



ECMCC Board of Director's Meeting

July 23, 2024

Zizzi Conference Center

Erie County Medical Center

462 Grider Street

Buffalo, NY 14215

AGENDA
REGULAR MEETING OF THE BOARD OF DIRECTORS OF
ERIE COUNTY MEDICAL CENTER CORPORATION
JULY 23, 2024

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

ERIE COUNTY MEDICAL CENTER CORPORATION
MINUTES OF THE JUNE 25, 2024
BOARD OF DIRECTORS MEETING
HYBRID MEETING HELD

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

Excused: Ronald Chapin, Christian Johnson, Christopher O'Brien, Jennifer Persico, Philip Stegeman

Also

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

* virtual

I. Call to Order

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

II. Minutes

Upon a motion made by Reverend Kinzer Pointer and seconded by Michael Seaman, the minutes of the May 28, 2024 regular meeting of the Board of Directors were unanimously approved.

III. Action Items

Resolution Receiving and Filing Medical-Dental Staff Meeting Minutes

Moved by Michael Seaman and seconded by Reverend Kinzer Pointer

Motion approved unanimously

VI. Reports from the Corporation's Leadership Team

Chief Executive Officer and President

Patient Safety Indicators continue to reflect positive work in 2024. April Human Experience scores remain steady. Patient Experience scores are higher than New York State Average. Several employees were recognized this month for their outstanding performance and quality of work. June featured celebrations for Juneteenth and Pride month along with a remembrance day for passed employees. Dr. Quatroche congratulated Susan Gonzalez for another outstanding Springfest Gala, raising over \$1.2 Million. He also thanked Mike Seaman and Sue Gonzalez for an amazing golf tournament. Three hundred and twenty-seven (327) new employees have begun working at ECMC since the beginning of the year. ECMC has added seventy-seven (77) RNs and twenty (20) LPNs since January 1st. Operating room volume is above budget YTD. Surgical service enhancements and highlights were reviewed.

Chief Financial Officer

Jonathan Swiatkowski reviewed the May 2024 Key Statistics. Hospital volume, inpatient surgeries, emergency and CPEP visits; outpatient visits and revenue – all are higher than budget and the previous year. Case mix index has been my higher resulting in more severe cases. Length-of-stay (both Acute Average and Total Average) was below budget and lower than last year. A summary of the preliminary financial results through May 31, 2024 was reviewed and the full set of these materials are received and filed. Discussion followed.

V. Standing Committees

- a. **Executive Committee:** Mr. Russi gave a brief summary of the most recent Executive Committee meeting.
- b. **Finance Committee:** Mr. Seaman stated that he had no additional information to add to the report given by Mr. Swiatkoski.
- c. **Buildings and Grounds:** Mr. Bennett stated that the June meeting was cancelled due to lack of a quorum.
- d. **MWBE Committee:** Committee Chair, Rev. Mark Blue, reported on the June 12th meeting and announced upcoming events supported by the group.
- e. **Quality Improvement and Patient Safety Committee:** Michael Hoffert was not available to update the group about the June 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 Sharon Hanson and seconded by Reverend Kinzer Pointer to enter into Executive Session at 5:06 p.m. to consider matters made confidential by law, including a personnel matter.

Motion approved unanimously

VII. Reconvene in Open Session

Moved by Reverend Pointer Kinzer and seconded by Michael Seaman to reconvene in Open Session at 5:42 p.m. No action was taken by the Board of Directors in Executive Session

Motion approved unanimously

VIII. Adjournment

Moved by Reverend Kinzer Pointer to adjourn the Board of Directors meeting at 5:45 p.m.



Sharon L. Hanson
Corporation Secretary

Present: Dr. Yogesh Bakhai, Dr. Mandip Panesar, Dr. Siva Harsha Yedlapati, Dr. Lakshpaul Chauhan, Dr. Ashvin Tadakamalla (Via Teams), Dr. Samuel Cloud, Dr. Richard Hall (via Teams),
 Dr. Victor Vacanti, Christopher Resetartis, CRNA

Excused: Dr. Thamer Qaqish

GUESTS: Dr. John LoFaso, Dr. Jeffrey Brewer

| Agenda Item | Discussion/Recommendation | Action | Follow-up |
|----------------------------------|---|--------|-----------|
| <p>I. CALL TO ORDER</p> | <p>The meeting was called to order at 2:00 pm by Dr. Yogesh Bakai, Chairman of the Credentials Committee.</p> | | |
| <p>II. ADMINISTRATIVE</p> | <p>At the May 2024 Credentials Committee meeting, it was requested that Dr. John Lofaso (Anesthesiology) address the Committee regarding potential red flags noted during review of his initial medical staff appointment documents. Dr. LoFaso attended this meeting to address those questions.</p> <p>After much discussion, Dr. LoFaso was excused and Dr. Bakhai asked each Committee member for their feedback.</p> <p>In summary, It is recommended by the Credentials Committee that the appointment of Dr. John LoFaso will be reviewed, endorsed, and approved by the Medical Staff Executive Committee.</p> <p>It is further resolved that the Medical Staff Executive Committee will determine if the</p> | | |

Highlight: Initiate FPPE

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| | Wellness Committee needs to be involved in the onboarding of Dr. LoFaso. | It was properly moved by Dr. Bakai, seconded by Dr. Yedlapati and unanimously carried: | <p><i>RESOLVED, that the medical staff appointment application for John LoFaso, DO will be forwarded to the Medical Executive Committee for endorsement and approval.</i></p> <p><i>IT IS FURTHER RESOLVED, that the Credentials Committee recommendations will be extracted and discussed in executive session with the Medical Executive Committee.</i></p> |
| A. Minutes | The minutes of the Credentials Committee dated May 2, 2024 were presented to the Committee for review and approval and recommend same for the Medical Staff Executive Committee. | It was properly moved by Dr. Bakai, seconded by Dr. Chauhan and unanimously carried: | <i>RESOLVED, that the Credentials Committee approve the minutes of the May 2, 2024 Credentials Committee meeting and recommend same to the Medical Executive Committee.</i> |
| B. Deceased | None | None | None |
| C. Applications Withdrawn/Processing Cessation | None | None | None |

Highlight: Initiate FPPE

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| D. Automatic Conclusion (Initial Appointment) | None | None | None | | |
| E. Name Changes (1) | The Committee noted one (1) name change. Nicole Baruch, DO changed her name to Nicole Myers, DO. All required documentation was submitted and verified. | | | | |
| F. Leave of Absence (8) | <p>Anesthesiology</p> <ul style="list-style-type: none"> Nicole Bonito, CRNA- maternity; RTW 06/29/24 <p>Emergency Medicine</p> <ul style="list-style-type: none"> Jennifer Caldwell, DO- maternity; RTW 10/01/24 Francesca Cirulli-Linde, FNP-maternity; RTW 09/03/24 Jennifer McCaul, PA-C- maternity; RTW 07/01/24 <p>Family Medicine</p> <ul style="list-style-type: none"> Sarah Abdelsayed, MD- maternity; RTW 06/17/24-changing to CR&F. Jamie Interlichia, PA-C- maternity; RTW 07/08/24 Nicole Myers, DO- maternity; RTW 08/13/24 Logan Walker, MD- personal; RTW 06/28/24 | | | | |
| 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 |
| Emily MacFarlane, ANP | Emergency Medicine | <ul style="list-style-type: none"> UEMS – moving, confirmed via email | N/A | 06/30/2024 | 07/27/2021 |

Highlight: Initiate FPPE

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| Imitiaz Khokhar, MD | Internal Medicine | <ul style="list-style-type: none"> Apogee – no longer working at ECMC, confirmed via email | N/A | 05/14/2024 | 09/25/2018 |
| Jaroslav Mateuszczuk, MD | Internal Medicine | <ul style="list-style-type: none"> Apogee – no longer working at ECMC, confirmed via | N/A | 05/05/2024 | 09/26/2023 |
| Arthur Orlick, MD | Internal Medicine | <ul style="list-style-type: none"> Retired | N/A | 06/01/2024 | 02/18/2010 |
| Alison Vargovich, PhD | Internal Medicine | <ul style="list-style-type: none"> UBMD – leaving practice plan, confirmed via email | N/A | 05/31/2024 | 09/25/2018 |
| Susan Gunn, PSYNP | Psychiatry | <ul style="list-style-type: none"> GPPC – retiring, confirmed via email | N/A | 05/24/2024 | 12/17/2013 |
| Mohammad Hussain, MD | Radiology | <ul style="list-style-type: none"> GLMI – leaving practice plan, confirmed via email | N/A | 06/05/2024 | 03/28/2023 |
| Kulwant Bhangoo, MD | Surgery | <ul style="list-style-type: none"> Was CR&F staff category, confirmed via dues collection process | N/A | 06/01/2024 | 05/13/1986 |
| III. CHANGE IN STAFF CATEGORY (2) | | | | | |
| Sarah Abdelsayed, MD | <u>Family Medicine</u> : Change from Active to Courtesy, Refer & Follow. Effective 06/17/2024 | | The Committee voted, all in favor, to approve the requested change as requested. | Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support. | |
| Salvatore Calandra, MD | <u>Internal Medicine</u> : Change from Active to Courtesy, Refer & Follow. Effective 05/16/2024 | | | | |
| IV. CHANGE/ADD DEPARTMENT | | | | | |
| Casey Krug, PA-C | <u>Family Medicine</u> *Keeping privileges in ED- per diem *Keeping per diem in Int Med with S&K *Adding Family Medicine privileges *Supervising Physician: Dr. Ryan Mikac *Will be working in Terrace View with GPPC | | The Committee voted, all in favor, to approve the requested change as requested. | Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support. | |
| Derek Lynch, PA-C | <u>Family Medicine</u> *Withdrawing privileges in ED- per diem *Adding Family Medicine privileges *Supervising Physician: Dr. Rakhi Barkowski *Will be working in Terrace View with GPPC | | The Committee voted, all in favor, to approve the requested change as requested. | Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue | |

Highlight: Initiate FPPE

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| | *Temps issued for 06/17/2024 | | Management and Decision Support. |
| Lakshpaul Chauhan, MD | <u>Internal Medicine:</u> *Adding Rehab Med *Covering MD: Dr. Mary Welch *Board Certified Geriatric Med | The Committee voted, all in favor, to approve the requested change as requested. | Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support. |
| Siva Yedlapati, MD | <u>Internal Medicine:</u> *Adding Rehab Med *Covering MD: Dr. Mary Welch | The Committee voted, all in favor, to approve the requested change 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 (2) | | | |
| Beata Dobson, ANP | <u>Internal Medicine</u> <ul style="list-style-type: none"> • Change from Dr. Lee to Dr. Banas, privileges remain the same • Part of Grider Support Services, LLC | The Committee voted, all in favor, to approve the requested change as requested. | Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support. |
| Daniel Miori, PA-C | <u>Internal Medicine</u> <ul style="list-style-type: none"> • Change from Dr. Lee to Dr. Banas, privileges remain the same • Part of Grider Support Services, LLC | The Committee voted, all in favor, to approve the requested change as requested. | Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support. |
| VI. PRIVILEGE ADDITION/ REVISION | | | |
| Mercedes Cline, FNP | <u>Internal Medicine</u> *External pacer placement | The Committee voted, all in favor, to approve the | Recommendation to the Medical Executive |

Highlight: Initiate FPPE

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| | <ul style="list-style-type: none"> *NG tube insertion with guide wire *Arterial catheter- insertion and removal *Endotracheal intubation and extubation *Femoral vein: CVP *Internal jugular *Ventilator management <p><i>Case logs were submitted for each requested privilege</i></p> | requested change as requested. | Committee for approval. Notification via these minutes to Revenue Management and Decision Support. |
| VII. PRIVILEGE WITHDRAWAL | | | |
| | None | | |
| VIII. UNACCREDITED FELLOWSHIPS | | | |
| | Nothing to report at this time | | |
| IX. INITIAL APPOINTMENTS (10) | | | |
| Alec Diaz, CRNA Anesthesiology | <ul style="list-style-type: none"> • State University of New York at Buffalo DNP Nurse Anesthetist May 2024 • Critical Care Nurse – Buffalo General March 2018 to December 2018 and Mercy Hospital of Buffalo January 2019 to May 2021 • Joining ECMC Anesthesiology June 10, 2024, temporary privileges for immediate patient need • Board eligible, sitting withing 6 mos. of hire/appointment <p>It is recommended that the Medical Staff Executive Committee approve this provider appointment to the ECMC Medical Staff as presented.</p> | The Committee voted, all in favor, to approve the appointment with privileges granted as requested. | Recommendation, via these minutes, to the Medical Executive Committee for approval. |
| Jessica Kazmierczak, CRNA Anesthesiology | <ul style="list-style-type: none"> • State University of New York at Buffalo DNP Nurse Anesthetist May 2024 • Critical Care Nurse – Yale New Haven Hospital January 2019 to May 2021 • Joining ECMC Anesthesiology June 28, 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. |

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| | <ul style="list-style-type: none"> NBCRNA Certified <p>It is recommended that the Medical Staff Executive Committee approve this provider appointment to the ECMC Medical Staff as presented.</p> | | |
| John LoFaso, DO Anesthesiology | <ul style="list-style-type: none"> Lake Erie College of Osteopathic Medicine DO June 2012 Jacobs School of Medicine Traditional Rotating Internship June 2012 to June 2013, Anesthesiology Residency July 2012 to June 2016 and Adult Cardiothoracic Anesthesiology July 2016 to June 2017 Anesthesiologist – Buffalo Niagara Anesthesia/MapleGate Anesthesia July 2017 to March 2021 at Kaleida Health (Buffalo General) and Millard Fillmore Surgery Center Time gap – January 2021 to July 2022 – medical treatment Anesthesiologist – Anesthesia Medical Consultants August 2022 to present at Center for Ambulatory Surgery and Amherst Surgery Center American Board of Anesthesiology certified <p>It is recommended that the Medical Staff Executive Committee approve this provider appointment to the ECMC Medical Staff as presented.</p> | | As noted above. |
| Evan Conley, DDS Dentistry | <ul style="list-style-type: none"> State University of New York at Buffalo DDS June 2022 | The Committee voted, all in favor, to approve the appointment with | Recommendation, via these minutes, to the |

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| | <ul style="list-style-type: none"> • Jacobs School of Medicine General Dentistry Residency July 2022 to June 2023 • Jacobs School of Medicine Advanced Dentistry Residency July 2023 to June 2024 • Joining ECMC Dentistry July 2024 <p>It is recommended that the Medical Staff Executive Committee approve this provider appointment to the ECMC Medical Staff as presented.</p> | privileges granted as requested. | Medical Executive Committee for approval. |
| Karleigh Volk, DDS Dentistry | <ul style="list-style-type: none"> • State University of New York at Buffalo DDS June 2022 • Jacobs School of Medicine General Dentistry Residency July 2022 to June 2023 • Jacobs School of Medicine Advanced Dentistry Residency July 2023 to June 2024 • Joining ECMC Dentistry July 2024 <p>It is recommended that the Medical Staff Executive Committee approve this provider appointment to the ECMC Medical Staff as presented.</p> | The Committee voted, all in favor, to approve the appointment with privileges granted as requested. | Recommendation, via these minutes, to the Medical Executive Committee for approval. |
| Romain Calini, MD Family Medicine | <ul style="list-style-type: none"> • Saba University School of Medicine MD January 2014 • Time gap – January 2014 to June 2017 engaged in various volunteer activities in the medical field until a Residency match was found in 2017, also traveled to France to renew VISA | 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. |

