine and ECMC Family Health Center has received Welch Allyn Pro BP 2400 which will allow providers to accurately obtain blood pressures by taking 3 consecutive blood pressure readings, the device will then give an average of three readings to allow providers to help patients meet their blood pressure goals.

Rehabilitation Services

Acute Therapy

- Pre-operative total hip and knee joint replacement classes are held monthly, with attendance steadily increasing due to a growing number of referrals from Dr. Mutty throughout 2024. Results from the Ortho Pre-operative Joint Class Participants' Survey, conducted from March to December 2024 (99 surveys), showed that 98% of participants found the class helpful, and 100% considered the course relevant. The majority of additional questions focused on the surgical procedure itself, with many participants expressing a desire for more time to speak with the Physician Assistant. Survey results will be shared with the providers.
- The Cancer Care Committee has developed a detailed Upper Extremity home exercise program for Head and Neck patients, which is currently awaiting approval from the Head and Neck doctors to improve overall outcomes for these patients as they transition through care.

MRU

- For 2024, CARF goals have been set for the Medical Rehabilitation Unit (MRU) across the required domains of **Business Function** and **Service Delivery**. The Service Delivery domain is further divided into effectiveness, efficiency, service access, patient satisfaction, and stakeholder satisfaction.
- **Business Function:** The 2024 goal was to increase revenue capture of cases identified in the Triple Check meetings to 71%. While the MRU reached 80% in Q4 2023, the performance in Q1 2024 was 60%. Given the nature of this process, it typically requires several quarters for the full impact to be realized. Therefore, the final outcome of this goal will not be clear until the end of 2025.

Outpatient Rehab

- The outpatient clinical and clerical teams are working collaboratively to manage the patient continuum of care and ensure timely authorizations. This combined effort is aimed at facilitating a smooth and effective transition from 2024 to 2025, ensuring

that all necessary processes are in place for continuity of care and minimal disruption to patient serviced during the transition period.

PEDS

- The training and use of an Arabic-speaking Special Education Evaluator have received positive feedback from both school district and county representatives. This initiative has been well-received, demonstrating the value of enhancing communication and ensuring better support for all children and families in the community.

Biomedical Services

Department Initiatives/Projects/Updates:

- The 800 Baxter Novum IQ pumps (ECMC) list of SN numbers and CE tag numbers was sent to Baxter.
- Worked with Renovo technicians from to upload the list into Renovo.
- The focus department for November was the 12th floor.
- The focus departments for January 2025 are the first-floor clinics and observation unit.
- Capital requests for new test equipment for the Biomed shop and dialysis chairs.

Dialysis

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

Food & Nutrition Services

- We continue to improve our retail offerings to meet the needs of our customers.
- We have officially started a new Committee that will organize all the new Employee Engagements, Nurse Rounds, and special events we plan on hosting. This committee will meet once a month to review what is needed for the next month to ensure that we have everything needed and the vital time needed to leave an impression.
- The long-planned rollout of the Vocera for the Patient Services team occurred in December. It required implementing a new storage system, a tracking system, and user agreements. It completely eliminated the need to use any other device to contact an employee to notify them when late trays are ready, pars need to be refilled, etc.
- We are currently working through its technical ability to set calendar reminders for Huddles, training, and cleaning sweeps so that nothing falls through the cracks.
- *Overnight Variety*: We are working to establish a more consistent overnight and weekend menu rotation for our customers.

Laboratory Services

Equipment Upgrades/Replacements/Contracts:

- Chemistry/IA Specimen Processing Technology upgrade: Department leadership recommendation is to pursue Abbott technology which will standardize with the KH system. Current Roche agreement terminates in June 2025. Equipment acquisition plan is a reagent acquisition proposal. Contract under legal review and facility assessment is ongoing.
- ECMC/ KH Joint VAT Initiative: Vendor evaluation of RFP for coagulation technology across the network is under review. Vendor selection awarded to Werfen. ECMC will upgrade two coagulation devices. The eight-year lease proposal has an estimated

seven-year savings opportunity of \$185K over the term of the contract. Contract process is complete, and technology installation is planned for February 2025.

- Pathology AB&T: Project in partnership with Kaleida Pathology to implement advanced barcode and tracking of Pathology specimens, blocks, and slides. AB&T will improve specimen tracking and traceability of Pathology material. Target to go-live date is January 7, 2025.
- PhCO2 mini gas panel: Implementation of modified gas panel to support whole blood collection when a full VGB panel is not clinically required. This will negate need for second syringe blood draw for VGB testing. Test panel activated December 2, 2024.
- Glucose Tolerance Testing (GTT): Efforts are ongoing to reinstate the availability of GTT testing. Three panels develop 1-hour GT push fasting and non-fasting and the traditional 3-hour GTT test. Revised GTT panels active November 22, 2024.

Plant Operations/Capital Requests

Plant Operations/Facility project updates include the following:

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

- **Work completed:** Construction bid opening for project and lowest-responsible bidder descope. However, bid results came in higher than initial estimates.
- **Work anticipated:** Recommend and award to lowest-responsible bidders. The in-house crew is in progress with asbestos and lead abatement.

Dental Clinic – 1st Floor – In Progress

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

Joint Commission

- The team is working on Joint Commission preparations and repairs.

Campus Grounds – In Progress (In-House Crew)

- Winter operations mode. (100) tons of rock salt are on hand with 600 tons on contract. Twenty (20) pallets of ice melter was delivered.
- Trucks, plows, and salters are operational.

Surgical Services

Robotic Volume - December 2024

Bariatrics	12
Cardiovascular/Thoracic	2
Head, Neck, Plastic & Reconstructive Surgery	2
Orthopedics	36
Transplant	3
Urology	1

- Surgical volume was above budget in 2024 (400 cases).
- Increased daily volume with the expansion of OR hours past 3:00pm Monday-Friday.
- ION robotic cases continue to grow.
- SEC Committee looking at turnover time to increase efficiencies and eliminate double rooms from data.

- VIZ-AI: Radiology software to improve imaging. This is the same system as Kaleida and GLMI. Go-live Q1 2025.
- Radiology Fuji-PACS is expected to go-live Q1 2025. The project is a shared platform to view radiology images between ECMC, Kaleida and GLMI.

Terrace View

Operations

- Census: The average monthly census for December was 363. The average monthly census for 2024 was 368.
- OIG Audit: The facility received notification of an OIG audit being conducted of the New York Department of Health’s (State Agency’s) procedures for ensuring nursing homes comply with Federal requirements for conducting background investigation. As part of the audit, the OIG will conduct a review of employee records, including licensed and non-licensed personnel in the facility. Additionally, the OIG will be reviewing documentation to ensure the facility’s compliance with Federal requirements related to criminal history background checks of nursing home caregivers. The corporation requested an extension given the volume of information requested, which was granted. The requested materials were submitted by Stephen Woodruff on October 22, 2024, awaiting audit results.
- Pharmacy Services RFP: The award selection is being evaluated.

PATIENT EXPERIENCE

Press Ganey Scores

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

November 2024

Patient Experience	YTD (Nov 1st, 2024- Nov 30th, 2024 N=96 (est.)	YTD Nov 1st, 2023- Nov 30th, 2023 N=117 (final)	NYS 2024 Benchmark
HCAHPS - Nurses	80 (est)	72	75
HCAHPS - Doctors	73 (est)	76	76
Discharge Info	92 (est)	85	84
Overall Rate	69 (est)	63	62

December 2024

Patient Experience	YTD Dec 1 st ,2024- Dec 31 st , 2024 N=48 (est.)	NYS Dec 1 st , 2023- Dec 31 st , 2023 N=121 (final)	NYS 2024 Benchmark
HCAHPS - Nurses	79 (est)	74	75
HCAHPS – Doctors	80 (est)	78	76
Discharge Info	84 (est)	91	84
Overall Rate	71 (est)	66	62

Ambulatory Medical Practices

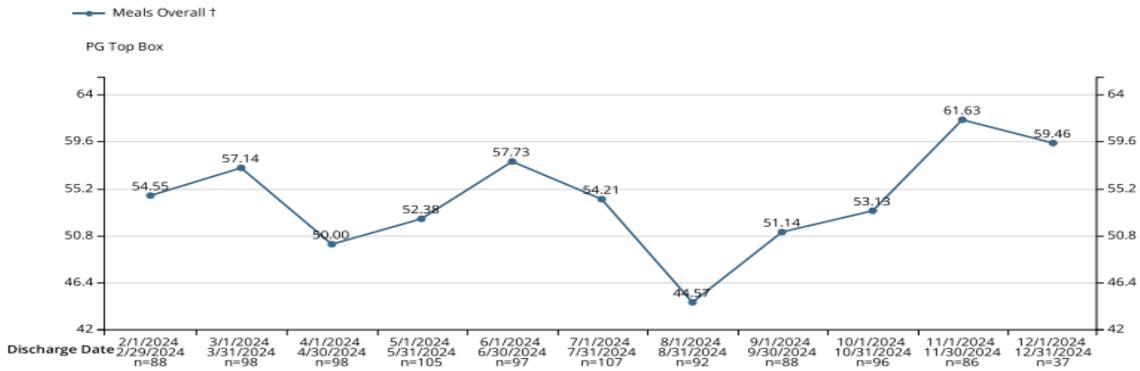
Promoting a Culture of Safety and Respect: Created signage at hospital entrances promoting a culture of safety to reinforce awareness and encourage proactive safety behaviors among staff and visitors.

Food & Nutrition Services

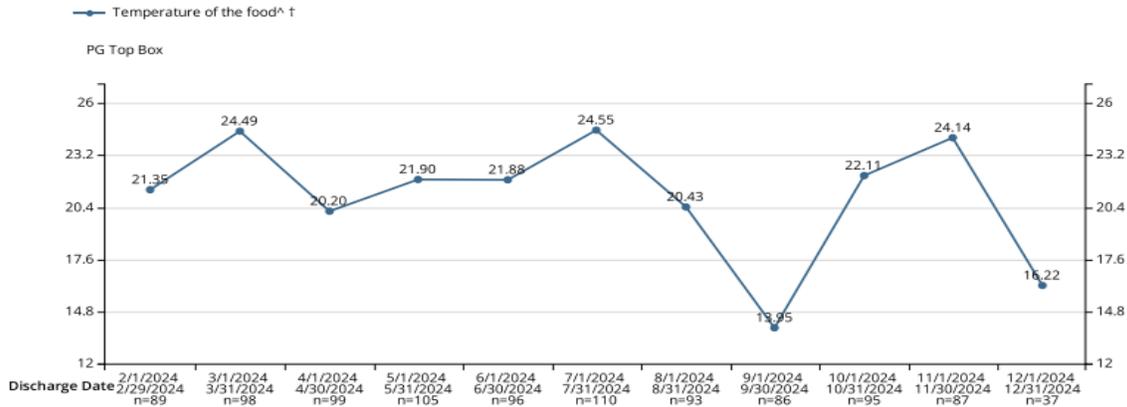
Press Ganey – Patient Satisfaction Top Box Scores (Goal - 50%)

The graphs include Press Ganey patient satisfaction scores for the past 12 months. Initiatives are showing improvement since August 2024. The “n” for December is still low for the month, as we have not received all surveys at the time of the report.

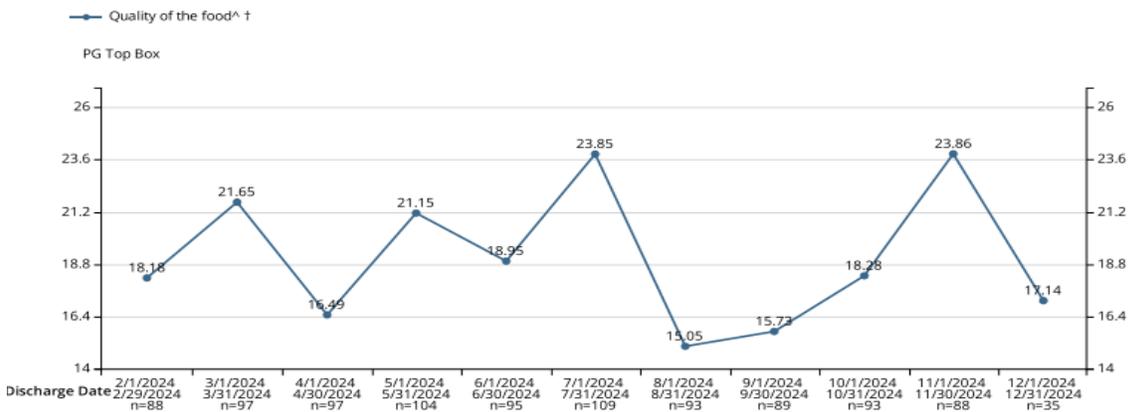
Meals Overall



Temperature of Food



Quality of Food



Patient Service Initiatives

- Increased supervisor rounds with designated priority areas (ED, CPEP, Med-Surg, Obs).
- Enhanced galley area communication tool using QR code to request floor stock.
- Escalation tree reworked to include the phone number of our Patient Advocate which has improved our responsiveness to concerns.
- Hiring an additional Patient Services Manager to help with weekend accountability and coverage.
- Focus on meal timeliness, tray accuracy and galley cleanliness.

Quality Improvement Initiatives

- The Food and Nutrition Services (FNS) department is committed to continuous improvement in service quality. In October, we focused on enhancing patient and customer care through staff development and innovative program implementation.
- Patient Advocacy and Nursing Relations: Our Food and Nutrition Patient Advocate, Kathryn Lynk, has focused her efforts on rounding with nursing staff and patients and taking the lead on employee engagement activities within the Food and Nutrition department. She fosters collaboration with the nursing team and identifies opportunities to improve the

patient dining experience. Katie toured the floors in December with special treats for Hospital employees. We are preparing a calendar of events with a goal to tour the floors at least once a month in 2025. She also works closely with the General Manager to address and investigate staff and patient case calls. Kathryn discusses all case calls with the Food and Nutrition team during our daily Food and Nutrition manager huddle.

