



# ECMCC Board of Director's Meeting

September 24, 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  
SEPTEMBER 24, 2024

- I. CALL TO ORDER: EUGENIO RUSSI, CHAIR
- II. APPROVAL OF MINUTES FROM JULY 23<sup>RD</sup> 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) **Audit Committee** (by Darby Fishkin)
  - D) **Human Resources Committee** (by Michael Seaman)
  - E) **MWBE Committee** (by Rev. Mark Blue)
  - F) **Quality Improvement and Patient Safety Committee** (by Michael Hoffert)
- VI. EXECUTIVE SESSION
- VII. ADJOURN

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

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Present: Ronald Bennett\*, Reverend Mark Blue, Darby Fishkin\*, Christopher O'Brien\*, Hon. John O'Donnell, Reverend Kinzer Pointer, Thomas J. Quatroche, Eugenio Russi, Michael Seaman, Dr. Philip Stegemann, Benjamin Swanekamp

Excused: Jonathan Dandes, Sharon Hanson, Michael Hoffert, Christian Johnson, James Lawicki, Jennifer Persico

Also

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

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I. Call to Order

The meeting was called to order at 4:32 pm by Chair, Eugenio Russi.

II. Minutes

Upon a motion made by Reverend Kinzer Pointer and seconded by Michael Seaman, the minutes of the June 25, 2024 regular meeting of the Board of Directors were unanimously approved.

III. Action Items

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

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

**Motion approved unanimously**

Resolution Receiving and Filing Medical-Dental Staff Meeting Minutes and Confirming Kimberly Wilkins, MD as the Chief of Family Medicine

Moved by Michael Seaman and seconded by Reverend Kinzer Pointer

**Motion approved unanimously**

VI. Reports from the Corporation's Leadership Team

**Chief Executive Officer and President**

Patient Safety Indicators fall below the 2024 CMS Goal with the exception of CDIFF. Human Experience scores remain steady. Patient Experience scores are above the New York State Average as well as the previous year's scores. ECMC was featured in Helathcare IT News regarding remote patient monitoring. Thomas Quatroche acknowledged the employees who were honored this month for their outstanding performance and quality of work. ECMC's Healthcare Explorer's program began in July with 150 students. ECMC Foundation hosted the annual Golf Tournament, the 42<sup>nd</sup> running of the Subaru 4-mile chase

and ECMC Night at the Bisons. Three hundred and seventy-four(374) new employees have begun working at ECMC since the beginning of the year. ECMC has added ninety (90) RNs and twenty-three (23) LPNs since January 1<sup>st</sup>. Physician hiring included Emergency Room and Family Medicine physicians and interventional cardiologists.

#### **Chief Financial Officer**

Jonathan Swiatkowski reviewed the June 2024 Key Statistics. Hospital volume was below budget, in part, because observation cases were so high. Inpatient surgeries were in line with budget but a drastic increase in length of stay resulted in a decrease in discharges. Outpatient and Emergency Room visits were down. An increase in the length of stay led to higher numbers of left without being seen patients. A summary of the preliminary financial results through June 30, 2024 was reviewed and the full set of these materials are received and filed. Discussion followed.

#### V. Standing Committees

- a. **Executive Committee:** Mr. Russi reported on the most recent Executive Committee meeting.
- b. **Finance Committee:** Mr. Seaman had no additional information to add to the report given by Mr. Swiatkoski.
- c. **Human Resources:** Mr. Seaman summarized the most recent Human Resources Committee meeting.
- d. **Quality Improvement and Patient Safety Committee:** Michael Hoffert was not available to update the group about the July 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 Michael Seaman and seconded by Reverend Kinzer Pointer to enter into Executive Session at 5:01 p.m. to consider matters made confidential by law, including a personnel matter.

**Motion approved unanimously**

#### VII. Reconvene in Open Session

Moved by Reverend Pointer Kinzer and seconded by Michael Seaman to reconvene in Open Session at 5:08 p.m. No action was taken by the Board of Directors in Executive Session

**Motion approved unanimously**

#### VIII. Adjournment

Meeting was adjourned at 5:09 p.m.



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Sharon L. Hanson  
Corporation Secretary

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

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

ALSO

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

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I. Call to Order

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

II. Minutes

Motion was made by Darby Fishkin, seconded by Sharon Hanson and unanimously passed to approve the minutes of the Executive Committee meeting of June 18, 2024.

III. Hospital Update

General Overview

Dr. Thomas Quatroche summarized the current summer surge at the ECMC. The number of ALC patients has nearly doubled in two months' time. Joseph Giglia reported out on the results of a Department of Health survey. The committee discussed the priority of a staff training.

Finances Report

Jonathan Swiatkowski reported a mix of lower volumes and higher length of stay. Volume was down 8.6% under over budget and 6.3% from 2023. Both acute and total LOS were over 8.5% higher than budget. Case mix index remains constant at 1.92. Mr. Swiatkowski reported more positive trends in the year-to-date statistics. Days cash-on-hand matched budget. June reflected a net loss of \$3.2M. Mr. Swiatkowski gave a further update on cash flow, Change Healthcare, grants and the 2025 budget.

IV. Personnel Matter

Andrew Davis presented details of a legal personnel matter to the committee.

V. Board Governance

Dr. Quatroche updated the committee on the present board membership, current committees and possible future changes. Discussion followed.

VI. Adjourn

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

ERIE COUNTY MEDICAL CENTER CORPORATION  
AUGUST 20, 2024 MEETING MINUTES  
EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS  
BOARD OF DIRECTOR'S CONFERENCE ROOM

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

ALSO

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

\*VIRTUAL

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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 Jonathan Dandes and unanimously passed to approve the minutes of the Executive Committee meeting of July 16, 2024.

III. Hospital Update

General Overview

Dr. Thomas Quatroche thanked the group for their help at the Employee Picnic where 4200 meals were served. The revenue from the Tent Sale totaled \$118,000. Dr. Quatroche announced the retirement of Sue Gonzalez and the commencement of a search for a new Executive Director. Additionally, Benjamin Swanekamp has been appointed to serve as a voting member of the board of directors to replace Ronald Chapin.

Finances Report

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. Mr. Swiatkowski gave a further update on cash flow, Change Healthcare, grants and the 2025 budget.

IV. Statewide Transformation Grant for Technology Update

Mr. Swiatkowski presented details for a Community EHR plan, benefits for patients and providers and the future coordination process between organizations. The committee also discussed key next steps and costs for the hospital.

V. Legal Issue  
Dr. Quatroche updated the committee on a possible upcoming event. Discussion followed.

VI. 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, JULY 16, 2024 – 8:30 AM

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BOARD MEMBERS PRESENT OR  
ATTENDING BY VIDEO  
CONFERENCE OR TELEPHONE:

MICHAEL SEAMAN  
DARBY FISHKIN \*  
BENJAMIN SWANEKAMP \*

\* ATTENDING BY VIDEO  
CONFERENCE OR PHONE

BOARD MEMBERS EXCUSED:

ALSO PRESENT:

THOMAS QUATROCHE  
JONATHAN SWIATKOWSKI  
ANDREW DAVIS  
VANESSA HINDERLITER

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**I. CALL TO ORDER**

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

**II. REVIEW AND APPROVAL OF MINUTES**

Motion was made by Darby Fishkin, seconded by Benjamin Swanekamp and unanimously passed to approve the minutes of the Finance Committee meeting of June 18, 2024.

**III. JUNE 2024 OPERATING PERFORMANCE**

Mr. Swiatkowski reported that during the month of June, ECMCC experienced some changes to the favorable volume trends which have taken place over the last 12 months. Acute average length of stay increased to 8.1 days, up from 7.1 days in May. Mr. Swiatkowski advised that ECMCC began to experience significant challenges with discharging some patients to the appropriate level of care. The discharge challenges impacted the number of admissions through the emergency department and the number of patients who left without being seen during the month of June. Other area hospitals are also experiencing similar discharge challenges.

Inpatient discharges and outpatient visits for the month of June were 8.6% and 2.8% less than budget, respectively. The number of outpatient surgeries was less than budgeted in the operating plan and below June 2023 results. Mr. Swiatkowski advised that the hospital saw a very high number of patients classified as observation status and increases in the

number of alternative level of care days during the month of June. Management is reviewing underlying factors which are contributing to recent increases in these categories.

Mr. Swiatkowski reported that some positive trends continued with acute case mix index at 1.92 and inpatient surgeries both exceeding the operating plan for the month.

Mr. Swiatkowski reviewed the finance dashboard and reported that although an operating loss was incurred for the month which was greater than budget, operating revenue is trending ahead of plan for the year-to-date. Mr. Swiatkowski also reviewed FTE's and cash flow.

Mr. Swiatkowski further reviewed financial performance for the month of June and noted continued improvement over prior year. Mr. Swiatkowski also reviewed length of stay, noting that a one day increase from prior month drove overall operating performance for the month.

In response to a question raised by Chair Michael Seaman, Mr. Swiatkowski led a general discussion regarding the cost of caring for a patient in a hospital setting compared to a long-term care setting. Mr. Davis provided information to the Committee regarding staffing and bed availability at Terrace View.

Mr. Swiatkowski reviewed operating revenue and expenses for the month of June. Net patient service revenue was less than budgeted in the operating plan but was partially offset by revenue from ECMCC's Specialty Pharmacy. Salary expense was greater than budget due to additional FTE's and overtime costs incurred to meet New York State minimum staffing mandates. Supply expense was primarily comprised of pharmaceutical costs for Specialty Pharmacy and oncology services.

Mr. Swiatkowski reviewed year-to-date financial performance and noted that the Corporation has recorded a positive variance in operating revenue for the first six months of the year due to overall favorable volume trends. Although operating expense trends exceed budget for the year-to-date, after recognition of grant revenue and positive non-operating income, the overall operating loss is lower than projected in the operating plan.

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

Mr. Swiatkowski reviewed additional information relating to cash flow and discussed several updates regarding IGT and UPL payments.

Mr. Swiatkowski presented updates to the Committee relating to the external matter which was previously discussed with the Committee. Several additional topics were discussed including an update regarding 2025 budget preparations, the current status of payer contracts, and the status of FEMA project payments.

In closing, discussion was held regarding a community partner and their future plans for transitional housing serving the needs of behavioral health patients within the community.

**V. ADJOURNMENT**

There being no further business, the meeting was adjourned at 9:03 AM by Chair Michael Seaman.

ERIE COUNTY MEDICAL CENTER CORPORATION

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

TUESDAY, AUGUST 20, 2024 – 8:30 AM

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BOARD MEMBERS PRESENT OR  
ATTENDING BY VIDEO  
CONFERENCE OR TELEPHONE:

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

\* ATTENDING BY VIDEO  
CONFERENCE OR PHONE

BOARD MEMBERS EXCUSED:

BENJAMIN SWANEKAMP

ALSO PRESENT:

THOMAS QUATROCHE  
JONATHAN SWIATKOWSKI  
ANDREW DAVIS

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**I. CALL TO ORDER**

The meeting was called to order at 8:35 AM by Chair Michael Seaman.

**II. REVIEW AND APPROVAL OF MINUTES**

Motion was made by Darby Fishkin, seconded by Dr. Philip Stegemann and unanimously passed to approve the minutes of the Finance Committee meeting of July 16, 2024.

**III. JULY 2024 OPERATING PERFORMANCE**

Mr. Seaman and Mr. Swiatkowski welcomed Dr. Philip Stegemann and Reverend Mark Blue who were recently appointed to serve on ECMCC’s Finance Committee.

Mr. Swiatkowski reported a recurrence of favorable volume trends during the month of July. However, due to ongoing challenges with regard to the ability to discharge patients into the community, acute average length of stay again exceeded budget at 8.0 days. Mr. Swiatkowski discussed favorable volume variances despite these challenges, reporting that inpatient volume was 2.8% greater than budget. Total surgeries for the month were 8.5% greater than budget, driven by outpatient surgeries which exceeded budget and prior year by 10%.

Revenue for the month was also driven by the severity of cases with acute case mix index at 2.03, 14.5% greater than projected in the operating plan. Mr. Swiatkowski noted that

the case mix statistic for July 2024 was the highest number recorded for the month of July in 10 years.

In response to a question raised by Dr. Stegemann, a general discussion was held regarding ongoing process improvements related to coding and documentation. Mr. Swiatkowski advised the Committee that while process improvements are positively impacting case mix index statistics, ECMCC also saw higher volumes in transplant discharges and trauma cases with high severity during the month of July. Mr. Swiatkowski noted that ECMCC is continuing to invest in coding resources and is also reviewing potential enhanced technology options related to enhancing support provided related to clinical documentation.

A discussion was held regarding length of stay in response to a question raised by Darby Fishkin. Mr. Swiatkowski advised the Committee that one of the main drivers affecting the ability to discharge patients to the appropriate level of care is a recent regulation implemented by CMS requiring minimum staffing ratios for RNs and CNAs at nursing homes. The minimum staffing regulation is resulting in restrictions on admissions at nursing homes nationwide and locally.

Mr. Davis provided updates regarding statistics for patients classified as alternative level of care and the number of patients who left without being seen. Dr. Quatroche led additional discussion relating to the topics noted above.

Mr. Swiatkowski reviewed the Finance dashboard, reporting that the organization saw favorable net income for the month of July, both operationally and after grant funding received from FEMA. The FEMA grant funding equals approximately 75% of the anticipated awarded grants for three projects with the remainder to be paid once final closeout is complete. Mr. Swiatkowski presented updates regarding cash flow and FTE's, reporting that FTE's remain over plan due to ongoing recruitment and staffing needs due to high patient volume.

Mr. Swiatkowski reviewed financial performance for the month of July and noted that although an operating loss was incurred, the loss was lower than projected in the operating plan and substantially lower than the loss incurred in July of 2023. After recognition of FEMA grant revenue and positive non-operating investment income, overall operating performance was positive for the month.

Mr. Swiatkowski reviewed length of stay, noting that year-to-date trends show an increase in length of stay beginning in June when CMS staffing regulations started to be implemented at nursing homes. Mr. Swiatkowski noted that in July of 2019, length of stay was 6.5 days.

Mr. Swiatkowski reviewed operating revenue and expenses for the month of July. Net patient service revenue was greater than projected in the operating plan, driven by patient volume, including inpatient and surgical cases and transplant discharges.

Mr. Swiatkowski reviewed other revenue, reporting that the favorable variance is primarily related to growth in specialty pharmacy operations. Mr. Swiatkowski noted that ECMCC's on-site specialty pharmacy enhances the care and access to necessary pharmaceuticals for the patients we serve.

Operating expense variances were primarily volume related during the month of July. Salary expense was greater than budget as a result of additional FTE's and overtime expense. Employee benefits were less than budget due to lower employee healthcare claim activity and supply expense was greater than budgeted in the operating plan, driven by overall patient volume, kidney acquisition costs and pharmaceutical expense. Mr. Swiatkowski reviewed current expense related to temporary agency staffing at Terrace View and specific areas of the hospital. Mr. Swiatkowski and Dr. Quatroche held a brief discussion relating to utilization of temporary agency staffing.

Mr. Swiatkowski reviewed year-to-date financial performance through July 31st, reporting that although an operating loss was incurred, the loss is lower than projected in the operating plan and significantly lower than the loss incurred during the prior year. Mr. Swiatkowski also reviewed revenue and expense trends, grant revenue, and non-operating income for the year-to-date.

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

Mr. Swiatkowski further reviewed cash flow and provided updates regarding pending IGT and UPL payments.

Mr. Swiatkowski advised the Committee of several positive updates relating to the external matter which has been discussed at prior Committee meetings. Mr. Swiatkowski also presented information relating to several recent grant awards.

Mr. Swiatkowski reviewed information relating to the proposed 2025 budget which will be presented to Finance Committee at their September meeting. Mr. Swiatkowski also reviewed anticipated increased actuarial pension expense and retiree health insurance costs and discussed the impact of the increased costs to the 2025 budget.

#### **V. ADJOURNMENT**

There being no further business, the meeting was adjourned at 9:29 AM by Chair Michael Seaman.

