

**ECMC CORPORATION
ANNUAL REPORT (2011) AS REQUIRED BY
NEW YORK PUBLIC AUTHORITIES LAW SECTIONS 2800 AND 3642**

ANNUAL REPORT:

**New York State Governor Andrew M. Cuomo
Senate Finance Committee Chairman John A. DeFrancisco
Senate Finance Committee Ranking Minority Member Liz Krueger
Assembly Ways and Means Committee Chairman Herman D. Farrell, Jr.
Assembly Ways and Means Committee Ranking Minority Member Bob Oaks
New York State Comptroller Thomas P. DiNapoli
Erie County Legislature Chair Betty Jean Grant
Erie County Executive Mark C. Poloncarz
Erie County Comptroller David J. Shenk
Erie County Audit Committee Chairman Courtland R. LaVallee, Esq.
Erie County Legislature Clerk Robert M. Graber
Erie County Clerk Christopher L. Jacobs**

REPORT OF SUBSIDIARIES / PROCUREMENT CONTRACTS:

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New York State President of the Senate Dean G. Skelos
New York State Speaker of the Assembly Sheldon Silver
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Copies available to the public upon reasonable request**

BOND SALE REPORT:

**New York State Comptroller Thomas P. DiNapoli
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A Message from the Leadership of ECMC Corporation

Erie County Medical Center (ECMC) Corporation is in the midst of a transformation—a transformation of the patient experience and a transformation of our physical campus.

Our continued focus on empathetic and compassionate care differentiates us. It is why we created the tagline “...*the difference between healthcare and true care.*” While providing the highest clinical expertise and quality of care, ECMC has received compliments from patients about the extra effort staff members make to share information with patients or the genuine concern the staff shows to make sure patients and their families are comfortable. An important part of the patient experience is the physical appearance of the hospital. To this end, we have renovated many areas of the hospital for the comfort of our patients and their families and have received many positive comments from them.

It is an exciting time for ECMC and the future of our campus. From the new *Regional Center of Excellence for Transplantation & Kidney Care*, to a department in plastics and reconstructive surgery, to the new long-term care facility, to the opening of our *Center for Wound Care and Hyperbaric Medicine at ECMC*, to initiatives to build primary care and new service lines, we are completing projects and initiatives successfully and in a timely manner. Many of our existing services are growing and we continue to redesign our operations to become more efficient and meet the challenges of our local and state economy, as well as federal health care reform.

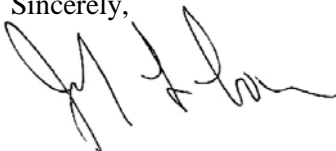
From the focus on the patient experience to the growth of the ECMC campus, we continue to change for the better and maintain a tradition of high quality care. This progress is possible because of the hard work and dedication of our employees. Some of our employees have spent their entire careers at ECMC. It is upon their shoulders that we build the next chapter of ECMC.

Important themes as we move forward are collaboration and change. State and federal reform is happening very quickly, and we must continue to transform the organization to meet these challenges. In order to be successful and thrive, we must continue to collaborate with our partners at Kaleida, the University at Buffalo, and private physicians in our community. We will also look to partner with anyone who helps us thrive, and more importantly, continue our mission to serve our patients and the entire community. In 2012 and the years to follow, look for more community collaborations, as well as more exciting news about physicians and medical practices joining ECMC.

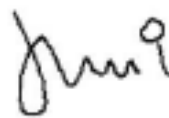
Thank you for your continued support of ECMC Corporation in our ongoing efforts. Someday, others will look back at these new programs and structures and talk about the foundation of excellence that was built to deliver world class care to our community.

This 2011 annual report is published to meet the requirements of the Erie County Medical Center Corporation, which is designated as a Public Benefit Corporation. This publication provides important milestones and financial information for the public. We hope you enjoy reading this report, including the articles about our progress in 2011.

Sincerely,



Jody L. Lomeo
Chief Executive Officer



Joseph M. Kowalski, M.D.
President
Medical/Dental Staff



Kevin M. Hogan
Chair
Board of Directors

I-1.) Operations and Accomplishments (*in reverse chronological order; December 2009 - January 2009*)
Public Authorities Law §3642(1); Public Authorities Law §2800; and the Sale Purchase and
Operation Agreement, §6.8

ECMC Opens Transplant and Kidney Care Center
First clinical consolidation for ECMC and Kaleida Health

On December 9, 2011, Erie County Medical Center Corporation cut the ribbon on a \$27 million Regional Center of Excellence for Transplantation & Kidney Care at the hospital's Health Campus that experts hailed as an impressive national model in the transplantation and kidney care field.

It was the first tangible clinical combination since ECMC and Kaleida Health agreed to collaborate in June 2008.

The center is comprised of the 10th floor in the main hospital and an entire floor in the new free-standing building. The center will provide dialysis and transplant services, and vascular access surgical care. The \$27 million center will handle all kidney-related services including in- and out-patient dialysis.

The project received \$7.5 million in the health care Efficiency and Affordability Law for New York Phase II grant funding in 2010.

With the combination, it became the only kidney and pancreas transplant center in Western New York.

“The new transplant center is truly a state-of-the-art facility for kidney patient care and transplantation. The design of the facilities makes it an outstanding patient-focused center for patient ease of access and treatment,” said Edward Y. Zavala, administrator of the Vanderbilt University Transplant Center. “There are 236 kidney transplant programs approved by the Organ Procurement and Transplant Network in the United States and this is among the newest and most comprehensive in the country.”

The Regional Center of Excellence for Transplantation & Kidney Care is expected to handle 150 to 200 transplants a year. It features 36 modern hemodialysis stations; facilities for home dialysis training; out-patient and community outreach offices; clinical support spaces and room for additional dialysis stations to meet future growth needs.

In conjunction with the new building, the redesigned area dedicated to transplantation and vascular access on the hospital's 10th floor includes doctors' offices and patient and family reception areas; a new vascular access center for inpatients and outpatients that includes two operating rooms dedicated to vascular access procedures; a new inpatient dialysis center with six state-of-the-art stations; administrative and conference rooms.

The center is part of a five-year, \$150 million growth plan on ECMC's Health Campus. When complete, the plan will provide good-paying jobs and health-focused economic development centered in a section of Buffalo that needs jobs.

“This is another tangible step in the transformation of health care in Buffalo, and the first clinical collaboration between ECMC and Kaleida, and we couldn't be more pleased,” said Jody L. Lomeo, ECMC's CEO. “Opening this new transplant center is a historic accomplishment for the community. This also represents countless hours of physician-led effort in the last three years to ensure this project focused on excellence in patient care.”

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“Not too long ago, most people said this was impossible. Not anymore,” Lomeo added.

With Kaleida and ECMC combining services and skilled personnel to staff this center, and because it is the only one in the region, discussions are underway with the Catholic Health System to refer patients here as well.

“This is a major milestone for our two boards, our doctors, nurses and staff, our neighbors, the Great Lakes Health board and the University at Buffalo,” said Kaleida CEO James Kaskie. “This center brings two very good programs together into one great program. We now have a nationally recognized facility to help people from all over Western New York, Southern Ontario, and the United States, cope better with kidney and pancreatic disease.”

The \$150 million worth of work for the entire campus, financed in part by a capital improvements fund ECMC’s board set aside in 2009, and a 2011 bond issue, is the largest investment in Buffalo’s East Side in many years. ECMC already supports nearly 2,500 jobs here.

“I came here 26 years ago because I was told a unified kidney and pancreatic transplant center was imminent,” said Dr. Brian M. Murray, chief medical officer of ECMC and transplant program director. “This entire community will benefit from this center, the work we’ll do here, the research that will ensue here and the lives we’ll save.”

Sabres, First Niagara partner with ECMC to roll out Breast Cancer Prevention and Education Bus

On November 3, 2011, The Buffalo Sabres Alumni Association announced a partnership with First Niagara, the Erie County Medical Center and WNY Breast Health to roll out the Breast Cancer Prevention and Education Bus. The organizations combined to purchase the \$750,000 Bus that will serve the Western New York Region in providing better resources to detect breast cancer among women. The Bus represents the first time a professional sports team has been involved in a project of this nature.

“This is a first-of-its-kind project that will undoubtedly have a huge impact on our community,” said Larry Playfair, President of the Buffalo Sabres Alumni Association. “We’ve placed a big focus on breast cancer awareness and prevention in the past with our Alumni Wine Nights and we’re thrilled that the proceeds from that event this year will go to such a great cause.”

The Bus, which will have two mammography units on it, will be staffed with breast health professionals, and will have ample space for private changing areas and confidential discussions. The Bus will travel to locations throughout the eight counties of WNY in urban and rural communities where mammography services are limited or non-existent.

“This is a great day for the women in our community who otherwise may have never had access to this lifesaving care,” said Jody Lomeo, CEO, ECMC Corporation. “We are proud to take a leadership role with these great community organizations to fight breast cancer and save lives.”

A recent study by the Susan G. Komen Foundation found that more needs to be done when it comes to outreach with African American women in the City of Buffalo and identified transportation as a major issue for women needing screening in rural communities.

“We are so proud to be part of this unique and powerful project,” said John Koelmel, President and CEO of First Niagara. “We believe that life-saving screening is a must for everyone in the community, and this

project will ensure that thousands of people living in urban and rural areas will be provided with exceptional health care.”

It is the hope of all the partnering organizations that screening significantly increases in WNY, which will lead to early detection and treatment and save countless lives.

“We are very proud to be a part of this innovative approach to breast cancer prevention in WNY,” said Cliff Benson, the Sabres’ Chief Development Officer. “It says a lot about a community when so many different organizations — whether it’s a sports team, a bank or a hospital — can come together and launch something that will make a real difference for so many in the community.”

Jonah Center for Cancer Care open house and dedication

On Wednesday, November 2, 2011, the Jonah Center for Cancer Care & Blood/Immuno Conditions at ECMC held a dedication and open house to introduce the all-new facility to the Western New York community.

At the Jonah Center for Cancer Care, ECMC cancer specialists offer expert clinical care in a newly designed facility that emphasizes aesthetic principles in a healing atmosphere. A collaborative team of university-based physicians, led by Dr. Zale Bernstein, discusses each case in a group setting, reviewing pathology, radiography, and laboratory data to develop a comprehensive clinical approach for each patient. All ancillary services (laboratory, radiology, surgical, podiatric, physical therapy, occupational therapy, and rehabilitation medicine) are located on-site for convenient and efficient care.

Dr. Zale Bernstein is a Professor of Clinical Medicine and the Program Director of the Fellowship in Hematology in the Department of Medicine at the University at Buffalo, State University of New York, and is an attending physician at Roswell Park Cancer Institute. Dr. Bernstein is certified by the American Board of Internal Medicine with subspecialty certifications in hematology and medical oncology, is fellowship trained in transfusion medicine, and is a specialist in the treatment of Gaucher’s disease, a rare blood disorder. He holds a laboratory manager’s license in hematology and transfusion medicine from the State of New York. Dr. Bernstein is a well known national lecturer on a variety of topics related to hematology and oncology. He has appeared frequently on radio and television programs to discuss various medical issues.

