


New York State Department of Health Certificate of Need Application

Schedule 1

Acknowledgement and Attestation

I hereby certify, under penalty of perjury, that I am duly authorized to subscribe and submit this application on behalf of the applicant: Crouse Health Hospital Inc.

I further certify that the information contained in this application and its accompanying schedules and attachments are accurate, true and complete in all material respects. I acknowledge and agree that this application will be processed in accordance with the provisions of articles 28, 36 and 40 of the public health law and implementing regulations, as applicable.

SIGNATURE: 	DATE 6/3/24
PRINT OR TYPE NAME Seth Kronenberg, M.D.	TITLE President and CEO

General Information

		Title of Attachment:
Is the applicant an existing facility? If yes, attach a photocopy of the resolution or consent of partners, corporate directors, or LLC managers authorizing the project.	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Please refer to the Schedule 1 Attachment
Is the applicant part of an "established PHL Article 28* network" as defined in section 401.1(j) of 10 NYCRR? If yes, attach a statement that identifies the network and describes the applicant's affiliation. Attach an organizational chart.	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Please refer to the Schedule 1 Attachment

Contacts

The Primary and Alternate contacts are the only two contacts who will receive email notifications of correspondence in NYSE-CON. **At least one of these two contacts should be a member of the applicant.** The other may be the applicant's representative (e.g., consultant, attorney, etc.). What is entered here for the Primary and Alternate contacts should be the same as what is entered onto the General Tab in NYSE-CON.

Primary Contact	NAME AND TITLE OF CONTACT PERSON	CONTACT PERSON'S COMPANY	
	Frank M. Cicero, President	Cicero Consulting Associates	
	BUSINESS STREET ADDRESS		
	925 Westchester Avenue, Suite 201		
	CITY	STATE	ZIP
	White Plains	New York	10604
	TELEPHONE	E-MAIL ADDRESS	
(914) 682-8657	conadmin@ciceroassociates.com		

Alternate Contact	NAME AND TITLE OF CONTACT PERSON	CONTACT PERSON'S COMPANY	
	Seth Kronenberg, M.D., President and CEO	Crouse Hospital	
	BUSINESS STREET ADDRESS		
	736 Irving Avenue		
	CITY	STATE	ZIP
	Syracuse	New York	13210
	TELEPHONE	E-MAIL ADDRESS	
[REDACTED]	[REDACTED]		

The applicant must identify the operator's chief executive officer, or equivalent official.

**New York State Department of Health
Certificate of Need Application**

Schedule 1

CHIEF EXECUTIVE	NAME AND TITLE		
	Seth Kronenberg, M.D., President and CEO, Crouse Hospital		
	BUSINESS STREET ADDRESS		
	736 Irving Avenue		
	CITY	STATE	ZIP
	Syracuse	New York	13210
	TELEPHONE	E-MAIL ADDRESS	

The applicant's lead attorney should be identified:

ATTORNEY	NAME		FIRM	BUSINESS STREET ADDRESS
	N/A			
	CITY, STATE, ZIP		TELEPHONE	E-MAIL ADDRESS

If a consultant prepared the application, the consultant should be identified:

CONSULTANT	NAME		FIRM	BUSINESS STREET ADDRESS
	Mr. Frank M. Cicero		Cicero Consulting Associates	925 Westchester Avenue, Suite 201
	CITY, STATE, ZIP		TELEPHONE	E-MAIL ADDRESS
	White Plains, New York 10604		(914) 682-8657	conadmin@ciceroassociates.com

The applicant's lead accountant should be identified:

ACCOUNTANT	NAME		FIRM	BUSINESS STREET ADDRESS
	N/A			
	CITY, STATE, ZIP		TELEPHONE	E-MAIL ADDRESS

Please list all Architects and Engineer contacts:

ARCHITECT and/or ENGINEER	NAME		FIRM	BUSINESS STREET ADDRESS
	Chad Rogers, AIA		King + King Architects	358 West Jefferson Street
	CITY, STATE, ZIP		TELEPHONE	E-MAIL ADDRESS
	Syracuse, New York 13202		(315) 671-2400	crogers@kingarch.com

ARCHITECT and/or ENGINEER	NAME		FIRM	BUSINESS STREET ADDRESS
	N/A			
	CITY, STATE, ZIP		TELEPHONE	E-MAIL ADDRESS

**New York State Department of Health
Certificate of Need Application**

Schedule 1

Other Facilities Owned or Controlled by the Applicant N/A
Establishment (with or without Construction) Applications only

NYS Affiliated Facilities/Agencies

Does the applicant legal entity or any related entity (parent, member or subsidiary corporation) operate or control any of the following in New York State?

FACILITY TYPE - NEW YORK STATE	FACILITY TYPE	
Hospital	HOSP	Yes <input type="checkbox"/> No <input type="checkbox"/>
Nursing Home	NH	Yes <input type="checkbox"/> No <input type="checkbox"/>
Diagnostic and Treatment Center	DTC	Yes <input type="checkbox"/> No <input type="checkbox"/>
Midwifery Birth Center	MBC	Yes <input type="checkbox"/> No <input type="checkbox"/>
Licensed Home Care Services Agency	LHCSA	Yes <input type="checkbox"/> No <input type="checkbox"/>
Certified Home Health Agency	CHHA	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hospice	HSP	Yes <input type="checkbox"/> No <input type="checkbox"/>
Adult Home	ADH	Yes <input type="checkbox"/> No <input type="checkbox"/>
Assisted Living Program	ALP	Yes <input type="checkbox"/> No <input type="checkbox"/>
Long Term Home Health Care Program	LTHHCP	Yes <input type="checkbox"/> No <input type="checkbox"/>
Enriched Housing Program	EHP	Yes <input type="checkbox"/> No <input type="checkbox"/>
Health Maintenance Organization	HMO	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Health Care Entity	OTH	Yes <input type="checkbox"/> No <input type="checkbox"/>

Upload as an attachment to Schedule 1, the list of facilities/agencies referenced above, in the format depicted below:

Facility Type	Facility Name	Operating Certificate or License Number	Facility ID (PFI)
---------------	---------------	---	-------------------

Out-of-State Affiliated Facilities/Agencies

In addition to in-state facilities, please upload, as an attachment to Schedule 1, a list of all health care, adult care, behavioral, or mental health facilities, programs or agencies located outside New York State that are affiliated with the applicant legal entity, as well as with parent, member and subsidiary corporations, in the format depicted below.

Facility Type	Name	Address	State/Country	Services Provided
---------------	------	---------	---------------	-------------------

In conjunction with this list, you will need to provide documentation from the regulatory agency in the state(s) where affiliations are noted, reflecting that the facilities/programs/agencies have operated in substantial compliance with applicable codes, rules and regulations for the past ten (10) years (or for the period of the affiliation, whichever is shorter). More information regarding this requirement can be found in Schedule 2D.

SCHEDULE 1 ATTACHMENT

CROUSE HOSPITAL

BOARD RESOLUTION

AND

ARTICLE 28 NETWORK

AND

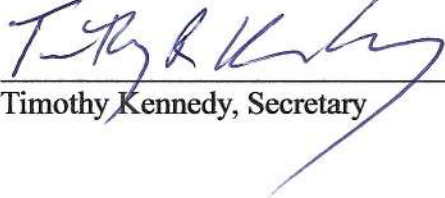
PROJECT NARRATIVE

**CERTIFIED ACCOUNT OF RESOLUTION
OF
CROUSE HEALTH HOSPITAL, INC.
(Crouse Hospital)**

The undersigned hereby certifies that the following is a true account of the Resolution adopted by the Board of Directors of Crouse Hospital at the May 9, 2024, meeting of the Crouse Hospital Board of Directors.

RESOLVED, that Seth Kronenberg, MD, President and Chief Executive Officer of the Crouse Hospital, is authorized to submit a Certificate of Need Application to the New York State Department of Health, for the purpose of providing adult cardiac surgery services under Article 28 of the New York Public Health Law; and

RESOLVED that Seth Kronenberg, MD is authorized to take any and all actions deemed appropriate in order to file the Certification of Need and take it through the Certificate of Need Application review process.



Timothy Kennedy, Secretary

CROUSE HOSPITAL

ARTICLE 28 NETWORK DESCRIPTION

Crouse Health Hospital Inc. d/b/a Crouse Hospital, is a voluntary, not-for-profit, acute care regional hospital located in Syracuse, New York with a service area encompassing the counties of Central New York State. Crouse Health System, Inc., a not-for-profit organization, is the active parent and sole corporate member of the Hospital. Crouse Health Hospital, Inc. and Crouse Health System, Inc. are listed as co-operators on the Operating Certificate of the Hospital.

CROUSE HOSPITAL

PROJECT NARRATIVE

I. INTRODUCTION

Proposal

Crouse Health Hospital Inc. d/b/a Crouse Hospital (“Crouse” or the “Hospital”), a voluntary, not-for-profit, 465-bed acute care hospital, is submitting this Full Review Certificate of Need (“C.O.N.”) Application to certify the “Cardiac Surgery – Adult” service and renovate space to accommodate two (2) new operating rooms and support spaces that will be used for cardiac surgery services. This project will be undertaken by Crouse Hospital in cooperation with, and with program development support from, Northwell Health. Crouse is located at 736 Irving Avenue, Syracuse (Onondaga County), New York 13210.

Project Description

Through this project, Crouse Hospital will renovate 8,540 square feet of space on the 1st floor of the Hospital for the creation of two (2) new operating rooms for cardiac surgery, pre- and post-operative care and other support spaces. The existing space currently houses the Hospital’s administrative suite, which will be relocated within the Hospital to accommodate the proposed renovations. If needed, a separate Construction Notice will be submitted to the NYSDOH for that non-clinical relocation project.

The Hospital has identified one (1) cardiac surgeon who will initially participate in the proposed cardiac surgery program at the Hospital: Charles J. Lutz, M.D., who is a Board-certified cardiac surgeon currently serving as the Medical Director of the cardiac surgery program at St. Joseph’s Hospital Health Center in Syracuse. Dr. Lutz will become the Medical Director of the proposed cardiac surgery program at Crouse through this project. Please refer to **Appendix I** for a brief statement of work of

Dr. Lutz. The Hospital is currently in the process of recruiting additional cardiac surgeons to Crouse Hospital for the proposed adult cardiac surgery program.

Brief Overview of Public Need

Crouse Hospital believes that health care should be easy to access, local and tailored to meet the needs of communities – where, when and how they need it most. Two (2) separate cardiology practices that are both closely affiliated with Crouse Hospital currently refer about 500 patients for adult cardiac surgery each year to hospitals with cardiac surgery capabilities (most patients stay local; a small percentage travel outside of the Central New York region). Over the past several years, these cardiologists have seen a large and growing number of their patients who have been referred for cardiac surgery – including many of whom are covered by Medicaid – receiving cardiac surgery procedures in a delayed manner. This delayed access has led to significant dissatisfaction on the part of patients and their cardiologists. These local cardiothoracic surgeons have approached Crouse Hospital and expressed their interest in building a new cardiac surgery program at Crouse Hospital or leaving the Central New York region altogether. The implementation of the adult cardiac surgery service at Crouse Hospital will ensure continued access to cardiac surgery by preventing the departure of at least one (1) of these cardiac surgeons from Central New York and will enable patients to receive cardiac surgery services at Crouse Hospital, without the same delays that they have been experiencing, and at a facility upon which patients have come to rely and with which they are familiar.

Crouse Hospital is focused on serving some of the most underserved residents of Onondaga County and the surrounding region. To this end, Crouse is one (1) of only three (3) hospitals in upstate New York that currently qualify for the Direct Payment Template (DPT), and it is the only hospital in Syracuse to qualify for it. In order to qualify, a hospital must have greater than 36% Medicaid payer mix in inpatient discharges and outpatient visits. In fact, 63% of outpatient visits and 44% of inpatient admissions were provided to Medicaid enrollees in 2023. The implementation of this project will help to ensure that these traditionally medically underserved residents are able to access cardiac surgery services in a manner that is on par with

their non-Medicaid-covered peers. In short, this cardiac surgery project is a critical component of improving health equity in Syracuse and the surrounding Central New York region.

In addition to the intention of the Hospital's affiliated cardiologists to refer patients to Crouse for cardiac surgery and the intention of Dr. Lutz to perform cardiac surgery procedures at Crouse, the following points are also pertinent relative to the addition of the cardiac surgery service at the Hospital:

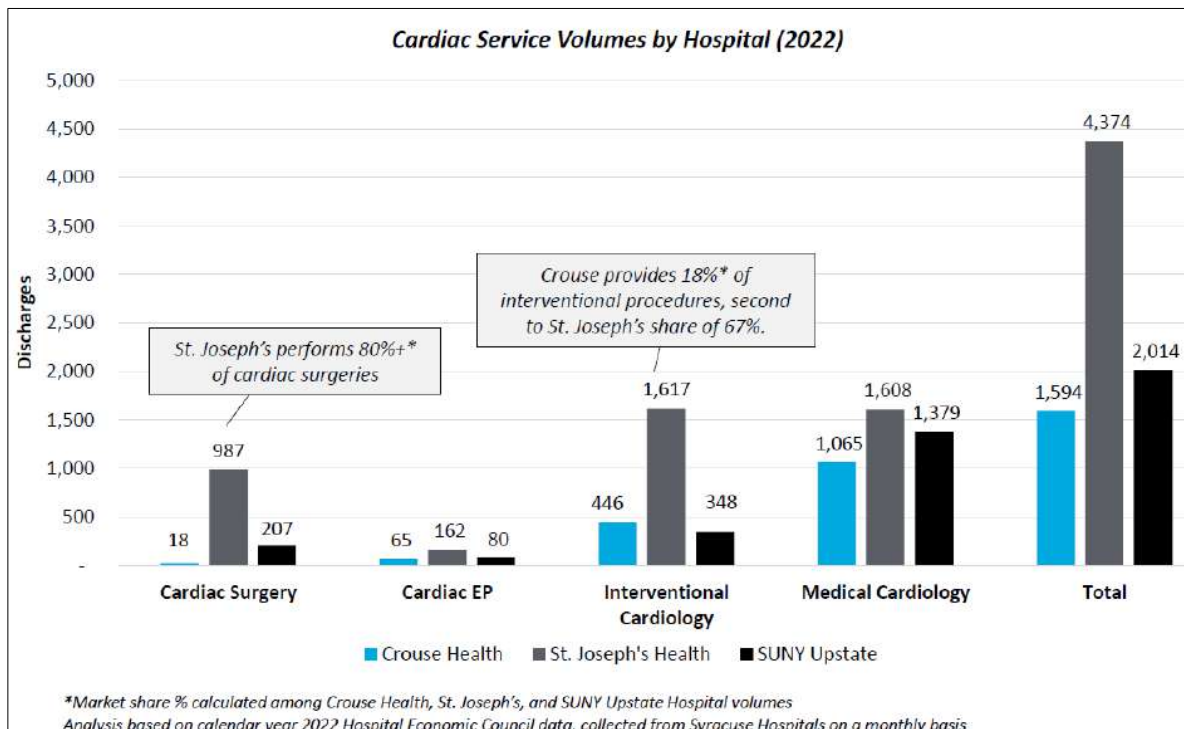
- Involvement of Northwell Health – The involvement of Northwell Health in the development of the proposed adult cardiac surgery program will help to ensure the creation of a successful and meaningful cardiac surgery program at Crouse.
- Continuity of Care – The implementation of this adult cardiac surgery program will help to ensure continuity of care for patients by facilitating seamless coordination between different stages of treatment, improving communication among healthcare providers and optimizing the patient's overall experience and outcomes.
- Patient Choice – Patients will have a third option for the location of their cardiac surgery procedure. Individuals who are already patients of Crouse Hospital and who choose to have their cardiac surgery procedure at Crouse will benefit from the highly coordinated cardiac medical and surgical care within an integrated team model at Crouse.
- Retention of Cardiac Surgeons in CNY – As noted above, local cardiothoracic surgeons have approached Crouse Hospital and expressed their interest in building a new cardiac surgery program at Crouse Hospital or leaving the Central New York region altogether. Approval of this cardiac surgery program will help to retain these cardiothoracic surgeons in the region, which will also help to recruit new providers to the market.

- Support for Population Influx Due to Micron – In October 2022, Micron, a semiconductor company that develops memory and storage solutions, announced that it would invest up to \$100 billion over the next 20+ years (with a \$20 billion investment planned for the first phase) to build a leading-edge memory megafab facility in Clay, New York, which is a town located about 10 minutes outside of Syracuse. The new megafab facility is expected to create nearly 50,000 new jobs and will attract a number of new residents to the region.
- Opportunities for Partnerships – The creation of a new adult cardiac surgery program will create a potential opportunity for Crouse to work more closely with SUNY Upstate for a coordinated cardiac program on a longer-term basis.

Cardiac Services at Crouse

Crouse Hospital’s cardiology team (known as “Crouse Medical Practice Cardiology”) provided nearly one-quarter of non-surgical care for Syracuse residents in 2022 (most recent data available).

Documentation of these statistics is found in the following chart:



Despite providing a significant portion of cardiac care in Syracuse, Crouse's patients must be referred out for cardiac surgical care. As noted above, Crouse's patients currently experience lengthy delays awaiting transfers to other cardiac surgery providers in the region, and the referring cardiologists and local cardiothoracic surgeons have approached Crouse Hospital and expressed their interest in building a new cardiac surgery program at Crouse Hospital or leaving the Central New York region altogether. The Hospital subsequently analyzed the Syracuse and Central New York market and has determined that, with more than 1,200 cardiac surgery procedures being performed at the two (2) existing cardiac surgery facilities in Syracuse, the region can support three (3) separate cardiac surgery programs.

Cardiac care quality at Crouse Hospital has been recognized nationally by the American Heart Association with the Heart Failure Gold Plus Quality Achievement Award for providing excellent care based on national guidelines and the AHA's Mission: Lifeline Gold Receiving Quality Achievement Award for STEMI. Crouse is the only hospital in the region to receive these quality and performance designations.

The addition of a cardiac surgery program at Crouse Hospital – with the direct and ongoing clinical involvement of Northwell Health – will enable the applicant to become the preeminent cardiology program in the region, which will be a tremendously important benefit to the local residents, in keeping with the goals of Crouse for population health management in a post-DSRIP environment.

In addition, the poor cardiac health statistics for the primary service area (PSA), which is comprised of 10 counties in Central New York and the surrounding region, demonstrate that within the PSA, additional access to adult cardiac surgery is needed. The Hospital believes that this disparity can be remediated by the enhancement of Crouse's cardiology program. The centerpiece of this transformation is the availability of higher-level cardiac surgery services.

High-Quality Cardiac Services at Crouse

Most of the cardiology services are provided within the Miron Cardiac Care Center (the “Center”) at Crouse Hospital. The Center features innovative treatments supported by the latest technology, with extensive diagnostic capabilities. The Miron Cardiac Care Center offers a robust electrophysiology (EP) program, and the cardiology team at the Center performs a variety of procedures in its advanced EP suite, including ablation, as well as pacemaker and defibrillator implantation.

The Center also includes three (3) cardiac catheterization suites, among them the only one in the region for pediatric patients. Here, the Hospital’s interventional cardiologists perform a variety of procedures, including coronary artery angioplasty and stenting, peripheral vascular intervention and treatment of ST-elevation myocardial infarction (STEMI), a serious heart attack caused by blockage of the heart artery. Largely due to the skills of the cardiac catheterization team, the Center boasts one of the fastest response times in the region, bettering national benchmarks. To this end, the national goal of median door-to-cardiac intervention is 90 minutes. For each year since 2009, Crouse Hospital has been well under this 90-minute national goal, and it has been under its stated goal of less than 60 minutes. In fact, in the first five (5) months of 2024, the door-to-cardiac intervention time was only 56 minutes. Crouse Hospital will bring the success of its emergency medicine team for STEMI patients to bear for its proposed cardiac surgery program.

