



ECMCC Board of Director's Meeting

May 28, 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
MAY 28, 2024

- I. CALL TO ORDER: JONATHAN DANDES, PAST CHAIR
- II. APPROVAL OF MINUTES:
- III. RESOLUTIONS MAY BE DISTRIBUTED TO THE BOARD OF DIRECTORS DURING THE MEETING ON MAY 28, 2024
- IV. REPORTS FROM THE CORPORATION'S LEADERSHIP TEAM
 - A) **Chief Executive Officer & President**
 - B) **Chief Financial Officer**
 - C) All other reports from leadership are received and filed
- V. REPORTS FROM STANDING COMMITTEE CHAIRS
 - A) **Executive Committee** (by Eugenio Russi)
 - B) **Finance Committee** (by Michael Seaman)
 - C) **Buildings and Grounds** (by Ronald Bennett)
 - D) **Human Resources** (Michael Seaman)
 - E) **Quality Improvement and Patient Safety Committee** (by Michael Hoffert)
- VI. EXECUTIVE SESSION
- VII. ADJOURN

ERIE COUNTY MEDICAL CENTER CORPORATION
APRIL 23, 2024 MINUTES OF THE
BOARD OF DIRECTORS MEETING
HYBRID MEETING HELD

Present: Ronald Bennett (v), Reverend Mark Blue (v), Ronald A Chapin (v), Darby Fishkin, Sharon Hanson, Michael Hoffert (v), Christian Johnson (v), James Lawicki (v), Christopher O'Brien, Hon. John O'Donnell, Reverend Kinzer Pointer, Thomas J. Quatroche, Eugenio Russi, Michael Seaman, Benjamin Swanekamp

Excused: Jonathan Dandes, Michael Hoffert, Christian Johnson, Jennifer Persico, Philip Stegeman

Also

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

(v) - 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 March 28, 2024 regular meeting of the Board of Directors were unanimously approved.

III. Action Items

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

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

Motion approved unanimously

Resolution Authorizing Extension of Line of Credit

Moved by Michael Seaman and seconded by Reverend Kinzer Pointer

Motion approved unanimously

Resolution of the Board of Directors Approving Items for Annual Review

Moved by Reverend Kinzer Pointer and seconded by Michael Seaman

Motion approved unanimously

Resolution of the Board of Directors of Erie County Medical Center Corporation Supporting ECMC's Verified Level 1 Trauma Center

Moved by Reverend Kinzer Pointer and seconded by Honorable John O'Donnell

Motion approved unanimously

Resolution Receiving and Filing Medical-Dental Staff Meeting Minutes

Motion deferred until after Executive Session

APPOINTMENTS/REAPPOINTMENTS CHIEF OF SERVICE AND ASSOCIATE CHIEF OF SERVICE

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

Dr. Thomas Quatroche reported that the process for the Pathway to Excellence reaccreditation has begun. Patient Safety Indicators continue to reflect positive work including 0 post operative respiratory failure and perioperative pulmonary embolism in the first quarter of 2024. March Human Experience scores remain steady. Dr. Quatroche announced the April's awards winners and described several events celebrating departmental groups within the hospital. Currently, the Springfest Auction is anticipating over 250 in attendance. The Springfest Gala on June 1 is expecting a crowd of over 1700 people. Two hundred and twenty-two (222) new employees have begun working at ECMC since the beginning of the year. ECMC has added 54 RNs and 11 LPNs since January 1st. Dr. Quatroche announced that the hospital is using new IV pumps, that a procedure using the ROSA Robot will soon be taking place and that the hospital received VAP funding in the amount of \$8,275,000 for transitional care programs.

Chief Financial Officer

Jonathan Swiatkowski reviewed the March 2024 Key Statistics. Hospital volume remains very high. Discharges, ER visits and surgeries were higher than last year. Length-of-stay (both Acute Average and Total Average) was slightly above budget and lower than last year. A summary of the preliminary financial results through March 31, 2024 was reviewed and the full set of these materials are received and filed. Mr. Swiatkowski reported that days operating cash on hand is currently 34 days. Additionally, Mr. Swiatkowski gave an update on payers and presented a look at future financial events. The hospital yielded an overall operating surplus for the month of \$1.1M. Mr. Swiatkowski finished with an update on the DSH Payment Final Rule and the New York State Budget.

V. Standing Committees

- a. **Executive Committee:** Mr. Russi gave a brief summary on the work of the Execirive Committee.
- b. **Finance Committee:** Mr. Seaman stated that the committee continues to work towards improving the financial future of the hospital.
- c. **Buildings and Grounds Committee:** Ronald Bennett gave an update on all ongoing projects and reported on the completion of smaller projects.
- d. **Quality Improvement and Patient Safety Committee:** Michael Hoffert was not available to update the group about the April 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 Christopher O'brien and seconded by Michael Seaman to enter into Executive Session at 5:07 p.m. to consider matters made confidential by law, including legal strategic matters.

Motion approved unanimously

VII. Reconvene in Open Session

Moved by Reverend Pointer Kinzer and seconded by Darby Fishkin to reconvene in Open Session at 5:31 p.m. No action was taken by the Board of Directors in Executive Session

Motion approved unanimously

Resolution Receiving and Filing Medical-Dental Staff Meeting Minutes

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

Motion approved unanimously

VIII. Adjournment

Moved by Reverend Kinzer Pointer to adjourn the Board of Directors meeting at 5:32 p.m.



Sharon L. Hanson
Corporation Secretary

**A Resolution of the Board of Directors of Erie County Medical Center Corporation
Approving Service Contracts in Excess of One Year**

Approved April 23, 2024

WHEREAS, in accordance with New York Public Authorities Law § 2879(3)(b)(ii), all agreements for services to be rendered in excess of one year (the “Applicable Contracts”) are required to be annually reviewed and approved by the Erie County Medical Center Corporation (the “Corporation”) Board of Directors (the “Board”) via resolution; and

WHEREAS, in accordance with Article VI, Section 20 of the Corporation By-Laws, the Corporation has delegated primary responsibility for review of these contracts to the Contracts Committee of the Board; and

WHEREAS, on April 17, 2024, the Contracts Committee met and reviewed the Applicable Contracts reviewed during the period between January 1, 2024 through March 31, 2024; and

WHEREAS, the Contracts Committee approved the ratification of the Applicable Contracts in their current form; and

WHEREAS, the Contracts Committee recommends to the Board that the Corporation approve and ratify the Applicable Contracts;

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

1. The Board of Directors of Erie County Medical Center Corporation hereby approves and ratifies the Applicable Contracts described in the attachment to this Resolution.
2. This resolution shall take effect immediately.



Sharon L. Hanson
Corporation Secretary

New contracts
January 1, 2024 - March 31, 2024

| Vendor | Contract Type | Department | Effective Date | Expiration Date | Description | Annual Estimated Value |
|--|---|------------------------|----------------|-----------------|--|---|
| Academic Medicine Services, Inc. d/b/a UB MD Internal Medicine | Professional Services Agreement (First Amendment) | Clinical | 12/1/2019 | 11/30/2024 | Amends previous agreement for Dr. Ellen Rich to provide internal medicine services, extending through November 2024. | [Redacted] |
| Academic Medicine Services, Inc. d/b/a UB MD Internal Medicine | Professional Services Agreement | Clinical | 8/28/2023 | 8/27/2026 | Engages Dr. Erin Ly to provide gastroenterology services. | [Redacted] |
| Apogee Medical Management, Inc. | Professional Services Agreement (24th Amendment) | Clinical | 3/31/2024 | 6/30/2024 | Short-term extension of agreement while new master under negotiation. | Value remains approximately \$9M |
| Arc Building Partners LLC | Construction Management Agreement | Plant Operations | 4/1/2024 | 3/31/2029 | Contractor to provide construction management and contractor services. | N/A; payments tied to specific projects as assigned |
| Bayer Corporation | Equipment Servicing Agreement | Radiology | 5/6/2024 | 5/5/2027 | Servicing on Solaris equipment. | \$28,988 |
| Buffalo Medical Group, P.C. | Professional Services Agreement (First Amendment) | Clinical | 7/31/2019 | 12/31/2024 | Extends agreement for neurology services through 12/31/24. | Value remains approximately \$17,000 |
| Buffalo Transportation Inc. | Services Agreement | Administration | 5/23/2024 | 5/22/2026 | Transportation services for patients without means to transport themselves. | \$700,000 |
| Cardinal Health | Used Product Collections Agreement | Materials Management | 11/6/2023 | 10/31/2026 | Engages Cardinal to collect and reprocess used items. | N/A; ECMCC receives concessions based on sales |
| Cushman & Wakefield U.S., Inc. | Portfolio Administration Services Agreement (First Amendment) | Administration | 2/28/2024 | 2/28/2027 | Extension of joint agreement with Kaleida for the provision of lease administration and management services. | Value remains approximately \$75,000 |
| International Institute of Buffalo | Professional Services Agreement (Second Amendment) | Administration | 3/1/2024 | 2/28/2026 | Extension of interpretive services agreement. | Value remains approximately \$225,000 |
| J&J Details and Maintenance, LLC | Services Agreement | Environmental Services | 1/1/2024 | 1/31/2024 | Cleaning services agreement previously approved as a three-year agreement; resubmitted as a one-year wind-down agreement. | \$500,000 |
| Journey's End Refugee Services | Professional Services Agreement (First Amendment) | Administration | 5/17/2024 | 5/16/2026 | Extension of interpretive services agreement. | Value remains approximately \$12,000 |
| Kideney Architects P.C. | Architectural Services Agreement (Amendments 30-32) | Plant Operations | 10/24/2023 | 6/3/2024 | Adds fuel tank removal (not to exceed \$10,000), mammo suite renovations (\$72,416), and radiology equipment replacement (not to exceed \$33,116) projects | |
| Kurt Vonfricken M.D., P.C. | Professional Services Agreement (First Amendment) | Clinical | 4/30/2019 | 5/1/2025 | Extension of agreement for thoracic call services. | Value remains approximately \$40,000 |
| Lawley Agency, LLC | Professional Services Agreement (Amendment) | Risk Management | 5/1/2024 | 5/1/2026 | Extension of existing insurance consulting and brokerage services agreement. | Value remains \$200,000 |

| | | | | | | |
|--|--|----------------|-----------|------------|---|---|
| Maxim Healthcare Services, Inc. | Services Agreement (Amendment) | Revenue Cycle | 8/23/2023 | 8/22/2024 | Adds abstract diagnoses services to coding services agreement. (Anticipate renewal beyond 1-year term.) | \$400,000 |
| Meridian IT Inc. | Support Services Agreement | IT | 1/1/2024 | 12/31/2028 | Maintenance and support for various pieces of IT equipment. | \$172,366 |
| Metro Communications Co. of New York, Inc. | Services Agreement | IT | 2/1/2024 | 1/31/2029 | Network infrastructure cabling services and support. | \$40,000 |
| Olympus America Inc. | Equipment Servicing Agreement (First Amendment) | Operating Room | 1/10/2024 | 11/17/2025 | Amendment adding additional equipment. | Increase of \$9,679 |
| Pentax Medical | Equipment Servicing Agreement | Operating Room | 2/29/2024 | 2/28/2027 | Servicing of various pieces of OR equipment. | \$192,915 |
| People, Inc. | Professional Services Agreement (First Amendment) | Administration | 4/15/2024 | 4/14/2026 | Extension of interpretive services agreement. | Value remains approximately \$115,000 |
| Press Ganey Associates LLC | Services Agreement (Amendment) | Administration | 2/1/2023 | 7/31/2024 | Extension to patient satisfaction survey engagement while RFP pending. | [Redacted] |
| Quick International Courier / Sterling Courier Systems | Courier Services Agreement | Transplant | 4/1/2024 | Evergreen | Courier services for urgent transplant donations. | \$200,000 |
| Siemens Industry, Inc. | Equipment Servicing Agreement | Imaging | 1/1/2024 | 1/31/2026 | Maintenance and support for MRI chiller. | \$8,000 |
| Steris Corporation | Equipment Servicing Agreement (Amendment) | Operating Room | 1/1/2022 | 6/30/2025 | Removes piece of equipment from existing agreement. | Reduces contract from \$22,102 to \$7,329 annually |
| Tele Data Com, Inc. | Services Agreement | IT | 2/1/2024 | 1/31/2029 | Network infrastructure cabling services and support. | \$40,000 |
| Third Party Reimbursement Solutions LLC | Services Agreement (First Amendment) | Finance | 1/18/2024 | 1/30/2025 | Engages vendor to provide additional Medicare financial consulting services. | [Redacted] |
| University at Buffalo Neurosurgery, Inc. | Professional Services Agreement | Clinical | 9/1/2023 | 8/31/2025 | Dr. Algattas to provide clinical neurosurgery services. | \$973,289 plus \$85/RVU in excess of 12,000 annually |
| University at Buffalo Surgery, Inc. | Professional Services Agreement (Second Amendment) | Clinical | 8/30/2021 | 8/31/2025 | Amendment to colonoscopy agreement extending term, amending physician list and increasing rate. | Rate for colonoscopies annual impact of \$35,000 |
| University at Buffalo Surgery, Inc. | Professional Services Agreement (Third Amendment) | Clinical | 2/26/2023 | 2/26/2024 | Extension of agreement for Dr. Zaaroura to provide transplant services. | [Redacted] |
| University at Buffalo Surgery, Inc. | Professional Services Agreement (Third Amendment) | Clinical | 12/9/2023 | 12/9/2024 | Extension of agreement for Dr. Sanders to provide bariatric services. | [Redacted] |
| University at Buffalo Surgery, Inc. | Professional Services Agreement (First Amendment) | Clinical | 8/1/2023 | 6/30/2024 | Addition of various physician admin roles (formerly from ECMCC employee), and admin lines. | Increase from approximately \$660,000 to \$988,000 |
| University at Buffalo Surgery, Inc. | Professional Services Agreement (First Amendment) | Clinical | 7/1/2023 | 6/30/2024 | Extension of agreement for Dr. Kayler to provide transplant services. | [Redacted] |
| University Emergency Medical Services, Inc. | Professional Services Agreement (Second Amendment) | Clinical | 8/1/2023 | 12/31/2024 | Extension of agreement wherein UEMS provides clinical and emergency medicine services. | Value remains: 2022: \$4,101,631 2023: \$4,176,663 2024: \$4,200,522 |

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|---------------------------------------|--|----------|------------|------------|---|---|
| University Psychiatric Practice, Inc. | Professional Services Agreement (Eighth Amendment) | Clinical | 2/28/2022 | 12/31/2023 | Extension of 2016 agreement wherein UPPI provides psychiatric services through 12/31/23. Amendment also increases compensation for certain psychiatrists. | Increases from \$11,604,706 under previous amendment to approximately \$13,424,706. |
| University Psychiatric Practice, Inc. | Professional Services Agreement (Ninth Amendment) | Clinical | 12/31/2023 | 12/31/2024 | Extension of 2016 agreement wherein UPPI provides psychiatric services through 12/31/24. | No change; compensation remains approximately \$13,424,706. |
| Working Knowledge, LLC | Services Agreement | IT | 2/1/2024 | 1/31/2029 | Network infrastructure cabling services and support. | \$40,000 |

**Annual review of previously approved contracts
January 1, 2023 - March 31, 2023 (approved April 2023)**

| Vendor | Contract Type | Department | Effective Date | Expiration Date | Description | Annual Estimated Value |
|--|--|------------------|----------------|-----------------|---|--|
| Abbott Laboratories | Service Agreement | Clinical | 5/1/2023 | 1/23/2026 | Servicing on lab equipment. | \$14,807 |
| Academic Medicine Services, Inc. d/b/a UB MD Internal Medicine | Professional Services Agreement | Clinical | 9/22/2022 | 9/21/2025 | UB to provide clinical and administrative internal medicine services. | \$4,701,155 |
| Arjo, Inc. | Service Agreement | Biomed | 10/1/2022 | 9/30/2025 | Servicing of biomed equipment. | \$18,998 |
| Clean Textile Systems LP d/b/a Cleancare | Service Agreement (Third Addendum) | Administration | 4/1/2023 | 5/1/2024 | Moves to a flat fee per pound for linen services and provides credit to ECMCC for Cleancare errors in past charges. | Change represents increase of \$62,000; total approximately \$1.6M |
| Epoch Health Solutions, LLC | Services Agreement | Revenue Cycle | 4/1/2023 | 3/31/2026 | Contractor to provide coding auditing services for CPEP. | \$30,200 initially; hourly rates for additional requests. |
| Kronos Incorporated | Equipment Support Services Agreement | Human Resources | 3/21/2023 | 7/19/2024 | Extension of support services for Kronos timekeeper equipment. | \$31,029 |
| KSL Diagnostics, Inc. | Laboratory Services Agreement | Transplant | 3/22/2023 | 3/21/2026 | Testing services for transplant patients. | [Redacted] |
| Nalco Company LLC | Water Safety Service Agreement | Plant Operations | 3/4/2022 | 3/3/2027 | Testing and maintenance of water system. | \$51,600 |
| New York State Industry for the Disabled | Cleaning Services Agreement | Clinical | 1/1/2023 | 12/31/2023 | Janitorial services for bariatric clinic. (renewal in process) | \$7,100 |
| New York State Industry for the Disabled | Cleaning Services Agreement | Clinical | 11/15/2022 | 11/14/2024 | Janitorial services for Northern Erie clinic. | \$35,434 |
| Niagara Majestic Tours, Inc. d/b/a Gray Line Niagara Falls / Buffalo | Contract Carrier Transportation Services Agreement | Administration | 1/16/2023 | 4/30/2026 | On-campus shuttle services. | [Redacted] |
| Parkview Health Services, LLC | Pharmacy Services Agreement (Addendum 2) | Pharmacy | 1/11/2023 | 10/1/2024 | Removes nonprofitable locations from contract pharmacy agreement. | No change to value |
| RCM Technologies (USA), Inc. d/b/a RCM Health Care Services Center | Professional Services Agreement | Revenue Cycle | 4/1/2023 | Evergreen | Contractor to provide coding auditing services. | \$19,900 plus any additional needs at hourly rates |
| Siemens Healthcare Diagnostic Inc. | Service Agreement | Lab | 3/16/2023 | 3/15/2026 | Servicing on lab equipment. | \$3,300 |
| Stryker | Solution Agreement | Operating Room | 3/14/2023 | 3/13/2028 | Lease of and service on drills for operating room. | \$297,876 |
| University at Buffalo Pathologists, Inc. | Professional Services Agreement | Clinical | 2/14/2022 | 2/13/2026 | UB to provide clinical and administrative pathology services. | \$1,333,295 |

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|--|---------------------------------|----------|-----------|------------|--|-------------|
| University at Buffalo Surgeons, Inc. | Professional Services Agreement | Clinical | 8/30/2021 | 8/29/2024 | UB to provide thoracic surgical services. | [Redacted] |
| Upstate New York Transplant Services, Inc. | Purchase and Services Agreement | Lab | 1/1/2023 | 12/31/2027 | Purchase of blood products and associated services from UNYTS (ConnectLife). | \$3,110,000 |

**Annual review of previously approved contracts
January 1, 2022 - March 31, 2022 (approved April 2022)**

| Vendor | Contract Type | Department | Effective Date | Expiration Date | Description | Annual Estimated Value |
|---------------------------------|----------------------------------|------------|----------------|-----------------|---|------------------------|
| Abrams Fensterman LLP | Engagement Letter | Legal | 1/31/2022 | 1/30/2027 | Legal engagement letter for regulatory and physician contracting matters. | \$5,000 |
| Canon Medical Systems USA, Inc. | Service Agreement | Imaging | 11/1/2021 | 10/31/2024 | Servicing on various pieces of Canon equipment. | \$95,375 |
| Health Mart Atlas, LLC | Pharmacy Participation Agreement | Pharmacy | 3/16/2022 | 3/15/2025 | Vendor to act on ECMCC's behalf for in engaging payors in negotiating rates for ECMCC's specialty pharmacy. | \$1,200 |

**Annual review of previously approved contracts
January 1, 2021 - March 31, 2021 (approved April 2021)**

| Vendor | Contract Type | Department | Effective Date | Expiration Date | Description | Annual Estimated Value |
|---|--|----------------|----------------|-----------------|---|------------------------|
| Aspire Technology Partners, LLC | Telehealth Services Agreement | Administration | 4/1/2021 | 9/30/2025 | Joint agreement with Kaleida for telehealth platform, including network licensing and branding. | [Redacted] |
| Canon Medical Systems USA, Inc. | Service Plan Agreement | Imaging | 2/10/2021 | 2/9/2026 | Servicing on cardiovascular imaging equipment. | \$108,500 |
| Crisis Prevention Institute, Inc. | Crisis Prevention Training Agreement | Nursing | 3/18/2021 | 3/17/2024 | Provides nonviolent crisis intervention training to ECMCC nursing staff. (renewal in process) | \$20,340 |
| HMB Pharmacy Management, LLC d/b/a Metcare RX | First Amendment to 340B Pharmacy Services Agreement | Pharmacy | 1/11/2021 | Evergreen | Amendment removes nonprofitable location from 340B pharmacy agreement and amends language pertaining to standard acquisition cost definition. | \$70,000 |
| Hutcheson, Affronti & Deisinger, P.C. | Medical Malpractice Legal Services Engagement Letter | Legal | 3/18/2021 | 3/17/2026 | Firm to provide medical malpractice legal services on an as-assigned basis. | \$20,000 |
| Lighthouse Services, LLC | Hotline Services Agreement | Compliance | 3/17/2021 | 3/16/2024 | Compliance hotline for anonymous reporting to compliance department. (renewal in process) | \$2,825 |
| Medtronic USA, Inc. | Service and Support Agreement | Surgical | 1/30/2021 | 1/29/2025 | Servicing for O-Arm surgical equipment. | \$134,640 |
| Optimum Information Services, Inc. d/b/a Answer Buffalo | Telephone Answering Services Agreement | Ambulatory | 2/22/2021 | 2/21/2024 | Telephone answering services for cardiovascular, ambulatory, and bariatric. | \$6,200 |

| | | | | | | |
|---|--|-----------------|-----------|-----------|--|-----------|
| Pharmacy Corporation of America | Amendment to 340B Pharmacy Services Agreement | Pharmacy | 2/11/2021 | Evergreen | Amendment removes two non-profitable locations from 340B pharmacy agreement. | \$40,000 |
| Ricotta, Mattry, Callocchia, Markel & Cassert | Medical Malpractice Legal Services Engagement Letter | Risk Management | 3/11/2021 | 3/17/2026 | Firm to provide medical malpractice legal services on an as-assigned basis. | \$450,000 |
| Roach, Brown, McCarthy & Gruber | Medical Malpractice Legal Services Engagement Letter | Risk Management | 4/1/2021 | 3/17/2026 | Firm to provide medical malpractice legal services on an as-assigned basis. | \$350,000 |
| Systems Personnel, Inc. | Staffing Agreement (First Amendment) | Human Resources | 3/23/2020 | Evergreen | Extension of agreement under which vendor provides primarily IT staff on an as-needed basis. | \$150,000 |

A Resolution Authorizing Extension of Line of Credit

Approved April 23, 2024

WHEREAS, the COVID-19 pandemic, and the national, statewide, and regional efforts to battle the pandemic, caused disruption to the operations and cash flow of many health entities such as Erie County Medical Center Corporation (the "Corporation"); and

WHEREAS, accordingly, the Corporation on June 22, 2021 previously determined it was in its best interest to obtain a line of credit from a qualified financial institution to be used on an as-needed basis; and

WHEREAS, the Corporation solicited proposals from qualified institutions concerning the terms and conditions associated with a line of credit; and

WHEREAS, the Corporation received and approved by resolution of the Board of Directors a proposal from Manufacturers and Traders Trust Company ("M&T") for a \$10 million uncollateralized line of credit; and

WHEREAS, the line of credit was subsequently approved for renewal as a collateralized line of credit by the Board of Directors on May 23, 2023; and

WHEREAS, the line of credit is expiring and the Corporation has been provided a renewal proposal by M&T (the "Renewal Proposal"); and

WHEREAS, on April 16, 2024, the Finance Committee recommended that the Board of Directors authorize the Corporation to accept the Renewal Proposal; and

WHEREAS, on April 23, 2024, a quorum of the Board of Directors of the Corporation met and approved the Renewal Proposal;

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

1. The Board of Directors authorizes the Corporation to accept the Renewal Proposal and authorizes its Chief Executive Officer and/or Chief Financial Officer to execute such documents (the "Executory Documents") as are necessary to effectuate the Renewal Proposal.
2. The Board of Directors ratifies all previous actions taken by its officers, including the execution of the Executory Documents, to effectuate the Renewal Proposal.
3. The Corporation is authorized to do all other things necessary and appropriate to effectuate this resolution.
4. This resolution shall take effect immediately.