Laboratory Services

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

- **HbA1c POCT:** Capital request submitted for expansion of the Siemens UniPoc middleware for electronic transfer of HbA1c orders and results to mitigate the redundant manual transcription process of results into Altera and Meditech. Contract executed, awaiting vendor scheduling.
- **MTP Process:** Whole Blood MTP protocol went live on November 5, 2024. Additional discussion regarding fresh liquid plasma is ongoing with the Trauma team.
- **Thromboplasty Technology Review:** In collaboration with the Trauma, ICU, and OR team evaluation of point-of-care Thromboplasty testing to improve management of trauma and critical patients for clotting capability. Vendor presentations completed, procurement process to be initiated.
- **Community HCV Screening:** Working with Immunodeficiency team to implement community screening for HCV in high-risk populations. Q4 2024 target implementation. Project status pending Meditech location creation.
- **NYS/COEM Biomonitoring Study:** The Laboratory is partnering with COEM to manage specimen processing and shipment of participant samples enrolled in the NYS Environmental Biomonitoring Study.

Transplant

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

PEOPLE

Ambulatory Medical Practices

Population Health

- Lucia Gioeli, VP of Ambulatory Services & Population Health, served as chair of the American Diabetes Association's "State of Diabetes" event in Buffalo on November 14, 2024.



- Population Health participated in three community outreach events in November/December 2024, engaging with nearly 200 individuals. The events strongly emphasized cancer screening education, mental health resources, and preventive care. Additionally, linkages to dental care, smoking cessation support, and resources for women's health and chronic disease management, particularly for hypertension and diabetes, were provided to ensure a comprehensive approach to community health.

COEM celebrated 10-year Anniversary

- We celebrated COEM's 10-year anniversary with a special event attended by political leaders, stakeholders, and key partners. During this milestone occasion, COEM was honored to receive three proclamations that recognized its outstanding contributions to workplace safety and health. These proclamations serve as a testament to the invaluable role COEM has played in advancing health and safety practices within our community and across industries. The recognition highlights our commitment to improving the well-being of employees and creating safer work environments, making this anniversary a proud moment for COEM and all those involved in its mission.

Dentistry / Oral Oncology & Maxillofacial Prosthetics

- Oral Oncology hired a new PASR and Office Coordinator. The clinic is fully staffed. We are working on filling vacancies for Hertel and GPR.

Gastroenterology

- ECMC Gastroenterology Services welcomes Navpreet Rana, DO, as our newest addition to the GI team. Dr. Rana graduated from the University of New England College of Osteopathic Medicine and then went on to do a residency in Internal Medicine and a Fellowship in Gastroenterology and Nutrition. Dr. Rana will be supporting the ECMC outpatient Gastroenterology Center, GI Lab, and inpatient services.

Outpatient Behavioral Health

Staff Updates

- New Team members:**
 - Help Center and Intensive Outpatient Program (IOP) – Melinda Richards, LMSW as a Mental Health and Crisis Counselor
- Staff Promotion:**
 - Jessica Burger, LMHC, CASAC, who served as a Supervising Substance Use Counselor at the ECMC Substance Use Treatment Services Clinic at 1285 Main Street has been promoted to a Behavioral Health Supervisor (outpatient) position. Jessica will supervise day to day operations for the Help Center and Intensive Outpatient Program.
- Recognition:** Buffalo Spree's List of Top Doctors in WNY 2025 included two of our Outpatient Behavioral Health providers:
 - Dr. Yogesh Bakhai
 - Dr. Annemarie Mikowski

Community Outreach Events

- **Tour provided to the Behavioral Health Lineage Group - 12/10/2024.**
 - Provided a walkthrough and overview of the 462 Grider Outpatient Behavioral Health programs.
- **Tour provided to the GLIN Medical Team - 12/17/2024.**
 - Provided overview of Outpatient Behavioral Health programs and areas for potential collaboration
- **Informational Session for the Police Behavioral Health Teams - 12/20/2024**
 - Cheektowaga and NFTA

Rehabilitation Services

PEDS

- PEDS Rehab hired a new Occupational Therapist and Speech Therapist. In addition to these recent hires, the department is continuously recruiting to expand and strengthen the team. This ongoing recruitment strategy is aimed at supporting the department's growth and ensuring a robust workforce to meet the needs of children moving forward.
- PEDS Rehab staff participated in ECMC AI trainings, and due to the interest expressed, AI will be a targeted area for continuing education in 2025. Additionally, one staff member is currently participating in a University at Buffalo (UB) study focused on the use of AI in language development, further enhancing the team's expertise in this evolving field.

System Health and Safety

- **Critical Incident Stress Management (CISM) Training:** Collaborated with Nursing Education on rolling out CISM training. Critical Incident Stress Management (CISM) is a comprehensive, structured approach designed to help individuals cope with the emotional and psychological impact of critical incidents, such as workplace violence, natural disasters, accidents, or any event that causes significant stress or trauma. CISM training has been offered to 40 employees, equipping them with tools to manage workplace trauma, build resilience, and offer peer support.
- **Digital Safety Fair:** Developed a digital version of the safety fair on UKG Pro to extend safety initiatives to a broader audience within the organization.

Surgical Services

- Congratulations to Kayla Shanley as the new Team Leader for Pain Management.
- Interviews for AVP of Surgical Services position are complete, finalizing candidate selection.
- Additional positions approved to expand Main OR hours past 3:00pm, employees hired and in orientation.

Terrace View

- **New Staff (December):** (8) FT CNAs, (5) FT LPNs, (2) FT RN Nursing Supervisors
- Nursing agencies continue to be utilized to provide temporary supplemental staffing on the evening shift and minimally on the night shift for RNs, LPNs, and CNAs. The facility goal for 2024 is to increase the average census while continuing to improve staffing and limiting nursing supplemental agency use to the evening shift.

Transplant

- Dr. Hoyden Fernandez started November 1, 2024. She is an experienced transplant surgeon who offers Robotic Donor Nephrectomies which is new to the program.
- Continue to utilize intermittent Locum Tenens Transplant Nephrology coverage. Dr. Hassan Fattah accepted a position and is expected to start in January 2025.

QUALITY

Ambulatory Medical Practices

Q3 2024 Remote Patient Monitoring Outcomes

- Blood pressure monitoring, in partnership with Brooks Medical, is part of the ECMC Primary Care program. The goal is to continually monitor the health of our patients, even when they are not in the hospital. The Q3 2024 remote patient monitoring outcomes showed 72% of all patients on the Brooks platform in the ECMC Internal Medicine Center are averaging an SBP of <140. Patients on the Brooks platform for 18 or more weeks who started out with a baseline systolic of greater than 160 have had an average decrease of 25 mmHg SBP. Of this same group of patients, 53% are now averaging an SBP of less than 140!

Biomedical

December 2024

- High-Risk Scheduled Maintenance completed: 91%
- Service Repair Calls: 482 / 92.53%

Environmental Services

- HCAHPS (cleanliness of the hospital environment) discharge date
December 2024 Top box score: 67%, N=92
- ATP Testing for December at 81%, will continue to huddle with staff on priority touch points.

Laboratory Services

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

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

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

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

Rehabilitation Services

MRU

- **Efficiency Goal / Quality Improvement Project (QIPs) Goal:**
The efficiency goal for 2024 was to improve the timeliness of admissions from the MRU's top referral source, with the aim of reducing the time from referral by therapy to admission to less than 8.8 days. The MRU has exceeded this goal year-to-date with an average of 5.4 days, reflecting a significant improvement.

Terrace View

- CMS Payroll Based Journaling: The facility will submit the PBJ data for the reporting period of October-December 2024 no later than February 14, 2025.
- NYSDOH Abbreviated Surveys: The facility received the results of 32 abbreviated surveys conducted in 2024 with no negative findings.
- The facility received an Initial Determination Letter on November 12, 2024, for the Period: Quarter 2, 2023. The letter indicates that Terrace View Long Term Care Facility complied with the 3.5 hours per resident day statutory standard minimum nursing staff requirements established under Public Health Law § 2895-b (3) and 10 NYCRR § 415.13(b)(2) post the Department's review of the CMS Payroll Based Journal for Quarter 2, 2023. To date, the facility remains in a state of compliance with this PHL since its inception.
- Life Safety POC: The facility requested a time-limited waiver, secondary to procurement and to contract with a third party to complete the installation of the exterior light fixtures required by the Life Safety Code Plan of Correction, with a completion date of March 31, 2025. On October 24, 2025, the facility received the approval for the time-limited waiver, which will expire on March 31, 2025.
- The facility has submitted the architectural plans for the installation of the aforementioned exterior lights and anticipates completion of this project by early February 2025. The facility continues to communicate with the Buffalo Region NYSDOH Field Office regarding same.
- CMS Quality: The facility achieved an overall Quality score of 3:5 stars.
 - Staffing: 5:5 stars
 - Quality: 3:5 stars
 - Survey: 2:5 stars

Transplant

- MPSC met in November and reviewed our September 2024 submission. MPSC will continue to monitor our outcomes, but did note there have been improvement and recommend skipping the March 2025 reporting cycle with our next submission due April 14, 2025.

FINANCIAL

Ambulatory Medical Practices

- At year-end 2024, the Ambulatory Department saw 160,225 patients, while being budgeted for 159,105 visits (+0.7% budget). Departments that exceeded budget include Bariatrics, ECMC Family Medicine, Internal Medicine, COEM, You Center for Wellness, Cardiothoracic, ENT, Head and Neck, Hertel Dental, Oral Oncology, Surgery and Urology. Additionally, there were 770 visits for Covid testing and/or Covid vaccinations, brought the budget to 1.2% over budget.

Dentistry / Oral Oncology & Maxillofacial Prosthetics

December 2024 – Patient Volume

- Dental: 939
- Oral Oncology: 777
- 800 Hertel Dental: 414

Dialysis

Budget and Variance:

- Outpatient (in-center treatments): 2024 Budget **24,293**, Variance **(-50)**
- Home Program: (Home Peritoneal & Home Hemodialysis): YTD Budget **1,976** treatments, Variance **(-402)**
- Total: **-452** treatments for the year

Census Volume:

- Outpatient (in-center treatments): December = **1,970** treatments, YTD 2024 total = **22,745**
- Home Program: (Home Peritoneal & Home Hemodialysis): December = **151** treatments, 2024 totals = **1,574**

Dialysis			2023			2024												YTD	Budget	Variance
			YTD	Budget	Variance	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec			
4555	AKI	Hemodialysis - AKI	129	-	-	19	32	69	56	55	45	45	31	18	15	16	12	413	-	-
	DIALNON	Hemodialysis - Non-ESRD	0	-	-	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-
	DIALTRAN	Hemodialysis - Transient	466	-	-	19	20	31	117	134	95	143	100	104	111	99	112	1,085	-	-
	HD	Hemodialysis - Chronic	23,020	-	-	1,791	1,778	1,902	1,900	1,969	1,846	1,964	1,964	1,824	1,955	1,882	1,970	22,745	-	-
	4555 Totals		23,615	24,539	-924	1,829	1,830	2,002	2,073	2,158	1,986	2,152	2,095	1,946	2,081	1,997	2,094	24,243	24,293	-50
5660	HOMEHD	Hemodialysis - Home	20	-	-	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-
	PD	Hemodialysis - Peritoneal	1,474	-	-	68	85	98	94	151	142	151	154	176	156	148	151	1,574	-	-
	5660 Totals		1,494	2,713	-1,219	68	85	98	94	151	142	151	154	176	156	148	151	1,574	1,976	-402
	Totals		25,109	27,252	-2,143	1,897	1,915	2,100	2,167	2,309	2,128	2,303	2,249	2,122	2,237	2,145	2,245	25,817	26,269	-452

Environmental Services

- Labor was below budget and supplies were over budget.
- Overall YTD supply budget over 8% YTD with labor 6.5% under budget YTD. Overall expenses in line and slightly under budget YTD.

Food & Nutritional Services

Retail Sales (after 20% discount)

December 2024 Actual \$181,626

December 2024 Budget \$186,338
Variance below target \$ (4,712) = 97% to target

Laboratory Services

- The department budget volumes for December YTD were positive 3.1% to budget target and increased 3.4% in comparison to FY23. The November YTD operating expense has a negative variance of 4.7% to budget target and a negative variance of 8.2% to FY23. The personnel expense has a positive variance of 5.8% to budget target and a negative variance of 7.7% to FY23 actual. Non-personnel expenses for November YTD demonstrated a negative variance of 5.5% to budget target and a negative variance of 4.6% to FY23. The negative non-personnel variance is impacted by the overall positive 3.1% to budget volume YTD. Expenses are in alignment with laboratory volumes and utilization.

Radiology

- The Radiology department is up 13.4% YTD over budget, 196,028 exams performed.
- CT is 10,265 exams over budget.

Rehabilitation Services

- Acute Therapy
PT and OT exceeded expectations surpassing budget targets. Both departments showed notable productivity.
 - PT productivity overall was 4,027 against a budget of 3,271 units, for a positive variance of 19%.
 - OT productivity overall was 2,992 against a budget of 2,488 units, for a positive variance of 17%.
- MRU
 - The average monthly admissions stand at 18.8, with discharges averaging 18.5 per month. The average monthly LOS is 18.9 days, and the average monthly ADC is 11.5, which demonstrates strong patient flow and capacity utilization. Overall, the MRU admitted a total of 225 patients YTD, exceeding the budgeted target by 26 admissions. The total number of discharges is 223, which is over the budgeted target. These figures reflect a robust performance in both patient admissions and discharges, exceeding expectations for the year.
- Outpatient Rehab
 - Occupational Therapy, Speech Therapy and Rehab Psychology had a strong year in terms of volumes. OT exceeded its volume target by 9%, while ST surpassed its target by 11% and Rehab Psych by 12%. These positive results reflect the dedication and effectiveness of the team in meeting the needs of patients throughout the year.
 - Rehab Physiatry was 23% under budget year-to-date, primarily due to being down a part-time PA. Despite this staffing challenge, the department still exceeded expectations, achieving 15% more actual visits compared to the same period in 2023. This demonstrates the doctors' ability to maintain high-quality care and adapt effectively to the reduced staffing.