ERIE COUNTY MEDICAL CENTER CORPORATION

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

THURSDAY, MARCH 14, 2024 – 11:30 AM

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BOARD MEMBERS PRESENT OR ATTENDING BY VIDEO CONFERENCE OR TELEPHONE:	DARBY FISHKIN * CHRISTOPHER O'BRIEN * REV. KINZER POINTER *	* ATTENDING VIA VIDEO CONFERENCE OR PHONE
BOARD MEMBERS EXCUSED:	JAMES LAWICKI	
ALSO PRESENT:	THOMAS J. QUATROCHE JOSEPH GIGLIA ANDREW DAVIS JONATHAN SWIATKOWSKI	
GUESTS	MATTHEW GARVEY, CPA * - RSM US, LLP  VANESSA HINDERLITER DAVID L. NESBITT NADINE MUND PATRICK ORLOFF	

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**I. CALL TO ORDER**

Chair Darby Fishkin called the Audit Committee meeting to order at 11:33 AM.

**II. REVIEW AND APPROVAL OF MINUTES**

Motion was made by Reverend Kinzer Pointer, seconded by Christopher O'Brien and unanimously passed to approve the minutes of the Audit Committee meeting of December 12, 2023.

**III. 2023 INDEPENDENT EXTERNAL AUDIT REPORT OF RSM US, LLP**

Mr. Matthew Garvey, CPA, Audit Partner from RSM, US, LLP presented the independent audit report for the calendar year ended December 31, 2023. Mr. Garvey presented required audit communications and reported that the draft audited financial statements and independent audit report for calendar year 2023 were prepared in accordance with generally accepted auditing standards and government auditing standards. Pursuant to Uniform Guidance audit requirements, RSM is required to perform a single audit of federal awards received by ECMCC. Mr. Garvey advised the Committee that RSM has completed the audit of the Corporation's financial statements as well as the Federal compliance audit.

Mr. Garvey advised the Committee that RSM will issue clean unmodified opinions with regard to the annual financial statement audit and the Federal compliance audit.

Mr. Garvey reviewed a new accounting pronouncement, GASB Statement No. 96 (Subscription Based Information Technology Arrangements) which was required to be adopted by the Corporation. Mr. Garvey reported that the Corporation was required to record the transactions as of the earliest date that is presented in the financial statements. Therefore, the adoption of GASB Statement No. 96 required a restatement of the beginning net position at January 1, 2022. The restatement is reflected in the draft audited financial statements. Mr. Garvey provided additional information regarding the new accounting policy and the required restatement and noted that further information is provided in RSM's opinion letter and included in Notes 2, 7 and 8 of the draft audited financial statements.

Mr. Garvey reviewed significant risks identified related to actuarial assumptions GASB Statement No. 68 (Net Pension Liabilities) and GASB Statement No. 75 (Other Post-Employment Benefits).

Mr. Garvey discussed ECMCC's accounting policies and practices and advised that in RSM's opinion, ECMCC's Management has selected the preferrable accounting practice.

Mr. Garvey reviewed audit work related to significant accounting estimates including net receivables, third-party payor reserves, and actuarial liabilities and reserves. Mr. Garvey discussed RSM's audit procedures relating to significant accounting estimates and reported that all estimates are fairly stated and reasonable.

Mr. Garvey further discussed significant accounting estimates relating to GASB Statement No. 68 (Net Pension Liabilities). Mr. Garvey noted that ECMCC is required to report the Corporation's proportionate share of actuarial New York State pension liabilities as an asset or liability. In the current year, based upon the New York State Retirement System pension valuation for the plan year ended March 31, 2023, the Corporation's net pension expense is recorded as a non-cash liability for 2023 based upon projected benefit obligation of the retirement plan. Mr. Garvey noted that the Corporation's net pension obligation was in an asset position for 2022. The current year liability increased primarily as a result of a change in the actuarial assumptions related to unfavorable healthcare trend rates and a decrease in the discount rate used to measure the obligation. Mr. Garvey provided additional information to the satisfaction of the Committee.

RSM also performed audit work related to the fair value of investments, depreciation, self-insured professional liability and leases. RSM reported that all estimates are reasonably stated. The annual audit by RSM also included an audit of ECMCC's investment report in accordance with New York State Public Authorities Law.

Mr. Garvey discussed audit standards and RSM's audit responsibilities related to the Corporation's annual report. RSM did not identify inconsistencies with the annual report and audited financial statements.

Mr. Garvey reported that ECMCC's financial statements are fairly presented and an unmodified "clean" opinion will be issued with respect to the 2023 financial statements. In addition, no audit adjustments, no passed adjustments, and no significant deficiencies in internal controls or compliance matters were observed.

Mr. Garvey reviewed shared responsibilities for independence as previously discussed with the Committee and Management. Mr. Garvey stated that RSM received full cooperation throughout the audit process from the ECMCC finance team.

Mr. Garvey and Mr. Swiatkowski led discussion regarding a recent external vendor related matter. Mr. Swiatkowski reviewed actions taken by ECMCC related to the matter and any ongoing impacts. Ms. Fishkin offered brief comments and invited questions from other Committee members.

#### **IV. EXECUTIVE SESSION WITH RSM**

After final review and discussion, Ms. Fishkin addressed the Committee to offer an opportunity to discuss any matters with RSM in executive session. The Committee determined that executive session with RSM is not required.

#### **V. ACTION ITEMS**

Chair Fishkin requested a motion to accept the audit report and made a recommendation the Board receive and file the 2023 audited financial statements and external audit report. Motion by Reverend Pointer, seconded by Christopher O'Brien and unanimously approved.

Ms. Fishkin extended her thanks to Mr. Garvey for RSM's partnership. Ms. Fishkin also offered her thanks to Mr. Swiatkowski, Ms. Vanessa Hinderliter and the entire Finance team for their dedication and work throughout the year. Mr. Swiatkowski thanked Ms. Hinderliter and Mr. Reeners for leading ECMCC's audit efforts.

With no further questions from Committee members, Mr. Garvey of RSM was excused at 12:07 PM.

#### **VI. COMPLIANCE DEPARTMENT UPDATE**

Mr. David L. Nesbitt, Esq., ECMCC's Chief Compliance Officer and Ms. Nadine Mund, ECMCC's Director of Compliance presented updates regarding the Corporation's ongoing ethics training and education program for all staff in compliance with a New York State mandate that was required to be implemented in calendar year 2023. Ms. Mund reported that approximately 95% of staff have completed the required training to date. Ms. Mund also reviewed proposed plans developed by the Compliance Department to meet annual ethics training requirements for supplemental years. Ms. Fishkin extended thanks to Mr. Nesbitt and Ms. Mund for their efforts to complete the initial round of training for all staff and develop future training plans.

Several topics were reviewed and discussed by Ms. Mund and Mr. Nesbitt relating to medical record documentation, and education, training and compliance monitoring related to the pharmacy department and charge capturing.

## **VII. INTERNAL AUDIT UPDATE**

Mr. Patrick Orloff, CPA, ECMCC's Director of Internal Audit discussed internal audit work and process improvements relating to revenue cycle and denial management. Mr. Orloff advised that process improvements have been identified and are being implemented relating to EMR access by payers.

Mr. Orloff advised the Committee of updates related to co-pay and collection processes with a focus on increasing collections in ambulatory areas.

Ms. Fishkin advised Mr. Orloff that the proposed internal audit charter will be reviewed and discussed at an upcoming meeting.

In response to a question from Ms. Fishkin, Mr. Orloff and Mr. Swiatkowski briefly discussed current areas of internal audit focus and risk.

## **VIII. ADJOURN**

There being no further business, the meeting was adjourned at 12:23 PM by Chair Darby Fishkin.

BOARD OF DIRECTORS  
MINUTES OF THE HUMAN RESOURCES COMMITTEE MEETING  
TUESDAY, JULY 9, 2024  
10:00 - 11:00 A.M.

***THIS MEETING WAS HELD VIRTUALLY VIA TEAMS***

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**VOTING BOARD**

**MEMBERS PRESENT:**

MICHAEL SEAMAN

MICHAEL HOFFERT

**EXCUSED:**

**ALSO**

**PRESENT:**

ANDREW DAVIS

ERIN CONLEY

CYNTHIA BASS

LISA HIGHWAY

HEATHER GALLAGHER

SEAN BEITER

**I. CALL TO ORDER**

Chair, Michael Seaman called the meeting to order at 10:03 a.m.

**II. APPROVAL OF MINUTES**

Moved by Michael Seaman and seconded by Michael Hoffert to receive and file the minutes from the May 14, 2024 Human Resources Committee Meeting of the Board of Directors.

**III. HOSPITAL UPDATE**

Andrew Davis, Chief Operating Officer, reported the hospital volumes were strong in May and remained stable throughout June. Overall, there has been a slight improvement from last year's volumes. ALC cases have increased over the past few weeks placing a strain on the Emergency Department. We will continue to monitor Emergency Department volumes and bed utilization, working through any challenges related to throughput, length of stay (LOS) and alternate level of care (ALC). From a recruitment standpoint, hiring efforts continue as the team works through the new UKG Pro transition. Lastly, Mr. Davis mentioned there were several ECMC sponsored celebrations throughout June, including Pride Week and Juneteenth, which had active employee participation. The Employee Picnic is scheduled for July 31<sup>st</sup>.

**IV. EMPLOYEE RECOGNITION – ECMC AND TERRACE VIEW**

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

ECMC Employee of the Month

- June 2024 – Darius Stroud, Supervisor – Supplies/Process Stores
- July 2024 – Rose Ferrucci-Jarvis, Discharge Planner – Emergency Department

### Terrace View Employee of the Month

- June 2024 – Katelyn Hayden, General Duty Nurse – Roosevelt Square
- July 2024 – Lisa Nowak, Nursing Team Leader – Kensington

### Additional Recognition

- Tulip Award
  - May/June 2024 – Jenna Rouse, LMSW – MRU
- Nurse Hero of the Month
  - July 2024 – John Draves, RN – Emergency Department

Additionally, Ms. Conley announced ECMC is excited to host the Healthcare Explorers summer internship program for high school students which will begin Tuesday, July 16<sup>th</sup> and include five sessions over the next few weeks. There will be over 150 students from Buffalo and the surrounding area in attendance.

## **V. DIVERSITY, EQUITY, AND INCLUSION**

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

- New Committee/Council
  - The *Transgender and Gender Diversity Council* was developed to assure workplace inclusion for employees that identify as LGBTQ+ to create a safe and welcoming environment. Policies are being developed as well as a “tool kit” for LGBTQ+ employees. The Council recently held their third meeting and identified some policy changes to meet workplace standards.
- Events/Awareness
  - ECMC Juneteenth celebration (June)
    - The one-day event was held in the Overflow Café which included music, vendors and cultural desserts. A timeline was displayed to outline the historical events leading to the declaration of the Juneteenth holiday.
  - Juneteenth Buffalo – Health Pavilion (June)
  - 2<sup>nd</sup> Annual ECMC Community Pride Fair (June)
  - Buffalo Pride Parade (June)
  - 4<sup>th</sup> Annual Employee Pride Walk (June)
  - 1<sup>st</sup> Annual 1285 Main Street Pride Walk (June)
  - Black and African American Employee Resource Group (ERG) Professional Development
    - Career advancement discussions, review articles, and invite speakers within the organization to discuss career paths and opportunities.
  - 1<sup>st</sup> Annual Men’s Health Awareness Fair (June)
    - Informational session featured guest speaker, Dr. David Holmes, Medical Director for ECMC Family Health Center. Dr. Holmes presented data and emphasized the importance of preventative care and health screenings. The event was hosted in collaboration with Population Health, Behavioral Health and Wellness Warriors.
  - *Upcoming*: Hispanic and Puerto Rican Day Parade (August)
  - *Upcoming*: 4<sup>th</sup> Annual Diversity Vendor Networking Fair (August 1<sup>st</sup>)
    - The event will kick off with guest speakers: Hon. April Baskin, Chairwoman, Erie County Legislature; Glenn Jackson, Chief Diversity Officer of M&T Bank; and Jason Myles Clark, Executive Vice President of the NYS Minority & Women Business Development. The outdoor event will showcase over 70 local MWBE vendors featuring a diverse assortment of merchandise and homemade goods. In addition to shopping, employees can enjoy music and several food truck vendors.

## **VI. RECRUITMENT AND RETENTION**

Lisa Highway, Director of Recruitment and Retention, reported the recruitment team attended many recruitment events and worked with students throughout the school year. During the summer, they are focusing on interviewing and onboarding recent nursing and non-nursing graduates. A second nursing orientation was added for July to accommodate the influx of new hires.

In addition, the recruitment team has been assisting the Healthcare Explorers program providing tours for students, assisting with the LGBTQ+ taskforce, and participating in the Great Lakes Health WUFO radio program with Cindy Bass. The team has been working on the new UKG Pro recruitment system to streamline the posting and hiring process.

The recruitment team held two recruitment events at ECMC for Behavioral Health and Terrace View. The Terrace View Open House was well attended with many applicants interested in CNA and LPN positions.

## **VII. COMPENSATION, BENEFITS, AND HRIS**

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

- Employee Health Insurance Provider Update: Labor Management Healthcare Fund (LMHF), ECMC's healthcare benefits manager, submitted an RFP for medical coverage; the contract was awarded to Univera. The change is effective January 1, 2025, and will mirror the benefits coverage currently provided by Highmark of WNY. The HR Benefits team is working on communication to notify employees. No action is required by employees at this time. The HR team is working with Univera and partnering with the unions to ensure a seamless transition. The preparations for benefits open enrollment are underway.
- Additional updates include the following:
  - Completion of first round of merit increments for July 1, 2024.
  - RFP submitted for a new timekeeping/scheduling system. Three platforms were presented narrowing the selection down to two. We are currently in the demonstration stage for final selection. The new system will provide enhancements on compliance, timekeeping, optimizing schedules and reporting.
  - Phase 3 of the UKG UltiPro platform transition – Learning Management System (LMS) was successfully implemented. The reorientation and training modules are accessible through the new LMS system.

## **VIII. EMPLOYEE AND LABOR RELATIONS**

Sean Beiter, Director of Labor and Employee Relations, reported the labor team continues to implement the philosophy of cooperative labor relations with the three bargaining units. Key highlights include:

- ECMC and AFSCME agreed to increase the number of grounds maintenance employees for the season.
- Continued progress with the grievance process; successful settlement meeting with NYSNA to review the remainder of grievances and significantly reducing the number of grievances.
- Received the final NYSNA agreement for proofing/publication.
- Continue to meet with CSEA regularly to address areas of concern impacting CSEA employees, implementing agreements.
- Continue to investigate employee grievances/harassment complaints and seek to restore cooperative working relationships.

- Negotiation and impact bargaining discussions implementing MOA's.
- Quarterly staffing meetings with the three bargaining units to discuss state regulations, review staffing levels, measure progress and address concerns.
- Monthly labor management meetings with AFSCME, CSEA and NYSNA.
- Personnel update: We are pleased to announce Laura Tesch will be rejoining the labor relations team on July 22, 2024.

**IX. CLOSING REMARKS**

There was a brief discussion regarding security coverage in the Emergency Department. Mr. Beiter provided an overview of the security coverage staffing model in response to Mr. Hoffert's inquiry.

The next meeting is scheduled for September 10, 2024.

**X. ADJOURNMENT**

Moved by Michael Seaman and seconded by Michael Hoffert to adjourn the meeting at 10:43 a.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

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**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,

While operations in August 2024 versus August 2023 are either below budget or flat, the operations volumes year-to-date in 2024 versus last year are overall better. Acute Average Length of Stay declined slightly to 7.9 in August 2024 from 8.2 days in June 2023 and Total General Surgeries improved from 8,302 year-to-date in August 2023 to 8,588 in August 2024. And we had an inpatient increase from 11,778 year-to-date in August 2023 to 12,178 in August 2024. We are, of course, mindful, of the month-to-month volumes challenges for August and we are proactively addressing the situation to facilitate and grow further our overall year-to-date increases versus operations volumes in 2023.