“WNY Runs for Heroes 5K Run & HealthWalk”

The ECMC Lifeline Foundation held its fifteenth annual 5K run and healthwalk fundraiser (rescheduled from previous week due to inclement weather) on Saturday, October 22, 2011. The “Western New York Runs for Heroes 5K Run & Healthwalk,” took place at the Parkside Lodge and Ring Road in Delaware Park. The event honored Western New York police officers and firefighters. In 2008, the event was expanded to recognize physicians, nurses, and other emergency life-savers.

WNY Runs for Heroes Honorees for 2011 were: Allen Gerhardt, Deputy Sheriff, Niagara County; Gary Sengbusch, Officer, Buffalo Police Department; Joe Bayne, Chaplin, Buffalo Fire Department; Gino Gatti, Firefighter, Buffalo Fire Department; Denise Cuillo, Paramedic, Buffalo Division of Rural Metro Medical Services; Donna Oddo, RN, Unit Manager, Emergency Medicine, ECMC; and William Flynn, M.D., Chief of Service, Surgery, ECMC.

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On July 18, 2011, Officer Allen Gerhardt, Niagara County Deputy Sheriff, was en route to aid another deputy who was chasing a fleeing criminal. Gerhardt's patrol car went off the road and struck a guardrail that pierced the door of the vehicle, severing his legs. He was rushed to ECMC where he immediately underwent surgeries and follow-up care. Gerhardt was discharged on August 12.

Firefighter Gino Gatti responded on June 6, 2011, to a report of a structure fire. It was reported that there was a victim on the 2nd floor of a rear cottage apartment. As the crew approached the structure, there were heavy smoke conditions on the 2nd floor. Firefighter Gino Gatti used a ladder to perform a search of the 2nd floor via a window. During his search, Gatti discovered an unconscious male victim in the fire room. Gatti removed the victim from the room and with the assistance from Lt. Muscarella, proceeded towards the interior stairs. With assistance from the crew, the victim was removed from the structure and transported to the awaiting ambulance crew. Gatti was recognized and commended for the quick and effective primary search and rescue under heavy smoke and fire conditions.

On February 25, 2011, Officer Gary Sengbusch, Buffalo Police Officer, was on his way home when he was involved in a crash that was caused by a drunk driver who ran a red light at the intersection of Ferry and Main Street late that night. Officer Sengbusch and four of the passengers in the other vehicle were rushed to ECMC for treatment. Sengbusch underwent emergency, trauma, and rehabilitation care and was discharged four months after the crash on June 17.

Fr. Joe Bayne, OFM Conv., is the Catholic Chaplain for Buffalo Fire Department, known as F-72 on the radio. He responds to major fires and incidents as a source of guidance, counsel, and support to Fire Fighters first, then to civilians. "Fr. Joe" celebrates the annual Memorial Mass/Breakfast, participates in the Annual Ball (Awards Ceremony), and blesses and dedicates new fire apparatus and fire houses. He celebrates Baptisms, Weddings, and "God-forbid" funerals for firefighters and families. Quietly and confidentially, he meets with firefighters seeking guidance/counsel on family and personal issues. It's a "Ministry of Presence," said Bayne. "As the son of a Baltimore firefighter killed in the line of duty," Fr. Joe said he, "has first hand experience and has been hanging out in fire houses since his time in the womb."

Denise Cuillo was recognized for her outstanding service as an EMS provider. Denise is a full-time paramedic with the Buffalo Division of Rural Metro Medical Services and an instructor in the EMT Department at Erie Community College-South Campus. Serving the Western New York community for more than 20 years, Cuillo is a highly-competent paramedic who has earned the respect of her peers. As a provider who demands excellence in patient care, Denise Cuillo is often sought out as a preceptor by paramedic students who wish to learn from one of the best.

Donna Oddo, RN, BSN, Unit Manager, Emergency Department (ED), ECMC, held the position of assistant head nurse prior to being appointed unit manager and has served as a nurse in the ED since 1998 and at ECMC since 1981. Nurse Oddo is active within the Western New York health care community. She chairs the Nurse Advisory Committee (NAC), collaborates with other Emergency Departments in emergency nursing and education to ensure safety and provide high-quality nursing care. Her rapport with WNY Pre-Hospital Care Providers enables her to facilitate patient flow. Oddo plays a vital role as an ECMC ED representative for Erie County emergency preparedness, she provides care to the community in the ER at Buffalo Bills games, and she is a Sexual Assault Nurse Examiner (SANE). Her composure, professionalism and sense of humor bring calmness and reassurances to staff, ensuring patients receive the highest quality care. Her values, ethics, honesty, integrity and commitment to the nursing profession are honorable.

William J. Flynn Jr., M.D., Chief of Service, Surgery, ECMC, also serves as Associate Professor of Surgery (1999) for the State University of New York (S.U.N.Y.) at Buffalo, School of Medicine and

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Biomedical Sciences. Dr. Flynn was appointed Assistant Professor of Surgery at S.U.N.Y. Buffalo, School of Medicine and Biomedical Sciences (1991) where he also completed his residency (1989). Dr. Flynn earned his doctorate from the Northwestern University School of Medicine in (1983). He received his Master of Sciences degree from S.U.N.Y. Buffalo (1979). He is certified in Advanced Cardiac Life Support, Advanced Trauma Life Support, and Advanced Burn Life Support. He earned Fellowships as a Trauma Fellow; a Research Fellow; and in Intravital Microscopy Section, University of Louisville (1991). Dr. Flynn became a Diplomat of the American Board of Surgery in General Surgery (1991) and Surgical Critical Care (1992) and a Diplomat of the National Board of Medical Examiners (1984). Throughout his career, Dr. Flynn earned many accreditations and certifications for his medical knowledge, teaching abilities, and outstanding work ethic, which define both his sense of dedication and the high quality of care that he directs and delivers to ECMC patients. He is a member of the: New York State Committee on Trauma, American Trauma Society, Buffalo Surgical Society, American Association for the Surgery of Trauma, and Buffalo Academy of Medicine.

WNY Runs for Heroes Past Honorees: Dr. Dietrich Jehle, M.D., ECMC Corporation Associate Medical Director and Emergency Physician; Buffalo Firefighter Mark Reed; Buffalo Police Officer Patricia Parete; Buffalo Police Officer Carl Andolina; Lockport Police Officer Steven D. Ritchie; Lockport Police Chief Lawrence M. Eggert; and Jamestown Police Detective David Mitchell.

On September 3rd, 2009, Dietrich Jehle, M.D., ECMC Corporation Associate Medical Director and Emergency Physician, and former (17-year) Director of the Medical Center's Emergency Department, was travelling to a Buffalo Bills football game where he provides medical care to fans and support medical care to players. While in route on the southbound Niagara Thruway, Dr. Jehle observed a multi-vehicle crash that occurred immediately ahead of him. At the scene of the accident, Dr. Jehle directed, triaged and administered emergency care to treat crash victims. As part of his response, he also put his life at risk directing/assisting in the rescue of a driver and two young passengers from a burning and severely damaged car.

Buffalo Firefighter Mark Reed was transported to ECMC on June 10, 2007, after a brick chimney collapsed on him while fighting an arson fire in a vacant house in the City. Reed arrived at ECMC with multiple, life-threatening injuries. Yet, after undergoing multiple surgeries and extensive care, Reed was discharged from ECMC on August 1, 2007. Since that time, Mark has made incredible strides in his recovery and volunteers weekly in the trauma unit at ECMC.

On December 5, 2006, Buffalo Police Officer Patricia Parete and her partner Officer Carl Andolina were dispatched to a downtown gas station where a fight had been reported. The officers chased a suspect and ordered him to take his hands out of his pockets when he then began shooting at both officers at point blank range. Officer Andolina tackled him to the ground. Both officers were injured in the gun battle, with Officer Parete sustaining severe injuries from a gunshot to the spine. Officer Andolina was shot three times, treated at ECMC and discharged. Officer Parete underwent extensive emergency/trauma surgery and care at ECMC.

Lockport Police Chief Lawrence Eggert and Officer Steven Ritchie were injured in the line of duty in February of 2003, during a gun battle with a man they pursued for shooting a Lockport bar patron and riddling a building with bullets with a semi-automatic weapon. Both officers were injured and treated by ECMC emergency/trauma teams. Ritchie was brought to ECMC in critical condition.

In September of 1999, after sustaining life-threatening injuries when shot in the line of duty, Jamestown Police Detective David Mitchell was transported to ECMC for emergency, trauma, and follow-up care.

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WNY Runs for Heroes 2011 chairperson was Robert Holliday, Vice President/General Manager, AT&T - Upstate New York District and ECMC Lifeline Foundation Board Member.

WNY Runs for Heroes 5K Run & Healthwalk competitions included the competitive run as well as a healthwalk. The course is USA Track & Field certified and sanctioned by the USATF. Run/Walk adult registrants receive a T-shirt. All registrants are invited to the Post Event Picnic with live music by “Classified” (*Hot Brass, Cool Sounds*). Event day registration begins at 8:30 A.M. Run and Walk begin simultaneously at 10:00 A.M. Proceeds from the event will benefit the Medical Center's Adult Regional Trauma Center and patient centered care. For more information about the ECMC Lifeline Foundation, call 716-898-5800, or log-on to www.ecmc.edu/about/lifeline/.

The ECMC Lifeline Foundation, Inc. was created as a not-for-profit corporation with a mission to assist ECMC in establishing the resources needed to support the medical center's Adult Regional Trauma Center and its Culture of Care through excellence in medical and customer services. Since ECMC is now an independent Public Benefit Corporation and is no longer a part of Erie County, it seeks to receive support from the community it has helped for so long and from those who may need its services in the future.

State DOH to approve ECMC TCU as Demonstration Project ECMC Transitional Care Unit to be First in WNY for specific patient population

On September 8, 2011, ECMC officials announced that the New York State Department of Health tentatively approved creating a Transitional Care Unit Demonstration Project at the Medical Center.

The purpose of a Transitional Care Unit (TCU)-a less-costly and reimbursable service-is to reduce the number of days incurred in the hospital for Medicare patients whose stays exceed the necessary length of stay reimbursement rates. Patients who would receive care in the TCU are medically stable with clear prognoses, but are still quite ill; those with complex conditions and/or requiring costly care; or patients who will be discharged to home within a few days.

“We are pleased that New York State has approved our proposal to create a Transitional Care Unit. This unit will be the first of its kind in Western New York. The unit will result in better care for this unique patient group and also be reimbursed more appropriately,” said Jody L. Lomeo, CEO of ECMC Corp.