Supportive Care & Palliative Medicine

- Total Inpatient Consults for December: 124

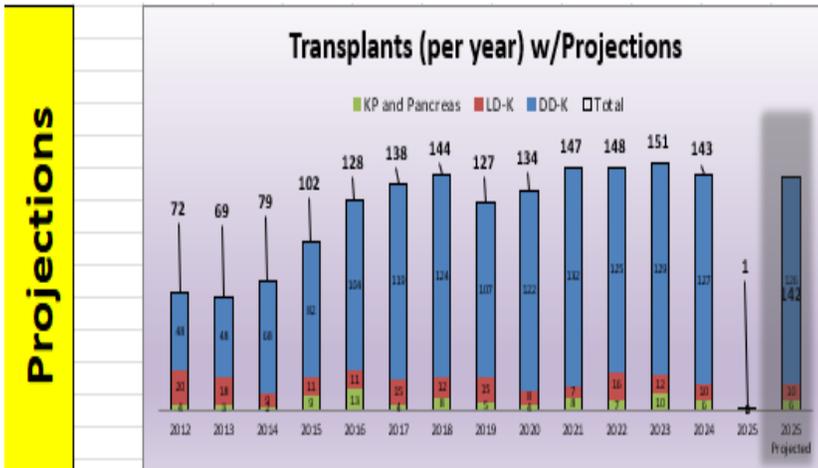
- Transitions of Care: 15
- Discharge with Home Hospice: 3
- Terrace View: 6

Surgical Services

- Monthly meetings reviewing high implant costs and reimbursement.

Transplant

- As of December 31, 2024, we have performed (143) transplants, which is (-8) transplants than this time last year (2023). Based on current volume, we have projected (142) transplants for 2025.
- Pre-Transplant Clinic ended below budget by (-416). We are still limited with our shortage of providers.
- Post-Transplant exceeded the 2024 budget YTD by (+174) visits. We are (242) for total clinic variance to 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
2024	127	10	6	0	143
2025	1	0	0	0	1
2025 Proj	126	10			142

Transplant / Vascular	2023			2024												YTD	Budget	Variance
	YTD	Budget	Variance	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec			
6430 TRANPRE Transplant Clinic	661	-	-	38	49	40	50	52	53	42	56	53	58	36	50	577	-	-
TRANPREPRC Transplant Clinic	2	-	-	0	0	0	0	0	0	0	1	1	0	1	1	4	-	-
6430 Totals	663	563	100 ↑	38	49	40	50	52	53	42	57	54	58	37	51	581	997	-416 ↓
6431 TRANPOSTPRC Transplant Clinic	0	-	-	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-
TRANPOST Transplant Clinic	4,252	-	-	362	350	315	322	340	336	413	421	345	375	286	309	4,174	-	-
6431 Totals	4,252	4,411	-159 🐼	362	350	315	322	340	336	413	421	345	375	286	309	4,174	4,000	174 🐼
Totals	4,915	4,974	-59 🐼	400	399	355	372	392	389	455	478	399	433	323	360	4,755	4,997	-242 🐼

The difference between
healthcare and true care™



Internal Financial Reports
For the month ended December 31, 2024

**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, 2024**

Statement of Operations:

	Month	Year-to-Date (YTD)	YTD Budget
Net patient revenue	\$ 55,165	\$ 656,229	\$ 645,858
Other	16,377	237,069	173,170
Total revenue	<u>71,542</u>	<u>893,298</u>	<u>819,028</u>
Salary & benefits	38,731	452,862	446,981
Physician fees	9,705	116,945	115,828
Purchased services	7,073	78,074	72,974
Supplies & other	17,195	179,724	161,249
Depreciation and amortization	3,746	46,989	46,454
Interest	970	12,021	10,547
Total expenses	<u>77,420</u>	<u>886,615</u>	<u>854,033</u>
Operating Income/(Loss) Before Other Items	(5,878)	6,683	(35,005)
Grant revenue	1,328	17,333	-
Income/(Loss) from Operations With Other Items	<u>(4,550)</u>	<u>(12,403)</u>	<u>(35,005)</u>
Other Non-operating gain/(loss)	(1,627)	7,698	1,205
Change in net assets	<u>\$ (6,177)</u>	<u>\$ (4,705)</u>	<u>\$ (33,800)</u>
Operating margin	<u>-6.4%</u>	<u>-1.4%</u>	<u>-4.3%</u>

Cash Flow Summary:

	Month	YTD
Net cash provided by (used in):		
- Operating activities	\$ 11,587	\$ 94,278
- Investing activities	(1,512)	(61,849)
- Financing activities	<u>(1,924)</u>	<u>(18,645)</u>
Increase/(decrease) in cash and cash equivalents	8,151	13,784
Cash and cash equivalents - beginning	<u>25,404</u>	<u>19,771</u>
Cash and cash equivalents - ending	<u>\$ 33,555</u>	<u>\$ 33,555</u>

Balance Sheet:

Assets:	
Cash & short-term investments	\$ 80,575
Patient receivables	93,271
Assets whose use is limited	187,386
Other assets	477,969
	<u>\$ 839,201</u>
Liabilities & Net Assets:	
Accounts payable & accrued expenses	\$ 301,557
Estimate self-insurance reserves	50,424
Other liabilities	522,993
Long-term debt, including current portion	193,094
Lease liability, including current portion	20,658
Subscription liability, including current portion	21,328
Line of credit	10,000
Net assets	<u>(280,853)</u>
	<u>\$ 839,201</u>

Key Statistics:

	Month	YTD	YTD Budget
Discharges:			
- Acute	1,062	12,992	12,534
- Exempt units	389	5,113	5,466
Observation Cases:	285	3,452	3,008
Patient days:			
- Acute	8,718	103,165	94,005
- Exempt units	4,583	57,123	58,786
Average length of stay, acute	8.2	7.9	7.5
Case mix index	Blended 1.97	1.96	1.80
Average daily census:			
Medical Center	429	438	417
Terrace View LTC	363	368	378
Emergency room visits, including admissions	5,159	63,917	65,178
Outpatient Visits	22,736	299,098	306,592
Days in patient receivables		52.0	

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

The difference between
healthcare and true care™



Erie County Medical Center Corporation
Management Discussion and Analysis
For the month ended December 31, 2024
(Amounts in Thousands)

December 2024 Operating Performance

ECMCC experienced challenges during the month of December in achieving budgeted volume globally. During the month, ECMCC's volume fell below the operating plan in inpatient cases, outpatient visits and behavioral health services. Acute cases exceeded budget by 6.3% which were more than offset by the shortfalls in chemical dependency and medical rehab. Total surgeries, outpatient visits and within those, emergency department visits were below plan during the month which also resulted in challenges to volume related revenue as compared to the plan for the month. The increased case severity in medical and surgical cases this month above plan led to an overall increase in acute case mix index driving higher revenue offsetting the shortfalls noted above. The revenue variances derived from these trends during December were accompanied by additional expenses to accommodate the in-house volume reflected within the higher acute average length of stay, staffing related costs, purchased services and higher pharmaceutical supply costs. The overall result drove an operating loss for the month of (\$5,878), before grant funding and before year-end close adjustments related to actuarial estimates and other reserve changes. This operating loss is unfavorable due to the above drivers when compared to the month's budgeted loss of (\$4,214).

Inpatient discharges during the month of 1,451 were slightly less than the planned discharges of 1,496 (or 3.0%). Within the total, acute discharges of 1,062 were in line with the budget, while there was an increase in behavioral health of approximately 6.5% and chemical dependency fell below plan by over 30%. This overall decrease in discharges is driving an increase in the acute average length of stay to 8.2 days during December, an increase from 7.91 days during November. Throughput budget variances continue to be driven by the challenges in discharging more difficult to place longer stay patients due to staffing and admission challenges across the community within post-acute care facilities resulting in a slight shortfall in Emergency Department visits.

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

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

ECMCC has also experienced an increase in expenses for temporary nursing staff in both the hospital and Terrace View to assist in meeting minimum standards during the month and to accommodate some staff vacancies during specific shifts. Management expects to have the need for a certain number of temporary agency clinical personnel throughout the remainder of the year and into 2025 to continue to meet the New York State minimum standards given the volume increases.

Total benefit costs for the month fell below the operating plan as a result of favorable health insurance claim costs. The year-to-date unfavorable variance before any year-end retirement plan and workers compensation reserve adjustments is the result of additional retirement benefit reserves recorded each month as a result of updated actuarial estimates of the benefit liability related to the retiree health program. These liabilities and expenses have been reconciled as a part of the year-end close adjustments.

Supply costs exceeded the operating plan during the month by \$3,202. The additional cost during the month was related primarily to pharmaceutical costs related to both specialty pharmacy, pricing changes related to demand, and shortages along with increased utilization of higher cost drugs within oncology.

Erie County Medical Center Corporation
Management Discussion and Analysis
For the month ended December 31, 2024
(Amounts in Thousands)

Balance Sheet

ECMCC saw an increase in cash from December 2023 resulting in 35 days operating cash as compared to 16 days operating cash at the end of 2023. Cash levels have increased from these levels because of the receipt of certain expected disproportionate share (DSH/IGT) payments, increased collections on billed accounts receivable, increased retroactive insurance payer settlements, the accumulation of unrestricted investment income, a retrospective reimbursement settlement related to the 340b drug pricing program, and most recently the receipt of \$17.3 million of FEMA program reimbursement payments. Partially offsetting those receipts, on January 31st 2024, management paid the New York State Pension Plan contribution timely as required, ongoing operating vendor payments and the 12 months of net cash flow reductions due to operating losses.

Patient receivables decreased approximately \$9.1 million from December 31, 2023. The decrease in accounts receivable has been due to increased collections especially during the 4th quarter coupled with various prior period insurance payer claim settlements in excess of \$3 million achieved during the year.

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

The change in other accrued expenses reflects the recognition of the deferred revenue related to the amounts received in January and June of 2024 for the current year initial and prior year reconciliation payments for DSH/IGT. This revenue then is recognized ratably over the course of the year in the income statement. A significant portion of these payments resulted in an amount which will be recouped in the future by New York State and CMS, thus resulting in an overall liability increase related to prior year DSH/IGT.

The change in other liabilities is the result of the net activity related to the payment of the annual contribution required by the NYS pension plan as well as the year-end adjustments related to the pension plan and the retiree health benefit plan.

Year Ended December 31, 2024

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, 2024 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, 2024 and December 31, 2023

(Dollars in Thousands)

	December 31, 2024	December 31, 2023	Change from December 31st
Assets			
Current Assets:			
Cash and cash equivalents	\$ 33,555	\$ 19,771	\$ 13,784
Investments	47,020	10,646	36,374
Patient receivables, net	93,271	102,389	(9,118)
Prepaid expenses, inventories and other receivables	39,127	62,528	(23,401)
Total Current Assets	212,973	195,334	17,639
Assets Whose Use is Limited:			
Designated under self-Insurance programs	53,666	57,904	(4,238)
Restricted under third party agreements	77,758	73,658	4,100
Designated for long-term investments	55,962	39,060	16,902
Total Assets Whose Use is Limited	187,386	170,622	16,764
Property and equipment, net	277,039	307,343	(30,304)
Other assets	161,803	168,809	(7,006)
Total Assets	\$ 839,201	\$ 842,108	\$ (2,907)
Liabilities & Net Position			
Current Liabilities:			
Current portion of long-term debt	\$ 13,520	\$ 12,869	\$ 651
Current portion of lease liability	6,264	6,944	(680)
Current portion of subscription liability	8,118	8,724	(606)
Line of credit	10,000	10,000	-
Accounts payable	64,780	59,922	4,858
Accrued salaries and benefits	85,355	73,734	11,621
Other accrued expenses	145,779	125,936	19,843
Estimated third party payer settlements	5,643	4,486	1,157
Total Current Liabilities	339,459	302,615	36,844
Long-term debt	179,574	188,940	(9,366)
Long-term lease liability	14,394	20,521	(6,127)
Long-term subscription liability	13,210	15,727	(2,517)
Estimated self-insurance reserves	50,424	59,340	(8,916)
Other liabilities	522,993	531,132	(8,139)
Total Liabilities	1,120,054	1,118,275	1,779
Total Net Position	(280,853)	(276,167)	(4,686)
Total Liabilities and Net Position	\$ 839,201	\$ 842,108	\$ (2,907)

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

The difference between
healthcare and true care™



Erie County Medical Center Corporation

Statement of Operations

For the month ended December 31, 2024

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net patient revenue	55,220	55,163	57	54,701
Less: Provision for uncollectable accounts	(55)	(1,071)	1,016	(1,634)
Adjusted Net Patient Revenue	55,165	54,092	1,073	53,067
Disproportionate share / IGT revenue	10,273	10,273	-	9,571
Other revenue	6,104	4,158	1,946	4,484
Total Operating Revenue	71,542	68,523	3,019	67,122
Operating Expenses:				
Salaries & wages	31,239	30,502	(737)	28,589
Employee benefits	7,492	8,083	591	8,133
Physician fees	9,705	9,652	(53)	9,628
Purchased services	7,073	6,173	(900)	7,783
Supplies	14,314	11,112	(3,202)	11,812
Other expenses	2,226	1,966	(260)	1,806
Utilities	655	499	(156)	637
Depreciation & amortization	3,746	3,871	125	3,400
Interest	970	879	(91)	926
Total Operating Expenses	77,420	72,737	(4,683)	72,714
Operating Income/(Loss) Before Other Items	(5,878)	(4,214)	(1,664)	(5,592)
NYS Pension & OPEB Actuarial Changes (Non-Cash)	-	-	-	-
Income/(Loss) from Operations	(5,878)	(4,214)	(1,664)	(5,592)
Other Gains/(Losses)				
Grant revenue	1,328	-	1,328	5,572
Income/(Loss) from Operations	(4,550)	(4,214)	(336)	(20)
Other Non-operating Gain/(Loss):				
Interest and dividends	761	180	581	599
Unrealized gain/(loss) on investments	(2,388)	(80)	(2,308)	2,201
Non-operating Gain/(Loss)	(1,627)	100	(1,727)	2,800
Excess of Revenue/(Deficiency) Over Expenses	\$ (6,177)	\$ (4,114)	\$ (2,063)	\$ 2,780