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| | <ul style="list-style-type: none"> • St. Mary Mercy Hospital, Livonia MI, Internal Medicine Residency July 2017 to June 2020 • Time gap – July 2020 to October 2020 studied for boards and VISA process • Hospitalist Physician – Olean General Hospital October 2020 to November 2022 • Time gap – November 2022 to March 2023 VISA transfer and applying for KS Medical License • Hospitalist Physician – St. Francis Hospital March 2023 to January 2024 • Time gap February 2024 to June 2024 completed work as hospitalist and accepted position with GPPC, relocated to Buffalo, NY • Joining GPPC Post Acute Care at TerraceView in June 2024 • American Board of Internal Medicine Certified <p>It is recommended that the Medical Staff Executive Committee approve this provider appointment to the ECMC Medical Staff as presented.</p> | | |
| <p>Mohammad El-Atoum, MD Internal Medicine</p> | <ul style="list-style-type: none"> • University of Jordan Faculty of Medicine MD June 2012 • Prince Hussein Bin Abdullah II Hospital General Medicine Clinical Internship June 2012 to June 2013 • King Hussein Cancer Center General Surgery Clinical Internship June 2013 to December 2013 • Medical Experience in Jordan - General Practitioner Red Crescent Hospital | <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

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| | <p>January 2014 to June 2014, Emergency Staff Physician Arab Medical Center June 2014 to December 2014, and Doctors Without Borders Zaatari Refugee Camp December 2014 to June 2016</p> <ul style="list-style-type: none"> • ECFMG Certification March 2015 • Jacobs School of Medicine Internal Medicine Residency June 2016 to June 2019 and Infectious Disease Fellowship July 2019 to June 2021 • Infectious Disease Physician SSM Health Good Samaritan Hospital Mt. Vernon IL July 2021 to present • Joining UBMD Internal Medicine Infectious Disease July 2024 • American Board of Internal Medicine & Infectious Disease Certified <p>It is recommended that the Medical Staff Executive Committee approve this provider appointment to the ECMC Medical Staff as presented.</p> | | |
| Akash Bhatnagar, MD Radiology | <ul style="list-style-type: none"> • Ross University School of Medicine MD May 2016 • Time gap June 2016 to July 2016 – vacation and packing for Residency • ECFMG certification June 2016 • New York Medical College Internal Medicine Residency July 2016 to June 2017 • Time gap July 2017 to June 2019 – involved with Research projects with Cardiac Surgeon, Dr. Richard Whitlock and his research team. Participated in various meta-analysis and systematic | 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

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| | <p>review and prospective studies to strengthen research experience. Affiliated with Hamilton General Hospital</p> <ul style="list-style-type: none"> • Detroit Medical Center and Wayne State University School of Medicine Diagnostic Radiology Residency July 2019 to June 2023 • Thomas Jefferson University Hospital Abdominal Imaging Fellowship July 2023 to June 2024 • Joining Great Lakes Medical Imaging July 2024 • American Board of Diagnostic Radiology eligible, passed core exam June 2022 and sitting November 2024 <p>It is recommended that the Medical Staff Executive Committee approve this provider appointment to the ECMC Medical Staff as presented.</p> | | |
| Daniel Howard, DO Radiology | <ul style="list-style-type: none"> • Lake Erie College of Osteopathic Medicine DO May 2018 • Jacobs School of Medicine Internal Medicine Residency June 2018 to June 2019 • University of Rochester Diagnostic Radiology Residency July 2019 to June 2023 and Neuroradiology Fellowship July 2023 to June 2024 • Joining Great Lakes Medical Imaging July 2024 • American Board of Diagnostic Radiology eligible, passed core exam November 2022 and sitting 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

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| | <ul style="list-style-type: none"> It is recommended that the Medical Staff Executive Committee approve this provider appointment to the ECMC Medical Staff as presented. | | |
| David Krakowski, MD Radiology | <ul style="list-style-type: none"> State University of New York at Buffalo MD June 2002 NYU Langone Hospital Internal Medicine Internship July 2002 to June 2003 Mount Sinai School of Medicine Radiology Residency July 2003 to June 2007 and Neuroradiology Fellowship July 2007 to June 2008 Radiologist – Hudson Valley Radiologists, PC July 2008 to present and Virtual Radiologic Services, LLC June 2022 to present American Board of Diagnostic Radiology and Neuroradiology certified <p>It is recommended that the Medical Staff Executive Committee approve this provider appointment to the ECMC Medical Staff as presented.</p> | The Committee voted, all in favor, to approve the appointment with privileges granted as requested. | Recommendation, via these minutes, to the Medical Executive Committee for approval. |
| Charles Mitchell, MD Radiology | <ul style="list-style-type: none"> Warren Alpert Medical School of Brown University MD May 2010 and Internal Medicine Residency June 2010 to June 2011 Johns Hopkins University School of Medicine Maryland Diagnostic Radiology Residency July 2011 to June 2015 and Neuroradiology Fellowship July 2015 to June 2016 | 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. |

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| | <ul style="list-style-type: none"> • Radiologist – San Diego Imaging Med Group July 2016 to present and Virtual Radiologic Professionals, LLC June 2022 to present • American Board of Diagnostic Radiology and Neuroradiology certified <p>It is recommended that the Medical Staff Executive Committee approve this provider appointment to the ECMC Medical Staff as presented.</p> | | |
| <p>Alan Pratt, MD Radiology</p> | <ul style="list-style-type: none"> • Tufts University School of Medicine MD June 1967 • University of Utah School of Medicine Internal Medicine Internship June 1967 to June 1968 • Yale University School of Medicine Radiology Fellowship July 1968 to June 1969 • Military Service United States Navy Lieutenant Commander July 1969 to February 1978 • Yale University School of Medicine Radiology Residency July 1971 to June 1973 and Neuroradiology Fellowship July 1973 to June 1974 • Radiologist – L&M Radiology, Inc. July 1974 to June 2002, Lowell Radiology Associates July 2002 to November 2008, Massachusetts General Hospital December 2008 to August 2012, Commonwealth Radiology Associates August 2012 August 2014, Specialized Medical Imaging, Inc October 2014 to June 2015, Steward Medical Group July 2015 to December 2018 and Virtual | <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

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| | <p>Radiologic Professionals, LLC July 2015 to present</p> <ul style="list-style-type: none"> American Board of Diagnostic Radiology and Neuroradiology certified <p>It is recommended that the Medical Staff Executive Committee approve this provider appointment to the ECMC Medical Staff as presented.</p> | | |
| X. TEMPORARY PRIVILEGES | No temporary privileges granted | | |
| XI. REAPPOINTMENTS (27) | | 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. |
| Grolemund, Stephanie CRNA | Anesthesia | AHP | |
| Juncewicz, Edmund DO | Anesthesia | Active | |
| DellaValle, Anthony PA-C Collaborating MD: J. Innes | Emergency Medicine | AHP | |
| Inhelder, Miriam PA-C Collaborating MD: J. Bart | Emergency Medicine | AHP | |
| Vanderwerf, Jennifer PA-C Collaborating MD: R. Hartman | Emergency Medicine | AHP | |
| D'Cruz, Jennifer MD | Family Medicine | Active | |
| Macek, Robert MD | Family Medicine | Active | |
| Martinez, Anthony MD | Family Medicine | Active | |
| Redhead, Antonia MD | Family Medicine | Active | |
| Anillo, Sergio MD | Internal Medicine | Active | |

Highlight: Initiate FPPE

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| Corsanti, James MD | Internal Medicine | Active | |
| Fudyma, John MD | Internal Medicine | Active | Addition of Privilege: Internal Medicine - Consultation, Geriatrics |
| Makdissi, Antoine MD | Internal Medicine | Active | Withdrawing 2 privileges: -Ambulatory Care Privileges -Thyroid Fine Needle Biopsy |
| Martinez, Anthony MD | Internal Medicine | Active | Withdrawing 2 privileges: -BASIC Management of substance: Intoxication & Withdrawal BASIC treatment modalities for: Individual & Group -COMPLEX management of substance: Intoxication & Withdrawal COMPLEX treatment modalities for: Individual & Group |
| O'Keefe, Cale MD | Internal Medicine | Active | |
| Randhawa, Devinderpal MD | Internal Medicine | Active | |
| Kish, Mary Jo NP Collaborating MD: J. Kowalski | Orthopaedic Surgery | AHP | |
| Mastrandrea, Jerome PC-C Collaborating MD: M. Romanowski | Orthopaedic Surgery | AHP | |
| Morrissey, Amanda PA-C Collaborating MD: R. Alove | Orthopaedic Surgery | AHP | |
| Frey, Jordan MD | Plastic & Reconstructive Surgery | Active | |
| Hicks, Rebecca MD | Psy & Behavioral Medicine | Active | |
| Fiorito, Thomas MD | Radiology | Active | |

Highlight: Initiate FPPE

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| Hoffman, Kira PA-C Collaborating MD: J. McGrath | Radiology | AHP | |
| Hussain, Mohammad DO | Radiology | Active | |
| Komornicki, Isabel ANP Collaborating MD: R. Blochle | Surgery | AHP | |
| Pell, Michael MD | Surgery | Active | |
| Grosner, Gary MD | Thoracic/Cardiovascular Surgery | Associate | |

Bold highlighted names are reappointment dates that will be changed to align with Kaleida

Highlighting indicates commencement of FPPE

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| XII. AUTOMATIC CONCLUSION | Reappointment Expiration | | |
| 1st Notice | <u>Plastic & Reconstructive Surgery</u> <ul style="list-style-type: none"> Paul Tomljanovich, MD Retiring, letting privileges expire 08/31/2024 per Dr. Loree | | |
| 2nd Notice | <u>Internal Medicine (Hospitalist)</u> <ul style="list-style-type: none"> Muhammad Cheema, MD Per Dr. Cheema & Apogee – not seeking reappointment. Confirmed that he wishes to let his privileges expire 07/1/2024 <u>Internal Medicine</u> <ul style="list-style-type: none"> Jenny Romero, MD, Courtesy Refer & Follow Non return of reappt. Certified letter sent, signed & returned Privileges expire 6-30-2024 | | |
| 3rd Notice | <u>Orthopaedic Surgery:</u> <ul style="list-style-type: none"> Allison Binkley, MD Letting privileges expire 06/30/2024 | | |

Highlight: Initiate FPPE

| | <p>Internal Medicine</p> <ul style="list-style-type: none"> Jenny Romero, MD, Courtesy Refer & Follow Non return of reappt. Certified letter sent, signed & returned Privileges expire 6-30-2024 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>XIII. PROFESSIONAL PRACTICE EVALUATIONS</p> | <p>FPPE</p> <table border="1" data-bbox="569 282 1152 646"> <thead> <tr> <th>Departments</th> <th># completed</th> </tr> </thead> <tbody> <tr> <td>Internal Med</td> <td>3</td> </tr> <tr> <td>Family Med</td> <td>3</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td>Total # Left Open</td> <td>0</td> </tr> <tr> <td>Total # Closed</td> <td>6</td> </tr> </tbody> </table> <p>OPPE</p> <table border="1" data-bbox="569 724 1430 1102"> <thead> <tr> <th>Department</th> <th>Total number of Providers</th> <th># of Providers who met all measures</th> <th># of Providers who did not meet one or more measures</th> </tr> </thead> <tbody> <tr> <td>Urology</td> <td>16</td> <td>16</td> <td>0</td> </tr> <tr> <td>Rehab Medicine</td> <td>10</td> <td>10</td> <td>0</td> </tr> <tr> <td>Chiropractic</td> <td>2</td> <td>2</td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | Departments | # completed | Internal Med | 3 | Family Med | 3 | | | | | Total # Left Open | 0 | Total # Closed | 6 | Department | Total number of Providers | # of Providers who met all measures | # of Providers who did not meet one or more measures | Urology | 16 | 16 | 0 | Rehab Medicine | 10 | 10 | 0 | Chiropractic | 2 | 2 | 0 | | | | | <p>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.</p> | <p>Continue to monitor.</p> |
| Departments | # completed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Internal Med | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Family Med | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Total # Left Open | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total # Closed | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Department | Total number of Providers | # of Providers who met all measures | # of Providers who did not meet one or more measures | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Urology | 16 | 16 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rehab Medicine | 10 | 10 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chiropractic | 2 | 2 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>XIV. OLD BUSINESS</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>A. Expirables</p> | <p>Expirables were reviewed and discussed with the Credentials Committee.</p> <p>It is noted that the Practice Plans and Chiefs of Services have been notified of these outstanding documents.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>B. DEA, License, Boards</p> | <p>June 2024</p> <ul style="list-style-type: none"> DEA- 15 License- 25 Boards- 2 AHPs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

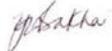
Highlight: Initiate FPPE

| | | | |
|--------------------------------|--|-----------------------------|---|
| | <p>July 2024</p> <ul style="list-style-type: none"> • DEA – 17 • License – 38 | | |
| C. Annual Dues | <p>13 outstanding dues. Second reminder was sent out with June 3, 2024 due date. It is noted that when final letters are sent, it allows for 60 days to pay dues and then provider would be asked to voluntarily withdraw.</p> <p>Current invoices for dues state that “a late fee may be assessed”. It was determined that going forward, this statement needs to be much clearer and the total of the late being charged be clearly noted. This update will be implemented when dues are sent out in 2025.</p> | | |
| D. Pain Management addition | It was noted that the Committee is still awaiting input from Dr. Suchy regarding handling of admissions or complications from the procedures requested. | For informational purposes. | Cheryl Carpenter will follow up with the Committee |
| E. Vagal Nerve stimulation | It was noted that in accordance with ECMC Medial Staff Bylaws, before privileging can be approached, it must be confirmed that the hospital has approved performing the procedure. It is unknown at this point, whether the procedure will be approved. Cheryl Carpenter will bring information back to the Committee once she is notified that a decision has been made. | For informational purposes. | Cheryl Carpenter will follow up with the Committee |
| F. Internal Medicine Boards | Dr. Milling has not updated his Boards as of the beginning of this meeting. He is not Board Certified and not participating in MOC. This has been outstanding since April 1, 2024 | For informational purposes. | Dr. Bakhai will be reaching out to Dr. Milling for an update if nothing is received by the Medical Staff Office by June 14, 2024. |
| H. Psychiatry Boards | Due to the full agenda at this meeting, Dr. Gokhale has been asked to speak at the July Credentials Committee regarding an extension for Psychiatry Boards. | | |
| XIIV. NEW BUSINESS | | | |
| A. Surgery Privilege additions | Dr. Jeffrey Brewer was welcomed to the Credentials Committee meeting. It was noted that Dr. Brewer had been invited to discuss the request of additional general surgery privileges being granted to a transplant surgeon. | | |

Highlight: Initiate FPPE

| | | | |
|---|--|--|--|
| | <p>Dr. Brewer felt that transplant surgeons may not have the opportunity to keep current on acute care surgery like general surgeons and that general surgery privileges are not reflective of that scope of practice.</p> <p>The issue of a transplant patient requiring a general surgery procedure was discussed.</p> <p>It was determined that the surgery privilege form needs to be reworked. The current form does not indicate if a practitioner would only be working on transplant patients or general surgical population. This needs to be delineated so there is no confusion surrounding this issue. It was also noted that certain threshold are recommended for certain procedures – our current privilege form does not dive into that level of detail.</p> <p>Dr. Brewer indicated that until the form is revised, he will sign surgical privileges for transplant surgeons.</p> | | |
| B. Terrace View/Buffalo Ultrasound Contract | The Committee was advised of the potential development of a delegated credentialing agreement allowing Buffalo Ultrasound to use remote radiology and cardiology reading for Terrace View patients. Further information is needed and will be provided as contract talks progress. | | |
| XIIIV. ADJOURNMENT | There being no further business to discuss, the meeting was adjourned at 3:37 pm | | |

Respectfully submitted,



Yogesh Bakhai, MD
Chair, Credentials Committee

ERIE COUNTY MEDICAL CENTER CORPORATION
JUNE 18, 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, JOSEPH GIGLIA, ANDREW DAVIS, JONATHAN SWIATKOWSKI

I. Call to Order

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

II. Minutes

Motion was made by Darby Fishkin, seconded by Sharon Hanson and unanimously passed to approve the minutes of the Executive Committee meeting of May 21, 2024.

