



# ECMCC Board of Director's Meeting

October 22, 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  
OCTOBER 22, 2024

- I. CALL TO ORDER: EUGENIO RUSSI, CHAIR
- II. APPROVAL OF MINUTES FROM SEPTEMBER 24, 2024 MEETING
- III. RESOLUTIONS MAY BE DISTRIBUTED TO THE BOARD OF DIRECTORS DURING THE MEETING ON SEPTEMBER 24, 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 Committee** (by Ronald Bennett)
  - D) **Post-Acute QI Committee** (by Michael Seaman)
  - E) **Quality Improvement and Patient Safety Committee** (by Michael Hoffert)
- VI. EXECUTIVE SESSION
- VII. ADJOURN

ERIE COUNTY MEDICAL CENTER CORPORATION  
SEPTEMBER 24, 20243 MINUTES OF THE  
BOARD OF DIRECTORS MEETING

---

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

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

Also

Present: Samuel Cloud\*, MD, Peter Cutler, Andrew Davis\*, Cassandra Davis, Joseph Giglia\*, Susan Gonzalez, Pamela Lee, Charlene Ludlow, Phyllis Murawski, Jennifer Pugh, MD, Jonathan Swiatkowski

\*participated virtually

---

I. Call to Order:

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

II. Minutes

Upon a motion made by Michael Seaman Michael Seaman and seconded by Reverend Kinzer Pointer the minutes of the July 23, 2023 regular meeting of the Board of Directors were unanimously approved.

Jonathan Swiatkowski presented a draft operating and capital plan overview for the proposed 2025 budget and stated that the Finance Committee had met and voted unanimously to recommend the 2025 operating and capital budgets for approval by the Board.

III. Action Items

Resolution Approving the 2024 Operating and Capital Budgets of the Corporation

Moved by Michael Seaman and seconded by Reverend Kinzer Pointer  
**Motion approved unanimously**

Resolution Approving the Board of Diretors Approving Compliane Plan

Moved by Michael Hoffert and seconded by Reverend Kinzer Pointer  
**Motion approved unanimously**

Resolution Receiving and Filing Medical-Dental Staff Meeting Minutes and for the recommendation of the appointment of Dr. Chang for the Chief of Service for Neurology.

(For July and August) Moved by Reverend Kinzer Pointer and seconded by Sharon Hanson

**Motion approved unanimously**

VI. Reports from the Corporation's Leadership Team

**Chief Executive Officer and President**

Dr. Thomas Quatroche welcomed Phyllis Murawski to the Executive Team as Chief Safety officer. Also announced was that Sue Gonzalez was retiring and thanked her for her outstanding work. ECMC received the Gold Beacon Award for Excellence from AACN for the MICU. ECMC also received recognition from US News and World Report as a High Performing Hospital for hip replacements. Additionally, The Lown Institute awarded ECMC with 5 A Grades in the areas of Inclusivity, Patient safety indicators continue to be examined monthly and initiatives developed to ensure that we provide care at the national level. Patient experience scores remain strong; ECMC scores are higher than the NYS scores and continues to exceed benchmark scores. Dr. Quatroche recognized various employees for their excellent work. The BRAVE Trauma Recovery Center opened. A summary of the Foundation events during the last two months was presented. Dr. Quatroche reported that there have been 579 new hires since the beginning of the year and that the hospital received cash awards from HRSA and OMH.

**Chief Financial Officer**

Jonathan Swiatkowski reported a continuing challenge with length of stay and staffing. Inpatient admissions, inpatient and outpatient surgeries were higher than budget. Volume was up 2.8% under over budget and 4.7% from 2023. Acute LOS was 5.9% higher than budget. Total average length of stay was 2.5% higher than budget. Case mix index was 2.03, higher than ever before. The hospital received \$15.4M from a FEMA grant. Days cash-on-hand matched budget. July reflected a net gain of \$15.9M. August revealed an increasing challenge with length of stay during. Inpatient admissions and outpatient surgeries were higher than budget. ALC days and left without being seen both increased. Acute LOS was 17.3 higher than budget and 15.3% higher than 2023. Total average length of stay was 13.2% higher than budget. August reflected a net loss of \$3.2M. A summary of the preliminary financial results through August 31, 2024 was reviewed and the full set of these materials are received and filed. Discussion followed.

V. Standing Committees

a. **Executive Committee:** There was no report given from the Executive Committee.

b. **Finance Committee:** There was no report given from the Finance Committee.

- c. **Audit Committee:** Darby Fishkin gave a brief summary of the last Audit Committee meeting.
- d. **HR Committee :** Michael Seaman gave an update of the most recent HR Committee meeting.
- e. **MWBE Committee:** There was no report given from the MWBE Committee.
- f. **Quality Improvement and Patient Safety Committee:** Michael Hoffert offered a brief summary of the most recent Quality Improvement and Patient Safety Committee meeting.

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

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

Moved by Reverend Kinzer Pointer and seconded by Darby Fishkin to enter into Executive Session at 5:45 p.m. to consider matters made confidential by law, including legal and strategic matters.

Motion approved unanimously

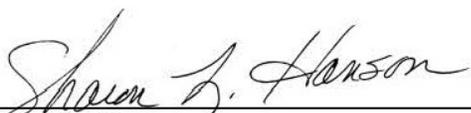
VII. Reconvene in Open Session

Moved by Michael Seaman and seconded Kinzer Pointer to reconvene in Open Session at 6:19 p.m. No action was taken by the Board of Directors in Executive Session

Motion approved unanimously

Adjournment

Moved by Jonathan Dandes and seconded by Reverend Kinzer Pointer to adjourn the Board of Directors meeting at 6:21 p.m.

  
\_\_\_\_\_  
Sharon L. Hanson  
Corporation Secretary

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

---

---

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

ALSO

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

\*VIRTUAL

---

---

I. Call to Order

The meeting was called to order at 4:00 p.m. by Board Vice Chair Darby Fishkin.

II. Minutes

Motion was made by Sharon Hanson, seconded by Darby Fishkin and unanimously passed to approve the minutes of the Executive Committee meeting of August 20, 2024.

III. Hospital Update

General Overview

Dr. Thomas Quatroche reported that the search for a new Executive Director for the Foundation has begun. EMC has been named as a Top Performer in Hip Replacements by US News. Terrace View succeeded in recertification from New York State. A new BRAVE facility opened today. The Lown Institute awarded ECMC with an A grade for Health Equity, Community Benefit, Inclusivity, Value of Care and Avoiding Overuse. Operationally, the hospital remains extremely busy with a growing number of ALC patients. The new triage area in the ER will soon be fully staffed.

Finances Report

Jonathan Swiatkowski reported a increasing challenge with length of stay during August. Inpatient admissions and outpatient surgeries were higher than budget. ALC days and left without being seen both increased. Acute LOS was 17.3 higher than budget and 15.3% higher than 2023. Total average length of stay was 13.2% higher than budget. Discussion followed regarding patients who left without being seen. Days cash-on-hand was slightly lower than budget. July reflected a net loss of \$3.2M. Mr. Swiatkowski gave additional information on cash flow and actuarial reports.

IV. Budget review 2025

Jonathan Swiatkowski presented a draft operating and capital plan overview for the proposed 2024 budget and stated that the Finance Committee had met and voted

unanimously to recommend the 2025 operating and capital budgets for approval by the Board. Discussion followed.

V. Statewide Transformation Grant for Technology Update

Mr. Swiatkowski presented an update on electronic medical records. Details included the current landscape in WNY, optional systems available, for a Community EHR plan, benefits for patients, providers and the community, cost initiatives and project trajectory. The committee asked questions during the presentation which were answered and discussed.

VI. Legal Issue

Dr. Quatroche updated the committee on a legal issuejg.

VII. Adjourn

There being no other business, the meeting was adjourned at 5:34 p.m.

ERIE COUNTY MEDICAL CENTER CORPORATION

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

TUESDAY, SEPTEMBER 17, 2024 – 8:30 AM

---

---

BOARD MEMBERS PRESENT OR  
ATTENDING BY VIDEO  
CONFERENCE OR TELEPHONE:

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

\* ATTENDING BY VIDEO  
CONFERENCE OR PHONE

BOARD MEMBERS EXCUSED:

ALSO PRESENT:

THOMAS QUATROCHE  
JONATHAN SWIATKOWSKI  
ANDREW DAVIS  
VANESSA HINDERLITER

---

---

**I. CALL TO ORDER**

The meeting was called to order at 8:30 AM by Chair Michael Seaman.

**II. REVIEW AND APPROVAL OF MINUTES**

Motion was made by Benjamin Swanekamp, seconded by Darby Fishkin and unanimously passed to approve the minutes of the Finance Committee meeting of August 20, 2024.

**III. AUGUST 2024 OPERATING PERFORMANCE**

ECMCC experienced continuing trends and ongoing challenges during the month of August. Acute average length of stay increased to 8.5 days as the number of patients classified as alternative level of care and discharge challenges led to patient flow issues. Mr. Swiatkowski noted that new CMS minimum staffing standards became fully effective on August 8, 2024 which require nursing homes to maintain specified staffing levels and are limiting ECMCC’s ability to discharge patients.

Mr. Swiatkowski reviewed key statistics, reporting that discharges, emergency room visits, and total surgeries were less than projected in the operating plan. However, favorably impacting the month was the overall case mix index which exceeded budget at 2.02 for the month due to the severity of cases and improvements in our process around clinical documentation.

FTE's remain over plan as successful recruiting and hiring efforts continue. Mr. Swiatkowski briefly discussed cash flow.

Mr. Swiatkowski reviewed financial performance for the month of August. Although operating revenue exceeded budget, operating expenses were also greater than budget, mainly driven by salary and supply expenses. Revenue from ECMCC's Specialty Pharmacy exceeded the operating plan due to program growth.

Mr. Swiatkowski briefly reviewed year-to-date financial performance, reporting that although an operating loss has been incurred through the end of August, the loss is currently lower than projected in the operating plan and significantly better than the same time period in 2023. Mr. Swiatkowski offered additional comments related to year-end projections due to potential length of stay challenges and salary variances for the remainder of the current year.

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

Mr. Swiatkowski provided current updates regarding the status of pending DSH, IGT and UPL payments. Mr. Swiatkowski also advised the Committee of potential payment delays by FEMA related to outstanding payments for obligated projects. Mr. Swiatkowski provided additional information regarding the potential FEMA payment delays to the satisfaction of the Committee.

Mr. Swiatkowski reviewed upcoming year-end actuarial reporting. The Committee also discussed several topics including state and federal funding for safety net hospitals, and uncompensated costs for care provided to patients who have long lengths of stay.

#### **V. 2025 PROPOSED BUDGET**

Dr. Quatroche presented an introduction to the Corporation's 2025 proposed Operating and Capital budgets which are being presented and reviewed with ECMCC's Finance Committee today. Dr. Quatroche noted that the proposed budget was prepared with goals to uphold ECMCC's mission and protect vital services ECMCC provides to the community. Dr. Quatroche expressed thanks to Mr. Davis and his operational team for identifying areas for future growth as well as revenue and expense initiatives to meet the ongoing challenges. Mr. Swiatkowski extended thanks to Ms. Vanessa Hinderliter and Mr. Kurt Schwenk for their engagement with department managers and the entire Executive Management team and for their leadership throughout the budget preparation process.

Mr. Swiatkowski discussed the corporation's goals for 2025 which include continuing operational improvements and expansion of process improvements that have been implemented during the current calendar year. Mr. Swiatkowski advised the Committee of increased actuarial pension expense and retiree health insurance expense for calendar year 2025. Management has included estimates for these actuarially determined non-cash

expenses in the proposed budget. The corporation will also focus on continuing a stepped approach to recovery and maximizing retention of staff in order to reduce premium costs.

Mr. Swiatkowski reported that the 2025 proposed Operating and Capital budgets, as presented, meet all regulatory reporting requirements of the New York State Office of the State Comptroller and New York State Authority Budget Office.

Mr. Swiatkowski summarized the steps remaining to complete the 2025 budget process. The proposed 2025 Operating and Capital budgets will be presented to the Board of Directors for formal consideration on September 24, 2024, and upon approval, the approved budget will be filed, certified and posted to the New York State Public Authorities Reporting Information System (PARIS) on or before September 30, 2024.

Mr. Swiatkowski reviewed the Corporation's actual and projected annual revenue and operating margin for the period of 2020 through 2025. Mr. Swiatkowski noted a significant increase in revenue over the five-year period, including net patient service revenue, Specialty Pharmacy revenue and IGT funding. Operating margins included in the historical trend chart reflect true operating income and exclude all investment gains and operational grant support from government sources.

Mr. Swiatkowski reviewed key financial ratios, noting marked improvement since 2022-2023. Mr. Swiatkowski reviewed information regarding the projected debt service coverage ratio (DSCR) for the current calendar year and 2025.

Mr. Swiatkowski reviewed the statements of revenue and expenses for the period of 2023 through 2025. Operating revenue and operating expenses are both projected to increase by 8% for 2025. Revenue growth is projected from overall patient volume increases, payer and government rate changes, IGT funding, and Specialty Pharmacy growth. Operating expense increases are projected in the areas of employee benefit expense which includes actuarial pension expense and retiree health insurance expense, supply expense related to inflation and increased patient volume, and pharmaceutical costs related to Specialty Pharmacy. Management believes that revenue and expense projections included in the proposed 2025 budget are achievable.

Mr. Swiatkowski discussed ECMCC's strategic plan and the organization's focus on growth. Mr. Swiatkowski reviewed principal volume assumptions and discussed current initiatives which focus on increasing capacity and improving patient throughput. Management believes that volume projections included in the proposed 2025 budget are achievable. Mr. Davis provided additional information relating to current initiatives and operational improvements.

Mr. Swiatkowski led a detailed discussion and review of 2025 principal revenue assumptions including payer rate increases, increased inpatient volume and outpatient

visits, an increase in the average daily census at Terrace View, and additional revenue achieved through ongoing revenue cycle process improvements.