“The fact that the Department of Health is referring to this initiative as a ‘demonstration project’ indicates to us that the New York State's Division of Health Facility Planning sees the validity in our proposal and that establishing a Transitional Care Unit could set a more appropriate standard for care of this patient population across the state,” explained Richard Cleland, ECMC's Senior Vice President of Operations. “We anticipate that our TCU should be operational as early as June of 2012.”

On an average day at ECMC, 24 medical-surgical beds are occupied by patients for whom Medicare does not pay. The medical center should discharge these patients more expeditiously, typically to Medicare Skilled Nursing Facility (SNF) beds, for which Medicare would pay for extended convalescence. However, a sufficient number of Medicare SNF beds are not available in Western New York. A TCU would meet some of the need for additional beds, providing a unit that would administer the appropriate level of care that is also Medicare-reimbursable. The TCU would appropriately be used to provide care for the most complex and costly patient conditions, while allowing ECMC's medical-surgical beds to be used for patients requiring necessary medical-surgical care.

“An ECMC TCU will bring in approximately \$2.6 million in new Medicare dollars (through payments for previously unpaid services) that would yield about \$1.6 million after expenses,” said Cleland. “The community will be the real beneficiary of ECMC's improved financial stability since we will have greater flexibility to meet service needs, expand innovative concepts, and subsidize care to other patients unable to afford health insurance.”

The final approval of ECMC's TCU is contingent upon final review of construction documents and inspection by the New York State Department of Health.

ECMC Officially Opened New MRI Center in Memory of Radiology Chief Latest technology installed-world's first wide bore 3T MRI scanner

On August 31, 2011, ECMC Corporation, officially opened and dedicated its all-new MRI center to the memory of the late mentor and colleague Dr. George Alker Jr. The new center is now officially known as the *George J. Alker Jr. MD, MRI Center at ECMC*.

Dr. Alker was Chair of the E.J. Meyer Memorial Hospital and ECMC Radiology Departments and Professor and Chair of Radiology for the State University of New York at Buffalo (UB). He performed cutting edge work in the field of imaging of trauma victims—especially those injured in motor vehicle accidents—and was a leading voice in the seat belt safety movement for automobiles. Along with the late Dr. Edward Eschner, also a former Chair of the Department of Radiology at UB; Dr. Dan Bednarek, Radiation Safety Officer, ECMC; and Ben Kutas, retired Chief Radiologic Technologist, ECMC; Dr. Alker also established the beginnings of the *Museum of Radiology and Medical Physics* at UB and maintained a collection of historical artifacts significant to radiology and clinical medicine at the Erie County Medical Center.

With the new MAGNETOM® Verio MRI scanner from Siemens, patients coming to ECMC for routine Magnetic Resonance Imaging (MRI) scans will experience a unit designed for maximum comfort with a large, patient-friendly one foot of spacious headroom. The tight confines in older MRIs are now a thing of the past. The scanner offers ECMC physicians some of the most advanced MR imaging services available. The system provides excellent image quality and superb diagnostic capabilities.

“Opening our new MRI Center in memory of such a well respected physician as Dr. Alker is a fitting tribute,” said Jody L. Lomeo, Chief Executive Officer, ECMC Corporation. “The new technology will allow our doctors to have one of the widest ranges of imaging capabilities while being able to better serve and satisfy an increased number of patients.”

“Our board decided unanimously to name the new MRI Center in Dr. Alker's memory,” stated Sharon L. Hanson, Chair, Board of Directors, and ECMC Corporation. “We are also pleased to be able to offer the new technology and added conveniences for our patients.”

“Neuro-radiologist Dr. Alker and physician colleagues Border, Seibel and LaDuca were instrumental in conversion of ECMC into the outstanding trauma hospital it is today. I can think of no more appropriate name for the MRI service at ECMC than Dr. Alker's,” stated Timothy G. DeZastro M.D., Chief, Department of Radiology and Imaging Services, ECMC. “Our new facility now includes one of the most cutting-edge pieces of MRI equipment available, operating at the highest clinically used field strengths while offering exceptional patient comfort.”

At 3T, the MAGNETOM Verio boasts the strongest magnet field strength used clinically today and gives ECMC physicians access to many applications, including neurology evaluations, orthopaedic and

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cartilage assessment, and vascular and cardiac imaging. The system's large 70-cm opening is wide enough to accommodate a diverse array of patients including individuals who have traditionally been hard to image, such as children, those who are obese (up to 550 lbs), the elderly, and those who are claustrophobic. The MAGENTOM Verio, utilizing *Total imaging matrix technology*, has up to 102 seamlessly integrated matrix coil elements and up to 32 independent radiofrequency channels which allow flexible coil combinations that make patient and coil repositioning virtually unnecessary. This allows increased speed for most MRI exams.

Dr. Alker (1929-1991) was born in Hungary and was very proud of his heritage. He was a survivor of WWII, spent time in a refugee camp, and later served as a U.S. Army Medical Officer in the late 1950s. He completed his residency at the E.J. Meyer Memorial Hospital and continued working at Meyer/ECMC for the remainder of his career. While at ECMC, Dr. Alker specialized in neuro-radiology, published in many journals, and won several awards for his writings. He built a strong relationship between radiology and neurology and is internationally recognized in cervical spine neuro-radiology. UB honors Dr. Alker by presenting an award in his name to the outstanding medical student who plans to study radiology. Dr. Alker's life revolved around medicine and training and anyone who trained with him is a better doctor or technologist because of him.

ECMC Lifeline Foundation Tournament of Life Golf Classic raises \$125,000

The 2011 Tournament of Life Golf Classic was held on August 15, 2011, at the Park Country Club was once again a HUGE success! The 2011 tournament raised over \$125,000 net of expenses. This tournament was possible with the generosity of our many sponsors and underwriters and friends. Their participation ensures the Foundation's mission to fund lifesaving programs and enhance patient care at ECMC. Generous support was given by Presenting Sponsor Buffalo Hospital Supply. Special thanks were given to Diamond Sponsor, The Exigence Group, for their generosity and belief in the foundation's work. We salute tournament chair, Michael Seaman, for his leadership, spirit and dedication to our mission. Thanks were given to the Tournament of Life Golf Classic Planning Committee and the event's day volunteers for their tireless efforts, as well as all of the corporations and individuals that made the golf classic a success!

ECMC Nephrology Nurses Soar to New Heights

Data show that 26 million Americans (one in eight US adults) have Chronic Kidney Disease (CKD) and another 20 million more are at increased risk. Kidney disease affects all ages, races, cultures, social classes and religions. To honor the dedicated Nephrology Nurses who care for patients with kidney disease, the American Nephrology Nursing Association (ANNA) designated the second full week in September each year as Nephrology Nurses Week. ANNA is a professional nursing association with over 11,000 members, whose mission is to advance nephrology nursing practice and positively influence outcomes for individuals with kidney disease through advocacy, scholarship, and excellence. ANNA launched Nephrology Nurses Week in 2005 to give employers, patients, and others the opportunity to thank Nephrology Nurses for their life-saving work. In addition, the organization hopes to spark interest in other nurses about the multifaceted career opportunities available in nephrology. One of the most diverse nursing specialties practiced today, Nephrology Nurses care for patients of all ages who have, or are at risk for, kidney disease.

The theme was, *Soaring to New Heights*, highlighting the way nephrology nurses use their vision, knowledge, and skills to improve patient outcomes. Caring for patients with kidney disease, and often their families as well requires nurses to be highly skilled, well educated, and motivated. Nephrology

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Nurses cite the variety and challenges of the specialty as fueling their ongoing passion. At ECMC, if you visit the Dialysis Unit or the Transplant and Renal Offices, this level of skill and dedication is widely apparent. Every dialysis treatment saves every patient's life each time it is performed. Every office visit provides patients with the tools they need to cope with their illness. Recognizing ECMC's Nephrology Nurses' compassion as they deliver this care to their patients inspires hope and fosters strength. These nurses apply their kindness and expertise to their every day practice with devotion and enthusiasm. It is this dedication which is advancing ECMC to a Center of Excellence for Kidney Care. ECMC is truly "Soaring to New Heights," both emotionally, as ECMC's Nephrology Nurses are ready to be at the forefront of excellence, and physically as construction of this new center continues to mount to an ever more recognizable structure.

The ANNA and ECMC are proud to honor Nephrology Nurses throughout the year, but especially during Nephrology Nurses Week. "Nephrology Nurses put their hearts and souls into caring for their patients," said Rowena Elliott, President of the American Nephrology Nurses' Association. "They often develop personal relationships with patients because kidney disease can span years. Combined with their vision and skills, caring nurses are every day heroes."

More information about ANNA, Nephrology Nursing Week and careers in the specialty is available at www.annanurse.org. More information about Kidney Disease in Western New York is available at www.kidney.org/site/index.cfm?ch=111.

Buffalo Police Officer Gary Sengbusch discharged June 17th from ECMC

Buffalo Police Officer Gary Sengbusch after sustaining life-threatening injuries when struck in an auto accident by a drunk driver on February 25, 2011, participated in a news conference at ECMC, just prior to his discharge on Friday, June 17, 2011.

Nearly all local news organizations were on hand at ECMC during the "discharge news conference" during which Officer Sengbusch, who entered the room and walked without assistance, thanked all those involved in his emergency care at the accident scene and at the medical center, including care and support services provided in ECMC's emergency, trauma, surgery, step-down and rehabilitation units.

ECMC staff participating and/or present during this news conference included: Associate Medical Director Dr. John Fudyma, who spoke on behalf of ECMC CEO Jody Lomeo and all ECMC Administration, Clinical and Support Staff; Rehab Physician Dr. Mary Welch; Rehab therapists/nurses; and Pastoral Care Director Rev. Dr. James Lewis, who closed the news conference with a prayer.

Many thanks go out to all involved in this – another ECMC life-saving/rehabilitation success story!

EMS providers are vital part of ECMC Emergency Team

Emergency Medical Service (EMS) providers are an essential extension of the ECMC team. In 1991, the Department of Emergency Medicine at ECMC created the Office of Prehospital Care to assist EMS agencies and ECMC with meeting the requirements found in EMS and Hospital Regulations. Since inception, the Office of Prehospital Care has grown to provide oversight to fifty-four (54) EMS agencies, 318 Public Access Defibrillation (PAD) sites and more than 2,000 EMS providers in Western New York. The EMS mission statement is: *"To ensure that the residents of the Western New York community receive the highest quality out-of-hospital care available through medical oversight, provider education and training, information dissemination and continuous quality improvement activities."*

Medical oversight and provider education is an essential component of high-quality care. Since 2007, the Office of Prehospital Care has conducted 162 education programs reaching more than 3,000 health care providers. In addition to the American Heart Association's CPR, ACLS, and PALS programs, EMS offers trauma life support, pediatric life support, and refresher training for the New York State CME-based EMT Recertification Program.