Sharon L. Hanson

Sharon L. Hanson
Corporation Secretary

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

Approved April 23, 2024

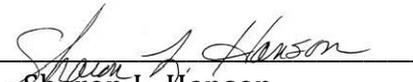
WHEREAS, pursuant to New York Public Authorities Law, Erie County Medical Center Corporation (the "Corporation") is required to annually review and approve its procurement guidelines, property disposal guidelines, investment policy, and mission statement (collectively, the "Items for Annual Review");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

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

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

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

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


Sharon L. Hanson
Corporation Secretary

MEMORANDUM

To: ECMCC Board of Directors

FROM: Joseph T. Giglia, II

SUBJECT: Policies requiring Board review

DATE: April 9, 2024

In accordance with New York Public Authorities Law, the ECMCC Board of Directors is required to review and approve a number of items on an annual basis. A summary of these items, attached to this correspondence and already reviewed and approved by the Governance Committee, is as follows:

1. **Disposal of Property Guidelines (pp. 2-8).** The current policy, governing the process and procedures under which ECMCC may dispose of property, was revised in March 2017, and remains compliant with current law. No further changes have been made.
2. **Investment Policy (pp. 9-31).** The policy, governing ECMCC's investment guidelines, objectives, and processes, was last revised and approved by the Investment Committee in November 2023. A Capital Reserve Fund has been added via this policy, with additional changes made to the GNMA Bond Reserve Fund.
3. **Mission Statement (pp. 32-33).** Adopted in 2015, no changes have been made to ECMCC's mission statement.
4. **Procurement Guidelines (pp. 34-60).** The guidelines, which set forth the processes under which ECMCC purchases goods and services, were reviewed and approved by this Board in February 2022 and again in February 2023. No further changes have been made.

Please review the documents included with this correspondence in preparation for discussion and approval at the April 23 Board Meeting.

ERIE COUNTY
MEDICAL CENTER
CORPORATION

DISPOSAL OF PROPERTY
GUIDELINES

Revised
MARCH 28, 2017

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ERIE COUNTY MEDICAL CENTER CORPORATION

DISPOSAL OF PROPERTY GUIDELINES

I. STATEMENT OF PURPOSE

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

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

II. DEFINITION OF TERMS

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

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

III. ANNUAL REVIEW, APPROVAL AND DISTRIBUTION

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

IV. CONTRACTING OFFICER'S RESPONSIBILITIES

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

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

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

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

V. DISPOSAL OF PROPERTY

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

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

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

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

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

Section 6. Bids for Disposal.

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

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

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

Section 7. Disposal by Negotiation; Explanatory Statement.

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

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

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

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

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

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

Erie County Medical Center Corporation

Statement of Investment Policy and Guidelines

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December 2014

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December 2019

March 2020

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October 2022

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I. INTRODUCTION

In accordance with Public Authorities Law §2925 and its associated regulations, Public Authorities Law § 3636, and the Investment Guidelines for Public Authorities issued by the New York State Comptroller, an investment program involving public funds must include four basic ingredients – legality, safety, liquidity and reasonable return.

It is the responsibility of each public authority to determine and evaluate its own risk in all its investment transactions with due regard to prudent business principles and practices and diligence under the circumstances then prevailing that a knowledgeable and prudent investor would act. The financial resources of the public authority should be properly managed to achieve investment income consistent with sound investment practice.

This document defines the investment policies, objectives, and guidelines applicable to the Erie County Medical Center Corporation’s (“Corporation”) Investment Funds. It was developed by the Corporation’s Investment Committee (“Committee”) in conjunction with its Investment Management Consultant.

The purpose of this document is threefold. First, it will constitute the investment plan for these assets. Second, it will serve as a communication tool between the Committee and its investment manager(s). Third, these guidelines will provide a framework to measure the ongoing progress of the recommended structure, and as such should be reviewed annually and revised as necessary to reflect changes in available investment opportunities and market conditions or as a result of any recommendations from the periodic evaluation of the performance of the investment program or any audits of the investment program.

II. GENERAL INVESTMENT GUIDELINES AND OBJECTIVES

General Investment Return Objective

The long-term objective of the Corporation’s Investment Funds is to generate returns which are sufficient to meet current and expected future financial requirements. To accomplish this, the Corporation seeks to earn the greatest total return possible, consistent within its general risk tolerance, eligible asset classes, and asset allocation strategies outlined in this document.

General Investment Risk Objective

Permanent loss of capital is the most significant risk to achievement of the Funds’ objectives. The Committee will seek to avoid such losses through a robust approach to risk assessment. Risk considerations will be viewed from a total portfolio perspective rather than at the individual investment level.

Risk tolerance can be defined by the *ability* and *willingness* to take risk. Several factors influence the ability to take risk, including the Investment Funds’ purpose, time horizon, liquidity needs, and any other unique factors such as their effect on organizational debt covenants, where applicable. Variables that affect the Corporation’s willingness to take risk include market or economic conditions, valuation and interest rate levels, and the Corporation’s strategic plans or operating environment.

It is recognized that volatility is a widely-used measure of risk in the short term and that market fluctuations may result in varying levels of interim performance. It is expected that volatility will be managed through specific asset allocation strategies and diversification based upon the appropriate investment time horizon. Diversification shall exist at multiple levels of the investment program, including asset class, sub-asset class, risk factor, investment manager type, and underlying exposures of each investment manager (e.g. prudent levels of sector and company/issuer diversification).

Asset Allocation Process

It is recognized that asset allocation is a key determinant of investment return variability. The Committee expects the asset allocation policies to reflect and be consistent with the investment objectives and risk tolerances expressed throughout this document. These policies are designed to increase the likelihood of achieving return objectives over a full market cycle and within acceptable risk parameters.

The Investment Committee and Management, with assistance from the Investment Management Consultant, shall engage in a thorough process to determine appropriate policy asset allocations for the Funds. The Investment Management Consultant shall recommend a policy asset allocation for each Fund and formulate forward-looking return and volatility projections based on its capital markets expectations.

Individual Fund objectives and constraints that serve as key inputs to determining policy asset allocation can be found in Appendix A of this document.

Performance Evaluation

Total Fund performance against objectives shall be viewed from a long-term perspective, generally a full market cycle (approximately 7+ years). This can be augmented with comparisons over rolling periods such as 3 or 5 years. The investment performance of the Funds, as well as their asset class components, shall be measured against commonly accepted performance benchmarks as shown in the Appendix B.

Permissible Investments

The asset allocation of the Funds is expected to include a wide range of asset classes. The addition or removal of asset classes will necessitate deliberation by the Investment Committee, Management, and Investment Consultant regarding the merits of an asset class from an organizational and total portfolio context. A list of asset classes currently included in the Corporation's Fund allocations can be found in Appendix B.

III. DELEGATION OF AUTHORITY AND RESPONSIBILITIES

Board of Directors and Investment Committee

The Board of Directors is charged by law with the responsibility for the management of the assets of the Corporation. The Board of Directors shall discharge its duties solely in the interest of the Corporation, with the care, skill, prudence and diligence under the circumstances then prevailing. In this regard, the Board of Directors, the Investment Committee, and Corporation management shall invest and manage Corporation funds as a prudent investor would, by considering the purposes, terms and other circumstances of the funds in the Corporation's care and by pursuing an overall investment strategy reasonably suited to the Corporation, and they shall require the same standard of prudence from investment managers and consultants they engage to assist them.

Within the broad framework of policy set by the Board of Directors, the Investment Committee shall have direct responsibility for the oversight and management of the invested assets of the Corporation and for the establishment of investment policies and procedures. Such oversight shall include:

- A. Establishing reasonable and consistent investment objectives, policies and guidelines which will direct the investment of the Corporation's assets.
- B. Determining the Corporation's risk tolerance and investment horizon and communicating these to the appropriate parties.

- C. Designating an appropriate Corporation individual as “Investment Officer” whose responsibility it will be to proscribe and maintain a control structure to protect investment assets from loss, theft, and misuse.
- D. Developing and enacting proper control procedures (for example, replacing Investment Manager(s) due to fundamental change in investment management process, or failure to comply with established guidelines).
- E. Advising and communicating with the Board of Directors as necessary with respect to investment matters.
- F. Recommending to the Board of Directors proposed changes and revisions to this Investment Policy.
- G. Reviewing any independent audits of the investment program if requested to do so by the Corporation’s Audit Committee.
- H. Prudently and diligently selecting qualified investment professionals in compliance with the Corporation’s procurement requirements, including Investment Management Consultants, Investment Managers, and Custodians. Additional specialists such as attorneys, auditors, and others may be employed by the Board of Directors, acting on its own or through its Investment Committee, to assist in meeting its responsibilities and obligations to administer Corporation assets prudently.
- I. Regularly evaluating the performance of the Investment Manager(s) to assure adherence to policy guidelines and monitoring investment objective progress.

Responsibilities of the Investment Managers

Investment Manager

The Corporation enters into agreements with selected investment managers who provide day-to-day investment management services to the Corporation. Each investment manager will have discretion to purchase, sell or hold the specific securities that will be used to meet the Corporation’s investment objectives. Such appointments do not relieve the Committee from the responsibilities of overseeing the investment program.

Adherence to Investment guidelines

The investments are to be managed in accordance with the guidelines expressed herein, or expressed by separate written instructions, when deviation is deemed prudent and desirable by the Investment Committee. Written instructions amending this document must be authorized by the Investment Committee of the Board (Committee) and should be communicated through the Chief Investment Officer.

Discretionary Authority

The Investment Managers are expected to exercise complete investment discretion within the boundaries of the restrictions outlined in this Statement of Investment Policy and Guidelines.

Such discretion includes decisions to buy, hold, or sell equity or fixed-income securities (including cash equivalents) in amounts and proportions reflective of each manager's current investment strategy. However, the Committee is aware that its decision to invest in a commingled account and/or mutual fund may relieve the manager from strict adherence to all elements of the policy. In such case, the manager’s strategy shall be dictated by its fund prospectus or other relevant governing documents.

Realized Gains/Losses

In addition to investment income, fiscal year net realized gains/losses are an important element of the Corporation's budgeting process. Specifically, the Corporation requires that its investment managers communicate, in advance, any intentions to realize fiscal year losses in excess of \$250,000.

Reporting

The Investment Managers shall provide, on a timely basis, quarterly reports containing portfolio activity, valuations at market, and quarterly strategy updates.

Compliance with Prudence and Diversification Measures

As a fiduciary, each investment manager is expected to diversify the portfolio to minimize the risk of large losses. The manager is expected to invest the assets with care, skill, prudence, and diligence under the circumstances then prevailing. In this regard, the manager shall invest and manage Corporation funds as a prudent investor would, by considering the purposes, terms and other circumstances of the funds in the Corporation's care and by pursuing an overall investment strategy reasonably suited to the Corporation. Furthermore, the investment manager is expected to acknowledge its intention to comply with the Statement of Investment Policy and Guidelines as it currently exists or as modified by the Committee in the future.

Responsibilities of the Trustee / Custodian

The Trustee/Custodian will be selected by the Investment Committee and will provide full custodian services. It will maintain possession of securities owned by the Corporation, collect dividend and interest payments, and redeem maturing securities, and effect receipt and delivery following purchases and sales. The Trustee/Custodian may also perform regular accounting of assets owned, purchased, or sold, as well as movement of assets into and out of the Corporation accounts. In addition, the custodian will provide monthly documentation of portfolio activity and portfolio value.

The Trustee/Custodian is responsible for the safekeeping of Corporation assets, assuring protection from loss, theft or misuse, and timely/reliable auditing of earnings and transactions. Specific responsibilities of the Trustee/Custodian include:

1. Maintaining possession of securities owned by the Corporation, collecting dividend and interest payments, redeeming maturing securities, and effecting receipt and delivery following purchases and sales.
2. Performing regular accounting of assets owned, purchased, or sold, as well as movement of assets into and out of the Corporation accounts.
3. Providing monthly documentation of portfolio activity and portfolio value.
4. Furnishing to the Corporation's Investment Officer a copy of its "SSAE 16 Report" from its independent auditors on an annual basis.

Safekeeping Accounts

Securities purchased should be delivered against payment and held in a custodian safekeeping account in investment accounts segregated from the custodian's own assets.

Collateralization

As it pertains to demand deposits, time deposits, or certificates of deposit, the Corporation will seek to ensure New York State Public Authorities collateralization guidelines are followed for such assets through its relationship with custodial banking institutions. Given the nature of vehicles utilized in the Corporation's investment portfolios (i.e. pooled funds), it is not anticipated that collateralization guidelines shall apply to such funds. However, in the event it is deemed necessary that any of the Corporation's investment assets shall be collateralized, the Corporation shall ensure compliance.

Responsibilities of the Investment Management Consultant

Generally

The Investment Management Consultant may assist the Investment Committee in: establishing investment policy, objectives, and guidelines, including investment time horizon risk tolerance and total return objectives; selecting one or more investment managers; reviewing and evaluating such manager's performance over time; measuring and evaluating investment performance; and other tasks as deemed appropriate.

The Investment Management Consultant's role is to provide investment advice to the Investment Committee concerning the investment management of Corporation assets. Such advice will be consistent with the investment objectives, policies, guidelines and constraints as established in this statement. Specific responsibilities of the Investment Consultant include:

1. Assisting in the development and periodic review of investment policy, objectives, risk tolerance, and guidelines and making recommendations to the Committee.
2. Conducting investment manager searches where appropriate and making recommendations as required.
3. Monitoring the performance of the Investment Manager(s) and providing the Committee periodic reports so that it may determine the Corporation's progress toward its investment objectives and adherence to its investment program compliance.
4. Monitoring the total fees, commissions, and other charges paid in rendering investment services to the Corporation, at least annually.
5. Communicating matters of policy, manager research, and manager performance to the Committee and making recommendations where appropriate.
6. Reviewing Corporation investment history, historical capital markets performance and the contents of this investment policy statement with any newly appointed members of the Committee.
7. Providing "due diligence" on investment managers such as any qualitative change to investment management organizations: Examples include changes in portfolio management personnel, ownership structure, investment philosophy, etc.
8. Providing current Statement of Investment Policy and Guidelines to existing, replacement and additional Investment Managers when changes occur. This applies to any strategy with a separately-managed account (SMA) format and excludes commingled formats such as mutual funds.
9. Maintaining timely and appropriate communications with the Chief Financial Officer, Chief Investment Officer and Chairman of the Committee relative to matters of substance regarding:
 - A. Changes in investment forecast, investment strategies, or changes in portfolio structure;
 - B. Changes in ownership, organization, financial conditions, and key personnel within the investment management organization.

Communication

The Committee encourages, and the Investment Management Consultant is responsible for, frequent and open communication with the Committee on all significant matters pertaining to the

investment of the Corporation's assets. These communications would generally be addressed to the Chief Investment Officer. In this manner, the Consultant will advise the Committee of any major changes in investment outlook, investment strategy, asset allocation, portfolio structure, market value of the investments, managers and other substantive matters affecting the assets under their advisement. The Consultant will advise the Committee promptly of any significant changes in the ownership, organization structure, financial condition, or senior personnel of their organization.

All documents, exhibits, and other written material, etc., which will be used during review meetings between the Committee and the Consultant, should be submitted to the Committee, at least one week in advance of these meetings. It is expected that these meetings will take place periodically at the Committee's direction.

The Committee recognizes that the Statement of Investment Policy and Guidelines requires periodic re-examination and perhaps revision if it is to continue to serve as a working document to encourage effective investment management. Whenever the Consultant believes that the Statement should be altered, it is the responsibility of the Consultant to initiate written communication with the Committee through the Chief Investment Officer.

IV. ADMINISTRATION AND REPORTING

Policy Review

This document shall be reviewed by the Investment Committee annually and the results of the review reported to the Board of Directors.

Portfolio Rebalancing

Since asset allocation is the most critical component of portfolio returns, it is desirable to rebalance when necessary to minimize deviations from policy allocations.

The Funds shall be rebalanced in the event any individual asset class allocation differs from its policy by more than 20% of the target weight, but with a minimum deviation threshold of 2% of the total portfolio value. For example, if the policy asset allocation for an asset class is 20% of the total portfolio, then the portfolio's actual asset allocation must be below 16% or above 24% before rebalancing is required (20% rule). If, however, the policy asset allocation for an asset class is 3% of the total portfolio, then the portfolio's actual allocation must be either below 1% or above 5% before rebalancing is required (2% rule). This approach is designed to keep the portfolios reasonably in line with their target policies while avoiding excessive rebalancing.

This rebalancing policy may be suspended or altered based on assessment of market, operational, or other relevant considerations subject to Investment Committee approval.

The Investment Management Consultant shall be responsible for making rebalancing recommendations to Management who, in turn, shall be responsible for providing the necessary instructions to the Custodian. Investment Committee approval is not required. From time-to-time, it may be deemed appropriate to forego portfolio rebalancing.

Compliance with the Law

All actions undertaken or contemplated by this document shall follow appropriate law and applicable state statutes.

Annual Investment Reporting

The Corporation shall submit an annual investment report to the Division of the Budget with copies to the Office of the State Comptroller, the Senate Finance Committee, and the Assembly Ways and Means Committee. Such report shall include:

1. Investment guidelines and any amendments to such guidelines since the last investment report;
2. An explanation of the investment guidelines and amendments;
3. The results of the annual independent audit;
4. The investment income record of the Corporation; and
5. A list of total fees, commissions or other charges paid to each investment banker, broker, agent, dealer and advisor rendering investment associated services to the Corporation since the last investment report.

Conflicts of Interest

All persons responsible for investment decisions or who are involved in the management of the portfolios or who are consulting to, or providing any advice or service whatsoever to Corporation's Investment Funds shall disclose in writing at the beginning of any discussion or consideration by the Investment Committee, any relationships, material beneficial ownership, or other material interest(s) which the person has or may reasonably be expected to have, with respect to any investment issue under consideration. The Investment Committee may require such persons to remove themselves from the decision-making process.

Operating Procedures

Investments should be made in accordance with the following Operating Procedures:

1. The investment selection process should utilize competitive quotations or negotiated prices, except in the purchase of government securities at their initial value.
2. Each disbursement of funds (and corresponding receipt and securities) or delivery of securities (and corresponding receipt of funds) should be based upon proper written authorization. If the authorization is initially given verbally, there should be written or telegraphic confirmation from the Investment Officer to the Custodian.
3. Payment of funds should only be made upon delivery of securities. Written confirmation of delivery should be obtained from the Custodian.
4. The process of initiating, reviewing and approving requests to buy and sell investments should be documented and retained for audit purpose. Dealer limits should be established and reviewed regularly.
5. Custodians must have prior authorization from ECMCC to deliver obligations and collateral. All transactions must be confirmed in writing to the authority. Delivery of obligations sold should only be made upon receipt of funds.
6. Custodial banks should be required to report whenever activity has occurred in ECMCC's custodial account.
7. There should be at least monthly verifications of both the principal amount and the market values of all investments and collateral. Appropriate listings should be obtained from the Custodian and compared against ECMCC's records.

A record of investments shall be maintained by the Investment officer. The records should identify the security, the fund for which held, the place where kept, date of disposition and amount realized and the market value and custodian of collateral.

Annual Independent Audits

ECMCC shall require an annual independent audit of all investments. The annual investment audit:

1. shall determine whether: ECMCC complies with its own investment policies; investment assets are adequately safeguarded; adequate accounts and records are maintained which accurately reflect all transactions and report on the disposition of authority investment assets; and a system of adequate internal controls is maintained;
2. shall determine whether ECMCC complied with the applicable laws, regulations and State Comptroller's Investment Guidelines; and
3. should be designed to the extent practical to satisfy both the common interests of ECMCC and the public officials accountable to others.

A written audit report should be prepared presenting the results of the annual independent audit of all investments and should include:

1. a description of the scope and objectives of the audit;
2. a statement that the audit was made in accordance with generally accepted government auditing standards;
3. a description of any material weaknesses found in the internal controls;
4. a description of all non-compliance with the authority's own investment policies as well as applicable laws, regulations and the State Comptroller's Investment Guidelines;
5. a statement of positive assurance of compliance on the items tested and negative assurance on those items not tested; and
6. a statement on any other material deficiency or finding identified during the audit not covered in (5) above.

The audit report shall be filed within 90 days after the close of the authority's fiscal year with the Coordinator of Public Authority Programs, Office of the State Comptroller, A.E. Smith Office Building, Albany, New York, 12236.

V. INVESTMENT MANAGER SELECTION AND GUIDELINES

Investment Manager Selection

The selection of Investment Managers must be based on prudent due diligence procedures and, when applicable, the Corporation's procurement requirements. Each Investment Manager must be registered with the Securities and Exchange Commission under the Investment Advisors Act of 1940 as Registered Investment Advisors or documented as exempt by the same laws.

The Investment Management Consultant shall assist in establishing criteria and identifying suitable candidates, which shall be periodically presented for the Investment Committee's consideration. At a minimum, selection criteria will include historical risk and return, correlation to asset class and investment style, experience of investment professionals, depth of research capability, strength of investment process, diversification of portfolios, assets under management, and consideration of the investment manager as a going concern. Applying these criteria, the Investment Committee shall establish an approved list of Investment Managers on a periodic basis.