Mr. Swiatkowski reviewed 2025 expense assumptions including salary and benefit expense. The proposed budget includes an increase in the total number of FTE's due to required New York State minimum staffing regulations at Terrace View, and additional staffing requirements related to the expansion of service hours in the operating room, the opening of a new mammography suite, and the expansion of the transitions of care program. Mr. Swiatkowski reported that ECMCC will see an increase in the annual pension contribution in 2025 due to additional FTE's, as well as the increase in actuarially determined pension liabilities and retiree health insurance liabilities as previously discussed. Mr. Swiatkowski informed the Committee of expense increases in other areas including contracted physician fees, graduate medical education fees for medical residents, other contractual fees and purchases services, and supplies.

Mr. Swiatkowski further discussed areas of risk including reimbursement and market driven length of stay challenges.

Mr. Swiatkowski presented an overview of the 5-year financial projections for the organization, noting that assumptions remain consistent with prior years and include inflationary cost projections while highlighting the critical need for increased payment reimbursement to sustain ECMCC's operations.

At this time, Mr. Swiatkowski invited questions from the Committee. General comments were offered by Mr. Seaman and Ms. Fishkin. In response to a question raised by Dr. Stegemann, Dr. Quatroche and Mr. Swiatkowski provided additional information to the satisfaction of the Committee.

Upon final review, Chair Michael Seaman called for a motion to recommend approval of the 2025 proposed Operating and Capital budgets to the ECMCC Board of Directors. Upon motion by Darby Fishkin and seconded by Benjamin Swanekamp, the Committee voted unanimously to recommend approval to the ECMCC Board.

## **VI. ELECTRONIC HEALTH RECORD UPDATE**

Mr. Swiatkowski discussed the need to explore upgrading the electronic health record given the age and need for improved interoperability with other community healthcare providers. The organization's options are being evaluated by management. Additional comments were offered by Dr. Quatroche, Mr. Davis and Dr. Stegemann.

## **VII. ADJOURNMENT**

There being no further business, the meeting was adjourned at 10:00 AM by Chair Michael Seaman.



## ERIE COUNTY MEDICAL CENTER CORPORATION

### **V. UPDATE – PENDING INITIATIVES/PROJECTS**

Keith Ambrose and Kevin Madoo provided an overview of the pending projects which included the following:

- Mammography Suite: The CON was recently submitted; pre-work is pending.
- Main Hospital (Tunnel Level) – Former UB Radiology Space Refresh: Minor updates expected to begin within the next two weeks, pending final work scope.
- The Data Center electrical project is delayed.
- Fire damper redesign (regulatory): Currently in design mode, field work to be completed.
- Service elevator upgrades
- 1<sup>st</sup> floor Dental Clinic upgrades
- MEP (Mechanical, Electrical and Plumbing): major equipment age and replacement plan.
- Removal of inground fuel oil tanks

### **VI. ADJOURNMENT**

Moved by Reverend Mark Blue and seconded by Ronald Bennett to adjourn the Buildings and Grounds Committee meeting at 3:21 p.m.



# ERIE COUNTY MEDICAL CENTER CORPORATION

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

TUESDAY, SEPTEMBER 10, 2024

MICROSOFT TEAMS PLATFORM

---

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

**PRESENTERS:** JOHN CUMBO, CHRISTINA SANDERS, MD, JIHAE LEE, MD AND SANDRA LAUER, RN

**ATTENDANCE:**

SERGIO ANILLO, MD  
CHARLES CAVARETTA  
SAM CLOUD, MD  
PETER CUTLER  
ANDY DAVIS  
CASSIE DAVIS  
BECKY DELPRINCE, RN  
KEITH KRABILL, MD  
MARC LABELLE, RN  
PAM LEE  
PHYLLIS MURAWSKI, RN  
THOMAS QUATROCHE  
YARON PERRY, MD  
MEG RILEY, RN  
YOUSEF SOOFI, MD  
JOANNE WOLF, RN

**CALL TO ORDER**

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

**I. MINUTES**

The August 13, 2024, meeting minutes were distributed for review. A motion was made and seconded to approve the minutes. They will be forwarded to the Board of Directors for filing.

## **II. HEALTH INFORMATION SYSTEMS – JOHN CUMBO, VICE PRESIDENT, IT**

John reported on the activities and goals in the IT Department. John reviewed IT Innovations discussing the apps now in use including the Physician Time Study, Pharmacy QA Tool, Safe Act Tool, and the Employee Separation Form. The IT department shared key clinical IT accomplishments in 2024 to date. One was the improvement of medical record integration along with clinical/rev cycle enhancements.

John shared accomplishments for the department including VDI improvements, disaster recovery, and lifecycle projects. A review of the ECMC Resiliency Program, IT Control and Security Program also took place.

2023 QIPS goals were discussed with an explanation of the progress and what has been completed for each goal.

## **III. ECMC SYNERGY BARIATRICS CLINIC – CHRISTINA SANDERS, MD**

Dr. Sanders presented on the ECMC's Synergy Bariatric Clinic. A full agenda was reviewed.

The South Union Road office remodel is complete, and a new doctor and second dietitian have been added to staff. The clinic will have a reaccreditation taking place in the spring of 2025.

Dr. Sanders reviewed the volume of office visits along with the Semiannual Site Summary Report, QAPI / MBSAQIP projects and an Incident Report Summary.

Department goals were discussed which included filling an open fulltime position for a PASR, RN lead and an Authorization Specialist. They continue to increase in-person visit volumes and they are working on raising awareness of all surgical and non-surgical options for weight loss available through ECMC.

## **IV. PALLIATIVE MEDICINE & SUPPORTIVE CARE – JIHAE LEE, MD AND SANDRA LAUER, RN**

Dr. Lee along with Sandar Lauer presented on Palliative Medicine & Supportive Care. The agenda consisted of department updates, accomplishments and volumes.

Department updates include Dr. Katheen Grimm retiring once again (December 2023). The department has integrated their model to spread palliative competencies to include geriatrics, hospitalist family medicine, post-acute care, surgery, oncology and pharmacy.

Department accomplishments include a Med Law Partnership to address health harming legal problems by providing legal services to patients and caregiver connections program-partnership with Erie County Dept of Senior Services. The department now has animatronic pets for distribution to those patients facing isolation, loneliness, cognitive decline and/or dementia.

Patient response to this project was outstanding.

QAPI projects and current year quality improvement goals were also reviewed and discussed.

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

No report.

**VI. ADJOURN**

There being no further business, the motion was made and seconded to adjourn the meeting. The next meeting will be held on October 8, 2024.

Dear ECMC Board Members,

With improvements in documentation and more acute patients, we continue to meet and exceed our 2024 budget. The team continues to do an exceptional job despite challenges discharging ALC patients to another level of care. We continue to meet or beat most budget year-to-date operations in September 2024. As you can see from the financial report, Acute Average Length of Stay declined slightly, General Surgeries improved, and inpatients increased from September 2023 to September 2024. These improvements and positive trends are encouraging as we continue to recover from lingering pandemic related dynamics in healthcare.

As the Board is aware, since Hurricane Helene caused the temporary reduction in IV fluid deliveries to healthcare institutions across the country, ECMC immediately accessed additional IV fluids from all available sources and notified clinical staff of the need for conservation efforts. As a level one Trauma Center and referral center for the highest level of ICU care, our primary concern is the health and well-being of our patients and there has been no interruption to our services. We have been in regular contact with the NYS Department of Health, colleagues throughout the nation's healthcare environment and industry representatives. We will continue to monitor this evolving national situation closely.

We were very proud to celebrate Jon Swiatkowski as he was recently honored by Buffalo Business First at their 13th Annual C-Level Executive Award event. It was a well-deserved award for Jon, recognizing his contributions both to ECMC and our community.

ECMC's Thoracic Surgeon, Dr. Thamer Qaqish successfully utilized the ION robot on September 25th, expanding ECMC's cutting-edge surgical technology for the benefit of our patients. The robotic platform is designed to reach smaller lung nodules in the periphery of the lung to diagnose lung cancer earlier and increase the survival rate.

After recently celebrating the opening of ECMC's new satellite Trauma Recovery Center, that is affiliated with ECMC's BRAVE (Buffalo Rising Against Violence) initiative - our hospital-based violence intervention trauma recovery effort that serves individuals who have experienced acute victimization and violence - local philanthropist John Fromen contacted the Center stating that he wanted to make an initial \$10,000 contribution to the Center and then would thereafter make an annual \$10,000 donation to the Center. Yet again, further confirmation of the vitally important services our caregivers provide to victims of violence.

On behalf of our Executive Leadership Team and our thousands of caregivers, we are truly grateful to your unwavering commitment to our institution. Thanks to your support, we are able to faithfully fulfill our mission to care for the residents of Western New York, providing them world-class healthcare services delivered with kindness and compassion.

Thank you.

Best,  
Tom

**Erie County Medical Center  
Board Report  
Chief Operating Officer  
October 22, 2024**

**Submitted by Andrew Davis**

## **OPERATIONS**

### **Ambulatory Medical Practices**

#### **COEM**

- **The Center for Occupational & Environmental Medicine (COEM)** continues to work on initiatives and concerns related to occupational injury, illness, and disease throughout WNY, with a focus on prevention. COEM held its quarterly advisory board meeting on September 27, highlighting our accomplishments and achievements. COEM received verbal notification from the Occupational Health Clinic Network (OHCN) just prior to the meeting informing the team that additional funding for the second grant year in a cycle of five will be receiving an increase in funding of approximately \$395,000.00. OHCN is in the process of trying to ensure that additional funds are continued throughout years three to five and beyond.
- This year marks a milestone for COEM, serving the WNY area for 10 years. To honor the hard work and dedication of the team, leadership, community partners, and advisory board members, ECMC will be hosting a celebration honoring COEM on November 21, 2024.

#### **Population Health**

- **Population Health** received notification of a bonus incentive payment from IHA in the amount of \$8,396.31 that is set to be processed by the second week of October for achieving high performance during the 2022 measurement year.

#### **PrEP**

- **PrEP** (Pre-exposure prophylaxis) is a medication used to preventative HIV. ECMC has a PrEP grant and was awarded an extension of the program funding, pending the release of the new RFP expected in October. The metrics of the grant have changed with a large focus on the Social Determinants of Health and quality of care, and community-based partnerships.

#### **Employee Health & Safety**

- **World Mental Health Day Awareness:** In preparation for World Mental Health Day on October 10th, Employee Health and Safety has collaborated across multiple departments—including Employee Health, COEM, DEI, Help Center, and HR—to promote mental health resources and support. Aiming to raise awareness about available services such as the Help Center and the Employee Health Resource Social Worker. This initiative emphasizes the organization's commitment to fostering a supportive culture that prioritizes mental health and well-being.
- **Wellness Programs:** Plans are in progress to reinstate and rebrand the "Wellness Warriors" program in collaboration with HR, focusing on enhancing staff well-being

and addressing burnout. This program will include activities and resources for promoting work-life balance, stress management, and overall health. By revitalizing Wellness Warriors, the organization aims to proactively support employee wellness, emphasizing resilience and self-care.

- **Linking Employees to Care:** Continued efforts have been made to connect employees without a primary healthcare provider to appropriate care through the Family Health Center (FHC). This ensures all employees have access to necessary medical support, maintaining their health and well-being. By linking employees to primary care, the organization supports preventive health and helps address medical needs in a timely manner.

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

September 2024

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

##### Highlights:

- Site Activation/Initiation Visit with Lipella Pharmaceuticals for a multicenter, dose-ranging trial evaluating the safety, tolerability and efficacy of LP-10 in subjects with symptomatic oral lichen planus.
- A fourth subject received cannulation for Meira GTx, a randomized, double-blinded, placebo-controlled study to determine the efficacy and safety of AAV2-hAQP1 gene therapy in participants with radiation-induced late xerostomia.
- Site Close Out Visit for MerckB10, a Phase 4, single-arm, open-label clinical study of Pembrolizumab(MK-3475) to evaluate the efficacy and safety of MK-3475 plus Carboplatin and Paclitaxel as first-line treatment of recurrent/metastatic head and neck squamous cell carcinoma.
- Organized ECMC participation in and attended the City of Buffalo's Clean Sweep Health and Wellness Event on September 25, 2024, that provided critical health services and resources to over 900 community members.



### **Dialysis**

- The second set of new B. Braun Hemodialysis machines were installed September 9, 2024 with plan to change the final pod to the new machines in early 2025.

### **Environmental Services**

- Increased focus on BH and Psych units to improve overall cleanliness and patient satisfaction. Allocated resources and currently updating CPEP surge plan for EVS.
- Continue to collaborate with our partners in bed coordination to improve overall throughput, identifying areas of opportunity and developing strategies to decrease bed turnaround time. *Overall discharge time for September was 73 minutes.* This is an eight minute improvement from prior year (2023).

### **Food & Nutrition Services**

- *Overnight Variety:* We have expanded our overnight offerings to provide greater variety for patients and staff.

- *Doctor's Lounge Enhancement:* We adjusted offerings in the Byte cooler in the Doctor's Lounge. This initiative provides fresh, in-house made food options for our physicians and staff. We are adding other items with a longer shelf life.
- We continue to collaborate with the Diversity, Equity and Inclusion (DEI) team to cater events in the Café and Overflow Café.

### **Laboratory Services**

#### **Equipment Upgrades/Replacements/Contracts:**

- **Chemistry/IA Specimen Processing Technology upgrade:** Department leadership recommendation is to pursue Abbott technology which will standardize with the KH system. Current Roche agreement terminates in June 2025. Procurement, IT and facility review is ongoing.
- **ECMC/ KH Joint VAT Initiative:** Vendor evaluation of RFP for coagulation technology across the network is under review. Vendor selection awarded on May 31, 2024. ECMC will upgrade two coagulation devices. The seven-year lease proposal has an estimated 7-year savings opportunity of \$185K over the term of the contract.
- **OR Skull Cap Banking:** Working with OR team for the development of necessary procedures/process for the expansion of tissue processing, banking, and storage of skull caps for reimplantation.
- **Pathology AB&T:** Project in partnership with Kaleida Pathology to implement advanced barcode and tracking of Pathology specimens, blocks, and slides. AB&T will improve specimen tracking and traceability of Pathology material.
- **PhCO2 mini gas panel:** Implementation of modified gas panel to support whole blood collection when a full VGB panel is not clinically required. This will negate need for second syringe blood draw for VGB testing.
- **Glucose Tolerance Testing (GTT):** Efforts are ongoing to reinstate the availability of GTT testing. Three panels develop 1-hour GT push fasting and non-fasting and the traditional 3-hour GTT test.