Alignment with Strategic and Foundational Goals

Crouse Hospital has identified the following four (4) strategic goals that represent the plan for the future of the Hospital:

1. Clinical Excellence & Reputation – Design and deliver the highest quality, personalized care informed by community need and empowered by clinical excellence.
2. Personal Connection & Patient Experience – Create a seamless patient experience within Crouse and create market-leading access for all Crouse services.

3. Clinical Network & System Development – Develop an expanded, integrated system of Crouse services and partnerships for the continuum of care and for priority social-care needs.
4. Value – Foster high-value and strong collaborations with payers, local employers and community groups to advance value-based care.

In addition, the Hospital has identified the following foundational goals that will help to enable the Hospital's success on a long-term basis:

1. Operational & Financial Sustainability – Optimize revenue, manage costs and streamline system operations to ensure sustainability and service to its communities.
2. Talent & Culture – Foster a highly engaged workforce and attract, recruit, retain and train the best people and teams.

The implementation of the proposed adult cardiac surgery program at Crouse Hospital will help to further these strategic and foundational goals at the Hospital.

The following sections provide detailed information about the public need for an additional cardiac surgery provider in Central New York, important background on cardiology services at Crouse, information on overall program management and documentation of compliance with Sections 405.29 and 709.14 of 10 New York Codes, Rules and Regulations (10 NYCRR).

II. DOCUMENTATION OF PUBLIC NEED

Service Area Demographics

Pursuant to 10 NYCRR Section 709.14, the planning area for determining the public need for cardiac surgery program services includes the applicant's Health Systems Agency region and the "use area" of the applicant facility. The use area (a/k/a general service area (GSA)) is defined as the area within a 100-mile radius of the applicant facility. In the case of Crouse Hospital, a 100-mile radius includes 766 ZIP Codes located throughout upstate New York (716 ZIP Codes) and northern Pennsylvania (50 ZIP Codes). The GSA includes, in part or in whole, the following 34 counties in New York State: Allegany, Broome, Cayuga, Chemung, Chenango, Cortland, Delaware, Fulton, Genessee, Hamilton, Herkimer, Jefferson, Lewis, Livingston, Madison, Monroe, Montgomery, Oneida, Onondaga, Ontario, Orleans, Oswego, Otsego, Saint Lawrence, Schoharie, Schuyler, Seneca, Steuben, Sullivan, Tioga, Tompkins, Wayne, Wyoming and Yates Counties. Please refer to **Appendix II** for a list of the GSA ZIP Codes within New York State.

Although the GSA is used for purposes of the State Hospital Code, the applicant believes that the primary service area (PSA), as defined herein, is more representative of where most of the cardiac surgery patients of Crouse Hospital will originate due to their closer proximity to the City of Syracuse and Onondaga County, generally. The PSA for this project includes the following 10 counties: Onondaga, Oswego, Oneida, Madison, Chenango, Cortland, Tompkins, Cayuga, Seneca and Wayne Counties. Data from the Hospital shows that 93% of all inpatient discharges from Crouse Hospital in 2023 were from residents of these 10 PSA counties.

For purposes of this project, the applicant is also analyzing Onondaga County and the City of Syracuse, which includes the following 11 ZIP Codes (some of which may be only partially included inside the city proper): 13208, 13203, 13206, 13219, 13204, 13202, 13210, 13224, 13214, 13207 and 13205.

Per data from the U.S. Census Bureau, the City of Syracuse, Onondaga County and the PSA showed the following population characteristics, as compared to New York State (NYS) overall:

Table A. Population Demographics of the City of Syracuse, Onondaga County, Primary Service Area and New York State Overall, 2022

	City of Syracuse	Onondaga County	PSA	New York State
2022 Population, Estimate	166,906	472,637	1,288,301	19,994,379
% Individuals Aged 18 and Under	77.9%	79.0%	79.7%	79.4%
% Individuals Aged 45 and Over	38.1%	43.4%	44.4%	43.0%
% Individuals Aged 65 and Over	14.9%	17.8%	18.3%	17.0%
Percent White, Non-Hispanic	53.8%	75.2%	81.8%	53.8%
Percent Black, Non-Hispanic	24.8%	10.4%	5.8%	13.8%
Percent Asian, Non-Hispanic	5.5%	4.0%	3.3%	8.8%
Percent Other Racial Minority Group Members, Non-Hispanic	6.8%	5.0%	4.3%	4.1%
Percent Hispanic/Latino	9.1%	5.4%	4.8%	19.5%
Percent Racial/Ethnic Minority Group Members	46.2%	24.8%	18.2%	46.2%
Percent Foreign-Born	12.1%	7.9%	6.4%	22.6%
Percent Living At or Below Federal Poverty Level	26.0%	13.9%	13.9%	13.6%
Insurance Coverage				
Medicaid**	32.9%	18.7%	20.1%	22.6%
No Health Insurance Coverage	4.6%	3.5%	3.8%	5.2%

* Source: U.S. Census Bureau, unless otherwise noted. All data represents 2022 data.

** Source: <https://datausa.io>

Onondaga County is located in Central New York and had a population of 472,637 residents in 2022. The largest city in Onondaga County is Syracuse, which had 166,906 residents (or about 35% of the total Onondaga County population) in 2022. As demonstrated in the table above, residents of Syracuse are slightly younger than residents of NYS overall, but residents of Onondaga County and the PSA are somewhat older than residents of NYS overall.

Large Poor and Medicaid-Covered Populations

Furthermore, 46.2% of Syracuse residents, 24.8% of Onondaga County residents and 18.2% of PSA residents were of a racial/ethnic minority group status in 2022, as compared to 46.2% of all New York State residents. Importantly, 26.0% of residents of Syracuse were living at or below the Federal Poverty Level (FPL) in 2022, which was almost double the percentage of peer residents in NYS overall (13.6%). Consistent with this FPL data, 37.5% of the residents of Syracuse were either covered by Medicaid or

had no insurance at all, which was much higher than those of peer residents of Onondaga County overall (22.2%), the PSA (23.9%) and NYS overall (27.8%).

Crouse Hospital currently serves and will continue to serve the medically indigent residents of the region regardless of their source of payment. To this end, Crouse Hospital is one (1) of only three (3) hospitals in upstate New York that currently qualifies for the Direct Payment Template (DPT), and it is the only hospital in Syracuse to qualify for it. In order to qualify, a hospital must have greater than 36% Medicaid payer mix in inpatient discharges and outpatient visits. The implementation of this project will help to ensure that these traditionally medically underserved residents are able to access cardiac surgery services in a manner that is on par with their non-Medicaid-covered peers.

Large and Growing Elderly Population

According to the Cornell Program on Applied Demographics (PAD), the elderly population in Onondaga County and the 10-county PSA is projected to grow rapidly in the coming years. Please refer to the following table that documents this significant growth in the elderly population:

Table B. Percentage of Residents Aged 65+ in Onondaga County, Primary Service Area and New York State, 2022 and 2030

	2022*	2030**
Onondaga County	17.8%	22.1%
Primary Service Area	18.3%	22.5%
New York State	17.0%	21.1%

* Source: U.S. Census Bureau.

** Source: <https://pad.human.cornell.edu/>

As per the table above, in 2022, 17.8% of Onondaga County residents were aged 65+ and by 2030, the 65+ population is projected to be 22.1%. Likewise, 18.3% of PSA residents were aged 65+ and by 2030, the 65+ population is projected to be 22.5%. As a comparison, 17.0% of NYS residents were aged 65+ and by 2030, the 65+ population is projected to comprise 21.1% of the NYS population. This is important because the elderly are more frequent users of specialty health care services such as cardiac surgery.

Given the above-noted demographic statistics, the proposed adult cardiac surgery program is expected to have a substantial impact on the under-insured and uninsured populations within the PSA generally, as well as within Onondaga County and the City of Syracuse, more specifically. These populations often demonstrate disproportionate adverse health outcomes, which is the case for residents of Onondaga County (see below).

Background – Regional Cardiac Surgery Providers

There are three (3) existing cardiac surgery programs within the 10-county PSA – St. Joseph’s Hospital Health Center (SUNY Upstate) in Onondaga County, University Hospital SUNY Health Science Center (SUNY Upstate) in Onondaga County and Wynn Hospital in Oneida County. For purposes of this C.O.N. Application, the cardiac surgery programs of only St. Joseph’s and SUNY Upstate are being reviewed because both of these facilities are located in Onondaga County, which is the county in which Crouse Hospital is located. In fact, these three (3) facilities are all located within the City of Syracuse, so there is much overlap in their service areas, unlike Wynn Hospital, which is located over 50 miles east of Syracuse.

Per an analysis by Northwell Health for Crouse Hospital, St. Joseph’s and SUNY Upstate performed a total of 1,322 adult cardiac surgery procedures in 2022 (most recent data available). Cardiac surgery procedures were inpatient only and include bypass and valve subclasses with the following DRGs: Cardiac Surgery (Bypass): 231, 232, 233, 234, 235 and 236; and Cardiac Surgery (Valves): 216, 217, 218, 219, 220, 221, 266 and 267. Through its analysis, Northwell Health found that St. Joseph’s provided 1,123 cardiac surgery procedures in 2022 and SUNY Upstate provided 199 cardiac surgery procedures, for a total of 1,322 cardiac surgery procedures at these two (2) facilities. It was also found that cardiac surgery patients seen at both St. Joseph’s and SUNY Upstate mainly originate from Onondaga County (38.8%), Oswego County (13.1%) and Oneida County (9.0%), and the remaining patients (39.1%) originate from other counties. In fact, the ZIP Code that had the highest number of patients was ZIP Code 13126, which is in Oswego (Oswego

County). Please refer to the following table for documentation of these ZIP Codes with the highest volume of cardiac surgery patients to St. Joseph’s and SUNY Upstate:

Table C. Cardiac Surgery Volume for St. Joseph’s and SUNY Upstate by Highest Volume ZIP Codes, 2022

Zip Code	Zip Code Name	Volume	% of Total
13126	Oswego	44	3.3%
13090	Liverpool	41	3.1%
13069	Fulton	41	3.1%
13027	Baldwinsville	39	2.9%
13212	Syracuse	34	2.6%
13021	Auburn	33	2.5%
13440	Rome	32	2.4%
13088	Liverpool	30	2.3%
13045	Cortland	24	1.8%
13057	East Syracuse	21	1.6%
13208	Syracuse	21	1.6%
13601	Watertown	20	1.5%
13206	Syracuse	19	1.4%

Cardiac Surgery Referrals

Two (2) separate cardiology practices that are both closely affiliated with Crouse Hospital currently refer about 500 patients for cardiac surgery each year to hospitals with cardiac surgery capabilities (most patients stay local; a small percentage travel outside of the region). Over the past several years, these cardiologists have seen a large and growing number of their patients who have been referred for cardiac surgery – including many of whom are covered by Medicaid – receiving cardiac surgery procedures in a delayed manner. This delayed access has led to significant dissatisfaction on the part of patients and their cardiologists. The implementation of the adult cardiac surgery service at Crouse Hospital will enable these same patients to receive cardiac surgery at Crouse Hospital, without the same delays that they have been experiencing, and at a facility upon which patients have come to rely and with which they are familiar.

Team #1 – Crouse Medical Practice Cardiology

Crouse Hospital has 14 well-trained adult cardiologists on staff at the Hospital. Please refer to **Appendix III** for a list of these 14 cardiologists who practice within Crouse Medical Practice Cardiology, which is part of Crouse Medical Practice, PLLC, an affiliate of Crouse Hospital. These 14 cardiologists have estimated that they currently refer about 300 patients for cardiac surgery each year to a hospital with cardiac surgery capabilities. Upon the implementation of this project, all of these cardiac surgery patients will be able to remain at Crouse Hospital for their cardiac surgery procedures.

Team #2 – Cardiovascular Specialists of CNY, PLLC

In addition, cardiologists from a second practice – Cardiovascular Specialists of CNY, PLLC – currently refer about 200 of their patients for cardiac surgery each year to a hospital with cardiac surgery capabilities. Starting on August 1, 2024, Cardiovascular Specialists of CNY, PLLC will be joining Crouse Medical Practice, PLLC. This expansion will bring on board four (4) physicians, one (1) cardiac nurse practitioner, one (1) cardiac registered physician’s assistant and one (1) physician’s assistant. In addition to these providers, there will also be over 30 other support staff members who will be joining Crouse Medical Practice, PLLC at that time. The integration of this well-established cardiology practice within the Crouse Health Network will further expand Crouse’s cardiology services, enhance patient outreach and improve access to care for patients. The addition of the proposed adult cardiac surgery program will complement the addition of this practice to Crouse Hospital.

Letters of Support/Referrals Documenting Volume

Please refer to **Appendix IV** for Letters of Support from the two (2) above-noted cardiology practices. Both of these practices have indicated their preference to refer their adult patients to Crouse Hospital for cardiac surgery upon approval of this project.

Improved Continuity and Coordination of Care

The implementation of this adult cardiac surgery program will help to ensure continuity of care for patients by facilitating seamless coordination between different stages of treatment, improving communication among healthcare providers and optimizing the patient's overall experience and outcomes, as follows:

First, as described in detail below, Crouse Hospital already provides a wide range of cardiology services through the Hospital (or rather, through Crouse Medical Practice, PLLC, the Hospital's affiliated practice). The addition of the adult cardiac surgery service will expand the cardiology service offerings at Crouse Hospital and will allow patients with complex cardiac conditions who require surgery to receive all of their care within the same institution, thereby ensuring care continuity and coordination between pre-operative, operative and post-operative care. Second, the addition of the adult cardiac surgery program will help to streamline the referral process for patients who require cardiac surgery. Instead of referring patients for cardiac surgery outside of Crouse Hospital, these patients can be kept in-house, leading to procedures being performed in a timelier manner. Moreover, patients will be able to undergo all necessary evaluations, treatments and surgeries in one location, thereby reducing the risk of error or delays in care.

Third, continuity of care will be improved because Crouse Hospital will already be familiar with the history of the patient who requires cardiac surgery. This familiarity is expected to lead to improved surgical outcomes and a reduced likelihood of complications by ensuring that the surgical plan is tailored to the patient's unique needs and medical history. Fourth, by keeping patients within the Crouse network, the Hospital will be able to more effectively collaborate with the various specialties that are involved in cardiac surgery, including cardiology, anesthesiology, critical care and rehabilitation services. Having these services within the same institution promotes interdisciplinary collaboration, allowing for more cohesive and coordinated care throughout the patient's treatment journey.

Fifth, continuity of care is not just about medical outcomes; it also impacts the patient's experience. Having cardiac surgery at Crouse Hospital can provide reassurance and convenience to patients and their families, who are likely already familiar with the Hospital's facilities, staff and procedures.

Projected Utilization

Pursuant to 10 NYCRR Section 405.29(d)(5), the proposed Crouse Hospital adult cardiac surgery program will maintain an annual minimum of 100 cardiac surgery procedures on adult patients. As reflected in the projected operating budget (Schedule 13), Crouse Hospital anticipates that it will perform 300 cardiac surgery procedures in Year 1. This volume is less than the total number of cardiac surgery referrals that Crouse Hospital made to other hospitals in the region in 2023 (i.e., an estimated 500 cardiac surgery referrals made by its two (2) affiliated cardiology practices, as described above). Performing these cardiac surgery procedures at Crouse Hospital, which is likely these patients' provider of choice, will be more efficient and cost-effective and in keeping with the goals of Crouse Hospital for population health management.

Pursuant to 10 NYCRR 709.14(b)(3), a facility proposing to initiate an adult cardiac surgery program must also document a cardiac patient base and current cardiac interventional referrals sufficient to support a projected annual volume of at least 300 cardiac surgery cases and a projected annual volume of at least 36 emergency PCI cases within two (2) years of approval. Crouse is projecting that it will perform 300 cardiac surgery cases in Year 1 and 500 cardiac surgery cases in Year 3 of operations. In addition, the Hospital experienced 65 emergency PCI procedures in 2023, documenting that it already meets (and will likewise meet in the future) the minimum number of emergency PCI procedures in order to document need for a new adult cardiac surgery program.

As demonstrated by the data set forth above, in addition to the 500 cardiac surgery patients who were referred to cardiac surgeons outside of Crouse Hospital, there are thousands of residents in Onondaga

County and throughout the rest of the Central New York region who are elderly, have serious cardiovascular conditions and are otherwise in poor health, who represent a substantial cardiac surgery patient base sufficient to support a projected annual volume of at least 500 cardiac surgery cases.

The implementation of this project will not change the current status of existing cardiac surgery programs with respect to meeting minimum cardiac surgery volumes. To this end, in 2019 (the most recent year for which cardiac surgery data is readily available through the NYSDOH), St. Joseph's Hospital provided 534 isolated coronary artery bypass grafting (CABG) procedures and an average of 390 valve or valve/CABG surgical procedures, for a total of 924 CABG, valve or combined valve/CABG surgical procedures. Most of the patients referred from Crouse Hospital for cardiac surgery receive their procedure at St. Joseph's. Thus, even if all 500 cardiac surgical cases that are currently referred out from Crouse are taken from St. Joseph's (which is not expected), there would still be 424 cardiac surgical cases (or more than the 300 minimum number of cardiac surgery cases needed for cardiac surgery facilities) remaining at St. Joseph's. In addition, in 2019, St. Joseph's provided 456 emergency PCI procedures, which is well above the 36 minimum number of emergency PCI procedures needed for cardiac surgery facilities). In short, the implementation of the proposed cardiac surgery project will still allow St. Joseph's Hospital to remain well above the minimum volume requirements for both cardiac surgery and emergency PCI cases, in line with 10 NYSCC Section 709.14(b)(3).

Crouse Hospital provided 1,441 diagnostic cardiac catheterization procedures and 358 PCI procedures in 2023. With the development of the new, proposed cardiac surgery program, the Hospital expects that volumes for these procedures will also likely increase as the overall cardiology program grows. Furthermore, over the past three (3) years, the Hospital's risk-adjusted mortality rate for PCI has been around or below the national average of 1.90 (e.g., 2.02 in 2019, 0.88 in 2018 and 2.14 in 2017).

The Hospital's plan will ensure enhanced access to cardiac surgery, PCI and diagnostic cardiac catheterization services for all segments of the population served by the Hospital and will reach patients not currently served within the planning area, ensure continuity of care for patients transferred between facilities, and otherwise promote planning for cardiac services within the region.

Additional Benefits of Cardiac Surgery at Crouse

Other key benefits that a new adult cardiac surgery program at Crouse Hospital will bring to bear include the following:

- Patient Choice – Patients will have a third option for the location of their cardiac surgery procedure. Individuals who are already patients of Crouse Hospital and who choose to have their cardiac surgery procedure at Crouse will benefit from the highly coordinated cardiac medical and surgical care within an integrated team model at Crouse.
- Retention of Cardiac Surgeons in CNY – As noted above, local cardiothoracic surgeons have approached Crouse Hospital and expressed their interest in building a new cardiac surgery program at Crouse Hospital or leaving the Central New York region altogether. Approval of this cardiac surgery program will help to retain these cardiothoracic surgeons in the region, which will also help to recruit new providers to the market.
- Support for Population Influx Due to Micron – In October 2022, Micron, a semiconductor company that develops memory and storage solutions, announced that it would invest up to \$100 billion over the next 20+ years (with a \$20 billion investment planned for the first phase) to build a leading-edge memory megafab facility in Clay, New York, which is a town located about 10 minutes outside of Syracuse. The new megafab facility is expected to create nearly 50,000 new jobs and will attract a number of new residents to the region.

- Opportunities for Partnerships – The creation of a new adult cardiac surgery program will create a potential opportunity for Crouse to work more closely with SUNY Upstate for a coordinated cardiac program on a longer-term basis.