Investment Manager Contracts and Guidelines

The Corporation intends to use the investment manager guidelines set forth in this document as a framework to help the Investment Managers achieve their investment objectives at a level of risk deemed acceptable. The policies and restrictions are designed to minimize interfering with Investment Managers' efforts to attain overall objectives and to minimize excluding them from appropriate investment objectives. This document allows the Investment Managers discretion over the diversification of assets for the purposes of increasing investment returns and/or reducing risk exposure. When appropriate, Investment Managers are given responsibility to shift the allocation of assets among industry sectors and individual securities to pursue opportunities presented by changes within the capital markets.

For mutual fund, commingled trust, partnership, or any other non-separately-managed account structure, it is recognized that such vehicles will invest according to the strategy outlined in their prospectus or any other relevant fund documentation. Thus, it is incumbent upon the Corporation, with assistance from the Investment Management Consultant, to ensure comfort with underlying investments in those vehicle types. For these types of pooled investment vehicles, it may not be practical to have a written contract between the Corporation and Investment Manager. Rather, it is expected that execution of subscription documents, limited partnership agreements, or any other relevant documentation will serve to secure the Corporation's financial interest in an Investment Manager's strategy. In addition, for purchase of mutual fund shares it is expected that the Trustee / Custodian will document the Corporation's financial interest in an Investment Manager's strategy while executing its duties.

For separately-managed account structures (SMAs), specific restrictions for an Investment Manager shall be identified in the Investment Management Agreement or other governing document for the account. In addition, the Investment Manager shall maintain procedures sufficient to secure the Corporation's financial interest in an investment, including, where applicable, appropriate collateral requirements. SMA Investment Managers shall also acknowledge receipt of this IPS in writing.

VI. INVESTMENT MANAGER PERFORMANCE MEASUREMENT

The performance for each Investment Manager shall be reported and measured against commonly accepted performance benchmarks as shown in Appendix B. It is expected that Investment Managers with actively-managed strategies shall outperform their benchmarks on an absolute and/or risk-adjusted basis over meaningful time frames, preferably full market cycles. For functional purposes, full market cycles are defined as seven years or longer. In addition, it is preferred that such Investment Managers rank favorably within an applicable peer universe over meaningful time frames such as rolling 3- to 5-year periods. While not the sole determinant, if an active manager exhibits underperformance over a full market cycle, its inclusion in the portfolio(s) shall be revisited along with the merits of active management within the manager's asset class, in general.

As mentioned above, when considering removal of an Investment Manager, performance shall not be the sole determinant. Rather, it shall be based upon a more comprehensive review including an understanding of the reasons for underperformance, continued suitability within the portfolio, and whether or not better options exist.

VII. ALLOWABLE AND PROHIBITED INVESTMENTS

For mutual fund, commingled trust, partnership, or any other non-separately-managed account structure, it is recognized that such vehicles will invest according to the strategy outlined in their prospectus or any other relevant fund documentation. Thus, it is incumbent upon the Investment Committee, with assistance from the Investment Management Consultant, to ensure comfort with underlying investments in those vehicle types.

For separately-managed account structures (SMAs), specific guidelines for investment managers are outlined below.

Allowable Investments

A. Fixed Income and Cash Equivalents

1. Instruments and Credit Quality

- a. Instruments issued and fully guaranteed by the U.S. Government or any of its agencies and instrumentalities.
- b. Instruments issued by domestic corporations, including corporate notes and floating rate notes, must be rated “Baa”/“BBB” or better at time of purchase by Moody's Investor Service or Standard and Poor's. Asset-backed securities and collateralized mortgage obligations must be rated “Aaa”/“AAA” by the rating agencies. If the domestic corporation has a senior debt rating of "Baa" or better, the issuer's commercial paper rating and/or CD rating must be one of “A1”, “P1”, or “F1”. If the issuer does not have a senior debt rating, the issuer's commercial paper rating and/or CD rating must be any two of “A1”, “P1”, “F1” or have a letter of credit drawn on the issuer, meeting the above guidelines.
- c. Obligations of domestic banks, including banker's acceptances, certificates of deposit, time deposits, notes, and other debt instruments.
- d. Instruments of countries or foreign corporations rated at least “Aa”/“AA” by appropriate rating organization. Instruments issued by the U.S. agency of a foreign corporation are also permitted, subject to the same quality constraints. Instruments referred to in this section cannot comprise more than 20% of the total combined portfolio, at market.
- e. The following types of Euro issues: banker's acceptances, time deposits, bonds, and floating rate notes of any issue rated “Aa”/“AA” or better by Standard and Poor's or Moody's.
- f. Yankee securities are subject to the quality constraints outlined in section “d” above.
- g. Securities resold under SEC Rule 144A subject to the quality constraints outlined in section “b” above.
- h. Repurchase Agreements are permitted with such government dealers who have and maintain a minimum equity value of \$50 million, as the investment manager shall, in its discretion, determine from time to time. Repurchase Agreements shall be subject to: 102% initial market value collateralization of the loaned amount, collateral market value is priced daily and always maintained above 100% of the loaned amount, and physical custody must be taken by the custodial bank in the form of direct obligations of the United States Government.
- i. This guideline is intended to give the investment manager sufficient latitude to periodically take advantage of bond-quality yield spreads. The average cost-weighted quality shall be no less than 3.0 based on the following scale:

| | |
|------------------------------|-----|
| U.S. Government and Agencies | 5.0 |
| Aaa Bonds | 4.0 |
| Aa Bonds | 3.0 |
| A Bonds | 2.0 |
| Baa Bonds | 1.0 |

2. Maturity

a. Cash Equivalent Manager

The weighted average maturity of the fund is at the discretion of the investment manager, however, no instrument may have a maturity greater than eighteen months. Issues with maturities greater than six months may not exceed 25% of the value of the portfolio:

- (1) Floating rate issues may have a longer maturity if the interest adjustment is based on an instrument with an effective maturity of less than six months.
- (2) A puttable bond may be utilized if the put can be exercised within six months.
- (3) An asset-backed security, collateralized-mortgage obligation, or similar instrument, is permitted if the average life is projected to be less than six months. Issues of this type should be limited to an amount consistent with normal liquidity requirements, but should not exceed 25% of the value of the portfolio.

b. Short-Term Fixed Income Manager

The portfolio's maximum duration should be less than 120% of the Merrill 1-3 Treasury Index, and no instrument with a maturity greater than 5 years is permissible, except that:

- (1) Floating rate issues may have a longer maturity if the interest adjustment is based on an instrument with a maturity of less than 5 years.
- (2) A puttable bond may be utilized if the put can be exercised within 5 years.
- (3) An asset-backed security, collateralized-mortgage obligation, or similar instrument, is permitted if the average life is projected to be less than three years at the date of purchase and subsequently less than five years. Issues of this type should be limited to an amount consistent with normal liquidity requirements, but should not exceed 15% of the value of the portfolio.

c. Long-Term Fixed-Income Manager

The portfolio's maximum duration should be less than 135% of the ML (7-10 yrs.) Gov't./Corp. Index.

3. Diversification

- a. The manager will maintain prudent diversification across instruments, market sectors, industries, and specific issuers.
- b. Except for issues guaranteed directly or indirectly by the U.S. Government, the combined holdings of securities from one issuer shall not constitute more than 5% of the fund. All letters of credit shall be part of the invested amount of the guarantor for purposes of the 5% rule.

B. Equities

1. Instruments and Credit Quality

- a. The managers will be invested in high-quality common stocks. Convertible bonds, convertible preferred stocks, preferred stocks and non-voting stocks are permitted if

the risk/return characteristics are favorable versus the underlying common equity. American Depositary Receipts are permitted. Specific constraints include the avoidance of restricted issues, which have limited marketability, excluding SEC Rule 144A securities.

- b. There are no qualitative guidelines suggested with regard to domestic equity ratings, rankings, etc., except that prudent standards should be utilized by the investment managers. Convertible bonds will be considered as equity investments and must be rated "Baa"/"BBB" or better by both Moody's and Standard & Poor's.

2. Diversification

The investment managers should diversify the equity portfolio in an attempt to minimize the impact of substantial loss in any specific industry or issue. Therefore, no more than the greater of 20% of the total portfolio or two times the appropriate equity market weighting may be invested in any one economic sector as defined by Standard & Poor's for domestic equities or as defined by MSCI for international equities, valued at market. In addition, no more than 5% of the total portfolio may be invested in any one company, valued at cost, and no more than 10% valued at market.

Prohibited Investments

The following categories of securities are not considered appropriate:

- A. Interest only and principal only portions of collateralized mortgage obligations, or similar securities,
- B. Private placements,
- C. Margin trading,
- D. Options and futures, except for hedging purposes

APPENDIX A: FUND OBJECTIVES AND CONSTRAINTS

NYS RETIREMENT RESERVE FUND

Fund Purpose

The NYS Retirement Reserve Fund provides for short-term NYS pension obligations of the Corporation. This Fund is also sometimes referred to as “General Operating – ECMC” in Fund reporting.

Investment Objectives

The investment objectives of the Fund are to:

- provide for the funding of the NYS retirement system obligations when excess cash allows for short term investing;
- assure that safety of principal is paramount;
- consistently invest assets in a prudent, diversified, risk-averse manner;
- achieve the acceptable return possible within the specified risk parameters;
- adhere to the established guidelines.

Time Horizon

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

Liquidity Needs

The Fund’s cash flow is generally positive but it needs to maintain a high degree of liquidity to meet annual obligations.

Overall Risk Tolerance

The Fund can assume a low risk profile.

Asset Allocation

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

CAPITAL RESERVE FUND

Fund Purpose

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

Investment Objectives

The investment objectives of the Fund are to:

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

Time Horizon

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

Liquidity Needs

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

Overall Risk Tolerance

The Fund can assume low risk profile.

Asset Allocation

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

RETIREE HEALTH RESERVE FUND

Fund Purpose

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

Investment Objectives

The investment objectives of the Fund are to:

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

Time Horizon

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

Liquidity Needs

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

Overall Risk Tolerance

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

Asset Allocation

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

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

W/C PROFESSIONAL LIABILITY RESERVE FUND

Fund Purpose

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

Investment Objectives

The investment objectives of the Fund are to:

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

Time Horizon

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

Liquidity Needs

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

Overall Risk Tolerance

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

Asset Allocation

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

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

GENERAL DEPOSITORY & GENERAL OPERATING RESERVE

Fund Purpose

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

Investment Objectives

The investment objectives of the Fund are to:

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

Time Horizon

The assets are viewed as having a short time horizon.

Liquidity Needs

The assets are viewed as having high liquidity needs.

Overall Risk Tolerance

The Fund will assume a very conservative risk profile.

Asset Allocation

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

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

Fund Purpose

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

Investment Objectives

The investment objectives of the Fund are to:

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

Time Horizon

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

Liquidity Needs

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

Overall Risk Tolerance

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

Asset Allocation

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

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

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

GNMA BOND RESERVE FUND

Fund Purpose

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

Investment Objectives

The investment objectives of the Fund are to:

~~— provide for the unrestricted spending needs of the Corporation;~~

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

Time Horizon

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

Liquidity Needs

The assets are viewed as having high liquidity needs.

Overall Risk Tolerance

The Fund can assume a ~~low to moderate~~ very conservative risk profile.

Asset Allocation

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

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

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

APPENDIX B: FUND ALLOCATIONS AND BENCHMARKS

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

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

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

APPENDIX C: DESIGNATED PARTIES AND PRIMARY CONTACTS

Erie County Medical Center Corporation

Chief Financial Officer

Jonathan Swiatkowski – (716) 898-6291

Director of Finance and Authorized Investment Decision Maker

Vanessa S. Hinderliter – (716) 898-3730

Mercer (Investment Consultant)

Dan Holmes, Partner – (314) 446-5307

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

M&T Bank

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

Wilmington Trust (Custodian)

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

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

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



Mission

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

Vision

ECMC WILL BE A LEADER IN AND RECOGNIZED FOR:

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

The difference between
healthcare and true care™





Core Values

ACCESS

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

EXCELLENCE

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

DIVERSITY

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

FULFILLING POTENTIAL

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

DIGNITY

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

PRIVACY

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

FAIRNESS and INTEGRITY

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

COMMUNITY

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

COLLABORATION

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

COMPASSION

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

STEWARDSHIP

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

The difference between
healthcare and true care™



Erie County Medical Center Corporation

Procurement Guidelines

Effective March 1, 2022.

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I. STATEMENT OF PURPOSE AND SCOPE

A. Authority.

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

B. Purpose.

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

C. Interpretation.

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

D. Application of These Guidelines.

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

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

II. DEFINITION OF TERMS

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

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

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

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

III. SOURCE SELECTION

A. Methods of Source Selection.

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

B. Preferred Source.

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

C. Invitation for Bid.

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

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

D. Request for Proposal.

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

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

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

E. Discretionary Procurements.

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

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

with Section IV.A. (PAL § 2879)

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

F. Medical Projects.

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

(c) electric wiring and standard illuminating fixtures.

(PAL §§ 3628(11)(b)(i)-(iii)).

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

G. Exemptions from Formal Competition.

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

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

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

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

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

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

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

H. Pre-qualification/Request for Qualifications.

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

I. New York State Business Enterprises.

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

IV. PROCEDURES and STANDARD PROVISIONS

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

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

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

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

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

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

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

C. Responsibility of Bidders and Respondents.

1. Standards. Factors to be considered in determining whether the standard of “Responsibility” has been met include whether a prospective contractor has:
 - (a) Available the appropriate financial, material, equipment, facility and/or personnel resources and expertise, or the ability to obtain them, necessary to indicate its ability to meet all contractual requirements;
 - (b) A satisfactory record of performance with projects of a similar size and nature;
 - (c) A satisfactory record of integrity;
 - (d) Qualified legally to contract with ECMCC; and
 - (e) Promptly supplied all necessary information in connection with the inquiry concerning responsibility.

2. Written Determination of Non-Responsibility or Nonresponsiveness Required. If a bidder or offeror who otherwise would have been awarded a contract is found non-responsible or nonresponsive, ECMCC shall issue a written determination of non-responsibility or nonresponsiveness setting forth the basis of the finding.

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

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

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

F. Contract Provisions.

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

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

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

- (a) By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of knowledge and belief:
- The prices in this bid have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor;
 - Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the bidder and will not knowingly be disclosed by the bidder prior to opening, directly or indirectly, to any other bidder or to any competitor; and
 - Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the bidder and will not knowingly be disclosed by the bidder prior to opening, directly or indirectly, to any other bidder or to any competitor; and
 - No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.

G. Contract Review and Approval.

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

approved by the Board of Directors.

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

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

ECMCC reserves the right to:

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

V. BOND REQUIREMENT

A. Bid Security.

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

B. Other Forms of Security on Construction Contracts.

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

VI. ETHICS

A. Definitions.

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

B. Conflict of Interest.

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

C. Kickbacks.

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

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

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

B. M/WBE Goal Plan.

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

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

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

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

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

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

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

F. Joint Ventures and Teaming Agreements.

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

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

G. M/WBE Utilization.

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

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

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

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

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

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

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

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

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

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

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

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

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

N. Consideration of Diversity Practices.

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

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

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

**A Resolution of the Board of Directors of Erie County Medical Center Corporation
Supporting ECMC's Verified Level 1 Trauma Center**

Approved April 23, 2024

WHEREAS, Erie County Medical Center Corporation (the "Corporation") is a public benefit corporation organized under Article 10-C of New York Public Authorities Law and is the owner and operator of Erie County Medical Center; and

WHEREAS, in 2015, 2018 and 2021, Erie County Medical Center was verified by the American College of Surgeons as a Level 1 Trauma Center and likewise designated by the New York State Department of Health; and

WHEREAS, Erie County Medical Center continues to provide emergency, specialty and subspecialty clinical trauma services, as well as professional and public education, injury prevention research, and performance improvement programs (collectively the "Trauma Program"); and

WHEREAS, Erie County Medical Center intends to continue to meet all requirements and criteria to maintain Level I trauma center designation and verification and will continue to support its Trauma Program;

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

1. As the governing body of the Corporation, the Board of Directors resolves that the Corporation supports and will continue to support the Erie County Medical Center Trauma Program and will continue to take all necessary steps to maintain the existing verification and designation as a Level 1 Trauma Center.
2. This resolution shall take effect immediately.



Sharon Hanson
Corporation Secretary

Present: Dr. Yogesh Bakhai, Dr. Victor Vacanti, Dr. Ashvin Tadakamalla, Dr. Thamer Qaqish and Christopher Resetartis, CRNA
 Observing: Dr. Lakshpaul Chauhan- excused
 Excused: Dr. Samuel Cloud, Dr. Richard Hall, Dr. Siva Harsha Yedlapati and Dr. Mandip Panesar

| Agenda Item | Discussion/Recommendation | Action | Follow-up |
|--|--|---|---|
| I. CALL TO ORDER | Dr. Bakhai called the meeting to order at 2:59pm Special Guest: Dr. Duquin- see below | | |
| II. ADMINISTRATIVE | | | |
| A. Minutes | Minutes from the March 7 th meeting were reviewed and approved. | Motion made, all in favor, to approve as written. | Via these minutes, the actions of the Credentials Committee are submitted to the Medical Executive Committee for review and action. |
| B. Deceased | None | None | None |
| C. Applications Withdrawn/Processing Cessation | None | None | None |
| D. Automatic Conclusion (Initial Appointment) | None | None | None |
| E. Name Changes | None | None | None |
| F. Leave of Absence (7) | <p><u>Anesthesiology</u></p> <ul style="list-style-type: none"> Nicole Bonito, CRNA- maternity; RTW 06/29/24 <p><u>Emergency Medicine</u></p> <ul style="list-style-type: none"> Francesca Cirulli-Linde, FNP- maternity; RTW 09/03/24 Jennifer McCaul, PA-C-maternity; RTW 07/01/24 <p><u>Family Medicine</u></p> <ul style="list-style-type: none"> Sarah Abdelsayed, MD- maternity; RTW 06/01/24 | None | Informational purposes only |

Highlight: Initiate FPPE

| | <ul style="list-style-type: none"> Jamie Interlichia, PA-C- maternity; RTW 05/03/24 <p>Internal Medicine</p> <ul style="list-style-type: none"> Sandeep Kumar, MD- paternity; RTW 05/30/24 <p>Neurology</p> <ul style="list-style-type: none"> Pooja Sofat, MD- maternity; RTW 05/01/24 | | | | |
|-----------------------------|--|--|------------------------------------|---|--------------|
| G. Resignations (10) | | 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 |
| Kourtney Waggoner, PA-C | Emergency Medicine | <ul style="list-style-type: none"> UEMS No longer requires privileges Confirmed in email | N/A | 04/02/24 | 07/27/21 |
| Sarah Malik, MD | Family Medicine | <ul style="list-style-type: none"> Apogee No longer working at ECMC Confirmed in email | N/A | 03/31/24 | 09/27/16 |
| Jodi Regan, FNP, DNP | Family Medicine | <ul style="list-style-type: none"> Family Choice No longer working for Practice plan Confirmed in email | N/A | 03/01/24 | 11/28/23 |
| Kristina Christopher, FNP | Internal Medicine | <ul style="list-style-type: none"> Apogee Left practice plan Confirmed in email | N/A | 03/31/24 | 09/25/18 |
| Kathleen Grimm, MD | Internal Medicine | <ul style="list-style-type: none"> GPPC Was only short term Confirmed in email | N/A | 12/29/23 | 05/23/23 |
| Inkee Min, MD | Internal Medicine | <ul style="list-style-type: none"> Buffalo Medical Group Retiring | N/A | 03/12/24 | 11/04/10 |

Highlight: Initiate FPPE

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| | | <ul style="list-style-type: none"> Confirmed in email | | | |
| Melissa Robb, FNP | Internal Medicine | <ul style="list-style-type: none"> Apogee Left practice plan Confirmed in email | N/A | 03/31/24 | 11/24/20 |
| Mark Orłowski, PA-C | Orthopaedic Surgery | <ul style="list-style-type: none"> Excelsior Retiring Confirmed in email | N/A | 03/31/24 | 12/09/02 |
| Nicholas Ravvin, MD | Psychiatry | <ul style="list-style-type: none"> UPP Never picked up a shift in CPEP Confirmed in email | N/A | 04/01/24 | 09/26/23 |
| Mark LiVecchi, MD | Rehabilitation Medicine | <ul style="list-style-type: none"> GPPC Confirmed in letter | N/A | 04/01/24 | 07/31/12 |
| III. CHANGE IN STAFF CATEGORY (2) | | | | | |
| A. Robert Reed, MD | | <u>Family Medicine</u> <ul style="list-style-type: none"> Change from Active to Courtesy, Refer and Follow | The Committee voted, all in favor, to approve the changes as requested. | | Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support |
| B. Rabie Stephan, MD | | <u>Surgery</u> <ul style="list-style-type: none"> Change from Active to Courtesy, Refer and Follow Effective 04/12/2024 | The Committee voted, all in favor, to approve the changes as requested. | | Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support |
| IV. CHANGE/ADD DEPARTMENT (2) | | | | | |
| A. Patrick Fisher, PA-C | | <u>Family Medicine</u> <ul style="list-style-type: none"> Withdrawing Emergency Medicine privileges Maintaining Family Medicine at Terrace View | The Committee voted, all in favor, to approve the privilege addition as requested. | | Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support |

Highlight: Initiate FPPE

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| B. Pia Musielak, PA-C | Internal Medicine <ul style="list-style-type: none"> • Adding Cardio/Thoracic Surgery • Level 1 Core privileges only • Supervising Physician- Dr. T. Qaqish | The Committee voted, all in favor, to approve the privilege addition as requested. | Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support |
| V. CHANGE/ADDITION Collaborating/Supervising | | | |
| | None | | |
| VI. PRIVILEGE ADDITION/ REVISION | | | |
| | None | | |
| VII. PRIVILEGE WITHDRAWAL (1) | | | |
| A. Nasir Khan, MD | Internal Medicine <ul style="list-style-type: none"> • Withdrawing Intraosseous Vascular Access due to expired ACLS | The Committee voted, all in favor, to remove the privilege as requested. | Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support |
| VIII. UNACCREDITED FELLOWSHIPS | | | |
| | <ul style="list-style-type: none"> • Nothing to report at this time | None | Informational purposes only |
| IX. INITIAL APPOINTMENTS (10) | | | |
| John Montgomery, PA-C Emergency Medicine | <ul style="list-style-type: none"> • Gannon University Master of Physician Assistant Science December 2023 • Time gap – December 2023 to March 2024 awaiting NYS medical license and DEA • Joining UEMS April 2024, temporary privileges being requested for April 8, 2024 based on immediate patient need • NCCPA certified January 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"> Supervising Physician – Dr. Maria Kaisler (3) | | |
| Asmah Shafie, PA-C Emergency Medicine | <ul style="list-style-type: none"> D’Youville University Master of Science Physician Assistant December 2023 Patient Care Technician - WellNow Urgent Care June 2020 to March 2024 Joining UEMS April 2024, temporary privileges being requested for April 8, 2024 based on immediate patient need NCCPA certified January 2024 Supervising Physician – Dr. John Kruse (4) | 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. |
| Andrew Koroschetz, PA-C Family Medicine | <ul style="list-style-type: none"> D’Youville College Bachelor and Master of Science Physician Assistant December 2018 Time gap - December 2018 to April 2019 studied for boards and obtained license Physician Assistant – UDMD Emergency Medicine at ECMC April 2019 to May 2021, WellNow Urgent Care May 2021 to December 2022, UB Neurosurgery January 2023 to February 2024 and General Physicians, PC Post-Acute Care March 2024 to present Joining General Physicians, PC team at TerraceView May 2024 NCCPA certified February 2019 Supervising Physician – Dr. Margaret Eberl (1) | 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. |
| Katherine Beall, NP Internal Medicine | <ul style="list-style-type: none"> Daemen University December 2023 | The Committee voted, all in favor, to approve the | Recommendation, via these minutes, to the |