III. Hospital Update

General Overview

Dr. Thomas Quatroche reported on an upcoming announcement regarding a change in an employee benefit.

Finances Report

Jonathan Swiatkowski announced an “all green” report: the volume and revenue metrics continue to be higher than budget and the past year and length of stay continues to drop. Volume was up 9.4% over budget and 11.7% from 2023. Inpatient surgeries were up 18.8% from budget and 16 % from last year. Both acute and total LOS were over 7% lower than budget. Case mix index remains high at 1.93. Mr. Swiatkowski reported similar trends in the year-to-date statistics. Days cash-on-hand remains below budget but steady from last month. June resulted in a net gain of \$1.6M.

IV. Strategic Planning

Strategic Planning sessions continue for the Executive Leadership with the initiation of action plans and project teams. Progress will be reported at the September Board meeting.

V. Glenview Heights

The recently held Community meetings reflected low attendance. However, leaders of tax-payer groups attended and questions were asked about the safety of the residence.

VI. Personnel Matter

Dr. Cloud detailed the background of a physical seeking credentials from Erie County Medical Center.

VII. Adjourn

There being no other business, the meeting was adjourned at 4:46 p.m.

ERIE COUNTY MEDICAL CENTER CORPORATION

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

TUESDAY, JUNE 18, 2024 – 8:30 AM

BOARD MEMBERS PRESENT OR
ATTENDING BY VIDEO
CONFERENCE OR TELEPHONE:

MICHAEL SEAMAN
DARBY FISHKIN *
BENJAMIN SWANEKAMP *

* ATTENDING BY VIDEO
CONFERENCE OR PHONE

BOARD MEMBERS EXCUSED:

RONALD CHAPIN

ALSO PRESENT:

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 Darby Fishkin, seconded by Benjamin Swanekamp and unanimously passed to approve the minutes of the Finance Committee meeting of May 21, 2024.

III. MAY 2024 OPERATING PERFORMANCE

Mr. Swiatkowski reported that May operational performance was very positive and noted that all key statistics exceeded the operating plan and prior year results. Operational performance was led by volume which exceeded the operating plan and May 2023 results.

Inpatient discharges exceeded plan by 9.4% while overall surgeries exceeded plan by 12.4%. Most significantly and driving additional revenue for the month were inpatient surgeries which exceeded the operating plan by 78 cases. The number of emergency room visits also exceeded the operating plan while the number of outpatient clinic visits were on par with budget.

ECMCC again saw a number of cases with high severity during the month of May, resulting in acute case mix index of 1.93, approximately 10% greater than projected in the operating plan. Acute average length of stay was 7.1 days for the month, down from 7.7 days in the prior month.

Mr. Swiatkowski briefly reviewed the finance dashboard, reviewing several topics including volume related revenue and expenses, FTE statistics and cash flow.

Mr. Swiatkowski reviewed financial performance for the month of May. Operating revenue was greater than plan due to higher than anticipated patient volume and higher case mix. Operating expenses exceeded the operating plan while non-operating income was favorable to plan due to investment market performance.

Mr. Swiatkowski further discussed length of stay for the month of May and noted that to date, June statistics are trending higher given some of the circumstances during June.

Mr. Swiatkowski reviewed operating revenue and expenses for the month of May. Net patient service revenue exceeded the operating plan due to overall high patient volume, a higher number of surgeries and higher than anticipated transplant case volume during the month of May. Other revenue, mainly from ECMCC's Specialty Pharmacy, was also greater than projected in the operating plan.

Mr. Davis advised the Committee of an upcoming physician retirement and corresponding transition planning.

Mr. Swiatkowski reviewed operating expenses for the month of May, reporting that most variances were volume related. Mr. Swiatkowski reviewed salary expense for the month and one-time costs which are recorded in the May financial statements.

Medical and surgical supply expense exceeded the operating plan due to volume and costs related to the high number of transplant and orthopedic cases during the month of May. Variances in pharmaceutical costs were due to growth in Specialty Pharmacy volume and oncology services. Other expenses include agency costs for temporary staffing needs in certain areas. Mr. Swiatkowski also advised the Committee of a contractual fee related to the Specialty Pharmacy department which has increased as a result of the increase in volume.

Mr. Swiatkowski reviewed year-to-date operating performance through the end of May. Although an operating loss has been incurred, the loss is lower than projected in the operating plan and substantially lower than the loss incurred during the prior year.

IV. OTHER UPDATES

Mr. Swiatkowski further discussed cash flow and presented several updates relating to IGT and nursing home UPL payments. Mr. Swiatkowski also held a discussion relating to monthly meetings regarding the NYS VAPAP program and Ms. Hinderliter presented an update relating to physician UPL payments.

The Committee held discussion on several other topics including the current status of payer contracts, capital expenditures for calendar year 2024, and the status of several grant applications.

Mr. Swiatkowski discussed the 2025 budget preparation process, noting that budget objectives for fiscal year 2025 are consistent with previous years and incorporate the Corporation's strategic plans. Mr. Swiatkowski and Mr. Davis advised the Committee of several cost increases in 2025 which will be reflected in the proposed budget.

In closing, Mr. Davis and Mr. Swiatkowski led a discussion on several topics including the corporation's focus on long term sustainability and growth in future years.

V. ADJOURNMENT

There being no further business, the meeting was adjourned at 9:14 AM by Chair Michael Seaman.

BOARD OF DIRECTORS
MINUTES OF THE HUMAN RESOURCES COMMITTEE MEETING
TUESDAY, MAY 14, 2024
10:00 - 11:00 A.M.

THIS MEETING WAS HELD VIRTUALLY VIA TEAMS

VOTING BOARD

MEMBERS PRESENT:

MICHAEL SEAMAN

MICHAEL HOFFERT

EXCUSED:

ALSO

PRESENT:

ANDREW DAVIS

ERIN CONLEY

CYNTHIA BASS

LISA HIGHWAY

HEATHER GALLAGHER

SEAN BEITER

I. CALL TO ORDER

Chair, Michael Seaman called the meeting to order at 10:00 a.m.

II. APPROVAL OF MINUTES

The minutes from the March 12, 2024 Human Resources Committee Meeting of the Board of Directors were approved.

III. HOSPITAL UPDATE

Andrew Davis, Chief Operating Officer, reported the hospital experienced favorable volumes for the past few months. We will continue to monitor Emergency Department volumes and bed utilization, working through any challenges related to throughput, length of stay (LOS) and alternate level of care (ALC). Mr. Davis mentioned the hospital has added agency personnel to assist with the behavioral health and CPEP areas.

IV. EMPLOYEE RECOGNITION – ECMC AND TERRACE VIEW

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

Nursing Recognition

- 2024 Q1 Daisy Award – Nisha Dixit, RN, 7z4
- 2024 Q1 Tulip Award – Rancine Sanders, ACC - Emergency Department
- Nurse Heroes of the Month
 - April 2024 – Joseph Morello, RN - 5 North
 - May 2024 – Katherine Almeter, RN, Charge Nurse - 12z3
- 2023 Nurse of the Year – Adrienne Mattina, RN – Emergency Department

ECMC Employee of the Month

- April 2024 – Iesha Gray, Administrative Control Clerk – MICU North
- May 2024 – Elaine Laskowski, Physician Practice Coordinator – Employee Health

Terrace View Employee of the Month

- April 2024 – Melinda Ferber, General Duty Nurse – Niagara Square
- May 2024 – Arthur Allette, Household Assistant – LTC

2023 Employee of the Year

- ECMC – Jarod A. Wabick, Supervising Substance Abuse Counselor
- Terrace View – Tiffany R. Mofford, General Duty Nurse

The Employee Years of Service Recognition Dinner was held on May 13, 2024 at Salvatore’s. There were over 150 guests in attendance. Employees were honored for years of service ranging from 10 to 35 years. The Retiree Recognition luncheon is scheduled for May 15, 2024 at Salvatore’s to honor the 2023 retirees.

V. DIVERSITY, EQUITY, AND INCLUSION

Cynthia Bass, Chief Diversity Officer, reported the key department highlights and initiatives which included the following:

- New Committees/Councils
 - *Evening and Night Shift Diversity Committee* to promote more inclusive activities and opportunities for employees. Food trucks have been scheduled during the evening shift and has been well received by staff.
 - *Transgender and Gender Diversity Council* to assure workplace inclusion for employees that identify as LGBTQ+ to create a safe and welcoming environment. Policies are being developed as well as a “tool kit” for LGBTQ+ employees.
- Events/Awareness
 - Transgender Day was celebrated on March 31, 2024
 - Minority Health Awareness Month (April)
 - In collaboration with Wellness Warriors, hosted a lunch and learn event, “Be the Source of Better Health – Improving Health Outcomes Through our Culture, Community and Connections”.
 - Asian American Heritage Month (May)
 - 2nd Annual 5/14 Remembrance Walk (May) – hosted by the Black and African American Resource Network
- Learning & Organizational Development Center
 - HealthStream is our new Learning Management System, part of the UKG HRIS system
 - Leadership Academy
 - Over 30 employees have graduated from the management leadership program (January – April 2024)
 - Supervisor Development Program
 - New Manager Orientation Program

VI. RECRUITMENT AND RETENTION

Lisa Highway, Director of Recruitment and Retention, reported the recruitment team is wrapping up job fairs and recruitment events for the spring. They have been meeting with several student groups doing clinicals in the hospital and expect to onboard many recent nursing graduates. An Open House event for Behavioral Health nursing was held in early May and an Open House for Terrace View nursing is scheduled for June 6, 2024. In addition, the recruitment team has been attending Department of Labor and Buffalo Schools job fairs to recruit potential candidates for non-nursing positions.

The recruitment team has been diligently working on transitioning to the new UKG Pro recruitment system.

VII. COMPENSATION, BENEFITS, AND HRIS

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

- The Human Resources Department is transitioning to a new platform, UKG Multi-Pro, which includes the following three applications:
 - Phase 1: HRIS/Payroll – Launch Date: April 1, 2024
 - Phase 2: Applicant Tracking (Recruitment) – Launch Date: May 1, 2024
 - Phase 3: Learning Management System (LMS) & Talent Management
 - Reorientation and training modules will be accessed through LMS system
 - Annual review and nursing competencies will be completed electronically through the Talent Management module
- An RFP was submitted for a new Timekeeping/Scheduling platform. Selection is expected by early to mid-summer.
- Collaboration with Diversity, Equity and Inclusion on coordination of wellness and summer event schedule.
- Compensation: In process of implementing MOA's.

VIII. EMPLOYEE AND LABOR RELATIONS

Sean Beiter, Director of Labor and Employee Relations, reported the labor team continues to maintain ongoing relationships and communication with the three bargaining units. Key highlights include:

- Continue to update policies.
- Negotiation and impact bargaining discussions implementing MOA's.
- Continued progress with grievance process.
- Quarterly staffing meetings with the three bargaining units to discuss state regulations, review staffing levels, measure progress and address concerns.
- Monthly labor management meetings with AFSCME, CSEA and NYSNA.
- Continue to work with department leadership providing guidance and support regarding employee performance issues.
- Monthly protest assignment meetings with NYSNA have been successful. The number of protests has decreased significantly since implementation of monthly meetings.
- Finalizing the negotiated NYSNA contract document for publication.

IX. CLOSING REMARKS

Mr. Davis noted ECMC is hosting a Healthcare Explorers summer program which will include 150 high school students from Buffalo and the surrounding area.

The next meeting is scheduled for July 9, 2024.

X. ADJOURNMENT

Moved by Michael Seaman and seconded by Michael Hoffert to adjourn the meeting at 10:35 a.m.

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS

**MINUTES OF THE QUALITY IMPROVEMENT/
PATIENT SAFETY COMMITTEE MEETING**

TUESDAY, JUNE 11, 2024

MICROSOFT TEAMS PLATFORM

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

PRESENTERS: KENT CHEVLI, MD, RICHARD FERGUSON, MD, AND MARTHA METZ, RN

ATTENDANCE:

WILLIAM BELLES, MD

DONNA BROWN

CHARLES CAVARETTA

JOHN CUMBO

ANDY DAVIS

CASSIE DAVIS

BECKY DELPRINCE, RN

JUDY DOBSON, NP

DONNA JONES, RN, FACHE

KEITH KRABILL, MD

MARC LABELLE, RN

CHARLENE LUDLOW, RN, CIC

PHYLLIS MURAWSKI, RN

PATRICK ORLOFF

MEG REILLY, RN

CALL TO ORDER

Benjamin Swanekamp called the meeting to order at 8:00 am. Chair Michael Hoffert, joined thereafter.

I. MINUTES

The May 14, 2024, meeting minutes were distributed along with the Quality leadership Council meeting minutes from May 16, 2024, for review. A motion was made and seconded to approve both sets of minutes. They will be forwarded to the Board of Directors for filing.

II. SUMMARY REPORT OF THE QUALITY LEADERSHIP COUNCIL

Donna Jones presented on the Quality Leadership Council meeting that was held May 16, 2024.

New business consisted of the Joint commission; performance improvement and leadership standards, Organizational Culture: health equity and Tiered Daily Huddle topic of the month. Annual QIPS (quality improvement & patient safety) report outs from Biomed, Inpatient dialysis, Outpatient dialysis, Patient experience, Rehab and Diversity/Equity and Inclusion. Ms. Jones reviewed standing business which included 2024 QIPS plans and QAPI updates. Also reviewed - Insurance quality of care concerns, Univera hospital performance incentive program (HPIP), Quality priority focus grid and a Q & A session. There will be no Quality meeting during the month of June, the next meeting will take place on July 18, 2024.

III. UROLOGY – KENT CHEVLI, MD

Dr. Chevli presented on the Department of Urology. The presentation had a full agenda beginning with a department update which included the recruitment of Sally Ward, MD. Her practice will focus on the treatment of female pelvic floor disorders.

Faculty and Resident research activities were discussed. Which included Resident and faculty presentations at the American Urological Association meeting in May of this year.

Dr. Chevli reviewed annual urology department volumes, urology surgical case volumes, and CVAC 2.0 improved ureteroscopies.

Previous year goals and accomplishments included the success of QI initiatives for PSA screening for the underserved populations along with successful outreach programs during 2023. Some current year quality improvement goals include continuation of prostate cancer screening at ECMC and throughout the community while conducting quality improvement research related to the underserved patient population, continue with grant applications and to expand community outreach programs. Currently, the department has zero incidents to report for 2023 or year to date 2024.

IV. NEUROLOGY – RICHARD FERGUSON, MD

Dr. Ferguson presented on the Department of Neurology. A department update included a review of staff comprised of Neurologists, APP's, EEG readers, EEG techs and a department secretary.