### **Outpatient Behavioral Health**

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

- **Help Center Adolescent Service Expansion**
  - ECMC submitted and awarded Mental Health Outpatient Treatment & Rehabilitative Services (MHOTRS) grant issued by NYSOMH.
  - Development of three stage expansion in order to serve adolescent mental health needs within the community.
- **ECMC On Track**
  - Finalized coordination and planning for participant expansion with programming site change from the 462 Grider to 1285 Main Street.

### **Plant Operations /Capital Projects**

Plant Operations/Facility project updates include the following:

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

- **Work completed:** CON modification was submitted on September 11<sup>th</sup> based on a new proposed location. Continued design through 100% while awaiting CON approval.
- **Work anticipated:** Awaiting CON approval.

### *Behavioral Health Bathroom Floor Replacement – In Progress (In-House Crew)*

- Bathroom floor replacements for the 4<sup>th</sup> and 5<sup>th</sup> floors will include demo existing floors, asbestos abatement and floor pan replacement if needed, install epoxy coated (slip resistant) flooring system.

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

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

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

- Winter preparations are underway. Eighty (80) tons of rock salt are on hand with 600 tons on contract. Twenty (20) pallets of ice melter were ordered and delivered.
- Trucks, plows and salters are being prepped for the season.

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

- Construction bids were received in July 2023. Design contract executed on September 30, 2024.

## **Radiology**

- Mammography - revised plans to accommodate a second MRI.

## **Rehabilitation Services**

### **Acute Care Therapy**

- Acute PT and OT alongside SPH coordinator, formed a new committee, “Bariatric Care Committee” to improve the management and mobilizing of bariatric patients, including improving process of expediting them to the appropriate rooms w/ lifts and equipment to accommodate their weight.
- Rehab Supervisor is co-chairing a PDSA aimed at improving quality care for both patients and staff by assessing the use of Safe Patient Handling (SPH) equipment and increasing its usage. As part of SPH PDSA, acute PT and OT staff have been assigned learning modules relating to updated education on the use of SPH equipment and new options available for equipment. This should translate into staff using more SPH equipment and an increase in safe patient mobility.
- Volunteer Board has approved the purchase of a “Quick Move Transfer Aide” and a bariatric recliner with bilateral drop arms to assist with SPH during mobility of patients during treatment sessions.

### **Medical Rehabilitation Unit (MRU)**

- Improving timeliness of admitting patient to the MRU. In 2023 the average onset day for patients admitted was 17.7 days in line with the region and in 2024 YTD it is 15.3 days which exceeds the region. This is number of days the patient is in the hospital prior to admitting to MRU.
- LOS for patients on MRU for 2024 is 20.2 days which is decreased from 23.7 in 2023.
- Stakeholder satisfaction per Press Ganey remains high at 88% with a goal of 75% or above.
- Medical records have been identified, sorted and provided to National Government Services in compliance with annual audit requirements. Notification received that the unit is compliant with the regulatory mandates around patient admission compliance for Case Mix Groups.

Outpatient Therapy

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

PEDS

- PEDS Rehab completed 24.5 hours of speech screenings in the Hamburg Universal.
- Pre-K T screenings will be completed in the month of October, per contract.
- PEDS Rehab increased the number of EI visits in the month of September 2024 when compared to September 2023 – for ongoing service coordination = 26%, PT services = 39%, OT services = 10%. Special Instruction services were a slight decrease due to children aging out of the program. Speech Therapy services decreased due to resignation; position not yet filled.
- PEDS Rehab is in the 4<sup>th</sup> year of UPK Educational and OT support program with Kenton, but this is the first year that supports have been initiated in September leading to a more productive relationship between district, UPK program, teachers and therapists.

**Supportive Care & Palliative Medicine**

Meeting participation includes the following:

- Participation in CoC workgroup meetings.
- Monthly Advancing Palliative Synergy meetings.

**Surgical Services**

Robotic Volume - September 2024

Bariatrics	6
Head, Neck, Plastic & Reconstructive Surgery	0
Orthopedics	37
Cardiovascular/Thoracic	1
Urology	1

- Surgical volume was slightly below in September.
- ION: Robotic addition to the DaVinci system for thoracic service, to increase early lung cancer detection, improving patient outcomes. The first case was performed in September by Dr. Thamer Qaqish.
- VIZ-AI: Radiology software to improve imaging. This is the same system as Kaleida and GLMI. IT is verifying Meditech connectivity.
- Radiology Fuji-PACS project is a shared platform to view radiology images between ECMC, Kaleida and GLMI.

**Terrace View**

Operations

- *Terrace View Long-Term Care Facility has again been recognized on Newsweek’s Best Nursing Homes 2025 list. This prestigious award, which Terrace View has received in five consecutive years, is presented by Newsweek and Statista Inc., the world-leading*

statistics portal and industry ranking provider. Of the 600 skilled nursing facilities that operate in New York State, 69 received this recognition for 2025.

- The average daily census for September was 368.
- **OIG Audit:** The facility received notification of an OIG audit being conducted of the New York Department of Health’s (State Agency’s) procedures for ensuring nursing homes comply with Federal requirements for conducting background investigation. As part of the audit, the OIG will conduct a review of employee records, including licensed and non-licensed personnel in the facility. Additionally, the OIG will be reviewing documentation to ensure the facility’s compliance with Federal requirements related to criminal history background checks of nursing home caregivers. The corporation requested an extension given the volume of information requested, which was granted. The deadline of the requested materials if September 18, 2024.

COVID/Infection Control

- Continue to follow all new NYSDOH and CDC guidelines.

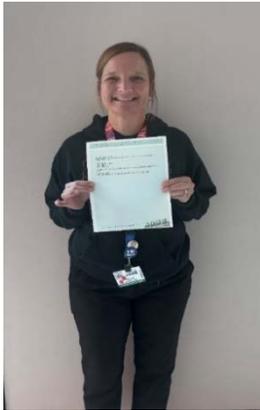
**PATIENT EXPERIENCE**

**Press Ganey Scores**

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

<b>Patient Experience</b>	<b>YTD (Jan 1<sup>st</sup>, 2024 - Sept. 30<sup>th</sup> 2024) N=41 (est.)</b>	<b>NYS (Jan 1<sup>st</sup>, 2023- Sept. 30<sup>th</sup>, 2023) N= 98 (reporting)</b>	<b>2024 Benchmark</b>
HCAHPS - Nurses	70 (est.)	79	75
HCAHPS - Doctors	71 (est.)	74	76
Discharge Info	84 (est.)	89	84
Overall #	61(est.)	66	62

**Ambulatory Medical Practices**



In collaboration with the patient experience department, Cellina Ciotoli, LPN, created letters in multiple languages such as Bengali, Karen, Swahili, and Spanish. The letters will address various patient needs such as appointment reminders and prescription refills. This will help to ensure our patients have access to essential information about their healthcare needs, which will enhance communication, build trust, and improve patient satisfaction.

**Food & Nutrition Services**

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

The report includes Press Ganey patient satisfaction scores for Q1, Q2 and Q3 2024 for comparison purposes.

	1/1/24-3/31/24		4/1/24-7/1/24		7/1/24-9/30/24	
	Survey size	Mean score	Survey size	Mean Score	Survey size	Mean Score
<b>Courtesy</b>	n=282	54.26%	n=291	52.92%, down 1.34%	n=205	50.73%, down 2.17%
<b>Temperature</b>	n=281	22.06%	n=291	21.31%, down .75%	n= 233	19.31%, down 9.39%
<b>Quality</b>	n=279	20.43%	n=287	18.82%, down 1.61%	n= 232	17.27%, down 8.40%

**Patient Service Initiatives**

- We are excited to announce the onboarding of a Patient Advocate dedicated to rounding with nursing staff and patients. This role fosters collaboration with the nursing team and identifies opportunities to improve the patient dining experience.
- Increased supervisor rounds with designated priority areas (ED, CPEP, Med-Surg, Obs).
- Enhanced galley area communication tool using QR code to request floor stock.
- Escalation tree reworked to include the phone number of our Patient Advocate which has improved our responsiveness to concerns.
- Upcoming adjustment of Patient Service Supervisor responsibilities to dedicate one (1) supervisor to the patient floor at all times, to monitor audit our hospitality associates.

### Quality Improvement Initiatives

- The Food and Nutrition Services (FNS) department is committed to continuous improvement in service quality, patient experience and operational efficiency. Initiatives we implemented in September are impacting the consistency of trayline timeliness and tray delivery. We focused on enhancing patient and customer care through staff development and innovative program implementation.
- Patient Advocacy: Our Food and Nutrition Patient Advocate, Kathryn Lynk, has focused her efforts on rounding with nursing staff and patients. This role fosters collaboration with the nursing team and identifies opportunities to improve the patient dining experience. Kathryn greets all new admissions with a welcome packet. She collaborates with the General Manager to address and investigate case calls. Kathryn discusses all case calls with the Food and Nutrition team during our daily Food and Nutrition manager huddle.
- Staff Development: A restructuring of Human Resources is underway. An HR specialist is being added to the department to strengthen our training and onboarding program and foster team member accountability.
- Trayline timeliness: A strong focus has been placed on holding our Food Service Supervisory team responsible for effectively managing our Food Service Workers and Hospitality Associates. Trayline supervisors are stationed at the end of each of the two traylines and checking every tray loaded onto the cart. We are utilizing our diet software to verify that there are no missing trays due to new admissions or transfers. As a result, trayline timeliness and consistently has shown significant improvement this month.
- Floor stock delivery: A new delivery cart was purchased to improve floor stock efficiency. The size and design of the new cart helps to deliver more items without having to return to the kitchen to restock. During October 2024, we will be implementing a new staff staffing model with a dedicated supervisor overseeing the floor stock delivery team to improve service and responsiveness.

### Laboratory Services

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

- HbA1c POCT: Capital request submitted for expansion of the Siemens UniPoc middleware for electronic transfer of HbA1c orders and results to mitigate the redundant manual transcription process of results into Altera and Meditech. Contract is under legal review.
- MTP Process: Review of current Massive Transfusion Protocol for introduction of Whole Blood MTP packs. Trial of Whole Blood MTP packs for trauma service targeted for fall implementation.
- Thromboplasty Technology Review: In collaboration with the Trauma, ICU, and OR team evaluation of point-of-care Thromboplasty testing to improve management of trauma and critical patients for clotting capability. Procurement process to be initiated Q3 2024.

### Rehabilitation Services

#### MRU

- Patient satisfaction per Press Ganey remains high at 88% with a goal of 75% or above.

### **Surgical Services**

- Implementation of new patient tracking system in the Ambulatory Surgical Center (ASC) is going well, requesting a larger monitor for waiting rooms.
- Continue to monitor inpatient surgeries.

## **PEOPLE**

### **Ambulatory Medical Practices**

#### **COEM**

- COEM continues to strengthen community partners and union connections. COEM attended the Labor Day Parade on September 2<sup>nd</sup>, handing out information regarding services provided at COEM and our Ambulatory Departments, along with additional resources and giveaways to support are union relationships and affiliations. The team has also been collaborating with the Western New Council for Occupational Safety and Health (WNYCOSH) on additional grant opportunities., with the potential to bring in additional funding for COEM.

#### **Grants**

- ECMC BRAVE was awarded \$525,550 for a new Human Trafficking program.
- Through this award, the BRAVE Trauma Recovery Center (BRAVE TRC) will expand comprehensive services to support the needs of human trafficking survivors and increase community capacity to screen, identify, and appropriately refer survivors for services. BRAVE TRC will utilize project funds to hire personnel dedicated to project activities, expand and strengthen victim services for all forms of human trafficking, develop and expand trauma-informed screening protocols across hospital systems in order to more effectively identify trafficking victims. The project will also increase community collaboration and capacity regarding identification, services, and referral pathways for trafficking survivors, with data-driven decisions guiding outreach, training, and collaboration activities. BRAVE TRC will identify victims of all types of human trafficking and ensure that a comprehensive array of services is readily available to meet the individualized needs of survivors, including foreign nationals and U.S. citizens, male survivors, and those exploited by labor trafficking. Additionally, strategies to ensure accessibility of services for victims who are deaf, hard of hearing, or have limited English proficiency will be implemented and communities especially vulnerable to trafficking and the organizations serving them will be of particular focus for this project.

#### **Community Engagement**

- Population Health participated in two community outreach events in September 2024, engaging with nearly 1,300 individuals. The events placed a strong emphasis on cancer screening education, mental health resources, and preventive care. Additionally, linkages to dental care, smoking cessation support, and resources for women's health and chronic disease management, particularly for hypertension and diabetes, were provided to ensure a comprehensive approach to community health.
- COEM's team strives to bring awareness to relevant community concern and topics. On September 6, the team participated in a recording of the WUFO Great Lakes Radio

Show with Hepatology on the topic of “Opioids,” this was following “International Opioid Awareness Day” recognized at internally for staff and the community as a collaborative effort with DEI, Employee Health & Safety and Hepatology. The team also participated in the “Out of Darkness,” to Suicide Prevention, along with Behavior Health and Population Health. These events bring hope and support and awareness to topics that have lasting effects our families, friends, coworkers, patients, and more.

### Professional Development

Mary Jimerson, RN, Ambulatory Nurse Manager and Maria Grasso, RN, Ambulatory Nursing Team Leader attended the Igniting Hope Conference on September 21, 2024.



### Biomedical Services

- Tom Monnier, Director of Biomedical Services, is expected to return to the department by the end of 2024.

### Dialysis

- Jessica Mondoux, MBA, BSN, RN, CNOR, transitioned into the Vice President of Transplant and Renal Care position on September 16, 2024.

### Outpatient Behavioral Health

#### Staff Updates

- **Northern Erie Clinical Services**
  - Dr. Anuradha Mendu has been selected as a member of the newly reformed Medical Advisory Panel (MAP) for the New York State Office of Addiction Services and Supports (NYS OASAS). The selection process prioritized applicants that best represent the diverse geographical and treatment settings in New York State. She will serve for a 3-year term.