ECMC's Medical Intensive Care Unit – South has earned the Gold Beacon Award for Excellence from the American Association of Critical-Care Nurses (AACN). This is a significant accomplishment for the unit, which was formed during the pandemic as critical care nurses from throughout the hospital saw the need for its creation to improve patient outcomes. MICU-South is one of only 8 medical ICUs in New York State to receive the Gold Beacon Award for Excellence.

Terrace View recently received their formal recertification from the NYS Department of Health following a multi-day survey in August.

In Orthopedics, ECMC was honored by US News and Annual Report in their annual High Performance Hospitals report as a High Performing Institution for Hip Replacement. According to their report, “Over 6,000 hospitals were evaluated and eligible hospitals received one of three ratings -- high performing (593 hospitals), average (1,376 hospitals) or below average (488 hospitals) with the balance either not offering the service or performing too few of the procedures to be rated. Hospitals that earned a high performing rating were significantly better than the national average.”

A fifth surgical robot has been added to our surgical services. The ION robotic navigational bronchoscopy platform was delivered to ECMC on September 9<sup>th</sup>. It is designed to reach smaller lung nodules in the periphery of the lung to diagnose lung cancer earlier and increase the survival rate. It will be used by ECMC's Thoracic Surgeon, Dr. Thamer Qaqish and the first case using it is scheduled for September 25<sup>th</sup>.

We recently celebrated the opening of ECMC's new satellite Trauma Recovery Center, that is affiliated with the institution's BRAVE (Buffalo Rising Against Violence) initiative, which is our hospital-based violence intervention trauma recovery effort that serves individuals who have experienced acute victimization and violence. In October 2023, ECMC's BRAVE program achieved designation/certification as Western New York's only Trauma Recovery Center (TRC). It is only the second NYS Office of Victims Services(OVS)-funded program in the state to attain that distinction from the National Alliance of Trauma Recovery Centers (NATRC); the other TRC in the state is located in Brooklyn. There are only 52 TRCs in the United States. It's a successful model that treats victims of violence holistically and proactively through comprehensive case management and assertive outreach.

ECMC has again been recognized by the Lown Institute among the best nationally and in New York State, receiving 'A' grades on the 2024-2025 Lown Institute Hospitals Index across five metrics, including: health equity, community benefit, inclusivity, value of care, and avoiding overuse. The Lown Hospitals Index is the only national ranking to provide a holistic evaluation of hospital performance across health equity, value, and outcomes. Top grades on the Index represent independent, data-backed recognition of success in these areas. The Lown Hospitals Index for Social Responsibility is the only ranking to include metrics of health equity and value of care alongside patient outcomes, creating a holistic view of hospitals as total community partners.

ECMC's successful Healthcare Explorer program was highlighted in September in the HANYS Member Spotlight feature, which is transmitted to over 500 member not-for-profit and public hospitals, health systems, nursing homes and other healthcare organizations throughout New York State.

And congratulations to Andy Davis and Pam Lee who have again been named to *Buffalo Business First's* annual Power 100 Business Leaders of Color.

Thank you to the Board members for your support of our caregivers and our institution. With your guidance and selfless dedication to ECMC's mission, we continue to make progress in strengthening our healthcare services for the residents of Western New York. Thank you.

Best,

Tom

**Erie County Medical Center  
Board Report  
Chief Operating Officer  
September 24, 2024**

**Submitted by Andrew Davis**

## **OPERATIONS**

### **Ambulatory Medical Records**

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

- **Addressing Behavioral Intention & Perceived Control of a Chronic Condition**  
*Presentation Summary:* Chronic conditions are a leading cause of global mortality. Many patients lack self-management skills due to low perceived behavioral control, leading to poor health outcomes. Perceived behavioral control reflects a patient's view of how easy or difficult it is to execute a behavior, like a lifestyle modification. ECMC incorporated a patient empowerment intervention into chronic condition management programs. This intervention aims to measure perceived behavioral control, and address perceived difficulty related to self-management through intensive case management. Data revealed that the intervention has had a positive impact on perceived behavioral control. These findings are promising indicators of the program's effectiveness in promoting compliance and improving health perceptions among patients.
- **Optimizing Diabetes Management in Primary Care** *Poster Summary:* Our project aimed to improve diabetes care in the primary care office, focusing on patient outcomes and streamlined delivery. We assessed social determinants of health such as transportation issues and boosted patient involvement for better self-care. Our approach, tailored to each patient, included lifestyle changes, medication guidance, education, and team coordination. By tackling social determinants of health like health literacy and transportation, our protocol ensured timely and effective care. Our protocol made a difference: diabetes control rose by 9% since 2021, with an average A1C of 7.5 in 2023. Nursing practices now involve proactive identification of high-risk patients, fostering patient-provider bonds.
- **Projects/Initiatives (Pathway Moments)** Nicole Stephany, LPN and Brianna Maciejewski, RN developed a tool to assist the nursing staff in the Internal Medicine Clinic to recheck the patients' blood pressure when it is elevated prior to discharge. This is a continued initiative to improve blood pressure control.

### **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.

## **COEM**

- The Center for Occupational & Environmental Medicine continues to work towards goal and initiatives defined in the work plan for 2024-2025. Through our outreach and in-reach the team has expanded its partners and collaborative efforts and strengthening union connections. Our team participated in the Diversity Vendor Fair and provided workshop on Occupational Stress for CWA, and Occupational Health & Safety through the Lens of Gender in Chautauqua County. The team also participated in several community outreach events including, The Good for the Neighborhood hosted at the Rual Outreach Center and Westminster Charter School, Health & Wellness program at the Downtown Library and the Puerto Rican Day Parade and Festival. The team ended the month recognizing Overdose Awareness Day.
- The team met with the Better Business Bureau to discuss a workshop series; with a plan to host them hybrid to reach a larger audience. Topics include Green Cleaning, Occupational Stress, Cannabis in the Workplace, Opioids in the Workplace and Ergonomics. These trainings will remain on the Better Business Bureau website for future viewing highlighting COEM.
- Additionally, COEM staff and Family Medicine helped support the Health Sciences Charter School to provide Sports Physicals for students in need.

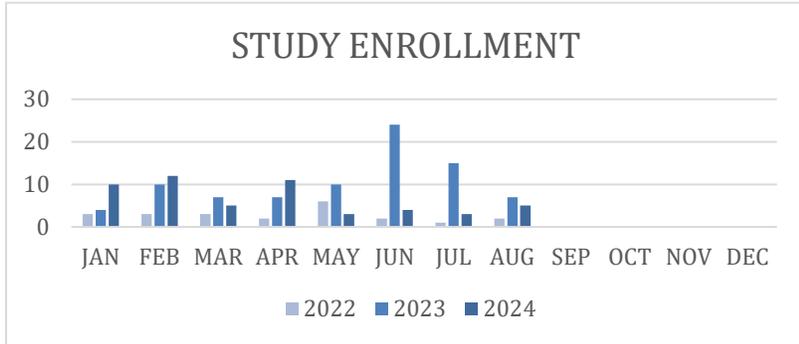
## **Employee Health & Safety**

- Implemented a new initiative aimed at gathering valuable insights to support our employees' well-being and foster a healthier work environment. This initiative involves the distribution of a burnout questionnaire survey, designed to help us better understand and address workplace stress and burnout. The recent burnout assessment survey event was made even more special thanks to the generous support from our HR team and the Foundation. They provided valuable gifts that were given to employees who participated in the survey. The first participants received instant prizes, and everyone who completes the survey was entered into a raffle for a chance to win a \$100 gift card to Russell's Steak House.
- Introduced a new initiative aimed at enhancing an employee's well-being: Wednesday Wellness Walks! Based on feedback from our recent burnout survey, we're launched this program to promote physical and mental health among our staff. Incorporating walking into your work routine can have profound benefits. It not only boosts physical fitness but also enhances mood, productivity, and creativity. By taking a break to recharge with some light exercise, we aim to foster a healthier and more productive work environment.
- Employee Health and Safety partnered with Hospital Police to create new safety signage for our ECMC Outpatient Clinics. This initiative aims to enhance safety protocols and ensure clear, effective communication in case of emergencies. The new signs will feature important instructions, including a clear directive to "Call 911" in case of an emergency. This collaboration underscores our commitment to maintaining a safe and secure environment for both our patients and staff.
- ECMC was proud to be among the three finalists for this year's Business First WNY's Healthiest employers' awards. Employee Health and Safety team collaborated with Human Resources for overseeing and promoting programs that support the health and well-being of our ECMC family.
- Bariatric Care Committee established to drive best safe patient handling practice for our patients of size throughout the continuum of care. Barriers are being identified, mitigated and equipment needs list formed.

**Center of Cancer Care Research**

August 2024

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

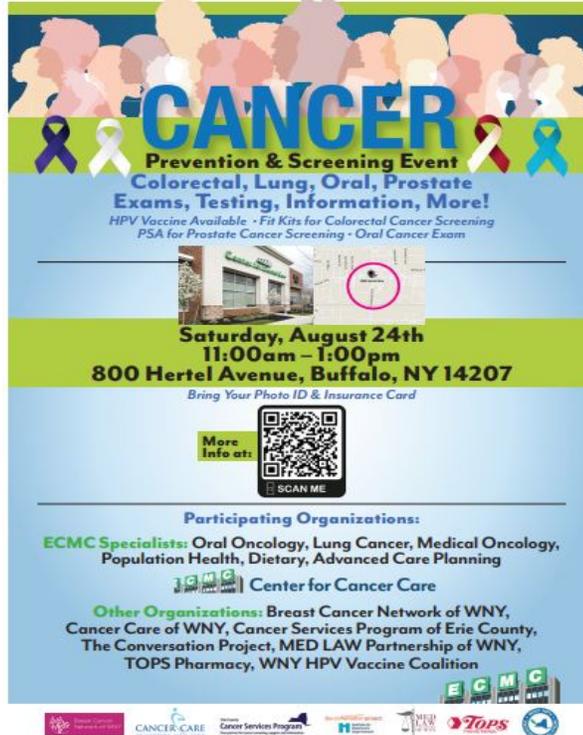


**Accrual Numbers Met for Standard 9.1**

**Cancer Screening Event (Standard 8.3) Completed**

**Highlights:**

- Received \$157,002 HRSA Grant Award for Ryan White Dental
- New Clinical Research Coordinator joined the team
- New MPH interns for the Fall semester
- UB Bioinformatics/Research for Health in Erie County Inc. meeting
- Lab Operations with ECMC
- Project ideas with American Cancer Society
- Participated in ECMC Healthcare Explorers panel discussion
- Amgen Pipeline/upcoming cancer clinical trials
- ECMC Cancer Prevention and Screening Event on 8/24/24



### Dialysis

- The second set of new B. Braun Hemodialysis machines are due in September with plan to change the final pod to the new machines in early 2025.

### Environmental Services

- Several floor care maintenance projects completed throughout the facility. Main projects included:
  - Strip and wax exam rooms in Internal Medicine
  - Clean and extract carpeting and buff floors in Ortho clinic
  - Clean and extract carpeting in Foundation suite
  - Interior and exterior glass cleaning for Terrace View and Main Hospital
  - Scrub public restrooms in both Terrace View and Main Hospital
  - Patient room strip and wax project paused during high census and hope to continue within the next couple of weeks

- 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 July and August was 73 minutes.* This is a four minute improvement from prior year (2023).
- Ordered step cans for Terrace View to satisfy both CMS fire code safety and dignified dining regulatory requirements.

### **Food & Nutrition Services**

- We continue to improve our retail offerings to meet the needs of our customers.
- *Overnight Variety:* We have expanded our overnight offerings to provide greater variety for patients and staff.
- *Doctor's Lounge Enhancement:* In August, 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 in other items with a longer shelf life.
- Catering is continuing to consistently increase in volume.
- We collaborated with the Diversity and Inclusion team to successfully cater a Vendor event for over 200 people in August. Many other events are planned through the end of the year.
- Project to install a new walk-in freezer is in process. Work is anticipated to start in Q4.

### **Laboratory Services**

#### Equipment Upgrades/Replacements/Contracts:

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

### **Outpatient Behavioral Health**

#### Program Updates/Initiatives

- **Adult & Family Clinic (AFC) and 1285 Outpatient Clinic**
  - **Eye Movement Desensitization and Reprocessing (EMDR) Consultation & Training Initiative**
    - Staff Consultation continues and is provided by Lisa Prefontaine enabling ongoing certification hours
  - **Perinatal/Postpartum Depression Mental Health Initiative**
    - Continued staff training related to evidence based group therapy

- “Circle of Caring” provided by The Postpartum Resource Center of NY (PRCNY)
  - Perinatal Mood Components of Care Training to occur with Behavioral Health staff
    - Shana Henderson – anticipated completion September 2024
  - Advanced Perinatal Mental Health Psychotherapy Training to occur with Behavioral Health staff
    - Shana Henderson & Janelle Manspeaker – anticipated completion September 2024
- **ECMC On Track**
  - Continued Coordination and planning for participant expansion with programming site change from the 462 Grider to 1285 Main Street
- Outpatient Substance Use Treatment Services -Northern Erie and Downtown Clinic
  - Patient Experience:
    - Perception of Care /Patient Satisfaction Surveys were completed June 2024 (5-point Likert scale)
      - Northern Erie Clinical Services: 4.74
      - Downtown Clinical Services: 4.64

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

Plant Operations/Facility project updates include the following:

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

- **Work completed** – final electrical cutover (removal of temporary feed) of main data center work in July.

#### *Dietary Dishwasher Room – Ground Floor – Complete (In-House Crew)*

- Created cart washing area - demo existing drywall to studs, installed new waterproof wall panels, cove base and caulking.

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

- **Work completed:** Original CON approved, meanwhile re-design work to 90% document phase was completed. Another re-design at new proposed location completed to schematic design phase.
- **Work anticipated:** New CON to be submitted based on new proposed location. Continue design though 100% while awaiting CON approval.

#### *Medical Gas Equipment Replacement – In Progress (Contractor)*

- **Work completed:** Equipment was installed. Electrical shutdown and tie-in completed. Medical air piping final tie-in to main riser completed successfully without interruption. Equipment startup and operating. Resolving punchlist items.
- **Work anticipated:** Final completion and project closeout.

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

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

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

- Summer operations mode in progress. Lawn cutting and mulching continues, weed control applications are complete. Road and crosswalk markings were painted throughout the summer.
- Additional staff from external vendor, as well as other Plant Operations employees were utilized to assist Grounds crew with campus maintenance activities.

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

- Construction bids were received in July 2023. Project is currently on hold. (no update)

### **Radiology**

- Mammography - revised plans to accommodate a second MRI.

### **Rehabilitation Services**

- Discussions initiated between Rehab Services and the Motion Project related to ECMC subcontracting space for rehab services at the Motion Project in Cheektowaga. This initiative would enhance opportunities for patients with spinal cord injuries and other neurological conditions.
- An education planning meeting was held with Rehab leadership to map out a plan for education requirements and needs for the remainder of 2024 and into 2025 to support the department's CARF accreditation and align with the hospital's strategic goals.
- Cancer Care Committee subgroup which encompasses staff from the acute hospital and outpatient rehab continues to meet monthly and also attend meetings at Kaleida on a monthly basis to align our programs and goals for cancer patients.

### **Acute Care Therapy**

- The Acute Therapy Department will be creating communication boards to be posted in the therapy gym on the 7<sup>th</sup> floor to keep staff updated on important information. Boards will include new projects, staff committees, updated precautions as they are established, as well as a SPH communication for quick access to locations of SPH equipment and updates.
- Acute PT and OT alongside the SPH coordinator, formed a new committee, "Bariatric Care Committee" to improve the management and mobilization of bariatric patients, including improving process of expediting them to the appropriate rooms with lifts and equipment to accommodate their needs.
- The 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 for patients during treatment sessions. Both items have been ordered.