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 Operations

For the twelve months ended December 31, 2024

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net patient revenue	668,680	658,538	10,142	607,878
Less: Provision for uncollectable accounts	(12,451)	(12,680)	229	(4,157)
Adjusted Net Patient Revenue	<u>656,229</u>	<u>645,858</u>	<u>10,371</u>	<u>603,721</u>
Disproportionate share / IGT revenue	164,953	123,280	41,673	107,105
Other revenue	<u>72,116</u>	<u>49,890</u>	<u>22,226</u>	<u>47,824</u>
Total Operating Revenue	<u>893,298</u>	<u>819,028</u>	<u>74,270</u>	<u>758,650</u>
Operating Expenses:				
Salaries & wages	359,202	351,357	(7,845)	336,948
Employee benefits	93,660	95,624	1,964	101,751
Physician fees	116,945	115,828	(1,117)	110,569
Purchased services	78,074	72,974	(5,100)	83,773
Supplies	152,847	131,191	(21,656)	132,197
Other expenses	20,807	23,590	2,783	25,731
Utilities	6,070	6,468	398	6,109
Depreciation & amortization	46,989	46,454	(535)	49,706
Interest	<u>12,021</u>	<u>10,547</u>	<u>(1,474)</u>	<u>12,264</u>
Total Operating Expenses	<u>886,615</u>	<u>854,033</u>	<u>(32,582)</u>	<u>859,048</u>
Operating Income/(Loss) Before Other Items	6,683	(35,005)	41,688	(100,398)
NYS Pension & OPEB Actuarial Changes (Non-Cash)	<u>(36,419)</u>	<u>-</u>	<u>(36,419)</u>	<u>(19,328)</u>
Income/(Loss) from Operations	(29,736)	(35,005)	5,269	(119,726)
Other Gains/(Losses)				
Grant revenue	<u>17,333</u>	<u>-</u>	<u>17,333</u>	<u>107,230</u>
Income/(Loss) from Operations	(12,403)	(35,005)	22,602	(12,496)
Other Non-operating Gain/(Loss):				
Interest and dividends	6,730	2,160	4,570	4,249
Unrealized gain/(loss) on investments	<u>968</u>	<u>(955)</u>	<u>1,923</u>	<u>2,035</u>
Non-operating Gain/(Loss)	<u>7,698</u>	<u>1,205</u>	<u>6,493</u>	<u>6,284</u>
Excess of Revenue/(Deficiency) Over Expenses	<u>\$ (4,705)</u>	<u>\$ (33,800)</u>	<u>\$ 29,095</u>	<u>\$ (6,212)</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, 2024

(Dollars in Thousands)

	<u>Month</u>	<u>Year-to-Date</u>
Unrestricted Net Assets:		
Excess/(Deficiency) of revenue over expenses	\$ (6,177)	\$ (4,705)
Other transfers, net	-	
Contributions for capital acquisitions	-	19
Change in accounting principle	-	-
Net assets released from restrictions for capital acquisition	-	-
	<hr/>	<hr/>
Change in Unrestricted Net Assets	<u>(6,177)</u>	<u>(4,686)</u>
Temporarily Restricted Net Assets:		
Contributions, bequests, and grants	-	-
Other transfers, net	-	-
Net assets released from restrictions for operations	-	-
Net assets released from restrictions for capital acquisition	-	-
	<hr/>	<hr/>
Change in Temporarily Restricted Net Assets	<u>-</u>	<u>-</u>
Change in Net Position	<u>(6,177)</u>	<u>(4,686)</u>
Net Position, beginning of period	<u>(274,676)</u>	<u>(276,167)</u>
Net Position, end of period	<u>\$ (280,853)</u>	<u>\$ (280,853)</u>

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

The difference between
healthcare and true care™



Erie County Medical Center Corporation

Statement of Cash Flows

For the month and twelve months ended December 31, 2024

(Dollars in Thousands)

	Month	Year-to-Date
Cash Flows from Operating Activities:		
Change in net assets	\$ (6,177)	\$ (4,686)
Adjustments to Reconcile Changes in Net Assets to Net Cash Provided by/(Used in) Operating Activities:		
Depreciation and amortization	3,746	46,989
Provision for bad debt expense	55	12,451
Net change in unrealized (gain)/loss on Investments	2,388	(968)
<u>Changes in Operating Assets and Liabilities:</u>		
Patient receivables	2,898	(3,333)
Prepaid expenses, inventories and other receivables	547	23,401
Accounts payable	6,287	4,858
Accrued salaries and benefits	3,591	11,621
Estimated third party payer settlements	597	1,157
Other accrued expenses	(1,481)	19,843
Self Insurance reserves	(560)	(8,916)
Other liabilities	(304)	(8,139)
Net Cash Provided by/(Used in) Operating Activities	11,587	94,278
Cash Flows from Investing Activities:		
Additions to Property and Equipment, net	(457)	(16,685)
Decrease/(increase) in assets whose use is limited	(307)	(16,764)
Sale/(Purchase) of investments, net	(866)	(35,406)
Change in other assets	118	7,006
Net Cash Provided by/(Used in) Investing Activities	(1,512)	(61,849)
Cash Flows from Financing Activities:		
Principal payments on / proceeds from long-term debt, net	(731)	(8,715)
Principal payments on / additions to long-term lease liability, net	(488)	(6,807)
Principal payments on / additions to long-term subscription, net	(705)	(3,123)
Increase/(Decrease) in Cash and Cash Equivalents	8,151	13,784
Cash and Cash Equivalents, beginning of period	25,404	19,771
Cash and Cash Equivalents, end of period	\$ 33,555	\$ 33,555

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, 2024	December 31, 2023	ECMCC 3 Year Avg. 2021 - 2023
<u>Liquidity Ratios:</u>			
Current Ratio	0.6	0.7	0.8
Days in Operating Cash & Investments	35	16	29.5
Days in Patient Receivables	52.0	63.2	55.5
Days Expenses in Accounts Payable	53.7	53.6	61.2
Days Expenses in Current Liabilities	145.6	129.2	144.5
Cash to Debt	69.5%	43.0%	52.8%
Working Capital Deficit	\$ (126,486)	\$ (89,919)	\$ (72,929)
<u>Capital Ratios:</u>			
Long-Term Debt to Fixed Assets	64.8%	67.7%	68.4%
Assets Financed by Liabilities	133.5%	133.6%	127.9%
Debt Service Coverage (Covenant > 1.1)	1.7	2.3	1.6
Capital Expense	3.0%	3.0%	3.0%
Average Age of Plant	8.0	7.6	9.4
Debt Service as % of NPSR	3.9%	4.2%	4.0%
Capital as a % of Depreciation	35.5%	13.1%	34.3%
<u>Profitability Ratios:</u>			
Operating Margin	0.7%	-13.2%	-14.1%
Net Profit Margin	-0.7%	-1.0%	-3.5%
Return on Total Assets	-0.6%	-0.8%	-2.1%
Return on Equity	1.7%	2.3%	7.9%
<u>Productivity and Cost Ratios:</u>			
Total Asset Turnover	1.1	0.9	0.8
Total Operating Revenue per FTE	\$ 266,711	\$ 224,619	\$ 216,505
Personnel Costs as % of Total Revenue	50.0%	57.5%	57.0%

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

The difference between
healthcare and true care™



Erie County Medical Center Corporation

Key Statistics			
Period Ended December 31, 2024			

Current Period				Year to Date				
Actual	Budget	% to Budget	Prior Year	Actual	Budget	% to Budget	Prior Year	
Discharges:				Discharges:				
1,062	1,056	0.5%	1,063	Med/Surg (M/S) - Acute	12,992	12,534	3.7%	12,577
228	214	6.5%	198	Behavioral Health	2,799	2,758	1.5%	2,571
145	208	-30.4%	190	Chemical Dependency (CD) - Detox	2,091	2,507	-16.6%	2,294
16	17	-6.7%	17	Medical Rehab	223	201	10.9%	201
1,451	1,496	-3.0%	1,468	Total Discharges	18,105	18,000	0.6%	17,643
Patient Days:				Patient Days:				
8,718	8,198	6.3%	8,367	M/S - Acute	103,165	94,005	9.7%	101,967
3,685	3,866	-4.7%	3,818	Behavioral Health	45,017	44,622	0.9%	46,969
583	777	-25.0%	698	CD - Detox	7,896	9,777	-19.2%	8,998
315	380	-17.1%	360	Medical Rehab	4,210	4,387	-4.0%	4,502
13,301	13,221	0.6%	13,243	Total Patient Days	160,288	152,791	4.9%	162,436
Average Daily Census (ADC):				Average Daily Census (ADC):				
281	264	6.3%	270	M/S - Acute	282	257	9.7%	279
119	125	-4.7%	123	Behavioral Health	123	122	0.9%	129
19	25	-25.0%	23	CD - Detox	22	27	-19.2%	25
10	12	-17.1%	12	Medical Rehab	12	12	-4.0%	12
429	426	0.6%	427	Total ADC	438	417	4.9%	445
Average Length of Stay:				Average Length of Stay:				
8.2	7.8	5.8%	7.9	M/S - Acute	7.9	7.5	5.9%	8.1
16.2	18.1	-10.5%	19.3	Behavioral Health	16.1	16.2	-0.6%	18.3
4.0	3.7	7.9%	3.7	CD - Detox	3.8	3.9	-3.2%	3.9
19.7	22.2	-11.2%	21.2	Medical Rehab	18.9	21.8	-13.5%	22.4
9.2	8.8	3.7%	9.0	Average Length of Stay	8.9	8.5	4.3%	9.2
Occupancy:				Occupancy:				
80.8%	83.0%	-2.6%	80.5%	% of M/S Acute staffed beds	80.8%	83.0%	-2.6%	80.5%
Case Mix Index:				Case Mix Index:				
1.97	1.79	10.1%	1.93	Blended (Acute)	1.96	1.80	8.9%	1.81
285	265	7.5%	251	Observation Status	3,452	3,008	14.8%	2,892
388	420	-7.6%	399	Inpatient General Surgeries	5,265	4,994	5.4%	4,954
635	620	2.4%	636	Outpatient General Surgeries	7,637	7,506	1.7%	7,605
41	50	-18.0%	36	Inpatient Ancillary Surgeries	374	603	-38.0%	451
44	29	51.7%	25	Outpatient Ancillary Surgeries	396	361	9.7%	311
22,736	23,811	-4.5%	22,536	Outpatient Visits	299,098	306,592	-2.4%	297,203
5,159	5,522	-6.6%	5,254	Emergency Visits Including Admits	63,917	65,178	-1.9%	63,715
52.0	44.2	17.6%	63.1	Days in A/R	52.0	44.2	17.6%	63.1
0.7%	2.0%	-64.9%	-7.4%	Bad Debt as a % of Net Revenue	1.8%	1.9%	-5.9%	0.7%
3,332	3,214	3.7%	3,278	FTE's	3,290	3,194	3.0%	3,250
4.47	4.36	2.5%	4.31	FTE's per Adjusted Occupied Bed	4.25	4.38	-2.9%	4.21
\$ 20,129	\$ 19,295	4.3%	\$ 19,306	Net Revenue per Adjusted Discharge	\$ 18,966	\$ 18,990	-0.1%	\$ 18,155
\$ 28,334	\$ 25,851	9.6%	\$ 35,804	Cost per Adjusted Discharge	\$ 26,536	\$ 24,975	6.3%	\$ 26,297
Terrace View Long Term Care:				Terrace View Long Term Care:				
11,250	11,634	-3.3%	11,341	Patient Days	134,511	138,378	-2.8%	133,177
363	375	-3.3%	366	Average Daily Census	368	378	-2.8%	365
93.1%	96.2%	-3.3%	93.8%	Occupancy - % of Staffed beds	94.2%	96.9%	-2.8%	93.6%
463	510	-9.1%	471	FTE's	462	506	-8.7%	434
6.6	7.0	-6.0%	6.6	Hours Paid per Patient Day	7.1	7.6	-6.1%	6.8

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

The difference between
healthcare and true care™



Internal Financial Reports
For the month ended November 30, 2024

Erie County Medical Center Corporation

**Financial Dashboard
November 30, 2024**

Statement of Operations:

	<u>Month</u>	<u>Year-to-Date (YTD)</u>	<u>YTD Budget</u>
Net patient revenue	\$ 54,473	\$ 612,247	\$ 591,765
Other	18,102	175,762	158,740
Total revenue	<u>72,575</u>	<u>788,009</u>	<u>750,505</u>
Salary & benefits	39,361	415,520	408,397
Physician fees	10,290	107,072	106,176
Purchased services	6,575	70,235	66,801
Supplies & other	14,678	166,957	147,670
Depreciation and amortization	3,871	43,097	42,583
Interest	920	10,922	9,668
Total expenses	<u>75,695</u>	<u>813,803</u>	<u>781,295</u>
Operating Income/(Loss) Before Other Items	(3,120)	(25,794)	(30,790)
Grant revenue	-	16,005	-
Income/(Loss) from Operations With Other Items	<u>(3,120)</u>	<u>(9,789)</u>	<u>(30,790)</u>
Other Non-operating gain/(loss)	2,132	9,388	1,104
Change in net assets	<u>\$ (988)</u>	<u>\$ (401)</u>	<u>\$ (29,686)</u>
Operating margin	<u>-4.3%</u>	<u>-1.2%</u>	<u>-4.1%</u>

Balance Sheet:

Assets:

Cash & short-term investments	\$ 83,162
Patient receivables	109,296
Assets whose use is limited	177,863
Other assets	483,826
	<u>\$ 854,147</u>

Liabilities & Net Assets:

Accounts payable & accrued expenses	\$ 326,642
Estimate self-insurance reserves	60,976
Other liabilities	496,080
Long-term debt, including current portion	193,829
Lease liability, including current portion	21,146
Subscription liability, including current portion	22,033
Line of credit	10,000
Net assets	<u>(276,559)</u>
	<u>\$ 854,147</u>

Cash Flow Summary:

	<u>Month</u>	<u>YTD</u>
Net cash provided by (used in):		
- Operating activities	\$ 267	\$ 89,404
- Investing activities	1,288	(67,054)
- Financing activities	<u>(5,960)</u>	<u>(16,717)</u>
Increase/(decrease) in cash and cash equivalents	(4,405)	5,633
Cash and cash equivalents - beginning	<u>29,809</u>	<u>19,771</u>
Cash and cash equivalents - ending	<u>\$ 25,404</u>	<u>\$ 25,404</u>

Key Statistics:

	<u>Month</u>	<u>YTD</u>	<u>YTD Budget</u>
Discharges:			
- Acute	1,041	11,930	11,478
- Exempt units	418	4,724	5,026
Observation Cases:	284	3,167	2,743
Patient days:			
- Acute	8,238	94,447	85,807
- Exempt units	4,581	52,540	53,763
Average length of stay, acute	7.9	7.9	7.5
Case mix index Blended	1.95	1.96	1.80
Average daily census: Medical Center	427	439	417
Terrace View LTC	359	368	378
Emergency room visits, including admissions	5,182	58,758	59,656
Outpatient Visits	24,536	276,362	282,781
Days in patient receivables		59.8	

The difference between
healthcare and true care™



Erie County Medical Center Corporation
Management Discussion and Analysis
For the month ended November 30, 2024
(Amounts in Thousands)

November 2024 Operating Performance

Challenges in overall volume seen during August and September turned slightly during November. During the month, ECMCC's volume exceeded the budgeted inpatient cases and outpatient visits. Acute and behavioral health services drove the favorable inpatient case volume, offset by shortfalls in chemical dependency and medical rehab. Total surgeries were above the plan during the month which also resulted in higher revenue than expected. The increased case severity in medical and surgical cases this month led to an overall increase in acute case mix driving higher revenue per case as well. The revenue variances derived from these trends during November were accompanied by additional expenses to accommodate the in-house and outpatient volume primarily within salaries, purchased services and supplies, which drove an operating loss for the month of (\$3,120), before grant funding. This operating loss, before grant funding, is favorable when compared to the month's budgeted loss of (\$3,528) and remains an improvement from the loss before grant funding during November of 2023 of (\$4,725). Additionally, the operating loss before grant funding for the eleven-months ended November 30, 2024, of (\$25,794) also represents a significant improvement from the loss before grant funding of (\$73,951) for the same period during 2023.