Dr. Ferguson shared an overview of Neurology department volumes both inpatient and outpatient along with data on the increase of EEG volumes.

Previous year goals and accomplishments were reviewed which included stabilization of Neurology attending staff, attainment of around the clock EEG availability and reinstatement of the inpatient EMG service.

Dr. Ferguson discussed current year quality improvement goals along with a review of stroke QAPI meetings.

The Department of Neurology is working on an MRI reduction time project. Having only one MRI makes this reduction time challenging. The department is pleased to say that they have had zero incident reports for the year.

V. ORGAN DONATION SUMMARY 2023 – MARTHA METZ, RN

Martha Metz presented on the organ donation summary of 2023. Agenda items included trends, donation rates, referral rates, timely notifications, effective request process and total death referral compliance.

Martha reviewed a graph reflecting transplanted organs and donations compared to the last 5 years. CMS organ donation rates were discussed with improvement actions reviewed. The goal for 2023 was 75%. Organ donation referral rates were reviewed. The goal was 100% and in 2023 the department ended the year at 99%. Additional improvement actions were reviewed as well.

Martha also discussed the timely notification rates which were at 100% in 2023 along with the total death referral compliance which were at 100% as well.

VI. REGULATORY REPORT – CHARLENE LUDLOW, RN, CIC

Charlene Ludlow gave her regulatory report. She received a letter from CMS and the Department of Health showing zero findings from the survey that took place back in February.

VII. ADJOURN

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

ERIE COUNTY MEDICAL CENTER CORPORATION

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

VOTING COMMITTEE
MEMBERS PRESENT

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

EXCUSED:

JENNIFER PERSICO, ESQ.

ALSO PRESENT:

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

I. CALL TO ORDER

Chair Christopher O'Brien called the Contracts Committee meeting to order at 9:00 a.m.

II. MINUTES – JANUARY 17, 2024

Minutes from the January 17, 2024 meeting were distributed as part of the meeting materials for review and approval.

Motion made by Ronald Bennett, to approve the January 17, 2024 minutes as presented, seconded by Christopher O'Brien. Motion approved unanimously.

III. CONTRACT(S) REVIEW AND APPROVAL

A list of unredacted contracts for the periods of January 1, 2024 – March 31, 2024 that require board-level review and approval were distributed to committee members before this meeting.

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

ERIE COUNTY MEDICAL CENTER CORPORATION

Motion made by Christopher O'Brien to recommend to the ECMCC Board of Directors approve contracts for the time-period(s) of January 1, 2024 – March 31, 2024, seconded by Ronald Bennett. Motion approved unanimously.

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

V. ADJOURN

No further business to discuss.

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

Meeting adjourned at a.m. 9:05 a.m.

Dear ECMC Board Members,

While operations did not improve as much as May 2024, ECMC's June 2024 operations still showed improvement versus June 2023. Acute Average Length of Stay dropped from 8.4 days in June 2023 to 7.7 days in June 2024 and Total General Surgeries improved from 6,159 in June 2023 to 6,428 in June 2024. We remain encouraged by these trends, which are reflected elsewhere in our industry locally and across New York State.

Dr. Anthony Martinez, ECMC's Medical Director of Hepatology was honored in July with the Coalition for Global Hepatitis Elimination's 2024 Hepatitis Elimination Champion award. Dr. Martinez was one of eight Champions selected worldwide from seven countries, reinforcing the scope and level of excellence of ECMC's clinicians. The Coalition for Global Hepatitis Elimination, a program of The Task Force for Global Health, is a nonprofit bringing together global partners to achieve worldwide elimination of viral hepatitis. And in further recognition of ECMC's innovative high-quality healthcare services, the national publication *Healthcare IT News* published a high-profile feature story on our Ambulatory Services very successful Remote Patient Monitoring program, which was developed in collaboration with Independent Health.

This July marks the second year of ECMC's Healthcare Explorers program, which is an immersive Summer Healthcare Internship for high school students from throughout our region that provides them with hands-on learning opportunities, while exploring multiple healthcare specialties & disciplines. For this summer's five two-day sessions, applications from area high school students increased 71% over last year, which resulted in 150 student participants from 45 schools. The success of the program caught the attention of HANYS, which will videotape one of the sessions and share highlights, including interviews with participants and program organizers, with their member organizations statewide as part of their Member Spotlight series.

We also celebrated in July the results of this year's annual Tim Hortons Smile Cookie Campaign, which brought \$100,000 in proceeds from the Campaign to the ECMC Foundation. Since this annual campaign started in 2018, a total of \$813,591 has been provided to the Foundation. These proceeds help fund a variety of programs and initiatives, including the ECMC Foundation's Nursing Education and Professional Development Fund and the Healthcare Explorers summer intern program. Other recent successful Foundation events included the annual ECMC Golf Classic, which raised over \$150,000 for the hospital and the annual Subaru 4-Mile Chase in Elmwood Village attracted over 800 runners to this premier running event.

We are grateful to the Board for your unwavering and steadfast support of our entire ECMC Family, especially as we continue to make progress in restoring hospital operations to pre-pandemic levels. Many challenges remain, but with your guidance and backing, we are confident in our collective ability to achieve the goals we have set out for ECMC, ensuring that the residents of our region receive the quality healthcare services they expect and deserve. Thank you.

Best,

Tom

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

Submitted by Andrew Davis

OPERATIONS

Ambulatory Medical Practices

Lucia Rossi and Amanda Farrell presented and had a poster session at America's Essential Hospital Conference, VITAL 2024. The conference was held from June 19-21.

- **Addressing Behavioral Intention & Perceived Control of a Chronic Condition**
Presentation Summary: Chronic conditions are a leading cause of global mortality. Many patients lack self-management skills due to low perceived behavioral control, leading to poor health outcomes. Perceived behavioral control reflects a patient's view of how easy or difficult it is to execute a behavior, like a lifestyle modification. ECMC incorporated a patient empowerment intervention into chronic condition management programs. This intervention aims to measure perceived behavioral control, and address perceived difficulty related to self-management through intensive case management. Data revealed that the intervention has had a positive impact on perceived behavioral control. These findings are promising indicators of the program's effectiveness in promoting compliance and improving health perceptions among patients.

- **Optimizing Diabetes Management in Primary Care** *Poster Summary:* Our project aimed to improve diabetes care in the primary care office, focusing on patient outcomes and streamlined delivery. We assessed social determinants of health such as transportation issues and boosted patient involvement for better self-care. Our approach, tailored to each patient, included lifestyle changes, medication guidance, education, and team coordination. By tackling social determinants of health like health literacy and transportation, our protocol ensured timely and effective care. Our protocol made a difference: diabetes control rose by 9% since 2021, with an average A1C of 7.5 in 2023. Nursing practices now involve proactive identification of high-risk patients, fostering patient-provider bonds.



Projects/Initiatives (Pathway Moments)

- Nicole Stephany, LPN and Brianna Maciejewski, RN developed a tool to assist the nursing staff in the Internal Medicine Clinic to recheck the patients' blood pressure when it is elevated prior to discharge. This is a continued initiative to improve blood pressure control.

Pathway Moment



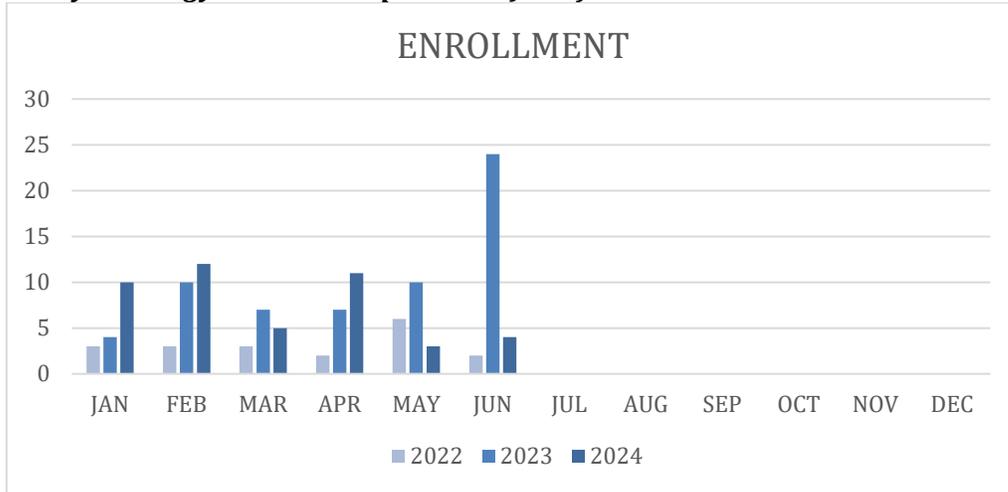
Nicole and Bri developed a tool to assist the nurses in remembering to recheck a patient's high blood pressure before the patient is discharged from the clinic.

"Flagging the charts that need a repeat B/P"

Center of Cancer Care Research

June 2024

Monthly Oncology Research Report – Dr. Jennifer Frustino



Study Participation:

- The total open CoC accrual for 2024: (17) participants.
- Potential new for 2024: (2) participants.

Sponsor Updates:

- MuReva site monitoring visit
- Merck B10 site monitoring visit
- Meira GTx site update call

Sponsored Trials:

- **MERCK B10: (MERCK) B10 Pembro MK-3475** plus carboplatin and paclitaxel as first-line treatment of recurrent/metastatic Head & Neck squamous cell carcinoma. **(4) participants enrolled**
- **MERCK Keynote 689:** The **Merck 689** study is a **Phase III, randomized, open-label study** evaluating **pembrolizumab as neoadjuvant therapy** (before surgery) and in combination with standard of care as **adjuvant therapy** (after surgery) for **stage III-IVA resectable locoregionally advanced head and neck squamous cell carcinoma. (3) participants enrolled**
- **MeiraGTx AQUAX2 Gene therapy for Radiation:** Induced Xerostomia study. Salivary gland gene therapy for patients with dry mouth 3 years after radiation therapy for head and neck cancer. **(3) participants enrolled**
- **MuReva: Photobiomodulation Therapy Using the MuReva Phototherapy System to Demonstrate Safety and Reduce the Incidence of Oral Mucositis in Adult Patients with Head and Neck Cancer Receiving Radiation Therapy with**

or without Concurrent Chemotherapy. The overall purpose of this clinical study is to evaluate safety and efficacy of the MuReva Phototherapy System with a light delivery mouthpiece to reduce the severity of oral mucositis (OM) in adult patients with squamous cell carcinoma of the oral cavity, oropharynx, tonsils and base of tongue receiving radiation therapy with or without concurrent chemotherapy. **(10) participants enrolled**

Dentistry/Oral Oncology & Maxillofacial Prosthetics

Patient Visits -- June 2024

- Dental/Oral Oncology & Maxillofacial Prosthetics: 845 visits
- Dental Clinic - Suite 150: 1,101 visits
- Dental Clinic at 800 Hertel Ave: 445 visits (the clinic opened March of 2023)

Financial

- In June 2024, the Dental Oral Oncology team completed a big transition from paper to electronic charging for both medical and dental digital billing in Altera (EMR). The transition to electronic billing will allow for faster transition of electronic bills to the insurance providers, which should expedite reimbursement and reduce billing errors. This initiative was a great team effort between Dental, IT and Revenue Cycle.

Environmental Services

- Several floor care maintenance projects completed throughout the facility.
- Completed training for two (2) additional in-house floor team members and will begin training for one (1) more member on overnight staff in July. Total ECMC floor care team members is (15).
- Continue to collaborate with our partners in bed coordination to improve overall throughput; identifying areas of opportunity and developing strategies to decrease bed turnaround time. *Overall discharge time for June was 72 minutes.* This is a three minute improvement from prior month.
- Full transition from J&J to internal floor care team completed with last day on June 28, 2024.

Food & Nutrition Services

- The Food and Nutritional Services department is committed to continuous improvement in quality, patient experience, and operational efficiency. The initiatives implemented in June address key areas and demonstrate a positive trend in patient satisfaction scores.
- In just 30 days, we have introduced new workflows and processes, launched a new menu, with specific heart-healthy and renal menus to disseminate to our patients. We have implemented a new diet specific to Behavioral Health and the preferences specific to that patient population and established a safety committee within the department.
- The catering department has significantly improved and continues to welcome new clients. On average, we are performing approximately 15 caterings per week. We continue to expand our retail and catering offerings.

Laboratory Services

Equipment Upgrades/Replacements/Contracts:

- Vendor discussion for replacement of Chemistry front-end automation, chemistry platform upgrade, and long-term consumable pricing. This initiative requires review of long-term space planning to evaluate the feasibility of future extended automation tracks. Final instrumentation space plans are on hold until facility infrastructure and space planning initiatives are completed.
- ECMC/ KH Joint VAT Initiative: Vendor evaluation of RFP for coagulation technology across the network is under review. Vendor selection awarded on May 31, 2024. ECMC will upgrade two coagulation devices. The seven-year lease proposal has an estimated 7-year savings opportunity of \$162K over the term of the contract.
- OR Skull Cap Banking: Working with OR team for the development of necessary procedures/process for the expansion of tissue processing, banking, and storage of skull caps for reimplantation.
- Pathology AB&T: Project in partnership with Kaleida Pathology to implement advanced barcode and tracking of Pathology specimens, blocks, and slides. AB&T will improve specimen tracking and traceability of Pathology materials.

Plant Operations/Capital Projects

Plant Operations/Facility project updates include the following:

Main Hospital Locker Room/Restroom Refresh/Upgrades – Complete (In-House Crew)

- Patch/paint, new LED lights, new ceilings and ceiling vents, hands-free fixtures (lavatories, water closets, urinals). The locker room had existing fluorescent lamps replaced.
- Admin Suite Restrooms, 3rd floor – 100% complete
- Locker Rooms, ground floor – 100% complete
- Public Restrooms, 2nd floor – 100% complete
- Revenue Cycle Restrooms – 100% complete

Main Hospital Gift Shop Storage Room Expansion – Complete (In-House Crew)

- Demo wall, install new walls, flooring, ceiling, lighting, HVAC and fire alarm to expand Gift Shop by 4 ft.

Mammography Suite Creation – In Progress (In-House Crew)

- Renovations and configuration of former ED Radiology, Pain Management and registration areas. Remove wall and door in registration area, replace ceilings, add flat panel LED light fixtures, abate floors and paint/patch Pain Management rooms.
- Registration area is complete; awaiting other rooms to begin work.
- Continuing with design documents; meanwhile, awaiting CON approval.

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

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

Campus Grounds – In Progress (In-House Crew)

- Summer operations mode in progress Lawn cutting continues, weed control applications are complete and campus mulching has begun. Road and crosswalk markings will be painted throughout the summer.
- Construction bids were received in July 2023. Project is currently on hold. (no update)

Radiology

- Two (2) new state-of-the-art imaging rooms were completed in June. Three (3) replacement Carestream portable imaging units were installed and are fully functional in Radiology Rooms 35 and 37.

Rehabilitation Services

Acute Care Therapy

- Acute Care PT and OT who have been working towards the hospital target of achieving a LOS of seven days by July have exceeded budget volumes by five and four percent, respectively.
- With Dr. Romanowski’s retirement in August, and with Dr. Mutty acquiring additional OR slots, the acute therapist are investigating opportunities to see Dr. Mutty’s same day joint replacement patients in the ASC prior to home discharge.