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

- CARF goals established for the MRU for 2024 pertain to the required domains of business function and service delivery. Service delivery is further divided into effectiveness, efficiency, service access, patient satisfaction and stakeholder satisfaction. Progress toward goals for 2024:
- Service Access - Goal average monthly admissions = 17. Currently exceeding goal YTD = 18.58, MTD = 25

- Efficiency / QIPS - Improve timeliness of top referral source admissions from time of referral by therapy to <8.8 days. Currently exceeding goal = YTD = 5.2, MTD = 3.7
- Patient Satisfaction - Improve overall Press Ganey Top Box Score to >80%. Current MTD = 86%, YTD = 84%
- Stakeholder Satisfaction - Seeking >75% satisfaction from Care Management team that state that refer patients to MRU, exceeded goal = 88%

**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 has a fully executed contract for UPK Collaboration contract for Clarence school district, which is a new relationship for PEDS.

**Surgical Services**

- In August 2024, Dr. Mills, colorectal surgeon, completed the first high resolution anoscope (HRA) at ECMC. An HRA procedure provides detailed visualization of the anal canal, allowing for the precise detection and treatment of abnormalities such as precancerous lesions or infections. This method enhances diagnostic accuracy and helps in targeted biopsies, ultimately improving patient outcomes by facilitating early intervention and better monitoring of treatment efficacy.

**Robotic Volume - August 2024**

Bariatrics	16
Head, Neck, Plastic & Reconstructive Surgery	3
Orthopedics	42
Cardiovascular/Thoracic	1
Urology	4

- Radiology: Two new state-of-the-art imaging rooms and three (3) new portable x-ray machines.
- ION: Robotic addition to the DaVinci system for thoracic service, to increase early lung cancer detection, improving patient outcomes. The first case is expected at the end of September.
- 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**

- The average daily census for July/August 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. The corporation requested an extension given the volume of information requested, which was granted. The deadline of the requested materials is September 18, 2024.

- On May 14, 2024, ECMC Counsel issued a Notice of Deficiencies and Failure to Perform letter to the facility’s contract Pharmacy vendor, PharMerica Corporation, citing multiple concerns and a request for a formal plan of correction for the aforementioned concerns. An RFP for Pharmacy Services was distributed.

CMS

- CMS Payroll Based Journaling: The facility successfully submitted the quarterly PBJ reports for the April, May, June 2024 reporting period.
- CMS issued QSO-24-08-NH, on Subject: Enhanced Barrier Precautions in Nursing Homes. Guidance is issued to all State Survey Agencies that all Long-Term Care facilities EBP will align with nationally accepted standards established by the CDC. EBP recommendations now include use of EBP for residents with chronic wounds or indwelling medical devices during high-contact resident care activities regardless of their multidrug-resistant organism status. The new guidance related to EBP is being incorporated into F880 Infection Prevention and Control. Facility policy and procedure and competency staff training initiated throughout facility.

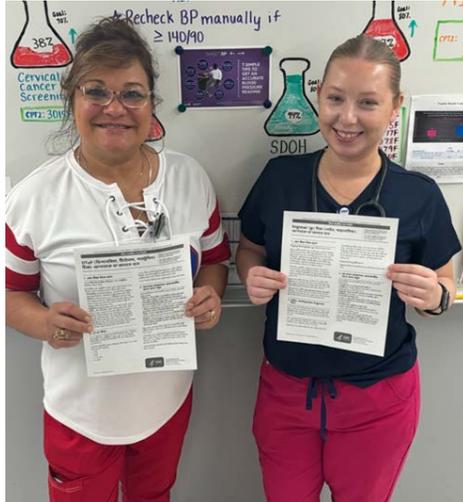
**PATIENT EXPERIENCE**

**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- August 31<sup>st</sup>, 2024 N=48 (est.))</b>	<b>NYS Jan 1<sup>st</sup>, 2023- August 31<sup>st</sup>, 2023 N=104 (final)</b>	<b>2023 Benchmark</b>
HCAHPS - Nurses	74 (est)	79	75
HCAHPS – Doctors	73 (est)	77	76
Discharge	86 (est)	92	84
Overall #	60 (est)	70	62

**Ambulatory Medical Practices**



- We had a great pathways moment in the Family Health Center with Amy Robinson and Jessica Kirker who noticed an increase of Bengali speaking patients. They found vaccine information statements in Bengali to better educate patients on the vaccines they are receiving. Great job identifying a need and doing the work to solve it!
- Congratulations to Steven Holcomb, RN in the YOU Center of Wellness. He collaborated with the Emergency Department to improve contact with PEP (post-exposure prophylaxis) patients who were seen in the ED. This is an effort to bridge the gap between the ED and YOU Center to provide quality care to patient that are high risk for HIV exposure. This has improved timely follow up and lead to improved care for the You Center patients. Thanks Steven!

**Environmental Services**

Continued weekly updates with EVS leadership team and overall Patient Satisfaction scores communicated to frontline staff during Tier 1 shift huddles.

- Michele Bostad, Senior EVS Coordinator, continues to lead patient rounding for new patient admissions with emphasis on strategic units.
- Strategic units and staff member alignment continue to be emphasized.

**Food & Nutrition Services**

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

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

	1/1/24-3/31/24			4/1/24-7/1/24	
	Survey size	Mean score		Survey size	Mean Score
<b>Courtesy</b>	n=282	54.26%	Courtesy	n=291	52.92%, down 1.34%
<b>Temperature</b>	n=281	22.06%	Temperature	n=291	21.31%, down .75%
<b>Quality</b>	n=279	20.43%	Quality	n=287	18.82%, down 1.61%

### 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.

### Quality Improvement Initiatives

- The Food and Nutrition Services (FNS) department is committed to continuous improvement in service quality. In August, 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. As part of her focus on service recovery she leads investigations on Patient-related case calls. Kathryn discusses all case calls with the Food and Nutrition during our daily Food and Nutrition manager huddle.

### Laboratory Services

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

- HbA1c POCT: Capital request submitted for expansion of the Siemens UniPoc middleware for electronic transfer of HbA1c orders and results to mitigate the redundant manual transcription process of results into Altera and Meditech. Contract 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.
- Community HCV Screening: Working with Immunodeficiency team to implement community screening for HCV in high-risk populations. Fall 2024 target implementation.
- Chemo Clinic POCT: Evaluation of the feasibility of a POCT test menu to support same day in clinic clearance of patients is in discovery phase. A review of workflows identified an opportunity to introduce a visual indicator with samples submitted for same day chemo patients.

### Surgical Services

- Implementation of new patient tracking system in the Ambulatory Surgical Center (ASC) is going well, requesting a larger monitor for waiting rooms.
- Ashley Metzler, RN, joined the Property Committee to assist with patient property issues.
- Review visitation policy for surgical patients remains the same, but encourage staff to allow visitors to see patients pre-op.

## PEOPLE

### Ambulatory Medical Practices

International Overdose Awareness Day was celebrated on August 31<sup>st</sup>, where we remember without stigma those who have died and acknowledge the grief of family and friends left behind. ECMC Hepatology clinic and COEM hosted a tabling event in the lobby of the main hospital on August 30<sup>th</sup> to bring awareness and share sentiments of those who have been touched by overdose. ECMC along with the Erie County Department of Health has launched a campaign, “Together we Can”, highlighting the power of our community when we all stand together to fight stigma and promote Harm Reduction.



### Grants

- **\$250,000 from NYS OMH for the creation of an adolescent Help Center program**  
Currently, the ECMC Help Center serves an adult population and is designed to address an individual’s mental health needs, and most importantly, offer opportunities to stabilize decision-making, divert from potential crisis level events, attend to initial periods of a crisis level to reduce events of emergent level care, and/or safely assist a patient to receive emergent level psychiatric care when necessary. By offering an “urgent care” level service, ECMC’s Help Center offers an option for those needing services that fall somewhere between outpatient and emergency programs. Through the proposed program, the Help Center seeks to expand the success found by its services with the adult population to adolescents ages 12-17.
- \$157,002.00 from Ryan White Part F – reimbursement for dental care to HIV/AIDS patients

### Environmental Services

- EVS continues to interview and hire candidates for vacant positions.
- Several openings remain affecting multiple shifts.
- Vacancies: (11) EVS HHA
- Hired (10) new Housekeeping Aides (HHA), Seven (7) started training in July and August and three (3) started training in September.
- Hired (1) new laborer started training in August.
- Hired (1) new Head Janitor started training in August.

- Hired (6) new HHA's to begin training in July.
- Recruitment underway for Head Janitor and Training Manager positions.

### **Food & Nutrition Services**

#### **Staffing/Recruitment:**

- Ryan Richardson was promoted from Retail Director to Assistant General Manager. Michael Rickert was hired as a Patient Services Manager. Darren Duson was promoted from within into to a Sous Chef role. Jessica Lowery was hired as a Patient Services Supervisor.

### **Laboratory Services**

There are two (2) active job postings: (1 RPT phlebotomist and 1 FT secretary)

- Phlebotomy staffing levels for full support of AM blood draws and ambulatory coverage continues to be challenged due to vacancy and staff medical leaves. An alternate AM blood team floor schedule was agreed upon with Nursing and implemented in June. Recruitment is ongoing with two new staff members onboarded at the end of June. Stabilization of workforce will allow services to be fully returned Q4 2024.

### **Outpatient Behavioral Health**

#### **Staff Updates**

- Joshua Magier, LCSW – ECMC On-Track program awarded ECMC employee of the Month.
- Kimberly Corrie, Psychiatric Case Manager – EMCPHP, completed a capstone project to complete her MBA in healthcare management. The project provided analysis, findings, and proposed solutions surrounding no shows, cancellations, and attendance to scheduled appointments.

#### **Staff Training**

- Emily Wiencek, LMSW – successful completion of the intensive workshop in Exposure and Response Prevention for Obsessive Compulsive Disorder
- Jennifer Kacalski, LCSW-R and Erin Sabatino, LMHC – completed ECMC Leadership Academy Supervisor Development Program

#### **Events**

- 8/17 & 8/18: Taking it To the Streets, MLK Park
- 8/17: Puerto Rican & Hispanic Parade tabling event
- 8/30: Erie County Department of Health Overdose Awareness Day

### **Patient Transport Services**

- Transport staff are encouraged to seek education through hospital diversity and employee resource committee.
- All staff are trained on mortuary religious practices for family and patients after training is created for 2024.

### **Plant Operations**

- Replacement requisitions have been submitted for several positions due to retirements and internal promotions.

- Hired Dave Pendrak for the position of Building Maintenance Mechanic (BMM) pipe fitter/welder position to begin on September 9, 2024.
- Hired three (3) new Maintenance Worker positions for the Grounds crew to help restore to an appropriate staffing level for the 64-acre campus.
  - Gerald Marks (promoted from laborer in Carpenter shop)
  - Barry Carson (promoted from Laborer in Carpenter shop)
  - Robert Laboy (transfer from Environmental Services)

### **Radiology**

- Hired an external certified CT technologist to begin on 9/9/24. Also, Nicole Galante will transfer from radiology to CT on 11/3/24 to begin training.
- Hired experienced MRI candidate, training in process.
- Exploring radiology staffing on weekends to mitigate increase of weekend call-ins.

### **Rehabilitation Services**

#### **Outpatient Therapy**

- Recruitment efforts are underway for a Patient Access Service Representative, Physical Therapist and Rehab Psychologist. Rehab Psychology has a 12-week wait list with requests for expansion for services to community partners.

#### **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.
- Interviewing for Pain Management expansion for the end of 2024.
- New LPN tele-transporter for surgical services started in August. This position will aid with patient turnaround time for patient testing and procedural areas.

### **Terrace View**

- **New Staff (July, August):** (7) FT CNAs, (4) RPT CNAs, (4) FT LPN, (1) RPT LPN, (1) FT GDN RN, (1) RPT GDN RN, (1) RPT Nursing Office Scheduling Assistant
- 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.
- The facility received an Initial Determination Letter on May 28, 2024, for the period: Q4, 2022. The letter indicates that Terrace View Long Term Care Facility complied with the 3.5 hours per resident day statutory standard minimum nursing staff requirements established under Public Health Law § 2895-b(3) and 10 NYCRR § 415.13(b)(2) post the Department's review of the CMS Payroll Based Journal for Q4, 2022.
- **New requirement:** CMS 442-F: The CMS's new minimum nurse staffing standards require non-rural providers to provide a minimum of 3.48 HPRD (Hours Per Resident Daily) of total direct nursing care to residents across all Long Term Care facilities of

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

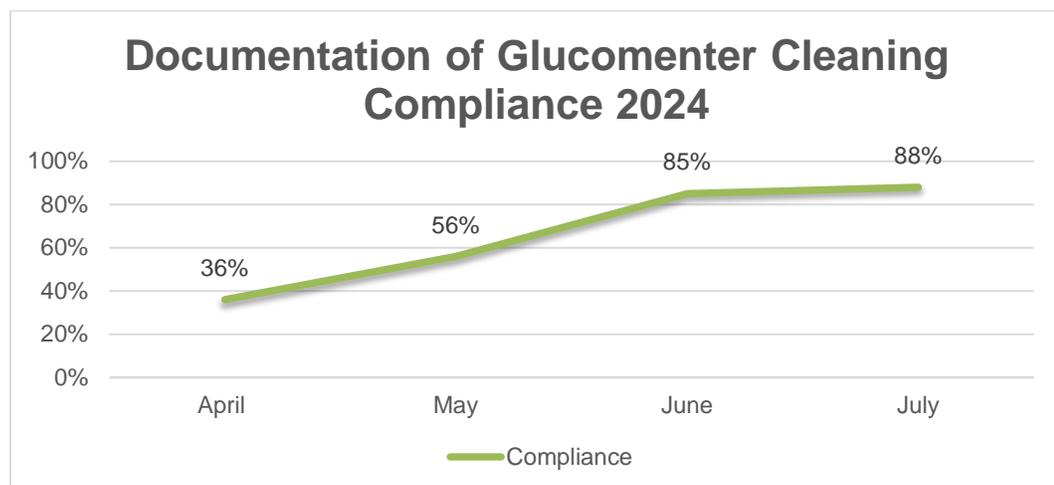
### **Transplant**

- 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**

### **Ambulatory Medical Practices**

- The process to document glucometer machine cleaning was updated in 2024. In April 2024, compliance with documentation glucometer cleaning was 36%. The ambulatory team was able to increase compliance to 88% in July 2024 using education, tracking and reviewing results. This process improvement is especially important to meet regulatory requirements for the laboratory.



### Environmental Services

- HCAHPS (cleanliness of the hospital environment) discharge date  
*August 2024 Top box score: 64%, n=207*
- ATP Testing for July and August at 93 and 90% respectively, achieved goal for both months.

### 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

- Q2 2024 QIPS audit results:
- Decrease the number of THA infections to 2 or less by end of 2024. YTD: 1
- Maintain the number of TKA infections at 1 or less by the end of 2024. YTD: 1
- Reduce the number of elective colon infections to 2 or less by the end of 2024. YTD: 0
- Reduce the number of spinal fusion infections to 8 or less by end of 2024. YTD: 3
- Discharge instructions will be provided to all surgical services patient's post-surgery/procedure regardless of disposition. Goal is 100% compliance. Results: 81% compliance.
- 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	16	21	47
Procedures	2204	2229	4433	8949
Rate	0.23%	0.72%	0.47%	0.53%

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

**Terrace View**

- 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
- NYSDOH completed onsite abbreviated surveys during the months of July and August to complete open investigations with no negative findings or citations issued.
- The NYSDOH completed their recertification survey on August 26, 2024 with plan of correction due on September 20, 2024.

**Transplant**

We received MPSC feedback in July indicating continued monitoring. Our response is due September 16, 2024.

- UNOS onsite Survey desk audit was submitted and accepted, considering the survey officially closed.

**FINANCIAL**

**Ambulatory Medical Practices**

In the August 2024, the Ambulatory Department saw 13,893 patients, while being budgeted for 12,922 visits (-0.2% budget). Departments that exceeded budget include: Cardiothoracic, COEM, Internal Medicine, ECMC Family Medicine, You Center for Wellness, Rheumatology, Surgery, Urology, OMFS, Hertel Dental, Oral Oncology, Head and Neck, and Bariatrics. Additionally, there were 61 visits for Covid testing and/or Covid vaccinations, brought the budget to 0.4% over budget.