### Community Outreach Events

- A walkthrough of the **Outpatient Behavioral Health at 462 Grider** was provided for the following:
  - Williamsville Comprehensive Rehabilitation – 9/18/24
  - Houghton Rehabilitation and Nursing Facility – 9/24/24
- **On Track**
  - Jacobs School of Medicine Community Engagement Fair – 9/5/24
- **Help Center**
  - Presentation for Canisius College LMHC internship class – 9/10/24
  - Presentation/education for New York State Police (Clarence) – 10/2/24

- **Outpatient BH SUTS**
  - Resource tabling event promoting Substance Abuse Recovery month at ECMC – 9/16/24
- **Outpatient BH Mental Health**
  - Project Homeless Connect – 10/8/24

## **Rehabilitation Services**

### **Outpatient Therapy**

- Rehab Awareness Week - week of September 16<sup>th</sup>. The month was celebrated with a staff meeting with treats for staff members, staff pictures and social media posts. Staff provided tickets to win auction items that were donated by department leadership.
- Multiple managers and senior staff members participated in mock interviews with UB students to prepare for their careers as physical therapists and as part of the department's strategic goal for community presence and involvement.
- Rehabilitation VP participated in a panel discussion at UB for a professional issues PT class.
- Many staff members have applied this month for the clinical ladder after completing improvement projects, education, and in-services to staff or community, which improves the clinical skills of staff and contributes to growth and development of the department.
- Rehab services participated in a group meeting with leadership from Kaleida and Catholic Health to collaborate on an outpatient community stroke care program.
- Theresa Liffiton, Physical Therapist, participated in a segment of WNY Living segment to discuss falls in the community on behalf of ECMC Trauma Services.
- Nicholas Ponichtera, Senior Therapist, was interviewed for a Medical Minute on Physical Therapy Month by Townsquare Media.

### **PEDS**

- PEDS Rehab is participating in the EI-HUB Sandbox training for the new system that will be implemented in October 2025.

### **Security**

- Annual Security Guard Training ongoing.

### **Surgical Services**

- Several surgical services team leaders have attended a 6-week training program.
- Hiring underway for Pain Management expansion for the end of 2024.
- Melissa Miller, RN, was appointed new Assistant Head Nurse for robotics. Congratulations!
- Additional positions approved to expand Main OR hours past 3:00pm to clear increased add-on volume.
- Trialing a new runner position in the Main OR to assist with room turnovers, supplies, etc.

### **Terrace View**

- **New Staff (September):** (12) FT CNAs, (2) RPT CNAs, (1) FT LPN, (1) RPT LPN
- Nursing agencies continue to be utilized to provide temporary supplemental staffing on the evening shift and minimally on the night shift for RNs, LPNs, and CNAs. The

facility goal for 2024 is to increase the average census while continuing to improve staffing and limiting nursing supplemental agency use to the evening shift.

### **Transplant**

- Dr. Hoyden Fernandez accepted the position of Transplant surgeon, expected to start in November 2024.
- Continue to utilize intermittent Locum Tenens Transplant Nephrology coverage. Dr. Hassan Fattah accepted a position and is expected to start in January 2025.

## **QUALITY**

### **Laboratory Services**

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

- Reduce errors with Pathology Specimen submission from 42 events in 2023 to <30 events in 2024. Errors will be classified as specimen handling or clinical information. ***Data tracking continues. Education session was held with OR teams to review Pathology ordering and specimen handling. Classification of events included labeling, no formalin, leaking, and transport issues. Data will be evaluated for intervention planning.***
- Reduce registration errors on outpatient laboratory orders which cause a delay in provider review from 10% in 2023 to 5% in 2024. ***Data tracking continues monthly. Laboratory education has reduced the monthly occurrence of errors originating in the Laboratory. An ambulatory workgroup has been engaged to review workflows and to identify opportunities for error mitigation.***
- Reduce the % Immediate Spin Crossmatch from 95% of total crossmatch testing to 50% in 2024. ***The Electronic Crossmatch went live on 1/23/24. The immediate spin crossmatch rate has been reduced from 95% to 47% YTD August 2024. The use of the electronic crossmatch and reduction of immediate spin will be monitored through the remainder of the year.***

### **Surgical Services**

- Developing new policies for skull flap preservation is ongoing.
- Collaboration between PAT and Quality to create standardized protocols for elective spine surgeries and decrease SSIs. Reviewed protocols with Ortho Spine team.
- Exploring hair removal option – pre-op vs. operating room.
- Sustainment audits from previous JC survey to be completed for Q3 and Q4 2024.
- Culture reports for GI have been minimal.

**SSI - Class 1 Combined**

Class I Surgical Procedures	1Q 2024	2Q 2024	2024 TOTAL	2023 TOTAL
August 2024				
Infections	5	20	26	47
Procedures	2204	2229	5961	8949
Rate	0.23%	0.90%	0.44%	0.53%

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

**Terrace View**

- The NYSDOH completed their recertification survey on August 26, 2024 with plan of correction (POC) due on September 2, 2024. The POC was accepted by NYSDOH, and the facility will be in compliance with the POC on October 24, 2024.
- CMS Quality: The facility achieved an overall Quality score of 4:5 stars.
  - Staffing: 5:5 stars
  - Quality: 4:5 stars
  - Survey: 3:5 stars

**Transplant**

We received MPSC feedback in July indicating continued monitoring. Our response was submitted on September 16, 2024.

**FINANCIAL**

**Ambulatory Medical Practices**

- In the September 2024, the Ambulatory Department saw 13,067 patients, while being budgeted for 13,189 visits (-0.9% budget). Departments that exceeded budget include: Cardiothoracic, COEM, ECMC Family Medicine, You Center for Wellness, Pulmonology, Rheumatology, Urology, Orthopedics, OMFS, Hertel Dental, and Bariatrics. Additionally, there were 95 visits for Covid testing and/or Covid vaccinations, brought the budget to -0.2% under budget. Progress in volume was especially challenging to meet after the reduced first week volume due to the UB resident work stoppage. Kudos to the teams who worked hard to ensure the patients received the care they needed during this time.

**Dialysis**

Budget and Variance:

- Outpatient (in-center treatments): 2024 Budget **18,384**; Variance **(-320)**
- Home Program: (Home Peritoneal & Home Hemodialysis): YTD Budget **1,495** treatments, Variance **(-377)**
- Total: **-697** treatments for the year

Census Volume:

- Outpatient (in-center treatments): September = **1,824** treatments, YTD 2024 total = **16,938**
- Home Program: (Home Peritoneal & Home Hemodialysis): September = **175** treatments, 2024 totals = **1,118**

Dialysis			2023												2024		
			YTD	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	YTD	Budget	Variance		
4555	AKI	Hemodialysis - AKI	129	19	32	69	56	55	45	45	31	18	370	-	-		
	DIALNON	Hemodialysis - Non-ESRD	0	0	0	0	0	0	0	0	0	0	0	-	-		
	DIALTRAN	Hemodialysis - Transient	466	19	20	30	117	134	95	139	99	103	756	-	-		
	HD	Hemodialysis - Chronic	23,020	1,791	1,778	1,902	1,900	1,969	1,846	1,964	1,964	1,824	16,938	-	-		
	4555 Totals		23,615	1,829	1,830	2,001	2,073	2,158	1,986	2,148	2,094	1,945	18,064	18,384	-320		
5660	HOMEHD	Hemodialysis - Home	20	0	0	0	0	0	0	0	0	0	0	-	-		
	PD	Hemodialysis - Peritoneal	1,474	68	85	98	94	151	142	151	154	175	1,118	-	-		
	5660 Totals		1,494	68	85	98	94	151	142	151	154	175	1,118	1,495	-377		
Totals			25,109	1,897	1,915	2,099	2,167	2,309	2,128	2,299	2,248	2,120	19,182	19,879	-697		

**Environmental Services**

- Labor was below budget and supplies were over budget due to invoices being carried over from prior months for August 2024.
- Overall YTD supply budget over 4.5% YTD with labor 12% under budget YTD. Overall expenses in line and on budget YTD.

**Food & Nutritional Services**

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

August 2024 Actual     \$146,779  
 August 2024 Budget    \$149,070  
 Variance below target \$ (2,291) = 98%

**Laboratory Services**

- The department budget volumes for September YTD were positive 3.2% to budget target and increased 4.7% in comparison to FY23. The August YTD operating expense has a negative variance of 3.5% to budget target and a negative variance of 8.5% to FY23. The personnel expense has a positive variance of 6.6% to budget target and a negative variance of 7.6% to FY23 actual. Non-personnel expenses for August YTD demonstrated a negative variance of 4.1% to budget target and a negative variance of 5.4% to FY23. The negative non-personnel variance is impacted by the overall positive 3.2% to budget volume YTD. The department will continue to monitor expense in alignment with overall volume.

**Radiology**

- The Radiology department is up 15% YTD over budget, 196,028 exams performed.
- CT is 11,281 exams over budget.

**Rehabilitation Services**

- Acute Therapy
  - PT productivity overall was 3,494 against a budget of 3,271 units, for a positive variance of 6%.
  - OT productivity overall was 2,659 against a budget of 2,488 units, for a positive variance of 5%.
  -

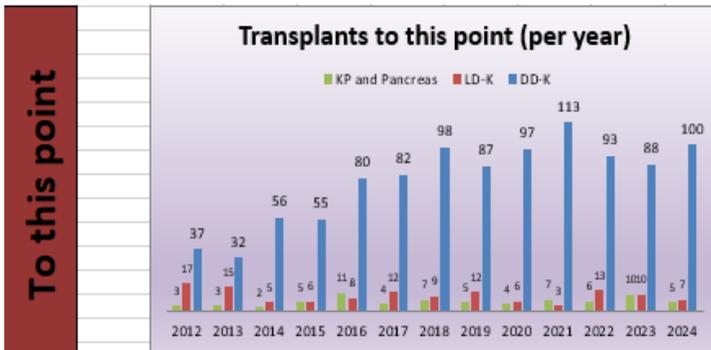
- MRU
  - September 2024: 20 admissions and 25 discharges with 352 patient days and a LOS of 14.5 days with an ADC of 12.1 days.
  - MRU continued to exceed goal for monthly admissions. Target goal is 17 or more and YTD average is 19. Admissions are up 10% from 2023 and 5% in discharges with a YTD comparison.
  - MRU LOS patients is 20.2 days in 2024, decreased from 23.7 in 2023.

**Supportive Care & Palliative Medicine**

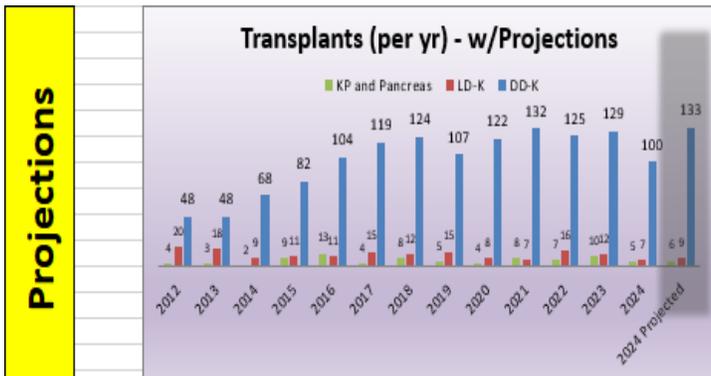
- Total Inpatient Consults for September: 107
- Transitions of Care: 13
- Discharge with Home Hospice: 1
- Terrace View: 4

**Transplant**

- As of October 7, 2024, we have performed (112) transplants, which is (+4) transplants than this time last year (2023). Based on current volume, we have projected finishing the year with (148) transplants.
- Pre-Transplant Clinic is below budget by (-317). We are still limited with our shortage of providers.
- Post-Transplant has exceeded the 2024 budget YTD by (191) visits. We are (-126) for total clinic variance to budget.



	DD-K	LD-K	KP	Pancreas	Total
2009	47	28	1	0	76
2010	50	28	2	0	80
2011	39	11	5	2	57
2012	37	17	1	2	57
2013	32	15	1	2	50
2014	56	5	1	1	63
2015	55	6	2	3	66
2016	80	8	3	3	94
2017	82	12	4	0	98
2018	98	9	7	0	114
2019	87	12	5	0	104
2020	97	6	4	0	107
2021	113	3	6	1	123
2022	93	13	6	0	112
2023	88	10	10	0	108
2024	100	7	5	0	112
<b>Total</b>	<b>1154</b>	<b>190</b>	<b>68</b>	<b>14</b>	<b>1426</b>



	DD-K	LD-K	KP	Pancreas	Total
2009	55	37	2	0	94
2010	60	33	2	0	95
2011	52	14	5	2	73
2012	48	20	1	3	72
2013	48	18	1	2	69
2014	68	9	1	1	79
2015	82	11	5	4	102
2016	104	11	10	3	128
2017	119	15	4	0	138
2018	124	12	8	0	144
2019	107	15	5	0	127
2020	122	8	4	0	134
2021	132	7	7	1	147
2022	125	16	7	0	148
2023	129	12	10	0	151
2024	100	7	5	0	112
2024 Proj	133	9	6	0	148

Transplant / Vascular			2023	2024										YTD	Budget	Variance
			YTD	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep				
6430	TRANPRE	Transplant Clinic	661	38	49	40	51	52	53	42	57	53	435	-	-	
	TRANPREPRC	Transplant Clinic	2	0	0	0	0	0	0	0	1	2	3	-	-	
	6430 Totals			663	38	49	40	51	52	53	42	58	55	438	755	-317 ↓
6431	TRANPOSRC	Transplant Clinic	0	0	0	0	0	0	0	0	0	0	0	-	-	
	TRANPOST	Transplant Clinic	4,254	363	352	316	325	341	336	413	422	350	3,218	-	-	
	6431 Totals			4,254	363	352	316	325	341	336	413	422	350	3,218	3,027	191 ↑
<b>Totals</b>			<b>4,917</b>	<b>401</b>	<b>401</b>	<b>356</b>	<b>376</b>	<b>393</b>	<b>389</b>	<b>455</b>	<b>480</b>	<b>405</b>	<b>3,656</b>	<b>3,782</b>	<b>-126</b> 📉	