Highlight: Initiate FPPE

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| | <ul style="list-style-type: none"> Registered nurse – Erie County Medical Center April 2021 to present and Strong Memorial Hospital May 2023 to March 2024 Joining General Physician, PC ECMC Department of Internal Medicine Nurse Practitioner April 2024 ANCC certified January 2024 Collaborating Physician – Dr. Meghan Rochester (1) | <p>appointment with privileges granted as requested.</p> <p>Flags were reviewed and application was endorsed by the Chief of Service.</p> | <p>Medical Executive Committee for approval.</p> |
| Christopher Bodden, MD Internal Medicine | <ul style="list-style-type: none"> St. George’s University School of Medicine MD May 2019 ECFMG certificate May 2019 Hahnemann University Hospital Drexel University College of Medicine Internal Medicine Residency June 2019 to August 2019 – Program CLOSED Cleveland Clinic Florida Department of Medicine Internal Medicine Residency August 2019 to June 2022 Internist – Trinidad and Tobago July 2022 to December 2022 Academic Hospitalist – UBMD Internal Medicine Kaleida Health December 2022 to present Joining ECMC UBMD Internal Medicine Academic Hospitalist May 2024 American Board of Internal Medicine certified | <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> |
| Anne Grand’Maison, MD Internal Medicine | <ul style="list-style-type: none"> University of Sherbrooke MD June 1988 Laval University Family Medicine Residency July 1988 to June 1990 | <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>and Hematology Residency July 1996 to June 1998</p> <ul style="list-style-type: none"> • Family Medicine Physician – July 1990 to June 1993 • University of Sherbrooke Internal Medicine Residency July 1993 to June 1996 • Time gap – June 1998 to October 1998 Studying for Hematology exams • McMaster University Thrombosis and Hemostasis Clinical Research Fellowship November 1998 to June 2001 and Medical Oncology Fellowship July 2012 to February 2014 • M.D, Anderson Cancer Center Hematology Fellowship October 2014 to September 2015 • Hematologist and Clinical Director- The Ottawa Hospital June 2001 to June 2002 • Time gap – July 2002 to August 2002 Transferred work from Ottawa to Toronto • Hematologist – The University Health Network September 2002 to December 2004 • Time gap – January 2005 to December 2008 – Maternity and parental leave • Hematologist – Pinnacle Health Sciences Centre January 2009 to April 2009 and Southlake Regional Health Centre April 2009 to December 2009, Mount Sinai | <p>Flags were reviewed and application was endorsed by the Chief of Service.</p> <p>Committee requested that time gap be presented at the MEC (due to no work experience for the last 24 months)</p> | <p>Extract for MEC</p> |
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| | | | |
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| | <p>Hospital November 2009 to October 2011</p> <ul style="list-style-type: none"> • Involved in the Clinical Epidemiology program at the University of Toronto November 2011 to June 2012 • Hematologist/Medical Oncologist Southlake Regional Health Centre March 2014 to August 2014 • Time gap – August 2014 to October 2014 completion of immigration process and transfer to Houston, TX for Fellowship at M.D. Anderson • Time gap – October 2015 to November 2016 Job search followed by application/credentialing with completion of immigration process at Roswell Park Cancer Institute • Faculty Sarcoma Division Roswell Park Cancer Institute November 2016 to May 2022 • Time gap May 2022 to March 2024 wrongful termination/retaliation from Roswell Park Cancer Institute after raising patients' safety concerns case 1:23-cv-00099. Job search, communications with Dr. Roberto Pili 10/2022. Registered to Epidemiology Courses with UB January 2023 to present. Communication with Andy Davis at ECMC May 2023 onward. | | |
|--|--|--|--|

Highlight: Initiate FPPE

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|--------------------------------------|---|---|---|
| | <ul style="list-style-type: none"> • Hired by General Physicians, PC Hematology/Oncology to work at ECMC May 2024 • American Board of Internal Medicine Hematology board lapse – scheduled to sit for ABIM Hematology maintenance of certification exam October 10, 2024 | | |
| William Reynolds, PsyD Psychiatry | <ul style="list-style-type: none"> • Widener University Doctor of Psychology June 1998 • Time gap – June 1998 to July 1998 moved from Delaware to New York • Psychologist – Catholic Charities August 1998 to March 2004, Main Evaluations October 2000 to April 2002, Industrial Medicine Associates April 2002 to July 2003, VA WNY August 2003 to August 2020, Buffalo Psychiatric Center March 2004 to December 2023, Thriving Center of Psychology September 2021 to present and CHE Behavioral Health Services December 2023 to present • Shift work through CHE Behavioral Health Services to work at TerraceView to consult as health psychology neuropsychological assessment and intervention | 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. |
| Michael Bloss, MD Radiology | <ul style="list-style-type: none"> • Dartmouth College MD June 1997 • Bassett Medical Center Internal Medicine Residency June 1997 to June 1998 | 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"> • Dartmouth – Hitchcock Medical Center Diagnostic Radiology Residency July 1998 to June 2002 • Brigham and Women’s Hospital Neuroradiology Fellowship June 2002 to June 2003 • Time gaps – 7/2003 to 8/2003 waiting to be credentialed, 8/2004 to 10/2004 vacation/job search, 11/2005 to 12/2005 waiting to be credentialed, and 6/2019 to 9/2020 retirement • Radiologist – Seacoast Radiology August 2003 to August 2004, CompHealth (Locum Tenens) October 2004 to November 2005, Eastern Radiology January 2006 to June 2009, CompHealth (Locum Tenens) April 2006 to October 2006, August 2007 to November 2007, March 2008 to August 2008 • Teleradiologist – US Radiology On Call March 2009 to November 2011 and Virtual Radiologic Professional, LLC June 2011 to June 2019 and September 2020 to present • American Board of Diagnostic Radiology and Neuroradiology certified | | |
| Michael Seymour, MD Radiology | <ul style="list-style-type: none"> • The University of Texas Southwestern Medical Center MD May 2008, Diagnostic Radiology Residency July 2008 to June 2013 and Neuroradiology Fellowship July 2013 to June 2014 | 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"> • Time gap – May 2008 to June 2008 waiting for Residency to begin • Radiologist – Colorado Imaging Associates PC July 2014 to December 2021 and Virtual Radiologic Professional, LLC May 2021 to present • American Board of Diagnostic Radiology and Neuroradiology certified | | |
| Maria Stenzel, NP Radiology | <ul style="list-style-type: none"> • D’Youville College Master of Science Family Nurse Practitioner May 2020 • Mercy Flight of Western New York – Clinical Educator/Base Supervisor/Flight Nurse/Paramedic July 2005 to January 2020 • Critical Care RN – Kaleida Health (ER & ICU) February 1994 to present, Erie County Medical Center March 1997 to June 1997, and RN Educator Olean General March 2014 to April 2018 • Joining Great Lakes Medical Imaging May 2024 • ANCC certified March 2021 • Collaborating Physician – Dr. John McGrath (7) | <p>The Committee voted, all in favor, to approve the appointment with privileges granted as requested.</p> <p>Flags were reviewed and application was endorsed by the Chief of Service.</p> | Recommendation, via these minutes, to the Medical Executive Committee for approval. |
| X. TEMPORARY PRIVILEGES | <ul style="list-style-type: none"> • No temps issued | None | Informational Only |
| XI. REAPPOINTMENTS (48) | See reappointment summary (Attachment B) | | |
| NAME | DEPARTMENT | CATEGORY | PRIVILEGES |
| Bonito, Nicole CRNA | Anesthesia | AHP | |

Highlight: Initiate FPPE

| | | | |
|---|---------------------------|-----------|---|
| Kennedy, Erin PA-C Collaborating MD: J. Innes | Emergency Medicine | AHP | |
| Lynch, Joshua DO | Emergency Medicine | Active | |
| May, Amanda MD | Emergency Medicine | Active | |
| Sheehan, Marissa PA-C Collaborating MD: J. Thompson | Emergency Medicine | AHP | |
| Humphrey, Lynne MD | Family Medicine | Active | |
| Torres, Carmen FNP Collaborating MD: Wilkens/Holmes | Family Medicine | AHP | |
| Ahmad, Misbah MD | Internal Medicine | Active | |
| Bou-Abdallah, Jad MD | Internal Medicine | Active | |
| Brar, Deepinder MD | Internal Medicine | Active | Addition of 1 privilege: - Level II: NG Tube Insertion w/Guide Wire |
| Brockman, Daniel DO | Internal Medicine | Active | |
| Dobosz, Thomas MD | Internal Medicine | Active | |
| Duff, Michael MD | Internal Medicine | Associate | |
| Freund, Frank DO | Internal Medicine | Active | |
| Heim, Jason ANP Collaborating MD: D. Brockman | Internal Medicine | AHP | |
| Karunakaran, Abhijana MBBS | Internal Medicine | Active | |
| Mahran, Khalid MD | Internal Medicine | Active | |
| Michaeles, Christopher MD | Internal Medicine | Active | |
| Myers, Tracy ANP Collaborating MD: S. Yedlapati | Internal Medicine | AHP | |
| Neu, Emily, PA-C Collaborating MD: J. Claus | Internal Medicine | AHP | |
| Ololade, Shafiu MD | Internal Medicine | Active | |
| Romero, Jenny MD | Internal Medicine | CRF | |
| Sadek, Sarah MD | Internal Medicine | Active | Withdrawal of Privilege: Paracentesis |
| White, Thomas MD | Internal Medicine | CRF | |
| Wilson, Christian MD | Internal Medicine | Active | |
| Elliott, Kathryn MD | Neurology | Active | |

Highlight: Initiate FPPE

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|--|---|--------|---|
| Kaminska, Stephanie PA-C Collaborating MD: L. Suddaby | Neurosurgery | AHP | |
| Kreminski, Halley PA-C Collaborating MD: L. Suddaby | Neurosurgery | AHP | |
| Meyers, Joshua MD | Neurosurgery | Active | |
| Smith, Danielle OD | Ophthalmology | Active | |
| Binkley, Allison MD | Orthopedic Surgery | Active | |
| Gurske-Deperio, Jennifer MD | Orthopedic Surgery | Active | |
| Kaminska, Stephanie PA-C Collaborating MD: M. Binkley | Orthopedic Surgery | AHP | Addition of Privilege: - Surgical 1st Assist Level II: First assist w/bone graft harvesting |
| Kreminski, Halley PA-C Collaborating MD: J. Falcone | Orthopedic Surgery | AHP | Addition of 2 privileges: - Level II: Apply/Remove casts, splints & other appliances. - Surgical 1st Assist Level II: First assist w/bone graft harvesting |
| Martinic, Luke PA-C Collaborating MD: M. Romanowski | Orthopedic Surgery | AHP | Addition of Privileges: - Emergency Dept evaluation, pre and post-operative management of ortho cases - Aspiration/injection of joints, tendons/trigger points, bursas & cysts - Apply/remove casts, splints and other appliances |
| Nodzo, Scott MD | Orthopedic Surgery | Active | |
| Stoeckl, Andrew MD | Orthopedic Surgery | Active | |
| Loree, Thom MD | Plastic & Reconstructive Surgery | Active | Addition of Privilege: - Transoral Robotic Surgery |
| Cummings, Michael MD | Psy & Behavioral Medicine | Active | |
| Haak, Jennifer MD | Psy & Behavioral Medicine | Active | |
| Diiulio, Mark MD | Radiology | Active | |
| Faliszek, James MD | Radiology | Active | |
| Gauriloff-Rothenberg, Jane MD | Radiology | Active | Flags were reviewed and application was endorsed by the Chief of Service. |
| Heary, Blanka PA-C Collaborating MD: M. Farrell | Rehab Medicine | AHP | |
| Khan, Sikandar MBBS | Surgery | Active | |
| Montross, Brittany MD | Surgery | Active | |
| Peyser, Michael MD | Surgery | Active | |

Highlight: Initiate FPPE

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| Ashraf, M Hashmat MD | Thoracic/Cardiovascular Surgery | Associate | |
|----------------------|---------------------------------|-----------|--|

| XII. AUTOMATIC CONCLUSION | Reappointment Expiration | | | | | | | | | | | | | | | | | | | | | | |
|--|---|-------------------------------------|--|-----------------------------|-----------------|-----|--|--|--|--------------------------|--|-----------------------|--|------------|---------------------------|-------------------------------------|--|---------|----|----|---|--|----------------------|
| 1st Notice | Orthopaedic Surgery <ul style="list-style-type: none"> Allison Binkley, MD, Active Letting privileges expire 6-30-2024 Internal Medicine <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 | | | For informational purposes. | None necessary. | | | | | | | | | | | | | | | | | | |
| 2nd Notice | | | | For informational purposes. | None necessary. | | | | | | | | | | | | | | | | | | |
| 3rd Notice | | | | For informational purposes. | None necessary. | | | | | | | | | | | | | | | | | | |
| XIII. PROFESSIONAL PRACTICE EVALUATIONS | FPPE <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Departments</th> <th style="width: 30%;"># completed</th> </tr> </thead> <tbody> <tr> <td>TBD</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td>Total # Left Open</td> <td></td> </tr> <tr> <td>Total # Closed</td> <td></td> </tr> </tbody> </table> OPPE <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Department</th> <th style="width: 20%;">Total number of Providers</th> <th style="width: 20%;"># of Providers who met all measures</th> <th style="width: 20%;"># of Providers who did not meet one or more measures</th> </tr> </thead> <tbody> <tr> <td>Surgery</td> <td>59</td> <td>57</td> <td>2</td> </tr> </tbody> </table> | | | Departments | # completed | TBD | | | | Total # Left Open | | Total # Closed | | Department | Total number of Providers | # of Providers who met all measures | # of Providers who did not meet one or more measures | Surgery | 59 | 57 | 2 | All reviewed by the Chief of Service. There were no FPPE's necessary for the providers who did not meet one or more measures. The providers were notified and metrics will be tracked. | Continue to monitor. |
| Departments | # completed | | | | | | | | | | | | | | | | | | | | | | |
| TBD | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| Total # Left Open | | | | | | | | | | | | | | | | | | | | | | | |
| Total # Closed | | | | | | | | | | | | | | | | | | | | | | | |
| Department | Total number of Providers | # of Providers who met all measures | # of Providers who did not meet one or more measures | | | | | | | | | | | | | | | | | | | | |
| Surgery | 59 | 57 | 2 | | | | | | | | | | | | | | | | | | | | |

Highlight: Initiate FPPE

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| | Internal Med | 198 | 162 | 36 | | | |
| XIV. OLD BUSINESS | | | | | | | |
| A. Expirables | Expirables will be reviewed and discussed with the Credentials Committee. | | | | For informational purposes. Practice Plans and Chiefs of Service have all been notified multiple times. | None necessary. | |
| B. DEA, License, Boards | <p>April 2024</p> <ul style="list-style-type: none"> • DEA- 3 • License- 4 • Boards- up to date <p>May 2024</p> <ul style="list-style-type: none"> • DEA- 21 • License- 29 • Boards- 4 | | | | For informational purposes. | None necessary. | |
| C. Annual Dues | As of 04/03/2024, 443 dues are outstanding. Due date is set for 04/26/2024. | | | | For informational purposes. | None necessary. | |
| D. Pain Management Additions | <p>Cheryl to discuss follow up and progress made on the 2 privilege additions:</p> <ul style="list-style-type: none"> • Minimally Invasive Posterior SIJ Fusion • Minimally Invasive Posterior Arthrodesis Lumbar (Minuteman Procedure) <p>Criteria discussed at March Credentials Meeting (for reference only):</p> <ul style="list-style-type: none"> ○ training course completed in a procedure room. ○ proctoring of first 2 cases- the training company will send/recommend someone to come to ECMC. Temporary privileges will need to be granted for dates of proctoring. <p>Dr. Suchy would like to discuss Neurology coverage directly with Dr. Spiro, Chief of Service for Neurology. At which time, he will address any concerns of competitive procedures. The Arthrodesis procedure will be performed by Pain Management Physicians only on patients that are not surgical candidates.</p> | | | | The MDSO will follow up with the Committee once the coverage concerns are addressed. | None necessary. | |
| E. Total Shoulder Robotics Summary | Dr. Duquin was a guest speaker regarding the Total Shoulder Robotic privilege. He explained how FDA approval was obtained and how the | | | | Pending approval at the MEC and Boards, | | |

Highlight: Initiate FPPE

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| | <p>procedure is a guidance type Robot that assists in accurately preparing the bone.</p> <ul style="list-style-type: none"> Criteria for privileging includes a 1-day course. This includes simulated hands-on training, followed by cadaver training. The course will include a certificate upon successful completion. In addition, the Physician should already be credentialed to do total shoulder replacements. The procedure will be performed in the surgery center and Zimmer Biomet will send a team to train the staff as well. Dr. Duquin will perform the surgery at the Mayo Clinic on April 24th. 1st ECMC case is expected to be April 30th. <p>The Committee agreed to approve the privilege request for Dr. Duquin.</p> | Dr. Duquin will perform the first case on April 30, 2024 | |
| XIIV. NEW BUSINESS | | | |
| A. New Privilege addition | <p>Dr. Nagai is requesting that the Vagel Nerve stimulation privilege be added to the Plastics/Head and Neck privilege form.</p> <ul style="list-style-type: none"> ECMC has approved the procedure and the equipment. The Company is Livanova. <p>Table for May. Additional investigation needed as this procedure would cross department lines.</p> <p>Committee would like to know:</p> <ul style="list-style-type: none"> Physician coverage following the procedure? Other Departments? Does the Company have any training requirements? | Follow up at May meeting | MDSO will follow up at the May 2024 Credentials meeting. |
| B. ABIM Boards | <ul style="list-style-type: none"> There are 2 Providers that show as lapsed. When they contacted ABIM directly, they paid their fees and are in the process of submitting CME's. The ABIM confirmed that there will be no lapse in their Boards once the CMEs are submitted. Both Providers stated, in writing, that they will have this completed by the end of April | For informational purposes. | MDSO will follow up at the May 2024 Credentials meeting. |
| C. Malpractice | <p><u>Ashvin Tadakamalla, MD</u> Currently contracted for .2 FTE clinical hours to Apogee in GPPC contract. Due to discrepancies in who will carry malpractice, he is not currently covered during the .2 FTE hours.</p> | Cheryl Carpenter will follow up with Dr. Cloud | MDSO will follow up at the May 2024 Credentials meeting. |
| XIIIV. ADJOURNMENT | | | |
| | The meeting was adjourned at 4:00pm | | |

Respectfully submitted,

Highlight: Initiate FPPE

Yogesh Bakhai

Yogesh Bakhai, MD
Chair, Credentials Committee

Highlight: Initiate FPPE

ERIE COUNTY MEDICAL CENTER CORPORATION
APRIL 16, 2024 MEETING MINUTES
EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS
BOARD OF DIRECTOR'S CONFERENCE ROOM

PRESENT: JONATHAN DANDES, DARBY FISHKIN, THOMAS QUATROCHE, EUGENIO RUSSI
ALSO
PRESENT: SAMUEL CLOUD, JOSEPH GIGLIA, ANDREW DAVIS, JONATHAN SWIATKOWSKI

ABSENT: SHARON HANSON

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 Jonathan Dandes and unanimously passed to approve the minutes of the Executive Committee meeting of March 19, 2024.

III. Hospital Update

General Overview

Dr. Thomas Quatroche reported that this is a busy time for the Foundation with the upcoming Springfest Auction, Gala and the Tim Horton's Smile Cookie Campaign. Dr. Quatroche reviewed the status of the State budget and what effect it might have on the hospital and its patients. Operationally, the hospital had a strong month. Year-to-date there have been 222 new hires with 54 new RNs and 20 new LPNs. The committee discussed an upcoming quality report.

Finances Report

Jonathan Swiatkowski reported positive results for March. Inpatient volume was up 2.8% from budget and 5% from 2023. Inpatient surgeries were up 10% from budget and 17.1 % from last year. Both acute and total LOS were close to budget and was over 10% lower than last year. Case mix index was one of the highest seen at 1.98. Mr. Swiatkowski reported higher emergency room visits which are predicted to increase with summer surge commencing. Days cash-on-hand remains below budget. March resulted in a net income of \$1.1M.

IV. State Budget

Dr. Quatroche spoke about the State budget in his hospital report.

V. Kensington Heights

The Kensington Heights committee hopes to meet with the Community Action Committee in late April or early May.

VI. Strategic Planning

Dr. Quatroche reported that a Strategic Retreat is being planned for the Board to take place in May.

VII. Adjourn

There being no other business, the meeting was adjourned at 4:43 p.m.

ERIE COUNTY MEDICAL CENTER CORPORATION

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

TUESDAY, APRIL 16, 2024 – 8:30 AM

BOARD MEMBERS PRESENT OR
ATTENDING BY VIDEO
CONFERENCE OR TELEPHONE:

MICHAEL SEAMAN
RONALD CHAPIN *
DARBY FISHKIN *
BENJAMIN SWANEKAMP *

* ATTENDING BY VIDEO
CONFERENCE OR PHONE

BOARD MEMBERS EXCUSED:

ALSO PRESENT:

THOMAS QUATROCHE
JONATHAN SWIATKOWSKI
ANDREW DAVIS

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 March 19, 2024.

III. MARCH 2024 OPERATING PERFORMANCE

Mr. Swiatkowski reviewed key statistics for the month of March and reported that favorable trends have continued. Inpatient volume and inpatient surgeries exceeded the operating plan by 2.8% and 10% respectively. The hospital saw a significant number of trauma cases and other cases with high severity. Acute case mix index at 1.98 was 6.6% greater than budgeted in the operating plan due to the high severity of cases. Outpatient surgeries were less than plan as some physicians had planned time away during the holiday period. Emergency department visits were greater than the operating plan for the month. Acute average length of stay was 7.4 days for the month of March, an improvement from 7.9 days during the month of February.

Mr. Swiatkowski reviewed the finance dashboard and reported that income from operations was positive for the first time in several months. It was noted that the income reported did not have any grant support included as none was received during March. Brief updates regarding current FTE statistics and cash flow were also presented.