**Dialysis**

Budget and Variance:

- Outpatient (in-center treatments): 2024 Budget **16,380**; Variance **(-262)**
- Home Program: (Home Peritoneal & Home Hemodialysis): YTD Budget **1,332** treatments, Variance **(-391)**
- Total: **-653** treatments for the year

Census Volume:

- Outpatient (in-center treatments): August = **1,964** treatments, YTD 2024 total = **16,118**

- Home Program: (Home Peritoneal & Home Hemodialysis): August = **153** treatments, 2024 totals = **941**

Dialysis			2023	2024									YTD	Budget	Variance
			YTD	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug				
4555	AKI	Hemodialysis - AKI	129	19	32	69	56	55	45	45	30	351	-	-	
	DIALNON	Hemodialysis - Non-ESRD	0	0	0	0	0	0	0	0	0	0	-	-	
	DIALTRAN	Hemodialysis - Transient	466	19	20	30	117	134	95	139	99	653	-	-	
	HD	Hemodialysis - Chronic	23,020	1,791	1,778	1,902	1,900	1,969	1,846	1,964	1,964	15,114	-	-	
	4555 Totals		23,615	1,829	1,830	2,001	2,073	2,158	1,986	2,148	2,093	16,118	16,380	-262	
5660	HOMEHD	Hemodialysis - Home	20	0	0	0	0	0	0	0	0	0	-	-	
	PD	Hemodialysis - Peritoneal	1,474	68	85	98	94	151	142	150	153	941	-	-	
	5660 Totals		1,494	68	85	98	94	151	142	150	153	941	1,332	-391	
<b>Totals</b>			<b>25,109</b>	<b>1,897</b>	<b>1,915</b>	<b>2,099</b>	<b>2,167</b>	<b>2,309</b>	<b>2,128</b>	<b>2,298</b>	<b>2,246</b>	<b>17,059</b>	<b>17,712</b>	<b>-653</b>	

**Environmental Services**

- Labor was below budget and supplies were in line with budget for July and August 2024.
- Overall YTD supply budget is in line and below budget for labor.
- Continue to work with Finance and Purchasing to identify areas of opportunity for budget savings. Identified \$250K in labor savings for 2025.

**Food & Nutrition 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 August YTD were positive 3.2% to budget target and increased 6% in comparison to FY23. The July YTD operating expense has a negative variance of 1.9% to budget target and a negative variance of 5.5% to FY23. The personnel expense has a positive variance of 6.1% to budget target and a negative variance of 6.9% to FY23 actual. Non-personnel expenses for July YTD demonstrated a negative variance of 1.3% to budget target and a negative variance of 1.1% 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 14.3% YTD over budget.

- CT is 9,877 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
  - August 2024 (one physician): 25 admissions and 21 discharges with 290 patient days and a LOS of 13.8 days with an ADC of 9.4.
  - August 2023 (two physicians): 24 admissions, 22 discharges with 422 patient days and a LOS of 19.2 days and an ADC of 13.6.

- Admissions are up 10% from 2023 and 5% in discharges with a YTD comparison.

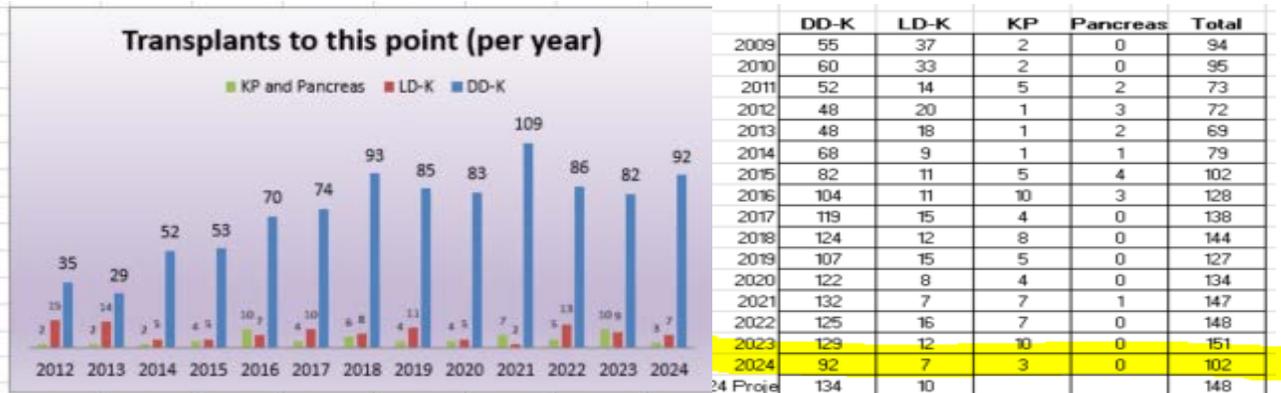
**Supportive Care & Palliative Medicine**

- Total Inpatient Consults for August: 118
- Transitions of Care: 17
- Discharge with Home Hospice: 1
- Terrace View: 7

**Transplant**

- In 2024, we have performed (102) transplants, which is (+2) transplants than this time last year (2023). Based on current volume, we have projected finishing the year with approximately (148) transplants.
- Pre-Transplant Clinic is below budget by (-288). We are still limited with our shortage of providers.
- Post-Transplant has exceeded the 2024 budget YTD by (18) visits. We are (-110) for total clinic variance to budget.

Transplant / Vascular			2023	2024									YTD	Budget	Variance
			YTD	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug				
6430	TRANPRE	Transplant Clinic	661	38	49	40	51	52	54	44	56	384	-	-	
	TRANPREPRC	Transplant Clinic	2	0	0	0	0	0	0	0	1	1	-	-	
	6430 Totals			663	38	49	40	51	52	54	44	57	385	673	-288 ↓
6431	TRANPOST	Transplant Clinic	0	0	0	0	0	0	0	0	0	0	-	-	
	TRANPOST	Transplant Clinic	4,255	367	352	316	325	341	336	413	425	2,875	-	-	
6431 Totals			4,255	367	352	316	325	341	336	413	425	2,875	2,697	178 ↑	
Totals			4,918	405	401	356	376	393	390	457	482	3,260	3,370	-110 📉	



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**Internal Financial Reports**  
**For the month ended July 31, 2024**

**Erie County Medical Center Corporation**

**Financial Dashboard  
July 31, 2024**

**Statement of Operations:**

	Month	Year-to-Date (YTD)	YTD Budget
Net patient revenue	\$ 56,538	\$ 388,713	\$ 374,146
Other	16,438	108,068	101,016
Total revenue	<u>72,976</u>	<u>496,781</u>	<u>475,162</u>
Salary & benefits	36,984	262,918	258,362
Physician fees	10,087	67,257	67,566
Purchased services	6,398	44,824	42,519
Supplies & other	16,145	103,026	93,523
Depreciation and amortization	3,871	27,612	27,098
Interest	1,022	7,043	6,152
Total expenses	<u>74,507</u>	<u>512,680</u>	<u>495,220</u>
Operating Income/(Loss) Before Other Items	(1,531)	(15,899)	(20,058)
Grant revenue	15,395	16,005	-
Income/(Loss) from Operations With Other Items	<u>13,864</u>	<u>106</u>	<u>(20,058)</u>
Other Non-operating gain/(loss)	2,081	5,336	703
Change in net assets	<u>\$ 15,945</u>	<u>\$ 5,442</u>	<u>\$ (19,355)</u>
Operating margin	<u>19.0%</u>	<u>0.0%</u>	<u>-4.2%</u>

**Balance Sheet:**

<b>Assets:</b>	
Cash & short-term investments	\$ 118,222
Patient receivables	107,379
Assets whose use is limited	179,349
Other assets	496,103
	<u>\$ 901,053</u>
<b>Liabilities &amp; Net Assets:</b>	
Accounts payable & accrued expenses	\$ 359,949
Estimate self-insurance reserves	59,275
Other liabilities	497,581
Long-term debt, including current portion	197,734
Lease liability, including current portion	24,938
Subscription liability, including current portion	22,301
Line of credit	10,000
Net assets	(270,725)
	<u>\$ 901,053</u>

**Cash Flow Summary:**

	Month	YTD
Net cash provided by (used in):		
- Operating activities	\$ 8,258	\$ 111,688
- Investing activities	(40,889)	(57,162)
- Financing activities	<u>(232)</u>	<u>(8,752)</u>
Increase/(decrease) in cash and cash equivalents	(32,863)	45,774
Cash and cash equivalents - beginning	<u>98,408</u>	<u>19,771</u>
Cash and cash equivalents - ending	<u>\$ 65,545</u>	<u>\$ 65,545</u>

**Key Statistics:**

	Month	YTD	YTD Budget
Discharges:			
- Acute	1,159	7,697	7,163
- Exempt units	462	3,003	3,235
Observation Cases:	274	2,001	1,706
Patient days:			
- Acute	9,280	59,783	54,469
- Exempt units	4,467	33,791	34,727
Average length of stay, acute	8.0	7.8	7.6
Case mix index Blended	2.03	1.91	1.80
Average daily census: Medical Center	443	439	419
Terrace View LTC	367	369	378
Emergency room visits, including admissions	5,497	37,555	37,929
Outpatient Visits	25,004	174,547	180,887
Days in patient receivables		58.8	

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# Erie County Medical Center Corporation

## Management Discussion and Analysis

### For the month ended July 31, 2024

(Amounts in Thousands)

#### July 2024 Operating Performance

During July 2024, ECMCC exceeded the budget in inpatient cases, especially within the acute medical and surgical and behavioral health service areas. Additionally, ECMCC exceeded the plan in total surgeries during the month which also resulted in increased revenue. These surgical volume variances as well as increased severity in medical cases led to an increase in overall case mix for the month. The additional revenue derived from these trends during July were partially offset by additional expenses primarily within salaries, purchased services and supplies, which drove an operating loss for the month of (\$1,531), before grant funding. This operating loss, before grant funding, is favorable when compared to the month's budgeted loss of (\$2,623) and is a significant improvement from the loss before grant funding during July of 2023 of (\$6,969). Additionally, the operating loss before grant funding for the seven months ended July 31, 2024, of (\$15,899) also represents a significant improvement from the loss before grant funding of (\$47,867) for the same period during 2023.

Inpatient discharges were more than budgeted cases of 1,577 by 44 cases (or 2.8%), driven by favorable variances in acute, behavioral health and medical rehab services partially offset by unfavorable variances in chemical dependency services. Acute discharges of 1,159 exceeded the budget by 4.3%, bolstered by an inpatient surgery favorable variance of 29 surgeries. ECMCC experienced this favorable discharge volume despite an acute average length of stay of 8.0 days during July. This continues to be driven by the inability to discharge more difficult to place longer stay patients due to staffing and admission challenges across the community within post-acute care facilities. These challenges resulted in additional delays in our emergency department, thus culminating in a significant number of patients who had left without being seen. The challenges and trends experienced during June were also seen across the other hospitals in Western New York. Total outpatient volume remained slightly below budget for the month by 481 visits, a 1.9% shortfall. This was driven primarily by a shortfall in clinic visit volume during the month. During the month of July, ECMCC experienced a favorable variance in outpatient surgeries of 55 cases as compared to the budget of 545 cases, or 10.1%.

In addition to the favorable volume variances, net patient service revenue was favorably impacted during the month with an acute case mix index of 2.03 as compared to a budgeted case mix of 1.77. This case mix is the highest case mix during the month of July (the peak of the trauma season) that ECMCC has experienced over the past 10 years. This severity per case increased during the month given the increase in trauma cases, an increase in transplant cases as well as an increase in overall case mix on medical admissions. Significant efforts are ongoing to ensure complete documentation and coding of the care being provided to the patients which continues to impact the overall case mix as well.

Additionally, for the year through July 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. 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 specialty drugs to ECMCC clinic patients on campus. This growth is reflected within the other operating revenue and corresponding additional supply costs.

Total FTEs during July were higher than budgeted targets for the month. With discharge and surgery volume coming in above targets and the average length of stay higher than plan, additional FTEs continue to be necessary in order

# Erie County Medical Center Corporation

## Management Discussion and Analysis

### For the month ended July 31, 2024

#### (Amounts in Thousands)

to meet the New York State minimum staffing standards. In an effort to continue to meet those standards, the use of incentives to fill vacancies and off-shifts, such as the authorization of overtime, shift differential, and additional bonus rates per hour.

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

Supply costs exceeded the operating plan during the month by \$2,535. The majority of the additional cost during the month was related to the increased number of Kidneys procured for the additional volume of transplants as well as pharmaceutical costs, in two areas specifically, specialty pharmacy drug costs and volume related drug utilization.

#### **Other Gains/Losses (Non-Operating Grants)**

During the month, ECMCC received partial payments from FEMA related to three awarded grants for various costs related to the COVID-19 Pandemic Emergency. These three payments totaled approximately \$15.4 million and represent nearly 75% of the total amounts due under those awards. ECMCC had applied for partial advance payments under the FEMA Advance Payment program and would expect to receive the remaining funds before the end of the year. These funds are reimbursements for costs incurred to properly staff the organization during the Pandemic. These receipts have been recognized as Grant revenue within the Other Gains/Losses section of the Statement of Operations and will be classified as Non-Operating gains within the audited financial statements, consistent with prior years.

#### **Balance Sheet**

ECMCC saw an increase in cash from December 2023 as well as from the month of June resulting in 54 days operating cash as compared to 16 days operating cash at the end of 2023 and 51 days cash at the end of June 2024. Cash levels have increased at the end of July as a result of the receipt of certain expected disproportionate share (DSH/IGT) payments, along with the retrospective reimbursement settlement related to the 340b drug pricing program, 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 2023 and likely for 2024. Receipt timing for these payments at this time is unknown.

Patient receivables increased approximately \$5 million from December 31, 2023. Despite having improved collections through February, accounts receivable has increased primarily due to the delays in billing and collections related to one significant payer. These delays are primarily related to the Change Healthcare cyber-attack which occurred on February 21<sup>st</sup>, 2024. Significant efforts are underway to reduce accounts receivable and increase cash collections related to these and other delays.

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

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

The change in other accrued expenses reflects the recognition of the deferred revenue received in January of 2024 resulting from the receipt of the current year initial payment for DSH/IGT. This revenue then is recognized ratably over the course of the year in the income statement.