The difference between  
healthcare and true care™

---



**Internal Financial Reports**  
**For the month ended September 30, 2024**

**Erie County Medical Center Corporation**

**Financial Dashboard  
September 30, 2024**

**Statement of Operations:**

	<u>Month</u>	<u>Year-to-Date (YTD)</u>	<u>YTD Budget</u>
Net patient revenue	\$ 54,922	\$ 499,509	\$ 481,945
Other	16,261	140,387	129,878
Total revenue	<u>71,183</u>	<u>639,896</u>	<u>611,823</u>
Salary & benefits	36,885	337,461	332,826
Physician fees	9,956	87,133	86,871
Purchased services	5,988	57,203	54,607
Supplies & other	15,636	135,008	120,611
Depreciation and amortization	3,871	35,354	34,840
Interest	987	9,003	7,910
Total expenses	<u>73,323</u>	<u>661,162</u>	<u>637,665</u>
Operating Income/(Loss) Before Other Items	(2,140)	(21,266)	(25,842)
Grant revenue	-	16,005	-
Income/(Loss) from Operations With Other Items	<u>(2,140)</u>	<u>(5,261)</u>	<u>(25,842)</u>
Other Non-operating gain/(loss)	1,741	8,614	903
Change in net assets	<u>\$ (399)</u>	<u>\$ 3,353</u>	<u>\$ (24,939)</u>
Operating margin	<u>-3.0%</u>	<u>-0.8%</u>	<u>-4.2%</u>

**Balance Sheet:**

**Assets:**

Cash & short-term investments	\$ 89,587
Patient receivables	109,849
Assets whose use is limited	181,243
Other assets	485,117
	<u>\$ 865,796</u>

**Liabilities & Net Assets:**

Accounts payable & accrued expenses	\$ 328,140
Estimate self-insurance reserves	60,406
Other liabilities	496,926
Long-term debt, including current portion	199,672
Lease liability, including current portion	22,050
Subscription liability, including current portion	21,407
Line of credit	10,000
Net assets	<u>(272,805)</u>
	<u>\$ 865,796</u>

**Cash Flow Summary:**

	<u>Month</u>	<u>YTD</u>
Net cash provided by (used in):		
- Operating activities	\$ (9,216)	\$ 87,794
- Investing activities	(3,564)	(64,727)
- Financing activities	<u>(296)</u>	<u>(10,596)</u>
Increase/(decrease) in cash and cash equivalents	(13,076)	12,471
Cash and cash equivalents - beginning	<u>45,318</u>	<u>19,771</u>
Cash and cash equivalents - ending	<u>\$ 32,242</u>	<u>\$ 32,242</u>

**Key Statistics:**

	<u>Month</u>	<u>YTD</u>	<u>YTD Budget</u>
Discharges:			
- Acute	1,027	9,787	9,370
- Exempt units	431	3,849	4,145
Observation Cases:	271	2,590	2,230
Patient days:			
- Acute	8,787	77,588	70,166
- Exempt units	4,861	43,201	43,548
Average length of stay, acute	8.6	7.9	7.5
Case mix index Blended	2.16	1.95	1.79
Average daily census: Medical Center	455	441	415
Terrace View LTC	369	369	379
Emergency room visits, including admissions	5,180	48,190	48,793
Outpatient Visits	24,201	223,880	232,040
Days in patient receivables		60.3	

The difference between healthcare and true care™



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

**September 2024 Operating Performance**

Challenges in overall volume seen during August extended into September. During the month, ECMCC's volume fell below the budgeted inpatient cases as well as outpatient visits. Inpatient shortfalls were seen specifically within the chemical dependency and acute service areas. Driving a portion of these variances were total surgeries, which fell below the plan during the month which also resulted in lower revenue than expected. The increased case severity in medical and surgical cases this month led to an overall increase in acute case mix which offset the unfavorable volume variances. The revenue variances derived from these trends during September were accompanied by additional expenses to accommodate the inhouse volume primarily within salaries, purchased services and supplies, which drove an operating loss for the month of (\$2,140), before grant funding. This operating loss, before grant funding, is favorable when compared to the month's budgeted loss of (\$2,394) and remains a significant improvement from the loss before grant funding during September of 2023 of (\$6,524). Additionally, the operating loss before grant funding for the nine months ended September 30, 2024, of (\$21,266) also represents a significant improvement from the loss before grant funding of (\$63,746) for the same period during 2023.

Inpatient discharges of 1,458 were less than budgeted cases of 1,502 by 44 cases (3.0%), driven by unfavorable variances in chemical dependency and acute services partially offset by favorable variances in behavioral health and medical rehab services. Acute discharges of 1,027 lagged the budget by 1.8%, despite an inpatient surgery favorable variance of 9 surgeries. This unfavorable discharge volume was driven in part by an acute average length of stay of 8.6 days during September. This continues to be driven by the challenges in discharging more difficult to place longer stay patients due to staffing and admission challenges across the community within post-acute care facilities. This continues to result in additional delays in our emergency department, thus culminating in a significant number of patients who left without being seen ultimately leading to fewer emergency visits. The challenges and trends experienced during September were also seen across the other hospitals in Western New York. Total outpatient volume remained slightly below budget for the month by 1,154 visits, a 4.6% shortfall. This was driven primarily by a shortfall in clinic and emergency department visit volume during the month. During the month of September, ECMCC experienced an unfavorable variance in outpatient surgeries of 21 cases as compared to the budget of 607 cases (or 3.5%).

Additionally, for the year through September 2024, ECMCC's Terrace View skilled nursing facility remains at nearly 95% occupancy due to recruitment efforts to address the staffing challenges experienced at that facility over the last several years as well as the use of temporary agency personnel to fill any staffing gaps. This occupancy is higher than 2023 levels at 93.6%. Additional efforts are underway to continue to recruit and use temporary staff in order to open up the remaining beds available to assist in improving the length of stay within the hospital.

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

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

ECMCC has also experienced an increase in expenses for temporary nursing staff in both the hospital and Terrace View to assist in meeting minimum standards during the month and to accommodate some staff vacancies during

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

specific shifts. Management expects to have the need for a certain number of temporary agency clinical personnel throughout the remainder of the year to continue to meet the New York State minimum standards given the volume increases.

Total benefit costs for the month were less than the operating plan as a result of favorable claim activity within health insurance claims for employees. The year-to-date unfavorable variance is the result of additional retirement benefit reserves recorded each month as a result of updated actuarial estimates of the benefit liability related to the retiree health program. This variance will be reconciled once the final actuarial reports for both the pension and retiree health programs are completed.

Supply costs exceeded the operating plan during the month by \$2,420. The additional cost during the month was related primarily to the continued increases within transplant costs, operating room supplies and pharmaceutical costs, in two areas specifically, specialty pharmacy drug costs and volume related drug utilization.

**Balance Sheet**

ECMCC saw an increase in cash from December 2023 resulting in 42 days operating cash as compared to 16 days operating cash at the end of 2023. Cash levels have increased from these levels at the end of September because of the receipt of certain expected disproportionate share (DSH/IGT) payments, the accumulation of unrestricted investment income, along with the retrospective reimbursement settlement related to the 340b drug pricing program, and most recently the receipt of FEMA grant payments. Partially offsetting those receipts, on January 31<sup>st</sup>, 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 both 2023 and for 2024.

Patient receivables increased approximately \$7.5 million from December 31, 2023. The increase in accounts receivable has been due to increased volume and revenue over and above the operating plan coupled with the delays in billing and collections related to one significant payer coupled with internal staffing challenges. These delays are primarily related to the Change Healthcare cyber-attack which occurred on February 21<sup>st</sup>, 2024. Significant efforts are underway to reduce accounts receivable and increase cash collections related to these and other delays.

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

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

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

**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

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

processing, and eligibility authorizations. As a result of the Incident, as of September 10, 2024, ECMCC is not aware of any company data including personally identifiable information (PII) and/or protected health information (PHI), that has been compromised because of the incident. As ECMCC continues to monitor the overall response by Change to the incident related to PII or PHI, the US Department of Health and Human Services issued a notification that Change Healthcare (Optum) will be responsible for any and all breach notifications which may need to be made in the future. Additionally, ECMCC is in constant contact with Change Healthcare, the various vendors and payers impacted and has implemented cash management strategies in order to ensure that any unfavorable cash flow impacts have been reduced as much as possible.

## Erie County Medical Center Corporation

### Balance Sheet September 30, 2024 and December 31, 2023

(Dollars in Thousands)

	September 30, 2024	December 31, 2023	Change from December 31st
<b>Assets</b>			
Current Assets:			
Cash and cash equivalents	\$ 32,242	\$ 19,771	\$ 12,471
Investments	57,345	10,646	46,699
Patient receivables, net	109,849	102,389	7,460
Prepaid expenses, inventories and other receivables	33,163	62,528	(29,365)
<b>Total Current Assets</b>	<b>232,599</b>	<b>195,334</b>	<b>37,265</b>
Assets Whose Use is Limited:			
Designated under self-Insurance programs	59,450	57,904	1,546
Restricted under third party agreements	116,461	107,627	8,834
Designated for long-term investments	5,332	5,091	241
<b>Total Assets Whose Use is Limited</b>	<b>181,243</b>	<b>170,622</b>	<b>10,621</b>
Property and equipment, net	283,572	307,343	(23,771)
Other assets	168,382	168,809	(427)
<b>Total Assets</b>	<b>\$ 865,796</b>	<b>\$ 842,108</b>	<b>\$ 23,688</b>
<b>Liabilities &amp; Net Position</b>			
Current Liabilities:			
Current portion of long-term debt	\$ 13,059	\$ 12,869	\$ 190
Current portion of lease liability	6,507	6,944	(437)
Current portion of subscription liability	7,935	8,724	(789)
Line of credit	10,000	10,000	-
Accounts payable	54,485	59,922	(5,437)
Accrued salaries and benefits	67,280	73,734	(6,454)
Other accrued expenses	201,644	125,936	75,708
Estimated third party payer settlements	4,731	4,486	245
<b>Total Current Liabilities</b>	<b>365,641</b>	<b>302,615</b>	<b>63,026</b>
Long-term debt	186,613	188,940	(2,327)
Long-term lease liability	15,543	20,521	(4,978)
Long-term subscription liability	13,472	15,727	(2,255)
Estimated self-insurance reserves	60,406	59,340	1,066
Other liabilities	496,926	531,132	(34,206)
<b>Total Liabilities</b>	<b>1,138,601</b>	<b>1,118,275</b>	<b>20,326</b>
<b>Total Net Position</b>	<b>(272,805)</b>	<b>(276,167)</b>	<b>3,362</b>
<b>Total Liabilities and Net Position</b>	<b>\$ 865,796</b>	<b>\$ 842,108</b>	<b>\$ 23,688</b>

The difference between  
healthcare and true care™



## Erie County Medical Center Corporation

### Statement of Operations

For the month ended September 30, 2024

*(Dollars in Thousands)*

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
<b>Operating Revenue:</b>				
Net patient revenue	55,943	54,553	1,390	51,207
Less: Provision for uncollectable accounts	(1,021)	(1,010)	(11)	(319)
Adjusted Net Patient Revenue	54,922	53,543	1,379	50,888
Disproportionate share / IGT revenue	10,273	10,273	-	9,571
Other revenue	5,988	4,158	1,830	3,999
<b>Total Operating Revenue</b>	71,183	67,974	3,209	64,458
<b>Operating Expenses:</b>				
Salaries & wages	29,785	29,112	(673)	28,085
Employee benefits	7,100	7,867	767	8,726
Physician fees	9,956	9,652	(304)	9,333
Purchased services	5,988	5,910	(78)	6,677
Supplies	12,791	10,371	(2,420)	10,974
Other expenses	2,335	1,966	(369)	2,322
Utilities	510	740	230	539
Depreciation & amortization	3,871	3,871	-	3,412
Interest	987	879	(108)	914
<b>Total Operating Expenses</b>	73,323	70,368	(2,955)	70,982
<b>Operating Income/(Loss) Before Other Items</b>	<b>(2,140)</b>	<b>(2,394)</b>	<b>254</b>	<b>(6,524)</b>
<b>Other Gains/(Losses)</b>				
Grant revenue	-	-	-	8,528
<b>Income/(Loss) from Operations</b>	<b>(2,140)</b>	<b>(2,394)</b>	<b>254</b>	<b>2,004</b>
<b>Other Non-operating Gain/(Loss):</b>				
Interest and dividends	675	180	495	468
Unrealized gain/(loss) on investments	1,066	(80)	1,146	(2,246)
Non-operating Gain/(Loss)	1,741	100	1,641	(1,778)
<b>Excess of Revenue/(Deficiency) Over Expenses</b>	<b>\$ (399)</b>	<b>\$ (2,294)</b>	<b>\$ 1,895</b>	<b>\$ 226</b>

## Erie County Medical Center Corporation

### Statement of Operations

For the nine months ended September 30, 2024

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
<b>Operating Revenue:</b>				
Net patient revenue	510,854	491,425	19,429	452,866
Less: Provision for uncollectable accounts	(11,345)	(9,480)	(1,865)	(7,171)
Adjusted Net Patient Revenue	499,509	481,945	17,564	445,695
Disproportionate share / IGT revenue	92,481	92,460	21	86,139
Other revenue	47,906	37,418	10,488	33,391
<b>Total Operating Revenue</b>	<b>639,896</b>	<b>611,823</b>	<b>28,073</b>	<b>565,225</b>
<b>Operating Expenses:</b>				
Salaries & wages	265,445	261,108	(4,337)	249,695
Employee benefits	72,016	71,718	(298)	76,645
Physician fees	87,133	86,871	(262)	82,454
Purchased services	57,203	54,607	(2,596)	60,356
Supplies	111,965	97,870	(14,095)	97,206
Other expenses	18,517	17,692	(825)	19,576
Utilities	4,526	5,049	523	4,479
Depreciation & amortization	35,354	34,840	(514)	30,216
Interest	9,003	7,910	(1,093)	8,344
<b>Total Operating Expenses</b>	<b>661,162</b>	<b>637,665</b>	<b>(23,497)</b>	<b>628,971</b>
<b>Operating Income/(Loss) Before Other Items</b>	<b>(21,266)</b>	<b>(25,842)</b>	<b>4,576</b>	<b>(63,746)</b>
<b>Other Gains/(Losses)</b>				
Grant revenue	16,005	-	16,005	37,997
<b>Income/(Loss) from Operations</b>	<b>(5,261)</b>	<b>(25,842)</b>	<b>20,581</b>	<b>(25,749)</b>
<b>Other Non-operating Gain/(Loss):</b>				
Interest and dividends	4,865	1,620	3,245	2,944
Unrealized gain/(loss) on investments	3,749	(717)	4,466	(3,465)
Non-operating Gain/(Loss)	8,614	903	7,711	(521)
<b>Excess of Revenue/(Deficiency) Over Expenses</b>	<b>\$ 3,353</b>	<b>\$ (24,939)</b>	<b>\$ 28,292</b>	<b>\$ (26,270)</b>