Cardiac Surgery Policy Background

Coronary Artery Bypass Graft (CABG) surgery has been steadily transitioning from being the province of major urban academic centers to routinely being performed in the community hospital setting. The NYSDOH acknowledged this trend in their Regulatory Modernization Initiative (RMI) report entitled “*Spurring Health Care Innovation Through Regulatory Modernization: Putting People First*”. This initiative was developed to “update existing regulations and policies to better leverage advancements in technology and New York’s evolving health care needs.” A number of work groups were formed, including one on cardiac services, which were “comprised of external stakeholders who are experts in their fields”. The Cardiac Services workgroup articulated its goal of “increasing access to high quality cardiac procedures and cardiac surgery”. In its report, the workgroup found that since the initial regulations were developed requiring a minimum volume of procedures to ensure a sufficient level of quality, “significant advances in technology and medical practice have made PCI and cardiac surgery procedures safer. The report went on to say “The existing CON regulations have the effect of limiting new program entrants into geographic markets...” The workgroup ultimately recommended that the minimum volume threshold for new applicant facilities be reduced as well as the steady state volume requirement for existing facilities. The recommendation to reduce the minimum volume threshold from 500 to 300 was presented and approved by the Public Health and Health Planning Council and concluded that “The result of reducing the volume requirements for Cardiac Surgery Centers in accordance with this analysis will be the increased access for consumers to safe, quality cardiac surgery services in local communities as part of regionally integrated delivery system models”.

Prevention Quality Indicator (PQI) Rates

Developed by the Agency for Healthcare Research and Quality (AHRQ), Prevention Quality Indicators are a set of measures that can be used to identify “ambulatory care sensitive” conditions (ACSCs) in adult populations. These are conditions for which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease. Residents of the 10-county PSA, Onondaga County and the 11 ZIP Codes of the City of Syracuse experienced higher-than-expected PQI rates for a large number of cardiac-related conditions, including those associated with diabetes. Statistics show that the residents of the PSA are being admitted to hospitals at very high rates for these conditions. Please refer to **Appendix V** of this Project Narrative for a bullet-point summary of the data and the backup tables containing the actual PQI hospitalization rates for all PQI conditions individually for each of the 10 PSA counties, as well as each the 11 ZIP Codes of the City of Syracuse.

The proposed adult cardiac surgery program will help to round out the cardiology program at Crouse Hospital and enhance the overall cardiology services at the Hospital. It is the ultimate goal of this project to enhance the cardiovascular service line at Crouse Hospital in order to make a positive impact on the cardiovascular- and diabetes-related PQI rates in the region.

Poor Cardiac-Related Health Outcomes/Statistics

The applicant has analyzed cardiovascular-related health statistics from the Community Health Indicator Reports (CHIRS) Dashboard of the NYSDOH and found that the residents of the 10-county PSA are experiencing poor cardiac health outcomes. The hospitalization and mortality rates from cardiovascular disease for the residents of the 10-county PSA show evidence of the need for enhanced cardiac services such as cardiac surgery to meet the healthcare demands caused by this disease. A summary of these cardiac-related health outcomes, as well as the actual backup data, can be found under **Appendix VI**.

Commitment to Health Equity

Per the Centers for Disease Control and Prevention (CDC), health equity is achieved when “every person has the opportunity to ‘attain his or her full health potential’ and no one is ‘disadvantaged from achieving this potential because of social position or other socially determined circumstances.’” Health inequities are manifested in differences in various measurements, including but not limited to, the following: length of life; quality of life; rates of disease, disability and death; severity of disease; and access to treatment. In short, health equity means that everyone has the opportunity to attain their highest level of health. The applicant is firmly committed to promoting health equity and treating all patients in need of care, regardless of age, sex, sexual orientation, race, creed, religion, disability, source of payment or any other personal characteristic.

Crouse Hospital is uniquely situated in that the Hospital sees a large percentage of traditionally underserved patients covered by Medicaid, so the implementation of this project will have a positive impact upon health equity in the region. To this end, Crouse is one (1) of only three (3) hospitals in upstate New York that currently qualify for the Direct Payment Template (DPT), and it is the only hospital in Syracuse to qualify for it. In order to qualify, a hospital must have greater than 36% Medicaid payer mix in inpatient discharges and outpatient visits. In fact, 63% of outpatient visits and 44% of all inpatient admissions were provided to Medicaid enrollees in 2023. The implementation of this project will help to ensure that these traditionally medically underserved residents are able to access cardiac surgery services in a manner that is on par with their non-Medicaid-covered peers. In short, this cardiac surgery project is a critical component of improving health equity in Syracuse and the surrounding Central New York region.

Health Professional Shortage Area

The applicant has analyzed designated Health Professional Shortage Areas (HPSAs) from the Health Resources and Services Administration and found the following within the PSA:

- Onondaga County – Within Onondaga County, the entire City of Syracuse, which includes Crouse Hospital, is federally designated as a Medicaid-Eligible Population Health Professional Shortage Area (HPSA) for Primary Care, Mental Health and Dental Health.

- Oneida County – The entire county is designated as a Medicaid-Eligible Population HPSA for Primary Care, Mental Health and Dental Health.

- Oswego County – The entire county is designated as a Medicaid-Eligible Population HPSA for Primary Care, Mental Health and Dental Health.

- Madison County – The entire county is designated as a Medicaid-Eligible Population HPSA for Primary Care, Mental Health and Dental Health.

- Chenango County – The entire county is designated as a Medicaid-Eligible Population HPSA for Dental Health and Mental Health, as well as a Medicaid-Eligible Population HPSA for Primary Care.

- Tompkins County – The entire county is designated as a Medicaid-Eligible Population HPSA for Primary Care, Mental Health and Dental Health.

- Cortland County – The entire county is designated as a Medicaid-Eligible Population HPSA for Primary Care and Mental Health.

- Cayuga County – The entire county is designated as a Medicaid-Eligible Population HPSA for Primary Care.

- Seneca County – The entire county is designated as a Medicaid-Eligible Population HPSA for Mental Health, as well as a Medicaid-Eligible Population HPSA for Primary Care.

- Wayne County – The entire county is designated as a Medicaid-Eligible Population HPSA for Mental Health, as well as a Low-Income Population HPSA for Primary Care and Dental Health.

III. OVERVIEW OF CROUSE HOSPITAL

Crouse Health Hospital Inc. d/b/a Crouse Hospital, is a voluntary, not-for-profit, acute care regional hospital located in Syracuse, New York with a service area encompassing the counties of Central New York State. The Hospital provides a full spectrum of inpatient and outpatient medical, surgical and emergency care services. The Hospital primarily provides services to residents of Central New York, and its admitting physicians are primarily practitioners in the local area. In addition, the Hospital operates a college of nursing.

In January 2015, Crouse Health Network, LLC (“CHN”) was formed for the purpose of creating a clinically integrated network to develop a team of primary care and specialty physicians to actively participate in a streamlined care delivery model. The Hospital is the sole member of CHN. Crouse Medical Practice, PLLC (“PLLC”), a tax-exempt professional service limited liability company, was formed to further the Hospital’s charitable purposes through the provision of professional medical services of physicians. The Hospital’s Chief Medical Officer is the sole member of the PLLC.

Crouse Health System, Inc. (“CHS”), a not-for-profit organization, is the parent and sole corporate member of the Hospital. The Hospital, PLLC and CHS are consolidated for financial statement purposes and are together described as the “System”. The Hospital is also affiliated with Crouse Health Foundation, Inc. (the “Foundation”), which is a separate not-for-profit corporation that solicits and manages gifts and bequests on behalf of the Hospital.

Crouse plays an essential role in healthcare delivery in Syracuse and the Central New York region. To this end, the Hospital is the largest provider of maternity care in the region; is home to the New York State Department of Health (NYSDOH)-designated Regional Perinatal Center; is a leader in addiction treatment services; is the market leader in Emergency Services and has some of the lowest door-to-cardiac treatment times in the region, bettering the Statewide average. Crouse Health Network, which

includes the Hospital and its affiliated outpatient sites, consists of more than 10 clinical sites throughout Syracuse, including the following: Crouse Hospital, Madison Irving Surgery Center, Physicians Office Building Surgery Center, inpatient and outpatient addiction treatment facilities (e.g., Erie Boulevard and Commonwealth Place) and five (5) multi-specialty physician practice suites under the Crouse Medical Practice, PLLC, an affiliate of Crouse Hospital. The CHN provides more than 21,000 discharges, over 56,000 emergency medicine visits and more than 605,000 outpatient visits each year.

Crouse Hospital's primary mission is to provide the best in patient care and promote community health. Services offered by the Hospital include the following:

- Addiction Treatment Services
- Breast Health Center
- Cancer Care
- Cardiology
- Care Coordination Services
- Crouse Testing Center
- Emergency Services
- Hospitalists
- Physical Rehabilitation
- Robotic Surgery
- Spiritual Care
- Imaging Services
- Integrative Medicine
- Maternity/Kienzle Family Maternity Center
- Neonatal Intensive Care Unit (NICU)
- Neurosciences Institute
- Orthopedic Care

- Palliative Medicine
- Patient and Guest Relations

In addition, Crouse Hospital is the Regional Perinatal Center (RPC) for the Central New York region. New York State's system of regionalized perinatal services includes a hierarchy of four (4) levels of perinatal care provided by the hospitals within a region and led by an RPC. As the area's Regional Perinatal Center, the Hospital is dedicated to working with the NYSDOH and the region's 17 affiliate hospitals to continuously promote healthy outcomes for women and children within the region's 14 counties. The region spans from St. Lawrence County in the northern part of the State to Broome and Tioga counties in the Southern Tier. About 70% of the Hospital's neonates are born at Crouse and the remaining 30% of NICU babies are transported by the Crouse NICU team from an affiliated birthing hospital throughout the region to Crouse Hospital for care.

High-Quality Cardiology Services at Crouse

Nationally recognized and locally respected, the cardiology team at the Diane and Bob Miron Cardiac Care Center at Crouse Hospital delivers the highest standard of clinical excellence. Crouse Hospital offers a full-service cardiology program, from non-invasive diagnostic procedures to intensive care beds that can serve all types of cardiac patients. Cardiology services include the following:

- General Cardiology
- Heart Emergencies
- Adult Cardiology
- Pediatric Cardiology
- Cardiac Catheterization Laboratory (PCI and Diagnostic Cardiac Catheterization)
- Electrophysiology Laboratory
- Echocardiology
- Cardiology Devices

Crouse Medical Practice Cardiology

With 14 adult cardiologists, Crouse Medical Practice Cardiology is one of the largest cardiology practices in the Central New York Region. The practice provides comprehensive adult interventional and diagnostic services, including the following:

General Services

- Office Consultation
- EKGs
- Echocardiography – 2D, 3D (in hospital), Doppler, Color Doppler, TDI and strain
- Serial Echocardiography with strain for oncology patients
- Stress Echocardiography and Doppler Stress Echocardiography
- Nuclear Cardiology (University Hill office only)
- Transesophageal Echocardiography 2D & 3D (in hospital only)
- Holter Monitoring
- Ambulatory Arrhythmia Monitoring (Event Monitoring)
- Local and International Remote Cardiac Monitoring
- Peripheral Arterial Vascular Studies
- Anticoagulation Monitoring Clinic
- ICD and Pacemaker Monitoring and Programming Clinic
- Cardiac MRI (in hospital only)

Interventional Services

- Cardiac Catheterization (Angiography, Ventriculography)
- Coronary Percutaneous Intervention (Stenting)
- Transesophageal Echo and Intracardiac ECHO (ICE)
- Evaluation and Treatment of Structural Heart and Valvular Disease

Electrophysiology Services

- Electrophysiology Studies
- Pacemaker and Defibrillator Implantation
- REVEAL Implantation
- Simple and Complex Ablation

The Hospital's team of highly regarded, Board-certified cardiologists is dedicated to working with patients, families and referring providers to optimize the cardiac health of each individual patient. The practice emphasizes prevention and early detection using the latest diagnostic technology. The practice offers medical management and interventional procedures to diagnose and treat a wide spectrum of cardiovascular conditions, including coronary heart disease, heart failure, arrhythmias, vascular disease, heart defects and valve disease.

Crouse Medical Practice Cardiology also specializes in the latest minimally invasive procedures in both outpatient and inpatient settings, including the Micra Transcatheter, a small leadless pacemaker that can be implanted with no chest incision. At the forefront of cardiac care, Crouse cardiologists were the first in Syracuse to introduce the innovative WATCHMAN™ device to help patients with atrial fibrillation.

Please refer to **Appendix VII** for documentation of the cardiology-related volume statistics experienced by Crouse Hospital, including the Crouse Medical Practice Cardiology. The implementation of the adult cardiac surgery service will help round out the cardiology services offered by Crouse Hospital and will result in patients having an additional choice in the facility in which they will receive their cardiac surgery procedure.

Miron Cardiac Care Center

Most of the cardiology services noted above are provided within the Miron Cardiac Care Center (the “Center”) at Crouse Hospital. The Center features innovative treatments supported by the latest technology, with extensive diagnostic capabilities. The Miron Cardiac Care Center offers a robust electrophysiology (EP) program, and the cardiology team at the Center performs a variety of procedures in its advanced EP suite, including ablation, as well as pacemaker and defibrillator implantation.

The Center also includes three (3) cardiac catheterization suites, among them the only one in the region for pediatric patients. Here, the Hospital’s interventional cardiologists perform a variety of procedures, including coronary artery angioplasty and stenting, peripheral vascular intervention and treatment of ST-elevation myocardial infarction (STEMI), a serious heart attack caused by blockage of the heart artery. Largely due to the skills of the cardiac catheterization team, the Center boasts one of the fastest response times in the region, bettering national benchmarks. To this end, the national goal of median door-to-cardiac intervention is 90 minutes. For each year since 2009, Crouse Hospital has been well under this 90-minute national goal, and it has been under its stated goal of less than 60 minutes. In fact, in the first five (5) months of 2024, the door-to-cardiac intervention time was only 56 minutes. Crouse Hospital will bring the success of its emergency medicine team for STEMI patients to bear for its proposed cardiac surgery program.

Awards and Recognition

Cardiac care quality at Crouse Hospital has been recognized nationally by the American Heart Association with the Heart Failure Gold Plus Quality Achievement Awards for providing excellent care based on national guidelines and the AHA’s Mission: Lifeline Gold Receiving Quality Achievement Award for STEMI. Crouse is the only hospital in the region to receive this quality and performance designation.

The addition of an adult cardiac surgery program at Crouse Hospital – with the direct and ongoing clinical involvement of Northwell Health – will enable the applicant to become the preeminent cardiology program in the region, which will be a tremendously important benefit to the local residents, in keeping with the goals of Crouse for population health management in a post-DSRIP environment.

IV. PROGRAM MANAGEMENT

The proposed adult cardiac surgery program will be designed and operated in compliance with Federal and State regulations, including 10 NYCRR Sections 405.22(a), 405.29 and 709.14 and Parts 711 and 712, and standards for credentialing, nursing, patient admission and discharge, a medical records system, emergency care and quality assurance.

In accordance with 10 NYCRR Section 405.29, the applicant will adhere to the following criteria for its adult cardiac surgery program, to protect the health and safety of patients in accordance with generally accepted standards of medical practice:

Direction

The Medical Director for the proposed adult cardiac surgery program at Crouse Hospital will be Charles J. Lutz, M.D. Please refer to **Appendix I** for a statement of work for Dr. Lutz. The Medical Director will be responsible for the overall quality of the cardiac surgical program and will carry out this responsibility through the administrative structure of the Hospital, including but not limited to the governing body. Crouse Hospital will notify the NYSDOH within seven (7) days of any change in the cardiac surgery program Medical Director, together with the name and curriculum vitae of the new director. The Medical Director will be a qualified physician Board-certified in Thoracic Surgery or meet accepted equivalent training and experience. The Medical Director will also continuously monitor the performance of all surgeons working in the cardiac surgical program, including each individual surgeon's annual case load and level of competence. The Medical Director will advise the Chief of Service, Hospital Medical Director and Credentials Committee on requirements for credentialing and privileging within the cardiac surgery department and will provide assessments of compliance with standards of care, policies and guidelines as part of the credentialing and privileging process. In conjunction with the medical staff, the Medical Director will monitor the quality and appropriateness of cardiac-related patient care and ensure that identified problems are reported to the

quality assurance committee and are resolved. The Medical Director will ensure the timely and accurate reporting of the cardiac surgery component of Cardiac Reporting System data to the Department.

Structure and Service

Crouse Hospital will be adequately staffed and equipped for the proposed adult cardiac surgery program. In addition, the Hospital will provide: intensive care for cardiac surgery patients, organized, staffed and available on a 24-hour basis by clinical personnel trained in the care of critical care patients and equipped to provide the specialized care required by adult cardiac surgery patients; medical/surgical care for cardiac patients that is organized, staffed and available on a 24-hour basis by clinical personnel trained in the care of critical care patients and equipped to provide the specialized care required of complex cardiac conditions; and PCI-capable cardiac catheterization laboratory center services meeting standards at 10 NYCRR Sections 405.29(e)(1) and 405.29(e)(2).

The two (2) adult cardiac surgery Operating Rooms (ORs) will be adequately staffed and equipped for the needs of the cardiac surgery patients. The program will also have appropriate pre-operative and post-operative care areas to serve the needs of the surgery patients.

A qualified cardiac surgeon will be immediately available for consultation. The surgeon will remain available (arrive on-site within 20 minutes of being called) after each cardiac surgery procedure. The surgeon will remain available until at least such time that the patient is evaluated on post-operative day one, and for a clinically-appropriate period of time thereafter to handle cardiac surgery emergencies.

Crouse Hospital ensures that its cardiac surgery team will be immediately mobilized for handling cardiac surgery emergencies. In the event that a patient must return on an emergency basis to the OR, appropriate resources will be immediately available in order to have the patient in the OR and the team ready within 20 minutes of an identified surgical emergency. There will be written documentation of

a triage protocol, including identification of specific responsibilities. The Hospital also ensures that it has non-invasive cardiac diagnostic equipment and capabilities available for its adult cardiac surgery program.

In addition, Crouse Hospital will provide clinical support services in keeping with generally accepted standards. Such services will be integrated and available on an inpatient basis, and there shall also be adequately and appropriately organized outpatient services to preclude unnecessary hospitalization and ensure continuity of care.

Crouse Hospital will provide cardiac surgery conferences no less than 10 times per year, at which the staff will review the studies of a statistically significant number of cases. Records of these conferences indicating attendance, cases reviewed and decisions on patient management are maintained.

Finally, Crouse Hospital will attempt to determine and document the status of the patient at 30 days post-surgery for those who are no longer inpatients and throughout the hospital stay for those who are discharged from the cardiac surgery service to another service within the Hospital. Status will include living or deceased and other pertinent criteria, as determined by the Commissioner of Health.

Staffing

All personnel will be qualified for their responsibilities through appropriate training and educational programs.

All physicians will be residency-trained and Board-certified or will meet accepted equivalent training and experience for physicians in their respective specialty. They will be appropriately credentialed and privileged as part of the medical staff in sufficient numbers and on a 24-hour basis to meet the needs of the cardiac surgery patients. Please refer to **Appendix I** of this Project Narrative for a statement of

work for Dr. Lutz, who will serve as the Medical Director of the cardiac surgery service and who will perform cardiac surgery procedures at Crouse Hospital. Such specialists will, at a minimum, include:

- (i) Cardiothoracic surgeons in sufficient numbers to meet the ongoing needs of the patients, and each of whom performs a minimum of 50 cardiac surgeries per year. Review by the Medical Director will be conducted and provided to the Chief of Service, Hospital Medical Director and Medical Staff Credentials Committee for all physicians whose annual volume is below 50 cardiac surgeries to determine what actions are deemed necessary. Please refer to **Appendix VIII** for draft privileging standards for cardiothoracic surgery at Crouse Hospital, documenting the requirement for each surgeon to perform at least 50 cardiac surgeries per year;
- (ii) Anesthesiologists, who have acceptable minimum experience with cardiac surgical procedures. Please refer to **Appendix IX** for a Letter of Support from North American Partners in Anesthesia (NAPA), which currently provides anesthesiologists to Crouse Hospital and will provide the required anesthesiologists to the Hospital for the proposed cardiac surgery service. Please also refer to **Appendix VIII** for documentation of the minimum experience required for those anesthesiologists who will help perform cardiac surgical procedures at Crouse Hospital;
- (iii) Specialists, who have expertise in critical care and the care of post cardiac surgery patients. To this end, Crouse Hospital employs four (4) intensivists who will monitor patients on the intensive care unit;
- (iv) Cardiologists, who meet qualifications in accordance with generally accepted standards from recognized specialty organizations. Crouse Hospital currently works with two (2) separate cardiology groups that currently provide referrals to cardiac surgeons practicing outside of Crouse Hospital; and
- (v) The complement of additional physicians will be in keeping with generally accepted standards to meet the needs of cardiac surgery patients and will include practitioners readily

available for consultation in additional specialties, including hematology, pulmonology, neurology, nephrology and clinical pharmacology.