Mr. Swiatkowski further discussed operating revenue and expenses. Operating expenses were greater than plan primarily due to patient volume, employee health insurance claims and actuarial accruals for retiree health insurance. Total revenue for the month of March also includes favorable non-operating income from investment market returns, resulting in an excess of revenues over expenses.

Mr. Swiatkowski discussed ongoing length of stay management efforts led by Dr. Samuel Cloud, Andrew Davis and Charlene Ludlow and reflected on the positive results achieved.

Mr. Swiatkowski noted that other revenue for the current month is primarily related to ECMCC's specialty pharmacy which continues to grow and is currently in the third year of operations. Mr. Swiatkowski reviewed operating expenses for the month of March, noting that the corporation saw a decline in the use of overtime during the month. Supply expense includes volume related costs and pharmaceutical costs.

Through the end of the first quarter, revenue is driving much of the favorable year-to-date operating performance. Operating expenses through the end of March are greater than budgeted in the operating plan and are primarily related to higher patient volume, employee health insurance claim expense and monthly accruals for retiree health insurance.

Mr. Swiatkowski advised that although ECMCC has received approval for two additional FEMA applications, to date, reimbursement for the costs incurred has not yet been received.

Mr. Swiatkowski noted that although ECMCC has incurred an operating loss through the end of the first quarter, the loss is approximately 50% lower than projected in the 2024 operating plan.

A brief discussion was held regarding length of stay management and staffing as the organization approaches trauma season. Mr. Swiatkowski also discussed operational planning for the total solar eclipse which occurred in Western New York in early April.

IV. OTHER UPDATES

Mr. Swiatkowski presented several updates relating to the NYS VAPAP program and the pending IGT and physician UPL payments.

Mr. Swiatkowski provided updates regarding the recent external matter which was discussed with Finance Committee at the March meeting and advised that ECMCC continues to work to resolve the remaining issues.

Mr. Swiatkowski presented a brief status report on current payer negotiations and advised that several contracts will be negotiated for calendar year 2025.

Mr. Swiatkowski and Mr. Davis reviewed recent Federal and New York State grant applications submitted by ECMCC for various projects.

The Committee and management held discussion on several topics including the final DSH payment rule and the pending New York State budget. Mr. Swiatkowski also advised the Committee that management will formally begin the corporation's 2025 budget preparation process in the coming weeks.

Mr. Swiatkowski advised the Committee that ECMCC has negotiated an extension of the working capital line of credit with M&T Bank. Additional information was provided to the satisfaction of the Committee.

Upon review and discussion, Chair Michael Seaman called for a motion to recommend to the Board of Directors the approval of the extension to the line of credit with M&T Bank upon the terms and conditions as presented. Upon motion by Ms. Fishkin and seconded by Mr. Swanekamp, the Committee voted unanimously to recommend approval to the ECMCC Board of Directors.

V. ADJOURNMENT

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

ERIE COUNTY MEDICAL CENTER CORPORATION

- Mammography Suite: the in-house crew is in progress with pre-work prior to the development of the space.
- Main Hospital – Former UB Radiology Space Refresh: work is in progress by the in-house crew.
- Radiology Imaging Equipment Replacements: new equipment will be installed in Rooms 35 and 37.
- Fire damper redesign (regulatory)
- Service elevator upgrades
- 1st floor Dental Clinic upgrades
- MEP (Mechanical, Electrical and Plumbing): grant approved for generator replacement
- Removal of inground fuel oil tanks

VI. OTHER

- Andrew Davis reported meetings are being held weekly in preparation for Solar Eclipse event on Monday, April 8th. Staffing plans are in place, clinic and surgery scheduling have been adjusted, and communications are being distributed to staff.
- Mr. Davis thanked Pam Lee and the Buildings and Grounds team for their time and commitment to the various projects.

VII. ADJOURNMENT

Moved by Michael Hoffert and seconded by Reverend Mark Blue to adjourn the Buildings and Grounds Committee meeting at 3:25 p.m.

BOARD OF DIRECTORS
MINUTES OF THE HUMAN RESOURCES COMMITTEE MEETING
TUESDAY, MARCH 12, 2024
10:00 - 11:00 A.M.
THIS MEETING WAS HELD VIRTUALLY VIA TEAMS

**VOTING BOARD
MEMBERS PRESENT:**

MICHAEL SEAMAN

MICHAEL HOFFERT

EXCUSED:

CYNTHIA BASS

**ALSO
PRESENT:**

ANDREW DAVIS
ERIN CONLEY
LISA HIGHWAY

HEATHER GALLAGHER
SEAN BEITER

I. CALL TO ORDER

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

II. RECEIVE & FILE

Moved by Michael Seaman and seconded by Michael Hoffert to receive and file the minutes from the January 16, 2024 Human Resources Committee Meeting of the Board of Directors.

III. HOSPITAL UPDATE

Andrew Davis, Chief Operating Officer, reported the hospital experienced favorable volumes for February and beginning of March. We will continue to monitor Emergency Department volumes and bed utilization. Covid cases are very low and continue to decrease for patients and employees.

Mr. Davis reported the United Health Group/Change Healthcare cybersecurity attack has impacted national and international healthcare operations disrupting the medical insurance claims process. Change Healthcare has managed many of our emergency department and outpatient clinic medical claims. Our Finance and IT teams are coordinating efforts to assess cash flow concerns and mitigate security risks.

**IV. EMPLOYEE OF THE MONTH – ECMC AND TERRACE VIEW
FEBRUARY 2024**

Erin Conley, Training Coordinator, presented the following Employee of the Month honorees:

ECMC

- February 2024 – Shawna Nowaczyk, Certified Medical Office Assistant – ECMC Family Health Center

Terrace View

- February 2024 – Beth Verost, Physical Therapy Assistant

Ms. Conley reported the ECMC Healthcare Explorers Summer Program for high school students will be accepting applications until May 3, 2024. The first session will kick-off on July 16, 2024. Please contact Ms. Conley with any questions or additional information is available on the ECMC website.

Mr. Davis mentioned Ms. Conley and the Healthcare Explorers team were instrumental in the revamping of the Healthcare Explorers Summer Program. The program time was condensed from a 6-week program to a few sessions. Students are able to visit all areas of the hospital. They can explore the clinical and non-clinical operations which allows them to see the breadth of healthcare and various opportunities.

Mr. Seaman expressed Mayor Brown's appreciation for the partnership with ECMC to offer this program to high school students to discover the different aspects of healthcare.

V. DIVERSITY, EQUITY, AND INCLUSION

Andrew Davis, Chief Operating Officer reported on behalf of Cynthia Bass, Chief Diversity Officer. Key department highlights and initiatives included the following:

- Learning & Organizational Development Center
 - Leadership Academy - Management Enhancement Cohort Program started on Tuesday, February 27, 2024.
 - We are conducting on-demand training sessions. Departments have requested trainings focusing on cultural competency, microaggressions in the workplace, communication and teambuilding, conflict resolution, and inclusive language.
 - HealthStream was selected as a new learning management system; additional details to follow.
- Diversity, Equity, and Inclusion (DE&I)
 - The DE&I office presented a check in the amount of \$9,501.19 to the ECMC Foundation through the Small Business Connection program. The Office of DE&I formalized efforts with small businesses seeking opportunities at ECMC, working with over 100+ diverse vendors, many of which fall into the M/WBE business category. The DE&I office donates 10% of all payroll deduction sales from the diversity fairs to the ECMC Foundation.
 - The first Evening and Night Shift Diversity Committee meeting was recently held to bring events, projects, and trainings to the evening staff. One of the offerings includes food trucks scheduled 5:30-7:30pm to accommodate evening staff.
- Black History Month events
 - ECMC tower letters were illuminated in the Pan-African colors
 - Musical entertainment in the café
 - Wellness & Mindful and Meditation session
 - Paint and Snack Workshop
 - Annual Black History Program
 - Prayer – Rev. Mark Blue
 - Speakers – Rev. Kinzer Pointer and Jillian Hanesworth, Poet Laureate of Buffalo

VI. RECRUITMENT AND RETENTION

Lisa Highway, Director of Recruitment and Retention, reported recruitment efforts have continued. The recruitment team recently hired a new nurse recruiter who is also a registered nurse. Her recruiting and nursing background has been beneficial in hiring nurses for the hospital. Several job fairs have been coordinated with area schools in preparation for the spring semester graduations.

An Open House nurse recruitment event is planned for March 27, 2024 at Giancarlo's. This is the fourth year ECMC has hosted the event which offers potential candidates to meet with nurse

managers and recruiters in a non-clinical setting to discuss the various nursing opportunities at ECMC. We have received over 30 RSVP's and anticipate another successful turnout.

The recruitment team is working alongside the HRIS team during the transition from the current applicant tracking system to the new UKG recruitment system.

Mr. Hoffert, Mr. Seaman and Mr. Davis commended Ms. Highway and her team on their successful nursing recruitment efforts and decreasing the agency positions throughout the hospital.

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:
 - Applicant Tracking (Recruitment) – Launch Date: April 21, 2024
 - HRIS/Payroll – Launch Date: April 1, 2024
 - Learning Management System (LMS)
- Key Benefits:
 - One login for all systems
 - User-friendly mobile application available
 - Increased reporting and automated process flows
 - Electronic annual reviews and competencies
 - Electronic personnel records
 - Model my Pay – forecasting paycheck prior to tax changes
 - Simplified application process
 - Integration with benefit vendors
- Timekeeping and scheduling will remain with the current application, UKG Workforce Central.

Mr. Davis and Mr. Seaman applauded Ms. Gallagher and her team on the implementation and transition to the new HRIS platform.

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:

- Finalizing the negotiated NYSNA contract document for publication.
- Implemented quarterly staffing meetings with the three bargaining units to discuss state regulations, measure progress and address concerns.
- Implemented monthly protest assignment meetings with NYSNA.
- Monthly labor management meetings with AFSCME, CSEA and NYSNA.

Mr. Davis and Mr. Seaman thanked Mr. Beiter and his team on maintaining open and constructive communication with collective bargaining units and employees.

IX. CLOSING REMARKS

Mr. Seaman, Mr. Hoffert and Mr. Davis thanked the HR leadership team for their exceptional work and dedication.

The next meeting is scheduled for May 14, 2024.

X. ADJOURNMENT

Moved by Michael Seaman and seconded by Michael Hoffert to adjourn the meeting at 10:32 a.m.

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS

MINUTES OF THE QUALITY IMPROVEMENT/
PATIENT SAFETY COMMITTEE MEETING

TUESDAY, MAY 14, 2024

MICROSOFT TEAMS PLATFORM

BOARD MEMBERS PRESENT: MICHAEL HOFFERT, BENJAMIN SWANEKAMP, REV KINZER POINTER AND CHRISTIAN JOHNSON

PRESENTERS: SIVA YEDLAPATI, MD, MANDIP PANESAR, MD, MARY WELCH, MD, MARIE JOHNSON, OTR/L, OTD, AND DOUGLAS DRUMSTA, MD

ATTENDANCE:

WILLIAM BELLES, MD
DONNA BROWN
CHARLES CAVARETTA
JOHN CUMBO
PETER CUTLER
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
YARON PERRY, MD
TOM QUATROCHE, CEO
SIVA YEDLAPATI, MD

CALL TO ORDER

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

I. MINUTES

The April 9, 2024, meeting minutes were distributed along with the Quality leadership Council meeting minutes from April 18, 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 April 18, 2024.

New business consisted of Organizational Culture which included 2024 Q1 review and tools. Annual QIPS (quality improvement & patient safety) report included Bariatrics, Cardiology/IR/Outpatient testing, Pressure Ulcers, Stroke and Revenue Cycle. Ms. Jones reviewed standing business which included 2023 and 2024 QIPS plans and QAPI updates, insurance quality of care concerns, Univera hospital performance incentive program (HPIP), quality priority focus grid and a Q & A session new to the monthly QLC meetings.

III. APOGEE PHYSICIANS – SIVA YEDLAPATI, MD

Dr. Yedlapati reported on Apogee Physicians sharing a very robust presentation. His agenda began with a staffing update which showed a day shift of 13 physicians and 3 APP's, a night shift of 4 physicians with 1 APP, and a new service which is the Physician advisors currently with 3 members.

Dr. Yedlapati continued with several detailed graphs reviewing department volumes and outcomes. Observation data which included HCAHPS and CDI queries from 2023 were also reviewed. Quality improvements were shared which incorporate RN-MD Co-teaching, a nurse driven tele project, barriers to discharge, problem focused notes, and hip fracture pathways. Discharge reports were reviewed as well.

Awards /recognitions for Apogee included a program of the month award and the Nursing department selected Dr. Chauhan for physician of the year award on Doctor's Day.

The department is focusing on documentation practices, discharge time focus, problem focused notes and working with the physician advisors discussing topics reviewed at their team meetings.

IV. RENAL/HEMODIALYSIS – MANDIP PANESAR, MD

Dr. Panesar presented on Outpatient Dialysis. Dr. Panesar spoke on the current staff in the dialysis department along with the home program with regards to peritoneal dialysis.

A full review of the outpatient dialysis census took place along with catheter rate, dialysis clearance, blood stream infections and the transplant waitlist.

Dr. Panesar also touched on the ESRD quality incentive program and spoke about the total performance score. A full state of the unit review took place too.

Dr. Panesar reviewed the quality rating of the dialysis unit in comparison to 22 other units within a 25-mile radius. ECMC was number two with a three-star rating. ECMC was number one with a four-star rating with regards to patient survey ratings from the same 22 facilities.

V. REHAB SERVICES - MARY WELCH, MD

Dr. Welch along with Marie Johnson reported on the Rehab Department. A department update included the following: services provided in acute care, MRU, outpatient, School 84 and PEDS. Dr. Welch and Marie shared information on their CARF re-accreditation (2023) with the next survey taking place in 2026. They discussed their annual symposium along with ultrasonic wound debridement.

A review of acute care therapy volumes along with MRU admissions from 2023, admissions to MRU 2023 and Quarter 1 2024, and outpatient therapy volumes for 2023 and 2024 took place.

Improvement initiatives and goals for 2023 were reviewed along with active events from 2023 such as falls, skin integrity, rapid response, patient behaviors, medical error/ issues, provider behavior, admission-transfer-dc, HIM, treatment/ therapy and discharges.

Departmental goals for 2024 include recruiting a physician for MRU, participation in research, develop an education plan for the therapy staff, update rehab strategic plan, increase board certifications for staff and to continue building a program for cancer care.

VI. RADIOLOGY DEPARTMENT – DOUGLAS DRUMSTA, MD

Dr. Drumsta reported on the department of Radiology. Dr. Drumsta reported on department volumes, CT procedures along with Radiologist turn around time.

The radiology department is working with Great Lakes Cancer Care. They opened 4 LDLS appointments per day and they have been increasing the number of exams performed each year. Iodine 131 Therapy was reviewed. The department uses this after surgery for thyroid cancer to eliminate any remaining thyroid tissue and to destroy remaining cancer cells.

Our hospital is the only hospital in western New York with Diagnostic Center of Excellence Accreditation. This accreditation is through January of 2025. The ACR Accreditation encompasses CT, NM, US and MRI and the department is accredited through 2027.

The department has three QIPS goals they are working on. Dr. Drumsta also spoke on the Residency program and how successful it has been. ACR Quality measures were discussed and Dr. Drumsta noted that the imaging department is in the process of installing two new digital radiology rooms and has obtained three new portable units.

VII. REGULATORY REPORT – CHARLENE LUDLOW, RN, CIC

Charlene Ludlow shared her regulatory report. Ms. Ludlow stated that there will be a mock survey coming this fall. In 2025 there will be a Joint Commission Opioid Treatment program survey and in 2025 we are scheduled for a hospital wide Joint Commission survey. Currently working on updating staffing information that will ultimately be sent to the state for review.

VIII. ADJOURN

There being no further business, the motion was made and seconded to adjourn the meeting. The next meeting will be held on June 11, 2024.

Dear ECMC Board Members,

The improvement we experienced in operations during this year's First Quarter continued through April, as reflected in the Emergency Department visits, general surgeries, and other areas. Also, another significant measure of success was the 12.7% decline in Acute Average Length of Stay from March 2023, dropping from 8.9 days in March 2023 to 7.8 days in April 2024. These encouraging statistics are directly attributable to the dedication and expertise of our caregivers who attend to every detail of our patients' needs, helping them heal and return safely home or to other settings.

ECMC recently earned status as an American College of Surgeons (ACS) Surgical Quality Partner because of ECMC's participation in multiple ACS quality programs. According to the ACS, "Hospital systems that implement ACS Quality Programs help hospitals prioritize a proactive quality and safety culture, reduce unnecessary hospital stays, and save money." We are proud to be recognized by such a prestigious national organization for our commitment to quality services, patient safety, and sound management of our institution.

Highlighting the innovations and world-class healthcare services at ECMC, *Business First's* annual Future of Health Care special segment included a feature story on our Comprehensive Transition of Care Program that was created by Lucia Gioeli, Vice President of Ambulatory Services & Population Health, and her colleagues. The successful program, also featured at national healthcare conferences, was designed to address health disparities to decrease avoidable readmissions and improve health outcomes for our patients.

May is very busy month every year at ECMC, as we celebrate several national healthcare observances that highlight the significant services provided at our institution. Mental Health Awareness Month in May gives us the opportunity to highlight our tremendous Behavioral Health caregivers and the vitally important services they provide to their patients. Every year ECMC's Behavioral Health services are featured in a special feature published in *Business First*. This year's *Business First* special section led with a feature story highlighting two unique Behavioral Health services at ECMC: Eye Movement Desensitization Reprocessing (EMDR) therapy and our Perinatal Mental Health program. For National Nurses Week, we held a series of events celebrating our tremendous nurses, including the burial of a commemorative time capsule our nurses chose to share with future generations emphasizing the great work they carry out today. That same day, we held a special flag raising ceremony to further amplify the importance of recognizing the kind, compassionate care our nurses provide to their patients. Throughout Nurses Week we celebrated their excellent services with a variety of events, including: the annual blessing of nurses' hands performed by ECMC's Pastoral and Spiritual Care clerics; a Wellness Fair featuring free massages, healthy living vendors and self-care support; and a flower distribution to nurses on their units. On May 15th we commemorated National Trauma Survivors Day with our ECMC Family throughout the institution taking photographs with hand-drawn signs, which are posted on social media showing support for trauma survivors and praising them for their courage, resilience, and strength. Terrace View also led the celebration of National Skilled Nursing Care Week, which featured a variety of activities for staff and residents. National EMS Week (5/19-25) is always an important observance for our ECMC Family as we honor our EMS colleagues who play such an important role in our daily lifesaving efforts. A week of activities occur on our campus, including the annual favorite "Dogs on the Deck" cookout. We again held our annual Smile Cookie sale from April 29th to May 5th in collaboration with Tim Hortons and prepared for Springfest 2023 with yet another highly successful Springfest auction with over 400 attendees at the Buffalo Convention Center. Both events raise thousands of dollars for patient care at ECMC.

Two years ago on May 14th, our community was victimized by a hate-filled racist who shot and killed innocent residents of our city as they peacefully went about their daily lives. Sadly, ten innocent victims lost their lives, including Geraldine Talley, the mother of our ECMC Family member Mark Talley, and former Buffalo police officer Aaron Salter, whose cousin Jamie Salter works with our patient transport team. In addition, three survivors of this mass shooting were cared for at ECMC. Last year, many of our ECMC Family participated in a walk on the ECMC health campus followed immediately by a brief memorial tree and plaque dedication at our Remembrance Garden and this year many of our ECMC Family members again marked this sad anniversary with a campus walk and gathering at the memorial tree to express their respect for the victims and survivors, determined to ensure that we never forget and prove that love will always conquer hate.

We thank the Board for your consistent support and guidance as we continue to achieve overall improvement in hospital operations, building each month on the positive trends that are restoring our ability to meet our commitment to our patients and fulfill our Mission. Thank you.

Best,

Tom

**Erie County Medical Center
Board Report
Chief Operating Officer
May 28, 2024**

Submitted by Andrew Davis

OPERATIONS

Ambulatory Medical Practices

Employee Health and Safety

- Ongoing efforts to address workplace injuries and support affected employees. Our team has diligently initiated a comprehensive follow-up process for all employees who have encountered injuries while on duty.
- Significant headway has been achieved in reaching out to impacted employees and ensuring they receive the essential support and assistance required throughout their injury recovery journey. This proactive approach reflects our unwavering commitment to prioritizing the well-being and safety of our workforce.
- By extending timely support and guidance, we endeavor to facilitate a seamless and compassionate experience for our employees during challenging times. This initiative underscores our organization's dedication to fostering a workplace culture that values and safeguards the welfare of every team member.

Biomedical Services

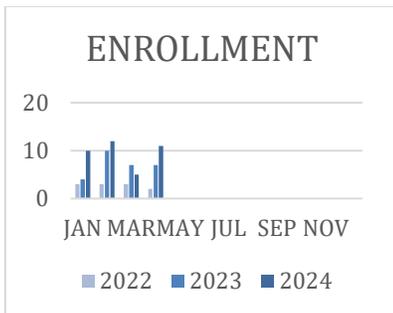
Department Initiatives/Projects/Updates:

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

Center of Cancer Care Research

April 2024

Monthly Oncology Research Report – Dr. Jennifer Frustino



Study Participation:

- The total open CoC accrual for 2024 is (17) participants.
- Potential new for 2024 is (3) participants.

Sponsor Updates:

- Alira Chemo Mouthpiece close-out visit
- Merck B10 site monitoring visit
- Meira GTx site monitoring visit

Sponsored Trials:

- **MERCK trails B10: (MERCK) B10 Pembro MK-3475 plus carboplatin and paclitaxel as first-line treatment of recurrent/metastatic Head & Neck squamous cell carcinoma (KNB10): STUDDT00005605).**
- **Chemo Mouthpiece Clinical Trial STUDY00004783**
- **MeiraGTx AQUAX2 Gene therapy for Radiation:** Induced Xerostomia study. First subject enrolled. Salivary gland gene therapy for patients with dry mouth 3 years after radiation therapy for head and neck cancer.
- **BMS – Celgene Phase 3 Relapsed or Refractory Multiple Myeloma trial**

Food & Nutrition Services

- Food & Nutritional Services (FNS) is consistently enhancing and innovating our operations, with a focus on onboarding and retaining employees to foster internal promotions. Providing education and tools to our staff is crucial for improved patient and customer care.
- 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.

Initiatives & Projects

- Introduction of new initiatives during the daily huddles in April.
 - Encompassing education on supplements and diets
 - Highlighting the allergen of the week
 - Discussing the diet of the week
 - Emphasizing the importance of PPD education
- Implement structures within operations and improve/implement processes to standardize operations.
- “Lean Path” program: waste observation/cost reduction to reduce carbon footprint.

Retail Café Enhancements

- Mashgin self-check-out system continues to be successful. Average of 40% gross sales run through Mashgin.
- We recently onboarded a new Retail Director to collaborate with our Catering Manager. Their combined expertise is enabling us to effectively improve the café experience for our customers.