**Erie County Medical Center Corporation**

**Statement of Changes in Net Position**

**For the month and nine months ended September 30, 2024**

*(Dollars in Thousands)*

	<u>Month</u>	<u>Year-to-Date</u>
<b>Unrestricted Net Assets:</b>		
Excess/(Deficiency) of revenue over expenses	\$ (399)	\$ 3,353
Other transfers, net	-	-
Contributions for capital acquisitions	9	9
Change in accounting principle	-	-
Net assets released from restrictions for capital acquisition	-	-
	<hr/>	<hr/>
Change in Unrestricted Net Assets	<u>(390)</u>	<u>3,362</u>
<b>Temporarily Restricted Net Assets:</b>		
Contributions, bequests, and grants	-	-
Other transfers, net	-	-
Net assets released from restrictions for operations	-	-
Net assets released from restrictions for capital acquisition	-	-
	<hr/>	<hr/>
Change in Temporarily Restricted Net Assets	<u>-</u>	<u>-</u>
Change in Net Position	<u>(390)</u>	<u>3,362</u>
Net Position, beginning of period	<u>(272,415)</u>	<u>(276,167)</u>
<b>Net Position, end of period</b>	<u><b>\$ (272,805)</b></u>	<u><b>\$ (272,805)</b></u>

The difference between  
healthcare and true care™



## Erie County Medical Center Corporation

### Statement of Cash Flows

For the month and nine months ended September 30, 2024

(Dollars in Thousands)

	Month	Year-to-Date
<b>Cash Flows from Operating Activities:</b>		
Change in net assets	\$ (390)	\$ 3,362
Adjustments to Reconcile Changes in Net Assets to Net Cash Provided by/(Used in) Operating Activities:		
Depreciation and amortization	3,871	35,354
Provision for bad debt expense	1,021	11,345
Net change in unrealized (gain)/loss on Investments	(1,066)	(3,749)
<u>Changes in Operating Assets and Liabilities:</u>		
Patient receivables	(2,017)	(18,805)
Prepaid expenses, inventories and other receivables	(1,095)	29,365
Accounts payable	(685)	(5,437)
Accrued salaries and benefits	1,319	(6,454)
Estimated third party payer settlements	(700)	245
Other accrued expenses	(9,740)	75,708
Self Insurance reserves	599	1,066
Other liabilities	(333)	(34,206)
<b>Net Cash Provided by/(Used in) Operating Activities</b>	<b>(9,216)</b>	<b>87,794</b>
<b>Cash Flows from Investing Activities:</b>		
Additions to Property and Equipment, net	(2,099)	(11,583)
Decrease/(increase) in assets whose use is limited	(1,088)	(10,621)
Sale/(Purchase) of investments, net	(281)	(42,950)
Change in other assets	(96)	427
<b>Net Cash Provided by/(Used in) Investing Activities</b>	<b>(3,564)</b>	<b>(64,727)</b>
<b>Cash Flows from Financing Activities:</b>		
Principal payments on / proceeds from long-term debt, net	(728)	(2,137)
Principal payments on / additions to long-term lease liability, net	946	(5,415)
Principal payments on / additions to long-term subscription, net	(514)	(3,044)
<b>Increase/(Decrease) in Cash and Cash Equivalents</b>	<b>(13,076)</b>	<b>12,471</b>
Cash and Cash Equivalents, beginning of period	45,318	19,771
Cash and Cash Equivalents, end of period	<b>\$ 32,242</b>	<b>\$ 32,242</b>

## Erie County Medical Center Corporation

### Statistical and Ratio Summary

	September 30, 2024	December 31, 2023	ECMCC 3 Year Avg. 2021 - 2023
<b><u>Liquidity Ratios:</u></b>			
Current Ratio	0.6	0.7	0.8
Days in Operating Cash & Investments	42	16	29.5
Days in Patient Receivables	60.3	63.2	55.5
Days Expenses in Accounts Payable	51.2	53.6	61.2
Days Expenses in Current Liabilities	156.8	129.2	144.5
Cash to Debt	74.6%	43.0%	52.8%
Working Capital Deficit	\$ (133,042)	\$ (89,919)	\$ (72,929)
<b><u>Capital Ratios:</u></b>			
Long-Term Debt to Fixed Assets	65.8%	67.7%	68.4%
Assets Financed by Liabilities	131.5%	133.6%	127.9%
Debt Service Coverage (Covenant > 1.1)	3.7	2.3	1.6
Capital Expense	3.4%	3.0%	3.0%
Average Age of Plant	7.7	7.6	9.4
Debt Service as % of NPSR	3.8%	4.2%	4.0%
Capital as a % of Depreciation	32.8%	13.1%	34.3%
<b><u>Profitability Ratios:</u></b>			
Operating Margin	-3.3%	-13.2%	-14.1%
Net Profit Margin	0.7%	-1.0%	-3.5%
Return on Total Assets	0.5%	-0.8%	-2.1%
Return on Equity	-1.6%	2.3%	7.9%
<b><u>Productivity and Cost Ratios:</u></b>			
Total Asset Turnover	1.0	0.9	0.8
Total Operating Revenue per FTE	\$ 255,689	\$ 224,619	\$ 216,505
Personnel Costs as % of Total Revenue	51.8%	57.5%	57.0%

The difference between  
healthcare and true care™



**Erie County Medical Center Corporation**

<b>Key Statistics</b>			
<b>Period Ended September 31, 2024</b>			

Current Period				Year to Date				
Actual	Budget	% to Budget	Prior Year	Actual	Budget	% to Budget	Prior Year	
<b>Discharges:</b>				<b>Discharges:</b>				
1,027	1,046	-1.8%	1,050	Med/Surg (M/S) - Acute	9,787	9,370	4.4%	9,397
234	223	5.1%	211	Behavioral Health	2,085	2,092	-0.3%	1,956
172	219	-21.3%	196	Chemical Dependency (CD) - Detox	1,595	1,907	-16.4%	1,745
25	15	68.2%	13	Medical Rehab	169	146	15.6%	150
<b>1,458</b>	<b>1,502</b>	<b>-3.0%</b>	<b>1,470</b>	<b>Total Discharges</b>	<b>13,636</b>	<b>13,515</b>	<b>0.9%</b>	<b>13,248</b>
<b>Patient Days:</b>				<b>Patient Days:</b>				
8,787	7,297	20.4%	8,322	M/S - Acute	77,588	70,166	10.6%	76,604
3,819	3,075	24.2%	4,014	Behavioral Health	33,993	33,010	3.0%	35,643
680	753	-9.7%	804	CD - Detox	5,970	7,405	-19.4%	6,802
362	300	20.7%	354	Medical Rehab	3,238	3,133	3.4%	3,397
<b>13,648</b>	<b>11,425</b>	<b>19.5%</b>	<b>13,494</b>	<b>Total Patient Days</b>	<b>120,789</b>	<b>113,714</b>	<b>6.2%</b>	<b>122,446</b>
<b>Average Daily Census (ADC):</b>				<b>Average Daily Census (ADC):</b>				
293	243	20.4%	277	M/S - Acute	283	256	10.6%	281
127	103	24.2%	134	Behavioral Health	124	120	3.0%	131
23	25	-9.7%	27	CD - Detox	22	27	-19.4%	25
12	10	20.7%	12	Medical Rehab	12	11	3.4%	12
<b>455</b>	<b>381</b>	<b>19.5%</b>	<b>450</b>	<b>Total ADC</b>	<b>441</b>	<b>415</b>	<b>6.2%</b>	<b>449</b>
<b>Average Length of Stay:</b>				<b>Average Length of Stay:</b>				
8.6	7.0	22.7%	7.9	M/S - Acute	7.9	7.5	5.9%	8.2
16.3	13.8	18.2%	19.0	Behavioral Health	16.3	15.8	3.3%	18.2
4.0	3.4	14.7%	4.1	CD - Detox	3.7	3.9	-3.6%	3.9
14.5	20.2	-28.2%	27.2	Medical Rehab	19.2	21.4	-10.6%	22.6
<b>9.4</b>	<b>7.6</b>	<b>23.1%</b>	<b>9.2</b>	<b>Average Length of Stay</b>	<b>8.9</b>	<b>8.4</b>	<b>5.3%</b>	<b>9.2</b>
<b>Occupancy:</b>				<b>Occupancy:</b>				
94.0%	74.1%	26.9%	92.9%	% of M/S Acute staffed beds	94.0%	74.1%	26.9%	92.9%
<b>Case Mix Index:</b>				<b>Case Mix Index:</b>				
2.16	1.80	20.0%	1.88	Blended (Acute)	1.95	1.79	8.7%	1.77
271	256	5.9%	241	Observation Status	2,590	2,230	16.1%	2,145
427	418	2.2%	423	Inpatient General Surgeries	3,989	3,732	6.9%	3,718
586	607	-3.5%	621	Outpatient General Surgeries	5,612	5,580	0.6%	5,628
30	50	-40.0%	30	Inpatient Ancillary Surgeries	258	451	-42.8%	357
28	23	21.7%	21	Outpatient Ancillary Surgeries	289	270	7.0%	232
24,201	25,355	-4.6%	24,101	Outpatient Visits	223,880	232,040	-3.5%	224,598
5,180	5,344	-3.1%	5,467	Emergency Visits Including Admits	48,190	48,793	-1.2%	47,773
60.3	44.2	36.4%	73.5	Days in A/R	60.3	44.2	36.4%	73.5
1.8%	1.9%	-2.5%	0.5%	Bad Debt as a % of Net Revenue	2.3%	1.9%	20.5%	1.8%
3,295	3,161	4.2%	3,258	FTE's	3,281	3,193	2.8%	3,235
4.18	4.68	-10.6%	4.14	FTE's per Adjusted Occupied Bed	4.21	4.40	-4.3%	4.20
<b>\$ 19,871</b>	<b>\$ 18,534</b>	<b>7.2%</b>	<b>\$ 18,259</b>	Net Revenue per Adjusted Discharge	\$ 19,182	\$ 18,839	1.8%	\$ 17,972
<b>\$ 26,787</b>	<b>\$ 242,435</b>	<b>-89.0%</b>	<b>\$ 25,570</b>	Cost per Adjusted Discharge	\$ 25,329	\$ 24,793	2.2%	\$ 25,377
<b>Terrace View Long Term Care:</b>				<b>Terrace View Long Term Care:</b>				
11,079	11,440	-3.2%	11,064	Patient Days	101,077	103,760	-2.6%	99,606
369	369	0.1%	369	Average Daily Census	369	379	-2.6%	365
94.7%	94.6%	0.1%	94.6%	Occupancy - % of Staffed beds	94.6%	97.1%	-2.6%	93.6%
453	499	-9.1%	432	FTE's	460	505	-8.8%	425
6.5	7.0	-6.2%	6.2	Hours Paid per Patient Day	6.9	7.4	-6.4%	6.5

# Medical Executive Committee

## CMO Report to the ECMC Board of Directors

### October 2024

#### University at Buffalo Update

- Search continues for Chair of Psychiatry, GI and Nephrology.

#### Current hospital operations

	<u>2024</u>	<u>2023</u>
• Admissions YTD:	10,094	( 9,636)
• ED visits YTD:	41,958	(41,750)
• CPEP visits:	7,571	( 7,297)
• Observation:	2,659	( 2,299)
• Inpatient Surgeries:	4,127	( 3,829)
• Outpatient Surgeries:	5,792	( 5,767)
• ALC days YTD:	8,081	( 7,729)

The average length of stay MTD 7.3 ( 8.9 ) CMI MTD 2.0617 ( 1.8949)

#### CMO Update

- Thank you and best wishes to Dr. Richard Ferguson.
- Congratulations to Dr. Felix Cheng, our new Chief of Neurology.
- Congratulations to Phyllis Murawski, RN, our new Chief Quality Officer.

**Communications and External Affairs Report**  
**Submitted by Peter K. Cutler**  
**Vice President of Communications and External Affairs**  
**October 22, 2024**

**Marketing**

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

**Media Report**

- Continue coordination of media interviews related to ECMC service lines including coverage of transplantation, orthopedics, behavioral health, surgical services, physical therapy and emergency services.
- Further supported the recent opening of ECMC's new satellite Trauma Recovery Center that is affiliated with the institution's BRAVE (Buffalo Rising Against Violence) initiative, with distribution to media outlets & social media still photos & video of local philanthropist John Fromen's \$10,000 donation to the TRC.
- Supported participation of representatives of ECMC service lines in two high profile community events: WUFO Power 96.5's annual Health Fair and Masten District Councilwoman Zenetta Everhart's Masten District Stakeholder's Brunch. Arranged for ECMC's Mobile Mammography Coach to be at the event.
- ECMC's Medical Minute partnership with WGRZ-T

**Community and Government Relations**

- Helped coordinate ECMC's participation in Congressman Tim Kennedy's October 18th press conference calling on Congress, in the wake of Hurricane Helene, to incentivize the manufacturing of IVF, including diversifying production locations, to prevent future shortages. The Congressman also is calling on Congress to take steps to better monitor strategic stockpiles of IV shortages.