Nursing personnel will be certified in advanced cardiac life support (ACLS) or meet acceptable equivalent training and experience and will include:

- (i) A registered professional nurse, with 24-hour accountability, in charge of coordinating the care of post cardiac surgery patients and in charge of staffing levels for the unit; and
- (ii) Registered professional nurses, licensed practical nurses and nursing assistants in such ratios that are commensurate with the type and amount of nursing needs of the patients.

Nurse Practitioners, Advanced Practice Nurses and/or Registered Physician Assistants may be utilized when these specialists are appropriately credentialed and privileged on the medical staff.

The cardiac surgery program will have perfusionists who have special training and experience in an active program of open heart surgery, including a thorough background in sterile techniques, perfusion physiology and the use of monitoring equipment, who will be able to demonstrate, through a formal review process, competencies in these areas.

The cardiac surgery program will have a data manager who:

- (i) Has special training in the clinical criteria used in the cardiac surgery module of the Cardiac Reporting System as provided by the New York State Department of Health or its designee;
- (ii) Is designated and authorized by the Hospital; and
- (iii) Will work in collaboration with the Medical Director to ensure accurate and timely reporting of Cardiac Reporting System data to the New York State Department of Health.

In addition to the data manager, relevant medical and administrative staff will be trained in the use of the Cardiac Reporting System and the specific data element definitions involved.

Crouse Hospital currently reports to the New York State Department of Health regarding its existing PCI/catheterization program, so it is well-prepared to comply with this requirement.

Patient Selection Criteria and Limitations

Criteria will be adopted by Crouse Hospital to be used as indications of appropriate case selection. Such criteria will be in keeping with generally accepted standards and, at a minimum, will provide the following limitations:

- (i) Crouse Hospital will not perform heart transplantation unless it is a Cardiac Surgery Center approved for heart transplantation and approved for organ sharing by UNOS;
- (ii) Crouse Hospital will not electively admit patients for implantable ventricular assist devices unless it is a Cardiac Surgery Center approved for heart transplantation or has an agreement with at least one (1) New York State heart transplantation center that provides for appropriate consultation and expertise for such cases; and
- (iii) Crouse Hospital will not admit patients under the age of 18 for cardiac surgery unless it is a Cardiac Surgery Center approved for pediatric cardiac surgery or unless the patient's diagnosis indicates a condition, such as acquired heart disease, that can be most appropriately treated in an adult program with pediatric trained personnel and pediatric consultative services.

Other Programmatic Considerations

In accordance with 10 NYCRR Section 709.14(b)(5), the applicant will adhere to the following additional criteria for its adult cardiac surgery program:

- As an existing PCI-capable cardiac catheterization program, Crouse Hospital already has in place a hospital-based heart disease prevention program that includes the following:
 - Treatment plans for cardiac inpatients with a principal diagnosis of ischemic heart disease. These patients are at high risk for development of adverse cardiovascular events and the program provides for the following in a comprehensive, systematic way:
 - Protocols have been developed and implemented for the assessment of risk factors, including lipid disorders, hypertension, diabetes, obesity, cigarette smoking and sedentary lifestyle. Such protocols are in keeping with generally accepted standards;
 - Crouse provides patient education that includes information on the importance of assessing risk factors for heart disease in first-degree relatives, and the importance of cardiopulmonary (CPR) training for family members and care givers;
 - Discharge plans that include:
 - A request for consent to allow patient medical information to be shared with the patient's primary care providers;
 - Patient referral to their primary care provider with documentation of treatments provided by Crouse Hospital and follow-up care recommended by Crouse Hospital; and
 - Patient referral to cardiac rehabilitation programs appropriate to their needs.
- Crouse Hospital sponsors or co-sponsors at least three (3) professional education programs per year related to heart disease risk assessment and control that are open to local community-based health professionals.
- Crouse Hospital has already implemented policies and health programs and has established environments that promote heart-healthy behaviors among Hospital staff, employees and visitors, including:

- Prohibiting the sale and use of tobacco products on Hospital premises;
- Offering and promoting, on a regular basis, healthful choices in Hospital cafeterias and patient menus; and
- Offering employee wellness and fitness programs that provide opportunities for employees to make healthy choices.
- Crouse Hospital has already organized or participated in a consortium of existing community-based organizations and key community leaders to engage in activities to improve cardiac health in the community, and it has organized or participated in at least one (1) major community-based campaign (not including health fairs) each year related to major heart disease risk factors.
- Crouse Hospital already has in place a team within its organization to coordinate heart disease prevention activities. Members of the team include a broad range of expertise, including administration, communications, public health skills and health education.

In accordance with current policy at Crouse Hospital, the ability to pay will not be a factor in the process of accepting patients. Every effort will be made to ensure that appropriate payment is made, but in no circumstance will a patient be refused treatment based on ability to pay. The Hospital currently has a sliding fee scale for its patients. All services will continue to be offered to those in need of care who satisfy admission requirements, regardless of age, sex, sexual orientation, race, creed, religion, disability, source of payment or any other personal characteristic.

V. **COMPLIANCE WITH STATE HOSPITAL CODE**

Please refer to the subsequent pages that document compliance with the State Hospital Code for the proposed adult cardiac surgery service at Crouse Hospital.

Crouse Hospital	
Regulation	Comments
405.29	
<p>405.29(c)(3) Hospitals that provide cardiac surgery, Diagnostic Cardiac Catheterization Service, interventional cardiac laboratory services including percutaneous coronary intervention (PCI) and other percutaneous cardiac interventions, or cardiac electrophysiology (EP) must comply with subdivision 405.22 (a) of this Part.</p> <p>405.22(a) General provisions. Critical care and special care services are those services which are organized and provided for patients requiring care on a concentrated or continuous basis to meet special health care needs. Each service shall be provided with a concentration of professional staff and supportive services that are appropriate to the scope of services provided.</p> <p>(1) The direction of each service, unless otherwise specified in this section, shall be provided by a designated member of the medical staff who has received special training and has demonstrated competence in the service related to the care provided.</p> <p>(2) The provision of all critical care and special care services shall be in accordance with generally accepted standards of medical practice. The hospital shall ensure that written policies are developed by the medical staff and the nursing service and implemented for all special care and critical care services.</p> <p>(i) The written policies and procedures shall be reviewed at least annually and revised as necessary and shall include at a minimum the following: infection control protocols, safety practices, admission/discharge protocols and an organized program for monitoring the quality and appropriateness of patient care, with identified problems reported to the hospital-wide quality assurance program and resolved.</p> <p>(ii) The written protocols for patient admission to and discharge from a critical care or special care unit shall include:</p>	<p>General Provisions</p> <p>There are currently 16 operating rooms (ORs) and two (2) hybrid ORs at Crouse Hospital. Through this project, the Hospital will renovate space to create two (2) additional ORs that will be used primarily for the provision of cardiac surgery procedures. Staffing and equipment lists are provided in the relevant schedules to this C.O.N. Application. Preoperative care and Phase II post-operative care for cardiac surgery patients will take place in the “Recovery Care Center” unit, which consists of 36 rooms that are equipped to provide pre-procedures and Phase II post-anesthesia care unit. Phase 1 post-operative care is provided in four (4) monitored bays in the Post Anesthesia Care Unit (PACU). Once a cardiac surgery patient has completed Phase II post-operative care, he or she will be brought up to the ICU on the third floor of the Hospital.</p> <p>Crouse Hospital’s critical care unit, which contains 29 certified intensive care beds on the third floor of the Hospital, is a physically and functionally distinct unit. The Crouse ICU is a multi-disciplinary ICU whereby physicians actively manage complex medical and surgical patients. The ICU is served by 4.00 FTE critical care physicians (also called intensivists) and 2.00 FTE critical care physician assistants (PAs), as well as critical care fellows and medical and emergency medicine residents. Please refer to Appendix X for the curriculum vitae of each of the four (4) intensivists currently on staff at Crouse Hospital who will treat cardiac surgery patients in the ICU. All of the above-noted staff members are further supported by critical care nurses and aides, respiratory therapists, clinical dietitians, care coordinators, clinical pharmacists and palliative care specialists, among others. Nursing care will be provided on a 1:1 ratio for the first 12 hours, 1:2 for the next 12 hours and 1:3 for the next 24 hours. For the remainder of the patient’s stay, the ratio will be 1:4. Patients will be cared for in the ICU until they are discharged to a cardiac step-down telemetry unit (see below for additional information). All cardiac ICU clinical personnel will be trained by Katie Swanson, CNS, per the training program found under Appendix XI.</p> <p>All 29 intensive care beds are capable of single room isolation. In the event of an emergency, and with the approval of the New York State Department of Health (NYSDOH), most ICU rooms can be flexed up to accommodate two (2) patients, resulting in the ability of the Hospital to serve up to 54 ICU patients at a single point in time. Furthermore, six (6) rooms of the 29 intensive care rooms have negative pressure capabilities. All other rooms can be converted to negative pressure using a portable air scrubber device that can be easily set up by maintenance staff. Personal protective equipment (PPE) is readily available for all staff and visitors of the ICU. When PPE is required, signage is posted on the door of the patient room that identifies the necessary PPE needed to be donned in order for the person to enter.</p> <p>Furthermore, cardiac surgery patients who no longer require ICU-level care will be transferred to the cardiac telemetry unit. To this end, Crouse Hospital operates 40 medical/surgical beds on the 4th floor and northern portion of the Irving Building that offer telemetry services to cardiac patients.</p> <p>Additional information on the professional staff who will be put in place for the proposed cardiac surgery service is also described in the Project Narrative for this project.</p>

<p>(a) criteria for priority admissions;</p> <p>(b) alternatives for providing specialized patient care to those patients who require such care but who, due to lack of space, or other specified reasons such as infection or contagious disease, are not eligible for admission according to unit policy; and</p> <p>(c) guidelines for the timely transfer and referral of patients who require services that are not provided by the unit.</p> <p>(3) Each critical care unit shall be organized as a physically and functionally distinct entity within the hospital.</p> <p>(i) Access shall be controlled in order to regulate traffic, including visitors, in the interest of infection control.</p> <p>(ii) Emergency equipment and an emergency cart within each unit shall contain appropriate drugs and equipment, as determined by the medical staff and pharmacy service.</p> <p>(iii)</p> <p>(4) When critical or special care services are provided to pediatric patients, opportunities shall be provided for education, socialization, and play pertinent to the growth and development needs of these patients, unless medically contraindicated.</p>	<p><u>Surgical Direction</u> The proposed cardiac surgery program at Crouse Hospital will be directed by Charles J. Lutz, M.D., who is a Board-certified cardiac surgeon currently serving as the Medical Director of the cardiac surgery program at St. Joseph’s Hospital Health Center in Syracuse. Please refer to Appendix I for a brief statement of work of Dr. Lutz.</p> <p><u>Policies and Procedures / Protocols</u> Examples of relevant critical care policies and procedures for the intensive care unit can be found in Appendix XII.</p> <p><u>Distinct Critical Care Unit</u> As noted above, Crouse Hospital’s critical care unit, which contains 29 certified intensive care beds on the third floor of the Hospital, is a physically and functionally distinct unit.</p> <p><u>Access to the Unit</u> Access to the ICU is tightly controlled by the main ICU desk in order to regulate traffic, including visitors, in the interest of infection control. In addition, emergency equipment and emergency carts that contain appropriate drugs and equipment are placed on the unit in the event of an emergency.</p> <p>The two (2) proposed cardiac surgery ORs, which will be constructed through this project, will be located on the first floor of the Hospital, within the existing surgical suite. Each cardiac surgery patient will be transported from the first floor cardiac OR to the 3rd floor ICU via Crouse’s dedicated ‘Supercar’ Elevator. This elevator is not a public elevator and has badging requirements to access. This is the same transport method currently used for surgical patients leaving the surgical suite and heading to inpatient care (on the fifth and sixth floors). Please refer to Appendix XII for the existing policy and procedure related to the transport of patients at Crouse Hospital.</p> <p>Visiting hours in the ICU are maintained daily from 2:00pm to 6:00pm. During these specified hours, two (2) visitors are permitted in total per day. Upon arrival, visitors must check in with security at the front desk to the Hospital. Security tracks and verifies that no more than two (2) visitors are allowed per patient per day.</p> <p><u>Emergency Equipment / Cart</u> The intensive care unit is equipped with two (2) crash carts that include defibrillation equipment and all other required drugs and equipment. Each crash cart is checked daily by assigned staff. Daily checks include expiration date of all items, intactness of lock with correct lock number, presence and functioning of portable defibrillator and presence of emergency equipment such as portable suctioning. When a cart is used or opened, it is restocked by Materials Management and pharmacy personnel, as per the cart content list. Any changes or updates to the cart content list are reviewed and approved by the Resuscitation Committee. Any required updates to the cart contents are based on practice changes as supported by the American Heart Association Standards of Care. All ICU staff maintain ACLS certification. Other updates or required training related to emergency management would be presented during the critical care annual skills day, or on an as-needed basis by the ICU educator and/or leadership team.</p> <p><u>Critical Care for Pediatric Cardiac Surgery Patients</u> This C.O.N. Application seeks approval for the provision of adult cardiac surgery only. No pediatric patients will be served by this project.</p>
--	--

<p>405.29(c)(7) Data collection and reporting. Data as deemed necessary by the Commissioner shall be maintained for cardiac patients treated by the hospital and submitted upon request to the Department of Health in a format specified by the Department. Such data shall include, but not be limited to data documenting appropriate case selection and or appropriate access to care and, Cardiac Reporting System data for Cardiac Surgery Centers and Cardiac Catheterization Laboratory Centers.</p>	<p>As a PCI provider for many years, Crouse Hospital is already experienced in providing cardiac reporting to the NYSDOH. To this end, the Hospital already has a data manager in place, Mr. Cameron McCrea, who is responsible for submission of data to the Cardiac Reporting System (CARS) and who will also be responsible for submitting data through CARS for the proposed adult cardiac surgery program. Please refer to Appendix XIII for the curriculum vitae of Mr. McCrea.</p>
<p>405.29(c)(8) Quality Assurance. There shall be an organized quality assurance program for cardiac surgery and cardiology that requires participation by all clinical members of the cardiac surgery team and or cardiac laboratory team and includes: monitoring of volume and outcomes; morbidity and all case mortality review; regular multidisciplinary conferences including all health professionals involved in the care of cardiac patients; medical/nursing audit; utilization review, pre hospital and post hospital care review, and a system that assesses pre-operative risk and evaluates outcome trends. Quality improvement efforts must recognize that patients move through multiple systems of care (EMS, Emergency Department, catheterization laboratory etc.) and optimum quality improvement efforts must include participation from as many systems as possible to address those issues at the juncture of systems of care.</p>	<p>Crouse Hospital will piggy-back on its existing Quality Assurance (QA) Program for cardiology services (including PCI and diagnostic cardiac catheterization services) for the development of a QA Program for its proposed cardiac surgery program. To this end, please refer to Appendix XIV for a draft Quality Improvement and Safety Plan for Cardiovascular and Thoracic Surgery at the Hospital that provides significant details regarding patient safety and organizational functions for the new cardiac surgery program. In addition, to the extent needed, Crouse Hospital will work with Northwell Health to finalize this QA Program documentation for the proposed cardiac surgery program.</p> <p>The Hospital commits to establishing systems of care, protocols and procedures, commensurate with a high-quality cardiac surgical program and active involvement in quality oversight and data collection registry participation, quality improvement and morbidity-mortality conferences. In short, Crouse Hospital will put in place a rigorous QA program for its new cardiac surgery program that addresses all of the requirements of this section.</p>
<p>405.29(c)(9) The hospital must have written policies and procedures clearly delineating medical equipment vendor activities in the hospital including restrictions on vendor participation in clinical services.</p>	<p>Confirmed. The hospital already has a policy with respect to restricting vendor participation in clinical activities and governing vendor facility access and activities. Please refer to Appendix XV for a copy of this policy.</p>
<p>405.29(d) Cardiac Surgery Center Criteria. The following criteria apply to Cardiac Surgery Centers approved to perform adult and or</p>	<p>This proposed project only seeks approval for the provision of adult cardiac surgery procedures. It does not seek approval for the provision of pediatric cardiac surgery.</p>

<p>pediatric cardiac surgery.</p> <p>405.29(d)(1)(i) Direction. The Director shall:</p> <p>(a) Continuously monitor the performance of all surgeons working in the cardiac surgical program, including each individual surgeon's annual case load and level of competence. The director shall advise the Chief of Service, Hospital Medical Director and Credentials Committee on requirements for credentialing and privileging within the cardiac surgery department and will provide assessments of compliance with standards of care, policies and guidelines as part of the credentialing and privileging process;</p> <p>(b) In conjunction with the medical staff, monitor the quality and appropriateness of cardiac related patient care and ensure that identified problems are reported to the quality assurance committee and are resolved; and Assure the timely and accurate reporting of the cardiac surgery component of Cardiac Reporting System data to the Department.</p>	<p><u>Surgical Direction</u></p> <p>Charles J. Lutz, M.D. will be the Medical Director of the new cardiac surgery program at Crouse Hospital. A statement of work of Dr. Lutz can be found under Appendix I. In this capacity, Dr. Lutz will directly monitor the performance of all surgeons working in the cardiac surgical program, including each individual surgeon's annual case load and level of competence. Dr. Lutz will advise the Chief of Service, Hospital Medical Director and the Credentials Committee on requirements for credentialing and privileging with the Cardiac Surgery Department and will provide assessments of compliance with standards of care, policies and guidelines as part of the credentialing and privileging process. Please refer to Appendix VIII for the existing "Application for Hospital Privileges" for Cardiovascular/Electrophysiology services at Crouse Hospital, as well as a separate document entitled "Privileging Standards for Diagnostic Cardiac Catheterization" that documents the minimum number of diagnostic cardiac catheterizations needed to retain privileges at Crouse Hospital.</p> <p><u>Reporting to Cardiac Reporting System</u></p> <p>Crouse Hospital already has years of experience in accurate reporting of PCI data to the NYSDOH. To this end, the Hospital will report all cardiac surgery data to the NYSDOH through the Cardiac Reporting System data.</p>
<p>405.29(d)(2) Structure and Service Requirements. Hospitals providing cardiac surgery services shall be adequately staffed and equipped for cardiac diagnostic and therapeutic services including, but not limited to cardiac surgery, percutaneous coronary interventions (PCI) and diagnostic cardiac catheterization and, in addition, provide the following:</p> <p>405.29(d)(2)(i) For Adult Cardiac Surgery Centers:</p> <p>(a) Cardiac Surgical intensive care, organized, staffed and available on a 24-hour basis by clinical personnel trained in the care of critical care patients and equipped to provide the specialized care required by adult cardiac surgery patients, and</p> <p>(b) coronary care organized, staffed and available on a 24-hour basis by clinical</p>	<p><u>General Staffing</u></p> <p>Crouse Hospital will provide adequate staffing and equipment for the new, proposed cardiac surgery program. Please refer to the C.O.N. Schedule 13B for the staffing associated with this project and to C.O.N. Schedule 11 for the new moveable equipment associated with this project. Crouse Hospital currently operates a high volume PCI-capable cardiac catheterization program.</p> <p><u>Intensive (Critical) Care</u></p> <p>As noted above, Crouse Hospital's critical care unit, which contains 29 certified intensive care beds on the third floor of the Hospital, is a physically and functionally distinct unit. The Crouse ICU is a multi-disciplinary ICU whereby physicians actively manage complex medical and surgical patients. The ICU is served by 4.00 FTE critical care physicians (also called intensivists) and 2.00 FTE critical care physician assistants (PAs), as well as critical care fellows and medical and emergency medicine residents. Please refer to Appendix X for the curriculum vitae of each of the four (4) intensivists currently on staff at Crouse Hospital who will treat cardiac surgery patients on the ICU. All of these staff members are further supported by critical care nurses and aides, respiratory therapists, clinical dietitians, care coordinators, clinical pharmacists and palliative care specialists, among other support staff members.</p> <p>All 29 intensive care beds are capable of single room isolation. In the event of an emergency, and with the approval of the NYSDOH, most ICU rooms can be flexed up to accommodate two (2) patients, resulting in</p>