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

**Vendor Related Cyber Incident**

On February 21, 2024, Change Healthcare, a third-party service provider to ECMCC and several of its vendors, became aware of a cybersecurity incident (the "Incident") causing a disruption across the health care industry. ECMCC uses Change Healthcare for various revenue cycle related services including professional billing, claims processing, and eligibility authorizations. As a result of the Incident, as of August 16, 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 July 31, 2024 and December 31, 2023

(Dollars in Thousands)

	July 31, 2024	December 31, 2023	Change from December 31st
<b>Assets</b>			
Current Assets:			
Cash and cash equivalents	\$ 65,545	\$ 19,771	\$ 45,774
Investments	52,677	10,646	42,031
Patient receivables, net	107,379	102,389	4,990
Prepaid expenses, inventories and other receivables	39,359	62,528	(23,169)
<b>Total Current Assets</b>	<b>264,960</b>	<b>195,334</b>	<b>69,626</b>
Assets Whose Use is Limited:			
Designated under self-Insurance programs	59,450	57,904	1,546
Restricted under third party agreements	114,182	107,627	6,555
Designated for long-term investments	5,717	5,091	626
<b>Total Assets Whose Use is Limited</b>	<b>179,349</b>	<b>170,622</b>	<b>8,727</b>
Property and equipment, net	288,556	307,343	(18,787)
Other assets	168,188	168,809	(621)
<b>Total Assets</b>	<b>\$ 901,053</b>	<b>\$ 842,108</b>	<b>\$ 58,945</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	6,288	6,944	(656)
Current portion of subscription liability	8,118	8,724	(606)
Line of credit	10,000	10,000	-
Accounts payable	59,110	59,922	(812)
Accrued salaries and benefits	76,193	73,734	2,459
Other accrued expenses	219,692	125,936	93,756
Estimated third party payer settlements	4,954	4,486	468
<b>Total Current Liabilities</b>	<b>397,414</b>	<b>302,615</b>	<b>94,799</b>
Long-term debt	184,675	188,940	(4,265)
Long-term lease liability	18,650	20,521	(1,871)
Long-term subscription liability	14,183	15,727	(1,544)
Estimated self-insurance reserves	59,275	59,340	(65)
Other liabilities	497,581	531,132	(33,551)
<b>Total Liabilities</b>	<b>1,171,778</b>	<b>1,118,275</b>	<b>53,503</b>
<b>Total Net Position</b>	<b>(270,725)</b>	<b>(276,167)</b>	<b>5,442</b>
<b>Total Liabilities and Net Position</b>	<b>\$ 901,053</b>	<b>\$ 842,108</b>	<b>\$ 58,945</b>

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## Erie County Medical Center Corporation

### Statement of Operations

For the month ended July 31, 2024

*(Dollars in Thousands)*

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
<b>Operating Revenue:</b>				
Net patient revenue	58,450	55,692	2,758	50,402
Less: Provision for uncollectable accounts	(1,912)	(1,075)	(837)	(1,633)
Adjusted Net Patient Revenue	56,538	54,617	1,921	48,769
Disproportionate share / IGT revenue	10,273	10,273	-	9,571
Other revenue	6,165	4,158	2,007	5,350
<b>Total Operating Revenue</b>	<b>72,976</b>	<b>69,048</b>	<b>3,928</b>	<b>63,690</b>
<b>Operating Expenses:</b>				
Salaries & wages	30,323	29,542	(781)	28,217
Employee benefits	6,661	8,062	1,401	8,775
Physician fees	10,087	9,652	(435)	9,387
Purchased services	6,398	6,170	(228)	6,707
Supplies	13,401	10,866	(2,535)	10,926
Other expenses	2,171	1,964	(207)	1,839
Utilities	573	665	92	500
Depreciation & amortization	3,871	3,871	-	3,384
Interest	1,022	879	(143)	924
<b>Total Operating Expenses</b>	<b>74,507</b>	<b>71,671</b>	<b>(2,836)</b>	<b>70,659</b>
<b>Operating Income/(Loss) Before Other Items</b>	<b>(1,531)</b>	<b>(2,623)</b>	<b>1,092</b>	<b>(6,969)</b>
<b>Other Gains/(Losses)</b>				
Grant revenue	15,395	-	15,395	4,063
<b>Income/(Loss) from Operations</b>	<b>13,864</b>	<b>(2,623)</b>	<b>16,487</b>	<b>(2,906)</b>
<b>Other Non-operating Gain/(Loss):</b>				
Interest and dividends	706	180	526	294
Unrealized gain/(loss) on investments	1,375	(80)	1,455	116
Non-operating Gain/(Loss)	2,081	100	1,981	410
<b>Excess of Revenue/(Deficiency) Over Expenses</b>	<b>\$ 15,945</b>	<b>\$ (2,523)</b>	<b>\$ 18,468</b>	<b>\$ (2,496)</b>

## Erie County Medical Center Corporation

### Statement of Operations

For the seven months ended July 31, 2024

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
<b>Operating Revenue:</b>				
Net patient revenue	399,289	381,528	17,761	347,030
Less: Provision for uncollectable accounts	(10,576)	(7,382)	(3,194)	(6,440)
Adjusted Net Patient Revenue	<u>388,713</u>	<u>374,146</u>	<u>14,567</u>	<u>340,590</u>
Disproportionate share / IGT revenue	71,934	71,913	21	66,997
Other revenue	<u>36,134</u>	<u>29,103</u>	<u>7,031</u>	<u>24,836</u>
<b>Total Operating Revenue</b>	<u>496,781</u>	<u>475,162</u>	<u>21,619</u>	<u>432,423</u>
<b>Operating Expenses:</b>				
Salaries & wages	206,022	202,561	(3,461)	191,976
Employee benefits	56,896	55,801	(1,095)	59,278
Physician fees	67,257	67,566	309	63,888
Purchased services	44,824	42,519	(2,305)	45,320
Supplies	85,702	76,055	(9,647)	73,158
Other expenses	13,957	13,759	(198)	13,358
Utilities	3,367	3,709	342	3,393
Depreciation & amortization	27,612	27,098	(514)	23,447
Interest	<u>7,043</u>	<u>6,152</u>	<u>(891)</u>	<u>6,472</u>
<b>Total Operating Expenses</b>	<u>512,680</u>	<u>495,220</u>	<u>(17,460)</u>	<u>480,290</u>
<b>Operating Income/(Loss) Before Other Items</b>	<b>(15,899)</b>	<b>(20,058)</b>	<b>4,159</b>	<b>(47,867)</b>
<b>Other Gains/(Losses)</b>				
Grant revenue	<u>16,005</u>	<u>-</u>	<u>16,005</u>	<u>19,856</u>
<b>Income/(Loss) from Operations</b>	<b>106</b>	<b>(20,058)</b>	<b>20,164</b>	<b>(28,011)</b>
<b>Other Non-operating Gain/(Loss):</b>				
Interest and dividends	3,536	1,260	2,276	2,167
Unrealized gain/(loss) on investments	<u>1,800</u>	<u>(557)</u>	<u>2,357</u>	<u>641</u>
Non-operating Gain/(Loss)	<u>5,336</u>	<u>703</u>	<u>4,633</u>	<u>2,808</u>
<b>Excess of Revenue/(Deficiency) Over Expenses</b>	<u>\$ 5,442</u>	<u>\$ (19,355)</u>	<u>\$ 24,797</u>	<u>\$ (25,203)</u>

**Erie County Medical Center Corporation**

**Statement of Changes in Net Position**

**For the month and seven months ended July 31, 2024**

*(Dollars in Thousands)*

	<u>Month</u>	<u>Year-to-Date</u>
<b>Unrestricted Net Assets:</b>		
Excess/(Deficiency) of revenue over expenses	\$ 15,945	\$ 5,442
Other transfers, net	-	-
Contributions for capital acquisitions	-	-
Change in accounting principle	-	-
Net assets released from restrictions for capital acquisition	-	-
	<hr/>	<hr/>
Change in Unrestricted Net Assets	<u>15,945</u>	<u>5,442</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>15,945</u>	<u>5,442</u>
Net Position, beginning of period	<u>(286,670)</u>	<u>(276,167)</u>
<b>Net Position, end of period</b>	<u><b>\$ (270,725)</b></u>	<u><b>\$ (270,725)</b></u>

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## Erie County Medical Center Corporation

### Statement of Cash Flows

For the month and seven months ended July 31, 2024

(Dollars in Thousands)

	Month	Year-to-Date
<b>Cash Flows from Operating Activities:</b>		
Change in net assets	\$ 15,945	\$ 5,442
Adjustments to Reconcile Changes in Net Assets to Net Cash Provided by/(Used in) Operating Activities:		
Depreciation and amortization	3,871	27,612
Provision for bad debt expense	1,912	10,576
Net change in unrealized (gain)/loss on Investments	(1,375)	(1,800)
<u>Changes in Operating Assets and Liabilities:</u>		
Patient receivables	(991)	(15,566)
Prepaid expenses, inventories and other receivables	(2,270)	23,169
Accounts payable	1,018	(812)
Accrued salaries and benefits	2,208	2,459
Estimated third party payer settlements	238	468
Other accrued expenses	(12,352)	93,756
Self Insurance reserves	196	(65)
Other liabilities	(142)	(33,551)
<b>Net Cash Provided by/(Used in) Operating Activities</b>	<b>8,258</b>	<b>111,688</b>
<b>Cash Flows from Investing Activities:</b>		
Additions to Property and Equipment, net	(783)	(8,825)
Decrease/(increase) in assets whose use is limited	(1,675)	(8,727)
Sale/(Purchase) of investments, net	(38,362)	(40,231)
Change in other assets	(69)	621
<b>Net Cash Provided by/(Used in) Investing Activities</b>	<b>(40,889)</b>	<b>(57,162)</b>
<b>Cash Flows from Financing Activities:</b>		
Principal payments on / proceeds from long-term debt, net	(423)	(4,075)
Principal payments on / additions to long-term lease liability, net	1,207	(2,527)
Principal payments on / additions to long-term subscription, net	(1,016)	(2,150)
<b>Increase/(Decrease) in Cash and Cash Equivalents</b>	<b>(32,863)</b>	<b>45,774</b>
Cash and Cash Equivalents, beginning of period	98,408	19,771
Cash and Cash Equivalents, end of period	\$ 65,545	\$ 65,545

## Erie County Medical Center Corporation

### Statistical and Ratio Summary

	July 31, 2024	December 31, 2023	ECMCC 3 Year Avg. 2021 - 2023
<b><u>Liquidity Ratios:</u></b>			
Current Ratio	0.7	0.7	0.8
Days in Operating Cash & Investments	54	16	29.5
Days in Patient Receivables	58.8	63.2	55.5
Days Expenses in Accounts Payable	54.8	53.6	61.2
Days Expenses in Current Liabilities	169.9	129.2	144.5
Cash to Debt	89.9%	43.0%	52.8%
Working Capital Deficit	\$ (132,454)	\$ (89,919)	\$ (72,929)
<b><u>Capital Ratios:</u></b>			
Long-Term Debt to Fixed Assets	64.0%	67.7%	68.4%
Assets Financed by Liabilities	130.0%	133.6%	127.9%
Debt Service Coverage (Covenant > 1.1)	3.9	2.3	1.6
Capital Expense	4.0%	3.0%	3.0%
Average Age of Plant	7.5	7.6	9.4
Debt Service as % of NPSR	3.8%	4.2%	4.0%
Capital as a % of Depreciation	32.0%	13.1%	34.3%
<b><u>Profitability Ratios:</u></b>			
Operating Margin	-3.2%	-13.2%	-14.1%
Net Profit Margin	1.4%	-1.0%	-3.5%
Return on Total Assets	1.0%	-0.8%	-2.1%
Return on Equity	-3.4%	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	\$ 256,112	\$ 224,619	\$ 216,505
Personnel Costs as % of Total Revenue	51.8%	57.5%	57.0%

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**Erie County Medical Center Corporation**

**Key Statistics**  
**Period Ended July 31, 2024**

Current Period				Year to Date			
Actual	Budget	% to Budget	Prior Year	Actual	Budget	% to Budget	Prior Year
<b>Discharges:</b>				<b>Discharges:</b>			
1,159	1,111	4.3%	1,114	7,697	7,163	7.5%	7,181
253	206	22.6%	194	1,629	1,639	-0.6%	1,527
188	242	-22.2%	221	1,251	1,483	-15.6%	1,360
21	18	14.9%	19	123	113	8.7%	115
<b>1,621</b>	<b>1,577</b>	<b>2.8%</b>	<b>1,548</b>	<b>10,700</b>	<b>10,398</b>	<b>2.9%</b>	<b>10,183</b>
<b>Patient Days:</b>				<b>Patient Days:</b>			
9,280	8,397	10.5%	8,698	59,783	54,469	9.8%	59,704
3,433	3,453	-0.6%	4,047	26,562	26,478	0.3%	27,613
656	881	-25.5%	735	4,643	5,840	-20.5%	5,227
378	316	19.6%	370	2,586	2,409	7.3%	2,621
<b>13,747</b>	<b>13,047</b>	<b>5.4%</b>	<b>13,850</b>	<b>93,574</b>	<b>89,196</b>	<b>4.9%</b>	<b>95,165</b>
<b>Average Daily Census (ADC):</b>				<b>Average Daily Census (ADC):</b>			
299	271	10.5%	281	281	256	9.8%	282
111	111	-0.6%	131	125	124	0.3%	130
21	28	-25.5%	24	22	27	-20.5%	25
12	10	19.6%	12	12	11	7.3%	12
<b>443</b>	<b>421</b>	<b>5.4%</b>	<b>447</b>	<b>439</b>	<b>419</b>	<b>4.9%</b>	<b>449</b>
<b>Average Length of Stay:</b>				<b>Average Length of Stay:</b>			
8.0	7.6	5.9%	7.8	7.8	7.6	2.1%	8.3
13.6	16.7	-18.9%	20.9	16.3	16.2	0.9%	18.1
3.5	3.6	-4.3%	3.3	3.7	3.9	-5.7%	3.8
18.0	17.3	4.1%	19.5	21.0	21.3	-1.3%	22.8
<b>8.5</b>	<b>8.3</b>	<b>2.5%</b>	<b>8.9</b>	<b>8.7</b>	<b>8.6</b>	<b>1.9%</b>	<b>9.3</b>
<b>Occupancy:</b>				<b>Occupancy:</b>			
82.0%	81.9%	0.1%	82.6%	82.0%	81.9%	0.1%	82.6%
<b>Case Mix Index:</b>				<b>Case Mix Index:</b>			
2.03	1.77	14.5%	1.71	1.91	1.80	6.2%	1.76
274	236	16.1%	229	2,001	1,706	17.3%	1,642
472	443	6.5%	444	3,087	2,855	8.1%	2,823
600	545	10.1%	545	4,414	4,300	2.7%	4,325
49	54	-9.3%	22	212	346	-38.7%	295
36	23	56.5%	19	238	211	12.8%	179
25,004	25,485	-1.9%	22,351	174,547	180,887	-3.5%	174,726
5,497	5,519	-0.4%	5,789	37,555	37,929	-1.0%	36,718
58.8	44.2	33.0%	63.1	58.8	44.2	33.0%	63.1
3.5%	1.9%	78.8%	4.0%	2.8%	2.0%	41.1%	2.1%
3,309	3,203	3.3%	3,247	3,272	3,197	2.3%	3,229
4.30	4.37	-1.5%	4.32	4.21	4.37	-3.7%	4.20
<b>\$ 18,654</b>	<b>\$ 18,327</b>	<b>1.8%</b>	<b>\$ 17,008</b>	<b>\$ 19,017</b>	<b>\$ 19,055</b>	<b>-0.2%</b>	<b>\$ 17,882</b>
<b>\$ 24,503</b>	<b>\$ 23,940</b>	<b>2.4%</b>	<b>\$ 25,010</b>	<b>\$ 25,052</b>	<b>\$ 25,079</b>	<b>-0.1%</b>	<b>\$ 25,213</b>
<b>Terrace View Long Term Care:</b>				<b>Terrace View Long Term Care:</b>			
11,391	11,803	-3.5%	11,302	78,590	80,519	-2.4%	77,174
367	381	-3.5%	365	369	378	-2.4%	364
94.2%	97.6%	-3.5%	93.5%	94.6%	96.9%	-2.4%	93.3%
458	505	-9.3%	436	461	506	-8.8%	422
6.4	6.8	-6.0%	6.2	5.2	5.5	-6.6%	4.8

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**Internal Financial Reports**  
**For the month ended August 31, 2024**

**Erie County Medical Center Corporation**

**Financial Dashboard  
August 31, 2024**

**Statement of Operations:**

	<u>Month</u>	<u>Year-to-Date (YTD)</u>	<u>YTD Budget</u>
Net patient revenue	\$ 55,874	\$ 444,586	\$ 428,402
Other	16,057	124,126	115,447
Total revenue	<u>71,931</u>	<u>568,712</u>	<u>543,849</u>
Salary & benefits	37,657	300,576	295,847
Physician fees	9,920	77,177	77,219
Purchased services	6,391	51,215	48,696
Supplies & other	16,346	119,371	107,535
Depreciation and amortization	3,871	31,484	30,969
Interest	973	8,015	7,031
Total expenses	<u>75,158</u>	<u>587,838</u>	<u>567,297</u>
Operating Income/(Loss) Before Other Items	(3,227)	(19,126)	(23,448)
Grant revenue	-	16,005	-
Income/(Loss) from Operations With Other Items	<u>(3,227)</u>	<u>(3,121)</u>	<u>(23,448)</u>
Other Non-operating gain/(loss)	1,537	6,873	803
Change in net assets	<u>\$ (1,690)</u>	<u>\$ 3,752</u>	<u>\$ (22,645)</u>
Operating margin	<u>-4.5%</u>	<u>-0.5%</u>	<u>-4.3%</u>

**Balance Sheet:**

**Assets:**

Cash & short-term investments	\$ 101,316
Patient receivables	108,853
Assets whose use is limited	180,155
Other assets	485,698
	<u>\$ 876,022</u>