ECMC's Burn, Cardiovascular, Stroke, and Trauma services have partnered with the Office of Prehospital Care on a number of EMS outreach programs held throughout Western New York. Of distinct mention, Linda Schwab, ECMC's Trauma/Burn Coordinator and Scott Wander, Director of the Office of Prehospital Care, offered a series of burn programs in each of the eight counties of Western New York. The burn program reached more than 500 providers from nearly 100 EMS agencies.

In addition to providing medical oversight and education, the Office of Prehospital Care is one of only eighteen (18) EMS program agencies in New York State. The program is responsible for supporting all EMS agencies in Erie and Wyoming Counties and we are routinely recognized for outstanding dedication and commitment to our EMS community. Several physicians on our team have received the Wyoming-Erie Regional EMS Council's "Medical Director of the Year Award" and, for two consecutive years, the Office of Prehospital Care team received the "Heartsafe Award" for involvement in the New York State Public Access Defibrillation program.

In conjunction with the Regional Emergency Medical Advisory Committee (REMAC) the Office of Prehospital Care worked to develop advanced life support protocols which will be used by all advanced EMTs in Western New York. Additionally, patients who suffer cardiac arrest and have return of spontaneous circulation (ROSC) may receive therapeutic hypothermia using chilled saline through a pilot program developed in the Office of Prehospital Care. The Western New York region is the first region in New York State to implement a therapeutic hypothermia program and this has paved the way toward state-wide implementation.

The Office of Prehospital Care has a proven record of success through many ECMC-based programs:

Camp 9-1-1 is a one-day camp to teach children (ages 10-13) life-saving techniques and injury prevention.

SMART (Specialized Medical Assistance Response Team) is a response team that includes health care professionals from across the board to assist with the management of mass casualty incidents.

Disaster LAN is a program developed to aid operations at an Emergency Operations Center during a disaster. This unique information technology (IT) system combines wireless technologies with custom software to provide a complete mobile solution for disaster management and communications.

The "EDGE" (Electronic Data Gathering for EMS) is a custom Windows CE-based software/hardware package that utilizes touch screen and handwriting recognition to document all aspects of a patient's prehospital care. The interface was designed to be intuitive and prompts providers to improve care as well as documentation. This project was a substantial undertaking and it provided one of the first electronic prehospital care report concepts used by EMS in our region.

EMS Fellowship, developed in 1998, the fellowship offers an opportunity for resident graduates to be part of a medical director mentorship program. This fellowship offers a unique opportunity for emergency

physicians to learn about being a medical director through the integration with the EMS community as well as public safety. Since inception UEMS has graduated 9 EMS Fellows.

The Office of Prehospital Care was instrumental in the development of several training DVD's including: **Airway** (Basic, Advanced, and Rescue Techniques), **Personal Protective Equipment** (PPE), and use of **MARK I Kits**.

To learn more about the Office of Prehospital Care team log-on to www.opcems.org or on Facebook by searching for the Office of Prehospital Care and select "like."

ECMC Breaks Ground for New Home Long-term Care Facility at ECMC closer to families' and employees' homes

On July 14, 2011, ECMC Corporation officially broke ground for a new \$103 million, 390-bed nursing home at the ECMC Health Campus on Grider Street. The new long-term care facility, which will open in December 2012, replaces the 80-year-old Erie County nursing home in Alden. It also combines in one location existing long-term care beds from Alden and ECMC.

The move from Alden to ECMC's Health Campus will focus on providing higher quality, state-of-the-art care for residents. It will also move residents closer to family, increase access to employment for Buffalo and suburban residents, and reduce operating costs for ECMC Corporation.

"Moving our county home residents to a new, modern facility at ECMC will benefit residents, our employees and will provide better, more efficient care," said Jody L. Lomeo, ECMC's CEO. "This is something the state has supported for many years, and now we're making it happen."

Medicaid will reimburse a portion of the construction costs, which is dependent upon the number of residents that receive Medicaid each year. The project is financed through bonding advanced by the Erie County executive and approved by the Erie County Legislature. The bonds will be sold through the Erie County Fiscal Stability Authority and this borrowing structure saved ECMC Corporation \$118 million in interest expense by reducing the interest rate and the repayment period to 15 years from 30. Erie County will pay \$11.5 million of the construction costs through an agreement reached with ECMC in 2009. ECMC officials estimate the new facility will reduce current operating losses by 60 percent.

In addition, according to current resident and employee censuses, residents' families and nursing home workers will find the new home much more convenient. Of 430 current residents, 247 are from Buffalo ZIP codes, with another 51 from first-ring suburbs like Kenmore, West Seneca, Cheektowaga and Amherst. Also, 128 employees are from Buffalo, and another 178 are from first-ring suburbs.

"We're extremely proud of the innovative work happening at ECMC," said Sharon Hanson, president of the ECMC Corp. board. "Having the support of our partners, New York State, Erie County and the control board makes it all possible. And what's best is that our residents and employees benefit most."

The new home will rise beside the new \$27 million Regional Center of Excellence for Transplantation & Kidney Care, which is under construction beside the current hospital building.

The home and the center are part of a five-year, \$150 million project on ECMC's Health Campus that when complete will provide good-paying jobs and health-focused economic development centered in a section of Buffalo that has seen too little of both. The projects, which include demolition of eight

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buildings on the 65-acre ECMC property, will also support hundreds of construction workers' jobs over the next 12-18 months.

ECMC's long-term care facility will be one replacement facility for two existing long-term care sites it currently operates, making room on the hospital's fifth and sixth floors for additional treatment areas.

Consolidation will provide efficiencies and provide residents with immediate access to medical care at the adjacent medical center. In the other direction, it will also permit convenient hospital discharges directly to the long-term care home. The new facility will be designed to provide a supportive environment for the resident-centered delivery of care model which ECMC Corporation intends to develop.

The existing facility at ECMC contains 126 skilled nursing beds and 10 ventilator beds. The nursing units in this 40-year-old facility mimic the acute care nursing units above and below and provide an institutional environment for residents.

The current facility in Alden holds 586 beds on three floors.

The new facility, for which current residents had design input, will be 275,500 square feet on five levels, plus a mechanical penthouse. It will contain three floors of 96 skilled nursing beds each; one floor containing 66 sub-acute rehab beds; and a 20-bed ventilator unit and 16-bed behavioral intervention unit on the ground floor, for a total of 390 beds. This will be a 332-bed reduction in bed count from the current 722 beds.

The ground floor is 67,700 square feet and will house the visitor's lobby, public toilets, a gift shop, and administrative, nursing and business offices. The visitor's lobby will double as a multi-purpose gathering space for residents' special events. A café will provide restaurant-style food service for residents, visitors and staff. The dietary department includes a kitchen, storage, receiving area, loading dock, dietary staff office and lockers.

One nursing unit, a 16-bed behavioral intervention unit, will be on the ground floor as well with direct access from the unit to a secure outdoor courtyard. This unit will be divided into two eight-bed households with private bedrooms.

The second, third and fourth floors are each 50,500 square feet. A floor consists of eight households for 12 residents. Each household will have two private rooms and five semi-private rooms. The semi-private rooms are divided by a partition so that each resident will have their own space and their own window.

Toilet rooms are large enough for a portable lift and staff assistance and are entered from the room's vestibule. Residents will be able to see the dining/living space from their bedroom door, thus encouraging self-ambulation and socialization within the house.

In the household model, the kitchen and dining areas become the heart of the house, where residents, visitors and staff form a social unit that shares a common life. Dining room tables are used in between meals for games, coffee breaks and frosting cookies and other activities. Residents take ownership of their "home" and help set the table or fold laundry. Each household will have a dining room and a living room with an electric fire place.

A residential-style serving kitchen situated between two household dining rooms will be equipped and stocked to provide some meal preparation, alternate meal selections and snacks. This type of meal delivery, where residents can smell food being cooked, choose what they want and even help to prepare for a meal, encourages proper nutrition.

The first floor is 51,300 square feet with six units of 11 beds each to house short-term rehabilitation patients. The units will differ from the long-term care units in that all bedrooms will be private and the living/dining area will be smaller as rehab patients tend to prefer to dine in their rooms. Physical and occupational therapy departments will be located on the first floor to reduce transport time. The first floor will also house two 10-bed households for residents on ventilators. These households will have similar layouts to the other households but with 20 percent private rooms and added support space.

The building will be connected to the existing hospital and to other facilities on campus via a public corridor that will be used to transport nursing home residents in need of medical care, to the new dialysis unit and to the hospital.

ECMC earned American Heart Association’s Get With The Guidelines Gold Quality Achievement Award

On June 6, 2011, ECMC Corporation received the Get With The Guidelines[®] Heart Failure Gold Quality Achievement Award from the American Heart Association. The recognition signifies that ECMC Corporation reached an aggressive goal of treating heart failure patients with 85 percent compliance for at least 24 months to core standard levels of care as outlined by the American Heart Association/American College of Cardiology secondary prevention guidelines for heart failure patients.

Get With The Guidelines is a quality improvement initiative that provides hospital staff with tools that follow proven evidence-based guidelines and procedures in caring for heart failure patients to prevent future hospitalizations.

Under Get With The Guidelines-Heart Failure, heart failure patients are started on aggressive risk reduction therapies such as cholesterol-lowering drugs, beta-blockers, ACE inhibitors, aspirin, diuretics and anticoagulants while in the hospital. They also receive alcohol/drug use and thyroid management counseling as well as referrals for cardiac rehabilitation before being discharged.

“The full implementation of national heart failure guideline recommended care is a critical step in preventing recurrent hospitalizations and prolonging the lives of heart failure patients,” said Lee H. Schwamm, M.D., chair of the Get With The Guidelines National Steering Committee and director of the TeleStroke and Acute Stroke Services at Massachusetts General Hospital in Boston, Mass. “The goal of the American Heart Association’s Get With The Guidelines program is to help hospitals like ECMC implement appropriate evidence-based care and protocols that will reduce disability and the number of deaths in these patients. Published scientific studies are providing us with more and more evidence that Get With The Guidelines works. Patients are getting the right care they need when they need it. That’s resulting in improved survival.”

“ECMC is committed to making our care for heart failure patients among the best in the country. Evidence of this commitment is our improvement from what was already a very good evaluation last year with a Silver Award, to an excellent evaluation this year with a Gold Award. We will continue to build off of these successes with further implementation of the American Heart Association's Get With The Guidelines-Heart Failure program, which enables our professionals to continue to improve the long-term outcome for these patients,” said Jody L. Lomeo, CEO, ECMC Corporation.

Get With The Guidelines-Heart Failure helps ECMC's staff develop and implement acute and secondary prevention guideline processes. The program includes quality-improvement measures such as care maps, discharge protocols, standing orders and measurement tools. This quick and efficient use of guideline

tools will enable ECMC to improve the quality of care it provides heart failure patients, save lives and ultimately, reduce health care costs by lowering the recurrence of heart attacks.