Medical Rehabilitation Unit (MRU)

- Service access goal of on the MRU to meet or exceed 17 admissions per month is on target YTD.
- MRU efficiency goal of improving timeliness of admissions to the unit from top referral source is at 4.3 days YTD, which is exceeding the goal of less than 8.8 days.
- YTD 2024, the MRU had 18 admissions, 16 discharges with 300 patient days and a LOS of 18.8 days. These metrics have improved since YTD 2023 with 16 admissions, 13 discharges and a LOS of 32.2 with 418 patient days.

Outpatient Therapy

- Occupational Therapy (OT) has exceeded MTD volume for four consecutive months and YTD for the second time.
- Occupational and Speech Therapy beat YTD budget for the first time in 2024.

PEDS

- PEDS Rehab increased Early Intervention cases with (16) new therapy cases, and (9) new ongoing service coordination cases.

Surgical Services

Robotic Volume - June 2024

| | |
|--|----|
| Bariatrics | 11 |
| Head, Neck, Plastic & Reconstructive Surgery | 1 |
| Orthopedics | 33 |
| Cardiovascular/Thoracic | 2 |
| Urology | 5 |

- Utilize SEC Committee resources to review capital purchases and contracts moving forward.
- Radiology: Two new state-of-the-art imaging rooms and three (3) new portable x-ray machines.
- ION: Robotic addition to the DaVinci system for thoracic service, to increase early lung cancer detection, improving patient outcomes.
- VIZ-AI: Radiology software to improve imaging. This is the same system as Kaleida and GLMI.

Terrace View

Operations

- The average daily census for April/May/June was 368.
- Monthly TV Department Head meetings are ongoing to review 2024 Capital Budget and department needs, review of regulatory testing compliance requirements, and survey preparedness update.
- On May 14, 2024, ECMC Counsel issued a Notice of Deficiencies and Failure to Perform letter to the facility's contract Pharmacy vendor, PharMerica Corporation, citing multiple concerns and a request for a formal plan of correction for the aforementioned concerns. An RFP for Pharmacy Services will be distributed in June 2024.

COVID/Infection Control

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

CMS

- CMS issued QSO-24-08-NH, on Subject: Enhanced Barrier Precautions in Nursing Homes. Guidance is issued to all State Survey Agencies that all Long-Term Care facilities EBP will align with nationally accepted standards established by the CDC. EBP recommendations now include use of EBP for residents with chronic wounds or indwelling medical devices during high-contact resident care activities regardless of their multidrug-resistant organism status. The new guidance related to EBP is being incorporated into F880 Infection Prevention and Control. Facility policy and procedure and competency staff training initiated throughout facility.

I.T./Hospital Information Services

Cybersecurity

- **Change Healthcare Cybersecurity Incident** – ECMC continues to evaluate the ransomware event at Change Healthcare. ECMC currently has a pre-incident response team in place, if needed pending determination of breach.
- **Artificial Intelligence (AI) and implications for cybersecurity** – under evaluation. Reviewing policy creation, impact to business, etc.
- **Windows 10 upgrade – additional 93 computers upgraded thus far this quarter**, down to 244 remaining (337 in March); on target for goal of full replacement by EOY 2024
- **DLP evaluation** – as work environment continues to evolve, ECMCC reviewing DLP strategy, including technologies and process to allow for a more flexible work environment

I.T.: Systems and Platforms

- **Multiple Significant Enhancements to our Outpatient Record (Altera) – Brook vital sign data and outside lab results integration COMPLETE**
 - Significant enhancements to clinical workflow now that external lab results flow directly into Altera from HealtheLink
- **Teleprocedure** – new OR tracking system went live in May **COMPLETE**
 - Significant enhancement to patient and room tracking
 - Comment from OR is that room discrepancies are at zero since the new system went live

Radiology/Cardiology

- Fuji PACS contract COMPLETE Q1 2024
 - Begin implementation planning targeting early 2025 go-live

Finance

- **2024 Q2 Variance Report:**
 - \$724K negative variance in 3030 (IT)
 - 8.5% over budget
 - \$42K positive variance in 3020 (Telecom)
 - 6% under budget

PATIENT EXPERIENCE

Press Ganey Scores

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

| Patient Experience | YTD (Jan 1st, 2024- June 30, 2024 N=46 (est.) | NYS Jan 1st, 2023- June 30, 2023 N=120(final) | 2023 Benchmark |
|---------------------------|---|---|---------------------------|
| HCAHPS - Nurses | 85 (est) | 72 | 76 |
| HCAHPS - Doctors | 79 (est) | 68 | 77 |
| Discharge | 90 (est) | 89 | 85 |
| Overall # | 67 (est) | 61 | 63 |

Ambulatory Medical Practices



- Steven Holcomb, RN in the YOU Center of Wellness collaborated with the Emergency Department to improve contact with PEP (post-exposure prophylaxis) patients who were seen in the ED. This is an effort to bridge the gap between the ED and YOU Center to provide quality care to patient that are high risk for HIV exposure.

- In June 2024, Dr. Jemma Rampersaud, ECMC Family health physician and palliative care trained physician, began seeing patients in the medical oncology department for outpatient palliative care services. Prior to having an internal palliative care service, patients would be referred externally. Scheduling patients for palliative care conversations in medical oncology will allow the patients to come to a comfortable place for challenging discussions about their care.

Laboratory Services

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

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

Surgical Services

- Implementation of new patient tracking system in the Ambulatory Surgical Center (ASC) is going well, requesting a larger monitor for waiting rooms.
- Ashley Metzler, RN, is joining the Property Committee to assist with patient property issues.

PEOPLE

The Ambulatory Services Department staff continue to participate in community events, bringing pertinent healthcare information and education to the community. This is an opportunity to provide information about our Primary and Specialty Care Centers, provide pertinent education about various chronic illnesses, and linkage to a PCP at one of our Primary Care Centers. Below are the outreach events attended by department staff:

- 6/2/24: Pride festival
- 6/5/24: Erie County Sheriff's office employee wellness event
- 6/10/24: Erie County Sheriff's office employee wellness event
- 6/11/24: National Cancer Survivor month (lobby)
- 6/12/24: ECMC Pride event (lobby)
- 6/21/24: WUFO Black Music Conference awards event
- 6/22/24: Calvary Baptist Church Men's Health Fair
- 6/28/24: National Men's Health month (lobby)

Professional Development

- Mary Jimerson, BSN, RN and Maria Grasso, RN attended the meet and greet on June 24, 2024 at D'Youville University for the American Heart Association Equity Focused Hypertension Initiative. This was an opportunity to meet the community partners of

this initiative and share information, ideas, and strategies to address hypertension in the community.

- Amanda Farrell, MSN, RN, received a scholarship from the Professional Nursing Association of WNY on June 4, 2024.

Projects/Initiatives (Pathway Moments)

- Nicole Stephany, LPN and Brianna Maciejewski, RN developed a tool to assist the nursing staff in the Internal Medicine Clinic to recheck the patients' blood pressure when it is elevated prior to discharge. This is a continued initiative to improve blood pressure control.

Dental/Oral Oncology & Maxillofacial Prosthetics

- Special congratulations to **Dr. Elizabeth Kapral, DDS, MS**, receiving the **Buffalo Business First Excellence in Healthcare Award**. She was honored at the ceremony on June 13, 2024 at Salvatore's. Dr. Kapral is the Director of Special Needs Dentistry at ECMC where she practices clinical dentistry and trains dental students and residents. She is the recipient of multiple HRSA grants totaling over \$3M to address workforce challenges in dental care for vulnerable populations. In 2023, Dr. Kapral and the dental team opened the ECMC Center for Dental Care at 800 Hertel. This center operates within a multidisciplinary facility focused on meeting the needs of patients with disabilities and has significantly expanded ECMC's impact on this community. In addition to her work at ECMC, Dr. Kapral is the chair of the NYS Special Needs Dentistry Taskforce; a NYS delegate for the American Dental Association; as well as a fellow of the American Academy of Oral Medicine; Special Care Dentistry Association and the Academy of General Dentistry.





Food & Nutrition Services

Staffing/Recruitment:

- An onboarding specialist has joined the team to ensure high-quality interviewing and training practices. This will equip new staff with the necessary skills to provide exceptional service from day one.
- Effective July 8, 2024, we will welcome a Patient Service manager and a Sous Chef to the FNS team. These additions strengthen our leadership structure and enhance our ability to deliver exceptional service.

Training/Development/Recognition:

- Focus on onboarding and retaining employees to foster internal promotions, providing education and tools to our staff for improved patient and customer care.
- Employee recognition program continues. Implemented incentives to boost staff retention and morale, including quarterly perfect attendance recognition awards, and engagement initiatives, such as providing food and prizes. The internal promotions have boosted staff morale.
- Kudos were given to several team members going above and beyond for patients.

Laboratory Services

There is one (1) active job posting: (1 FT evening)

- Phlebotomy staffing levels for full support of AM blood draws and ambulatory coverage continues to be challenged due to vacancy and staff medical leaves. An alternate AM blood team floor schedule was agreed upon with Nursing and implemented in June. Recruitment is ongoing with three new staff members onboarded at the end of June. Stabilization of workforce will allow services to be returned with a target timeline of September.

PEDS

- PEDS Rehab is in the process of hiring a new Speech Therapist for Ken-ton UPK agreement.
- Lackawanna CPSE chairperson and Sweet Home CPSE chairperson specifically credited ECMC PEDS employees with exemplary work with children and families that went above and beyond providing individual mandated therapy.
- PEDS Rehab Supervisor met with the Committee on Preschool Special Education (CPSE) chairpersons from Clarence, Ken-Ton, and Sweet Home to discuss contracts and agreements for upcoming school year.

Outpatient Therapy

- Outpatient Occupational Therapy (OT) and Speech Therapy participated in UB's Aphasia Fair promoting all outpatient services.

Supportive Care & Palliative Medicine

- 06/03 – Attended HANYS Community virtual webinar “A Deep Dive on Medications”
- 06/08 – Table event for Elder Law Day at the Grapevine Banquet Hall in Depew
- 06/12 – Attended Caregiver Program training via Webex conducted by AAA
- 06/18 – Team met with Trusted Homecare outreach specialist to learn about their services and how they may benefit our patients
- 06/20 – Katie and Kate joined the “The Caring for Caregivers Program: Practical Approaches for Improving Caregiver and Patient Outcomes” webinar hosted by the Playbook organization (Better Care for People with Complex Needs).

Surgical Services

- Surgical team is developing 2024 competencies.
- Interviewing for an additional LPN tele-transporter for surgical services. This position will aid with patient turnaround time for patient testing and procedural areas.
- Welcomed new Team Leader, Tim Wittenbrink, for the Surgical Center. Currently interviewing for Team Leader for VAC.
- Dr. Sands, anesthesiologist, is retiring after 20 years of service. A new provider will begin in mid-July.

Terrace View

- **New Staff (June):** (4) FT CNAs, (1) FT LPN, (1) Occupational Therapist, (1) RPT Telephone Operator
- Nursing agencies continue to be utilized to provide temporary supplemental staffing on the evening shift and minimally on the night shift for RNs, LPNs, CNAs, and Respiratory Therapists. 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.
- The facility received an Initial Determination Letter on May 28, 2024, for the period: Q4, 2022. 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 Q4, 2022.
- **New requirement:** CMS 442-F: The CMS's new minimum nurse staffing standards require non-rural providers to provide a minimum of 3.48 HPRD (Hours Per Resident

Daily) of total direct nursing care to residents across all Long Term Care facilities of which at least 0.55 HPRD of care must be provided by RN’s and 2.45 HPRD of care provided by nurse aides (CNAs). Facilities may use any combination of nurse staff (RN, LPNs) to account for the additional .48HPRD needed to comply with total nurse staffing standard. In addition, facilities must use evidence based methods when care planning for their residents, including consideration for those residents and behavioral health needs. Facilities must use the facility assessment to assess the specific needs of each resident in the facility and to adjust as necessary based on any significant changes in resident population. Facilities must include input of nursing home leadership, including but not limited to, a member of the governing body and the medical director; management, including, but no limited to, an administrator and the director of nursing; and direct care staff, including by not limited to RNs, LPNs, and CNAs, and representatives of direct care staff, as applicable. The LTC facility must also solicit and consider input received from residents, resident representatives, and family members. All facilities are required to include these new guidelines with their Facility Assessment no later than **August 8, 2024**.

QUALITY

Environmental Services

- HCAHPS (cleanliness of the hospital environment) discharge date *June 2024 Top box score: 65%, n=120*
This is the best score to date. Recognized leadership and staff for accomplishment.
- ATP Testing for June at 100%, reached goal, first 100% to date.
- Implementing ATP testing at Terrace View to include two rooms per month.

Food & Nutrition Services (Touchworks Rounding Tool)

| Audit Period | Test Tray Audits | Hospitality Audits | Patient Rounding Audits |
|---------------------|------------------|--------------------|-------------------------|
| | GOAL = 90% | GOAL = 90% | GOAL = 90% |
| 6/1 - 7/4/24 | (n=15) 100% | (n=12) 96% | (n=127) 69% |

- Our commitment to excellence motivates us to strive for a 90% target across all aspects of our operations. The improvements made in hospitality and Test Tray audits have not only boosted the communication skills of our catering team but also equipped them to address patient inquiries and concerns efficiently. Looking ahead, our unwavering priority to promptly address new admissions through thorough patient rounds highlights our strong dedication to delivering exceptional Patient Services.
- Nursing audits = 91 total rounds

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 was initiated in Q1 and continues. Education session was held with OR teams to review Pathology ordering and specimen handling. Event data will be evaluated for intervention planning.**
- Reduce registration errors on outpatient laboratory orders which cause a delay in provider review from 10% in 2023 to 5% in 2024. **Q1 data will be evaluated for intervention planning. An ambulatory workgroup has been engaged to review workflows and to identify opportunities for error mitigation.**
- Reduce the % Immediate Spin Crossmatch from 95% of total crossmatch testing to 50% in 2024. **The Electronic Crossmatch went live on 1/23/24. The immediate spin crossmatch rate has been reduced from 95% to 47% YTD June 2024. The use of the electronic crossmatch and reduction of immediate spin will be monitored through the remainder of the year.**

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

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

Surgical Services

SSI – Class 1 Combined

| Class I Surgical Procedures | 1Q 2024 | 2Q 2024 | 2024 TOTAL | 2023 TOTAL |
|-----------------------------|---------|---------|------------|------------|
| June 2024 | | | | |
| Infections | 5 | 4 | 9 | 47 |
| Procedures | 2204 | 1799 | 4003 | 8949 |
| Rate | 0.23% | 0.22% | 0.22% | 0.53% |

(4) new SSIs, every case is reviewed for trends

Transplant

- Awaiting July 2024 MPSC meeting and feedback from outcome submission. The July ERTR report was released and results to be flagged.
- UNOS onsite Survey desk audit was received and submitted on July 1, 2024.

FINANCIAL

Ambulatory Medical Practices

In the June 2024, the Ambulatory Department saw 12,635 patients, while being budgeted for 12,656 visits (-0.2% budget). Departments that exceeded budget include: COEM, You Center for Wellness, Pulmonary, Neurology, Cardiothoracic, Surgery, Urology, General Dentistry, Hertel Dental, Oral Oncology, Head and Neck, and Bariatrics. Additionally, there

were 20 visits for Covid testing and/or Covid vaccinations, brought the budget to break even.