Laboratory Services

Equipment Upgrades/Replacements/Contracts:

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

Outpatient Behavioral Health Services

Program Updates/Initiatives

- Perinatal/Postpartum Depression Mental Health Initiative
 - Final grant approval received - \$49,500
 - Ongoing planning of Stage 2 expansion of the ECMC On Track, as well as a move of the program from 462 Grider to 1285 Downtown Clinic with anticipated target for the fall of 2024.

Pharmacy

The PGY1 Residency Program awarded the 2024 ASHP Expansion grant. ECMC successfully matched with (3) PGY1 candidates in this year's match who will start July 2024 for the academic year. Intern Program – 100% residency match for (7) graduating interns.

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 – In Progress (In-House Crew)

- Demo wall, install new walls, flooring, ceiling, lighting, HVAC and fire alarm to expand Gift Shop by 4 ft. – 70% complete

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

- **Work completed** (Room #35):
 - *In-House Team:* Minor electrical, general room preparations/repairs, flooring abatement and replacement.
 - *Contractor:* De-installation of existing x-ray equipment and new equipment startup for clinical use.
- **To be completed** (Room #37):

- *In-House Team:* Minor electrical, general room preparations/repairs and flooring replacement to be completed mid-May.
- *Contractor:* De-installation of existing x-ray equipment and start new equipment installation.

Main Hospital (Tunnel Level) – Refresh Former UB Radiology Space – In Progress (In-House Crew)

- Replace missing and stained ceiling tiles, demo select equipment, patch/paint walls, replace missing light fixture lamps, clean light fixture lenses.
- Currently in progress with painting/patching, ceiling tile and light fixture replacements.

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.
- Currently in progress with painting/patching in the registration area.

Rehabilitation Services

- April was Occupational Therapy Month. ECMC Rehabilitation Services has an outstanding group of occupational therapists that work at the top of their license offering visual perception training, basic self-care, splinting, wheelchair assessments and driver evaluation and training to enhance the lives of the patients we serve.
- Medical Rehab Unit is exceeding our CARF/QIPS efficiency goal to improve timeliness of top referral source admissions from time referral is identified by therapy to less than 8.8 days. Year to date is 4.3 days.
- Stakeholder Satisfaction is measured annually on the MRU as part of CARF accreditation. In 2024 seeking >75% satisfaction from Care Management team as evidenced by repeat survey from 2023. The goal was exceeded at 88% due to multiple measures enacted as a result of feedback in 2023.
- The MRU has a goal of averaging 17 admissions per month for the year. The January - April goal has been met.

Surgical Services

Robotic Volume - April 2024

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

- The 1st Robotic Total Shoulder Replacement surgery (TSR) was performed at ECMC in April. To date, this is the 2nd Robotic TSR completed in the world.
- Exploring new ION robotic technology for thoracic service.
- The Surgical Ethics Committee (SEC) will report to the Medical Executive Committee (MEC).

Terrace View

Operations

- The average daily census for April/May was 368.
- Podiatry Services: Dr. Yau provided podiatry services for Terrace View during the month of April, ensuring the residents’ podiatry needs are met in a state of compliance.

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.

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- April 30, 2024 N= 76 (est.) | NYS Jan 1st, 2023- April 30, 2023 N= 100(final) | 2023 Benchmark |
|---------------------------|---|---|---------------------------|
| HCAHPS - Nurses | 76 (est) | 73 | 76 |
| HCAHPS – Doctors | 73 (est) | 78 | 77 |
| Discharge | 86 (est) | 88 | 85 |
| Overall # | 70 (est) | 69 | 66 |

Ambulatory Medical Practices

- Remote blood pressure monitoring is part of the ECMC Primary Care program to continually ensure the health of our patients is improving, even when they are not in the hospital. In March, the ECMC IT team, ECMC population health team and Brooks Health built an interface between the Brooks portal and Altera. This interface enables blood pressure and heart rate to interface from the Brooks portal to the Altera EMR automatically for the Remote Patient Monitoring program. This collaboration will allow for enhanced and more effective ways to communicate results to providers, which can help identify issues sooner.

Dialysis

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

Food & Nutrition Services

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

| | 2/1-5/3/24 | |
|--------------------|-------------|-------------------|
| | Survey size | Mean score |
| Courtesy | n=267 | 55% |
| Temperature | n=265 | 28% (5% increase) |
| Quality | n=293 | 25% (5% increase) |

Patient Service Initiatives

- Onboarded a new Patient Advocate for Food and Nutrition Services, primarily aiming to enhance patient satisfaction and address any instances of subpar customer service. This role will involve conducting staff training, fostering staff engagement, and collaborating with culinary experts to offer special meals for patients or nursing facing menu fatigue or deserving of a celebratory treat.

Laboratory Services

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

- HbA1c POCT: Capital request submitted for expansion of the Siemens UniPoc middleware for electronic transfer of HbA1c orders and results to mitigate the redundant manual transcription process of results into Altera and Meditech.
- MTP Process: Review of current Massive Transfusion Protocol for possible introduction of Whole Blood MTP packs.
- Thromboplasty Technology Review: In collaboration with the Trauma, ICU, and OR teams' evaluation of point-of-care Thromboplasty testing to improve management of trauma and critical patients for clotting capability.
- Community HCV Screening: Working with Immunodeficiency team to implement community screening for HCV in high-risk populations.
- Chemo Clinic POCT: Evaluation of the feasibility of a POCT test menu to support same day in clinic clearance of patients is in discovery phase. A review of workflows identified an opportunity to introduce a visual indicator with samples submitted for same day chemo patients.

Surgical Services

- Implementation of new bed tracking system will Go-live in the Ambulatory Surgical Center (ASC) during the week of May 20.
- Ashley Metzler, RN, is joining the Property Committee to assist with patient property issues.

Transplant

Connect Life event: A press conference was held on April 19, 2024 with several families and staff in attendance.

PEOPLE

Ambulatory Medical Practices

Community Outreach

- The Ambulatory Services Department staff continue to participate in community events, bringing pertinent healthcare information and education to the community. This is an opportunity to provide information about our Primary and Specialty Care Centers, provide pertinent education about various chronic illnesses, and linkage to a PCP at one of our Primary Care Centers. Below are the outreach events attended by department staff.
 - 4/16/24- IHA Good for the Neighborhood
 - 4/16/24- Oral/Head & Neck Cancer Awareness tabling event
 - 4/22/24- National Minority Health Awareness tabling event
 - 4/26/24- National Minority Health Awareness tabling event
 - 4/27/24- Annual Community Family Empowerment & Food Giveaway
- The PrEP team (HIV pre-exposure prophylaxis) and YOU Center for Wellness celebrated STI (sexually transmitted infections) Awareness week April 14-20, 2024. The team tabled and rounded through ECMC providing educational materials and talking about the importance of getting tested.
- The You Center for Wellness in collaboration with the DEI and LBGTQ1A2+ Resource Network the PrEP team celebrated “International Trans Day of Visibility” and participated in five community events.

Professional Development

- Amanda Farrell completed her master’s degree in the Science of Nursing Informatics on May 1, 2024.
- The Ambulatory Department presented a poster at the University of Buffalo School of Nursing 11th Annual Research Day on April 19, 2024. We submitted the following poster: Optimizing Diabetes Management through the Creation and Implementation of a Diabetic Protocol: A Comprehensive Care Model. The poster received first place in the community partners category.



Pictured left to right: Shentelle Bell, MSN, RN; Amanada Farrell, MSN, RN; Lisa Firestone, BSN, RN; and Michelle Mooney, BSN, RN.

The Center for Occupational & Environmental Medicine (COEM)

- The Niagara Orleans Labor Council has chosen to honor COEM's dedication and impactful work by dedicating a brick at the Workers' Memorial Monument at Reservoir Park. This recognition is a testament to the meaningful impact of our efforts in supporting workers and our community.
- COEM will be prominently featured in the program for the Annual AFL-CIO Dinner in recognition of our significant contributions to worker advocacy and community support. This acknowledgment underscores the vital role we play in championing the well-being of workers.
- COEM's presence was prominent during Workers' Memorial Day, with a dedicated announcement and informational display in the main lobby. Additionally, we actively participated and engaged with the community at events such as the Erie County Workers' Memorial Day presentation at Chestnut Ridge Park and the celebration hosted by the Niagara Orleans Labor Council.
- Our commitment to continuous improvement was demonstrated through participation in a Workers' Compensation training hosted by the Niagara Orleans Labor Council, attended by leadership from the Workers' Compensation Board. This collaborative effort further enhances our expertise and strengthens our ability to serve our community effectively.

Center of Cancer Care Research

Team Member Updates:

Oral, Head & Neck Cancer Awareness Month: A tabling event was offered in the main lobby on April 16, 2024 between 7:00am-12:00pm



Pictured above: Devin George, Clinical Research Facilitator

Dental / Oral Oncology & Maxillofacial Prosthetics

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

Food & Nutrition Services

Staffing/Recruitment:

- A new onboarding program has been introduced by Rachel Lorek, AGM, to further develop our team.

- The initiation of internally posted positions have allowed many associates to transfer to different roles within the department. Internal promotions include two employees promoted to Lead positions and two employees promoted from Lead to Supervisor.
- Successful onboarding has been achieved at ECMC, welcoming >5 new hires in the FNS department in the past month.

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.
- Jasmyn Martin, caterer, was nominated for a Tulip Award. We received a patient letter recognizing Jasmyn's outstanding performance!

Laboratory Services

There are four (4) active job postings (2 FT, 2RPT 2 variable, 1 Evening, 1 Night)

- Phlebotomy staffing levels for full support of AM blood draws and ambulatory coverage continues to be challenged due to vacancy and unscheduled accrual usage rates. Recruitment efforts are ongoing.
- Clinical Laboratory Technologist/Technician recruitment efforts are underway with the UB and ECC training programs. We have been successful recruiting six (6) Clinical Laboratory Technologist positions during the initial stages of spring recruitment efforts.

Staff Development

- Department leaders have been identified for enrollment in ECMC offered Manager and Supervisor leadership training series. Two managers have attended the Advanced Manager training, and two section leads have attended the Supervisor Training series. Additional team members identified for training in 2024.

Outpatient Behavioral Health Services

Staff Updates

Staff Training:

- Emily Wiencek, LMSW is enrolled for a July 2024 intensive workshop and training about "Exposure and Response Prevention for Obsessive Compulsive Disorder (OCD)"
- Eye Movement Desensitization and Reprocessing (EMDR) Consultation & Training Initiative
 - Staff Consultation continues and is provided by Lisa Prefontaine enable certification hours
 - 55 Sessions have been provided year to date by newly trained staff

Pharmacy

- Ashley Halloran, VP of Pharmacy Operations, was a speaker at the NYSCHP Annual Assembly on April 19-20, 2024. She presented "From Awareness to Action: Strategies for Drug Diversion Prevention and Detection".

Rehabilitation Services

- The OT Clinical Coordinator in Rehab and the OT staff were recognized by UB for their continuing excellence with UB student program.
- Rehabilitation Services VP and two staff members collaborated with a professor from UB to develop an education survey for rehabilitation staff with over one

hundred staff members completing the survey. Data being analyzed and to help outline an education plan for the department in 2024-2026.

Acute Care Therapy

- Lori Jellinick was appointed as the Director of Inpatient Rehabilitation and is responsible for the coordination of therapy services across the inpatient continuum and has a focus on quality and aligning with inpatient hospital initiatives with a focus on decreasing LOS and decreasing progression of pressure injuries which are both costly to the hospital.
- Stephanie Bieber, PT, is the new Acute Care Supervisor, after the retirement of the former supervisor. She is responsible for the largest concentration of therapy staff in the department and collaborates with the director of inpatient rehab.

PEDS

- Elizabeth Weber, PEDS Supervisor and steering committee member, participated in *Starting Line – Thrive by 5 Coalition through United Way of Buffalo and Erie County*. The team is working on development and adoption of 5-year strategic plan with initiatives and goals built around Workforce Retention, Recruitment and Development and Health Equity in the Early Childhood Community in Erie County.

Outpatient Therapy

- Heather D’Errico, SLP completed an ASHA health care summit for aphasia management.
- Erin McBundy is completed an ADED course “Application of Adaptive Vehicle Modification—training has had a direct and positive impact on our driver training program.

Supportive Care & Palliative Medicine

- 04/11 – New nurses’ orientation, Katie Daoheuang presented on ACP/HCP
- 04/15 – Virtually attended April TCARE Technical Assistance Call
- 04/16 – Table event for National Healthcare Decision Day
- Social worker will be joining the team to assist with grant funded caregiver project in May 2024.

Surgical Services

- Charles Jones appointed to supervisor position of Prep & Pack.
- Trialing a new runner position in the Main OR to assist with room turnovers, supplies, etc.
- Sharri Flaherty was hired for a new Prep & Pack position within Materials Management. Duties include daily ordering of supplies, follow up on backorder items, and managing maintenance of broken surgical equipment.

Terrace View

- New Staff (April): (10) FT CNAs, (2) FT LPNs, (3) RPT CNAs, (2) RPT Nursing Supervisors
- Nursing agencies continue to be utilized to provide temporary supplemental staffing on the evening shift and minimally on the night shift for RNs, LPNs, 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 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
April 2024 Top box score: 61%, n=109
- ATP Testing for April at 90%, reached goal.
- Implementing ATP testing at Terrace view beginning in May.

Food & Nutrition Services (Touchworks Rounding Tool)

| Audit Period | Test Tray Audits | Hospitality Audits | Patient Rounding Audits |
|---------------------|-------------------|--------------------|-------------------------|
| | <i>GOAL = 90%</i> | <i>GOAL = 90%</i> | <i>GOAL = 90%</i> |
| 4/1 - 5/1/24 | (n=54) 86% | (n=15) 98% | (n=165) 75% |

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

Laboratory Services

The Laboratory Medicine department continues to focus on 2024 QIPS Plan Initiatives.

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

- Reduce errors with Pathology Specimen submission from 42 events in 2023 to <30 events in 2024. Errors will be classified as specimen handling or clinical information. **Q1 event data will be evaluated for intervention planning.**
- Reduce registration errors on outpatient laboratory orders which cause a delay in provider review from 10% in 2023 to 5% in 2024. **Q1 data will be evaluated for intervention planning. An ambulatory workgroup has been engaged to review workflows and to identify opportunities for error mitigation.**
- Reduce the % Immediate Spin Crossmatch from 95% of total crossmatch testing to 50% in 2024. **The Electronic Crossmatch went live on 1/23/24. The immediate spin crossmatch rate has been reduced from 95% to 47% in Q1. The use of the electronic crossmatch and reduction of immediate spin will be monitored through the remainder of the year.**

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

Pharmacy

Specialty & Retail

- URAC Mid-Cycle Accreditation Visit - completed April 25, 2024 for continued full accreditation.

2024 QIPS Q1 results

Outcome & Health Disparity Reduction

1. Decrease the number of THA infections to 2 or less by end of year 2024: **YTD 0**
2. Maintain the number of TKA infections at 1 or less by end of year 2024: **YTD 0**
3. Reduce the number of elective colon infections to 2 or less by end of year 2024: **YTD 0**
4. Reduce the number of spinal fusion infections to 8 or less by end of year 2024: **YTD 2**

Quality

Skin assessments will be performed and documented in the patients EMR in all surgical services and procedural areas when reasonable. **Results = 100%compliance**

Staff will ensure the proper documentation of fluid used to reconstitute tissue in the tissue tracking system. Documentation will include fluid type, expiration date and LOT number:

Results = 50% compliance

SSI - Class 1 Combined

| Class I Surgical Procedures | 1Q 2024 | 2024 TOTAL | 2023 TOTAL |
|------------------------------------|----------------|-------------------|-------------------|
| April 2024 | | | |
| Infections | 3 | 3 | 47 |
| Procedures | 2204 | 2204 | 8949 |
| Rate | 0.14% | 0.14% | 0.53% |

Terrace View

- The facility received the results of eight (8) abbreviated surveys conducted in March 2024 by the NYSDOH; no citations were issued.

Transplant

- UNOS/MPSC will continue to monitor our program. The MPSC questionnaire was submitted on April 22, 2024. Feedback is anticipated after the MPSC meeting in July.

FINANCIAL

Ambulatory Medical Practices

- In the April 2024, the Ambulatory department saw 13,763 patients, while being budgeted for 13,652 visits (+0.5% budget). Departments that exceeded budget include: ECMC Family Health, Internal Medicine, COEM, You Center for Wellness, Cardiothoracic, Urology, OMFS, Hertel Dental, Oral Oncology, and Wound Care. Additionally, there were 36 visits for Covid testing and/or Covid vaccinations.
- The Ambulatory team is pleased to announce that the Occupational Health Clinic Network (OCHN) has been awarded an additional \$5 million for the budget year 2024-2025 for the ECMC Center for Occupational and Environmental Medicine Department. We eagerly await further details regarding the specific funds allocated to COEM and any accompanying guidance.

Dental/Oral Oncology & Maxillofacial Prosthetics

Patient Visits – March 2024

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

Dialysis

Budget and Variance:

- Inpatient Hemodialysis: Variance (-302), +136 treatments over previous month.
- Outpatient (in-center treatments): 2024 Budget 8,065, Variance (-332)
- Home Program: (Home Peritoneal & Home Hemodialysis): YTD Budget 656 treatments, Variance (-318)

Census Volume:

- Outpatient (in-center treatments): April = 2,073 treatments, TYD 2024 total = 7,733
- Home Program: (Home Peritoneal & Home Hemodialysis): April = 88 treatments, 2024 totals = 338

| Dialysis | | | 2023 | | | 2024 | | | | | | |
|-------------|-------------|---------------------------|--------|--------|----------|--------|-------|-------|-------|-------|--------|----------|
| | | | YTD | Budget | Variance | Jan | Feb | Mar | Apr | YTD | Budget | Variance |
| 4555 | AKI | Hemodialysis - AKI | 129 | - | - | 19 | 32 | 69 | 56 | 176 | - | - |
| | DIALNON | Hemodialysis - Non-ESRD | 0 | - | - | 0 | 0 | 0 | 0 | 0 | - | - |
| | DIALTRAN | Hemodialysis - Transient | 466 | - | - | 19 | 20 | 30 | 117 | 186 | - | - |
| | HD | Hemodialysis - Chronic | 23,020 | - | - | 1,791 | 1,778 | 1,902 | 1,900 | 7,371 | - | - |
| 4555 Totals | | | 23,615 | 24,539 | -924 | 1,829 | 1,830 | 2,001 | 2,073 | 7,733 | 8,065 | -332 |
| 5660 | HOMEHD | Hemodialysis - Home | 20 | - | - | 0 | 0 | 0 | 0 | 0 | - | - |
| | PD | Hemodialysis - Peritoneal | 1,474 | - | - | 68 | 85 | 97 | 88 | 338 | - | - |
| | 5660 Totals | | | 1,494 | 2,713 | -1,219 | 68 | 85 | 97 | 88 | 338 | 656 |
| Totals | | | 25,109 | 27,252 | -2,143 | 1,897 | 1,915 | 2,098 | 2,161 | 8,071 | 8,721 | -650 |

Enviromental Services

- Overall labor and supply budgets for April in line and below budget.
- Overall purchased services below budget by for April 2024.
- Continue to focus on transitioning floor team to internal staff members to reduce J&J vendor costs.

Food & Nutritional Services

Retail Sales

| | | | |
|-------------------|-------------------|-------------------|------------------|
| March 2024 Actual | \$202,654 | April 2024 Actual | \$155,153 |
| March 2024 Budget | \$186,338 | April 2024 Budget | \$149,070 |
| Variance | +\$ 16,338 = 109% | Variance | +\$ 6,082 = 104% |

Laboratory Services

- The department budget volumes for April YTD were positive 5.0% to budget target and increased 6.9% in comparison to FY23. The April YTD operating expense has a negative variance of 3.3% to budget target and a negative variance of 6.9% to FY23. The personnel expense has a positive variance of 5.8% to budget target and a negative variance of 6.0% to FY23 actual. Non-personnel expenses for April YTD demonstrated a negative variance of 2.7% to budget target and a negative variance of 2.5% to FY23. The negative non-personnel variance is impacted by th eoverall positive 5% to budget volume YTD. The department will continue to monitor expense in alignment with overall volume.

Pharmacy

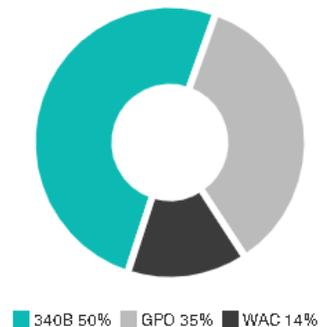
340B

Summary Totals

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

| Account | Spend | Savings |
|----------------------|---------------------|-------------------|
| 340B Verity Split | 738,962.46 | 547,767.38 |
| 340B External | 157,386.28 | 78,243.19 |
| 340B Subtotal | 896,348.74 | 626,010.57 |
| | 50% | |
| GPO Verity Split | 554,287.37 | 210,096.42 |
| GPO External | 72,735.27 | 36,449.97 |
| GPO Subtotal | 627,022.64 | 246,546.39 |
| | 35% | |
| WAC Verity Split | 313,030.92 | - |
| WAC External | -59,665.64 | - |
| WAC Subtotal | 253,365.28 | - |
| | 14% | |
| TOTAL | 1,776,736.66 | 872,556.96 |

Total Spend



Radiology

- The Radiology department is up 7.7% YTD over budget.

Rehabilitation Services

Acute Care Therapy

- The PT productivity statistics for the acute hospital were 3,504 against a budget of 3,166 with a positive variance of 9.6%. The OT productivity statistics were 2,573 against a budget of 2,408 with a positive variance of 6.4%.

MRU

- The MRU monthly Therapy statistics combined PT and OT for units of service were 3,535 against a budget of 3,018 for a positive variance of 14.6%. SLP services combined for MRU and Acute care services were 475 against a budget of 480 with a negligible variance.