**Liabilities & Net Assets:**

Accounts payable & accrued expenses	\$ 337,946
Estimate self-insurance reserves	59,807
Other liabilities	497,259
Long-term debt, including current portion	200,400
Lease liability, including current portion	21,104
Subscription liability, including current portion	21,921
Line of credit	10,000
Net assets	(272,415)
	<u>\$ 876,022</u>

**Cash Flow Summary:**

	<u>Month</u>	<u>YTD</u>
Net cash provided by (used in):		
- Operating activities	\$ (14,678)	\$ 97,011
- Investing activities	(4,001)	(61,164)
- Financing activities	<u>(1,548)</u>	<u>(10,300)</u>
Increase/(decrease) in cash and cash equivalents	(20,227)	25,547
Cash and cash equivalents - beginning	<u>65,545</u>	<u>19,771</u>
Cash and cash equivalents - ending	<u>\$ 45,318</u>	<u>\$ 45,318</u>

**Key Statistics:**

	<u>Month</u>	<u>YTD</u>	<u>YTD Budget</u>
Discharges:			
- Acute	1,063	8,760	8,324
- Exempt units	415	3,418	3,689
Observation Cases:	318	2,319	1,974
Patient days:			
- Acute	9,018	68,801	62,869
- Exempt units	4,549	38,340	39,420
Average length of stay, acute	8.5	7.9	7.6
Case mix index Blended	2.02	1.92	1.79
Average daily census: Medical Center	438	439	419
Terrace View LTC	368	369	378
Emergency room visits, including admissions	5,455	43,010	43,449
Outpatient Visits	25,132	199,679	206,685
Days in patient receivables		59.7	

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# Erie County Medical Center Corporation

## Management Discussion and Analysis

### For the month ended August 31, 2024

(Amounts in Thousands)

#### **August 2024 Operating Performance**

During August 2024, ECMCC's volume fell below the budgeted inpatient cases, especially within the acute medical and surgical and chemical dependency areas. Additionally, ECMCC fell below the plan in total surgeries during the month which also resulted in lower revenue than expected. The surgical severity coupled with the increased case severity in medical cases led to an overall increase in overall case mix for the month which helped to offset the unfavorable volume variances. The revenue variances derived from these trends during August 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 (\$3,227), before grant funding. This operating loss, before grant funding, is favorable when compared to the month's budgeted loss of (\$3,390) and remains a significant improvement from the loss before grant funding during August of 2023 of (\$9,354). Additionally, the operating loss before grant funding for the eight months ended August 31, 2024, of (\$19,126) also represents a significant improvement from the loss before grant funding of (\$57,222) for the same period during 2023.

Inpatient discharges were less than budgeted cases of 1,615 by 137 cases (8.5%), driven by unfavorable variances in acute, behavioral health and chemical dependency services partially offset by favorable variances in medical rehab services. Acute discharges of 1,063 lagged the budget by 8.5%, despite an inpatient surgery favorable variance of 16 surgeries. This unfavorable discharge volume was driven in part by an acute average length of stay of 8.5 days during August. This continues to be driven by the inability to discharge more difficult to place longer stay patients due to staffing and admission challenges across the community within post-acute care facilities. These challenges resulted in additional delays in our emergency department, thus culminating in a significant number of patients who had left without being seen and ultimately fewer emergency visits. The challenges and trends experienced during August were also seen across the other hospitals in Western New York. Total outpatient volume remained slightly below budget for the month by 666 visits, a 2.6% shortfall. This was driven primarily by a shortfall in clinic visit volume during the month. During the month of August, ECMCC experienced an unfavorable variance in outpatient surgeries of 60 cases as compared to the budget of 673 cases (or 9%).

Additionally, for the year through August 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%. 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 specialty drugs to ECMCC clinic patients on campus. This growth is reflected within the other operating revenue and corresponding additional supply costs.

Total FTEs during August 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 specific shifts. Management expects to have the need for a certain number of temporary agency clinical personnel

# Erie County Medical Center Corporation

## Management Discussion and Analysis

### For the month ended August 31, 2024

(Amounts in Thousands)

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

Total benefit costs for the month were less than the operating plan as a result of favorable 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 report is completed at year end.

Supply costs exceeded the operating plan during the month by \$2,027. The additional cost during the month was related primarily to the continued increases within 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 as well as from the month of June resulting in 47 days operating cash as compared to 16 days operating cash at the end of 2023 and 54 days cash at the end of July 2024. Cash levels have increased from these levels at the end of August 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 \$6.4 million from December 31, 2023. The increase in accounts receivable has been primarily due to 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 processing, and eligibility authorizations. As a result of the Incident, as of September 10, 2024, ECMCC is not aware

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

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

August 31, 2024 and December 31, 2023

(Dollars in Thousands)

	August 31, 2024	December 31, 2023	Change from December 31st
<b>Assets</b>			
Current Assets:			
Cash and cash equivalents	\$ 45,318	\$ 19,771	\$ 25,547
Investments	55,998	10,646	45,352
Patient receivables, net	108,853	102,389	6,464
Prepaid expenses, inventories and other receivables	32,068	62,528	(30,460)
<b>Total Current Assets</b>	<b>242,237</b>	<b>195,334</b>	<b>46,903</b>
Assets Whose Use is Limited:			
Designated under self-Insurance programs	59,450	57,904	1,546
Restricted under third party agreements	115,402	107,627	7,775
Designated for long-term investments	5,303	5,091	212
<b>Total Assets Whose Use is Limited</b>	<b>180,155</b>	<b>170,622</b>	<b>9,533</b>
Property and equipment, net	285,344	307,343	(21,999)
Other assets	168,286	168,809	(523)
<b>Total Assets</b>	<b>\$ 876,022</b>	<b>\$ 842,108</b>	<b>\$ 33,914</b>
<b>Liabilities &amp; Net Position</b>			
Current Liabilities:			
Current portion of long-term debt	\$ 13,063	\$ 12,869	\$ 194
Current portion of lease liability	6,180	6,944	(764)
Current portion of subscription liability	8,109	8,724	(615)
Line of credit	10,000	10,000	-
Accounts payable	55,170	59,922	(4,752)
Accrued salaries and benefits	65,961	73,734	(7,773)
Other accrued expenses	211,384	125,936	85,448
Estimated third party payer settlements	5,431	4,486	945
<b>Total Current Liabilities</b>	<b>375,298</b>	<b>302,615</b>	<b>72,683</b>
Long-term debt	187,337	188,940	(1,603)
Long-term lease liability	14,924	20,521	(5,597)
Long-term subscription liability	13,812	15,727	(1,915)
Estimated self-insurance reserves	59,807	59,340	467
Other liabilities	497,259	531,132	(33,873)
<b>Total Liabilities</b>	<b>1,148,437</b>	<b>1,118,275</b>	<b>30,162</b>
<b>Total Net Position</b>	<b>(272,415)</b>	<b>(276,167)</b>	<b>3,752</b>
<b>Total Liabilities and Net Position</b>	<b>\$ 876,022</b>	<b>\$ 842,108</b>	<b>\$ 33,914</b>

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## Erie County Medical Center Corporation

### Statement of Operations

For the month ended August 31, 2024

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
<b>Operating Revenue:</b>				
Net patient revenue	55,622	55,342	280	54,628
Less: Provision for uncollectable accounts	252	(1,088)	1,340	(413)
Adjusted Net Patient Revenue	55,874	54,254	1,620	54,215
Disproportionate share / IGT revenue	10,273	10,273	-	9,571
Other revenue	5,784	4,158	1,626	4,556
<b>Total Operating Revenue</b>	<b>71,931</b>	<b>68,685</b>	<b>3,246</b>	<b>68,342</b>
<b>Operating Expenses:</b>				
Salaries & wages	29,638	29,435	(203)	29,634
Employee benefits	8,019	8,050	31	8,641
Physician fees	9,920	9,652	(268)	9,235
Purchased services	6,391	6,177	(214)	8,359
Supplies	13,473	11,446	(2,027)	13,074
Other expenses	2,225	1,964	(261)	3,890
Utilities	648	601	(47)	547
Depreciation & amortization	3,871	3,871	-	3,357
Interest	973	879	(94)	959
<b>Total Operating Expenses</b>	<b>75,158</b>	<b>72,075</b>	<b>(3,083)</b>	<b>77,696</b>
<b>Operating Income/(Loss) Before Other Items</b>	<b>(3,227)</b>	<b>(3,390)</b>	<b>163</b>	<b>(9,354)</b>
<b>Other Gains/(Losses)</b>				
Grant revenue	-	-	-	9,612
<b>Income/(Loss) from Operations</b>	<b>(3,227)</b>	<b>(3,390)</b>	<b>163</b>	<b>258</b>
<b>Other Non-operating Gain/(Loss):</b>				
Interest and dividends	654	180	474	309
Unrealized gain/(loss) on investments	883	(80)	963	(1,859)
Non-operating Gain/(Loss)	1,537	100	1,437	(1,550)
<b>Excess of Revenue/(Deficiency) Over Expenses</b>	<b>\$ (1,690)</b>	<b>\$ (3,290)</b>	<b>\$ 1,600</b>	<b>\$ (1,292)</b>

## Erie County Medical Center Corporation

### Statement of Operations

For the eight months ended August 31, 2024

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
<b>Operating Revenue:</b>				
Net patient revenue	454,910	436,872	18,038	401,658
Less: Provision for uncollectable accounts	(10,324)	(8,470)	(1,854)	(6,853)
Adjusted Net Patient Revenue	444,586	428,402	16,184	394,805
Disproportionate share / IGT revenue	82,208	82,187	21	76,568
Other revenue	41,918	33,260	8,658	29,392
<b>Total Operating Revenue</b>	<b>568,712</b>	<b>543,849</b>	<b>24,863</b>	<b>500,765</b>
<b>Operating Expenses:</b>				
Salaries & wages	235,660	231,996	(3,664)	221,610
Employee benefits	64,916	63,851	(1,065)	67,919
Physician fees	77,177	77,219	42	73,121
Purchased services	51,215	48,696	(2,519)	53,679
Supplies	99,175	87,501	(11,674)	86,232
Other expenses	16,181	15,725	(456)	17,252
Utilities	4,015	4,309	294	3,940
Depreciation & amortization	31,484	30,969	(515)	26,804
Interest	8,015	7,031	(984)	7,430
<b>Total Operating Expenses</b>	<b>587,838</b>	<b>567,297</b>	<b>(20,541)</b>	<b>557,987</b>
<b>Operating Income/(Loss) Before Other Items</b>	<b>(19,126)</b>	<b>(23,448)</b>	<b>4,322</b>	<b>(57,222)</b>
<b>Other Gains/(Losses)</b>				
Grant revenue	16,005	-	16,005	29,469
<b>Income/(Loss) from Operations</b>	<b>(3,121)</b>	<b>(23,448)</b>	<b>20,327</b>	<b>(27,753)</b>
<b>Other Non-operating Gain/(Loss):</b>				
Interest and dividends	4,190	1,440	2,750	2,476
Unrealized gain/(loss) on investments	2,683	(637)	3,320	(1,219)
Non-operating Gain/(Loss)	6,873	803	6,070	1,257
<b>Excess of Revenue/(Deficiency) Over Expenses</b>	<b>\$ 3,752</b>	<b>\$ (22,645)</b>	<b>\$ 26,397</b>	<b>\$ (26,496)</b>

**Erie County Medical Center Corporation**

**Statement of Changes in Net Position**

**For the month and eight months ended August 31, 2024**

*(Dollars in Thousands)*

	<u>Month</u>	<u>Year-to-Date</u>
<b>Unrestricted Net Assets:</b>		
Excess/(Deficiency) of revenue over expenses	\$ (1,690)	\$ 3,752
Other transfers, net	-	
Contributions for capital acquisitions	-	-
Change in accounting principle	-	-
Net assets released from restrictions for capital acquisition	-	-
	<hr/>	<hr/>
Change in Unrestricted Net Assets	<u>(1,690)</u>	<u>3,752</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>(1,690)</u>	<u>3,752</u>
Net Position, beginning of period	<u>(270,725)</u>	<u>(276,167)</u>
<b>Net Position, end of period</b>	<u><b>\$ (272,415)</b></u>	<u><b>\$ (272,415)</b></u>

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## Erie County Medical Center Corporation

### Statement of Cash Flows

For the month and eight months ended August 31, 2024

(Dollars in Thousands)

	Month	Year-to-Date
<b>Cash Flows from Operating Activities:</b>		
Change in net assets	\$ (1,690)	\$ 3,752
Adjustments to Reconcile Changes in Net Assets to Net Cash Provided by/(Used in) Operating Activities:		
Depreciation and amortization	3,871	31,484
Provision for bad debt expense	(252)	10,324
Net change in unrealized (gain)/loss on Investments	(883)	(2,683)
<u>Changes in Operating Assets and Liabilities:</u>		
Patient receivables	(1,222)	(16,788)
Prepaid expenses, inventories and other receivables	7,291	30,460
Accounts payable	(3,940)	(4,752)
Accrued salaries and benefits	(10,232)	(7,773)
Estimated third party payer settlements	477	945
Other accrued expenses	(8,308)	85,448
Self Insurance reserves	532	467
Other liabilities	(322)	(33,873)
<b>Net Cash Provided by/(Used in) Operating Activities</b>	<b>(14,678)</b>	<b>97,011</b>
<b>Cash Flows from Investing Activities:</b>		
Additions to Property and Equipment, net	(659)	(9,485)
Decrease/(increase) in assets whose use is limited	(806)	(9,533)
Sale/(Purchase) of investments, net	(2,438)	(42,669)
Change in other assets	(98)	523
<b>Net Cash Provided by/(Used in) Investing Activities</b>	<b>(4,001)</b>	<b>(61,164)</b>
<b>Cash Flows from Financing Activities:</b>		
Principal payments on / proceeds from long-term debt, net	2,666	(1,409)
Principal payments on / additions to long-term lease liability, net	(3,834)	(6,361)
Principal payments on / additions to long-term subscription, net	(380)	(2,530)
<b>Increase/(Decrease) in Cash and Cash Equivalents</b>	<b>(20,227)</b>	<b>25,547</b>
Cash and Cash Equivalents, beginning of period	65,545	19,771
Cash and Cash Equivalents, end of period	\$ 45,318	\$ 45,318

## Erie County Medical Center Corporation

### Statistical and Ratio Summary

	August 31, 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	47	16	29.5
Days in Patient Receivables	59.7	63.2	55.5
Days Expenses in Accounts Payable	53.3	53.6	61.2
Days Expenses in Current Liabilities	160.8	129.2	144.5
Cash to Debt	80.2%	43.0%	52.8%
Working Capital Deficit	\$ (133,061)	\$ (89,919)	\$ (72,929)
<b><u>Capital Ratios:</u></b>			
Long-Term Debt to Fixed Assets	65.7%	67.7%	68.4%
Assets Financed by Liabilities	131.1%	133.6%	127.9%
Debt Service Coverage (Covenant > 1.1)	3.8	2.3	1.6
Capital Expense	3.6%	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	30.1%	13.1%	34.3%
<b><u>Profitability Ratios:</u></b>			
Operating Margin	-3.4%	-13.2%	-14.1%
Net Profit Margin	0.8%	-1.0%	-3.5%
Return on Total Assets	0.6%	-0.8%	-2.1%
Return on Equity	-2.1%	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	\$ 255,758	\$ 224,619	\$ 216,505
Personnel Costs as % of Total Revenue	51.9%	57.5%	57.0%

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**Erie County Medical Center Corporation**