Present: Dr. Yogesh Bakhai, Dr. Sam Cloud, Dr. Mandip Panesar, Dr. Siva Yedlapati, Dr. Lakshpaul Chauhan, Dr. Victor Vacanti (video conference), Dr. Richard Hall (video conference), Dr. Ashvin Tadakamalla (video conference)

Excused: Christopher Resetarits, CRNA

Agenda Item	Discussion/Recommendation	Action	Follow-up
<b>I. CALL TO ORDER</b>	Dr. Bakhai called the meeting to order at 3:01pm		
<b>II. ADMINISTRATIVE</b>	Guests: Dr. Dinerman and Dr. Pittenger  It was also noted that the resignation request for Rosh-Neke Thomas Talley, FNP presented at last meeting, is being rescinded. This was a clerical error from the Clinic. As this action is within 60 days, it has been removed from the roster of approval actions required by the Board of Directors.		
A. Minutes	The minutes of the September 5, 2024 Credentials Committee meeting were presented for review.	It was properly moved by Dr. Mandip Panesar, seconded by Dr. Siva Yedlapati, and unanimously carried:	RESOLVED, that the Credentials Committee approve the minutes of the September 5, 2024 meeting and recommend same to the Medical Staff Executive Committee.
B. Deceased	None	None	None
C. Applications Withdrawn/Processing Cessation	None	None	None
D. Automatic Conclusion (Initial Appointment)	None	None	None

Highlight: Initiate FPPE

E. Name Changes (1)	<b>Orthopaedic Surgery</b> <ul style="list-style-type: none"><li>Jillian Piniewski, FNP <b>changed her name to Jillian Tornabene, FNP</b></li></ul>		None	None	
F. Leave of Absence (4)	<b>Anesthesiology</b> <ul style="list-style-type: none"><li>Danielle Doherty, CRNA- maternity; RTW 12/01/24</li></ul> <b>Internal Medicine</b> <ul style="list-style-type: none"><li>Chandrarekha Americhetty, MD- maternity; RTW 10/08/24</li></ul> <b>Neurology</b> <ul style="list-style-type: none"><li>Rebecca Buttaccio, PA-C- maternity; RTW 11/18/24</li></ul> <b>Psychiatry</b> <ul style="list-style-type: none"><li>Hannah Lapides, NP- maternity; RTW 12/31/24</li></ul>		None	Informational purposes only	
<b>G. Resignations (6)</b>		Files are updated and resignation protocol followed. The Committee discussed retention rates and Wellness Committee initiatives to investigate and manage.		Notification via these minutes to MEC, Board of Directors, Revenue Management, Decision Support	
NAME	DEPARTMENT	PRACTICE PLAN/REASON	COVERING/COLLABORATING/SUPERVISING	RESIGN DATE	INITIAL DATE
Rachna Bharti, MD	Family Medicine	<ul style="list-style-type: none"><li>Apogee</li><li>Left practice plan</li><li>Confirmed in email</li></ul>	N/A	<b>09/16/24</b>	03/26/24
Hui Tung Tony Lin, MD	Family Medicine	<ul style="list-style-type: none"><li>UBMD</li><li>Left practice plan</li><li>Confirmed in email</li></ul>	5 AHPs in process- Doreen Park confirmed they are being split btw Dr. Wilkins and Dr. Wilber	<b>09/06/24</b>	07/25/23
Patrick Christie, PA-C	Internal Medicine	<ul style="list-style-type: none"><li>S&amp;K</li><li>Only working at Roswell</li><li>Confirmed in email</li></ul>	N/A	<b>09/09/24</b>	01/23/24
Salah Abdelhadi, MD	Radiology	<ul style="list-style-type: none"><li>GLMI</li><li>Left practice plan</li><li>Confirmed in email</li></ul>	N/A	<b>09/12/24</b>	07/28/20

Highlight: Initiate FPPE

Raspal Sandhu, MD	Radiology	<ul style="list-style-type: none"> <li>GLMI</li> <li>Left practice plan</li> <li>Confirmed in email</li> </ul>	N/A	09/12/24	07/28/20
Faisal Shah, MD	Radiology	<ul style="list-style-type: none"> <li>GLMI</li> <li>Left practice plan</li> <li>Confirmed in email</li> </ul>	N/A	09/12/24	01/25/22
<b>III. CHANGE IN STAFF CATEGORY</b>					
		None			
<b>IV. CHANGE/ADD DEPARTMENT</b>					
		None			
<b>V. CHANGE/ADDITION Collaborating/Supervising</b>					
A. Dilafruz ElNasser, ANP	<b>Family Medicine</b>	<ul style="list-style-type: none"> <li>Changing from Dr. Mikac to Dr. Eberl</li> </ul>	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. SungHoon Jung, FNP	<b>Family Medicine</b>	<ul style="list-style-type: none"> <li>Changing from Dr. Lin to Dr. Wilkins</li> </ul>	The Committee voted, all in favor, to approve the changes as requested.		Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support.
C. Sarah Toblin, PA-C	<b>Family Medicine</b>	<ul style="list-style-type: none"> <li>Changing from Dr. Mikac to Dr. Williams</li> </ul>	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>VI. PRIVILEGE ADDITION/ REVISION</b>					
		None			
<b>VII. PRIVILEGE WITHDRAWAL</b>					
		None			
<b>VIII. UNACCREDITED FELLOWSHIPS</b>					
		Nothing to report at this time	None		Informational purposes only

Highlight: Initiate FPPE

IX. INITIAL APPOINTMENTS			
<p>Scott Becht, PA-C Emergency Medicine</p>	<ul style="list-style-type: none"> <li>• Gannon University Master of Physician Assistant Sciences August 2024</li> <li>• Time gap – August 2024 to November 2024 applying for NY medical license, DEA and credentialing</li> <li>• Joining UEMS November 2024</li> <li>• Supervising Physician - Dr. Jason Borton (1)</li> <li>• NCCPA certified</li> </ul>	<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>
<p>Erin Davis, FNP Internal Medicine</p>	<ul style="list-style-type: none"> <li>• University of Phoenix Master of Science Family Nurse Practitioner February 2023</li> <li>• Registered Nurse Banner MD Anderson Outpatient Oncology Infusion June 2021 to present</li> <li>• Hired by Grider Support Services September 2024 Internal Medicine – Hematology</li> <li>• Collaborating Physician – Dr. Naheed Alam (5)</li> <li>• AANP certified</li> </ul>	<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>
<p>Julia Hitchcock, MD Internal Medicine</p>	<ul style="list-style-type: none"> <li>• Wright State University MD May 2021</li> <li>• Time gap May 2021 to June 2021 – time to move from Ohio to New York for Residency</li> <li>• Jacobs School of Medicine Internal Medicine Residency June 2021 to June 2024</li> <li>• Time gap July 2024 to September 2024 – time to study and sit for IM boards, vacation with family</li> </ul>	<p>The Committee voted, all in favor, to approve the appointment with privileges granted as requested.</p>	<p>Recommendation, via these minutes, to the Medical Executive Committee for approval.</p>

Highlight: Initiate FPPE

	<ul style="list-style-type: none"> <li>• Hired by UBMD Internal Medicine October 2024</li> <li>• Temporary privileges granted October 1, 2024 for immediate patient need</li> <li>• American Board of Internal Medicine eligible, sat August 26, 2024 pending results</li> </ul>		
Alexis Pittenger, PsyD Internal Medicine	<ul style="list-style-type: none"> <li>• Doctor of Psychology in Clinical Psychology- Xavier University August 2012; this includes an Internship at the May Institute</li> <li>• Kennedy Krieger Institute Fellowship in Behavioral Psychology September 2012- August 2013</li> <li>• Kennedy Krieger Institute Fellowship in Child Clinical Psychology September 2013- August 2015</li> <li>• Cincinnati Children’s Hospital and Medical Center from November 2015-January 2019</li> <li>• Macks Psychology Group from January 2019-November 2021</li> <li>• Child and Adolescent Psychology Associates from December 2021- May 2023</li> <li>• Time gap from May 2023 to August 2024 moved from Ohio to New York, stay at home parent to help kids adjust. Finding and applying for new position</li> <li>• Joining UBMD</li> </ul>	<p>The Committee interviewed Dr. Pittenger regarding flags presented by the MDSO. It was properly moved by Dr. Mandip Panesar, seconded by Dr. Victor Vacanti and unanimously carried:</p> <p><b>EXTRACT FOR MEC</b></p>	<p>RESOLVED, that the Credentials Committee approves the appointment of Alexis Pittenger, PsyD to the Medical/Dental Staff of Erie County Medical Center and recommends same to the Medical Staff Executive Committee.</p>
Navpreet Rana, DO Internal Medicine	<ul style="list-style-type: none"> <li>• University of New England Doctor of Osteopathic Medicine May 2017</li> </ul>	<p>The Committee voted, all in favor, to approve the</p>	<p>Recommendation, via these minutes, to the Medical Executive Committee for approval.</p>

Highlight: Initiate FPPE

	<ul style="list-style-type: none"> <li>• Time gap May 2017 to June 2017 – vacation between medical school and start of residency</li> <li>• Guthrie/Robert Packer Hospital General Surgery Residency July 2017 to June 2018</li> <li>• Jacobs School of Medicine Internal Medicine Residency June 2018 to June 2021 and Gastroenterology Fellowship July 2021 to June 2024</li> <li>• Time gap June 2024 to November 2024 – GI board preparation, time with family</li> <li>• Hired by UBMD Internal Medicine Gastroenterology November 2024</li> <li>• American Board of Internal Medicine certified and Gastroenterology eligible</li> </ul>	appointment with privileges granted as requested.	
Gina Sparacino, MD Internal Medicine	<ul style="list-style-type: none"> <li>• State University of New York at Buffalo MD June 2018</li> <li>• Jacobs School of Medicine Internal Medicine Residency June 2018 to June 2021 and Gastroenterology Fellowship July 2021 to June 2024</li> <li>• Gastroenterologist – WNY VA Medical Center June 2024 to present, Kaleida Health / General Physicians, PC August 2024 to present</li> <li>• Temporary privileges granted September 1, 2024 for immediate patient need</li> <li>• American Board of Internal Medicine certified</li> </ul>	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive Committee for approval.
Natasha Gautam, MD Ophthalmology	<ul style="list-style-type: none"> <li>• Adesh Institute of Medical Sciences &amp; Research MBBS June 2012</li> </ul>	Dr. Gautam is not currently board eligible until she completes 5 years of practice;	RESOLVED, that the Credentials Committee approves the appointment of Natasha Gautam, MD to the

Highlight: Initiate FPPE

	<ul style="list-style-type: none"> <li>• Postgraduate Institute of Medical Education &amp; Research Chandigarh - Ophthalmology Residency July 2012 to June 2015, Senior Glaucoma Residency July 2015 to June 2017, and Glaucoma Fellowship June 2017 to July 2018</li> <li>• Time gap – August 2018 to January 2019 maternity leave</li> <li>• Consultant Advanced Eye Hospital, Yamunagar, Haryana India February 2019 to June 2020</li> <li>• Time gap – June 2020 to August 2020 moved to the US</li> <li>• Research Assistant University of Iowa Hospitals and Clinics September 2020 to July 2021</li> <li>• Ann &amp; Robert H. Lurie Children’s Hospital of Chicago, Northwestern University, Pediatric Ophthalmology Fellowship July 2022 to July 2023</li> <li>• Mayo Clinic Glaucoma Fellowship July 2023 to July 2024</li> <li>• Time gap – July 2024 to September 2024 vacation</li> <li>• Joining UB as a Clinical Assistant Professor in Ophthalmology/Ross Eye Institute on H1B Visa October 2024</li> <li>• Board status – International Medical Graduate subject to the requirement of practicing for five years on a full physician license before being eligible for board certification</li> </ul>	<p>as outlined in the International Pathway. She will be eligible in 2029.</p> <p><b>EXTRACT FOR MEC EXTENSION NEEDED DUE TO 5 YEAR PATHWAY</b></p>	<p>Medical/Dental Staff of Erie County Medical Center and recommends same to the Medical Staff Executive Committee.</p>
--	--	---	---

Highlight: Initiate FPPE

<p>Evan Briggs, PA-C Orthopaedic Surgery</p>	<ul style="list-style-type: none"> <li>• Rochester Institute of Technology Master of Science Physician Assistant August 2016</li> <li>• Time gap August 2016 to October 2016 – completed education, prepared for boards, licensing and employment</li> <li>• Physician Assistant Surgery Department Highland Hospital October 2016 to November 2017</li> <li>• Time gap November 2017 to February 2018 – searching for employment in Orthopaedics</li> <li>• Physician Assistant Orthopaedic Surgery Rochester General Hospital February 2018 to September 2024, University Orthopaedic Services, Inc September 2024 to present</li> <li>• Supervising Physician – Dr. Jennifer Gurske-DePerio (1)</li> <li>• NCCPA certified</li> </ul>	<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>
<p>Megan Donnelly-Davis, PA-C Orthopaedic Surgery</p>	<ul style="list-style-type: none"> <li>• Daemen College Master of Science Physician Assistant May 2010</li> <li>• Time gap May 2010 to September 2010</li> <li>• Physician Assistant – UB Emergency Medicine at ECMC September 2010 to August 2015, Neurosurgical October 2013 to August 2015, Team Health Emergency Medicine August 2015 to October 2017, Critical Care &amp; Cardiothoracic Surgery at Catholic Health October 2017 to present</li> </ul>	<p>The Committee voted, all in favor, to approve the appointment with privileges granted as requested.</p>	<p>Recommendation, via these minutes, to the Medical Executive Committee for approval.</p>

Highlight: Initiate FPPE

	<ul style="list-style-type: none"> <li>• Hired by Grider Support Services Orthopaedic Surgery October 2024</li> <li>• Supervising Physician – Dr. Evgeny Dyskin (2)</li> <li>• NCCPA certified</li> </ul>		
Matthew Long, PA-C Orthopaedic Surgery	<ul style="list-style-type: none"> <li>• Daemen University Master of Science Physician Assistant May 2024</li> <li>• Time gap June 2024 to August 2024 – applied for license and sat for NCCPA exam</li> <li>• Physician Assistant Orthopaedic Surgery University Orthopaedic Services, Inc August 2024 to present</li> <li>• Supervising Physician – Dr. K. Keely Boyle (2)</li> <li>• NCCPA certified</li> </ul>	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive Committee for approval.
Brian Dinerman, MD Urology	<ul style="list-style-type: none"> <li>• SUNY Downstate Medical Center College of Medicine MD May 2016</li> <li>• Time gap June 2016 to July 2016 vacation</li> <li>• Zucker School of Medicine at Hofstra/Northwell at Lenox Hill Hospital General Surgery Residency July 2017 to June 2019 and Urology Residency July 2017 to November 2021</li> <li>• Time gap November 2021 to June 2022 relocated waiting for residency program to begin</li> <li>• Jacobs School of Medicine Urology Residency July 2022 to June 2024</li> <li>• Hired by WNY Urology July 2024</li> </ul>	<p>The Committee interviewed Dr. Dinerman regarding flags presented by the MDSO.</p> <p>It was properly moved by Dr. Mandip Panesar, seconded by Dr. Siva Yedlapati and unanimously carried:</p>	RESOLVED, that the Credentials Committee approves the appointment of Brian Dinerman, MD to the Medical/Dental Staff of Erie County Medical Center and recommends same to the Medical Staff Executive Committee.