Inpatient discharges during the month of 1,459 were greater than planned discharges of 1,430 (or 2.05%). Within the total, acute discharges of 1,041 surpassed the budget by 1.9%, despite an inpatient surgery unfavorable variance of 7 surgeries. This increase in discharges was driven in part by a sustained reduction in acute average length of stay at 7.9 days during November, consistent with the level during October. While this represents an improvement from prior months, throughput budget variances continue to be driven by the challenges in discharging more difficult to place longer stay patients due to staffing and admission challenges across the community within post-acute care facilities resulting in a slight shortfall in Emergency Department visits. Despite this, the total outpatient visit volume overall was greater than budget for the month by 1,787 visits, or 7.9%. Lastly, during the month of November, ECMCC experienced a favorable variance in outpatient surgeries of 27 cases as compared to the budget of 641 cases (or 4.2%).

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

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

ECMCC has also experienced an increase in expenses for temporary nursing staff in both the hospital and Terrace View to assist in meeting minimum standards during the month and to accommodate some staff vacancies during specific shifts. Management expects to have the need for a certain number of temporary agency clinical personnel throughout the remainder of the year and into 2025 to continue to meet the New York State minimum standards given the volume increases.

Total benefit costs for the month were greater than the operating plan as a result of unfavorable payroll taxes driven by salary expense for the month noted above. The year-to-date unfavorable variance is the result of additional retirement benefit reserves recorded each month as a result of updated actuarial estimates of the benefit liability related to the retiree health program. This variance will be reconciled once the final actuarial reports for both the pension and retiree health programs are completed.

Erie County Medical Center Corporation
Management Discussion and Analysis
For the month ended November 30, 2024
(Amounts in Thousands)

Supply costs exceeded the operating plan during the month by \$1,032. The additional cost during the month was related primarily to pharmaceutical costs related to both specialty pharmacy, inpatient and outpatient volume and pricing changes.

Balance Sheet

ECMCC saw an increase in cash from December 2023 resulting in 39 days operating cash as compared to 16 days operating cash at the end of 2023. Cash levels have increased from these levels at the end of October because of the receipt of certain expected disproportionate share (DSH/IGT) payments, the accumulation of unrestricted investment income, along with the retrospective reimbursement settlement related to the 340b drug pricing program, and most recently the receipt of FEMA grant payments. Partially offsetting those receipts, on January 31st, management paid the New York State Pension Plan contribution timely as required, ongoing operating vendor payments and first quarter cash flow reductions due to operating losses.

Patient receivables increased approximately \$6.9 million from December 31, 2023. The increase in accounts receivable has been due to increased volume and revenue over and above the operating plan coupled with the delays in billing and collections related to one significant payer coupled with internal staffing challenges. These delays are primarily related to the Change Healthcare cyber-attack which occurred on February 21st, 2024. Significant efforts are underway to reduce accounts receivable and increase cash collections related to these and other delays.

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

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

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

Erie County Medical Center Corporation

Balance Sheet November 30, 2024 and December 31, 2023

(Dollars in Thousands)

	November 30, 2024	December 31, 2023	Change from December 31st
Assets			
Current Assets:			
Cash and cash equivalents	\$ 25,404	\$ 19,771	\$ 5,633
Investments	57,758	10,646	47,112
Patient receivables, net	109,296	102,389	6,907
Prepaid expenses, inventories and other receivables	34,650	62,528	(27,878)
Total Current Assets	227,108	195,334	31,774
Assets Whose Use is Limited:			
Designated under self-Insurance programs	59,450	57,904	1,546
Restricted under third party agreements	112,525	107,627	4,898
Designated for long-term investments	5,888	5,091	797
Total Assets Whose Use is Limited	177,863	170,622	7,241
Property and equipment, net	280,664	307,343	(26,679)
Other assets	168,512	168,809	(297)
Total Assets	\$ 854,147	\$ 842,108	\$ 12,039
Liabilities & Net Position			
Current Liabilities:			
Current portion of long-term debt	\$ 13,520	\$ 12,869	\$ 651
Current portion of lease liability	6,354	6,944	(590)
Current portion of subscription liability	8,544	8,724	(180)
Line of credit	10,000	10,000	-
Accounts payable	57,480	59,922	(2,442)
Accrued salaries and benefits	74,767	73,734	1,033
Other accrued expenses	189,349	125,936	63,413
Estimated third party payer settlements	5,046	4,486	560
Total Current Liabilities	365,060	302,615	62,445
Long-term debt	180,309	188,940	(8,631)
Long-term lease liability	14,792	20,521	(5,729)
Long-term subscription liability	13,489	15,727	(2,238)
Estimated self-insurance reserves	60,976	59,340	1,636
Other liabilities	496,080	531,132	(35,052)
Total Liabilities	1,130,706	1,118,275	12,431
Total Net Position	(276,559)	(276,167)	(392)
Total Liabilities and Net Position	\$ 854,147	\$ 842,108	\$ 12,039

The difference between
healthcare and true care™



Erie County Medical Center Corporation

Statement of Operations

For the month ended November 30, 2024

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net patient revenue	54,772	54,554	218	52,884
Less: Provision for uncollectable accounts	(299)	(1,046)	747	(198)
Adjusted Net Patient Revenue	54,473	53,508	965	52,686
Disproportionate share / IGT revenue	10,273	10,273	-	9,571
Other revenue	7,829	4,158	3,671	4,685
Total Operating Revenue	72,575	67,939	4,636	66,942
Operating Expenses:				
Salaries & wages	31,503	29,980	(1,523)	28,936
Employee benefits	7,858	7,706	(152)	8,382
Physician fees	10,290	9,652	(638)	9,444
Purchased services	6,575	6,044	(531)	6,489
Supplies	12,024	10,992	(1,032)	11,819
Other expenses	2,270	1,967	(303)	1,939
Utilities	384	376	(8)	486
Depreciation & amortization	3,871	3,871	-	3,278
Interest	920	879	(41)	894
Total Operating Expenses	75,695	71,467	(4,228)	71,667
Operating Income/(Loss) Before Other Items	(3,120)	(3,528)	408	(4,725)
Other Gains/(Losses)				
Grant revenue	-	-	-	4,794
Income/(Loss) from Operations	(3,120)	(3,528)	408	69
Other Non-operating Gain/(Loss):				
Interest and dividends	522	180	342	335
Unrealized gain/(loss) on investments	1,610	(80)	1,690	2,779
Non-operating Gain/(Loss)	2,132	100	2,032	3,114
Excess of Revenue/(Deficiency) Over Expenses	\$ (988)	\$ (3,428)	\$ 2,440	\$ 3,183

Erie County Medical Center Corporation

Statement of Operations

For the eleven months ended November 30, 2024

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net patient revenue	624,643	603,374	21,269	557,310
Less: Provision for uncollectable accounts	(12,396)	(11,609)	(787)	(7,909)
Adjusted Net Patient Revenue	612,247	591,765	20,482	549,401
Disproportionate share / IGT revenue	113,028	113,007	21	107,781
Other revenue	62,734	45,733	17,001	42,713
Total Operating Revenue	788,009	750,505	37,504	699,895
Operating Expenses:				
Salaries & wages	327,757	320,855	(6,902)	308,314
Employee benefits	87,763	87,542	(221)	94,372
Physician fees	107,072	106,176	(896)	100,942
Purchased services	70,235	66,801	(3,434)	74,144
Supplies	138,604	120,079	(18,525)	119,938
Other expenses	22,938	21,622	(1,316)	23,524
Utilities	5,415	5,969	554	5,457
Depreciation & amortization	43,097	42,583	(514)	36,924
Interest	10,922	9,668	(1,254)	10,231
Total Operating Expenses	813,803	781,295	(32,508)	773,846
Operating Income/(Loss) Before Other Items	(25,794)	(30,790)	4,996	(73,951)
Other Gains/(Losses)				
Grant revenue	16,005	-	16,005	48,312
Income/(Loss) from Operations	(9,789)	(30,790)	21,001	(25,639)
Other Non-operating Gain/(Loss):				
Interest and dividends	5,968	1,980	3,988	3,626
Unrealized gain/(loss) on investments	3,420	(876)	4,296	(2,174)
Non-operating Gain/(Loss)	9,388	1,104	8,284	1,452
Excess of Revenue/(Deficiency) Over Expenses	\$ (401)	\$ (29,686)	\$ 29,285	\$ (24,187)

Erie County Medical Center Corporation

Statement of Changes in Net Position

For the month and eleven months ended November 30, 2024

(Dollars in Thousands)

	<u>Month</u>	<u>Year-to-Date</u>
Unrestricted Net Assets:		
Excess/(Deficiency) of revenue over expenses	\$ (988)	\$ (401)
Other transfers, net	-	
Contributions for capital acquisitions	-	9
Change in accounting principle	-	-
Net assets released from restrictions for capital acquisition	-	-
	<hr/>	<hr/>
Change in Unrestricted Net Assets	<u>(988)</u>	<u>(392)</u>
Temporarily Restricted Net Assets:		
Contributions, bequests, and grants	-	-
Other transfers, net	-	-
Net assets released from restrictions for operations	-	-
Net assets released from restrictions for capital acquisition	-	-
	<hr/>	<hr/>
Change in Temporarily Restricted Net Assets	<u>-</u>	<u>-</u>
Change in Net Position	<u>(988)</u>	<u>(392)</u>
Net Position, beginning of period	<u>(275,571)</u>	<u>(276,167)</u>
Net Position, end of period	<u><u>\$ (276,559)</u></u>	<u><u>\$ (276,559)</u></u>

The difference between
healthcare and true care™



Erie County Medical Center Corporation

Statement of Cash Flows

For the month and eleven months ended November 30, 2024

(Dollars in Thousands)

	Month	Year-to-Date
Cash Flows from Operating Activities:		
Change in net assets	\$ (988)	\$ (392)
Adjustments to Reconcile Changes in Net Assets to Net Cash Provided by/(Used in) Operating Activities:		
Depreciation and amortization	3,871	43,097
Provision for bad debt expense	299	12,396
Net change in unrealized (gain)/loss on Investments	(1,610)	(3,420)
<u>Changes in Operating Assets and Liabilities:</u>		
Patient receivables	(1,113)	(19,303)
Prepaid expenses, inventories and other receivables	(3,513)	27,878
Accounts payable	3,817	(2,442)
Accrued salaries and benefits	3,230	1,033
Estimated third party payer settlements	(408)	560
Other accrued expenses	(3,941)	63,413
Self Insurance reserves	893	1,636
Other liabilities	(270)	(35,052)
Net Cash Provided by/(Used in) Operating Activities	267	89,404
Cash Flows from Investing Activities:		
Additions to Property and Equipment, net	(2,579)	(16,418)
Decrease/(increase) in assets whose use is limited	4,392	(7,241)
Sale/(Purchase) of investments, net	(141)	(43,692)
Change in other assets	(384)	297
Net Cash Provided by/(Used in) Investing Activities	1,288	(67,054)
Cash Flows from Financing Activities:		
Principal payments on / proceeds from long-term debt, net	(5,126)	(7,980)
Principal payments on / additions to long-term lease liability, net	(387)	(6,319)
Principal payments on / additions to long-term subscription, net	(447)	(2,418)
Increase/(Decrease) in Cash and Cash Equivalents	(4,405)	5,633
Cash and Cash Equivalents, beginning of period	29,809	19,771
Cash and Cash Equivalents, end of period	\$ 25,404	\$ 25,404

Erie County Medical Center Corporation

Statistical and Ratio Summary

	November 30, 2024	December 31, 2023	ECMCC 3 Year Avg. 2021 - 2023
<u>Liquidity Ratios:</u>			
Current Ratio	0.6	0.7	0.8
Days in Operating Cash & Investments	39	16	29.5
Days in Patient Receivables	59.8	63.2	55.5
Days Expenses in Accounts Payable	52.0	53.6	61.2
Days Expenses in Current Liabilities	155.9	129.2	144.5
Cash to Debt	73.6%	43.0%	52.8%
Working Capital Deficit	\$ (137,952)	\$ (89,919)	\$ (72,929)
<u>Capital Ratios:</u>			
Long-Term Debt to Fixed Assets	64.2%	67.7%	68.4%
Assets Financed by Liabilities	132.4%	133.6%	127.9%
Debt Service Coverage (Covenant > 1.1)	3.5	2.3	1.6
Capital Expense	3.1%	3.0%	3.0%
Average Age of Plant	7.9	7.6	9.4
Debt Service as % of NPSR	3.8%	4.2%	4.0%
Capital as a % of Depreciation	38.1%	13.1%	34.3%
<u>Profitability Ratios:</u>			
Operating Margin	-3.3%	-13.2%	-14.1%
Net Profit Margin	-0.1%	-1.0%	-3.5%
Return on Total Assets	-0.1%	-0.8%	-2.1%
Return on Equity	0.2%	2.3%	7.9%
<u>Productivity and Cost Ratios:</u>			
Total Asset Turnover	1.0	0.9	0.8
Total Operating Revenue per FTE	\$ 257,117	\$ 224,619	\$ 216,505
Personnel Costs as % of Total Revenue	51.9%	57.5%	57.0%