<b>Key Statistics</b>			
<b>Period Ended August 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>			
1,063	1,161	-8.5%	1,166	8,760	8,324	5.2%	8,347
222	230	-3.7%	218	1,851	1,869	-1.0%	1,745
172	205	-16.2%	189	1,423	1,688	-15.7%	1,549
21	18	15.2%	22	144	131	9.6%	137
<b>1,478</b>	<b>1,615</b>	<b>-8.5%</b>	<b>1,595</b>	<b>12,178</b>	<b>12,013</b>	<b>1.4%</b>	<b>11,778</b>
<b>Patient Days:</b>				<b>Patient Days:</b>			
9,018	8,400	7.4%	8,578	68,801	62,869	9.4%	68,282
3,612	3,457	4.5%	4,016	30,174	29,935	0.8%	31,629
647	812	-20.3%	771	5,290	6,652	-20.5%	5,998
290	424	-31.6%	422	2,876	2,833	1.5%	3,043
<b>13,567</b>	<b>13,093</b>	<b>3.6%</b>	<b>13,787</b>	<b>107,141</b>	<b>102,289</b>	<b>4.7%</b>	<b>108,952</b>
<b>Average Daily Census (ADC):</b>				<b>Average Daily Census (ADC):</b>			
291	271	7.4%	277	282	258	9.4%	281
117	112	4.5%	130	124	123	0.8%	130
21	26	-20.3%	25	22	27	-20.5%	25
9	14	-31.6%	14	12	12	1.5%	13
<b>438</b>	<b>422</b>	<b>3.6%</b>	<b>445</b>	<b>439</b>	<b>419</b>	<b>4.7%</b>	<b>448</b>
<b>Average Length of Stay:</b>				<b>Average Length of Stay:</b>			
8.4835	7.2339	17.3%	7.3568	7.8540	7.5530	4.0%	8.1804
16.3	15.0	8.5%	18.4	16.3	16.0	1.8%	18.1
3.8	4.0	-4.9%	4.1	3.7	3.9	-5.6%	3.9
13.8	23.3	-40.6%	19.2	20.0	21.6	-7.4%	22.2
<b>9.1793</b>	<b>8.1065</b>	<b>13.2%</b>	<b>8.6439</b>	<b>8.7979</b>	<b>8.5151</b>	<b>3.3%</b>	<b>9.2505</b>
<b>Occupancy:</b>				<b>Occupancy:</b>			
91.0%	82.2%	10.7%	92.5%	91.0%	82.2%	10.7%	92.5%
<b>Case Mix Index:</b>				<b>Case Mix Index:</b>			
2.02	1.74	15.9%	1.76	1.92	1.79	7.4%	1.76
318	268	18.7%	262	2,319	1,974	17.5%	1,904
475	459	3.5%	472	3,561	3,314	7.5%	3,295
613	673	-8.9%	682	5,027	4,973	1.1%	5,007
16	55	-70.9%	32	228	401	-43.1%	327
23	36	-36.1%	32	261	247	5.7%	211
25,132	25,798	-2.6%	25,771	199,679	206,685	-3.4%	200,497
5,455	5,520	-1.2%	5,588	43,010	43,449	-1.0%	42,306
59.7	44.2	35.1%	68.0	59.7	44.2	35.1%	68.0
0.0%	2.0%	-99.2%	0.9%	2.4%	2.0%	23.1%	2.0%
3,300	3,195	3.3%	3,257	3,279	3,197	2.6%	3,232
4.24	4.33	-2.0%	4.25	4.22	4.37	-3.5%	4.21
<b>\$ 19,692</b>	<b>\$ 17,724</b>	<b>11.1%</b>	<b>\$ 18,281</b>	<b>\$ 19,099</b>	<b>\$ 18,876</b>	<b>1.2%</b>	<b>\$ 17,936</b>
<b>\$ 26,456</b>	<b>\$ 23,468</b>	<b>12.7%</b>	<b>\$ 26,241</b>	<b>\$ 25,156</b>	<b>\$ 24,862</b>	<b>1.2%</b>	<b>\$ 25,352</b>
<b>Terrace View Long Term Care:</b>				<b>Terrace View Long Term Care:</b>			
11,408	11,801	-3.3%	11,368	89,998	92,320	-2.5%	88,542
368	381	-3.3%	367	369	378	-2.5%	364
94.4%	97.6%	-3.3%	94.0%	94.6%	97.0%	-2.5%	93.4%
460	502	-8.4%	441	461	505	-8.8%	424
6.5	6.8	-5.2%	6.2	7.4	7.9	-6.4%	6.9

# **Medical Executive Committee**

## **CMO Report to the ECMC Board of Directors**

### **September 2024**

#### **University at Buffalo Update**

- Search continues for Chair of Psychiatry, Division Chief of Nephrology and GI. Dr. Schwartzberg has agreed to be the Interim Chair of Nephrology.
- Dr. Daniel Woo has been appointed as the new Chair of Neurology at the Jacobs School of Medicine and Biomedical Sciences at the University at Buffalo.
- Welcome Dr. Brian Parker, Chair of the Department of Anesthesiology and Senior Associate Dean for Clinical Affairs.

#### **Current hospital operations**

• Admissions YTD:	9,105	( 8,614)
• ED visits YTD:	38,012	(37,468)
• CPEP visits:	6,723	( 6,580)
• Observation:	2,384	( 1,980)
• Inpatient Surgeries:	3,700	( 3,450)
• Outpatient Surgeries:	5,192	( 5,170)
• ALC days YTD:	7,046	( 7,173)

The average length of stay MTD 9.2 (9.2) CMI 2.0055 (1.9631)

#### **CMO Update**

- Seeing an excess of ALC cases which is leading to a back up of admissions in the ED.
- We see an increase in patient complexity reflected in the high CMI.
- Continue our work with post-acute care facilities as they are dealing with a shortage in healthcare workers.
- Negotiations continue with regards to the recent Resident strike. We had approximately 35% of our resident's report to their departments for work during the recent strike.
- Close to announcing a Quality Chief Officer.
- Congratulations and best wishes to Sue Gonzalez, Executive Director of the Foundation on her retirement.



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

*Department of Nursing Report August & September 2024*

This summer has been very busy, but our ECMC Nursing team has focused on meeting the needs of each patient. I want to call attention to the Nursing staff on 8z3 and 9z1 as they demonstrated true caring, compassion and patience by assisting two alternate level of care patients by improving their quality of life, so they were able to be successfully discharged to the community. The staff on these units helped these individuals to learn basic activities of daily living and helped them to be able to communicate their needs so they could be successfully discharged to appropriate facilities that will meet their treatment plan needs in the community after an extended length of stay at the hospital.

We celebrated several of our outstanding Nursing team members this summer including:  
TICU Employee of the Quarter- Alec Kowalik RN  
MICU Employee of the Quarter – Lauren DeWitt RN

The second quarter Daisy award was provided to John Baston RN, MICU North - His nomination was from a family member of a critical care patient identified his compassion and excellent care that was provided to their family member as well as the support he offered to them during a difficult time.

We also honored two exceptional ECMC team members as Buffalo Bills Frontline line worker of the game. At the Pre-season game on August 10th - Jaime Wood ED RN with 12 years of service to ECMC was honored. At the season opener on September 8 - Pandora Rathgeber RN, Dialysis Nurse with 37 years of service was honored.

The Medical Intensive Care Unit- South was awarded and recognized by the American Association of Critical Care Nurses with the achievement of the Gold level Beacon Award for Excellence. This unit provides outstanding care based on best practices and was very deserving to be recognized for the care they provide with great outcomes to our patients.

The Substance Use Treatment Services team completed a NYS OASAS survey in September with no deficiencies. The Team which provides care to patients on 9 North do a phenomenal job which was recognized by the surveyors.

ECMC recruitment efforts have continued to be very successful over the summer. Currently there are 69 new staff members in various stages of orientation. Our Nurse Intern program has been very successful to help students obtain extra hands on experience while they are in school and has been used to hire the Interns after they pass their Nursing boards.

We continue to focus on the well-being of our staff with events like Wednesday walks on the campus and sustainment of our Serenity room. Our staff have benefited from creative scheduling to improve their satisfaction with their work life balance.

**Communications and External Affairs Report**  
**Submitted by Peter K. Cutler**  
**Vice President of Communications and External Affairs**  
**September 24, 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.
- Supported the opening of ECMC's new satellite Trauma Recovery Center that is affiliated with the institution's BRAVE (Buffalo Rising Against Violence) initiative, which is our hospital-based violence intervention trauma recovery effort that serves individuals who have experienced acute victimization and violence. Media coverage included: The Buffalo News, Spectrum News, WGRZ-TV, WIVB-TV, WKBW-TV and WBEN radio.
- Cancer Prevention and Screening off-campus event on August 24<sup>th</sup>, led by ECMC's Department of Dentistry/Oral Oncology and Maxillofacial Prosthetics, garnered strong media coverage from WGRZ-TV, WIVB-TV and WBEN radio.
- ECMC's Medical Minute partnership with WGRZ-TV included the featured following topics in August and September: Kidney Transplant (Dr. Kayler), Shoulder Arthritis (Dr. Duquin), Annual Physical (Dr. Rich), Cancer Survivor's Dental Needs (Dr. Frustino), Special Needs Dentistry Services (Dr. Kapral) and What is Sciatica? (Dr. Clark).

**Community and Government Relations**

- On August 13<sup>th</sup>, Representatives LaLota (R-NY), Clarke (D-NY), Bucshon (R-IN), Matsui (D-CA), Lawler (R-NY) and Mrvan (D-IN) introduced a bill on Sec. 203, the "Save Our Safety Net Hospitals Act of 2024". The bill text is a result of conversations between these congressional offices and America's Essential Hospitals, ECMC, HANYS, and other AEH member hospitals. The legislation, if successful, will correct Section 203 of the Continuing Appropriations Act of 2021 and lift burdensome restrictions on the DSH support received to offset uncompensated care costs for patients dully eligible for Medicaid and Medicare or other third-party insurance.

**MEDICAL EXECUTIVE COMMITTEE MEETING**  
**MONDAY, AUGUST 26, 2024**  
**MEETING HELD BY MICROSOFT TEAMS PLATFORM**

**Attendance (Voting Members):**

Dr. Anillo	Dr. Bakhai	Dr. Belles	Dr. Brewer
Dr. Cummings	Dr. Drumsta	Dr. Ferguson	Dr. Flynn
Dr. Hall	Dr. Kapral	P. Minhas	Dr. Murray
Dr. Pugh	Dr. Rich	Dr. Ruggieri	Dr. Soofi
Dr. Spiro	Dr. Stegeman	Dr. Wilkins	Dr. Williams
Dr. Yedlapati			

**Non-Voting Members and Guests:**

Sam Cloud, DO	Tom Quatroche, CEO	Jon Swiatkowski	Peter Cutler
Mandip Panesar, MD	Becky DelPrince	Cheryl Carpenter	Charles Cavaretta
John Cumbo	Joe Giglia	Michael Ott	Andy Davis
Dean Brashear	Charlene Ludlow	Andy Davis	

**I. CALL TO ORDER**

**A.** Dr. Jennifer Pugh, President, called the meeting to order at 11:31 am.

**B. PRESIDENT'S REPORT:**

1. Dr. Pugh highlighted a few events coming up.

The annual Medical Dental Staff meeting will be held in person on Wednesday, October 23. We will hold a morning and an evening session that day in the overflow café on the 2<sup>nd</sup> floor.

The Professional Development and Wellness Committee will be sponsoring a walk-up flu shot clinic on November 1<sup>st</sup> from 7:00 am – 8:30 am in the parking ramp hallway. An IT representative will also be present to help assist with any Hypercare issues.

Planning for the upcoming resident strike was discussed. It is imperative that any attendings and APPs covering those 4 days are available through Hypercare and able to access the on-call schedules.

Dr. Pugh discussed the upcoming ECMC Leadership Development Program that will begin on November 7<sup>th</sup>. All Chiefs, Associate Chairs and Committee Members will be receiving an invitation. The Wellness Welcome event will also be held the evening of the 7<sup>th</sup> so we can invite new faculty to meet ECMC's med staff leaders.

## **II. ADMINISTRATIVE REPORTS**

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

1. CEO – Dr. Tom Quatroche, PhD.
  - a. Dr. Quatroche thanked everyone for their efforts during the month noting it has been a very busy trauma season.
  - b. A quick financial review was shared revealing that reimbursement funds from Fema and other entities are being received.
  
2. COO Report – Andy Davis
  - a. Mr. Davis stated that the Department of Health has been at Terrace View during the past few days for a certification survey. The exit interview will be later today.
  
3. CFO REPORT – Jon Swiatkowski
  - a. Mr. Swiatkowski spoke on the July 2024 statistics mentioning that more green is being reflected on the graph indicating a rebound for the month. A review of discharges, case mix numbers along with length of stay and admissions took place as well.
  - b. We are still being faced with challenges associated with discharges within the community.
  - c. Mr. Swiatkowski reviewed new requirements from CMS.
  - d. The hospital was recently awarded 3 grants that will assist with mammography and adolescent/behavioral health projects.
  - e. Budget work continues.

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

- a. Dean Brashear welcomed the new students who started their new school year at the University.
- b. Neurology and Psychiatry chair searches continue.
- c. Welcome Dr. Brian Parker, the new Chair of Anesthesiology and Senior Associate Dean for Clinical Affairs at the Jacobs School of Medicine.
- d. Welcome to Dr. Egede, Chair of Internal Medicine.

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

- a. Ms. Ludlow reviewed how the department of nursing is working through the summer surge. They are focusing on ALC numbers and early discharges prior to noon.
- b. Recruitment continues to be successful with a recent hire of 10 new RN's.
- c. Staffing is improving and the department will continue to work on co-horting for the months of September and October.

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

- a. Dr. Cloud shared an operation update which included ED volumes, CPEP volumes, admissions, observation, average length of stay, ALC days, along with inpatient and outpatient surgeries.
  
- b. A review of ALC and LOS challenges during the month took place as well.

We continue to see an excess of ACL cases that is leading to a back-up of admissions in the ED. We continue to work on this challenge.

- c. A University update was shared. We are moving into the final phases of the interviews for Division Chief of Nephrology and GI and Dr. Schwaitzberg is serving as the interim chair of Neurology.

Congratulations to Brian M. Parker, MD the new Chair of the Department of Anesthesiology and Senior Associate Dean for Clinical Affairs.

- d. With the exit of Ms. Jones from the organization, we are working on implementing a new quality plan along with a new leapfrog plan.

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

- a. No reports

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

- a. Dr. Panesar discussed a change in the EMR for clarence on the PT referral for service.
- b. A review of the copy and paste initiative took place. Letters going out to the physicians will also be sent to the physicians Chief of that service line.
- c. Dr. Lakshpaul Chauhan reviewed and shared slides on the new Telemetry Order protocol.

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

- a. No report.

**IX. CONSENT CALENDAR**

MEETING MINUTES/MOTIONS		PAGE #		
1.	MINUTES of the Previous MEC Meeting: July 22, 2024	7-12	Receive and File	
2.	CREDENTIALS COMMITTEE: August 1, 2024	14-27	Receive and File	
	Appointments		Review and Approve	
	Reappointments		Review and Approve	
	Resignations		Review and Approve	
	Dual Reappointment Applications		Review and Approve	
	New Business		Review and Approve	
3.	HIM – Minutes of July 2024	29-30	Receive and File	
	Consent Treatment and Payment Agreement		Review and Approve	
4.	University GME Committee – Minutes of July 16, 2024	32-36	Receive and File	

MEETING MINUTES/MOTIONS		PAGE #		
5.	P & T Committee – No Report		Receive and File	
6.	Professional Dev. & Wellness Committee – Minutes of July 18, 2024	38-39	Receive and File	
7.	Resource Management Committee – Minutes of July 10, 2024	41-44	Receive and File	

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

**X. NEW BUSINESS – Jennifer Pugh, MD**

a. No report.

**XI. EXECUTIVE SESSION**

A motion was made and carried at 12:08 pm to move to Executive Session. The following items were discussed and motion(s) made:

- A. **Motion made and carried**, all-in favor to receive and file:
  - a. Board Quality P/I meeting minutes of July 9, 2024
  - b. Chiefs of Service meeting minutes of July 11, 2024
  - c. Leadership Council Report for July 2024

**XII. ADJOURNMENT**

There was no further business conducted. Motion to adjourn the meeting was made and seconded. The next meeting will be Monday, September 23, 2024, at 11:30 am. via Teams/Hybrid in the Dr. Zizzi conference room at ECMC. Meeting was adjourned at 1:00 pm.

Respectfully submitted,



Jennifer Pugh, MD  
 President  
 Medical Executive Committee