	<ul style="list-style-type: none"> <li>American Board of Urology eligible, sat July 11, 2024, pending results</li> </ul>		
<b>X. Temporary Privileges (6)</b>	<ul style="list-style-type: none"> <li>Elizabeth Smith, PA-C Pain Management Anesthesiology September 9, 2024</li> <li>Mary Bedzyk, PA-C Emergency Medicine September 9, 2024</li> <li>Charles Wilber, MD Family Medicine Addictions September 13, 2024</li> <li>Kelly Emerson, PA-C Emergency Medicine September 15, 2024</li> <li>Helen Potter, MD Surgery September 24, 2024</li> <li>Julia Hitchcock, MD Internal Medicine October 1, 2024</li> </ul>	For informational purposes.	None
<b>XI. REAPPOINTMENTS (49)</b>	See reappointment summary (Attachment B)	The Committee voted, all in favor, to recommend approval of the re-appointments listed with privileges as requested.	Via these minutes, recommendation to Medical Executive Committee for approval.

NAME	DEPARTMENT	CATEGORY	PRIVILEGES
Gan, Dalong CRNA	Anesthesia	AHP	
Klemp, Christine FNP Collaborating MD: Suchy	Anesthesia	AHP	
Aiad, Jean DDS	Dentistry	Active	
Peterson, Courtney DMD	Dentistry	Active	
Hyde, Michael PA-C Supervising MD: Varughese	Emergency Medicine	AHP	
Kiszka, Jason FNP Collaborating MD: O'Brien	Emergency Medicine	AHP	
Vona, Jaime PA-C Supervising MD: Varughese	Emergency Medicine	AHP	
Foster, Amy FNP – 2 <b>Departments</b>	Family Medicine & Internal Med	AHP	

Highlight: Initiate FPPE

Collaborating MD: Claus & Martinez			
Maciejewski, Julianne MD	Family Medicine	Active	
Walker, Logan MD	Family Medicine	Active	
Claus, Jonathan MD	<b>Internal Medicine</b>	Active	
Dobson, Beata ANP Collaborating MD: Banas	Internal Medicine	AHP	
Idupuganti, Amrutha MD	Internal Medicine	Active	
Kwiatkowski, Alysia DO	Internal Medicine	Active	
Lackner, Jeffrey PSYD	Internal Medicine	AHP	
Marsillo, Alyssa PA-C Supervising MD: Kwiatkowski	Internal Medicine	AHP	
Mendu, Anuradha MD	Internal Medicine	Active	
Provenzo, Ashley FNP Collaborating MD: Yedlapati	Internal Medicine	AHP	
Quigg, Richard MD	Internal Medicine	Active	
Rivera, Ramon MD	Internal Medicine	Active	
Singh, Tegbeer, MD	Internal Medicine	Active	
Sperry, Howard MD	Internal Medicine	Active	
Tiu-Snyderman, Zerline MD	Internal Medicine	CR&F	
Zimmerman, Kenneth MD	Internal Medicine	CR&F	
Algattas, Hann MD	<b>Neurosurgery</b>	Active	
Castiglia, Gregory MD	Neurosurgery	Active	New Privilege: Spinal fusion, cervical, thoracic or lumbar with/without instrumentation
Reesor, Stephanie PA-C Supervising MD: Meyers	Neurosurgery	AHP	
Griffith, Suzanne MD	<b>OB/GYN</b>	Active	
Lalgudi, Vaitheeswara MD	<b>Ophthalmology</b>	Active	
Nigalye, Sanil DDS MD	Oral & Maxillofacial Surgery	Active	
DelPrince, Clayton MD	<b>Orthopaedic Surgery</b>	Active	
Rauh, Michael MD	Orthopaedic Surgery	Active	
Shanahan, Christopher PA-C Supervising MD: Clark	Orthopaedic Surgery	AHP	
Mendu, Anuradha MD	<b>Psych &amp; Behavioral Medicine</b>	Active	
Banerjee, Sara MD	<b>Radiology</b>	Active	
Lang, Joseph MD	Radiology	Active	
Lawton, Christopher MD	Radiology	Active	

Highlight: Initiate FPPE

Nicholas, Christopher MD	Radiology	Active	
Kalinka, Lisa ANP Collaborating MD: Kayler	<b>Surgery</b>	Active	
Knott, Liam MD	Surgery	Active	
Qaqish, Thamer MD	Cardiovascular	Active	<b>Withdraw Privilege: (1) Cardiovascular Privilege:</b> Moderate Sedation
Qaqish, Thamer MD	Surgery	Active	<b>Adding Privileges: (4)</b> Radiologic Procedures (Operative) <ul style="list-style-type: none"> <li>• Fluoroscopy for foreign body localization</li> <li>• Placement of intra-arterial catheter for lysis of thrombosed arteries</li> </ul> GI Tract <ul style="list-style-type: none"> <li>• Gastric surgeries – all types</li> </ul> Head & Neck Surgery <ul style="list-style-type: none"> <li>• Cricothyroidotomy</li> </ul>
Stephan, Rabie MD	Surgery	CR&F	
Aldridge, Janerio MD	<b>Thoracic/Cardiovascular Surgery</b>	Associate	
Carlson, Russell MD	Thoracic/Cardiovascular Surgery	Active	
Murphy, Mary PA-C Supervising MD: Aldridge	Thoracic/Cardiovascular Surgery	AHP	
Abramowitz, David MD	<b>Urology</b>	Active	
Chazen, Mark MD	Urology	Active	
Gan, Dalong CRNA	<b>Anesthesia</b>	AHP	
Klemp, Christine FNP Collaborating MD: Suchy	Anesthesia	AHP	
<b>Bold highlighted names are reappointment dates that will be changed to align with Kaleida</b>			

<b>XII. AUTOMATIC CONCLUSION</b>	Reappointment Expiration		
<b>1<sup>st</sup> Notice</b>	<b>Internal Medicine</b> <ul style="list-style-type: none"> <li>• Ashleigh Walker, FNP-Apogee</li> <li>• Letting privileges run out 12-31-2024 Per Apogee</li> </ul>	For informational purposes.	None necessary.

Highlight: Initiate FPPE

<p><b>2<sup>nd</sup> Notice</b></p>	<p><b><u>Family Medicine</u></b></p> <ul style="list-style-type: none"> <li>• Rhonda Francis, FNP - Apogee Letting privileges run out 11-30-2024. Has not worked here in 2 years. Per Apogee</li> </ul> <p><b><u>Ophthalmology</u></b></p> <ul style="list-style-type: none"> <li>• Charles Niles, MD – C,R&amp;F Letting privileges run out 11-30-2024. Per email</li> </ul>	<p>For informational purposes.</p>	<p>None necessary.</p>
<p><b>3<sup>rd</sup> Notice</b></p>	<p>None</p>	<p>For informational purposes.</p>	<p>None necessary.</p>
<p><b>XIII. PROFESSIONAL PRACTICE EVALUATIONS</b></p>	<p>OPPE was performed in the Department of Chemical Dependency, Family Medicine, Radiology, Teleradiology and Surgery, with the following notes:</p> <ul style="list-style-type: none"> <li>• One metric was changed in Chemical Dependency, moving consults within 30 hours to 24 hours, with a request to investigate AIS and methadone maintenance consults.</li> <li>• Surgery added measures: Transplant return to OR within 24 hours</li> </ul> <p>FPPE was transitioned to Bolaji Anjorn: Internal Med, Anesthesia, Family Med, OBGYN, Plastics distributed.</p>	<p>All reviewed by the Chief of Service. There were no FPPE's necessary for the providers who did not meet one or more measures. The providers were notified and metrics will be tracked.</p>	<p>Continue to monitor.</p>
<p><b>XIV. OLD BUSINESS</b></p>			
<p>A. Expirables</p>	<p>Expirables were reviewed and discussed with the Credentials Committee. Policy for review.</p>	<p>For informational purposes. Practice Plans and Chiefs of Service have all been notified multiple times.</p>	<p>None necessary.</p>
<p>B. DEA, License, Boards</p>	<p><b><u>October 2024</u></b></p> <ul style="list-style-type: none"> <li>• DEA- 10</li> <li>• License- 29</li> <li>• Boards- 0</li> </ul> <p><b><u>November 2024</u></b></p> <ul style="list-style-type: none"> <li>• DEA- 11</li> <li>• License- 40</li> <li>• Boards- 1</li> </ul>	<p>For informational purposes.</p>	<p>None necessary.</p>

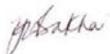
Highlight: Initiate FPPE

C. Dr. Fred Rodems	Dr. Rodems, who has been on staff since 1984, does not wish to pay to maintain his boards as he his “volunteering his time”. Dr. Hall explained that he is retired but covers every other Wednesday in the clinic and supervises the Residents. A discussion ensued regarding who covers Dr. Rodems salary, and it was determined that it is not a volunteer position. The Committee agreed to have Dr. Hall speak to the Medical Executive Committee and request a board exception.	<b>EXTRACT FOR MED EXEC</b>  Dr. Hall will present this at the October Medical Staff Executive Committee.	Follow up after Med Exec
D. Dr. Pidor-Psychiatry Boards	Presented at the July Credentials meeting for initial appointment but was not extracted for the Med Exec meeting for discussion regarding her not being board eligible.  Dr. Pidor was previously on staff from 06/26/14-10/05/19; when she left for illness. With her return, there have been payer issues due to her board status. Dr. Bakhai has agreed to reach out to them and discuss alternatives. The Committee agreed to Dr. Bakhai requesting a board exception at the Medical Executive Committee.	<b>EXTRACT FOR MED EXEC</b>  Dr. Bakhai will present this at the October Medical Staff Executive Committee.	Follow up after Med Exec
E. Terrace/View/Buffalo Ultrasound Contract	At the August meeting, it was noted that ECMC is still waiting for a contract and credentialing agreement with Buffalo Ultrasound for provision of services to Terrace View patients. It is anticipated that 30 providers will need to come on staff, but hopefully the delegated credentialing will be in place by then so we can get the required information from the distant site.  <b>Delegated credentialing agreement to be put in place with the contract. Awaiting legal.</b>	Waiting for Legal to complete the contract.	No action necessary.
G. Pain Management addition	July meeting: “This item will be on hold until Dr. Thomas Suchy meets with Neurosurgery.”  Cheryl discussed with Dr. Suchy who scheduled a meeting with neurosurgery. Awaiting results of that meeting.	For informational purposes.	Follow up to come

Highlight: Initiate FPPE

<b>XIIV. NEW BUSINESS</b>			
A. Policy regarding Expirables	A new policy has been drafted to address Expiring Documents for the Medical/Dental Staff. The policy allows the process for the Credentialing Office to be consistent across the board. This policy allows the Chief of Service, practice plans and providers enough time to help resolve the issue in a timely manner. Following this process, issue would then escalate to the CMO and Credentials Committee Chair. For this to be successful it requires consistent application of the policy by the MSO and decision making on the part of Leadership.	The Credentials Committee endorsed the creation of this policy and will present it at the Annual Medical Staff meeting. The policy will also be included with all medical staff applications. Reminder emails will also state that no response is "subject to action by the Leadership Council".	Recommendation, via these minutes, to the Medical Executive Committee for approval.
B. Moderate sedation	The criteria for moderate sedation was reviewed. It is noted that the privilege criteria is not consistent across the board regarding the privilege forms. Some Committee members felt that ACLS should be required with the moderate sedation privilege. Other Committee members that the "life support training" involved in the moderate sedation course is sufficient.  Cheryl Carpenter, Director of the Medical Dental Staff Office, has agreed to speak to Dr, DePlato, Chief of service of Anesthesiology.	The Committee will reach out to Dr. Anthony DePlato to make a recommendation and will bring that back to the Credentials Committee for their review and endorsement.	Will await follow-up with Dr. DePlato.
<b>XIIV. ADJOURNMENT</b>	The meeting was adjourned at 4:15pm		

Respectfully submitted,



Yogesh Bakhai, MD  
Chair, Credentials Committee

Highlight: Initiate FPPE

**ERIE COUNTY MEDICAL CENTER  
POLICY AND PROCEDURE**

Name/Title of Policy: <b>Expiring Documents Medical/Dental Staff</b>	Policy #: MS-07
Policy Type Administrative Clinical Practice	Developed by: Office of the CMO Director of Medical/Dental Staff Services
References: ECMCC Medical/Dental Staff Bylaws, Rules and Regulations	Applies to: All Members of the ECMCC Medical/Dental Staff and Individua who have Temporary, Telemedicine, Disaster or Training Clinical Privileges at ECMCC

Replaces the following P&P(s), if applicable:

Effective Date				
Review Date				
Revision Date				

**PURPOSE**

This policy defines the process the Erie County Medical Center Corporation (ECMCC) uses to ensure that credentials providers maintain current, valid and unrestricted medical licenses, DEA certificates, Medical Malpractice Insurance, Health Assessments and other special certifications pursuant to the Medical and Dental Staff Bylaws, Rules & Regulations.

- A. All members of the ECMCC Medical/Dental Staff must maintain a current, valid NYS License, DEA License (where applicable), Medical Malpractice Insurance in appropriate amounts, Health Assessments and information where applicable and any other special certifications required of their practice, specialty or privilege requests.
- B. Pursuant to the Medical/Dental Staff Bylaws, Rules & Regulations §3.1, automatic relinquishment/resignation will occur in the following instances:
  - 1. Whenever a practitioner’s license or other legal credential authorizing practice in this or another state is lapsed, revoked, suspended or voluntarily relinquished to avoid disciplinary action;
  - 2. Failure to maintain current Medical Malpractice Insurance in appropriate amounts;
  - 3. Failure to maintain a DEA certificate (where applicable)
  - 4. Failure to maintain Health Information as required by the Bylaws, Rules & Regulations and/or New York State Department of Health (including, but not limited to annual tuberculosis risk assessment).
  - 5. Failure to maintain current special certifications required for his/her privileges or practice, including, but not limited to ACLS, PALS, Conscious Sedation training, etc.

Highlighted in orange background in original document.