The difference between
healthcare and true care™



Erie County Medical Center Corporation

Key Statistics
Period Ended November 30, 2024

Current Period				Year to Date				
Actual	Budget	% to Budget	Prior Year	Actual	Budget	% to Budget	Prior Year	
Discharges:				Discharges:				
1,041	1,022	1.9%	1,013	Med/Surg (M/S) - Acute	11,930	11,478	3.9%	11,514
229	216	5.9%	201	Behavioral Health	2,571	2,544	1.1%	2,373
171	173	-1.3%	160	Chemical Dependency (CD) - Detox	1,946	2,299	-15.3%	2,104
18	18	-1.5%	16	Medical Rehab	207	184	12.6%	184
1,459	1,430	2.0%	1,390	Total Discharges	16,654	16,504	0.9%	16,175
Patient Days:				Patient Days:				
8,238	8,050	2.3%	8,393	M/S - Acute	94,447	85,807	10.1%	93,600
3,584	3,844	-6.8%	3,730	Behavioral Health	41,332	40,756	1.4%	43,151
652	710	-8.2%	668	CD - Detox	7,313	9,000	-18.7%	8,300
345	427	-19.2%	375	Medical Rehab	3,895	4,007	-2.8%	4,142
12,819	13,031	-1.6%	13,166	Total Patient Days	146,987	139,570	5.3%	149,193
Average Daily Census (ADC):				Average Daily Census (ADC):				
275	268	2.3%	280	M/S - Acute	282	256	10.1%	280
119	128	-6.8%	124	Behavioral Health	123	122	1.4%	129
22	24	-8.2%	22	CD - Detox	22	27	-18.7%	25
12	14	-19.2%	13	Medical Rehab	12	12	-2.8%	12
427	434	-1.6%	439	Total ADC	439	417	5.3%	447
Average Length of Stay:				Average Length of Stay:				
7.9	7.9	0.5%	8.3	M/S - Acute	7.9	7.5	5.9%	8.1
15.7	17.8	-12.0%	18.6	Behavioral Health	16.1	16.0	0.3%	18.2
3.8	4.1	-7.0%	4.2	CD - Detox	3.8	3.9	-4.0%	3.9
19.2	23.4	-18.0%	23.4	Medical Rehab	18.8	21.8	-13.7%	22.5
8.8	9.1	-3.6%	9.5	Average Length of Stay	8.8	8.5	4.4%	9.2
Occupancy:				Occupancy:				
80.5%	84.5%	-4.8%	82.6%	% of M/S Acute staffed beds	80.5%	84.5%	-4.8%	82.6%
Case Mix Index:				Case Mix Index:				
1.95	1.83	6.8%	2.05	Blended (Acute)	1.96	1.80	8.8%	1.80
284	245	15.9%	239	Observation Status	3,167	2,743	15.5%	2,641
401	408	-1.7%	409	Inpatient General Surgeries	4,872	4,574	6.5%	4,555
668	641	4.2%	659	Outpatient General Surgeries	6,998	6,886	1.6%	6,969
1	50	-98.0%	30	Inpatient Ancillary Surgeries	276	553	-50.1%	415
22	27	-18.5%	23	Outpatient Ancillary Surgeries	380	332	14.5%	286
24,536	22,749	7.9%	23,920	Outpatient Visits	276,362	282,781	-2.3%	274,667
5,182	5,343	-3.0%	5,116	Emergency Visits Including Admits	58,758	59,656	-1.5%	58,461
59.8	44.2	35.3%	67.4	Days in A/R	59.8	44.2	35.3%	67.4
-0.3%	1.9%	-117.0%	0.3%	Bad Debt as a % of Net Revenue	2.0%	1.9%	2.9%	1.5%
3,315	3,195	3.8%	3,300	FTE's	3,287	3,192	3.0%	3,247
4.38	4.27	2.5%	4.24	FTE's per Adjusted Occupied Bed	4.23	4.39	-3.5%	4.19
\$ 19,608	\$ 20,089	-2.4%	\$ 19,937	Net Revenue per Adjusted Discharge	\$ 19,246	\$ 18,962	1.5%	\$ 18,048
\$ 26,950	\$ 26,665	1.1%	\$ 27,427	Cost per Adjusted Discharge	\$ 25,492	\$ 24,896	2.4%	\$ 25,411
Terrace View Long Term Care:				Terrace View Long Term Care:				
10,769	11,268	-4.4%	10,799	Patient Days	123,261	126,744	-2.7%	121,836
359	376	-4.4%	360	Average Daily Census	368	378	-2.7%	365
92.0%	96.3%	-4.4%	92.3%	Occupancy - % of Staffed beds	94.3%	97.0%	-2.7%	93.5%
468	515	-9.1%	459	FTE's	461	505	-8.7%	431
7.0	7.3	-4.9%	6.8	Hours Paid per Patient Day	7.2	7.7	-6.1%	6.8

Medical Executive Committee
CMO Report to the ECMC Board of Directors
December 2024 and January 2025

University at Buffalo Update

- Psychiatry Chair search, Chief of Nephrology, and Chief of GI still taking place.

Current hospital operations

- Admissions YTD: 12,296 (11,820)
- ED visits YTD: 51,028 (51,019)
- CPEP visits: 9,306 (8,930)
- Observation: 3,256 (2,703)
- Inpatient Surgeries: 5,026 (4,693)
- Outpatient Surgeries: 7,230 (7,187)
- ALC days YTD: 9,982 (9,179)

The average length of stay MTD 8.4 (8.4) CMI 2,0670 (1.8613)

CMO Update

- LOS remains a challenge

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

Department of Nursing Report January 2025

In December the Nurse Recognition Committee organized a holiday celebration for all of the students and teachers at School 84. The event included lunch and gifts for every student and classroom, with Santa and Mrs. Claus being there to celebrate with the children.

Nursing recognition celebrations in December:

- TULIP award – Brittney Sweat, Med Surg Tech on 8z3.
- MICU North and South both received the Gold Beacon Award. Celebration was held and Badge pins were distributed to the Nursing staff in recognition of excellence for patient care and outcomes.
- MICU Nurse hero – Danielle Zielinski, RN was recognized for dedication to our patients as well as her role as a dedicated preceptor and team member.
- Nurse Hero – Tracey Hained Charge Nurse Outpatient Dialysis

2024 Nursing Accomplishments:

AACN recognized the MICU North and MICU South with the Gold Beacon award of excellence for patient care and staff engagement.

Promoting patient safety – 185 days without a CAUTI was achieved through implementation of a Nursing Protocol.

ECMC staff hosted 1,398 students for clinical rotations in 2024.

Nursing recruitment was successful with hiring 286 Nurses in 2024.

Expansion of the Nurse intern program with our Nurses precepting interns for success as future GDN's as benefited many of our past students that completed clinical rotations in various nursing units.

Professional development remains strong through the clinical ladder, advance practice certifications and scholarship programs this is recognized as we retain and promote our Nurses into advanced positions.

Restructuring of the Education department to update and meet the needs of all staff on all shifts has been successful for consistency of meeting education needs. Staff education courses TRUST and VITALS have been focused on providing tools for our staff to promote patient safety.

Communications and External Affairs Report
Submitted by Peter K. Cutler
Vice President of Communications and External Affairs
January 28, 2025

Marketing

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

Media Report

- Continue coordination of media interviews related to ECMC service lines including coverage of transplantation, orthopedics, behavioral health, surgical services, physical therapy and emergency services.
- Associate Medical Director Dr. Michael Cummings was featured on WIVB-TV (Channel 4) on December 20th for a segment concerning people coping with Seasonal Affective Disorder and Dr. Katherine Lee from ECMC's Internal Medicine Department was featured also on WIVB-TV on January 17th regarding Staying Safe in Extreme Cold Weather.
- ECMC's Medical Minute partnership with WGRZ-TV included the featured following topics in January: Obesity (Drs. Sanders & Dobosz), Weight Control (Dr. Dobosz), and Breast Reconstruction (Dr. Frey).

Community and Government Relations

- **On January 14th**, Governor Kathy Hochul delivered her fourth State of the State (SOTS) address, outlining her agenda for the upcoming year. Key proposals advanced by the Governor include providing tax relief to middle class families, providing inflation rebates, expanding the child tax credit, and investing in the Metropolitan Transit Authority. Notably, the State's financial outlook for Fiscal Year (FY) 2026 continues to improve, with tax receipts exceeding October projections by \$1 billion and closing the projected FY26 budget gap, and a projected \$35 billion in state reserve funds by the end of FY25. Here are two key healthcare related issues the Governor covered in her State of the State address:
 - **Modernize Mental Hygiene Law to Expand Access to Care:** The Governor will introduce legislation to amend New York's Mental Hygiene Law standards for involuntary commitment to ensure that clinicians and authorized professionals can intervene when a person is at substantial risk of physical harm to themselves or others due to their inability to meet basic needs like food, shelter, or medical care. The amendment will also expand authority to Psychiatric Nurse Practitioners. The revised standards will require evaluators to consider a comprehensive set of factors when making decisions about involuntary commitment and will require hospitals to notify community providers upon patient admission or discharge, ensuring continuity of care.
 - **Healthcare Safety Net Transformation Program:** In 2024, the Governor established the Safety Net Transformation Program, providing financial support and regulatory flexibility to encourage strategic partnerships, and strengthen hospital systems. In its first year, the program experienced demand that far exceeded the available funding. To meet this demand, the Governor will allocate additional resources to the program. This commitment will further support applications and foster more partnerships to strengthen New York's safety-net hospitals for the future.
- **On January 21st**, Governor Hochul released her proposed \$252 billion Fiscal Year 2026 (FY26) Executive Budget. The budget plan, which represents an increase of \$8.6 billion or 3.6% from the FY25 enacted budget, does not include new taxes and is bolstered by a current and budget year surplus of approximately \$5.3 billion. The budget plan includes \$35.4 billion in Medicaid spending, an increase of \$4.3 billion (14%) from FY25 levels, \$37.4 billion for School Aid, an

increase of \$1.7 billion (4.7%), inclusive of a \$1.5 billion (5.9%) Foundation Aid increase and maintains the existing level of reserves (\$21.1 billion). Here are some key budgetary items proposed by the Governor (which will now be reviewed by both houses of the NYS Legislature, be negotiated in the coming weeks between the Executive and the Legislature, leading to the state constitutional April deadline for an enacted state budget):

- Establishes the structure for the **Managed Care Organization (MCO) Tax** and a plan for MCO Tax revenue that includes \$1.4B in FY26 state-share expenditures, including:
 - \$305 million for hospital inpatient and outpatient rates.
 - \$200 million investment in nursing home, assisted living program (ALP) and hospice rates.
 - \$50 million to increase the Medicaid physician fee schedule.
 - \$50 million to fund the Mainstream Medicaid Managed Care Quality Program.
 - \$10 million to support enhanced rates for clinics and Federally Qualified Health Centers (FQHCs); and ○ \$500 million to support remaining Global Cap deficits
- **Support for Financially Distressed Hospitals.** The Executive Budget would provide an estimated \$1.8 billion for supportive funding programs for financially distressed and safety net hospitals, representing a reduction of approximately \$500 million in state funds from FY25 funding levels as a result of a reduction in VAPAP funding. It also includes \$550 million to support the Safety Net Hospital Global Budget initiative in the State's Medicaid waiver
- **Safety Net Hospital Transformation Program.** The Executive Budget would invest an additional \$1.3 billion (\$1 billion in capital and \$300 million in operating resources) to expand the existing Safety Net Transformation Program (SNTP) to support additional partnerships and enable longer-term commitments to award applicants. The SNTP is for eligible safety net hospitals working with at least one partner organization to implement a transformation plan that improves the resilience of the safety net institution.
- **Involuntary Commitment and Assisted Outpatient Treatment (AOT).** The Executive Budget proposes an amendment to the Mental Hygiene Law which would expand the possible rationales for involuntary commitment to include individuals who refuse, as a result of their mental illness, to provide for their own essential needs such as food, clothing, medical care, safety, or shelter. Alongside this amendment is a commitment of \$16.5 million for counties to enhance their implementation of AOT programs and \$2 million for additional OMH staff to increase the reporting, monitoring, training, and supports for counties and providers.

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

Present: Ronald Bennett*, Reverend Mark Blue*, Darby Fishkin, Sharon Hanson, Michael Hoffert*, James Lawicki*, Hon. John O'Donnell, Reverend Kinzer Pointer, Thomas J. Quatroche, Eugenio Russi, Michael Seaman, Dr. Philip Stegemann, Benjamin Swanekamp*

Excused: Jonathan Dandes, Christian Johnson, Christopher O'Brien, , Jennifer Persico

Also

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

*participated virtually

I. Call to Order:

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

II. Minutes

Upon a motion made by Reverend Kinzer Pointer and seconded by Benjamin Swanekamp the minutes of the October 22, 2024 regular meeting of the Board of Directors were unanimously approved.

III. Action Items

Resolution Receiving and Filing Medical-Dental Staff Meeting Minutes

Additionally, Dr. Cloud reported that Dr. Michael Manka and Dr. Maureen Sullivan will be stepping down as Chief of Emergency Medicine and Oral Oncology respectively. Dr. Jennifer Pugh will replace Dr. Manka and Dr. Rachael Rositto, Dr. Sullivan.

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 began by thanking Dr. Jennifer Pugh for her service as President of the Medical Executive Committee.

ECMC had zero occurrences of the monthly patient indicators during October. Acquired infection rates continue to be low for CAUTI and CLABSI. CDI/F continues to be a challenge though there has been an improvement during the last month. Hospital Experience scores continue to be better than New York State. Dr.

Quatroche recognized various employees for their outstanding work. Hospital Events and celebrations were highlighted. A press conference was held where Congressman Tim Kennedy announced \$525,550 in federal funding for the ECMC BRAVE (Buffalo Rising Against Violence) Center. ECMC held its first Annual Career Development Day. Members of ECMC's MWBE committee attended the New York State MWBE Forum in Albany. Dr. Quatroche reported that there have been 726 new hires since the beginning of the year including 164 RNs and 46 LPNs.