Dialysis

Budget and Variance:

- Inpatient Hemodialysis: Variance (-379 YTD), +328 treatments over January 2024. Monthly volume increase since beginning of 2024.
- Outpatient (in-center treatments): 2024 Budget 12,172; Variance (-295)
- Home Program: (Home Peritoneal & Home Hemodialysis): YTD Budget 990 treatments, Variance (-353)

Census Volume:

- Outpatient (in-center treatments): June = 1,986 treatments, YTD 2024 total = 11,877
- Home Program: (Home Peritoneal & Home Hemodialysis): June = 142 treatments, 2024 totals = 637

| Dialysis | | | 2023 | | | 2024 | | | | | | | | |
|----------|-------------|---------------------------|--------|--------|----------|--------|-------|-------|-------|-------|-------|--------|--------|----------|
| | | | YTD | Budget | Variance | Jan | Feb | Mar | Apr | May | Jun | YTD | Budget | Variance |
| 4555 | AKI | Hemodialysis - AKI | 129 | - | - | 19 | 32 | 69 | 56 | 55 | 45 | 276 | - | - |
| | DIALNON | Hemodialysis - Non-ESRD | 0 | - | - | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - | - |
| | DIALTRAN | Hemodialysis - Transient | 466 | - | - | 19 | 20 | 30 | 117 | 134 | 95 | 415 | - | - |
| | HD | Hemodialysis - Chronic | 23,020 | - | - | 1,791 | 1,778 | 1,902 | 1,900 | 1,969 | 1,846 | 11,186 | - | - |
| | 4555 Totals | | | 23,615 | 24,539 | -924 | 1,829 | 1,830 | 2,001 | 2,073 | 2,158 | 1,986 | 11,877 | 12,172 |
| 5660 | HOMEHD | Hemodialysis - Home | 20 | - | - | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - | - |
| | PD | Hemodialysis - Peritoneal | 1,474 | - | - | 68 | 85 | 97 | 94 | 151 | 142 | 637 | - | - |
| | 5660 Totals | | | 1,494 | 2,713 | -1,219 | 68 | 85 | 97 | 94 | 151 | 142 | 637 | 990 |
| Totals | | | 25,109 | 27,252 | -2,143 | 1,897 | 1,915 | 2,098 | 2,167 | 2,309 | 2,128 | 12,514 | 13,162 | -648 |

Environmental Services

- Overall labor and supply budgets for June were over budget due to floor team needs in May.
- Overall YTD supply budget is in line and below budget for labor.
- Full transition from J&J complete with last day on June 28, 2024.

Food & Nutrition Services

Retail Sales

| | | | |
|-----------------|----------------|------------------|------------------|
| May 2024 Actual | \$146,846 | June 2024 Actual | \$137,757 |
| May 2024 Budget | \$149,070 | June 2024 Budget | \$149,070 |
| Variance | \$ 2,224 = 98% | Variance | -\$ 11,313 = 92% |

Laboratory Services

- The department budget volumes for June YTD were positive 3.9% to budget target and increased 5.9% in comparison to FY23. The May YTD operating expense has a negative variance of 5.9% to budget target and a negative variance of 9.5% to FY23. The personnel expense has a positive variance of 6.9% to budget target and a negative variance of 5.9% to FY23 actual. Non-personnel expenses for June YTD demonstrated a negative variance of 8.7% to budget target and a negative variance of 8.0% to FY23. The negative non-personnel variance is impacted by the overall positive 4.8% to budget volume YTD. The department will continue to monitor expense in alignment with overall volume.

Radiology

The Radiology department is up 11.5% YTD over budget.

- CT is 6,048 exams over budget.

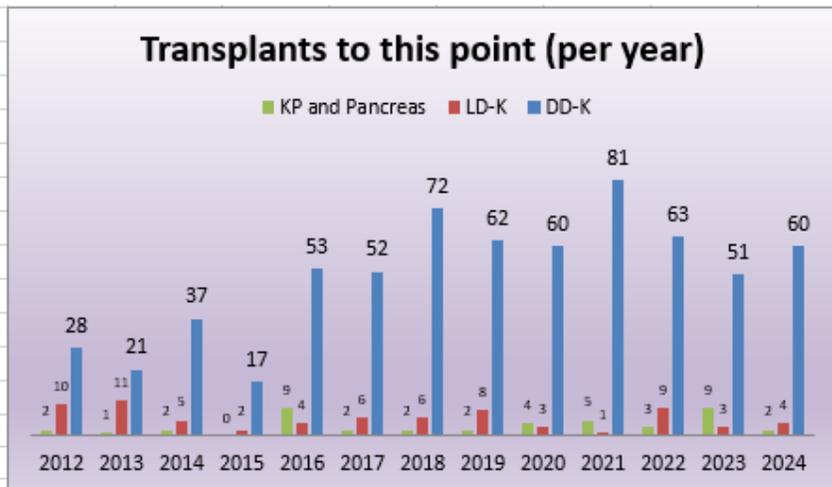
Supportive Care & Palliative Medicine

- Total Inpatient Consults for June: 98
- Transitions of Care: 11
- Discharge with Home Hospice: 2
- Terrace View: 4

Transplant

- In 2024, we have performed (66) transplants, which is (+3) transplants than this time last year (2023).
- Pre-Transplant Clinic is below budget by (-215). We are still limited with our shortage of providers. We completed 55 evaluations in June 2024 compared to 38 evaluations completed in January 2024.
- Post-Transplant has exceeded the 2024 budget YTD by 37 and remains stable.

| Transplant / Vascular | | | 2023 | | | 2024 | | | | | | | | |
|-----------------------|-------------|-------------------|-------|--------|----------|------|-----|-----|-----|-----|-----|-------|--------|----------|
| | | | YTD | Budget | Variance | Jan | Feb | Mar | Apr | May | Jun | YTD | Budget | Variance |
| 6430 | TRANPRE | Transplant Clinic | 661 | - | - | 38 | 49 | 40 | 51 | 53 | 55 | 286 | - | - |
| | TRANPREPRC | Transplant Clinic | 2 | - | - | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - | - |
| | 6430 Totals | | 663 | 563 | 100 | 38 | 49 | 40 | 51 | 53 | 55 | 286 | 501 | -215 |
| 6431 | TRANPOSPRC | Transplant Clinic | 0 | - | - | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - | - |
| | TRANPOST | Transplant Clinic | 4,259 | - | - | 367 | 352 | 317 | 326 | 342 | 338 | 2,042 | - | - |
| | 6431 Totals | | 4,259 | 4,411 | -152 | 367 | 352 | 317 | 326 | 342 | 338 | 2,042 | 2,005 | 37 |
| Totals | | | 4,922 | 4,974 | -52 | 405 | 401 | 357 | 377 | 395 | 393 | 2,328 | 2,506 | -178 |



| | 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 | 60 | 4 | 2 | 0 | 66 |
| 2024 Proje | 129 | 10 | | | 143 |

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Internal Financial Reports
For the month ended June 30, 2024

Erie County Medical Center Corporation

**Financial Dashboard
June 30, 2024**

Statement of Operations:

| | Month | Year-to-Date (YTD) | YTD Budget |
|--|-------------------|--------------------|--------------------|
| Net patient revenue | \$ 52,541 | \$ 332,174 | \$ 319,529 |
| Other | 15,542 | 91,630 | 86,585 |
| Total revenue | <u>68,083</u> | <u>423,804</u> | <u>406,114</u> |
| Salary & benefits | 36,789 | 225,935 | 220,758 |
| Physician fees | 9,419 | 57,170 | 57,914 |
| Purchased services | 6,139 | 38,427 | 36,349 |
| Supplies & other | 14,037 | 86,878 | 80,027 |
| Depreciation and amortization | 3,871 | 23,741 | 23,227 |
| Interest | 1,002 | 6,021 | 5,273 |
| Total expenses | <u>71,257</u> | <u>438,172</u> | <u>423,548</u> |
| Operating Income/(Loss) Before Other Items | (3,174) | (14,368) | (17,434) |
| Grant revenue | - | 609 | - |
| Income/(Loss) from Operations With Other Items | <u>(3,174)</u> | <u>(13,759)</u> | <u>(17,434)</u> |
| Other Non-operating gain/(loss) | 922 | 3,256 | 602 |
| Change in net assets | <u>\$ (2,252)</u> | <u>\$ (10,503)</u> | <u>\$ (16,832)</u> |
| Operating margin | <u>-4.7%</u> | <u>-3.2%</u> | <u>-4.3%</u> |

Balance Sheet:

| <u>Assets:</u> | |
|---|-------------------|
| Cash & short-term investments | \$ 111,348 |
| Patient receivables | 108,300 |
| Assets whose use is limited | 177,674 |
| Other assets | 496,852 |
| | <u>\$ 894,174</u> |
| <u>Liabilities & Net Assets:</u> | |
| Accounts payable & accrued expenses | \$ 368,837 |
| Estimate self-insurance reserves | 59,079 |
| Other liabilities | 497,723 |
| Long-term debt, including current portion | 198,157 |
| Lease liability, including current portion | 23,731 |
| Subscription liability, including current portion | 23,317 |
| Line of credit | 10,000 |
| Net assets | (286,670) |
| | <u>\$ 894,174</u> |

Cash Flow Summary:

| | Month | YTD |
|--|------------------|------------------|
| Net cash provided by (used in): | | |
| - Operating activities | \$ 66,147 | \$ 103,428 |
| - Investing activities | (5,399) | (16,271) |
| - Financing activities | 1,419 | (8,520) |
| Increase/(decrease) in cash and cash equivalents | 62,167 | 78,637 |
| Cash and cash equivalents - beginning | 36,241 | 19,771 |
| Cash and cash equivalents - ending | <u>\$ 98,408</u> | <u>\$ 98,408</u> |

Key Statistics:

| | Month | YTD | YTD Budget |
|---|--------|---------|------------|
| Discharges: | | | |
| - Acute | 1,017 | 6,538 | 6,052 |
| - Exempt units | 408 | 2,541 | 2,769 |
| Observation Cases: | 331 | 1,727 | 1,470 |
| Patient days: | | | |
| - Acute | 8,266 | 50,503 | 46,072 |
| - Exempt units | 4,816 | 29,324 | 30,077 |
| Average length of stay, acute | 8.1 | 7.7 | 7.6 |
| Case mix index Blended | 1.92 | 1.89 | 1.81 |
| Average daily census: Medical Center | 436 | 439 | 418 |
| Terrace View LTC | 369 | 369 | 378 |
| Emergency room visits, including admissions | 5,290 | 32,058 | 32,410 |
| Outpatient Visits | 23,715 | 149,543 | 155,223 |
| Days in patient receivables | | 59.3 | |

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Erie County Medical Center Corporation

Management Discussion and Analysis

For the month ended June 30, 2024

(Amounts in Thousands)

June 2024 Operating Performance

During June 2024, ECMCC experienced a reversal of the inpatient volume trends previously seen within the statistical discharges. ECMCC fell short of the budget in inpatient cases during the month, especially within the acute medical and surgical service areas. Additionally, although inpatient surgeries slightly exceeded the targets, ECMCC fell short of plan in total surgeries during the month which also resulted in reduced revenue. The reduced revenue related to these operational volume metrics during June along with additional expenses primarily within salaries, purchased services and supplies drove an operating loss for the month of (\$3,174). This operating loss is unfavorable when compared to the month's budgeted loss of (\$1,813). This loss does represent a significant improvement over the operating loss before grant funding during June, 2023 of (\$6,133). Additionally, the operating loss before grant funding year to date through June 30, 2024 of (\$14,368) also represents a significant improvement from the loss before grant funding of (\$40,898) for the same time period during 2023.

Inpatient discharges were less than budgeted cases of 1,559 by 134 cases (or 8.6%), driven by unfavorable variances in acute and chemical dependency services offset by favorable variances in behavioral health and medical rehab services. Acute discharges of 1,017 were less than the budget by 8.5%, despite inpatient surgery favorable variance of 10 surgeries. During June, the most significant driver of the shortfall in discharge volume was the significant increase in the acute average length of stay from 7.1 days during May to 8.1 days during June. This was the result of the inability to discharge patients due to challenges at post-acute facilities across the community. These challenges resulted in additional delays in our emergency department, thus culminating in an increase in patients who had left without being seen. The challenges and trends experienced during June were also seen across the other hospitals in Western New York. Total outpatient volume remained slightly below budget for the month by 681 visits, a 2.8% shortfall. This was driven primarily by a shortfall in clinic visit volume during the month. Additionally, during the month, ECMCC experienced an unfavorable variance in outpatient surgeries of 43 cases as compared to the budget of 597 cases, or 7.2%. As it relates to the clinics, certain clinic growth has been delayed slightly due to the timing of construction and staffing challenges but are temporary in nature and have been improving over the last two months.

Partially offsetting the volume variances, net patient service revenue was favorably impacted during the month with an acute case mix index of 1.92 as compared to a budgeted case mix of 1.78. The severity per case, especially in surgery cases increased during the month given the increase in trauma cases seen, thus driving up overall case mix.

Additionally, for the year through June 2024, ECMCC's Terrace View skilled nursing facility has returned to nearly 95% occupancy due to successful recruitment efforts to address the staffing challenges experienced at that facility over the last several years. Additional efforts are underway to continue to recruit and use temporary staff in order to open up the remaining beds available to assist in improving the length of stay within the hospital. These additional agency costs will be seen in future months.

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

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

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

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

Total benefit costs for the month were less than the operating plan as a result of favorable fluctuations in health insurance claims for employees. The year-to-date unfavorable variance is the result of additional retirement benefit reserves recorded each month as a result of updated actuarial estimates of the benefit liability related to the retiree health program coupled with additional costs for the employee health insurance claims. This variance will be reconciled once the final actuarial report is completed at year end.

Supply costs exceeded the operating plan during the month by \$773. The majority of the additional cost during the month was related to pharmaceutical costs, in two areas specifically, specialty pharmacy drug costs and oncology drugs. Both of these high cost supplies are offset by additional volume related revenue received for the services.

Balance Sheet

ECMCC saw an increase in cash from December 2023 resulting in 51 days operating cash as compared to 16 days operating cash at the end of 2023 and 24 days cash at the end of May 2024. Cash levels have increased at the end of June as a result of the receipt of certain expected disproportionate share (DSH/IGT) payments, along with the retrospective reimbursement settlement related to the 340b drug pricing program. 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. It is important to note as well that there remains a delay in receipt of the Nursing Home Upper Payment Limit (UPL) payment for 2023 and likely for 2024. Receipt timing for these payments at this time is unknown.

Patient receivables increased approximately \$6 million from December 31, 2023. Despite having improved collections through February, accounts receivable has increased primarily due to the delays in billing and collections related to one significant payer. 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 received in January of 2024 resulting from the receipt of the current year initial payment 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
Management Discussion and Analysis
For the month ended June 30, 2024
(Amounts in Thousands)

Vendor Related Cyber Incident

On February 21, 2024, Change Healthcare, a third-party service provider to ECMCC and several of its vendors, became aware of a cybersecurity incident (the "Incident") causing a disruption across the health care industry. ECMCC uses Change Healthcare for various revenue cycle related services including professional billing, claims processing, and eligibility authorizations. As a result of the Incident, as of July 12, 2024, ECMCC is not aware of any company data including personally identifiable information (PII) and/or protected health information (PHI), that has been compromised because of the incident. As ECMCC continues to monitor the overall response by Change to the incident related to PII or PHI, the US Department of Health and Human Services issued a notification that Change Healthcare (Optum) will be responsible for any and all breach notifications which may need to be made in the future. Additionally, ECMCC is in constant contact with Change Healthcare, the various vendors and payers impacted and has implemented cash management strategies in order to ensure that any unfavorable cash flow impacts have been reduced as much as possible.