<p>personnel trained in the care of critical care patients and equipped to provide the specialized care required of complex cardiac conditions, and (c) PCI Capable Cardiac Catheterization Laboratory Center services meeting standards at 405.29(e)(1) and 405.29(e)(2).</p>	<p>the ability of the Hospital to serve up to 54 ICU patients at a single point in time. Furthermore, six (6) rooms of the 29 intensive care rooms have negative pressure capabilities. All other rooms can be converted to negative pressure using a portable air scrubber device that can be easily set up by maintenance staff. PPE is readily available for all staff and visitors of the ICU. When PPE is required, signage is posted on the door of the patient room that identifies the necessary PPE needed to be donned in order for the person to enter.</p> <p><u>Telemetry Beds</u> Crouse Hospital operates 40 medical/surgical beds on the fourth floor and northern portion of the Irving Building that offer telemetry services to cardiology patients.</p> <p><u>PCI-Capable Cardiac Catheterization Laboratory</u> As an existing PCI-capable cardiac catheterization laboratory, Crouse Hospital already meets the standards of 10 NYCRR Section 405.29(e)(1) and Section 405.29(e)(2).</p>
<p>405.29(d)(2)(iii) For all Cardiac Surgery Centers:</p> <p>(a) Operating Rooms adequately staffed and equipped for the needs of the Cardiac surgery patient;</p> <p>(b) Preoperative and post-operative care areas to serve the needs of the surgery patient;</p> <p>(c) A qualified cardiac surgeon must be immediately available for consultation. The surgeon must remain available (arrive on-site within 20 minutes of being called) after each cardiac surgery procedure. The surgeon must remain available until at least such time that the patient is evaluated on post-operative day one and for a clinically appropriate period of time thereafter to handle cardiac surgery emergencies;</p> <p>(d) The hospital must assure that a cardiac surgery team is immediately mobilized for handling cardiac surgery emergencies. In the event that a patient must return on an emergency basis to the operating room, appropriate resources shall be immediately available in order to have the patient in the operating room and the team ready within 20 minutes of an identified surgical emergency. There shall be written documentation of a triage protocol including identification of specific responsibilities;</p>	<p><u>Adequate Staff and Equipment in ORs</u> There are currently 16 ORs and two (2) hybrid ORs at Crouse Hospital. Through this project, the Hospital will renovate space to create two (2) additional ORs that will be dedicated to the provision of cardiac surgery procedures. Staffing and equipment lists are provided in the relevant schedules to this C.O.N. Application.</p> <p><u>Pre-Operative and Post-Operative Care Environment</u> Preoperative care and Phase II post-operative care for cardiac surgery patients will take place in the “Recovery Care Center” unit, which consists of 36 rooms that are equipped to provide pre-procedures and Phase II PACU. Phase I post-operative care is provided in four (4) monitored bays in the PACU.</p> <p><u>Availability of Cardiac Surgeon</u> Charles J. Lutz, M.D. will be the Medical Director of the program and will ensure that cardiac surgeons are available as required by this regulation. The Hospital is currently in the process of recruiting additional cardiac surgeons to Crouse Hospital for the proposed adult cardiac surgery program.</p> <p><u>Availability of Cardiac Surgery Team</u> An on-call team will be formed and will be available within 20 minutes of an identified cardiac surgical emergency, in the event that a patient must return to the operating room. In addition, a triage protocol, including identification of specific responsibilities of individuals, will be developed (please refer to Appendix XVI for a draft protocol). A Board-certified cardiac surgeon will be in-house to monitor and manage patients in the ICU and an on-call room will be provided. Schedules of on-call rotation will be posted on a monthly basis.</p> <p><u>Availability of Non-Invasive Cardiac Diagnostic Equipment</u> Crouse Hospital’s non-invasive cardiology services include electrocardiography (EKG), echocardiography, nuclear stress testing and cardioversion. To this end, equipment for these procedures is already available at the Hospital. Please refer to Appendix VII for documentation of volumes of various cardiology procedures at Crouse Hospital, demonstrating the reliance of patients in the region on Crouse Hospital for its cardiology services.</p>

<p>(e) Non-invasive cardiac diagnostic equipment and capabilities;</p> <p>(f) In addition, the hospital shall provide clinical support services in keeping with generally accepted standards. Such services shall be integrated and available on an inpatient basis, but there shall also be adequately and appropriately organized outpatient services to preclude unnecessary hospitalization and ensure continuity of care;</p> <p>(g) Cardiac surgery conferences shall be held no less than 10 times per year at which the staff reviews the studies of a statistically significant number of cases. Records of these conferences indicating attendance, cases reviewed and decisions on patient management shall be maintained; and</p> <p>(h) The hospital shall attempt to determine and document the status of the patient at 30 days post-surgery for those who are no longer inpatient and throughout the hospital stay for those who are discharged from the cardiac surgery service to another service within the hospital. Status shall include living or deceased and other pertinent criteria as determined by the Commissioner.</p>	<p><u>Availability of Clinical Support Services</u> David Landsberg, M.D., who serves as a critical care physician within the ICU at Crouse Hospital, has assessed the availability of clinical support services and has found them comprehensive, with clinicians and personnel ready and willing to support the proposed adult cardiac surgery program.</p> <p><u>Cardiac Surgery Conferences</u> Because it is already a PCI-capable cardiac catheterization provider, Crouse Hospital already provides cardiology conferences no less than 10 times per year. The Hospital will use its successful experience in implementing these cardiology conferences for the proposed cardiac surgery conferences, which will be held no less than 10 times per year. All records will indicate that attendance and cases are reviewed, and decisions are made on patient management.</p> <p><u>Post-Surgical Status of Cardiac Surgery Patient</u> Crouse Hospital will attempt to document the status of each cardiac surgery patient at 30 days post-surgery for those individuals who are no longer an inpatient, as well as throughout the Hospital stay for those individuals who are discharged from the cardiac surgery service to another service within the Hospital. The status of these patients will include whether they have expired or not, as well as other criteria as determined by the Commissioner of Health.</p>
<p>405.29(d)(3) Staffing. All personnel shall be qualified for their responsibilities through appropriate training and educational programs.</p> <p>(i) Physicians shall all be residency trained and board certified, or meet accepted equivalent training and experience for physicians in their respective specialty and shall be appropriately credentialed and privileged as part of the medical staff, and shall be available in sufficient numbers and on a 24 hour basis to meet the needs of the cardiac surgery patients. Such specialists shall, at a minimum include:</p> <p>(a) Cardiothoracic surgeons in sufficient numbers to meet the ongoing needs of the patients, and each of whom performs a minimum of 50 cardiac surgeries per year. Review by the physician director shall be</p>	<p>Crouse Hospital will work collaboratively with Northwell Health to put in place a program for the training of cardiac surgery staff members, including physicians, nurses, nurse practitioners, advanced practice nurses and physicians assistants. Please refer to some examples of Training Plan documentation under Appendix XI.</p> <p>All physicians will be residency-trained, Board-certified and appropriately credentialed and privileged as part of the medical staff of the Hospital and will be available in sufficient numbers and on a 24-hour basis to meet the needs of the cardiac surgery patients.</p> <p><u>Cardiothoracic Surgeons</u> Crouse Hospital has identified one (1) cardiothoracic surgeon – Charles Lutz, M.D. – who has indicated his willingness to perform cardiac surgery procedures at the Hospital. Please refer to Appendix XVII for a Letter of Commitment from Dr. Lutz that documents his commitment to perform cardiac surgery procedures at Crouse Hospital. The Hospital is also seeking additional cardiothoracic surgeons to help support the proposed adult cardiac surgery program.</p>

conducted and provided to the Chief of Service, Hospital Medical Director and Medical Staff. Credentials Committee for all physicians whose annual volume is below 50 cardiac surgeries to determine what actions are deemed necessary. In addition, for programs approved to perform pediatric cardiac surgery, cardiac surgeons with advanced training and or with significant experience in pediatric cardiac surgery to meet the needs of the pediatric patients;

(b) Anesthesiologist(s), who have acceptable minimum experience with cardiac surgical procedures;

(c) Specialists with expertise in critical care and the care of post cardiac surgery patients;

(d) Cardiologists to care for adults and, for programs approved to care for pediatric patients, pediatric cardiologists, with expertise in children's cardiovascular diseases, each of whom meet qualifications in accordance with generally accepted standards from recognized specialty organizations; and

(e) Complement of additional physicians shall be in keeping with generally accepted standards to meet the needs of cardiac surgery patients and shall include, but not be limited to practitioners, readily available for consultation in additional specialties, including hematology, pulmonology, neurology, nephrology and clinical pharmacology.

(ii) Nurses. Nursing personnel shall be certified in advanced cardiac life support (ACLS) or meet acceptable equivalent training and experience and shall include:

(a) A registered professional nurse, with 24-hour accountability, in charge of coordinating the care of post cardiac surgery patients and in charge of staffing levels for the unit;

(b) Registered professional nurses, licensed practical nurses and nursing assistants in such ratios that are commensurate with the type and amount of nursing needs of the patients.

(iii) Nurse Practitioners, Advanced Practice Nurses and or Registered Physician Assistants may be utilized when these specialists are appropriately credentialed and privileged on the medical staff.

All cardiothoracic surgeons performing cardiac surgery procedures at Crouse Hospital will be required to perform a minimum of 50 cardiac surgery procedures per year. The review of this volume will be conducted by Dr. Lutz and shared with the Chief of Service, the Hospital Medical Director and the Credentials Committee when a physician's annual volume is below 50 cardiac surgery procedures in order to determine further action. Please refer to **Appendix VIII** for draft privileging standards for cardiothoracic surgery at Crouse Hospital.

Anesthesiologists

Crouse Hospital currently contracts with North American Partners in Anesthesia (NAPA) for its anesthesiologists. Upon the implementation of this project, the Hospital will secure additional anesthesiologists with experience in cardiac surgery for its proposed adult cardiac surgery program. Please refer to **Appendix IX** for a Letter of Support from NAPA for the Hospital's proposed adult cardiac surgery program. Please also refer to **Appendix VIII** for documentation of the minimum experience required for those anesthesiologists who will help perform cardiac surgical procedures at Crouse Hospital.

Critical Care Specialists

As noted above, the Crouse ICU is a multi-disciplinary ICU whereby physicians actively manage complex medical and surgical patients. The ICU is served by 4.00 FTE critical care physicians (also called intensivists) and 2.00 FTE critical care physician assistants (PAs), as well as critical care fellows and medical and emergency medicine residents. Please refer to **Appendix X** for the curriculum vitae of each of the four (4) intensivists currently on staff at Crouse Hospital who will treat cardiac surgery patients on the ICU. All of these staff members are further supported by critical care nurses and aides, respiratory therapists, clinical dietitians, care coordinators, clinical pharmacists and palliative care specialists, among others.

Cardiologists

Crouse Hospital has 14 well-trained adult cardiologists on staff at the Hospital. Please refer to **Appendix III** for a list of the 14 cardiologists associated with Crouse Medical Practice Cardiology, which is part of Crouse Medical Practice, PLLC, an affiliate of Crouse Hospital. These 14 cardiologists have estimated that they currently refer about 300 patients for cardiac surgery each year. Upon the implementation of this project, most of these cardiac surgery patients will be able to remain at Crouse Hospital for their cardiac surgery procedures.

In addition, cardiologists from another practice – Cardiovascular Specialists of CNY, PLLC – currently refer about 200 of their patients for cardiac surgery each year. Starting on August 1, 2024, Cardiovascular Specialists of CNY, PLLC will be joining Crouse Medical Practice, PLLC. This expansion will bring on board four (4) physicians, one (1) cardiac nurse practitioner, one (1) cardiac registered physician's assistant and one (1) physician's assistant. In addition to these providers, there will also be over 30 other support staff members who will be joining Crouse Medical Practice, PLLC. The integration of this well-established cardiology practice within the Crouse Health Network will further expand Crouse's cardiology services, patient outreach and access to care for patients.

Please also refer to **Appendix IV** for Letters of Support from the two (2) above-noted practices. Both of these practices have indicated their preference to refer their patients to Crouse Hospital for cardiac surgery upon approval of this project.

<p>(iv) The Cardiac Surgery Center shall have perfusionists who have special training and experience in an active program of open heart surgery, including a thorough background in sterile techniques, perfusion physiology, and the use of monitoring equipment and must demonstrate, through a formal review process, competencies in these areas. The operator may be a specially trained physician, nurse, or technician, at the discretion of the director of the center.</p> <p>(v) The Cardiac Surgery Center shall have a data manager who has special training in the clinical criteria used in the cardiac surgery module of the Cardiac Reporting System as provided by the Department or its designee, is designated and authorized by the hospital and shall work in collaboration with the physician director to ensure accurate and timely reporting of Cardiac Reporting System data to the Department. In addition to the data manager, relevant medical and administrative staff must be trained in the use of the Cardiac Reporting System and the specific data element definitions involved.</p>	<p>Because the proposed cardiac surgery program is for adults only, pediatric cardiologists are not provided.</p> <p><u>Other Physicians</u> Crouse Hospital has around 850 physicians from various specialties, including hematology, pulmonology, neurology, nephrology and clinical pharmacology, among other specialties, who are able to practice at Crouse Hospital. Furthermore, David M. Landsberg, M.D. has confirmed that a sufficient supply of support physicians exists for the proposed cardiac surgery program.</p> <p><u>Nursing</u> All nursing personnel for the cardiac surgery program will be certified in advanced cardiac life support (ACLS) and will include the personnel indicated in parts (a) and (b). In particular, an RN will have 24/7/365 accountability of the post-cardiac surgery patient, and this same RN will be in charge of staffing levels for the unit. Furthermore, RNs, LPNs and Nursing Assistants coordinating the care of post-cardiac surgery patients will be provided in ratios that are commensurate with the type and amount of nursing needs of the patients.</p> <p>The ICU maintains a staffing matrix that outlines the appropriate number of RNs, Charge RNs, and Nursing Assistants that are needed for each patient census. At least one (1) Charge RN is present at all times, and this individual is responsible for creating patient care assignments in the ICU. The Charge RN determines the appropriateness of patient assignments and coordinates care based on patient acuity. Charge RNs receive a formal orientation as part of their training for the role.</p> <p><u>Nurse Practitioners/Advanced Practice Nurses/Physicians Assistants</u> All Nurse Practitioners, Advanced Practice Nurses and/or Physician Assistants will be appropriately credentialed and privileged by Crouse Hospital.</p> <p><u>Perfusionist</u> Perfusion services are currently provided on a 24/7/365 basis to Crouse Hospital under contract with Extracorporeal Technology Consultants LLC., which is based in Syracuse. The Hospital will continue to work with this entity to provide perfusion services to the Hospital’s cardiac surgery patients.</p> <p><u>Data Manager</u> As an existing PCI provider, Crouse Hospital is already experienced in providing cardiac reporting to New York State. To this end, the Hospital already has a data manager in place, Mr. Cameron McCrea, who is responsible for submission of data to the CARS and who will provide data through CARS for the proposed cardiac surgery program. Please refer to Appendix XIII for the curriculum vitae of Mr. McCrea.</p>
<p>405.29(d)(4) Patient Selection Criteria and Limitations. Criteria shall be adopted by the Cardiac Surgery Center to be used as indications of appropriate case selection. Such criteria shall be in keeping with generally accepted standards and, at a minimum, shall provide the following limitations:</p> <p>(i) The hospital shall not perform heart</p>	<p>Crouse Hospital will utilize the “STS Short-term / Operative Risk Calculator” from the Society of Thoracic Surgeons as its patient selection criteria tool for cardiac surgery. Please refer to Appendix XVIII for a PDF print-out of this tool, which is found at https://acsdriskcalc.research.sts.org/.</p> <p><u>Heart Transplantation</u> Crouse Hospital understands that it cannot perform heart transplantation unless it is a Cardiac Surgery Center approved for heart transplantation and approved for organ sharing by UNOS.</p>

<p>transplantation unless the hospital is a Cardiac Surgery Center approved for heart transplantation and approved for organ sharing by UNOS;</p> <p>(ii) The hospital shall not electively admit patients for implantable ventricular assist devices unless the hospital is a Cardiac Surgery Center approved for heart transplantation or has an agreement with at least one New York State heart transplantation center that provides for appropriate consultation and expertise for such cases;</p> <p>(iii) The hospital shall not admit patients under the age of 18 for cardiac surgery unless the hospital is a Cardiac Surgery Center approved for pediatric cardiac surgery or unless the patient's diagnosis indicates a condition, such as acquired heart disease, that can be most appropriately treated in an adult program with pediatric trained personnel and pediatric consultative services. Such exceptions must be supported by written documentation of consultation with a pediatric cardiologist; and</p> <p>Cardiac Surgery Centers approved to perform pediatric cardiac surgery that are not also approved as Adult Cardiac Surgery Centers shall not admit patients over the age of 18 for cardiac surgery unless the procedure will be performed to treat a congenital anomaly and the hospital can meet the additional clinical needs of the patient.</p>	<p><u>Ventricular Assist Devices</u> Crouse Hospital understands that it cannot electively admit patients for implantable ventricular assist devices unless the hospital is a Cardiac Surgery Center approved for heart transplantation or has an agreement with at least one New York State heart transplantation center that provides for appropriate consultation and expertise for such cases.</p> <p><u>Cardiac Surgery Procedures for Persons < Age 18</u> Crouse Hospital understands that it cannot admit patients under the age of 18 for cardiac surgery unless the hospital is a Cardiac Surgery Center approved for pediatric cardiac surgery or unless the patient's diagnosis indicates a condition such as acquired heart disease, that can be most appropriately treated in an adult program with pediatric trained personnel and pediatric consultative services. Such exceptions must be supported by written documentation of consultation with a pediatric cardiologist.</p> <p><u>Pediatric Cardiac Surgery</u> Not applicable. This is an application for adult cardiac surgery only.</p>
<p>405.29(d)(5) Minimum workload standards. There shall be sufficient utilization of a Cardiac Surgery Center to insure both quality and economy of services, as determined by the Commissioner. An institution seeking to maintain approval shall present evidence that the annual minimum workload standards have been achieved and maintained. The following annual minimum workload standards must be achieved within two years following initiation of the</p>	<p><u>Minimum Workload Standards</u> Crouse Hospital has 14 well-trained adult cardiologists on staff at the Hospital. Please refer to Appendix III for a list of the 14 cardiologists associated with Crouse Medical Practice Cardiology, which is part of Crouse Medical Practice, PLLC, an affiliate of Crouse Hospital. These 14 cardiologists have estimated that they currently refer about 300 patients for cardiac surgery each year. Upon the implementation of this project, most of these cardiac surgery patients will be able to remain at Crouse Hospital for their cardiac surgery procedures.</p> <p>In addition, cardiologists from another practice – Cardiovascular Specialists of CNY, PLLC – currently refer about 200 of their patients for cardiac surgery each year. Starting on August 1, 2024, Cardiovascular Specialists of CNY, PLLC will be joining Crouse Medical Practice, PLLC. This expansion will bring on</p>

service to ensure both quality and economy of services:

(i) Adult Cardiac Surgery Centers shall maintain an annual minimum of 100 procedures on adult patients.