According to the American Heart Association, about 5.7 million people suffer from heart failure. Statistics also show that, each year, 670,000 new cases are diagnosed and more than 277,000 people will die of heart failure.

Get With The Guidelines® is the American Heart Association/American Stroke Association's hospital-based quality improvement program that empowers health care teams to save lives and reduce health care costs by helping hospitals follow evidence-based guidelines and recommendations. For more information, visit heart.org/quality.

Health care Professionals honored May 14, 2011, during ECMC Lifeline Foundation Springfest gala

The ECMC Lifeline Foundation's annual black-tie gala, was held on Saturday, May 14, 2011, at the Adam's Mark Hotel. Springfest is the premier fund-raising event conducted each year by the Lifeline Foundation for ECMC Corporation. Attendance for the 2011 function was expected to exceed 750 and included medical and corporate leaders.

The ECMC Lifeline Foundation recognized three outstanding professionals during the *Springfest* gala: **Neil Dashkoff, M.D.**, as the *Distinguished Physician Honoree*; and both **Lori Anthony, R.N.**, and **Mary Goodspeed, B.S., R.N.**, as *Distinguished Nursing Honorees*.

Distinguished Physician Honoree: Neil Dashkoff, M.D., Director, Cardiac Catheterization Laboratory, ECMC; and Clinical Professor of Medicine, State University of New York at Buffalo. Dr. Neil Dashkoff was born and raised in the Bensonhurst area of Brooklyn, New York, the middle child of loving parents, Morris and Paula Dashkoff. In pursuit of a nearly inborn desire to become a physician, Dr. Dashkoff commuted to New York University where he majored in biology, then enrolled in the NYU School of Medicine. He did his internship and first year residency in Internal Medicine at the University of North Carolina, Chapel Hill, and returned to NYU-Bellevue for his second year and third year (chief) residency. This was followed by a Cardiology Fellowship at the Johns Hopkins Hospital in Baltimore, MD, sealing a lifelong affinity for clinical cardiology, teaching, and participation in clinical research.

The “Buffalo Plan” which followed was intended as a 12-month visiting research and clinical experience at the SUNYAB School of Medicine and the E. J. Meyer Memorial Hospital (the forerunner of ECMC) under the tutelage of Dr. Francis Klocke, a world renowned coronary physiologist and chief of the Division of Cardiology for the university and the hospital. The Erie County Medical Center remained his base of operation, a source of pride, and the venue for the practice of medicine and cardiology for over 30 years, as a member of the Department of Medicine and the Niagara Frontier Heart Associates. He introduced coronary angioplasty to Western New York in 1981, the radial artery approach in 1994, and in 2002, he was one of the first to publish on the ulnar artery approach for coronary angiography and coronary intervention. Dr. Dashkoff intends to continue his professional pursuits at ECMC, and with its partners, Kaleida Health and the UB School of Medicine, to assist in providing the community of Western New York with the quality medical care. Dr. Dashkoff explains that he was blessed with the love and support of Aelreda Flanders Dashkoff, and their three sons, Peter, Jonathan, and Matthew. Following her untimely passing, he had the good fortune to meet Marlène Penegaggi Dashkoff, who was instrumental in raising the Dashkoff boys.

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Distinguished Nursing Honoree: Lori Anthony, R.N., HIV Expanded Testing & Integration Initiative Coordinator, Immunodeficiency Services, ECMC. Lori Anthony has served as grant coordinator for multiple initiatives in the Immunodeficiency Services Department at ECMC since 1994. She is a tireless advocate for HIV counseling and testing, HIV risk reduction, and clinical and community based education programs. Her kind approach and disarming manner allows her to readily connect with at-risk individuals to foster a trusting relationship, encouraging them to seek assistance, testing, and follow-up care to enhance their health status. Lori began her HIV career in 1986, while working at the Los Angeles Free Clinic under the direction of the late Dr. Eric Cohen. After moving back to Western New York, she met her husband John (Chief of Civil Processing Division for the Erie County Sheriff's Department) and has been married for 14 years. She is the proud mother of two children: daughter Jordan, 12, and son Jack, 9. Lori has been involved in numerous New York State Department of Health AIDS Institute Grants including: HIV Clinical Education Initiative; Targeted Provider Education Program; AIDS Education and Training Center Grants; Substance Abuse and Mental Health Services Administration Initiatives; CDC Expanded Outreach and Testing Initiatives; and the current CDC Pilot Project, Expanded HIV testing for Disproportionately Affected Populations. She is President-Elect of the Association of Nurses in AIDS Care, Western New York Chapter, and is a co-founder of the Western New York Regional Education Committee. Her personal and professional efforts have favorably impacted the quality of life for many patients and worked to decrease the incidence of HIV and AIDS in the region.

Distinguished Nursing Honoree: Mary Goodspeed, B.S., R.N., HIV Clinical Education Initiative Coordinator, Immunodeficiency Services, ECMC. Mary Goodspeed has worked at ECMC since 2003 as the HIV Clinical Education Initiative Coordinator. In this role, she has been a vital force in the development and coordination of HIV/AIDS clinical education training programs throughout Western New York. She is well known for her engaging educational style and ability to use humor to lighten the seriousness associated with HIV, leaving her audiences laughing and wanting more. She has designed numerous educational programs according to the criteria established by the New York State Department of Health AIDS Institute, and has coordinated more than 50 professional clinical internships through the ECMC AIDS Center. Mary was co-located between Women and Children's Hospital of Buffalo and Erie County Medical Center for nine years, coordinating the HIV Early Identification and Intervention grant that was instrumental in decreasing mother-to-child HIV transmission in Western New York. Mary is an Adjunct Faculty member at the UB School of Nursing and serves in many volunteer positions including: Executive Board Member of the Association of Nurses in AIDS Care; Secretary, Executive Board of Directors, AIDS Network of WNY; Chairman of the Policy Advisement Committee, NYS Public Health Coalition; AIDS Plus Fund Executive Board; and Rape Crisis Advisory Committee. She has recently completed a six-year appointment on the NYS DOH HIV Prevention Planning Group where she served as co-chair of the Emerging Issues Committee. Her commitment to caring for patients with HIV/AIDS and her role in providing education and clinical expertise to regulatory agencies and clinicians have clearly enhanced the clinical outcomes and quality of care provided in WNY.

Springfest 2011 was held on Saturday, May 14, at the Adam's Mark Hotel with cocktails and a silent auction, followed by a brief program and dinner. *Springfest* 2011 was an inspirational evening as important individuals were recognized for their contributions to the Western New York community.

Springfest also was an enjoyable evening with music by International Record Artist *The Average White Band* and Buffalo's own *Lance Diamond and the 24K Diamond Band*. Those individuals or organizations interested in obtaining additional information, should contact the ECMC Lifeline Foundation at 716-898-5800 or log on to <http://www.ecmc.edu/about/lifeline/springfest11.asp>

ECMC Lifeline Foundation, Inc., was created as a not-for-profit corporation with a mission to assist ECMC in establishing the resources needed to support the medical center's Adult Regional Trauma Center and its Culture of Care through excellence in medical and customer services. Since ECMC is now an independent Public Benefit Corporation and is no longer a part of Erie County, it seeks to receive

support from the community it has helped for so long and from those who may need its services in the future.

ECMC Tops Off Kidney Transplant Center *Employee-signed 31-foot girder tops campus' new \$27 million building*

On April 12, 2011, Steelworkers “topped off” the frame for a \$27 million Regional Center of Excellence for Transplantation & Kidney Care at Erie County Medical Center that is part of a consolidation of transplant and dialysis programs with Kaleida and Great Lakes Health.

In a symbolic ceremony commemorating the end of the first phase of the 18-month project, crews hoisted a 31-foot steel girder to the top of the building. ECMC Corporation employees signed the girder.

The center is part of a five-year, \$150 million project on ECMC’s Health Campus that when complete will provide good-paying jobs and health-focused economic development centered in a section of Buffalo that has seen too little of both. The project, which includes demolition of eight buildings on the 65-acre ECMC property, will also support hundreds of construction workers' jobs over the next 12 months.

“This ‘topping off’ ceremony of ECMC’s new Regional Center of Excellence for Transplantation & Kidney Care is proof that our area can continue to grow and that we can bring better care to our region and ECMC's Medical Campus,” said Jody L. Lomeo, ECMC's CEO. “This is the most dramatic demonstration so far of more than \$150 million in expansion projects that will improve ECMC’s patient care and benefit our surrounding neighborhoods in the next five years.”

Erection of the steel superstructure, delivered by Buffalo Structural Steel and installed by Seneca Steel Erectors, began Oct. 1, 2010. About 25 workers a day have been on the site since. Some 400 will have worked on the center by the time it's completed.

The project is also 50 percent ahead of its minority hiring and minority contractor goals, and 100 percent ahead of its female worker and business hiring goals. All work to date is by union workers.

“For the ECMC board, doctors, nurses, staff, and neighbors, this is an exciting event,” said ECMC Corporation Board Chair Sharon L. Hanson. “We are seeing plans transformed into steel girders. And, soon, we will see a new facility helping people from all over Western New York and Southern Ontario cope with kidney and pancreatic disease.”

The \$150 million, financed in part by a capital improvements fund the hospital’s board set aside in 2009 and a bond issue, is the largest investment in Buffalo's East Side in many years. ECMC already supports nearly 2,500 jobs here.

“We’re pleased to see such great progress in such a relatively short time at ECMC,” said Great Lakes Board Chairman Robert Gioia. “It is proof that collaboration in our community works, and I am proud to be part of all of the growth for the patients of Western New York at ECMC, Kaleida, and the Buffalo Niagara Medical Campus.”

“All this work, both here and in the Buffalo Niagara Medical Campus, is the result of collaboration and a lot of planning,” said James Kaskie, CEO of Kaleida Health. “Together, under the Great Lakes banner, we are assembling services for a dynamic health system.”

“As someone who relied on the amazing doctors and nurses at ECMC for a kidney transplant already, I am especially dedicated to seeing this new center of excellence succeed and help patients like me for the next decades,” said Jonathan A. Dandes, president of the Buffalo Bisons and the Buffalo Niagara Partnership. “That’s why I’m chairing a drive by the ECMC Foundation to raise \$3 million toward this grand new facility.”

ECMC participates in promising Polycystic Kidney Disease research

ECMC Corporation is one of only approximately 30 centers in the United States and 100 centers worldwide that have been participates in a double-blind (neither patient nor doctor know if patient is receiving a drug or placebo) clinical trial using medication(s) known as vasopressin inhibitors.

Polycystic Kidney Disease (PKD) is a genetic (inherited) disorder which results in multiple cysts being formed in the kidneys and sometimes other organs such as the liver and lungs. The disease is inherited in an autosomal pattern (implies that about half the children parented by a person with the disease will be affected). The progressive enlargement of cysts over time eventually results in the destruction of healthy kidney tissue. PKD is the most common cause of kidney failure in patients suffering from primary kidney disease. Although substantial progress has been made defining the genetics of the disease, an effective treatment is yet to be discovered to slow the progression of the development of cysts and loss of kidney function.