Erie County Medical Center Corporation

Balance Sheet

June 30, 2024 and December 31, 2023

(Dollars in Thousands)

| | June 30, 2024 | December 31, 2023 | Change from December 31st |
|---|-------------------|-------------------|------------------------------|
| Assets | | | |
| Current Assets: | | | |
| Cash and cash equivalents | \$ 98,408 | \$ 19,771 | \$ 78,637 |
| Investments | 12,940 | 10,646 | 2,294 |
| Patient receivables, net | 108,300 | 102,389 | 5,911 |
| Prepaid expenses, inventories and other receivables | 37,089 | 62,528 | (25,439) |
| Total Current Assets | 256,737 | 195,334 | 61,403 |
| Assets Whose Use is Limited: | | | |
| Designated under self-Insurance programs | 59,450 | 57,904 | 1,546 |
| Restricted under third party agreements | 112,982 | 107,627 | 5,355 |
| Designated for long-term investments | 5,242 | 5,091 | 151 |
| Total Assets Whose Use is Limited | 177,674 | 170,622 | 7,052 |
| Property and equipment, net | 291,644 | 307,343 | (15,699) |
| Other assets | 168,119 | 168,809 | (690) |
| Total Assets | \$ 894,174 | \$ 842,108 | \$ 52,066 |
| Liabilities & Net Position | | | |
| Current Liabilities: | | | |
| Current portion of long-term debt | \$ 12,869 | \$ 12,869 | \$ - |
| Current portion of lease liability | 5,831 | 6,944 | (1,113) |
| Current portion of subscription liability | 8,151 | 8,724 | (573) |
| Line of credit | 10,000 | 10,000 | - |
| Accounts payable | 58,092 | 59,922 | (1,830) |
| Accrued salaries and benefits | 73,985 | 73,734 | 251 |
| Other accrued expenses | 232,044 | 125,936 | 106,108 |
| Estimated third party payer settlements | 4,716 | 4,486 | 230 |
| Total Current Liabilities | 405,688 | 302,615 | 103,073 |
| Long-term debt | 185,288 | 188,940 | (3,652) |
| Long-term lease liability | 17,900 | 20,521 | (2,621) |
| Long-term subscription liability | 15,166 | 15,727 | (561) |
| Estimated self-insurance reserves | 59,079 | 59,340 | (261) |
| Other liabilities | 497,723 | 531,132 | (33,409) |
| Total Liabilities | 1,180,844 | 1,118,275 | 62,569 |
| Total Net Position | (286,670) | (276,167) | (10,503) |
| Total Liabilities and Net Position | \$ 894,174 | \$ 842,108 | \$ 52,066 |

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Erie County Medical Center Corporation

Statement of Operations

For the month ended June 30, 2024

(Dollars in Thousands)

| | Actual | Budget | Favorable/ (Unfavorable) | Prior Year |
|---|-------------------|-------------------|-----------------------------|-------------------|
| Operating Revenue: | | | | |
| Net patient revenue | 54,949 | 55,009 | (60) | 50,878 |
| Less: Provision for uncollectable accounts | (2,408) | (1,046) | (1,362) | 425 |
| Adjusted Net Patient Revenue | 52,541 | 53,963 | (1,422) | 51,303 |
| Disproportionate share / IGT revenue | 10,294 | 10,273 | 21 | 9,571 |
| Other revenue | 5,248 | 4,158 | 1,090 | 3,971 |
| Total Operating Revenue | 68,083 | 68,394 | (311) | 64,845 |
| Operating Expenses: | | | | |
| Salaries & wages | 29,208 | 28,555 | (653) | 27,362 |
| Employee benefits | 7,581 | 7,855 | 274 | 8,416 |
| Physician fees | 9,419 | 9,652 | 233 | 9,099 |
| Purchased services | 6,139 | 6,027 | (112) | 6,751 |
| Supplies | 11,715 | 10,942 | (773) | 12,566 |
| Other expenses | 1,820 | 1,966 | 146 | 2,031 |
| Utilities | 502 | 460 | (42) | 453 |
| Depreciation & amortization | 3,871 | 3,871 | - | 3,375 |
| Interest | 1,002 | 879 | (123) | 925 |
| Total Operating Expenses | 71,257 | 70,207 | (1,050) | 70,978 |
| Operating Income/(Loss) Before Other Items | (3,174) | (1,813) | (1,361) | (6,133) |
| Other Gains/(Losses) | | | | |
| Grant revenue | - | - | - | 2,566 |
| Income/(Loss) from Operations | (3,174) | (1,813) | (1,361) | (3,567) |
| Other Non-operating Gain/(Loss): | | | | |
| Interest and dividends | 613 | 180 | 433 | 409 |
| Unrealized gain/(loss) on investments | 309 | (80) | 389 | 849 |
| Non-operating Gain/(Loss) | 922 | 100 | 822 | 1,258 |
| Excess of Revenue/(Deficiency) Over Expenses | \$ (2,252) | \$ (1,713) | \$ (539) | \$ (2,309) |

Erie County Medical Center Corporation

Statement of Operations

For the six months ended June 30, 2024

(Dollars in Thousands)

| | Actual | Budget | Favorable/ (Unfavorable) | Prior Year |
|---|--------------------|--------------------|-----------------------------|--------------------|
| Operating Revenue: | | | | |
| Net patient revenue | 340,837 | 325,836 | 15,001 | 296,630 |
| Less: Provision for uncollectable accounts | (8,663) | (6,307) | (2,356) | (4,807) |
| Adjusted Net Patient Revenue | <u>332,174</u> | <u>319,529</u> | 12,645 | 291,823 |
| Disproportionate share / IGT revenue | 61,661 | 61,640 | 21 | 57,426 |
| Other revenue | <u>29,969</u> | <u>24,945</u> | 5,024 | 19,486 |
| Total Operating Revenue | <u>423,804</u> | <u>406,114</u> | 17,690 | 368,735 |
| Operating Expenses: | | | | |
| Salaries & wages | 175,699 | 173,019 | (2,680) | 163,760 |
| Employee benefits | 50,236 | 47,739 | (2,497) | 50,503 |
| Physician fees | 57,170 | 57,914 | 744 | 54,501 |
| Purchased services | 38,427 | 36,349 | (2,078) | 38,613 |
| Supplies | 72,301 | 65,189 | (7,112) | 62,231 |
| Other expenses | 11,783 | 11,794 | 11 | 11,520 |
| Utilities | 2,794 | 3,044 | 250 | 2,894 |
| Depreciation & amortization | 23,741 | 23,227 | (514) | 20,063 |
| Interest | <u>6,021</u> | <u>5,273</u> | (748) | 5,548 |
| Total Operating Expenses | <u>438,172</u> | <u>423,548</u> | (14,624) | 409,633 |
| Operating Income/(Loss) Before Other Items | (14,368) | (17,434) | 3,066 | (40,898) |
| Other Gains/(Losses) | | | | |
| Grant revenue | <u>609</u> | <u>-</u> | 609 | 15,794 |
| Income/(Loss) from Operations | (13,759) | (17,434) | 3,675 | (25,104) |
| Other Non-operating Gain/(Loss): | | | | |
| Interest and dividends | 2,829 | 1,080 | 1,749 | 1,873 |
| Unrealized gain/(loss) on investments | <u>427</u> | <u>(478)</u> | 905 | 524 |
| Non-operating Gain/(Loss) | <u>3,256</u> | <u>602</u> | 2,654 | 2,397 |
| Excess of Revenue/(Deficiency) Over Expenses | <u>\$ (10,503)</u> | <u>\$ (16,832)</u> | <u>\$ 6,329</u> | <u>\$ (22,707)</u> |

Erie County Medical Center Corporation

Statement of Changes in Net Position

For the month and six months ended June 30, 2024

(Dollars in Thousands)

| | <u>Month</u> | <u>Year-to-Date</u> |
|---|-----------------------------------|-----------------------------------|
| Unrestricted Net Assets: | | |
| Excess/(Deficiency) of revenue over expenses | \$ (2,252) | \$ (10,503) |
| Other transfers, net | - | |
| Contributions for capital acquisitions | - | - |
| Change in accounting principle | - | - |
| Net assets released from restrictions for capital acquisition | - | - |
| | <hr/> | <hr/> |
| Change in Unrestricted Net Assets | <u>(2,252)</u> | <u>(10,503)</u> |
| Temporarily Restricted Net Assets: | | |
| Contributions, bequests, and grants | - | - |
| Other transfers, net | - | - |
| Net assets released from restrictions for operations | - | - |
| Net assets released from restrictions for capital acquisition | - | - |
| | <hr/> | <hr/> |
| Change in Temporarily Restricted Net Assets | <u>-</u> | <u>-</u> |
| Change in Net Position | <u>(2,252)</u> | <u>(10,503)</u> |
| Net Position, beginning of period | <u>(284,418)</u> | <u>(276,167)</u> |
| Net Position, end of period | <u><u>\$ (286,670)</u></u> | <u><u>\$ (286,670)</u></u> |

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Erie County Medical Center Corporation

Statement of Cash Flows

For the month and six months ended June 30, 2024

(Dollars in Thousands)

| | Month | Year-to-Date |
|---|------------------|------------------|
| Cash Flows from Operating Activities: | | |
| Change in net assets | \$ (2,252) | \$ (10,503) |
| Adjustments to Reconcile Changes in Net Assets to Net Cash Provided by/(Used in) Operating Activities: | | |
| Depreciation and amortization | 3,871 | 23,741 |
| Provision for bad debt expense | 2,408 | 8,663 |
| Net change in unrealized (gain)/loss on Investments | (309) | (427) |
| <u>Changes in Operating Assets and Liabilities:</u> | | |
| Patient receivables | (2,126) | (14,574) |
| Prepaid expenses, inventories and other receivables | (2,642) | 25,439 |
| Accounts payable | 1,309 | (1,830) |
| Accrued salaries and benefits | 3,183 | 251 |
| Estimated third party payer settlements | (645) | 230 |
| Other accrued expenses | 62,543 | 106,108 |
| Self Insurance reserves | 3,754 | (261) |
| Other liabilities | (2,947) | (33,409) |
| Net Cash Provided by/(Used in) Operating Activities | 66,147 | 103,428 |
| Cash Flows from Investing Activities: | | |
| Additions to Property and Equipment, net | (3,522) | (8,042) |
| Decrease/(increase) in assets whose use is limited | (1,194) | (7,052) |
| Sale/(Purchase) of investments, net | (287) | (1,867) |
| Change in other assets | (396) | 690 |
| Net Cash Provided by/(Used in) Investing Activities | (5,399) | (16,271) |
| Cash Flows from Financing Activities: | | |
| Principal payments on / proceeds from long-term debt, net | (613) | (3,652) |
| Principal payments on / additions to long-term lease liability, net | (503) | (3,734) |
| Principal payments on / additions to long-term subscription, net | 2,535 | (1,134) |
| Increase/(Decrease) in Cash and Cash Equivalents | 62,167 | 78,637 |
| Cash and Cash Equivalents, beginning of period | 36,241 | 19,771 |
| Cash and Cash Equivalents, end of period | \$ 98,408 | \$ 98,408 |

Erie County Medical Center Corporation

Statistical and Ratio Summary

| | June 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 | 51 | 16 | 29.5 |
| Days in Patient Receivables | 59.3 | 63.2 | 55.5 |
| Days Expenses in Accounts Payable | 57.3 | 53.6 | 61.2 |
| Days Expenses in Current Liabilities | 172.8 | 129.2 | 144.5 |
| Cash to Debt | 86.2% | 43.0% | 52.8% |
| Working Capital Deficit | \$ (148,951) | \$ (89,919) | \$ (72,929) |
| <u>Capital Ratios:</u> | | | |
| Long-Term Debt to Fixed Assets | 63.5% | 67.7% | 68.4% |
| Assets Financed by Liabilities | 132.1% | 133.6% | 127.9% |
| Debt Service Coverage (Covenant > 1.1) | 3.0 | 2.3 | 1.6 |
| Capital Expense | 4.3% | 3.0% | 3.0% |
| Average Age of Plant | 7.4 | 7.6 | 9.4 |
| Debt Service as % of NPSR | 3.7% | 4.2% | 4.0% |
| Capital as a % of Depreciation | 33.9% | 13.1% | 34.3% |
| <u>Profitability Ratios:</u> | | | |
| Operating Margin | -3.4% | -13.2% | -14.1% |
| Net Profit Margin | -3.1% | -1.0% | -3.5% |
| Return on Total Assets | -2.3% | -0.8% | -2.1% |
| Return on Equity | 7.3% | 2.3% | 7.9% |
| <u>Productivity and Cost Ratios:</u> | | | |
| Total Asset Turnover | 1.0 | 0.9 | 0.8 |
| Total Operating Revenue per FTE | \$ 254,692 | \$ 224,619 | \$ 216,505 |
| Personnel Costs as % of Total Revenue | 52.2% | 57.5% | 57.0% |

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| | | | |
|-----------------------------------|--|--|--|
| Key Statistics | | | |
| Period Ended June 30, 2024 | | | |