(ii) Pediatric Cardiac Surgery Centers shall maintain an annual minimum of 75 pediatric cardiac surgery procedures excluding the number of isolated Patent Ductus Arteriosus (PDA) repairs. The annual minimum volume shall be deemed to be met when two or more Pediatric Cardiac Surgery Centers, at least one of which must perform a minimum of 75 pediatric cardiac surgery procedures a year (excluding isolated PDA repairs), join in a coordinated program based on a fully executed written agreement, approved by the Commissioner, and the combined volume of the collaborating Pediatric Cardiac Surgery Centers (excluding the number of PDA repairs) is greater than 100 procedures a year. The agreement between the collaborating hospitals must include, at a minimum, information on: quality improvement, peer review and coordination of care of patients between the coordinated Pediatric Cardiac Surgery Centers. The agreement must specify that the Department will be provided 60-day prior written notice of any proposed change, termination or expiration of the agreement. Changes must be found acceptable to the Department prior to implementation and any proposed termination or expiration of the agreement will result in termination of the coordinated Pediatric Cardiac Surgery Center program.

board four (4) physicians, one (1) cardiac nurse practitioner, one (1) cardiac registered physician's assistant and one (1) physician's assistant. In addition to these providers, there will also be over 30 other support staff members who will be joining Crouse Medical Practice, PLLC. The integration of this well-established cardiology practice within the Crouse Health Network will further expand Crouse's cardiology services, patient outreach and access to care for patients.

Please also refer to **Appendix IV** for Letters of Support from the two (2) above-noted practices. Both of these practices have indicated their preference to refer their patients to Crouse Hospital for cardiac surgery upon approval of this project.

Adult Cardiac Surgery Center

Crouse Hospital is projecting that it will perform 300 cardiac surgery cases in Year 1 and 500 cardiac surgery procedures in Year 3 of operations, documenting that the Hospital will exceed the annual minimum of 100 adult cardiac surgery procedures.

Pediatric Cardiac Surgery Center

Not applicable. This is an application for adult cardiac surgery only.

<p>709.14</p> <p>709.14(b) Cardiac Surgery Centers. The factors for determining the public need for Cardiac Surgery Center services shall include, but not be limited to the following:</p> <p>709.14(b)(1) The planning area for determining the public need for Cardiac Surgery Center services shall include the applicant's designated Health Systems Agency (HSA) region and the use area of the applicant facility. For purposes of determining Cardiac Surgery Center services need, the use area of a facility is defined as the area within a 100-mile radius of the applicant facility.</p>	<p>Pursuant to 10 NYCRR Section 709.14, the planning area for determining the public need for cardiac surgery program services includes the applicant's Health Systems Agency region and the "use area" of the applicant facility. The use area (a/k/a general service area (GSA)) is defined as the area within a 100-mile radius of the applicant facility. In the case of Crouse Hospital, a 100-mile radius includes 766 ZIP Codes located throughout upstate New York (716 ZIP Codes) and northern Pennsylvania (50 ZIP Codes). The GSA includes, in part or in whole, the following counties in New York State: Allegany, Broome, Cayuga, Chemung, Chenango, Cortland, Delaware, Fulton, Genessee, Hamilton, Herkimer, Jefferson, Lewis, Livingston, Madison, Monroe, Montgomery, Oneida, Onondaga, Ontario, Orleans, Oswego, Otsego, Saint Lawrence, Schoharie, Schuyler, Seneca, Steuben, Sullivan, Tioga, Tompkins, Wayne, Wyoming and Yates Counties. Please refer to Appendix II for a list of the service area ZIP Codes.</p> <p>Although the GSA is used for purposes of the State Hospital Code, the applicant believes that the primary service area (PSA), as defined herein, is likely more representative of where most of the cardiac surgery patients of Crouse Hospital will originate due to their closer proximity to the City of Syracuse. The PSA for this project includes the following counties that are located in closer proximity to Crouse Hospital: Onondaga, Oswego, Oneida, Madison, Chenango, Cortland, Tompkins, Cayuga, Seneca and Wayne Counties. About 93% of all inpatient discharges from Crouse Hospital in 2023 were from residents of these PSA counties.</p> <p>In some of the analyses in the Project Narrative (also found in the Schedule 1 Attachment), the applicant is also reviewing Onondaga County and the City of Syracuse, which includes the following ZIP Codes (some of which may be only partially included inside the proper city): 13208, 13203, 13206, 13219, 13204, 13202, 13210, 13224, 13214, 13207 and 13205.</p>
<p>709.14(b)(2) Planning for cardiac surgery center services shall ensure that, to the extent possible, eighty percent of the total population of each HSA region resides within 100 miles of one or more facilities providing cardiac surgical services.</p>	<p>Please refer to the applicant's response in the prior question.</p>
<p>709.14(b)(3) A facility proposing to initiate an adult cardiac surgery center must document a cardiac patient base and current cardiac interventional referrals sufficient to support a projected annual volume of at least 300 cardiac surgery cases and a projected annual volume of at least 36 emergency PCI cases within two years of approval. The criteria for evaluating the need for additional adult cardiac surgery centers within the planning area shall include consideration of appropriate access and</p>	<p><u>Minimum Volume Requirements</u></p> <p>Crouse Hospital has a very experienced interventional cardiology program that performed 358 PCI procedures at Crouse Hospital in 2023, including 65 emergency PCIs. Please refer to Appendix VII for documentation of volumes of various cardiology procedures at Crouse Hospital, demonstrating the reliance of patients in the region on Crouse Hospital for its cardiology services.</p> <p>More to the point, however, is the fact that the two (2) private cardiology practices affiliated with Crouse Hospital – Crouse Medical Practice Cardiology (part of Crouse Medical Practice, PLLC) and Cardiovascular Specialists of CNY, PLLC – estimate that they currently refer about 500 annual cardiac surgery cases to cardiac surgeons outside of Crouse Hospital. Both of these practices are interested in referring patients to Crouse Hospital for cardiac surgery upon approval of this project. Please refer to Appendix IV for Letters of Support from these two (2) cardiology practices, demonstrating the large volume of cardiac surgery referrals that they provide to cardiac</p>

<p>utilization, and the ability of existing services within the planning area to provide such services. Waiver of this requirement may be considered if:</p> <p>(i) the HSA region's age adjusted, population-based use rate is less than the statewide average use rate; and</p> <p>(ii) existing adult cardiac surgery centers in the applicant facility's planning area do not have the capacity or cannot adequately address the need for additional cardiac surgical procedures, such determinations to be based on factors including but not necessarily limited to analyses of recent volume trends, analyses of Cardiac Reporting System data, and review by the area Health Systems Agency(s); and</p> <p>(iii) existing cardiac surgical referral patterns within the planning area indicate that approval of an additional service at the applicant facility will not jeopardize the minimum volume required at other existing cardiac surgical programs.</p>	<p>surgeons outside of Crouse Hospital because Crouse Hospital does not have certification for the adult cardiac surgery service. Upon the implementation of this project, these patients will be able to remain within the Crouse Hospital system, resulting in improved continuity of care and enhanced care coordination for cardiac patients.</p> <p>Please also refer to the Project Narrative (found under the Schedule 1 Attachment) for public need documentation for this project.</p> <p>The implementation of this project will not change the current status of existing cardiac surgery programs with respect to meeting minimum cardiac surgery volumes. To this end, in 2019 (the most recent year for which cardiac surgery data is readily available through the NYSDOH), St. Joseph's Hospital provided 534 isolated coronary artery bypass grafting (CABG) procedures and an average of 390 valve or valve/CABG surgical procedures, for a total of 924 CABG, valve or combined valve/CABG surgical procedures. Most of the patients referred from Crouse Hospital for cardiac surgery receive their procedure at St. Joseph's. Thus, even if all 500 cardiac surgical cases that are currently referred out from Crouse are taken from St. Joseph's (which is not expected), there would still be 424 cardiac surgical cases (or more than the 300 minimum number of cardiac surgery cases needed for cardiac surgery facilities) remaining at St. Joseph's. In addition, in 2019, St. Joseph's provided 456 emergency PCI procedures, which is well above the 36 minimum number of emergency PCI procedures needed for cardiac surgery facilities). In short, the implementation of the proposed cardiac surgery project will still allow St. Joseph's Hospital to remain well above the minimum volume requirements for both cardiac surgery and emergency PCI cases, in line with 10 NYSCC Section 709.14(b)(3).</p>
<p>709.14(b)(4) No finding of need for the addition of Pediatric Cardiac Surgery Center services will be made unless each existing Pediatric Cardiac Surgery Center service in the planning area is operating and expected to continue to operate at a level of at least 200 pediatric cardiac surgical procedures per year, and unless such existing Pediatric Cardiac Surgery Center services do not have the further capacity to meet projected need for additional pediatric cardiac surgical procedures. Where public need is established herein, a facility proposing to provide pediatric cardiac surgical services must demonstrate the ability to perform a minimum of 200 pediatric cardiac surgical procedures per year by the end of the second full calendar year of operation or demonstrate the ability to perform a minimum of 50 cases a year on-site</p>	<p>Not Applicable. This is an adult cardiac surgery center application only.</p>

<p>and operate as part of a coordinated program based on a fully executed written agreement, approved by the Commissioner, with another pediatric cardiac surgery program in accordance with standards at 405.29(d)(5)(ii). For hospitals seeking approval as part of a coordinated program, the agreement must be submitted with the certificate of need application and must be approved by the Department prior to initiation of the service.</p>	
<p>709.14(b)(5)(i) A facility proposing to provide Adult and or Pediatric Cardiac Surgery Center services shall: submit a written plan to the Department of Health which, when implemented, will ensure access to cardiac surgical services for all segments of the HSA region's population. Such plan shall provide a detailed plan to reach patients not currently served within the planning area, ensure continuity of care for patients transferred between facilities, and shall otherwise promote planning for cardiac services within the region;</p>	<p>Please refer to Appendix XIX for a detailed plan that shows how Crouse Hospital will ensure access to cardiac surgical services for all segments of the region's population. This plan includes a detailed plan to reach out to patients not currently served within the planning area, ensure the continuity of care for patients transferred between facilities and promote planning for cardiac services within the region.</p> <p>Particular emphasis will be on improving access for communities of color. To this end, Crouse Hospital is strongly aligned with the Syracuse Community Health Center (SCHC), an Article 28 diagnostic and treatment center and federally qualified health center located at 930 South Salina Street in Syracuse. Crouse Hospital will work collaboratively with SCHC to identify patients with cardiac disease who may benefit from higher-level cardiac services.</p> <p>Lastly, Letters of Support from SEIU 1199, the union representing positions at Crouse Hospital, as well as from Mr. William B. Magnarelli, Member of the New York State Assembly, who represents the 127th District in New York State, can be found under Appendix XX.</p>
<p>709.14(b)(5)(ii) propose a hospital-based heart disease prevention program that, when implemented, shall include:</p> <p>(a) Treatment plans for cardiac inpatients with a principal diagnosis of ischemic heart disease. These patients are at high risk for development of adverse cardiovascular events and the program shall provide for the following in a comprehensive, systematic way:</p> <p>(1) Protocols shall be developed and implemented for the assessment of risk factors including lipid disorders, hypertension, diabetes, obesity, cigarette smoking, and sedentary lifestyle. Such protocols shall be in keeping with generally accepted standards;</p> <p>(2) The hospital shall provide patient</p>	<p>As an existing PCI-capable cardiac catheterization provider, Crouse Hospital already has a Hospital-based Heart Disease Prevention Program in place that meets the requirements noted in this section.</p> <p><u>709.14(b)(5)(ii)(a) Treatment plans for cardiac inpatients with a principal diagnosis of ischemic heart disease, providing for the following in a comprehensive and systematic way:</u></p> <p>(1) <u>Protocols shall be developed and implemented for the assessment of risk factors.</u></p> <p>Crouse Hospital utilizes an electronic medical record (EMR) with a fully integrated clinical platform for all clinical applications and a computerized physician order entry (CPOE) system. All patients are screened for disease risk factors utilizing the EMR that requires extensive assessment of the patient's states of health and well-being and identifies risk factors associated with cardiovascular disease. The clinical application allows for evidence-based care coordination, workflows that connect documentation, orders, patient problems and care planning.</p> <p>(2) <u>Provide patient education that shall include, but not be limited to, information on the importance of assessing risk factors for heart disease in first-degree relatives and the importance of CPR training for family members and caregivers.</u></p>

<p>education that shall include, but not be limited to, information on the importance of assessing risk factors for heart disease in first-degree relatives, and the importance of cardiopulmonary (CPR) training for family members and caregivers;</p> <p>(3) Discharge plans must include:</p> <ul style="list-style-type: none"> i. a request for consent to allow patient medical information to be shared with the patient’s primary care providers; ii. patient referral to their primary care provider with documentation of treatments provided by the hospital and follow-up care recommended by the hospital; and iii. patient referral to cardiac rehabilitation programs appropriate to their needs. <p>(b) professional education:</p> <p>(1) The hospital shall sponsor or co-sponsor at least three professional education programs per year related to heart disease risk assessment and control and that are open to local community-based health professionals.</p> <p>(c) hospital-based heart health promotion:</p> <p>(1) The program shall implement policies and health programs in the hospital and establish environments that promote heart-healthy behaviors among hospital staff, employees and visitors, including:</p> <ul style="list-style-type: none"> i. prohibiting the sale and use of tobacco products on hospital premises; ii. offering and promoting, on a regular basis, healthful choices in hospital cafeterias and patient menus; and iii. offering employee wellness and fitness programs that provide 	<p>Crouse Hospital believes that it is important that patients who undergo cardiac surgery procedures at the Hospital, as well as their families, understand their medical condition. Consequently, education is a large part of the services provided at the Hospital, with physicians and staff spending time with patients and caregivers, to help them understand their health conditions and management of risk factors. Education is designed to assist families in implementation of a plan to identify and control risky behavior and offer practical steps to lifestyle modification. Patient teaching records, including the patient’s risk factor assessment, are documented in the EMR. All patients presenting for cardiac surgery at Crouse Hospital will follow similar protocols.</p> <p>Cardiac patients at Crouse Hospital are provided with specific patient education materials based upon their need. Please refer to Appendix XXI for a sample of these patient education materials.</p> <p>Crouse Hospital also offers CPR training to staff and the community. To this end, please refer to Appendix XXII for several lists of CPR classes offered by Crouse Hospital in 2023 and 2024, as well as the first half of 2025. Classes are for Basic Life Support (BLS), Advanced Cardiovascular Life Support (ACLS) and Pediatric Advanced Life Support (PALS). Please note that “HS” indicates a CPR course that is offered to nursing assistants, security, aides and phlebotomy staff members.</p> <p><u>(3) Discharge Plans must include: (i) a request for consent to allow patient medical information to be shared with the patient’s primary care provider; (ii) patient referral to the primary care provider with documentation of treatment(s) provided by the hospital and follow-up care recommended by the hospital; and (iii) patient referral to the cardiac rehabilitation programs appropriate to their needs.</u></p> <p>Crouse Hospital will utilize its current “Primary Care Provider Notification” form to allow information to be shared with other providers, including primary care providers. Please refer to Appendix XXIII for this form. As part of the discharge planning process, the patient will be referred to his/her primary care provider, along with documentation of the treatment(s) provided by the Hospital and follow-up care recommended by the Hospital. As mentioned above, Crouse Hospital uses an EMR system for all clinical applications, which provides a discharge planning and instruction module.</p> <p>Crouse Hospital uses an EMR system for discharge planning purposes. The Hospital uses an interdisciplinary form for inpatients and outpatients covering diagnosis and treatment, medications, medication instructions and activity and diet restrictions. All patients who have cardiac surgery procedures at the Hospital will be contacted the day after discharge by staff to assess their recovery, answer questions and reinforce teaching and need for follow-up. This procedure is consistent with the experience of Crouse Hospital for its PCI-capable cardiac catheterization laboratory program.</p> <p>For patients requiring outpatient cardiac rehabilitation services after a cardiac surgery procedure, such patients will be referred to the SUNY Upstate cardiac rehabilitation program or to another community provider, if requested, in order to optimize recovery of the patient. Crouse is considering the development of its own outpatient cardiac rehabilitation program, as well.</p> <p><u>709.14(b)(5)(ii)(b) Professional education: The hospital shall sponsor or co-sponsor at least three (3) professional education programs per year related to heart disease, risk assessment and control and that are open to local community-based health professionals.</u></p> <p>As an existing PCI-capable cardiac catheterization provider, Crouse Hospital already sponsors or co-sponsors at least</p>
--	---

<p>opportunities for employees to make healthy choices.</p> <p>(d)community-based heart health promotion:</p> <p>(1) The hospital shall organize or participate in a consortium of existing community-based organizations and key community leaders to engage in activities to improve cardiac health in the community; and</p> <p>(2) organize or participate in at least one major community-based campaign (not including health fairs) each year related to major heart disease risk factors.</p> <p>(e)program administration:</p> <p>(1)Hospitals shall identify a team within their organization to coordinate heart disease prevention activities. Members of the team shall include a broad range of expertise, including but not limited to: community organization, planning, and social marketing, public health skills and health education.</p>	<p>three (3) professional education programs per year related to heart disease, risk assessment and control that are open to local, community-based health professionals. Please refer to Appendix XXIV for documentation of these professional education programs over the last 12 months, as well as documentation of planned professional education programs for the next 12 months.</p> <p><u>709.14(b)(5)(ii)(c)(1) Hospital-based heart health promotion: The program shall implement policies and health programs and establish environments that promote heart healthy behaviors among hospital staff, employees and visitors, including: (i) prohibiting the sale and use of tobacco products on hospital premises; (ii) offering and promoting, on a regular basis, healthful choices in the hospital cafeterias and patient menus; and (iii) offering employee wellness and fitness programs that provide opportunities for employees to make healthy choices.</u></p> <p><u>Tobacco-Free Campus</u></p> <p>Crouse Hospital is a smoke-free and tobacco-free facility. Smoking of any kind and tobacco use is prohibited anywhere on Hospital property. Please refer to Appendix XXV for a copy of the smoking policy for staff, visitors and patients of the Hospital.</p> <p><u>Healthful Choices for Cafeteria and Vending Machines</u></p> <p>Crouse Hospital promotes healthy choices in the hospital cafeteria and on patient menus through the availability of healthier items and smaller portions. In addition, the Hospital utilizes a food program called “Mindful” by Sodhexo, through which the Hospital is certified. The Mindful Certification Program includes a set of criteria for food services at Crouse Hospital in categories such as Food Product and Menu, Beverages, Deli, Soup, Entree, Grill, Condiments, People and Promotion. To achieve a certification level, the Hospital must meet all the criteria in each category. Criteria include everything from providing low-fat options and healthy meal combinations (i.e., salad instead of fries) to labelling each food item with calories per serving as sold and offering a greater variety of whole and sliced fruits. This program is provided to both inpatients of the Hospital, as well as staff members and visitors who use the Hospital’s cafeteria. Please refer to Appendix XXVI for documentation of the “Mindful” program, as well as two (2) sample patient menus at Crouse Hospital that show the healthy choices available to patients.</p> <p>Crouse Hospital vending machine services have also been enhanced to include healthy choice snacks and beverages for both employees and visitors. Vending machines at the Hospital include a selection of sugar-free drinks and are free of any sugary beverage branding promotions.</p> <p>It is the Hospital’s expectation that it is not only providing healthy meals, but also promoting educational information about making healthy dietary choices and positive lifestyle changes.</p> <p><u>Employee Wellness Programs</u></p> <p>Crouse Hospital already has policies and programs in place to establish an environment that promotes heart-healthy behaviors among hospital staff, employees and visitors. To this end, the Hospital has an active Employee Engagement Committee that incorporates employee wellness into its structure and planning. This Committee meets bi-weekly and plans and implements events that focus on employee engagement and wellness. Once a month, the Hospital has a “Wellness Wednesday” that includes a fair with a specific medical area. For February, it was “Cardiac” and the Hospital had a speaker who discussed her cardiac medical journey. Representatives from the American Heart Association were there to answer questions and provide handouts on cardiac care. In the spring of 2024, there will be one health fair focused on skin care and how to avoid the negative health associated with the sun. At each “Wellness Wednesday”, a Registered Dietician has samples of a healthy meal choices and offers</p>
---	---

samples and recipes to all who attend. The Engagement Committee also provides events that give employees a chance to step away and enjoy a beverage on the patient patio at the Hospital. Through this program, Crouse Hospital wants to offer its employees a chance to briefly step away from their duties.