Over the last several years, studies undertaken in laboratory animals, which can develop diseases similar to the human condition, have shown that early treatment with compounds known as vasopressin inhibitors had a dramatic impact. Vasopressin is a normally occurring hormone that regulates the volume of urine produced. The development of cysts was halted or even entirely prevented if such medications were given very early in the lives of these animals.

Studies have been undertaken in humans over the last few years using a tablet form of a vasopressin inhibitor. Most centers enrolled 10-20 patients in such studies. About 1,400 patients were enrolled on a worldwide basis and more than 1,000 will complete the study. Preliminary results of these studies have shown a strong suggestion that the rate of cyst formation, growth and size-as determined by repeated assessment of the kidney using three-dimensional magnetic resonance imaging (MRI) scanning-is slowed or improved by the agent called Tolvaptan. Further, renal function as assessed using various biochemical estimates also appears to stabilize or improve. These preliminary results have stirred the manufacturer, Otsuka Pharmaceutical Company, to continue the study further in a non-blinded fashion so that both the patients and doctors know that the patients are receiving the actual medication. Nearly all of the Erie County Medical Center patients studied will go forward for another three years with the study.

Otsuka also sponsors an additional research project wherein patients who elect not to join or were excluded from the initial study can be followed sequentially with lab tests, MRIs and clinical observation while receiving only their current medications. These patients will benefit by having regularly scheduled imaging studies of their kidneys, periodic assessments, laboratory and clinical assessments provided free by the manufacturer. The company is also entertaining the possibility of another blinded study, in which the patients will be treated with the next generation of the medication. This preparation is long acting and needs to be taken only once daily and may have fewer side effects.

“We are pleased to participate in this important study to care for patients with PKD,” stated Rocco C. Venuto, M.D., F.A.S.N., Director, Renal and Transplant Services, ECMC, and Professor of Medicine, Director, Nephrology Division, State University of New York at Buffalo. “Participation in this study is

part of the commitment of the Medical Center as it develops a Renal Center designed to be at the cutting-edge of such research and care for patients with this or other forms of kidney disease.”

ECMC Opened Unique Wound Care Center

Hospital consolidates Great Lakes Health wound care from Gates, ECMC

On February 24, 2011, ECMC Corporation dedicated a Wound Care and Hyperbaric Medicine Center that speeds healing for trauma, surgical, diabetes and other slow-healing wounds in a unique facility for Western New York with six surgeons and three podiatrists.

Nearly 24 million people, 8 percent of the American population, have diabetes and 15 percent of those with the disease will develop chronic wounds.

The ECMC Wound Center, which the hospital built in response to closure and consolidation of facilities at Millard Fillmore Gates Circle and ECMC, is a new, state-of-the-art facility with two hyperbaric chambers. It exists to help wound patients before ulcers and injuries lead to amputations.

Hyperbaric oxygen therapy involves putting a patient in a pressurized chamber daily with 100 percent oxygen for a length of time over weeks, depending on the wound. The effect of the pressure two levels below sea level is to open blood vessels, improve circulation and deliver enriched oxygenated blood to wound sites, enhancing and speeding healing. The feeling is like an airplane descending to land.

“This center will do so many remarkable things for patients in the community who need this service,” said Jody L. Lomeo, ECMC’s CEO. “This is another example of working together with Kaleida and Great Lakes Health to respond to the community’s needs and improve the level of health care in this region, while lowering costs at the same time.”

Lomeo explained that if diabetics and trauma patients with wounds can heal faster and more effectively, short- and long-term treatment costs are less, further complications are limited or avoided and patients can go on to live healthier lives. There will also be an increased emphasis on motivating physicians to refer patients to the center when problem wounds are initially discovered so they can heal before more serious complications arise.

The center, located on the hospital’s ground floor near the medical center’s entry road for easy patient access, is managed by nationally known wound center operator Diversified Clinical Services (DCS), of Jacksonville, FL, but staffed with ECMC surgeons, and functions as a hospital department.

DCS’s experience treating more than two million wounds over 20 years in some 300 hospitals shows that its centers traditionally achieve excellent clinical outcomes. These include high limb recovery rates, an 88 percent healing rate within 31 median days-to-heal, and extremely high patient satisfaction. Treatment and services are insured.

In its first two months of work commencing late last year, ECMC’s center handled 17 patients a day on average initially and built to 30 a day. The goal is 40 a day, and there is room for two more hyperbaric chambers as capacity and volume increase. As the patient census grows, a nutritionist is also expected to be added to the center's staff.

“This is a line of service for Western New York patients that will literally change lives,” said Elizabeth Engler, the center's manager. “With Western New York’s higher-than-average rate of diabetes, and located as it is in the region's trauma center, the services we offer will save lives and salvage limbs.”

The center is open to all patients in Western New York, and at least one came from as far as Ft. Drum, near Watertown, for treatment. U.S. Army Pvt. Casey Sherman of Le Roy, NY was referred to ECMC from his physician in Watertown.

“My experience at ECMC was exceptional,” Sherman said. “But the key for me was healing more rapidly so I could return to active duty sooner than anyone could have expected, which I did.”

The actual hyperbaric chambers each hold a reclined patient who communicates by phone with a technician. Patients can watch television and DVDs through an acrylic dome or listen to piped-in music. A surgeon specially trained in hyperbaric healing is available for the start and end of each treatment, as well as to treat the wounds themselves.

Another patient, Batavia radio personality Wayne Fuller, was referred by his physician. “This center is extraordinary and all Western New Yorkers are fortunate to have a place like this to help them get healthy,” Fuller said. “I, for one, couldn't be happier.”

Diversified Clinical Services (DCS), headquartered in Jacksonville, Florida, is the world's largest wound care management company with over 300 hospital partners delivering excellent evidence-based care to patients with chronic wounds. DCS has been the leader in wound care for over 20 years, offering the most advanced modalities-including adjunctive hyperbaric oxygen therapy. Providing outstanding wound care is DCS' entire focus. Our leaders are internationally recognized experts in wound care, who research, teach, and guide quality-improvement initiatives such as DCS' Clinical Practice Guidelines. Based on our experience of treating more than two million wounds, DCS Centers traditionally achieve excellent clinical outcomes, including high limb salvage rates, an 88% healing rate within 31 median days-to-heal and extremely high patient satisfaction. Together, we heal wounds and improve patients' lives.

Witness Project Breast Cancer education focuses on screening of African-American Women

ECMC in partnership with the Witness Project is collaborating to provide African-American women breast cancer screenings in an effort to reduce their mortality and morbidity from cancer. The Witness Project educates women regarding the benefits of early detection by providing a free education program that features breast cancer survivors and by going door-to-door to meet women and share the alarming statistics. After interfacing with the Witness Project, women complete a one page needs assessment and if they have indicated that they have not received a mammogram or Clinical Breast Examination (CBE) in the past 12 months and are 40 years of age or older, they are encouraged to receive and schedule a mammogram. The Witness Project staff schedules the examination for them and actually arranges for transportation to and from examinations as well as childcare.

African American women are more likely to be diagnosed at later stages of the disease and are more likely to die from it. “This effort has been organized to provide women in the area around and near the hospital with education and screenings,” says Dee Johnson, Project Director, Buffalo/Niagara Witness Project. “As women, we need to take care of ourselves and prioritize these screenings so that we can enjoy our lives, our children and loved ones.”

The Witness Project began referring these women to ECMC mammography services on February 16th 2011. “This is an opportunity for women to say we love ourselves this Valentines Day and to focus on good health habits,” says Rita Hubbard-Robinson, Director, Community Health Education and Outreach,

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ECMC. “We look forward to this community outreach partnership being successful and trust it will be the beginning of great things to come.”

Additional education and screening dates will be scheduled. For more information about Breast Cancer education and/or to schedule mammography screenings, and/or to learn about upcoming dates, those interested in better breast health and wellness should call the Witness Project at 716-845-3383.

“Strides for Stewart 2 Benefit ECMC” Rehab

Amy Stewart was a 22 year old student at UB graduate school and enjoying an evening out with a friend when she was the victim of a hit and run driver on March 7, 2009. In a coma, she was rushed to the trauma center at Erie County Medical Center, where she was hospitalized for 75 days. Amy suffered a traumatic brain injury and needed rigorous rehabilitation for 9 months as an outpatient.

Amy’s recovery has been miraculous, and she is now finishing her Master’s degree in education with an emphasis on literacy. Amy’s determination and indelible spirit, as well as the remarkable staff of ECMC played a key role in her recovery.

In the spirit of giving back, Amy wanted to do more than just thank the staff of ECMC, so Amy and her family held a benefit race called Strides for Stewart 2 Benefit ECMC, on Grand Island to raise funds to help the hospital that helped her so greatly.

Thanks to the success of the race, and with the support of her family and friends, Amy Stewart presented a check to the ECMC Lifeline Foundation and CEO Jody Lomeo in the amount of \$6,500 in appreciation for the care and support she received at ECMC, which will benefit both inpatient and outpatient Rehab.

ECMC Announces Partnership with UNYTS *Local community Blood Bank will save Hospital dollars*

On January 4th 2011, ECMC Corporation in conjunction with Upstate New York Transplant Services (UNYTS), announced to the Western New York community, ECMC’s new partnership with UNYTS as their primary provider of blood products.

Event speakers included: Mark Simon, UNYTS CEO and President; Jody L. Lomeo, ECMC CEO; and Dietrich Jehle, MD, ECMC Associate Medical Director and Professor of Emergency Medicine.

Since beginning collections in June 2007, UNYTS has already become the primary supplier of blood products for the six hospitals in Niagara and Wyoming Counties and for the entire Kaleida Health System.

With the addition of ECMC, UNYTS will provide the Western New York region with over sixty percent of its blood supply and will be supplying 8-9,000 more additional units of blood and 500 more platelet products in 2011.

Every three seconds someone needs blood. In keeping blood donation, processing and distribution community-based, Upstate New York Transplant Services will save area hospitals as much as thirty percent per unit of blood. This is needed savings which will be reflected back into patient care and other hospital needs.

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“ECMC is proud to be partnering with UNYTS’ Community Blood Service. As the region’s center for trauma, a transplant and kidney disease center, 24/7 cardiac care, and 60,000 emergency room visits, our physicians and nurses see the important need for blood every day. Blood supplied by UNYTS will help to ensure that ECMC is well equipped to care for our patients with a high quality, locally donated product which not only saves our hospital needed dollars, but also saves lives,” said ECMC CEO Jody L. Lomeo.

Community blood banks concentrate on fulfilling the blood needs of a single region. Often as a result of this locally-driven operation, donation rates rise among the area population and costs decrease on the part of area purchasers. Community blood banks are neighbors helping neighbors—and nearly 50% of the U.S. blood supply is a result of these programs. Community Blood Banks answer the everyday needs in thousands of communities across the nation and were the first and primary responders for many major tragedies including 9/11.