| Current Period | | | | Year to Date | | | |
|-------------------------------------|-----------|-------------|------------|--------------|-----------|-------------|------------|
| Actual | Budget | % to Budget | Prior Year | Actual | Budget | % to Budget | Prior Year |
| <hr/> | | | | <hr/> | | | |
| Discharges: | | | | | | | |
| | | | | | | | |
| 1,017 | 1,112 | -8.5% | 1,105 | 6,538 | 6,052 | 8.0% | 6,067 |
| 233 | 219 | 6.2% | 205 | 1,376 | 1,432 | -3.9% | 1,333 |
| 159 | 214 | -25.8% | 198 | 1,063 | 1,242 | -14.4% | 1,139 |
| 16 | 14 | 17.0% | 13 | 102 | 95 | 7.5% | 96 |
| <hr/> | <hr/> | <hr/> | <hr/> | <hr/> | <hr/> | <hr/> | <hr/> |
| 1,425 | 1,559 | -8.6% | 1,521 | 9,079 | 8,820 | 2.9% | 8,635 |
| <hr/> | | | | <hr/> | | | |
| Patient Days: | | | | | | | |
| | | | | | | | |
| 8,266 | 8,295 | -0.3% | 8,021 | 50,503 | 46,072 | 9.6% | 51,006 |
| 3,935 | 3,298 | 19.3% | 3,751 | 23,129 | 23,025 | 0.5% | 23,566 |
| 581 | 856 | -32.1% | 773 | 3,987 | 4,959 | -19.6% | 4,492 |
| 300 | 296 | 1.4% | 418 | 2,208 | 2,093 | 5.5% | 2,251 |
| <hr/> | <hr/> | <hr/> | <hr/> | <hr/> | <hr/> | <hr/> | <hr/> |
| 13,082 | 12,745 | 2.6% | 12,963 | 79,827 | 76,149 | 4.8% | 81,315 |
| <hr/> | | | | <hr/> | | | |
| Average Daily Census (ADC): | | | | | | | |
| | | | | | | | |
| 276 | 277 | -0.3% | 267 | 277 | 253 | 9.6% | 282 |
| 131 | 110 | 19.3% | 125 | 127 | 127 | 0.5% | 130 |
| 19 | 29 | -32.1% | 26 | 22 | 27 | -19.6% | 25 |
| 10 | 10 | 1.4% | 14 | 12 | 12 | 5.5% | 12 |
| <hr/> | <hr/> | <hr/> | <hr/> | <hr/> | <hr/> | <hr/> | <hr/> |
| 436 | 425 | 2.6% | 432 | 439 | 418 | 4.8% | 449 |
| <hr/> | | | | <hr/> | | | |
| Average Length of Stay: | | | | | | | |
| | | | | | | | |
| 8.1 | 7.5 | 8.9% | 7.3 | 7.7 | 7.6 | 1.5% | 8.4 |
| 16.9 | 15.0 | 12.4% | 18.3 | 16.8 | 16.1 | 4.6% | 17.7 |
| 3.7 | 4.0 | -8.6% | 3.9 | 3.8 | 4.0 | -6.1% | 3.9 |
| 18.8 | 21.7 | -13.4% | 32.2 | 21.6 | 22.1 | -1.9% | 23.4 |
| <hr/> | <hr/> | <hr/> | <hr/> | <hr/> | <hr/> | <hr/> | <hr/> |
| 9.2 | 8.2 | 12.3% | 8.5 | 8.8 | 8.6 | 1.8% | 9.4 |
| <hr/> | | | | <hr/> | | | |
| Occupancy: | | | | | | | |
| | | | | | | | |
| 80.3% | 82.7% | -2.8% | 79.6% | 80.3% | 82.7% | -2.8% | 79.6% |
| <hr/> | | | | <hr/> | | | |
| Case Mix Index: | | | | | | | |
| | | | | | | | |
| 1.92 | 1.78 | 7.9% | 1.71 | 1.89 | 1.81 | 4.8% | 1.76 |
| 331 | 231 | 43.3% | 215 | 1,727 | 1,470 | 17.5% | 1,413 |
| 453 | 443 | 2.3% | 453 | 2,618 | 2,412 | 8.5% | 2,379 |
| 554 | 597 | -7.2% | 606 | 3,810 | 3,755 | 1.5% | 3,780 |
| 48 | 53 | -9.4% | 46 | 163 | 292 | -44.2% | 273 |
| 33 | 42 | -21.4% | 36 | 201 | 188 | 6.9% | 160 |
| <hr/> | <hr/> | <hr/> | <hr/> | <hr/> | <hr/> | <hr/> | <hr/> |
| 23,715 | 24,396 | -2.8% | 25,696 | 149,543 | 155,223 | -3.7% | 152,375 |
| 5,290 | 5,343 | -1.0% | 5,269 | 32,058 | 32,410 | -1.1% | 30,929 |
| 59.3 | 44.2 | 34.2% | 60.5 | 59.3 | 44.2 | 34.2% | 60.5 |
| 4.9% | 1.9% | 157.3% | -1.2% | 2.6% | 2.0% | 34.7% | 1.8% |
| 3,298 | 3,185 | 3.6% | 3,243 | 3,272 | 3,196 | 2.4% | 3,226 |
| 4.24 | 4.32 | -1.8% | 4.30 | 4.20 | 4.38 | -4.0% | 4.18 |
| <hr/> | <hr/> | <hr/> | <hr/> | <hr/> | <hr/> | <hr/> | <hr/> |
| \$ 18,836 | \$ 18,424 | 2.2% | \$ 17,921 | \$ 19,075 | \$ 19,186 | -0.6% | \$ 18,034 |
| <hr/> | <hr/> | <hr/> | <hr/> | <hr/> | <hr/> | <hr/> | <hr/> |
| \$ 25,828 | \$ 23,836 | 8.4% | \$ 24,655 | \$ 25,146 | \$ 25,282 | -0.5% | \$ 25,248 |
| <hr/> | | | | <hr/> | | | |
| Terrace View Long Term Care: | | | | | | | |
| | | | | | | | |
| 11,075 | 11,417 | -3.0% | 10,861 | 67,199 | 68,716 | -2.2% | 65,872 |
| 369 | 381 | -3.0% | 362 | 369 | 378 | -2.2% | 364 |
| 94.7% | 97.6% | -3.0% | 92.8% | 94.7% | 96.8% | -2.2% | 93.3% |
| 460 | 504 | -8.6% | 428 | 461 | 506 | -8.9% | 419 |
| 6.6 | 7.1 | -5.8% | 6.3 | 6.0 | 6.5 | -6.9% | 5.6 |

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

Marketing

- Continued advertising marketing support of Orthopedic services, Help Center and nursing recruitment, as well as highlighting Joint Commission Gold Seal of Approval accreditation 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.
- Facilitated national publication *Healthcare IT News* publishing of a high-profile feature story on our ECMC's Ambulatory Services' very successful Remote Patient Monitoring program, which was developed in collaboration with Independent Health.
- Garnered media coverage from Channels 2, 4, & 7 for donation of handmade quilts donated by the Women of Wayside Presbyterian Church Quilters for trauma, critical care and palliative patients at ECMC.
- Issued statements to local network television affiliates and Spectrum News on impact of computer technical problems generated by Microsoft and CloudStrike.

Community and Government Relations

- Advocated to Senate Majority Leader Schumer and the other members of ECMC's federal legislative delegation our concerns with the 340B ACCESS Act, that would jeopardize New York hospitals' 340B benefits. Consistent with the 340B program's intent, ECMC has used 340B savings for a wide range of activities, including to provide critical vaccines free of charge, financial assistance to uninsured patients for outpatient drugs, prescription delivery services, transportation for patients for follow-up appointments, a mobile mammography service, expanded outpatient programs, and support for the maintenance of essential, but costly, services such as psychiatric and substance use disorder treatment. The challenge ECMC and other safety hospitals face is that a growing number of drug manufacturers and other third parties have adopted restrictions on covered entities' use of contract pharmacies, claiming that these restrictions prevent duplicate discounting and distribution of 340B drugs to nonpatients. When comparing years 2021 to 2023, ECMC has suffered a loss to its contract pharmacy program of nearly 39%. As an organization, our ability to provide essential safety net care to underserved populations is quickly diminishing. That and other actions threatening the 340B program were communicated to our delegation.

MEDICAL EXECUTIVE COMMITTEE MEETING
MONDAY, JUNE 17, 2024
MEETING HELD BY MICROSOFT TEAMS PLATFORM

Attendance (Voting Members):

| | | | |
|-----------------------|----------------------|-----------------------|----------------------|
| Sergio Anillo, MD | Yogesh Bakhai, MD | William Belles, MD | Jeffrey Brewer, MD |
| Rebecca Buttaccio, PA | Douglas Drumsta, MD | Anthony DePlato, MD | Richard Ferguson, MD |
| Keith Krabill, MD | Suzanne Griffith, MD | Elizabeth Kapral, DDS | Michael Manka, MD |
| Andrea Manyon, MD | Paveen Minhas, ANP | Jennifer Pugh, MD | Ellen Rich, MD |
| Matthew Ruggieri, MD | Sandra Sieminski, MD | Philip Stegemann, MD | Richard Spiro, MD |
| Mary Welch, MD | Kimberly Wilkins, MD | Brian Murray, MD | Siva Yedlapati, MD |
| | | | |

Non-Voting Members and Guests:

| | | | |
|---------------------|----------------------|------------------|---------------------|
| Sam Cloud, DO | Andy Davis, COO | Donna Jones, RN | Charlene Ludlow, RN |
| Mandip Panesar, MD | Allison Brashear, MD | Cheryl Carpenter | Charles Cavaretta |
| Becky DelPrince, RN | Ashley Halloran | Drew Kwiatkowski | Michael Ott |
| John Cumbo | | | |

I. CALL TO ORDER

A. Dr. Jennifer Pugh, President, called the meeting to order at 11:33 am.

B. PRESIDENT'S REPORT:

1. Dr. Pugh recognized Sue Gonzalez and the ECMC Foundation for an amazing ECMC Gala raising \$1.2 million to support our ECMC caregivers. The annual golf tournament is next week Monday. On Friday, July 19th is the Subaru 4-mile Chase. This is a great event to attend whether you are a runner or not.
2. Thank you to Dr. Ruggieri, members of the Professional Development and Wellness Committee, Pam Lee and Metz for their work in obtaining fresh food options for the physician lounge.

II. ADMINISTRATIVE REPORTS

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

1. CEO – Dr. Tom Quatroche, PhD.
 - a. Andy Davis will be presenting on behalf of Tom Quatroche, PhD.
2. COO REPORT – Andrew Davis
 - a. Mr. Davis thanked Sue Gonzalez and the Foundation for a very successful ECMC Gala, raising over \$1.2 million to support our caregivers. The Corporate Challenge, Juneteenth celebrations and the upcoming Foundation Golf Tournament along with the Subaru 4-mile Chase were also acknowledged.
 - b. Mr. Davis spoke on the hospital finances and work throughput improvements.
 - c. Discharges, observation numbers and length of stay numbers were reviewed.

Mr. Davis mentioned that case mix numbers and surgical volumes both increased for the month of May.

- d. Budget work continues and the final budget will need to be submitted to the state by October 1st.

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

- a. Dr. Brashear congratulated Dr. Pugh on her new role as the Director of the MD/MBA Program.
- b. Welcome our new Chair of Medicine, Dr. Egede who begins July 1, 2024.
- c. Chair searches continue.
- d. The University year end is June 30, 2024.
- e. Welcome to our new residents beginning over the next few weeks and also welcome to the Medial students who will begin soon and are very excited.

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

- a. The Professional Nurses Association held their award ceremony on June 4th. Kizzie Hunley, MS, RN Clinical Nurse Advocate was nominated for Nurse of Distinction, Sarah Jane Saia, BSN, RN, PMH-BC, Nursing Education Instructor was nominated for the Nurse Educator of Distinction and finally Thomas Moses, BSN, RN, Charge Nurse was nominated for Outstanding Staff Nurse. Congratulations to all three nominees.
- b. Hospital acquired conditions are being reviewed for better comprehension while also collaborating with the physicians.
- c. Ms. Ludlow discussed the need for an increase in discharges over weekends.

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

- a. Dr. Cloud shared an operation update which included ED volumes, CPEP volumes, admissions, observation, average length of stay, ALC days, along with inpatient and outpatient surgeries.
- b. Dr. Cloud reviewed the Leapfrog grade and Chartis will be assisting with strategies.
- c. A reminder that changes have occurred for Campus Medical Emergencies.
- d. Dr. Cloud thanked the physician advisors, care management and the HIIM team for their assistance with the number of reduced denials.
- e. Many completed enhancements within the OR were reviewed. Dr. Cloud also shared future projects for surgical services.
- f. Dr. Cloud shared a University update with several Chair searches still taking place. Dr. Egede begins July 1, 2024.
- g. An appointment was recommended by the Medical Staff Leadership, Nursing Leadership and the Chief Medical Officer with advice form the Medical Executive Committee for the appointment of Dr. Jonathan Claus – Epidemiologist.
- h. Congratulations to Dr. Jennifer Pugh for her appointment as the Director of the MD/MBA Program at the Jacobs School of Medicine and Biomedical Sciences, University @ Buffalo.

VI. ASSOCIATE MEDICAL DIRECTORS REPORT – Michael Cummings, MD Ashvin Tadakamalla, MD and William Flynn, MD

No report(s)

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

- a. Dr. Panesar reviewed the Pre-Op Medically Optimized Order. This will be going live next week.
- b. A review of the Queued Nutrition Orders by Dietitians policy took place. Dr. Panesar spoke on an update which would allow the dietician to queue up the diet orders so the physician would just go in and approve the order.

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

UNANIMOUSLY APPROVED.

VIII. CONSENT CALENDAR

| MEETING MINUTES/MOTIONS | | PAGE # | | |
|--------------------------------|--|---------------|--------------------|--|
| 1. | MINUTES of the Previous MEC Meeting: May 20, 2024 | | Receive and File | |
| 2. | CREDENTIALS COMMITTEE: June 6, 2024 | 15-33 | Receive and File | |
| | Appointments | | Review and Approve | |
| | Reappointments | | Review and Approve | |
| | Resignations | | Review and Approve | |
| | Dual Reappointment Applications | | Review and Approve | |
| | New Business / Extractions: | | Review and Approve | |
| | Updated Appointments/Reappointments Chiefs and Associate Chiefs of Service | 142-143 | Receive and File | |
| | One Extraction | | Review and Approve | |
| 3. | HIM – Minutes of May, 2024 | 35 | Receive and File | |
| | ECMC Rheumatology Center | 36 | Review and Approve | |
| 4. | University GME Committee – Minutes of May 21, 2024 | 38-44 | Receive and File | |
| 5. | P & T Committee – Minutes of June 4, 2024 | 46-49 | Receive and File | |
| | FORMULARY REVIEW: | | | |
| | Cannabidiol (Epidiolex) | 61-65 | Review and Approve | |
| | Sodium Nitrite | 66-69 | Review and Approve | |
| | REVIEW OF POLICIES WITH SIGNIFICANT CHANGES: | | | |
| | Self-Administration of Medications by Patients | 73-76 | Review and Approve | |
| | Authorization for the Automatic Clarification of PRN Orders | 77-81 | Review and Approve | |
| | Potassium Replacement and Sodium Containing Solutions | 82-86 | Review and Approve | |
| | Drug Formulary – Non-Formulary Medication Request Flow Chart | 87-89 | Review and Approve | |
| | REVIEW OF POLICIES WITH NO SIGNIFICANT CHANGES: | | | |
| | Drug Recall | 90-91 | Review and Approve | |
| | Automatic Stop Orders | 92-94 | Review and Approve | |
| | Chemotherapy and Biotherapy Dose Rounding Policy | 95-97 | Review and Approve | |
| | Ordering and Considerations for Chemotherapeutic and Biotherapeutic Agents | 98-103 | Review and Approve | |
| | Adult General Intravenous Drug Administration | 104-106 | Review and Approve | |
| | Nebulized Epoprostenol (Flolan) | 107-110 | Review and Approve | |
| 6. | Professional Dev. & Wellness Committee – Minutes of May 16, 2024 | 120 | Receive and File | |
| 7. | Resource Management Committee – Minutes of May 8, 2024 | 122-125 | Receive and File | |
| 8. | Infection Control Committee – Minutes of February 2024 | 127-135 | Receive and File | |

MEETING MINUTES/MOTIONS

PAGE #

9. Transfusion Committee – Minutes of February 15, 2024

137-140

Receive and File

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

UNANIMOUSLY APPROVED.

IX. NEW BUSINESS – Jennifer Pugh, MD

A. Dr. Pugh and Dr. Cloud presented the appointment of Jonathan Claus, MD to Epidemiologist.

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

UNANIMOUSLY APPROVED.

X. EXECUTIVE SESSION

A motion was made and carried at 12:07 pm to move to Executive Session. The following items were discussed and motion(s) made:

A. **Motion made and carried**, all-in favor to receive the file:

- a. Board Quality P/I meeting minutes of May 4, 2024
- b. Chiefs of Service meeting minutes of May 9, 2024
- c. Leadership Council Report for May 2024

B. **Review and Discuss:**

- a. Quality & Patient Safety Report

C. Credentials Extraction as noted:

Motion made and carried all in favor (Anthony DePlato, MD recused) to recommend approval of the application for Medical/Dental Staff privileges for Dr. John LoFaso, contingent upon the recommendations of the Credentials Committee and onboarding plan provided by Dr. DePlato.

XI. ADJOURNMENT

There was no further business conducted. Motion to adjourn the meeting was made and seconded. The next meeting will be Monday, July 22, 2024, at 11:30 am via Teams/Hybrid in the Dr. Zizzi conference room at ECMC. Meeting was adjourned at 12:23 pm.

Respectfully submitted,

Michael Manka, MD

Michael Manka, MD
President-Elect, ECMCC Medical/Dental Staff