In addition, the Hospital currently provides to all employees and their families an Employee Assistance Program (EAP) called Crouse HelpPeople. The services provided through this program are not only offered to employees of the Hospital, but to over 100 companies in the area. The staff of HelpPeople are Licensed Therapists or Social Workers and have counseling sessions at any time with any employee who needs assistance. The program also provides emergency coverage any time there is a major event at the Hospital (i.e., COVID-19) that may lead to the need for staff to have a discussion with trained professionals.

The Hospital is very interested in keeping its employees and their families healthy, not just in terms of body, but in mind as well. All employees can get a discount if they join an area YMCA. Also, all employees who have medical coverage through the Hospital can participate in an annual Health Incentive Program that pays up to \$500 each year for full achievement of health goals and maintenance. And in the last 12 months, the Hospital has offered financial wellness sessions, including one run by the hospital that had six different vendors to discuss banking, debt, mortgages, investments, credit union and/or retirement planning. Now in conjunction with the Hospital's union partner, they have introduced and just started a series of financial wellness "Lunch and Learn" seminars to help its employees learn and understand how best to handle their money

709.14(b)(5)(ii)(d) Community-based heart health promotion: (1) The hospital shall organize or participate in a consortium of existing community-based organizations and key community leaders to engage in activities to improve cardiac health in the community; and (2) Organize or participate in at least one (1) major community-based campaign (not including health fairs) each year related to major heart disease risk factors.

Activities to Improve Cardiac Health

Crouse Hospital has been instrumental in the recent creation of the American Heart Association (AHA) Executive Leadership Committee, which is comprised of leaders from higher education, business, community-based organizations, churches and the Central New York AHA led by Seth Kronenberg, M.D., the Chief Executive Officer of Crouse Health. The goal of this Committee is to provide education and engagement around cardiac health at all levels of the community. The leadership team for this Committee will be in place by June 1, 2024 for onboarding.

As an existing PCI-capable cardiac catheterization provider, Crouse Hospital participates in numerous community outreach activities, including health fairs, speaker's bureau activities, hospital tours, seminars, health screenings and other community events. These activities ensure that the Hospital maintains open and strong communication with community residents, local press, local police, fire departments, schools, local politicians, community boards and other community associations. The following is a sample of several heart-related community outreach activities in which Crouse Health participated or led:

- April 21, 2023 – Sankofa Doula Collaborative – CPR
- May 6, 2023 – Bethany Baptist – CPR
- May 20, 2023 – Syracuse Community Health Center – CPR and Heart Health
- February 21, 2024 – Syracuse University (SU) and AHA: Hands Only CPR at SU basketball game
- February 21, 2024 – Program Wellness Wednesdays (for Crouse Health staff)
- April 11, 2024 – Westcott Community Center – Stroke and Heart Education Program for senior citizens
- May 15, 2024 – Cardiac and Stroke Education (for Crouse Health Staff)

- Feldmeier Equipment Syracuse and Little Falls: Program Friends and Family CPR – When to call 911, signs of heart attack and stroke, practice CPR.
- Fall 2024 – Syracuse City School District/Additional Onondaga County Schools: STEM Program with AHA heart models and cardiac and stroke education for 150 classes in 1st through 12th grades.
- Fall 2024 – Crouse Community CPR training – Education program for the community on heart and stroke prevention, as well as hands-on practice of CPR. Free and open to the public.
- September 19, 2024 – Focus on Your Heart – Education program for the community on heart health and heart disease prevention. Free and open to the public.
- November 12, 2024 – Focus on Your Brain – Education program for the community on stroke. Free and open to the public.

Major Community-Based Campaign

Each year, Crouse Hospital participates in the American Heart Association (AHA) Syracuse Heart Walk. In 2024, the Syracuse Heart Walk took place on April 21st at the SRC Arena on the Onondaga Community College campus. Funds raised through the Heart Walk support the AHA’s mission of building healthier lives free of cardiovascular disease and stroke.

In addition, each year, Crouse Hospital participates in the AHA “Go Red for Women” campaign, which encourages awareness of the issue of women and heart disease, and also action to save more lives. The movement harnesses the energy, passion and power women have to band together and collectively wipe out heart disease. It challenges them to know their risk for heart disease and take action to reduce their personal risk. It also gives them the tools they need to lead a heart healthy life.

709.14(b)(5)(ii)(e) Program administration: The Hospital shall identify a team within their own organization to coordinate heart disease prevention activities. Members of the team shall include a broad range of expertise, including but not limited to, community organization, planning, and social marketing, public health skills and health education.

As an existing PCI-capable cardiac catheterization provider, Crouse Hospital has already developed a team to coordinate health prevention activities for the Heart Disease Prevention Program. These team members are as follows:

Name	Title
Seth Kronenberg, M.D.	Chief Executive Officers
Charles J. Lutz, M.D.	Proposed Medical Director, Cardiac Surgery
Kathleen Miller Murphy	Director, Community Engagement, WFD and Women’s Health Integration
Laurie Clark	Manager, Communications
John Bergemann	Director, Employee Engagement
Jameson Crumb	Clinical Director, Neurology
Twiggy Eure	Director, Diversity Equity, Inclusion and Belonging
Heather Waters	Executive Director, Foundation
Oksana Kaskov	Stroke Program Coordinator, Neurology
Leah Pitts	Practice Admin., Crouse Medical Practice; Stroke Program Coord., Neurology
Meghan Delaney	Nurse Manager, Cardiac Catheterization Laboratory
Diana Dixie	Nurse Manager, Cardiac Inpatient Services

	<table border="1" data-bbox="716 82 1948 180"> <tr> <td data-bbox="716 82 1037 115">Romi Penello</td> <td data-bbox="1037 82 1948 115">Project Manager, Administration</td> </tr> <tr> <td data-bbox="716 115 1037 147">Evan Belanger</td> <td data-bbox="1037 115 1948 147">Director, Neurology ICU</td> </tr> <tr> <td data-bbox="716 147 1037 180">Bob Allen</td> <td data-bbox="1037 147 1948 180">VP, Communications</td> </tr> </table> <p data-bbox="716 212 1969 269">Please refer to Appendix XXVII for the curriculum vitae of all Team Members. The Team Leader is Kathleen Miller Murphy, RNC, CCE, whose contact information is as follows:</p> <p data-bbox="716 302 1157 423">Ms. Kathleen Miller Murphy, RNC, CCE Crouse Hospital 736 Irving Avenue Syracuse, New York 13210</p>	Romi Penello	Project Manager, Administration	Evan Belanger	Director, Neurology ICU	Bob Allen	VP, Communications
Romi Penello	Project Manager, Administration						
Evan Belanger	Director, Neurology ICU						
Bob Allen	VP, Communications						
<p data-bbox="107 464 686 659">709.14(b)(6) When considering an application to meet public need for Adult and or Pediatric Cardiac Surgery Center services, priority consideration shall be given to the expansion of an existing service as opposed to the initiation of a new Cardiac Surgery Center.</p>	<p data-bbox="709 488 1948 545">Although this project does not seek approval for the expansion of an existing cardiac surgery service, the initiation of a new cardiac surgery center is warranted, as documented within the Project Narrative.</p>						
<p data-bbox="107 703 686 865">709.14(b)(7) Where public need is established herein, priority consideration will be given to applicants that agree to serve the medically indigent and patients regardless of the source of payment.</p>	<p data-bbox="709 727 1959 971">Crouse Hospital currently serves and agrees to continue to serve the medically indigent and patients regardless of the source of payment. To this end, Crouse Hospital is one (1) of only three (3) hospitals in upstate New York that currently qualifies for the Direct Payment Template (DPT), and it is the only hospital in Syracuse to qualify for it. In order to qualify, a hospital must have greater than 36% Medicaid payer mix in inpatient discharges and outpatient visits. The implementation of this project will help to ensure that these traditionally medically underserved residents are able to access cardiac surgery services in a manner that is on par with their non-Medicaid-covered peers. In short, this cardiac surgery project is a critical component of improving health equity in Syracuse and the surrounding Central New York region.</p> <p data-bbox="709 1003 1959 1182">Crouse Hospital also has a dedicated department with four (4) full-time employees whose sole responsibility is to help individuals apply for government or other free insurance programs, as well as to navigate patients through the Crouse Hospital Financial Assistance Policy. For inpatients, the Hospital’s financial assistance staff bring computers directly to patients’ bedsides to electronically complete the financial aid application. This procedure is intended to eliminate barriers to accessing care and financial assistance by avoiding literacy concerns, allowing patients to ask questions in real time and to receive translation services, as needed.</p>						
<p data-bbox="107 1222 686 1312">709.14(b)(8) Applicants proposing to initiate an Adult and or Pediatric Cardiac Surgery Center service must:</p> <p data-bbox="107 1320 686 1417">(i) demonstrate the ability to comply with standards set forth in 405.29 (c), 405.29(d), and 711.4(h) of this Title; and</p> <p data-bbox="107 1425 686 1482">(ii) in addition, a facility providing Pediatric Cardiac Surgery Center services also must</p>	<p data-bbox="709 1255 1948 1312">(i) Crouse Hospital already complies with these standards as evidenced by its high-volume and high-quality PCI program.</p> <p data-bbox="709 1344 1948 1401">(ii) Not Applicable. Crouse Hospital does not provide (and will not provide through this project) pediatric cardiac surgery.</p>						

<p>comply with the requirements specified in section 711.4(f) of this Title. Please Note that Section 711.4 is presently “reserved”.</p>	
<p>709.14(b)(9) All hospitals approved as Adult Cardiac Surgery Centers shall be approved as PCI Capable Cardiac Catheterization Laboratory Centers and must meet standards in Sections 405.29(c), 405.29(e)(1), and 405.29(e)(2) of this Title. All hospitals approved as Pediatric Cardiac Surgery Centers shall be approved as Pediatric Cardiac Catheterization Laboratory centers and must meet the standards at 405.29(c), 405.29(e)(1) and 405.29(e)(4) of this Title.</p>	<p>Crouse Hospital already operates a high-volume, high-quality PCI-capable cardiac catheterization program that meets these standards.</p>

CROUSE HOSPITAL

APPENDIX I

STATEMENT OF WORK – CHARLES J. LUTZ, M.D.

Charles James Lutz, MD

Thoracic Surgery (Cardiothoracic Vascular Surgery), Surgery

Services & Specialties

Areas of Specialization

- Thoracic Surgery (Cardiothoracic Vascular Surgery)
- Surgery

Education & Certifications

- **Medical School:**
SUNY Health Sciences Center
- **Fellowship:**
University of Utah School of Medicine
- **Fellowship:**
SUNY Upstate University Hospital
- **Residency:**
SUNY Upstate University Hospital
- **Board Certifications**
- American Board of Thoracic Surgery

Experience

Founder

CNY Flying Cardiac Services · Self-employed

Aug 2019 - Present · 4 yrs 10 mos

Fayetteville, New York, United States

Cardiac Surgeon

Cardiac Surgery Associates of CNY

Jun 2012 to Present · 12 yrs

Syracuse, New York Area

State University of New York Upstate Medical University

Cardiac Surgeon

SUNY Upstate Medical University

Aug 2002 to Jun 2012 · 9 yrs 11 mos

Syracuse, New York

Education

University of Utah School of Medicine

Cardiothoracic Surgery Fellowship

2000 - 2002

State University of New York Upstate Medical University

Surgical Residency

1993 - 2000

Activities and societies: Surgical Research Fellowship from 1995-1997

State University of New York Upstate Medical University

M.D., Medicine

1989 – 1993

Hamilton College

BA, Chemistry, Economics

1985 - 1989

CROUSE HOSPITAL

APPENDIX II

LIST OF GENERAL SERVICE AREA ZIP CODES

PSA ZIP Code and County	
ZIP Code	County
14822	Allegany
14884	Allegany
13737	Broome
13744	Broome
13745	Broome
13746	Broome
13748	Broome
13749	Broome
13754	Broome
13760	Broome
13761	Broome
13762	Broome
13763	Broome
13777	Broome
13787	Broome
13790	Broome
13794	Broome
13795	Broome
13797	Broome
13802	Broome
13813	Broome
13826	Broome
13833	Broome
13848	Broome
13850	Broome
13851	Broome
13862	Broome
13865	Broome
13901	Broome
13902	Broome
13903	Broome
13904	Broome
13905	Broome
13021	Cayuga
13022	Cayuga
13024	Cayuga
13026	Cayuga
13033	Cayuga
13034	Cayuga
13064	Cayuga
13071	Cayuga
13081	Cayuga
13092	Cayuga
13111	Cayuga
13113	Cayuga

13117	Cayuga
13118	Cayuga
13139	Cayuga
13140	Cayuga
13147	Cayuga
13156	Cayuga
13160	Cayuga
13166	Cayuga
14814	Chemung
14816	Chemung
14825	Chemung
14838	Chemung
14845	Chemung
14861	Chemung
14864	Chemung
14871	Chemung
14872	Chemung
14889	Chemung
14894	Chemung
14901	Chemung
14902	Chemung
14903	Chemung
14904	Chemung
14905	Chemung
13124	Chenango
13136	Chenango
13155	Chenango
13332	Chenango
13411	Chenango
13460	Chenango
13464	Chenango
13730	Chenango
13733	Chenango
13758	Chenango
13778	Chenango
13780	Chenango
13801	Chenango
13809	Chenango
13814	Chenango
13815	Chenango
13830	Chenango
13832	Chenango
13841	Chenango
13843	Chenango
13844	Chenango
13040	Cortland
13045	Cortland

13056	Cortland
13077	Cortland
13087	Cortland
13101	Cortland
13141	Cortland
13158	Cortland
13738	Cortland
13784	Cortland
13803	Cortland
13863	Cortland
12167	Delaware
12406	Delaware
12421	Delaware
12430	Delaware
12434	Delaware
12438	Delaware
12455	Delaware
12459	Delaware
12474	Delaware
13731	Delaware
13739	Delaware
13740	Delaware
13750	Delaware
13751	Delaware
13752	Delaware
13753	Delaware
13755	Delaware
13756	Delaware
13757	Delaware
13774	Delaware
13775	Delaware
13782	Delaware
13783	Delaware
13786	Delaware
13788	Delaware
13804	Delaware
13806	Delaware
13838	Delaware
13839	Delaware
13842	Delaware
13846	Delaware
13847	Delaware
13856	Delaware
13860	Delaware
12032	Fulton
12078	Fulton
12095	Fulton

12117	Fulton
12134	Fulton
13470	Fulton
14143	Genesee
14416	Genesee
14422	Genesee
14482	Genesee
14525	Genesee
14557	Genesee
12108	Hamilton
12139	Hamilton
12164	Hamilton
12190	Hamilton
13353	Hamilton
13360	Hamilton
13436	Hamilton
13324	Herkimer
13329	Herkimer
13331	Herkimer
13340	Herkimer
13350	Herkimer
13357	Herkimer
13361	Herkimer
13365	Herkimer
13406	Herkimer
13407	Herkimer
13416	Herkimer
13420	Herkimer
13431	Herkimer
13454	Herkimer
13472	Herkimer
13475	Herkimer
13491	Herkimer
13601	Jefferson
13602	Jefferson
13603	Jefferson
13605	Jefferson
13606	Jefferson
13607	Jefferson
13608	Jefferson
13611	Jefferson
13612	Jefferson
13615	Jefferson
13616	Jefferson
13618	Jefferson
13619	Jefferson
13622	Jefferson

13624	Jefferson
13628	Jefferson
13632	Jefferson
13634	Jefferson
13636	Jefferson
13637	Jefferson
13638	Jefferson
13640	Jefferson
13641	Jefferson
13643	Jefferson
13650	Jefferson
13651	Jefferson
13656	Jefferson
13657	Jefferson
13659	Jefferson
13661	Jefferson
13665	Jefferson
13671	Jefferson
13673	Jefferson
13674	Jefferson
13675	Jefferson
13679	Jefferson
13682	Jefferson
13685	Jefferson
13691	Jefferson
13692	Jefferson
13693	Jefferson
13305	Lewis
13312	Lewis
13325	Lewis
13327	Lewis
13343	Lewis
13345	Lewis
13367	Lewis
13368	Lewis
13404	Lewis
13433	Lewis
13473	Lewis
13489	Lewis
13620	Lewis
13626	Lewis
13627	Lewis
13631	Lewis
13648	Lewis
14414	Livingston
14423	Livingston
14435	Livingston

14437	Livingston
14454	Livingston
14462	Livingston
14466	Livingston
14480	Livingston
14481	Livingston
14485	Livingston
14486	Livingston
14487	Livingston
14488	Livingston
14510	Livingston
14517	Livingston
14533	Livingston
14539	Livingston
14545	Livingston
14556	Livingston
14558	Livingston
14560	Livingston
14592	Livingston
14836	Livingston
13032	Madison
13035	Madison
13037	Madison
13043	Madison
13052	Madison
13061	Madison
13072	Madison
13122	Madison
13134	Madison
13163	Madison
13310	Madison
13314	Madison
13334	Madison
13346	Madison
13355	Madison
13364	Madison
13402	Madison
13408	Madison
13409	Madison
13418	Madison
13421	Madison
13465	Madison
13484	Madison
13485	Madison
14410	Monroe
14420	Monroe
14428	Monroe

14430	Monroe
14445	Monroe
14450	Monroe
14464	Monroe
14467	Monroe
14468	Monroe
14472	Monroe
14506	Monroe
14508	Monroe
14511	Monroe
14514	Monroe
14515	Monroe
14526	Monroe
14534	Monroe
14543	Monroe
14546	Monroe
14559	Monroe
14580	Monroe
14586	Monroe
14602	Monroe
14603	Monroe
14604	Monroe
14605	Monroe
14606	Monroe
14607	Monroe
14608	Monroe
14609	Monroe
14610	Monroe
14611	Monroe
14612	Monroe
14613	Monroe
14614	Monroe
14615	Monroe
14616	Monroe
14617	Monroe
14618	Monroe
14619	Monroe
14620	Monroe
14621	Monroe
14622	Monroe
14623	Monroe
14624	Monroe
14625	Monroe
14626	Monroe
14627	Monroe
14638	Monroe
14639	Monroe

14642	Monroe
14643	Monroe
14644	Monroe
14646	Monroe
14647	Monroe
14649	Monroe
14650	Monroe
14651	Monroe
14652	Monroe
14653	Monroe
14692	Monroe
14694	Monroe
12010	Montgomery
12016	Montgomery
12066	Montgomery
12068	Montgomery
12069	Montgomery
12070	Montgomery
12072	Montgomery
12166	Montgomery
12177	Montgomery
13317	Montgomery
13339	Montgomery
13410	Montgomery
13428	Montgomery
13452	Montgomery
13054	Oneida
13123	Oneida
13157	Oneida
13162	Oneida
13301	Oneida
13303	Oneida
13304	Oneida
13308	Oneida
13309	Oneida
13313	Oneida
13316	Oneida
13318	Oneida
13319	Oneida
13321	Oneida
13322	Oneida
13323	Oneida
13328	Oneida
13338	Oneida
13341	Oneida
13352	Oneida
13354	Oneida