Chief Financial Officer

Jonathan Swiatkowski reported a stronger month. Discharges increased from the previous month and was at budget. Inpatient surgeries were 11.5% higher than budget. Total surgeries were 9.1% higher than budget. ALC days and left without being seen both increased. Acute LOS decreased and was 11.9% higher than budget and 0.4% higher than 2023. Total average length of stay was only 4.3% higher than budget and less than last year. Fewer patients left without being seen with half as many as the previous month. October reflected a net loss of \$1.4M. Mr. Swiatkowski gave additional information on cash flow and actuarial reports and reviewed the trends for volume and acute average length of stay for the year. Discussion followed. A summary of the preliminary financial results through October 31, 2024 was reviewed and the full set of these materials are received and filed.

V. Standing Committees

Sharon Hanson on behalf of the Governance Committee that Darby Fishkin has been named Vice Chair of the ECMC Board of Directors. She will be confirmed at the January meeting.

- a. **Executive Committee:** Chair Russi reported that the Executive Committee meeting a week earlier discussed issues concerning ongoing initiatives.
- b. **Finance Committee:** Michael Seaman had no additional information to report from the Finance Committee.
- c. **Audit Committee:** Darby Fishkin gave a brief summary of the November Audit meeting.
- d. **HR Committee:** Michael Seaman stated that the committee discussed the DEI program.
- e. **Investment Committee:** Chair Russi summarized the October 29th Investment meeting.
- f. **MWBE Committee:** Rev. Mark Blue updated the group on the committees most recent meeting.
- g. **Post-Acute QI Committee :** Michael Seaman gave an update of the most recent Post-Acute QI Committee meeting.

- h. **Quality Improvement and Patient Safety Committee:** Michael Hoffert offered a brief summary of the most recent Quality Improvement and Patient Safety Committee meeting.

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

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

Moved by Reverend Kinzer Pointer and seconded by Michael Seaman to enter into Executive Session at 5:04 p.m. to consider matters made confidential by law, including strategic planning.

Motion approved unanimously

VII. Reconvene in Open Session

Moved by Michael Seaman and seconded Reverend Kinzer Pointer to reconvene in Open Session at 5:12 p.m. No action was taken by the Board of Directors in Executive Session

Motion approved unanimously

VIII. Adjournment

The Board of Directors meeting at 5:13 p.m.



Sharon L. Hanson
Corporation Secretary

Present: Dr. Yogesh Bakhai, Dr. Samuel Cloud, Dr. Mandip Panesar, Dr. Siva Yedlapati, Dr. Richard Hall (via video conference), Dr. Ashvin Tadakamalla and Christopher Resetarits, CRNA

Excused: Dr. Lakshpaul Chauhan, Dr. Victor Vacanti and Dr. Thamer Qaqish

Agenda Item	Discussion/Recommendation	Action	Follow-up
I. CALL TO ORDER	Dr. Bakhai called the meeting to order at 3:02 pm		
II. ADMINISTRATIVE			
A. Minutes	Minutes from the October 3, 2024 meeting were presented for review.	A motion was made by Dr. Panesar, seconded by Dr. Tadakamalla and unanimously carried:	RESOLVED, that the Credentials Committee approve the minutes of the October 3, 2024 meeting as presented and recommend same to the Medical Executive Committee.
B. Deceased	None	None	None
C. Applications Withdrawn/Processing Cessation	None	None	None
D. Automatic Conclusion (Initial Appointment)	None	None	None
E. Name Changes (2)	<p><u>Family Medicine</u></p> <ul style="list-style-type: none"> Changed name from Ryane Parson, PA-C to Ryane Schupp, PA-C <p><u>Surgery</u></p> <ul style="list-style-type: none"> Marielle Ferstenberg, DO to Mariella Ferstenberg-Osygian, DO 	None	None
F. Leave of Absence (6)	<p><u>Anesthesiology</u></p> <ul style="list-style-type: none"> Danielle Doherty, CRNA-maternity; RTW 12/01/24 <p><u>Internal Medicine</u></p>	None	Informational purposes only

Highlight: Initiate FPPE

	<ul style="list-style-type: none"> Pradeep Srikanthan, MD-paternity; RTW 01/28/25 <p>Neurology</p> <ul style="list-style-type: none"> Rebecca Buttaccio, PA-C-maternity; RTW 11/18/24 <p>Obstetrics and Gynecology</p> <ul style="list-style-type: none"> Elana Tal, MD-maternity; RTW 02/03/25 <p>Plastics & Reconstructive Surgery</p> <ul style="list-style-type: none"> Rachel Harris, FNP-maternity; RTW 11/19/24 <p>Psychiatry</p> <ul style="list-style-type: none"> Hannah Lapidés, NP- maternity; RTW 12/31/24 				
G. Resignations (8)		Files are updated and resignation protocol followed. The Committee discussed retention rates and Wellness Committee initiatives to investigate and manage.		Notification via these minutes to MEC, Board of Directors, Revenue Management, Decision Support	
NAME	DEPARTMENT	PRACTICE PLAN/REASON	COVERING/COLLABORATING/SUPERVISING	RESIGN DATE	INITIAL DATE
Kerryann Broderick, MD	Emergency Medicine	<ul style="list-style-type: none"> UEMS Retiring Confirmed via email 	N/A	11/07/24	02/25/20
William Dice, MD	Emergency Medicine	<ul style="list-style-type: none"> UEMS Retiring Confirmed via email 	N/A	10/22/24	02/01/02
Margaret Eberl, MD	Family Medicine	<ul style="list-style-type: none"> GPPC No longer at ECMC Confirmed via email 	2 NP- GPPC working on	11/2/24	11/29/22
Sarah Abdelsayed, MD	Internal Medicine	<ul style="list-style-type: none"> UBMD CRF Confirmed via email 	N/A	11/07/24	07/25/17
Mayada Ismail, MD	Internal Medicine	<ul style="list-style-type: none"> UBMD Left practice plan Confirmed via email 	N/A	11/01/24	09/28/21

Highlight: Initiate FPPE

Marcus Romanowski, MD	Orthopaedic Surgery	<ul style="list-style-type: none"> • GPPC • Retiring • Confirmed via email 	N/A	11/01/24	11/27/18
Ekrem Maloku, MD	Pathology	<ul style="list-style-type: none"> • UBMD • Personal and Family issues • Confirmed via email 	N/A	11/01/24	02/28/23
Kamalpreet Parmar, MD	Pathology	<ul style="list-style-type: none"> • GPPC • Leaving GPPC • Confirmed via email 	N/A	10/15/24	09/26/23
III. CHANGE IN STAFF CATEGORY (1)					
A. Elie Nehme, MD	Internal Medicine	<ul style="list-style-type: none"> • Changing from Active to Courtesy, Refer and Follow 	The Committee voted, all in favor, to approve the changes as requested.		Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support
IV. CHANGE/ADD DEPARTMENT (1)					
A. Carly Gerretsen, FNP	Internal Medicine	<ul style="list-style-type: none"> • Removing Rehabilitation Medicine privileges • Adding Internal Medicine- Level 1 Core • Collaborating Physician: Dr. Naheed Alam (4NP/1PA) • Temporary privileges granted 10/16/2024 	The Committee voted, all in favor, to approve the changes as requested.		Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support
V. CHANGE/ADDITION Collaborating/Supervising (14)					
A. Alexandra Peters, PA-C	Emergency Medicine	<ul style="list-style-type: none"> • Changing from Dr. Dice to Dr. E. Shaw (1PA) 	The Committee voted, all in favor, to approve the changes as requested.		Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue

Highlight: Initiate FPPE

			Management and Decision Support.
B. Lucinda Kilbury, PA-C	<p><u>Family Medicine</u></p> <ul style="list-style-type: none"> Changing from Dr. Wilkins to Dr. Wilber (2NP/2PA) 	The Committee voted, all in favor, to approve the changes as requested.	Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support.
C. Syuzanna Leigh, PA-C	<p><u>Family Medicine</u></p> <ul style="list-style-type: none"> Changing from Dr. Lin to Dr. Wilkins (2NP/3PA) 	The Committee voted, all in favor, to approve the changes as requested.	Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support.
D. Jennifer Murtha, FNP	<p><u>Family Medicine</u></p> <ul style="list-style-type: none"> Changing from Dr. Wilkins to Dr. Wilber (3NP/2PA) 	The Committee voted, all in favor, to approve the changes as requested.	Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support.
E. Kyle Switzer, PA-C	<p><u>Family Medicine</u></p> <ul style="list-style-type: none"> Changing from Dr. Lin to Dr. Wilber (3NP/3PA) 	The Committee voted, all in favor, to approve the changes as requested.	Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support.
F. Joseph Quackenbush, PA-C	<p><u>Family Medicine</u></p> <ul style="list-style-type: none"> Changing from Dr. Wilkins to Dr. Wilber (3NP/4PA) 	The Committee voted, all in favor, to approve the changes as requested.	Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support.

Highlight: Initiate FPPE

G. Pia Musielak, PA-C	<u>Internal Medicine</u> <ul style="list-style-type: none"> • Adding Dr. Ellen Rich (1NP/3PA) Also has Dr. Glover Jr. (3PA)	The Committee voted, all in favor, to approve the changes as requested.	Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support.
H. Rebecca Buttaccio, PA-C	<u>Neurology</u> <ul style="list-style-type: none"> • Changing from Dr. Ferguson to Dr. Cheng (3NP/3PA) 	The Committee voted, all in favor, to approve the changes as requested.	Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support.
I. Mercedes Cline, ACNP	<u>Neurology</u> <ul style="list-style-type: none"> • Changing from Dr. Ferguson to Dr. Cheng (3NP/3PA) 	The Committee voted, all in favor, to approve the changes as requested.	Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support.
J. Morgan Fowler, PA-C	<u>Neurology</u> <ul style="list-style-type: none"> • Changing from Dr. Ferguson to Dr. Cheng (3NP/3PA) 	The Committee voted, all in favor, to approve the changes as requested.	Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support.
K. Nicole Ksiazek, PA-C	<u>Neurology</u> <ul style="list-style-type: none"> • Changing from Dr. Ferguson to Dr. Cheng (3NP/3PA) 	The Committee voted, all in favor, to approve the changes as requested.	Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support.

L. Joseph Rasnick, ANP	<u>Neurology</u> <ul style="list-style-type: none"> Changing from Dr. Ferguson to Dr. Cheng (3NP/3PA) 	The Committee voted, all in favor, to approve the changes as requested.	Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support.
M. Marc Siebert, ANP	<u>Neurology</u> <ul style="list-style-type: none"> Changing from Dr. Ferguson to Dr. Cheng (3NP/3PA) 	The Committee voted, all in favor, to approve the changes as requested.	Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support.
N. Lauren Gugino, PA-C	<u>Neurosurgery</u> <ul style="list-style-type: none"> Changing from Dr. Spiro to Dr. Algattas (1PA) 	The Committee voted, all in favor, to approve the changes as requested.	Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support.
VI. PRIVILEGE ADDITION/ REVISION			
	None		
VII. PRIVILEGE WITHDRAWAL (2)			
A. Nicole Ksiazek, PA-C	<u>Orthopaedic Surgery</u> <ul style="list-style-type: none"> Resign privileges 	The Committee voted, all in favor, to approve the changes as requested.	Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support.

B. Joseph Rasnick, ANP	Orthopaedic Surgery <ul style="list-style-type: none"> Resign privileges 	The Committee voted, all in favor, to approve the changes as requested.	Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support.
VIII. UNACCREDITED FELLOWSHIPS			
	<ul style="list-style-type: none"> No updates at this time 	None	Informational purposes only
IX. INITIAL APPOINTMENTS (12)			
Lauren Ewell, PA-C Cardiothoracic Surgery	<ul style="list-style-type: none"> Seton Hill University Master of Science in Physician Assistant May 2022 Time gap May 2022 to October 2022 waiting to start Surgical Assistant Residency Program The John's Hopkin's Hospital Physician Assistant Surgical Residency October 2022 to October 2023 Cardiothoracic Physician Assistant General Physician, PC at Buffalo Medical Center October 2023 to present Supervising Physician – Dr. Awad El-Ashry (2) NCCPA certified 	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive Committee for approval.
Brendan Gavin, PA-C Internal Medicine	<ul style="list-style-type: none"> Gannon University Master of Physician Assistant Science August 2024 Time gap August 2024 to December 2024 obtaining medical license, DEA and board certification 	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive Committee for approval.

Highlight: Initiate FPPE

	<ul style="list-style-type: none"> • Joining Grider Support Services in December to work in Cardiology • Supervising Physician – Dr. Victor Vacanti (3) • NCCPA certified 		
Uri Goldberg, MD Internal Medicine	<ul style="list-style-type: none"> • St. George’s University School of Medicine MD June 2013 • Clinical Research Coordinator Montefiore Medical Center Department of Internal Medicine June 2013 to November 2013 • Kingsbrook Jewish Medical Center Internal Medicine Residency November 2013 to November 2016 • Time gap – November 2016 to January 2017 credentialing/on-boarding • Hospitalist – Our Lady of Belfont Hospital January 2017 to May 2017, Lake Cumberland Regional Hospital February 2017 to November 2017, Pikeville Medical Center August 2017 to November 2017, Parkview Hospital October 2019 to November 2023, and Our Lady of Lourdes Hospital April 2018 to present • Sickle Cell Research Fellow King’s County Hospital September 2017 to April 2018 • Dartmouth Hitchcock Medical Center Hospice & Palliative Medicine Fellowship July 2022 to July 2023 • Joining Apogee Physicians as Independent Contractor 	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive Committee for approval.

Highlight: Initiate FPPE

	<ul style="list-style-type: none"> American Board of Internal Medicine certified 		
Colleen Klos, PA-C Internal Medicine	<ul style="list-style-type: none"> University of Pittsburgh Master of Physician Assistant Studies December 2021 Time gap December 2021 to March 2022 graduated PA school pending license and credentialing Physician Assistant – Infinity Medical of WNY Hospitalist Service at Buffalo General March 2022 to present Joining Grider Support Services Gastroenterology January 2025 Supervising Physician – Dr. Navpreet Rana (1) NCCPA certified 	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive Committee for approval.
Mulham Ombada, MD Internal Medicine	<ul style="list-style-type: none"> Khartoum College of Medical Sciences MBBS July 2016 Time gap August 2016 to December 2016 Vacation Rotating House Officer/Resident Training Al-Faisal Specialized Clinic, Khartoum, Sudan December 2016 to January 2019 Time gap February 2019 to March 2019 Vacation Internal Medicine House Officer/Resident Training, King Abdul-Aziz University Hospital, Jeddah, KSA March 2019 to August 2019 Time gap September 2019 to January 2020 Vacation Certified Donor Ambassador with the American Red Cross, Johns 	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive Committee for approval.