Supportive Care & Palliative Medicine

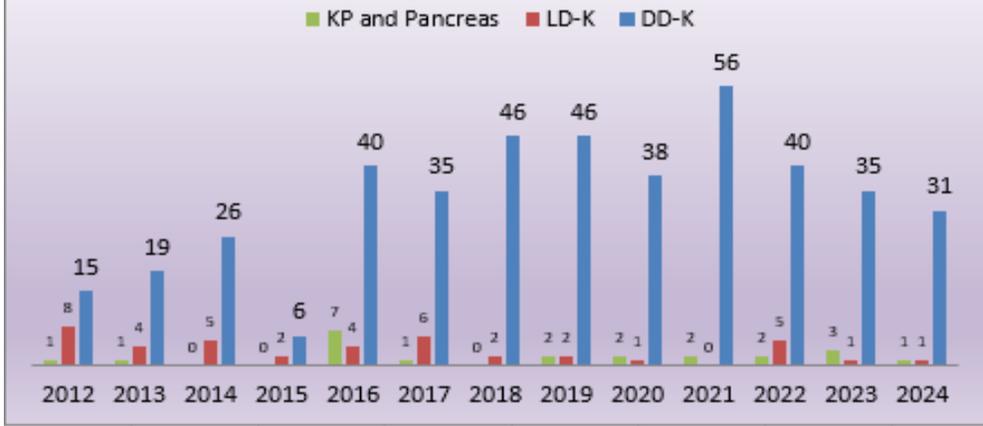
- Total Inpatient Consults for April: 116
- Transitions of Care: 10 (home services)
- Terrace View: 9
- Sloan Comfort Home: 1

Transplant

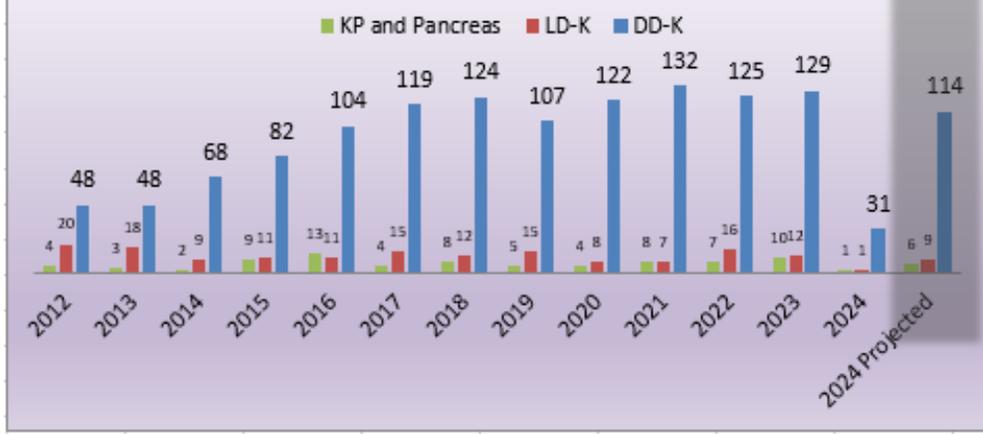
- 2024 has five (5) less transplants than this time last year. YTD = 33 transplants
- Pre-Transplant Clinic is below budget by -152 we did increase budget significantly in 2024 based on our 2023 volume. April has an increase of 52 evaluations.
- Post-Transplant has exceeded the 2024 budget YTD by 34.

| Transplant / Vascular | | | 2023 | | | 2024 | | | | | | |
|-----------------------|-------------|-------------------|--------------|--------------|-------------|------------|------------|------------|------------|--------------|--------------|--------------|
| | | | YTD | Budget | Variance | Jan | Feb | Mar | Apr | YTD | Budget | Variance |
| 6430 | TRANPRE | Transplant Clinic | 661 | - | - | 38 | 49 | 41 | 52 | 180 | - | - |
| | TRANPREPC | Transplant Clinic | 2 | - | - | 0 | 0 | 0 | 0 | 0 | - | - |
| | 6430 Totals | | 663 | 563 | 100 | 38 | 49 | 41 | 52 | 180 | 332 | -152 |
| 6431 | TRANPOSPRC | Transplant Clinic | 1 | - | - | 0 | 0 | 0 | 0 | 0 | - | - |
| | TRANPOST | Transplant Clinic | 4,259 | - | - | 367 | 352 | 318 | 325 | 1,362 | - | - |
| | 6431 Totals | | 4,260 | 4,411 | -151 | 367 | 352 | 318 | 325 | 1,362 | 1,328 | 34 |
| Totals | | | 4,923 | 4,974 | -51 | 405 | 401 | 359 | 377 | 1,542 | 1,660 | -118 |

Transplants to this point (per year)



Transplants (per yr) - w/Projections



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Internal Financial Reports
For the month ended April 30, 2024

Erie County Medical Center Corporation

**Financial Dashboard
April 30, 2024**

Statement of Operations:

| | Month | Year-to-Date (YTD) | YTD Budget |
|--|-------------------|--------------------|--------------------|
| Net patient revenue | \$ 54,067 | \$ 220,427 | \$ 210,570 |
| Other | 15,621 | 60,229 | 57,723 |
| Total revenue | <u>69,688</u> | <u>280,656</u> | <u>268,293</u> |
| Salary & benefits | 37,160 | 150,937 | 146,837 |
| Physician fees | 9,216 | 38,473 | 38,609 |
| Purchased services | 6,680 | 25,737 | 24,109 |
| Supplies & other | 14,927 | 56,467 | 52,909 |
| Depreciation and amortization | 3,871 | 15,999 | 15,485 |
| Interest | 1,057 | 4,015 | 3,516 |
| Total expenses | <u>72,911</u> | <u>291,628</u> | <u>281,465</u> |
| Operating Income/(Loss) Before Other Items | (3,223) | (10,972) | (13,172) |
| Grant revenue | - | 609 | - |
| Income/(Loss) from Operations With Other Items | <u>(3,223)</u> | <u>(10,363)</u> | <u>(13,172)</u> |
| Other Non-operating gain/(loss) | (1,631) | 478 | 402 |
| Change in net assets | <u>\$ (4,854)</u> | <u>\$ (9,885)</u> | <u>\$ (12,770)</u> |
| Operating margin | <u>-4.6%</u> | <u>-3.7%</u> | <u>-4.9%</u> |

Balance Sheet:

Assets:

| | |
|-------------------------------|-------------------|
| Cash & short-term investments | \$ 50,497 |
| Patient receivables | 115,768 |
| Assets whose use is limited | 176,944 |
| Other assets | 493,670 |
| | <u>\$ 836,879</u> |

Liabilities & Net Assets:

| | |
|---|-------------------|
| Accounts payable & accrued expenses | \$ 311,240 |
| Estimate self-insurance reserves | 55,593 |
| Other liabilities | 499,849 |
| Long-term debt, including current portion | 199,382 |
| Lease liability, including current portion | 24,766 |
| Subscription liability, including current portion | 22,101 |
| Line of credit | 10,000 |
| Net assets | (286,052) |
| | <u>\$ 836,879</u> |

Cash Flow Summary:

| | Month | YTD |
|--|------------------|------------------|
| Net cash provided by (used in): | | |
| - Operating activities | \$ (12,874) | \$ 37,608 |
| - Investing activities | (5,416) | (10,014) |
| - Financing activities | <u>(704)</u> | <u>(7,476)</u> |
| Increase/(decrease) in cash and cash equivalents | (18,994) | 20,118 |
| Cash and cash equivalents - beginning | <u>58,883</u> | <u>19,771</u> |
| Cash and cash equivalents - ending | <u>\$ 39,889</u> | <u>\$ 39,889</u> |

Key Statistics:

| | Month | YTD | YTD Budget |
|---|--------|--------|------------|
| Discharges: | | | |
| - Acute | 1,071 | 4,323 | 3,902 |
| - Exempt units | 434 | 1,659 | 1,832 |
| Observation Cases: | 285 | 1,127 | 950 |
| Patient days: | | | |
| - Acute | 8,210 | 33,769 | 29,827 |
| - Exempt units | 4,852 | 19,367 | 20,081 |
| Average length of stay, acute | 7.7 | 7.8 | 7.6 |
| Case mix index Blended | 1.88 | 1.87 | 1.83 |
| Average daily census: Medical Center | 435 | 439 | 412 |
| Terrace View LTC | 368 | 370 | 377 |
| Emergency room visits, including admissions | 5,402 | 21,134 | 21,546 |
| Outpatient Visits | 26,158 | 97,954 | 102,512 |
| Days in patient receivables | | 63.5 | |

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Erie County Medical Center Corporation

Management Discussion and Analysis

For the month ended April 30, 2024

(Amounts in Thousands)

April 2024 Operating Performance

During April 2024, ECMCC experienced strong operating volume and revenue overall, extending the favorable trends experienced through the first quarter. ECMCC outperformed budget in inpatient cases during the month, especially within the acute medical and surgical service areas. These volume variances as well as increased severity led to an increase in overall case mix for the month. ECMCC exceeded plan in total surgeries during the month which also resulted in additional revenue for the month as well. The additional revenue derived from these trends during April were partially offset by additional patient account write-offs and bad debt expense, and further offset by additional expenses primarily within salaries, benefits, purchased services and supplies, which drove an operating loss for the month of (\$3,223). This operating loss is slightly unfavorable when compared to the month's budgeted loss of (\$2,849). This loss does represent a significant improvement over the operating loss before grant funding during April 2023 of (\$6,336).

Inpatient discharges for the month exceeded the budgeted cases of 1,426 by 79 cases (or 5.5%), driven by favorable variances in acute, behavioral health, and medical rehab services offset by unfavorable variances in chemical dependency services. Acute discharges of 1,071 exceeded the budget by 9.5%, bolstered by inpatient surgery variance of 17 surgeries. During April, given lower overall COVID cases in the community, management was able to continue to reduce the acute average length of stay. ECMCC managed to achieve an acute average length of stay of 7.7 days in April as compared to a budgeted length of stay of 7.1 days, which represents a decrease from the acute average length of stay in January 2024 of 8.3, but a slight increase from March 2024 of 7.4. Net patient service revenue was favorably impacted during the month with an acute case mix index of 1.88 as compared to a budgeted case mix of 1.77. 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 April 2024, ECMCC's Terrace View skilled nursing facility has returned to 95% occupancy due to significant and successful recruitment efforts to address the staffing challenges experienced at that facility over the last several years.

While ECMCC saw an improvement in outpatient volume for the month from the volume recorded during February and March 2024, total outpatient volume remained slightly below budget for the month by 195 visits, a 0.7% shortfall. This was driven primarily by lower clinic visit volume during the month. During the month ECMCC experienced a favorable variance in outpatient surgeries of 28 cases as compared to the budget of 575 cases, or 4.9%. As it relates to the clinics, certain clinic growth has been delayed slightly due to the timing of construction and staffing challenges but are temporary in nature and are expected to be achieved throughout the rest of the year.

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

Expenses were also seen during the month in temporary nursing staff in both the hospital and Terrace View to assist in meeting minimum standards. Management has planned for a certain number of agency staff to remain throughout

Erie County Medical Center Corporation

Management Discussion and Analysis

For the month ended April 30, 2024

(Amounts in Thousands)

the year and given volume levels coupled with staffing shortages on certain shifts, ECMCC has not yet reached the budgeted levels.

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

Balance Sheet

ECMCC saw an increase in cash from December 2023 resulting in 24 days operating cash as compared to 16 days operating cash at the end of 2023. Cash levels have increased at the end of April as a result of the receipt of the 2023 initial disproportionate share (DSH/IGT) payment, along with the retrospective reimbursement settlement related to the 340b drug pricing program. Partially offsetting those receipts, management paid the New York State Pension Plan contribution timely as required, ongoing operating vendor payments and first quarter cash flow reductions due to operating losses. 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 as well as the prior year DSH/IGT reconciliation payments, which are not expected until July of 2024.

Patient receivables increased over \$13 million from December 31, 2023, all of which occurred during the months of March and April. Despite having improved collections through February, accounts receivable has increased primarily due to the delays in billing and collections related to one significant payer, which will be resolved in the coming weeks. Although advances have been received by that payer against the delayed cash collections, additional receivables continue to be suspended. These delays are primarily related to the Change Healthcare cyber-attack which occurred on February 21st, 2024.

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

The change in other accrued expenses reflects the recognition of the deferred revenue received in January of 2024 resulting from the receipt of the current year initial payment for DSH/IGT.

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

Vendor Related Cyber Incident

On February 21, 2024, Change Healthcare, a third-party service provider to ECMCC and several of its vendors, became aware of a cybersecurity incident (the "Incident") causing a disruption across the health care industry. ECMCC uses Change Healthcare for various revenue cycle related services including professional billing, claims processing, and eligibility authorizations. As a result of the Incident, as of May 17, 2024, ECMCC is not aware of any company data including personally identifiable information (PII) and/or protected health information (PHI), that has been compromised because of the incident. ECMCC continues to monitor the overall response by Change to the incident but cannot predict at this point whether it will have a significant adverse impact on the organization or whether PII or PHI will be identified in the future as being compromised. Additionally, ECMCC is in constant contact with

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

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

April 30, 2024 and December 31, 2023

(Dollars in Thousands)

| | April 30, 2024 | December 31, 2023 | Change from December 31st |
|---|-------------------|-------------------|------------------------------|
| Assets | | | |
| Current Assets: | | | |
| Cash and cash equivalents | \$ 39,889 | \$ 19,771 | \$ 20,118 |
| Investments | 10,608 | 10,646 | (38) |
| Patient receivables, net | 115,768 | 102,389 | 13,379 |
| Prepaid expenses, inventories and other receivables | 31,103 | 62,528 | (31,425) |
| Total Current Assets | 197,368 | 195,334 | 2,034 |
| Assets Whose Use is Limited: | | | |
| Designated under self-Insurance programs | 57,904 | 57,904 | - |
| Restricted under third party agreements | 113,858 | 107,627 | 6,231 |
| Designated for long-term investments | 5,182 | 5,091 | 91 |
| Total Assets Whose Use is Limited | 176,944 | 170,622 | 6,322 |
| Property and equipment, net | 295,129 | 307,343 | (12,214) |
| Other assets | 167,438 | 168,809 | (1,371) |
| Total Assets | \$ 836,879 | \$ 842,108 | \$ (5,229) |
| Liabilities & Net Position | | | |
| Current Liabilities: | | | |
| Current portion of long-term debt | \$ 12,869 | \$ 12,869 | \$ - |
| Current portion of lease liability | 5,389 | 6,944 | (1,555) |
| Current portion of subscription liability | 8,345 | 8,724 | (379) |
| Line of credit | 10,000 | 10,000 | - |
| Accounts payable | 60,910 | 59,922 | 988 |
| Accrued salaries and benefits | 67,321 | 73,734 | (6,413) |
| Other accrued expenses | 177,930 | 125,936 | 51,994 |
| Estimated third party payer settlements | 5,079 | 4,486 | 593 |
| Total Current Liabilities | 347,843 | 302,615 | 45,228 |
| Long-term debt | 186,513 | 188,940 | (2,427) |
| Long-term lease liability | 19,377 | 20,521 | (1,144) |
| Long-term subscription liability | 13,756 | 15,727 | (1,971) |
| Estimated self-insurance reserves | 55,593 | 59,340 | (3,747) |
| Other liabilities | 499,849 | 531,132 | (31,283) |
| Total Liabilities | 1,122,931 | 1,118,275 | 4,656 |
| Total Net Position | (286,052) | (276,167) | (9,885) |
| Total Liabilities and Net Position | \$ 836,879 | \$ 842,108 | \$ (5,229) |

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Erie County Medical Center Corporation

Statement of Operations

For the month ended April 30, 2024

(Dollars in Thousands)

| | Actual | Budget | Favorable/ (Unfavorable) | Prior Year |
|---|-------------------|-------------------|-----------------------------|-------------------|
| Operating Revenue: | | | | |
| Net patient revenue | 56,282 | 52,841 | 3,441 | 47,620 |
| Less: Provision for uncollectable accounts | (2,215) | (1,017) | (1,198) | (728) |
| Adjusted Net Patient Revenue | 54,067 | 51,824 | 2,243 | 46,892 |
| Disproportionate share / IGT revenue | 10,273 | 10,273 | - | 9,571 |
| Other revenue | 5,348 | 4,158 | 1,190 | 3,185 |
| Total Operating Revenue | 69,688 | 66,255 | 3,433 | 59,648 |
| Operating Expenses: | | | | |
| Salaries & wages | 28,875 | 28,186 | (689) | 27,256 |
| Employee benefits | 8,285 | 7,847 | (438) | 8,770 |
| Physician fees | 9,216 | 9,652 | 436 | 8,641 |
| Purchased services | 6,680 | 5,939 | (741) | 6,773 |
| Supplies | 12,364 | 10,344 | (2,020) | 10,093 |
| Other expenses | 2,156 | 1,965 | (191) | 2,006 |
| Utilities | 407 | 421 | 14 | 409 |
| Depreciation & amortization | 3,871 | 3,871 | - | 3,360 |
| Interest | 1,057 | 879 | (178) | 926 |
| Total Operating Expenses | 72,911 | 69,104 | (3,807) | 68,234 |
| Operating Income/(Loss) Before Other Items | (3,223) | (2,849) | (374) | (8,586) |
| Other Gains/(Losses) | | | | |
| Grant revenue | - | - | - | 2,250 |
| Income/(Loss) from Operations | (3,223) | (2,849) | (374) | (6,336) |
| Other Non-operating Gain/(Loss): | | | | |
| Interest and dividends | 424 | 180 | 244 | 482 |
| Unrealized gain/(loss) on investments | (2,055) | (80) | (1,975) | 116 |
| Non-operating Gain/(Loss) | (1,631) | 100 | (1,731) | 598 |
| Excess of Revenue/(Deficiency) Over Expenses | \$ (4,854) | \$ (2,749) | \$ (2,105) | \$ (5,738) |

Erie County Medical Center Corporation

Statement of Operations

For the four months ended April 30, 2024

(Dollars in Thousands)

| | Actual | Budget | Favorable/ (Unfavorable) | Prior Year |
|---|-------------------|--------------------|-----------------------------|--------------------|
| Operating Revenue: | | | | |
| Net patient revenue | 225,717 | 214,733 | 10,984 | 194,431 |
| Less: Provision for uncollectable accounts | (5,290) | (4,163) | (1,127) | (3,876) |
| Adjusted Net Patient Revenue | <u>220,427</u> | <u>210,570</u> | 9,857 | 190,555 |
| Disproportionate share / IGT revenue | 41,093 | 41,093 | - | 38,284 |
| Other revenue | <u>19,136</u> | <u>16,630</u> | <u>2,506</u> | <u>11,874</u> |
| Total Operating Revenue | <u>280,656</u> | <u>268,293</u> | <u>12,363</u> | <u>240,713</u> |
| Operating Expenses: | | | | |
| Salaries & wages | 116,516 | 115,037 | (1,479) | 108,891 |
| Employee benefits | 34,421 | 31,800 | (2,621) | 33,852 |
| Physician fees | 38,473 | 38,609 | 136 | 36,175 |
| Purchased services | 25,737 | 24,109 | (1,628) | 25,347 |
| Supplies | 46,557 | 42,850 | (3,707) | 39,032 |
| Other expenses | 8,029 | 7,861 | (168) | 7,582 |
| Utilities | 1,881 | 2,198 | 317 | 2,107 |
| Depreciation & amortization | 15,999 | 15,485 | (514) | 13,418 |
| Interest | <u>4,015</u> | <u>3,516</u> | <u>(499)</u> | <u>3,731</u> |
| Total Operating Expenses | <u>291,628</u> | <u>281,465</u> | <u>(10,163)</u> | <u>270,135</u> |
| Operating Income/(Loss) Before Other Items | (10,972) | (13,172) | 2,200 | (29,422) |
| Other Gains/(Losses) | | | | |
| Grant revenue | <u>609</u> | <u>-</u> | <u>609</u> | <u>10,978</u> |
| Income/(Loss) from Operations | (10,363) | (13,172) | 2,809 | (18,444) |
| Other Non-operating Gain/(Loss): | | | | |
| Interest and dividends | 1,794 | 720 | 1,074 | 1,103 |
| Unrealized gain/(loss) on investments | <u>(1,316)</u> | <u>(318)</u> | <u>(998)</u> | <u>1,224</u> |
| Non-operating Gain/(Loss) | <u>478</u> | <u>402</u> | <u>76</u> | <u>2,327</u> |
| Excess of Revenue/(Deficiency) Over Expenses | <u>\$ (9,885)</u> | <u>\$ (12,770)</u> | <u>\$ 2,885</u> | <u>\$ (16,117)</u> |

Erie County Medical Center Corporation

Statement of Changes in Net Position

For the month and four months ended April 30, 2024

(Dollars in Thousands)

| | <u>Month</u> | <u>Year-to-Date</u> |
|---|----------------------------|----------------------------|
| Unrestricted Net Assets: | | |
| Excess/(Deficiency) of revenue over expenses | \$ (4,854) | \$ (9,885) |
| 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>(4,854)</u> | <u>(9,885)</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>(4,854)</u> | <u>(9,885)</u> |
| Net Position, beginning of period | <u>(281,198)</u> | <u>(276,167)</u> |
| Net Position, end of period | <u>\$ (286,052)</u> | <u>\$ (286,052)</u> |

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Erie County Medical Center Corporation

Statement of Cash Flows

For the month and four months ended April 30, 2024

(Dollars in Thousands)

| | Month | Year-to-Date |
|---|------------------|------------------|
| Cash Flows from Operating Activities: | | |
| Change in net assets | \$ (4,854) | \$ (9,885) |
| Adjustments to Reconcile Changes in Net Assets to Net Cash Provided by/(Used in) Operating Activities: | | |
| Depreciation and amortization | 3,871 | 15,999 |
| Provision for bad debt expense | 2,215 | 5,290 |
| Net change in unrealized (gain)/loss on Investments | 2,055 | 1,316 |
| <u>Changes in Operating Assets and Liabilities:</u> | | |
| Patient receivables | (5,861) | (18,669) |
| Prepaid expenses, inventories and other receivables | 114 | 31,425 |
| Accounts payable | 1,961 | 988 |
| Accrued salaries and benefits | (2,348) | (6,413) |
| Estimated third party payer settlements | 138 | 593 |
| Other accrued expenses | (10,587) | 51,994 |
| Self Insurance reserves | 47 | (3,747) |
| Other liabilities | 375 | (31,283) |
| Net Cash Provided by/(Used in) Operating Activities | (12,874) | 37,608 |
| Cash Flows from Investing Activities: | | |
| Additions to Property and Equipment, net | (1,874) | (3,785) |
| Decrease/(increase) in assets whose use is limited | (3,522) | (6,322) |
| Sale/(Purchase) of investments, net | (287) | (1,278) |
| Investment in component units | - | - |
| Change in other assets | 267 | 1,371 |
| Net Cash Provided by/(Used in) Investing Activities | (5,416) | (10,014) |
| Cash Flows from Financing Activities: | | |
| Principal payments on / proceeds from long-term debt, net | (517) | (2,427) |
| Principal payments on / additions to long-term lease liability, net | 132 | (2,699) |
| Principal payments on / additions to long-term subscription, net | (319) | (2,350) |
| Proceeds from line of credit | - | - |
| Increase/(Decrease) in Cash and Cash Equivalents | (18,994) | 20,118 |
| Cash and Cash Equivalents, beginning of period | 58,883 | 19,771 |
| Cash and Cash Equivalents, end of period | \$ 39,889 | \$ 39,889 |