By giving blood with UNYTS, you are making sure your family, friends, neighbors and other members of the community have blood available when they need it.

Headquartered in Buffalo and established in 1981, Upstate New York Transplant Services is among the leading procurement organizations in the United States and is the only organization of its kind nationwide to offer opportunities for organ, eye tissue and blood donation.

WNY Nurses join effort to improve Quality of health care

The P2 Collaborative of Western New York and the Western New York health care Association recently announced that teams of nurses from eight hospitals across the Western New York region are leading improvements in the quality and safety of patient care. The new nurse-led hospital program, called *Aligning Forces for Quality Transforming Care at the Bedside* (AF4Q TCAB), is part of a nationwide program of the Robert Wood Johnson Foundation (RWJF). AF4Q TCAB engages nurses and other frontline staff to identify areas where care can be enhanced and test ways to improve it.

Hospitals participating in AF4Q TCAB in Western New York are: Erie County Medical Center Corporation, Buffalo; as well as Brooks Memorial Hospital, Dunkirk; Jones Memorial Hospital, Wellsville; Kenmore Mercy Hospital, Kenmore; Mercy Hospital, Buffalo; Mount St. Mary’s Hospital and Health Center, Lewiston; Roswell Park Cancer Institute (RPCI), Buffalo; Sisters of Charity Hospital-St. Joseph Campus, Cheektowaga.

The P2 Collaborative of Western New York was selected by RWJF to lead the local AF4Q alliance. One of 17 regions in the country, Western New York was targeted by RWJF with resources to test a range of efforts to help doctors, nurses and hospitals improve quality, as well as engage consumers to be better patients.

“Hospitals across Western New York are looking for models of reform, things that help local people get high-quality care and make the system work better for everyone,” said Shelley Hirshberg, Executive Director of the P2 Collaborative of Western New York which is leading the AF4Q TCAB program. “The work of the nurses and other hospital staff participating in this program will result in proven methods for improving patient care. That means better quality and more satisfaction for everyone.”

“We are excited to have hospitals in Western New York involved in the TCAB program,” said Paul Sweet, Senior Vice President, Member Services and Finance at Western New York health care Association. “Their participation will be instrumental in developing innovative models for quality and measurement standards.”

During the AF4Q TCAB program, nursing and other frontline staff at participating hospitals are working together to identify, pilot test and adopt new practices over an 18-month period that began January 2011. Participating nurses will then share their successes and lessons learned with other hospital staff across Western New York, New York State and the country.

“When patients and their families enter hospitals, they should have confidence that they will receive high-quality care that is responsive to their needs,” said John R. Lumpkin, MD, MPH, senior vice president and director of the health care group at RWJF. “Since nurses work closest to the patient, they have the unique vantage point of knowing how to improve the system in order to provide safer, better quality care. Engaging nurses directly in quality improvement is a step in the right direction.”

The P2 Collaborative of Western New York is a not-for-profit organization dedicated to educating and motivating people in Western New York to make lifestyle changes to prevent illness, and if ill, to help them become well again. The P2 Collaborative was hand-picked by the Robert Wood Johnson Foundation to participate in Aligning Forces of Quality, the Foundation’s Signature initiative to lift the overall quality of health care in targeted communities, reduce racial and ethnic disparities, and provide models that will help propel national reform.

The Western New York health care Association (WNYHA) was founded in 1931 and is the regional advocate for hospitals and other health care organizations in the eight counties of Western New York. WNYHA serves as the center for health information in Western New York, and seeks to establish Western New York as the healthiest community in the United States, while maintaining an efficient, cost-effective, and high quality health care system.

The Robert Wood Johnson Foundation (RWJF) focuses on the pressing health and health care issues facing our country. As the nation’s largest philanthropy devoted exclusively to improving the health and health care of all Americans, the Foundation works with a diverse group of organizations and individuals to identify solutions and achieve comprehensive, meaningful and timely change.

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I-2.) Receipts and Disbursements -or- Revenues and Expenses during such Fiscal Year in accordance with the categories or classifications established by the Corporation for its own operating and capital outlay purposes

ERIE COUNTY MEDICAL CENTER CORPORATION
(A COMPONENT UNIT OF THE COUNTY OF ERIE)

STATEMENTS OF REVENUES, EXPENSES AND CHANGES IN NET ASSETS
For the Years Ended December 31,
(000's omitted)

	<u>2011</u>	<u>2010</u>
Operating revenues:		
Net patient service revenue (net of provision for bad debts of \$22,213 in 2011 and \$22,294 in 2010)	\$ 342,283	\$ 340,813
Disproportionate share revenue	60,572	53,444
Other operating revenue	28,625	18,276
Total operating revenues	<u>431,480</u>	<u>412,533</u>
Operating expenses:		
Payroll, employee benefits and contract labor	251,603	233,110
Professional fees	44,609	41,231
Purchased services	32,010	32,929
Supplies	58,871	58,643
Other operating expenses	22,321	22,711
Depreciation and amortization	15,486	14,105
Total operating expenses	<u>424,900</u>	<u>402,729</u>
Operating income	<u>6,580</u>	<u>9,804</u>
Non-operating revenues (expenses):		
Investment income	1,764	7,286
Interest expense	(5,335)	(5,478)
Gain (loss) on disposal of equipment	1	(650)
Settlements with Erie County, net	(4,682)	(8,044)
Total net non-operating revenue (expense)	<u>(8,252)</u>	<u>(6,886)</u>
(Deficiency) excess of revenues over expenses	(1,672)	2,918
Contributions and transfers from (to) related parties, net	155	(9,888)
Total change in net assets	<u>(1,517)</u>	<u>(6,970)</u>
Net assets – beginning of year	<u>99,615</u>	<u>106,585</u>
Net assets – end of year	<u>\$ 98,098</u>	<u>\$ 99,615</u>

**ECMC Corporation Annual Report as required by New York Public
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I-3.) Assets and Liabilities for Fiscal Year End including the Status of Reserve, Depreciation, Special or Other Funds and including the Receipts and Payments of these Funds

ERIE COUNTY MEDICAL CENTER CORPORATION
(A COMPONENT UNIT OF THE COUNTY OF ERIE)
STATEMENTS OF NET ASSETS
December 31,
(000's omitted)

ASSETS	<u>2011</u>	<u>2010</u>
Current assets:		
Cash and cash equivalents	\$ 38,854	\$ 15,845
Investments	46,306	72,657
Assets whose use is limited	107,429	23,551
Patient accounts receivable, net	39,217	40,951
Other receivables	51,681	49,456
Supplies, prepaids and other	5,820	4,951
Total current assets	<u>289,307</u>	<u>207,411</u>
Assets whose use is limited	113,762	99,921
Capital assets, net (depreciable)	94,702	82,547
Capital assets (non-depreciable)	68,313	13,184
Other assets, net	<u>4,474</u>	<u>3,082</u>
Total assets	<u>\$ 570,558</u>	<u>\$ 406,145</u>
LIABILITIES AND NET ASSETS		
Current liabilities:		
Current portion of long-term debt	\$ 4,249	\$ 2,250
Accounts payable	39,139	24,563
Accrued salaries, wages and employee benefits	17,908	15,714
Accrued other liabilities	26,783	13,599
Deferred revenue	32,613	18,598
Estimated third-party payor settlements	28,211	23,077
Total current liabilities	<u>148,903</u>	<u>97,801</u>
Long-term debt, net	187,290	94,900
Self-insured obligations	<u>136,267</u>	<u>113,829</u>
Total liabilities	<u>472,460</u>	<u>306,530</u>
Net assets:		
Invested in capital assets, net of related debt	67,836	14,855
Restricted:		
For debt service	10,850	10,294
Expendable for capital	-	1,010
Unrestricted	19,412	73,456
Total net assets	<u>98,098</u>	<u>99,615</u>
Total liabilities and net assets	<u>\$ 570,558</u>	<u>\$ 406,145</u>

ECMC Corporation Annual Report as required by New York Public Authorities Law – Sections 2800 and 3642

I-4.) Schedule of Bonds and Notes Outstanding at Fiscal Year End, together with Statement of the Amounts Redeemed and Incurred during such Fiscal Year as part of a Schedule of Debt Issuance including Date of Issuance, Term, Amount, Interest Rate, Means of Repayment, Refinancings, Calls, Refundings, Defeasements and Interest Rate Exchange or Other such agreements, and for any debt issued during the reporting year, a Detailed List of Costs for any Debt Issued for such debt

<i>Erie County Guaranteed Senior Revenue Bonds, Series 2004</i>			
No bonds were issued, called, or re-financed during 2011.			
\$2,250,000 of bonds matured or were redeemed in 2011.			
\$94,900,000 of 2004 bonds remain outstanding at December 31, 2011.			
<i>Erie County Senior Revenue Bonds, Series 2011</i>			
\$96,864,000 of bonds were issued in 2011.			
\$225,000 of bonds were redeemed in 2011.			
\$96,639,000 of 2011 bonds remain outstanding at December 31, 2011.			

I-5.) Compensation Schedule including, by position, title and name of persons holding such position or title, salary, compensation, allowance and/or benefits provided to any officer, director or employee in a decision making or managerial position of such authority whose salary exceeds \$100,000

COMPENSATION SCHEDULE				
<i>Last Name</i>	<i>First Name</i>	<i>MI</i>	<i>Position</i>	<i>2011 W-2 Compensation</i>
Lomeo	Jody	L	Chief Executive Officer	687,479
Barabas	Mark	C	President, Chief Operating Officer	507,405
Sammarco	Michael	J	Chief Financial Officer	432,799
Murray, M.D.	Brian	M	Chief Medical Officer	369,014
Richmond	Kenneth	A	Senior Vice President of Operations	235,273
Cleland	Richard	C	Senior Vice President of Operations	297,823
Krawiec	Ronald	J	Senior Vice President of Operations	187,501
Glica	Bonnie	A	Senior Vice President of Nursing	210,501
Feidt	Leslie	A	Chief Information Officer	166,256
O'Hara	Kathleen	E	Vice President of Human Resources	185,508
Quatroche	Thomas	J	Senior Vice President of Marketing, Planning, and Business Development	198,855

ECMC Corporation Annual Report as required by New York Public Authorities Law – Sections 2800 and 3642

I-6.) Projects Undertaken by ECMC Corporation during the past year

PROJECTS UNDERTAKEN BY ECMC CORPORATION DURING THE PAST YEAR	
<i>Project</i>	<i>Amount</i>
Long Term Care facility & parking ramp	103,000,000
Chiller water plant improvements & upgrade	5,398,091
Operating room renovations	464,242
Interstitial area renovations	447,592
Oxygen Storage renovations	401,078

I-7.) (i) All Corporation Real Property with Fair Market Value greater than \$15,000 that ECMC Corporation intends to dispose of:

The Corporation holds no real property that it intends to dispose of which has a fair market value greater than \$15,000.