Highlight: Initiate FPPE

	<p>Hopkins University, Baltimore, MD January 2020 to December 2020</p> <ul style="list-style-type: none"> • Academic Medical Advisor/Group Facilitator at Kaplan Institution, NYC, NY January 2021 to May 2021 • Clinical Assistant at Essen Healthcare Hematology/Oncology January 2021 to May 2021 • Tele-Research Fellow at Michigan State University in Geriatric Medicine July 2020 to June 2021 • SUNY Upstate Medical University Internal Medicine Residency June 2021 to June 2024 • USMLE Mentor & Residency Guider at Michigan State University Department of Geriatric – Virtual July 2021 to present • Jacobs School of Medicine Palliative Medicine Fellowship July 2024 to present • Joining Apogee Physicians as Independent Contractor • American Board of Internal Medicine certified 		
<p>Marcos Cruz, MD Neurology</p>	<ul style="list-style-type: none"> • Universidad Autonoma De Guadalajara, Mexico, MD June 2002 • New York Medical College 5th Pathway MD July 2002 to June 2003 • University Pediatric Hospital, University of Puerto Rico Pediatric Internship July 2003 to June 2004 	<p>Flag was reviewed and application endorsed by the Chief of Service.</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>

Highlight: Initiate FPPE

	<p>and Residency July 2004 to June 2005</p> <ul style="list-style-type: none"> • St. Christopher’s Hospital for Children, Philadelphia, PA Neurology Fellowship July 2005 to June 2008 • Vanderbilt Medical Center Neurophysiology Fellowship July 2008 to June 2009 • Time gap June 2009 to August 2009 Fellowship ended, waited for employment • Neurophysiologist – Tristar Hendersonville August 2009 to present, C&C Neurological Associates, PLLC August 2009 to present, Real Time Neuromonitoring Associates January 2011 to present and Neurophysiologic Interpretative Specialists & Medicine January 2010 to present • American Board of Psychiatry and Neurology and Clinical Neurophysiology certified 		
<p>Thai Dang, DO Neurology</p>	<ul style="list-style-type: none"> • Lake Erie College of Osteopathic Medicine June 2018 • Desert Regional Medical Center Neurology Residency July 2018 to June 2021 • Loma Linda University Health Education Neurology Residency July 2021 to June 2022 • University of California School of Medicine Clinical Neurophysiology July 2022 to June 2023 	<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>

Highlight: Initiate FPPE

	<ul style="list-style-type: none"> • IONM Interpreting Physician - Neurophysiologic Interpretative Specialists & Medicine July 2023 to present • American Board of Psychiatry and Neurology and Clinical Neurophysiology certified 		
Sarah Zubkov, MD Neurology	<ul style="list-style-type: none"> • New York University School of Medicine MD June 2009 • New York Medical College Internal Medicine Internship June 2009 to June 2010 • Mount Sinai Medical Center Neurology Residency July 2010 to June 2013 and Neurophysiology Fellowship July 2013 to June 2014 • New York University School of Medicine Epilepsy Fellowship July 2014 to June 2015 • Time gap June 2015 to August 2015 Fellowship ended, waited for employment • Assistant Professor of Neurology Temple University School of Medicine August 2015 to June 2018 and Associate Program Director Neurology Residency September 2016 to June 2018 • Staff Neurologist – Jeanes Hospital November 2015 to June 2018 and Holy Redeemer Hospital March 2016 to June 2018 • IONM Interpreting Physician - Neurophysiologic Interpretative Specialists & Medicine July 2018 to present 	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive Committee for approval.

Highlight: Initiate FPPE

	<ul style="list-style-type: none"> American Board of Psychiatry and Neurology and Clinical Neurophysiology and Epilepsy certified 		
Anthony Tirabassi, PA-C Neurosurgery	<ul style="list-style-type: none"> Daemen University Master of Science Physician Assistant May 2024 Time gap June 2024 to August 2024 sat for boards, waited for employment with UBNS Physician Assistant Neurosurgery – UBNS August 2024 to present Supervising Physician – Dr. Gregory Castiglia (3) NCCPA certified 	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive Committee for approval.
Robert Pasquini, PA-C Radiology	<ul style="list-style-type: none"> SUNY Upstate Medical University Master of Science Physician Assistant August 2019 Time gap August 2019 to October 2020– completed school, applied for jobs, resigned from working as a radiographer and moved to TX Physician Assistant – Radiology Associates of North Texas October 2020 to December 2021 Time gap December 2021 to May 2022 exceptionally long time to obtain Indiana PA license (COVID related delays), followed by multiple credentialing delays Physician Assistant – Radiology Partners, Terre Haute, IN May 2022 to July 2024 and Southtowns Radiology Associates, West Seneca, NY August 2024 to November 2024 	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive Committee for approval.

Highlight: Initiate FPPE

	<ul style="list-style-type: none"> • Joining Great Lakes Medical Imaging December 2024 • Supervising Physician – Dr. John McGrath (8) • NCCPA certified 		
Nadare Alwan, FNP Rehabilitation Medicine	<ul style="list-style-type: none"> • D’Youville University Master of Science Family Nurse Practitioner May 2020 • Registered Nurse – Mercy Hospital of Buffalo January 2015 to February 2016 and Erie County Medical Center Burn ICU March 2016 to August 2018 and Medical ICU August 2018 to January 2021 • WellNow Urgent Care Fellowship Program February 2021 to February 2022 • Advanced Practicing Provider WellNow Urgent Care of WNY Region & Telemedicine Services February 2022 to present • Nursing Inservice Instructor for Medical Surgical Nursing Staff – ECMC February 2024 to present • Joining Rehabilitation Medicine November 4, 2024 temporary privileges for immediate patient need • Collaborating Physician – Dr. Mary Welch (2) • ANCC certified 	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive Committee for approval.
Jenna Bork, PA-C Surgery	<ul style="list-style-type: none"> • Daemen University Master of Science Physician Assistant May 2023 • Time gap June 2023 to July 2023 sat for boards, pending employment 	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive Committee for approval.

Highlight: Initiate FPPE

	<ul style="list-style-type: none"> Buffalo Medical Group – Medical Assistant July 2023 to October 2023 and Physician Assistant October 2023 to present Joining USI January 2025 Supervising Physician – Dr. Jeffrey Brewer (3) NCCPA certified 		
X. Temporary Privileges	<ul style="list-style-type: none"> Carly Gerretsen, FNP Internal Medicine October 16, 2024 Erin Davis, FNP Internal Medicine October 16, 2024 Nadare Alwan, FNP Rehabilitation Medicine November 4, 2024 	For informational purposes.	None
XI. REAPPOINTMENTS (38)	See reappointment summary below	The Committee voted, all in favor, to recommend approval of the re-appointments listed with privileges as requested.	Via these minutes, recommendation to Medical Executive Committee for approval.

NAME	DEPARTMENT	CATEGORY	PRIVILEGES
Coniglio, Julia CRNA	Anesthesia	AHP	
Haws, Brianna CRNA	Anesthesia	AHP	
Kocz, Remek MD	Anesthesia	Active	
Ring, Alan CRNA	Anesthesia	AHP	
Majka, Kylie PA-C Supervising MD: Doane	Emergency Medicine	AHP	
Plonka, Marta MD	Emergency Medicine	Active	
Pokoj, Nicholas MD	Emergency Medicine	Active	
Tanaka, Kaori DO	Emergency Medicine	Active	
Walsh, Evan DO	Emergency Medicine	Active	
Barkowski, Rakhi MD	Family Medicine	Active	
Battista, Olivia ANP, DNP Collaborating MD: Garbarino	Family Medicine	AHP	
Leigh, Syuzanna PA-C Supervising MD: Wilkins	Family Medicine	AHP	Privilege Addition: Pre-Natal/Maternal/Fetal Care
Berenji, Farid MD	Internal Medicine	Associate	

Highlight: Initiate FPPE

Chang, Shirley MD	Internal Medicine	Active	
Chaudhuri, Ajay MD	Internal Medicine	Active	
Nieswiadomy, Kayla ANP Collaborating MD: Von Visger	Internal Medicine	AHP	
Shah, Dhiren MD	Internal Medicine	Active	
Walden, Jenna ANP Collaborating MD: Von Visger	Internal Medicine	AHP	
Yacoub, Rabi MD	Internal Medicine	Active	
Zahid, Usman MD	Internal Medicine	Active	
Benedict, Ralph PhD	Neurology	AHP	
Buttaccio, Rebecca PA-C Supervising MD: Cheng	Neurology	AHP	
Gugino, Lauren PA-C Supervising MD: Algattas	Neurosurgery	AHP	Privilege Addition: Maintenance of open airway in non-intubated, unconscious patient with ventilation by bag or mask.
Tal, Elana MD	OB/GYN	Active	
Lillvis, John MD	Ophthalmology	Active	
Nagai, Michael DDS MD – 3 Depts.	Oral & Maxillofacial Surgery Otolaryngology Plastic & Reconstructive Surgery	Active	
Bernas, Geoffrey MD	Orthopaedic Surgery	Active	
Freeland, Erik DO	Orthopaedic Surgery	Active	
Stegemann, Philip MD	Orthopaedic Surgery	Active	
Mazgaj, Shana FNP Collaborating MD: Loree	Plastic & Reconstructive Surgery	AHP	
Leo, Raphael MD	Psych & Behavioral Medicine	Active	
Smith, Beth MD	Psych & Behavioral Medicine	Active	
Breslau, Jonathan MD	Radiology	Active	
Chengazi, Harris MD	Radiology	Active	
Mitchell, Charles MD	Radiology	Active	
Shaw, Sharjeel PA-C Supervising MD: Zions	Rehab Medicine	AHP	
El-Ashry, Awad MD	Thoracic/Cardiovascular Surgery	Active	
Guseth, Jennifer PA-C Supervising MD: Rutkowski	Urology	AHP	

**Bold highlighted names are
reappointment dates that will**

Highlight: Initiate FPPE

be changed to align with Kaleida

XII. AUTOMATIC CONCLUSION	Reappointment Expiration		
1st Notice (1)	Internal Medicine <ul style="list-style-type: none"> Thomas Edd, MD - Apogee Letting privileges run out 1-31-2025 Per Apogee	For informational purposes.	None necessary.
2nd Notice (1)	Internal Medicine <ul style="list-style-type: none"> Ashleigh Walker, FNP-Apogee Letting privileges run out 12-31-2024 Per Apogee	For informational purposes.	None necessary.
3rd Notice (2)	Family Medicine <ul style="list-style-type: none"> Rhonda Francis, FNP - Apogee Letting privileges run out 11-30-2024. Has not worked here in 2 years. Per Apogee Ophthalmology <ul style="list-style-type: none"> Charles Niles, MD – C,R&F Letting privileges run out 11-30-2024. Per email	For informational purposes.	None necessary.
XIII. PROFESSIONAL PRACTICE EVALUATIONS	Internal Medicine has been completed – 240 providers. Opportunities have been identified, as well as items to be tracked & trended. Dr. Murray suggested some new measures that we would like to use for Ambulatory. It is noted that going forward, VIP and FPPE for causes items will be brought to the Credentials Committee for review.	All reviewed by the Chief of Service. There were no FPPE’s necessary for the providers who did not meet one or more measures. The providers were notified and metrics will be tracked.	Continue to monitor.
XIV. OLD BUSINESS			
A. Expirables	Expirables will be reviewed and discussed with the Credentials Committee.	For informational purposes. Practice Plans and Chiefs of Service have all been notified multiple times.	Continue to monitor.

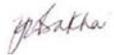
Highlight: Initiate FPPE

B. DEA, License, Boards	<p>November 2024</p> <ul style="list-style-type: none"> • DEA- 3 • License- 8 • Boards- 0 <p>December 2024</p> <ul style="list-style-type: none"> • DEA- 28 • License- 34 • Boards- 26 MD/28 PA 	For informational purposes.	None necessary.
C. Moderate sedation criteria	<p>After significant discussion by the Credentials Committee and approval by Dr. Anthony DePlato, Anesthesiology Chief of Service, it was recommended that anyone performing Moderate/Deep Sedation will be required to maintain ACLS certification; excluding Emergency Department as they meet criteria through Board certification/eligibility. If approved by the Medical Executive Committee and BOD, privilege forms will be modified to reflect the criteria change.</p> <p>The second part of the ACLS discussion included a criteria change for Hospitalists. Due to their scope of practice including code calls, it has been recommended that all Hospitalists maintain ACLS certification.</p>	The Credentials Committee recommends that anyone with moderate sedation privileges as well as all Internal Medicine Hospitalist maintain current ACLS training. Med Exec extraction	Follow up at December meeting
D. Policy regarding Expirables	This policy was presented to the Annual Medical Staff Meeting. Committee agreed to send to Medical Executive Committee for vote/approval	The Credentials Committee recommends the attached process for maintenance of expirables. The policy will be presented to the Board of Directors in January following vote by the Medical Staff.	Follow up at December meeting
E. Terrace View/Buffalo Ultrasound Contract	Lindy Nesbitt is working on separating the credentialing portion from the rest. This will allow us to start credentialing the Providers in a timelier fashion.	For informational purposes.	None necessary.
F. Pain Management addition	No follow up at this time	For informational purposes.	None necessary.
XIIV. NEW BUSINESS			
A. MD Staff Update	<ul style="list-style-type: none"> • Ongoing updates will be shared at monthly meeting 	For informational purposes.	None necessary.

Highlight: Initiate FPPE

B. 2025 Credentials Committee schedule	<ul style="list-style-type: none"> Committee voted to keep same day of the week and same time for 2025 	For informational purposes.	None necessary.
C. Dr. Parmar	<ul style="list-style-type: none"> The Committee had several questions concerning Dr. Parmar's resignation. It was decided that a meeting will be held with Dr. Tomaszewski, Dr. Cloud, Dr. Bakhai and Cheryl Carpenter for further discussion 	For Credentials Report to MEC	
XIIII. ADJOURNMENT	There being no further business to discuss, the meeting was adjourned at 4:10 pm		

Respectfully submitted,



Yogesh Bakhai, MD
Chair, Credentials Committee