Erie County Medical Center Corporation

Statistical and Ratio Summary

| | April 30, 2024 | December 31, 2023 | ECMCC 3 Year Avg. 2020 - 2022 |
|---|----------------|-------------------|-------------------------------------|
| <u>Liquidity Ratios:</u> | | | |
| Current Ratio | 0.6 | 0.7 | 0.8 |
| Days in Operating Cash & Investments | 24 | 16 | 29.5 |
| Days in Patient Receivables | 63.5 | 63.2 | 55.5 |
| Days Expenses in Accounts Payable | 57.4 | 53.6 | 61.2 |
| Days Expenses in Current Liabilities | 145.9 | 129.2 | 144.5 |
| Cash to Debt | 54.4% | 43.0% | 52.8% |
| Working Capital Deficit | \$ (150,475) | \$ (89,919) | \$ (72,929) |
| <u>Capital Ratios:</u> | | | |
| Long-Term Debt to Fixed Assets | 63.2% | 67.7% | 68.4% |
| Assets Financed by Liabilities | 134.2% | 133.6% | 127.9% |
| Debt Service Coverage (Covenant > 1.1) | 2.0 | 2.3 | 1.6 |
| Capital Expense | 5.7% | 3.0% | 3.0% |
| Average Age of Plant | 7.2 | 7.6 | 9.4 |
| Debt Service as % of NPSR | 3.7% | 4.2% | 4.0% |
| Capital as a % of Depreciation | 23.7% | 13.1% | 34.3% |
| <u>Profitability Ratios:</u> | | | |
| Operating Margin | -3.9% | -13.2% | -14.1% |
| Net Profit Margin | -4.4% | -1.0% | -3.5% |
| Return on Total Assets | -3.5% | -0.8% | -2.1% |
| Return on Equity | 10.4% | 2.3% | 7.9% |
| <u>Productivity and Cost Ratios:</u> | | | |
| Total Asset Turnover | 1.0 | 0.9 | 0.8 |
| Total Operating Revenue per FTE | \$ 252,602 | \$ 224,619 | \$ 216,505 |
| Personnel Costs as % of Total Revenue | 52.8% | 57.5% | 57.0% |

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Erie County Medical Center Corporation

Key Statistics
Period Ended April 30, 2024

| Current Period | | | | Year to Date | | | | |
|-------------------------------------|---------------|--------------|---------------|-------------------------------------|---------------|---------------|-------------|---------------|
| Actual | Budget | % to Budget | Prior Year | Actual | Budget | % to Budget | Prior Year | |
| Discharges: | | | | Discharges: | | | | |
| 1,071 | 978 | 9.5% | 982 | Med/Surg (M/S) - Acute | 4,323 | 3,902 | 10.8% | 3,919 |
| 234 | 228 | 2.5% | 213 | Behavioral Health | 892 | 937 | -4.8% | 874 |
| 183 | 204 | -10.3% | 186 | Chemical Dependency (CD) - Detox | 701 | 831 | -15.6% | 761 |
| 17 | 16 | 6.0% | 15 | Medical Rehab | 66 | 64 | 3.1% | 63 |
| 1,505 | 1,426 | 5.5% | 1,396 | Total Discharges | 5,982 | 5,734 | 4.3% | 5,617 |
| Patient Days: | | | | Patient Days: | | | | |
| 8,210 | 6,990 | 17.5% | 8,630 | M/S - Acute | 33,769 | 29,827 | 13.2% | 35,052 |
| 3,818 | 3,589 | 6.4% | 3,969 | Behavioral Health | 15,106 | 15,380 | -1.8% | 16,163 |
| 645 | 801 | -19.5% | 727 | CD - Detox | 2,665 | 3,319 | -19.7% | 3,027 |
| 389 | 398 | -2.3% | 357 | Medical Rehab | 1,596 | 1,382 | 15.5% | 1,426 |
| 13,062 | 11,778 | 10.9% | 13,683 | Total Patient Days | 53,136 | 49,908 | 6.5% | 55,668 |
| Average Daily Census (ADC): | | | | Average Daily Census (ADC): | | | | |
| 274 | 233 | 17.5% | 288 | M/S - Acute | 279 | 247 | 13.2% | 292 |
| 127 | 120 | 6.4% | 132 | Behavioral Health | 125 | 127 | -1.8% | 135 |
| 22 | 27 | -19.5% | 24 | CD - Detox | 22 | 27 | -19.7% | 25 |
| 13 | 13 | -2.3% | 12 | Medical Rehab | 13 | 11 | 15.5% | 12 |
| 435 | 393 | 10.9% | 456 | Total ADC | 439 | 412 | 6.5% | 464 |
| Average Length of Stay: | | | | Average Length of Stay: | | | | |
| 7.7 | 7.1 | 7.2% | 8.8 | M/S - Acute | 7.8 | 7.6 | 2.2% | 8.9 |
| 16.3 | 15.7 | 3.8% | 18.6 | Behavioral Health | 16.9 | 16.4 | 3.2% | 18.5 |
| 3.5 | 3.9 | -10.2% | 3.9 | CD - Detox | 3.8 | 4.0 | -4.8% | 4.0 |
| 22.9 | 24.8 | -7.8% | 23.8 | Medical Rehab | 24.2 | 21.6 | 12.0% | 22.6 |
| 8.7 | 8.3 | 5.1% | 9.8 | Average Length of Stay | 8.9 | 8.7 | 2.0% | 9.9 |
| Occupancy: | | | | Occupancy: | | | | |
| 80.2% | 76.4% | 5.0% | 84.0% | % of M/S Acute staffed beds | 80.2% | 76.4% | 5.0% | 84.0% |
| Case Mix Index: | | | | Case Mix Index: | | | | |
| 1.88 | 1.77 | 5.9% | 1.87 | Blended (Acute) | 1.87 | 1.83 | 2.7% | 1.78 |
| 285 | 270 | 5.6% | 265 | Observation Status | 1,127 | 950 | 18.6% | 920 |
| 405 | 388 | 4.4% | 400 | Inpatient General Surgeries | 1,676 | 1,554 | 7.9% | 1,501 |
| 603 | 575 | 4.9% | 576 | Outpatient General Surgeries | 2,524 | 2,487 | 1.5% | 2,499 |
| 19 | 48 | -60.4% | 38 | Inpatient Ancillary Surgeries | 86 | 189 | -54.5% | 198 |
| 37 | 34 | 8.8% | 28 | Outpatient Ancillary Surgeries | 136 | 126 | 7.9% | 107 |
| 26,158 | 26,353 | -0.7% | 23,809 | Outpatient Visits | 97,954 | 102,512 | -4.4% | 98,944 |
| 5,402 | 5,342 | 1.1% | 5,109 | Emergency Visits Including Admits | 21,134 | 21,546 | -1.9% | 19,882 |
| 63.5 | 44.2 | 43.7% | 64.0 | Days in A/R | 63.5 | 44.2 | 43.7% | 64.0 |
| 4.3% | 1.9% | 121.8% | 2.1% | Bad Debt as a % of Net Revenue | 2.4% | 2.0% | 23.1% | 2.4% |
| 3,294 | 3,170 | 3.9% | 3,224 | FTE's | 3,261 | 3,194 | 2.1% | 3,222 |
| 4.22 | 4.56 | -7.5% | 4.19 | FTE's per Adjusted Occupied Bed | 4.21 | 4.43 | -5.0% | 4.11 |
| \$ 18,623 | \$ 18,930 | -1.6% | \$ 18,298 | Net Revenue per Adjusted Discharge | \$ 19,363 | \$ 19,421 | -0.3% | \$ 18,267 |
| \$ 24,989 | \$ 25,171 | -0.7% | \$ 26,657 | Cost per Adjusted Discharge | \$ 25,597 | \$ 25,804 | -0.8% | \$ 25,865 |
| Terrace View Long Term Care: | | | | Terrace View Long Term Care: | | | | |
| 11,035 | 11,336 | -2.7% | 10,943 | Patient Days | 44,801 | 45,562 | -1.7% | 43,720 |
| 368 | 378 | -2.7% | 365 | Average Daily Census | 370 | 377 | -1.7% | 364 |
| 94.3% | 96.9% | -2.7% | 93.5% | Occupancy - % of Staffed beds | 94.9% | 96.6% | -1.7% | 93.4% |
| 461 | 500 | -7.8% | 421 | FTE's | 460 | 506 | -9.0% | 414 |
| 6.7 | 7.1 | -5.3% | 6.1 | Hours Paid per Patient Day | 6.6 | 7.1 | -7.5% | 6.1 |

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

University at Buffalo Update

- Psychiatry Chair search continues as well as the Chair of Anesthesia, Division Chief of Nephrology and GI.
- Dr. Leonard Egede, the new Chair of Medicine will begin July 1, 2024.

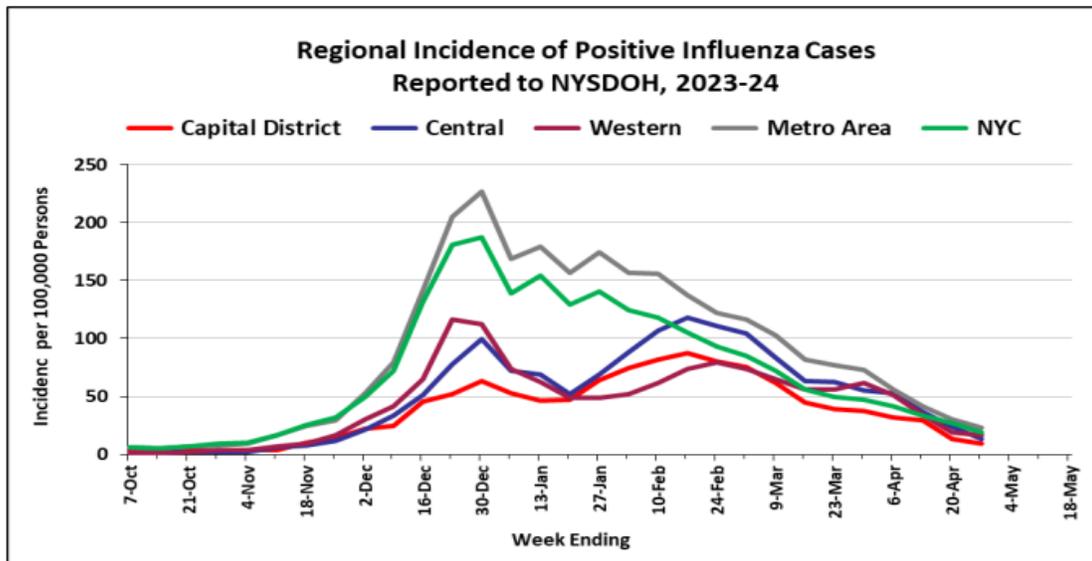
Current hospital operations

- Admissions YTD: 4,529 (4,116)
- ED visits YTD: 18,921 (17,660)
- CPEP visits: 3,345 (3,326)
- Observation: 1,181 (963)
- Inpatient Surgeries: 1,766 (1,594)
- Outpatient Surgeries: 2,678 (2,655)
- ALC days YTD: 3,134 (4,303)

The average length of stay MTD 6.8 (7.2). CMI 1.8745 (1,8071)

CMO Update

- Influenza ‘season’ has ended. Masks can now be removed for those who declined receiving the flu vaccine.



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

Department of Nursing Report May 2024

The Nursing Department is currently continuing the Pathway to Excellence journey by engaging our Nursing team in a survey to verify their commitment to the American Nursing Credential Center Standards for excellence. "Pathway moments" from all nursing areas were included in our standard compliance documents and the Nurses are now able to respond that they strongly agree they meet and exceed the standards for excellence. The goal for renewed designation represents our commitment to Quality, Safety, Leadership, shared decision making as well as professional development and staff well-being.

ECMC Nurses celebrated Nurses week May 6 to May 12th. The Erie County Executive provided a proclamation for Nurse's week which was recognized at our Pathways to excellence flag raising event. The national theme for the week was "Nurse's make a Difference". May 12th is Florence Nightingale's birthday which is why this specific week is chosen for Nurse's week. We focused on Nursing at ECMC by looking to our past, as well as the present and future of Nursing service to our community. A display of Nursing items from the 1920's was made available for our staff to remember the past EJ Meyer Nurses that provided care at this same location. Our Nurse's also put together a time capsule that was filled with current photos and selected meaningful items plus a letter to describe current nursing with words of encouragement to future Nurses to understand Nursing in 2024. A tree was planted and the time capsule buried near it by the Memory Garden on our campus so that future Nurses can look back at Nurse's that paved the road in Nursing. Our Nursing team reflected on the profound impact of the pioneers who have shaped our profession. We considered past nurse leaders like Lillian Wald, founder of public health nursing; Anita Doerr, one of our EJ Meyer Nurses who invented the crash cart, revolutionizing emergency response; and Hazel Johnson, the first nurse of color to become a general in the U.S. Army and developed scholarships for ROTC nursing. Their leadership, dedication, and passion are truly unparalleled. We are proud to celebrate and honor our ECMC Nursing contributions now and throughout the year. Our Nurses make a difference every day, and for that, we are immensely grateful.

During our week long recognition our Nurses enjoyed Ice Cream treats and other events were held as we focused on the outstanding service provided by our Nurses. Nurse's won prizes during the week which included Springfest Gala tickets and flower baskets. Vendors were onsite to promote staff wellbeing and a fun time was experienced through out the week.

Celebrations were held related to our outstanding Nursing team this month which included:

TICU Nurse Hero of the Quarter (1st Q 2024)- Days - Annette Podraza RN
TICU Nurse Hero of the Quarter (1st Q 2024) - Nights - Tracy Reynolds RN
ED Nurse of the Year - Adrienne Mattina
May Nurse Hero - Katie Almeiter 12z3 night shift charge Nurse

Daisy Awards:

Jennifer Carroll RN- Nurse Leader 5 North Behavioral Health Clinical Manager
2024 Daisy Team - CPEP team

Nurse of the Year: Sharon Lezynski RN. Sharon is an Emergency Room Nurse that was recognized for her outstanding clinical skills and her role in helping other team members grow. She is a great role model that is very dedicated to her patients.



ECMC recruitment and retention efforts have been very positive. Currently there are additional orientation start dates being added to accommodate the number of new staff to staff this summer

There were 18 Nurses that completed their submission this spring to be recognized for their professional growth through our clinical ladder program. Five were new recipients while others in the group advanced their step in the ladder program. This brings the total to 84 Nurses that are currently participating in the Clinical Ladder program.

Nursing QAPI meeting continue to be held to focus on the growth and implementation of best practices to support efficient and effective high quality care to our patients in a positive healing environment.

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

Community and Government Relations

Here are some highlights of the enacted NYS State Fiscal Year 2025 budget:

- **Support for Financially Distressed Hospitals.** The enacted budget includes an estimated \$2.06 billion (state share) for financially distressed hospitals, a significant increase over the funding allocated in the Executive Budget. This includes a \$500 million restoration by the Legislature for the VAPAP program, and continuation of funding for hospital directed payment programs.
- **Safety Net Hospital Transformation Program.** The enacted budget adopts the Governor's proposed Safety Net Transformation Program, to support the transformation of safety net hospitals in conjunction with their identified partner organizations. The financial plan allocates \$300 million in operating funding to support the program and authorizes the Commissioner to use unallocated funding appropriated under the Statewide Health Care Facility Transformation Programs IV and V for capital funding allocated through this program. As outlined below, the enacted budget makes up to \$670 million in previously appropriated, but unallocated, capital funding available for capital investments through this Program.
- **Statewide Health Care Facility Transformation Programs.** The enacted budget reallocates from Statewide Health Care Facility Transformation Programs V ("Statewide V") \$300 million for capital funding for SUNY Downstate and \$20M for ALS research. It authorizes the remaining \$170M balance to be available for the Safety Net Hospital Transformation Program. It also authorizes the remaining \$500 million in Statewide Health Care Facility Transformation Programs IV ("Statewide IV") to be made available for capital investments made under the Safety Net Hospital Transformation Program.
- **Medicaid Rate Increases.** The enacted budget includes funding for a one-year (FY25) interim rate increase for hospitals, nursing homes and assisted living programs (ALPs). For hospitals, the budget provides for Medicaid rates to be increased by an aggregate amount of up to \$525 million (gross). This is roughly a 4% Medicaid rate increase, and when combined with the 1% annual Medicaid rate increase from the FY 2023 budget, will result in about a 5% operating increase. The budget also allocated \$285 million (gross) for nursing homes rate increases and \$15 million for ALP rate increases. Similar to hospitals, this is a roughly 4% Medicaid rate increase, and when combined with the 1% annual Medicaid rate increase from the FY 2023 budget, will result

in about a 5% operating increase. Notably, the enacted budget includes language authorize the rate increases to take the form of lump sum payments, state directed payments or increased rates of payment to Medicaid fee-for-service or managed care. Despite these rate increases, the enacted budget maintains the Governor’s proposed capital rate add-on reduction, resulting in net 20% reduction in capital rate effective on and after October 1, 2024, applicable to both hospitals and nursing homes. While an important step forward, this Medicaid rate increase is less than what we and our fellow healthcare institutions, particularly safety net hospitals, across NYS advocated for as we continue to deliver high-quality care to our communities.

MEDICAL EXECUTIVE COMMITTEE MEETING
MONDAY, APRIL 22, 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 | Michael Cummings, MD | Anthony DePlato, MD | Richard Ferguson, MD |
| Willam Flynn, Jr., 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 | Yousef Soofi, MD | Richard Spiro, MD |
| Mary Welch, MD | Kimberly Wilkins, MD | Ashvin Tadakamalla, MD | Siva Yedlapati, MD |
| | | | |

Non-Voting Members and Guests:

| | | | |
|-----------------------|--------------------|------------------|----------------------|
| Thomas Quatroche, PhD | Andy Davis, COO | Samuel Cloud, DO | Charlene Ludlow, RN |
| Arthur Orlick, MD | Mandip Panesar, MD | Donna Jones, RN | Allison Brashear, MD |
| Cheryl Carpenter | Charles Cavaretta | Peter Cutler | Cassie Davis |
| Becky DelPrince, RN | Ashley Halloran | Drew Kwiatkowski | Michael Ott |
| John Cumbo | Pam Lee | | |

I. CALL TO ORDER

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

B. PRESIDENT'S REPORT:

1. Dr. Pugh thanked everyone who attended and helped welcome our new attendings, CRNAs and APPs at our Wellness Welcome hosted by the Professional Development and Wellness Committee on Thursday April 18th. The event was well attended, and we hope these events continue to cultivate camaraderie among our Medical Dental Staff. The next Wellness Welcome will be in November.
2. The June Med/Exec meeting will need to be rescheduled from June 24th to June 17, 2024, due to a conflict with a Foundation event.

II. ADMINISTRATIVE REPORTS

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

1. CEO – Dr. Tom Quatroche, PhD.
 - a. Tom thanked everyone for their efforts in contributing to an operationally successful month.
 - b. Recruitment is going well with 222 new recruits since the beginning of the year. Thank you to Human Resources for their continued hard work.
2. COO REPORT – Andrew Davis
 - a. Mr. Davis thanked everyone as well for their dedication and hard work during the month of April.
 - b. Friday the hospital celebrated a very successful Donate Life month.

- c. Mr. Davis reviewed the March 2024 Key Statistics and touched on the successes for the month.

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

- a. Dr. Brashear mentioned graduation will take place this Friday.
- b. Tim Murphy received the University @ Buffalo Presidential Medal, please congratulate him if you should see him.
- c. May 19th there will be a graduation ceremony for bachelor, master’s, and PhD. students.
- d. Chair searches continue for the Department of Psychiatry and the Department of Anesthesia.
- e. Dr. Leonard Egede, Chair of Medicine begins July 1, 2024. Thank you to Andy Davis and all who were a part of the search to bring Dr. Egede here.

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

- a. Recruitment is going very well, currently 65 RNs are on orientation.
- b. At the end of March, we were told our documents were accepted by the ACNN for our Pathways to Excellence accreditation.
- c. The first week of May we will be celebrating Nurse’s week.
- d. Early discharges, prior to noon if possible, are being encouraged.

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 thanked everyone for their assistance with planning for the 2024 Eclipse.
- c. An update on influenza took place.
- d. Dr. Cloud shared an update from the University. The search for the Chair of Psychiatry and Chair of Anesthesia continue.
- e. Congratulations and thank you to Dr. Arthur Orlick.
- f. Dr. Cloud recommended the appointment of Dr. Brian Murray as Chief of Service for Internal Medicine. This would be for a three-year term.

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

No report(s)

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

- a. Dr. Panesar reminded everyone to log on to the Hypercare platform, our new secure messaging system which will be replacing Cortext. Please be sure to login by May 8, 2024.
- b. Support for Cortext will end on May 29, 2024.

VIII. CONSENT CALENDAR

| MEETING MINUTES/MOTIONS | | PAGE # | |
|--------------------------------|---|---------------|--------------------|
| 1. | MINUTES of the Previous MEC Meeting: March 25, 2024 | 8-12 | Receive and File |
| 2. | CREDENTIALS COMMITTEE: April 4, 2024 | 14-30 | Receive and File |
| | Appointments | | Review and Approve |
| | Reappointments | | Review and Approve |
| | Resignations | | Review and Approve |
| | Dual Reappointment Applications | | Review and Approve |
| | New Business / Extractions | | Review and Approve |
| 3. | HIM – Minutes of March, 2024 | 32-62 | Receive and file |
| | Restraint Record Form (1 of 4) | 34-37 | Review and Approve |
| | Medical Surgical Non-Violent/Non-self-destructive Restraint Event | 38-39 | Review and Approve |
| | SANE Document (1 of 23) | 40-61 | Review and Approve |
| | Infusion Center Cancellation Policy | 62 | Review and Approve |
| 4. | OR Committee – No April report | | |
| 5. | University GME Committee – Minutes of March 19, 2024 | 64-68 | Receive and File |
| 6. | P & T Committee – No April report | | |
| 7. | Professional Dev. & Wellness Committee – Minutes of March 21, 2024 | 70 | Receive and File |
| 8. | Resource Management Committee – Minutes of March 13, 2024 | 72-75 | Receive and File |
| 9. | Transfusion Committee Meeting – Minutes of February 15, 2024 | 77-80 | 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. APPOINTMENT APPROVALS – Jennifer Pugh, MD

- a. Dr. Pugh discussed the following item(s) for review and approval of appointments:
 - 1. Appointment of Dr. Eric Kaczor as a member of the P & T Committee

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

X. EXECUTIVE SESSION

The Medical Executive meeting was adjourned at 12:10 pm to Executive Session for the purpose of receiving and filing minutes from the March 14, 2024 Chiefs of Service meetings and the March 12, 2024 Board Patient Safety & Quality Assurance meetings along with discussing the Leadership Council Report, Quality Patient Safety report and the Regulatory report.

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

- A. **MOTION:** Receive and file Board Quality PI meeting minutes from March 12, 2024 and Chiefs of Service meeting minutes from March 14, 2024
- B. **MOTION:** made and carried, one abstained, to grant a one-time, two-year extension of the requirement for Board Certification to Dr. Anne Grand'Maison while she seeks certification in Hematology.

**Motion, Seconded and
MOTION APPROVED**

XI. ADJOURNMENT

There was no further business conducted. Motion to adjourn the meeting was made and seconded. The next meeting will be Monday, May 20, 2024, at 11:30 am. via Teams/Hybrid in the Dr. Zizzi conference room at ECMC. Meeting was adjourned at 12:49 pm.

Respectfully submitted,

Ashvin Tadakamalla, MD
Treasurer, ECMCC, Medical/Dental Staff

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