(ii) All Real Property held by ECMC Corporation at the end of the period covered by the report:

The Corporation owns approximately 65 acres of land at 462 Grider Street, Buffalo, NY 14215, which constitutes the ECMC Hospital Health Care campus.

(iii) All Real Property disposed of during the past year, including sale prices and names of purchasers:

No real property was disposed of in 2011.

I-8.) ECMC Corporation Code of Ethics

ARTICLE XII: CODE OF ETHICS AND CONFLICTS OF INTEREST

Section 1. Compliance. The members of the Board agree to comply with all applicable local and state regulations and laws regarding conflicts of interest.

Section 2. Conflict of Interest Policy. The Board shall develop and implement a written policy with respect to conflicts of interest by members of the Board. The policy should prohibit members of the Board from maintaining substantial personal or business interests that conflict with those of ECMCC, and shall require members of the Board to execute a conflicts of interest statement.

Section 3. Disclosure of Personal Interest and Abstention. It is the responsibility of every Board member to disclose to the Chairperson of the Board any personal or business interest in any matter that comes before the Board for consideration. Each member of the Board shall abstain from voting on any matter in which he or she has a personal or business interest.

Section 4. Self-Dealing. The Corporation shall not engage in any transaction with a person, firm, or other business entity in which one or more of the Board members has a financial interest in such person, firm or other business entity, unless such interest is disclosed in good faith to the Board, and the Board authorizes such transaction by a vote sufficient for such purpose, without counting the vote of the interested Board member.

Section 5. Influence of Decision Makers. No member of the Board shall use his or her position to influence the judgment or any decision of any Corporation employee concerning the procurement of goods or services on behalf of the Corporation.

Section 6. No Forfeit of Office or Employment. Except as provided by law, no officer, member, or employee of the state or of any public corporation shall forfeit his or her office or employment by reason of his or her acceptance of appointment as a director, nonvoting representative, officer, or employee of the Corporation, nor shall such service as such a director, nonvoting representative, officer or employee be deemed incompatible or in conflict with such office or employment; and provided further, however, that no public officer elected to his or her office pursuant to the laws of the state or any municipality thereof may serve as a member of the governing body of the Corporation during his or her term of office.

I-9.) Assessment of the Effectiveness of the ECMC Corporation Internal Control Structure and Procedures

Independent auditors did not identify any deficiencies in internal control that they considered to be material weaknesses.

The independent audit also did not identify any significant deficiencies for 2011. Independent auditor comments for the year 2010 were reported as adequately addressed and cleared by management during 2011.

I-10.) ECMC Corporation Internet Web Site: www.ecmc.edu

II. REPORT OF SUBSIDIARIES / PROCUREMENT CONTRACTS:

Public Authorities Law §3642(2); Contract Procurement Guidelines, Article X; and the Sale, Purchase and Operation Agreement, §6.9

II-1.) Name, Principal Business Address, Principal Business Activities of Each Subsidiary of the Corporation

1.) PRIMARY CORPORATION: Public Benefit Corporation

ECMC Corporation, 462 Grider Street, Buffalo, New York 14215; 716-898-3000;
www.ecmc.edu

The ECMC Corporation includes an advanced academic medical center (ECMC) with 550 inpatient beds and 136 skilled-nursing-home beds, on- and off-campus health centers, more than 30 outpatient specialty care services and a long-term care facility. ECMC is the regional center for trauma, burn care, transplantation and rehabilitation and is a major teaching facility for the University at Buffalo. Most ECMC physicians, dentists and pharmacists are dedicated faculty members of the university and/or members of a private practice plan. More Western New York residents are choosing ECMC for exceptional patient care and customer service—*the difference between health care and true care*[™].

ECMC Corporation Mission Statement: To provide every patient the highest quality of care delivered with compassion.

ECMC Corporation Affiliation Statement: The ECMC Corporation is affiliated with the University at Buffalo School of Medicine and Biomedical Sciences.



Mission

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

Vision

ECMC WILL BE A LEADER IN AND RECOGNIZED FOR:

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

The difference between healthcare and true care™





Core Values

ACCESS

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

EXCELLENCE

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

DIVERSITY

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

FULFILLING POTENTIAL

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

DIGNITY

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

PRIVACY

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

FAIRNESS and INTEGRITY

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

COMMUNITY

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

COLLABORATION

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

COMPASSION

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

STEWARDSHIP

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

The difference between healthcare and true care™



**ECMC Corporation Annual Report as required by New York Public
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II. REPORT OF SUBSIDIARIES / PROCUREMENT CONTRACTS:

Public Authorities Law §3642(2); Contract Procurement Guidelines, Article X; and the Sale, Purchase and Operation Agreement, §6.9

II-1.) Name, Principal Business Address, Principal Business Activities of Each Subsidiary of the Corporation (continued)

2.) ECMCC Strategic Services, LLC

The Corporation is the sole owner of this enterprise, which was established to enable the Corporation to enter into various other business relationships. The accounts of ECMCC Strategic Services LLC are fully consolidated into the accounts of the Corporation as of and for the years ending December 31, 2011 and 2010, respectively. The assets of ECMCC Strategic Services LLC consist substantially of cash of approximately \$612,000 and \$640,000, respectively, at December 31, 2011 and 2010. Net assets of this entity were approximately \$621,000 and \$650,000, respectively, at December 31, 2011 and 2010.

ECMCC Strategic Services LLC owns Greater Buffalo Niagara SC Venture, LLC, a presently inactive entity. The ownership interest is accounted for by ECMCC Strategic Services LLC utilizing the equity method of accounting.

3.) Grider Community Gardens, LLC

This entity is wholly owned and controlled by the Corporation. The Corporation's net investment as of December 31, 2011 and 2010 is approximately \$312,000 and \$351,000, respectively, and is reflected in other non-current assets of the Corporation's financial statements.

II-2.) Name of all Board Members and Officers of Each Subsidiary

1-a.) ECMC Corporation Board of Directors

OFFICERS

Kevin M. Hogan, Esq.
Chair

Richard F. Brox, R.L.A.
Vice-chair

Michael A. Seaman
Vice-chair

Sharon L. Hanson
Vice-chair

Kevin E. Cichocki, D.C.
Treasurer

Bishop Michael A. Badger
Secretary

BOARD MEMBERS

Douglas H. Baker

Ronald A. Chapin

K. Kent Chevli, M.D.

Michael H. Hoffert

Anthony M. Iacono

Dietrich Jehle, M.D.

Frank B. Mesiah

Thomas P. Malecki, C.P.A.

Joseph A. Zizzi, Sr., M.D.

NON-VOTING BOARD MEMBERS

Ronald P. Bennett, Esq.

Kevin Pranicoff, M.D.

1-b.) ECMC Corporation Executive Administration 2010 – 2011

Jody L. Lomeo
Chief Executive Officer

Mark C. Barabas, D.H.A., F.A.C.H.E.
President and Chief Operating Officer

Michael J. Sammarco
Chief Financial Officer

Brian M. Murray, M.D.
Chief Medical Officer

Donna M. Brown
Director of Patient Satisfaction and Cultural Awareness

Richard C. Cleland, M.P.A., N.H.A.
Senior Vice President of Operations

Ronald Krawiec
Senior Vice President of Operations

Bonnie Ann Glica, M.S., R.N.
Senior Vice President of Nursing

Leslie Feidt
Chief Information Officer

Kathleen E. O'Hara
Vice President of Human Resources

Thomas J. Quatroche Jr., Ph.D.
Senior Vice President of Marketing and Planning

1-c.) ECMC Corporation Medical-Dental Staff Officers through 2011

Joseph Kowalski, M.D.
President

Richard Hall, M.D.
President-elect

Yogesh D. Bakhai, M.D.
Immediate Past President

Sam Cloud, D.O.
Treasurer

Timothy DeZastro, M.D.
Secretary

Ravi Desai, M.D.
Representative-At-Large

James Lukan, M.D.
Representative-At-Large

Nancy Ebling, D.O.
Representative-At-Large

Amanda Chauncey, R.P.A.-C.
Allied Health Representative

2.) ECMCC Strategic Services LLC

OFFICERS

Jody L. Lomeo

Michael J. Sammarco

3.) Grider Community Gardens, LLC

OFFICERS

Jody L. Lomeo

Michael J. Sammarco

II-3.) Number of Employees of Each Subsidiary

1.) ECMC Corporation

2,849

2.) ECMCC Strategic Services, LLC:

None

3.) Grider Community Gardens, LLC:

None

**ECMC Corporation Annual Report as required by New York Public
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II-4.) List of All Contracts in excess of \$100,000 entered into by the Corporation and its subsidiaries, including the amount, purpose and duration of each such contract

<u>Entity Name</u>	<u>City and State</u>	<u>Date</u>	<u>Dollar Value</u>	<u>Purpose</u>
Allegiance Healthcare Corp.	Deerfield, IL	1/1/2011	164,450	Supplies / Equipment
Cannon Design, Inc.	Grand Island, NY	4/1/2011	2,147,174	Architectural Services
Cardinal Health	Mattydale, NY	12/1/2011	8,819,452	Supplies / Equipment
Dell Marketing LP	Round Rock, TX	3/24/2011	347,487	HIS Equipment
Edwards Lifesciences	Irvine, CA	7/8/2011	153,247	Supplies / Equipment
Healthnet Systems	Burlington, MA	11/4/2011	154,564	Supplies / Equipment
Medtronic	Arden Hills, MN	12/15/2011	295,596	Medical Supplies
Medtronic Neurological	Columbia Heights, MN	12/1/2011	134,352	Hospital Supplies
Medtronic Midas Rex	Fort Worth, TX	12/1/2011	119,716	Hospital Supplies
Medtronic Sales Inc.	Amherst, NY	12/15/2011	2,537,239	Pacemakers
Medtronic Sofamor Danek	Memphis, TN	12/15/2011	230,707	Hospital Supplies
Mollenberg-Betz Inc.	Buffalo, NY	6/1/2011	220,123	Construction Services
Revenue Cycle Compass	Washington, DC	4/1/2011	173,720	Professional Services
S & V Associates LLC	Buffalo, NY	5/1/2011	106,505	Supplies / Equipment
Simplex Grinnell	Amherst, NY	4/1/2011	165,593	Hardware
Suicide Prevention	Buffalo, NY	7/1/2011	332,383	Clinic Treatment Program
Synthes Maxillofacial	Paoli, PA	3/1/2011	282,619	Hospital Supplies

II-5.) Financial Statement

See I-2 and I-3 above

II-6.) Income Statement

See I-2 above

II-7.) Balance Sheet

See I-3 above

III. BOND SALE REPORT:

Public Authorities Law §3633(4)(f), (g) and (h)

See I-4 above

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