13362	Oneida
13363	Oneida
13401	Oneida
13403	Oneida
13413	Oneida
13417	Oneida
13424	Oneida
13425	Oneida
13435	Oneida
13438	Oneida
13440	Oneida
13441	Oneida
13442	Oneida
13449	Oneida
13455	Oneida
13456	Oneida
13461	Oneida
13469	Oneida
13471	Oneida
13476	Oneida
13477	Oneida
13478	Oneida
13479	Oneida
13480	Oneida
13483	Oneida
13486	Oneida
13490	Oneida
13492	Oneida
13494	Oneida
13495	Oneida
13501	Oneida
13502	Oneida
13503	Oneida
13504	Oneida
13505	Oneida
13599	Oneida
13020	Onondaga
13027	Onondaga
13029	Onondaga
13030	Onondaga
13031	Onondaga
13039	Onondaga
13041	Onondaga
13051	Onondaga
13057	Onondaga
13060	Onondaga
13063	Onondaga

13066	Onondaga
13078	Onondaga
13080	Onondaga
13082	Onondaga
13084	Onondaga
13088	Onondaga
13089	Onondaga
13090	Onondaga
13104	Onondaga
13108	Onondaga
13110	Onondaga
13112	Onondaga
13116	Onondaga
13119	Onondaga
13120	Onondaga
13137	Onondaga
13138	Onondaga
13152	Onondaga
13153	Onondaga
13159	Onondaga
13164	Onondaga
13201	Onondaga
13202	Onondaga
13203	Onondaga
13204	Onondaga
13205	Onondaga
13206	Onondaga
13207	Onondaga
13208	Onondaga
13209	Onondaga
13210	Onondaga
13211	Onondaga
13212	Onondaga
13214	Onondaga
13215	Onondaga
13217	Onondaga
13218	Onondaga
13219	Onondaga
13220	Onondaga
13221	Onondaga
13224	Onondaga
13225	Onondaga
13235	Onondaga
13244	Onondaga
13250	Onondaga
13251	Onondaga
13252	Onondaga

13261	Onondaga
13290	Onondaga
14424	Ontario
14425	Ontario
14432	Ontario
14443	Ontario
14453	Ontario
14456	Ontario
14461	Ontario
14463	Ontario
14469	Ontario
14471	Ontario
14475	Ontario
14504	Ontario
14512	Ontario
14518	Ontario
14532	Ontario
14537	Ontario
14547	Ontario
14548	Ontario
14561	Ontario
14564	Ontario
14585	Ontario
14429	Orleans
14470	Orleans
14476	Orleans
13028	Oswego
13036	Oswego
13042	Oswego
13044	Oswego
13069	Oswego
13074	Oswego
13076	Oswego
13083	Oswego
13093	Oswego
13103	Oswego
13107	Oswego
13114	Oswego
13115	Oswego
13121	Oswego
13126	Oswego
13131	Oswego
13132	Oswego
13135	Oswego
13142	Oswego
13144	Oswego
13145	Oswego

13167	Oswego
13302	Oswego
13426	Oswego
13437	Oswego
13493	Oswego
12064	Otsego
12116	Otsego
12155	Otsego
12197	Otsego
13315	Otsego
13320	Otsego
13326	Otsego
13333	Otsego
13335	Otsego
13337	Otsego
13342	Otsego
13348	Otsego
13415	Otsego
13439	Otsego
13450	Otsego
13457	Otsego
13468	Otsego
13482	Otsego
13488	Otsego
13747	Otsego
13776	Otsego
13796	Otsego
13807	Otsego
13808	Otsego
13810	Otsego
13820	Otsego
13825	Otsego
13834	Otsego
13849	Otsego
13859	Otsego
13861	Otsego
13623	Saint Lawrence
13635	Saint Lawrence
13639	Saint Lawrence
13642	Saint Lawrence
13645	Saint Lawrence
13666	Saint Lawrence
13670	Saint Lawrence
13690	Saint Lawrence
13695	Saint Lawrence
12031	Schoharie
12035	Schoharie

12036	Schoharie
12043	Schoharie
12071	Schoharie
12073	Schoharie
12076	Schoharie
12092	Schoharie
12093	Schoharie
12122	Schoharie
12131	Schoharie
12149	Schoharie
12157	Schoharie
12160	Schoharie
12175	Schoharie
12187	Schoharie
12194	Schoharie
13459	Schoharie
14805	Schuyler
14812	Schuyler
14815	Schuyler
14818	Schuyler
14824	Schuyler
14841	Schuyler
14863	Schuyler
14865	Schuyler
14869	Schuyler
14876	Schuyler
14878	Schuyler
14887	Schuyler
14891	Schuyler
14893	Schuyler
13065	Seneca
13148	Seneca
13165	Seneca
14521	Seneca
14541	Seneca
14588	Seneca
14847	Seneca
14860	Seneca
14529	Steuben
14572	Steuben
14801	Steuben
14807	Steuben
14808	Steuben
14809	Steuben
14810	Steuben
14819	Steuben
14820	Steuben

14821	Steuben
14823	Steuben
14826	Steuben
14827	Steuben
14830	Steuben
14831	Steuben
14839	Steuben
14840	Steuben
14843	Steuben
14855	Steuben
14856	Steuben
14858	Steuben
14870	Steuben
14873	Steuben
14874	Steuben
14879	Steuben
14885	Steuben
14898	Steuben
12736	Sullivan
12741	Sullivan
12760	Sullivan
12767	Sullivan
12776	Sullivan
16920	Tioga
16928	Tioga
16929	Tioga
16932	Tioga
16933	Tioga
16935	Tioga
16936	Tioga
16942	Tioga
16946	Tioga
13732	Tioga
13734	Tioga
13736	Tioga
13743	Tioga
13811	Tioga
13812	Tioga
13827	Tioga
13835	Tioga
13840	Tioga
13845	Tioga
13864	Tioga
14859	Tioga
14883	Tioga
14892	Tioga
16940	Tioga

13053	Tompkins
13062	Tompkins
13068	Tompkins
13073	Tompkins
13102	Tompkins
14817	Tompkins
14850	Tompkins
14851	Tompkins
14852	Tompkins
14853	Tompkins
14854	Tompkins
14867	Tompkins
14881	Tompkins
14882	Tompkins
14886	Tompkins
18417	Wayne
18437	Wayne
18439	Wayne
18455	Wayne
18462	Wayne
13143	Wayne
13146	Wayne
13154	Wayne
14413	Wayne
14433	Wayne
14449	Wayne
14489	Wayne
14502	Wayne
14505	Wayne
14513	Wayne
14516	Wayne
14519	Wayne
14520	Wayne
14522	Wayne
14538	Wayne
14542	Wayne
14551	Wayne
14555	Wayne
14563	Wayne
14568	Wayne
14589	Wayne
14590	Wayne
18449	Wayne
18453	Wayne
18454	Wayne
18461	Wayne
18446	Wyoming

18623	Wyoming
14530	Wyoming
14549	Wyoming
14415	Yates
14418	Yates
14441	Yates
14478	Yates
14507	Yates
14527	Yates
14544	Yates
14837	Yates
14842	Yates
14857	Yates

CROUSE HOSPITAL

APPENDIX III

LIST OF 14 CARDIOLOGISTS (CROUSE MEDICAL PRACTICE CARDIOLOGY)

First Name	Last Name	Degree	Practice Name
William	Berkery	MD	Crouse Medical Practice, PLLC- Cardiology
James	Longo	MD	Crouse Medical Practice, PLLC- Cardiology
Joseph	Battaglia	MD	Crouse Medical Practice, PLLC- Cardiology
Kwabena	Boahene	MD	Crouse Medical Practice, PLLC- Cardiology
Nishith	Amin	MD	Crouse Medical Practice, PLLC- Cardiology
Charles	Miller	MD	Crouse Medical Practice, PLLC- Cardiology
Anil	George	MD	Crouse Medical Practice, PLLC- Cardiology
Tamas	Szombathy	MD	Crouse Medical Practice, PLLC- Cardiology
John	Ulahannan	MD	Crouse Medical Practice, PLLC- Cardiology
Nikhil	Joshi	MD	Crouse Medical Practice, PLLC- Cardiology
Jeffrey	Ascenzo	MD	Crouse Medical Practice, PLLC- Cardiology
Tristan	Petrie	MD, FACC	Crouse Medical Practice, PLLC- Cardiology
Fafa	Xexemeku	MD	Crouse Medical Practice, PLLC- Cardiology
Joshua	Harrison	MD, FACC	Crouse Medical Practice, PLLC- Cardiology

CROUSE HOSPITAL

APPENDIX IV

VOLUME LETTERS OF SUPPORT - CARDIOLOGISTS

1. Crouse Medical Practice Cardiology
2. Cardiovascular Specialists of CNY, PLLC

May 24, 2024

Seth Kronenberg, M.D.
President and CEO
Crouse Hospital
736 Irving Avenue
Syracuse, New York 13210

Dear Dr. Kronenberg:

I am writing on behalf of Crouse Medical Practice Cardiology to express our support for the implementation of the adult cardiac surgery service at Crouse Hospital.

As a cardiologist practice, we refer approximately 300 local residents annually to facilities other than Crouse Hospital for cardiac surgery procedures. If the cardiac surgery service were to be made available at Crouse Hospital, we would refer many of these patients to the Hospital because it would be in the patient's best interest. The certification of the cardiac surgery service at Crouse Hospital will enable all patients to receive services in a close, convenient location and will ensure that high-quality care is provided to all patients in need of such services.

We appreciate the efforts of Crouse Hospital to secure this approval. Please let us know if I can be of any assistance in the process.

Sincerely,

A handwritten signature in black ink, appearing to read "Joseph G. Battaglia, MD, FAEC". The signature is fluid and cursive, with a large initial "J" and "B".

Joseph G. Battaglia, MD, FAEC
Medical Director

May 24, 2024

Seth Kronenberg, M.D.
President and CEO
Crouse Hospital
736 Irving Avenue
Syracuse, New York 13210

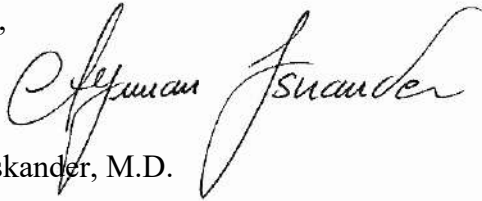
Dear Dr. Kronenberg:

I am writing on behalf of Cardiovascular Specialists of CNY, PLLC to express our support for the implementation of the adult cardiac surgery service at Crouse Hospital.

As a cardiologist practice, we refer approximately 200 local residents annually to facilities other than Crouse Hospital for cardiac surgery procedures. If the cardiac surgery service were to be made available at Crouse Hospital, we would refer many of these patients to the Hospital because it would be in the patient's best interest. The certification of the cardiac surgery service at Crouse Hospital will enable all patients to receive services in a close, convenient location and will ensure that high-quality care is provided to all patients in need of such services.

We appreciate the efforts of Crouse Hospital to secure this approval. Please let us know if I can be of any assistance in the process.

Sincerely,

A handwritten signature in black ink that reads "Ayman Iskander". The signature is written in a cursive style with a large, sweeping flourish at the end.

Ayman Iskander, M.D.
President

CROUSE HOSPITAL

APPENDIX V

PREVENTION QUALITY INDICATOR (PQI) STATISTICS

1. Bullet-Point Summary of PQI Data
2. PQI – Primary Service Area (10 Counties)
3. PQI – City of Syracuse (11 ZIP Codes)

CROUSE HOSPITAL

PREVENTION QUALITY INDICATOR (PQI) DATA

Developed by the Agency for Healthcare Research and Quality (AHRQ), Prevention Quality Indicators are a set of measures that can be used to identify “ambulatory care sensitive” conditions (ACSCs) in adult populations. These are conditions for which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease. Residents of the 10-county PSA, Onondaga County and the City of Syracuse experience very high rates of hospitalizations due to preventable conditions, many of which are cardiac-related, as follows:

PQI – 10-County Primary Service Area

The applicant has analyzed PQI statistics from the NYSDOH and found the following within the 10-county PSA:

- Short-term Complications from Diabetes (PQI #1) – Rates are higher-than-expected in nine (9) out of the 10 PSA counties.
- All Diabetes Composite (PQI #S01) – Rates are higher-than-expected in nine (9) out of the 10 PSA counties.
- Acute Composite (PQI #91) – Rates are higher-than-expected in nine (9) out of the 10 PSA counties.
- Long-term Complications from Diabetes (PQI #03) – Rates are higher-than-expected in eight (8) out of the 10 PSA counties.

- Short-term Complications from Diabetes (PQI #01) – Rates are higher-than-expected in eight (8) out of the 10 PSA counties.
- Heart Failure (PQI #08) – Rates are higher-than-expected in eight (8) out of the 10 PSA counties.
- Lower-Extremity Amputation among Patients with Diabetes (PQI #16) – Rates are higher-than-expected in eight (8) out of the 10 PSA counties.
- Chronic Composite (PQI #92) – Rates are higher-than-expected in eight (8) out of the 10 PSA counties.
- Overall Composite (PQI #90) – Rates are higher-than-expected in eight (8) out of the 10 PSA counties.
- COPD or Asthma in Older Adults (PQI #05) – Rates are higher-than-expected in seven (7) out of the 10 PSA counties.
- All Circulatory Composite (PQI #S02) – Rates are higher-than-expected in seven (7) out of the 10 PSA counties.
- All Respiratory Composite (PQI #S03) – Rates are higher-than-expected in seven (7) out of the 10 PSA counties.
- Uncontrolled Diabetes (PQI #14) – Rates are higher-than-expected in six (6) out of the 10 PSA counties.

- Urinary Tract Infection (PQI #12) – Rates are higher-than-expected in six (6) out of the 10 PSA counties.
- Hypertension (PQI #07) – Rates are higher-than-expected in five (5) out of the 10 PSA counties.

As documented above, residents of the 10-county PSA experienced higher-than-expected PQI rates for a large number of cardiac-related conditions, including those associated with diabetes. These statistics show that the residents of the PSA are being admitted to hospitals at very high rates for these conditions. Please find enclosed tables showing the high PQI-related inpatient admission rates for all PQI conditions individually, for each of the 10 PSA counties.

PQI – Onondaga County

Residents of Onondaga County experienced higher-than-expected rates for eight (8) of the 10 individual PQI conditions (short-term complications from diabetes, long-term complications from diabetes, hypertension, heart failure, bacterial pneumonia, urinary tract infection, uncontrolled diabetes and lower-extremity amputation among patients with diabetes), as well as four (4) of the five (5) general PQI composites (acute composite, chronic composite, all diabetes composite and all circulatory composite) and the overall PQI composite. Please find enclosed a table containing the actual hospitalization rates for these PQI conditions.

PQI – City of Syracuse

The applicant has also analyzed PQI statistics from the NYSDOH and found the following within the 11 ZIP Codes comprising the City of Syracuse:

- All Circulatory Composite (PQI #S02) – Rates are higher-than-expected in all 11 ZIP Codes of the City of Syracuse.

- Short-term Complications from Diabetes (PQI #1) – Rates are higher-than-expected in 10 out of the 11 ZIP Codes of the City of Syracuse.
- Hypertension (PQI #07) – Rates are higher-than-expected in 10 out of the 11 ZIP Codes of the City of Syracuse.
- All Diabetes Composite (PQI #S01) – Rates are higher-than-expected in 10 out of the 11 ZIP Codes of the City of Syracuse.
- Heart Failure (PQI #08) – Rates are higher-than-expected in nine (9) out of the 11 ZIP Codes of the City of Syracuse.
- Bacterial Pneumonia (PQI #11) – Rates are higher-than-expected in nine (9) out of the 11 ZIP Codes of the City of Syracuse.
- Overall Composite (PQI #90) – Rates are higher-than-expected in nine (9) out of the 11 ZIP Codes of the City of Syracuse.
- Acute Composite (PQI #91) – Rates are higher-than-expected in nine (9) out of the 11 ZIP Codes of the City of Syracuse.
- Chronic Composite (PQI #92) – Rates are higher-than-expected in nine (9) out of the 11 ZIP Codes of the City of Syracuse.
- Long-term Complications from Diabetes (PQI #03) – Rates are higher-than-expected in eight (8) out of the 11 ZIP Codes of the City of Syracuse.

- Urinary Tract Infection (PQI #12) – Rates are higher-than-expected in eight (8) out of the 11 ZIP Codes of the City of Syracuse.

- Uncontrolled Diabetes (PQI #14) – Rates are higher-than-expected in seven (7) out of the 11 ZIP Codes of the City of Syracuse.

- COPD or Asthma in Older Adults (PQI #05) – Rates are higher-than-expected in six (6) out of the 11 ZIP Codes of the City of Syracuse.

- Lower-Extremity Amputation among Patients with Diabetes (PQI #16) – Rates are higher-than-expected in six (6) out of the 11 ZIP Codes of the City of Syracuse.

- All Respiratory Composite (PQI #S03)– Rates are higher-than-expected in six (6) out of the 11 ZIP Codes of the City of Syracuse.

As documented above, residents of the 11 ZIP Codes comprising the City of Syracuse experienced higher-than-expected PQI rates for a large number of cardiac-related conditions, including those associated with diabetes. These statistics show that the residents of the City of Syracuse are being admitted to hospitals at very high rates for these conditions. Please find enclosed tables showing the high PQI-related inpatient admission rates for all PQI conditions individually, for each of the 11 ZIP Codes of the City of Syracuse.

CROUSE HOSPITAL

CERTIFY CARDIOLOGY SURGERY SERVICE, WITH REQUISITE RENOVATIONS

PREVENTION QUALITY INDICATOR (PQI) STATISTICS - PSA COUNTIES (2020)

Cayuga County

PQI #	PQI Name	Observed Rate Per 100,000 People	Expected Rate Per 100,000 People	Percent Higher than Expected
PQI_01	Diabetes Short-Term Complications	103.54	56.25	84.1%
PQI_03	Diabetes Long-Term Complications	148.84	92.18	61.5%
PQI_05	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults	343.72	217.41	58.1%
PQI_07	Hypertension	85.74	41.72	105.5%
PQI_08	Heart Failure	388.27	317.44	22.3%
PQI_11	Bacterial Pneumonia	163.4	116.34	40.5%
PQI_12	Urinary Tract Infection	134.28	100.29	33.9%
PQI_14	Uncontrolled Diabetes	56.62	31.23	81.3%
PQI_15	Asthma in Younger Adults	14.43	19.39	-25.6%
PQI_16	Lower-Extremity Amputation among Patients with Diabetes	42.06	25.82	62.9%
PQI_90	Prevention Quality Overall Composite	1,326.60	916.96	44.7%
PQI_91	Prevention Quality Acute Composite	297.68	216.63	37.4%
PQI_92	Prevention Quality Chronic Composite	1,028.93	700.33	46.9%
PQI_S01	Prevention Quality All Diabetes Composite	321.94	190.46	69.0%
PQI_S02	Prevention Quality All Circulatory Composite	474.02	359.16	32.0%
PQI_S03	Prevention Quality All Respiratory Composite	232.96	150.81	54.5%

Chenango County

PQI #	PQI Name	Observed Rate Per 100,000 People	Expected Rate Per 100,000 People	Percent Higher than Expected
PQI_01	Diabetes Short-Term Complications	85.3	50.93	67.5%
PQI_03	Diabetes Long-Term Complications	143.95	94.78	51.9%
PQI_05	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults	254.31	219.56	15.8%
PQI_07	Hypertension	26.66	39.62	-32.7%
PQI_08	Heart Failure	370.53	328.56	12.8%
PQI_11	Bacterial Pneumonia	157.27	121.96	29.0%
PQI_12	Urinary Tract Infection	138.61	103.01	34.6%
PQI_14	Uncontrolled Diabetes	18.66	30.98	-39.8%
PQI_15	Asthma in Younger Adults	0	14.85	-100.0%
PQI_16	Lower-Extremity Amputation among Patients with Diabetes	39.99	26.8	49.2%
PQI_90	Prevention Quality Overall Composite	1,127.58	937.39	20.3%
PQI_91	Prevention Quality Acute Composite	295.89	224.97	31.5%
PQI_92	Prevention Quality Chronic Composite	831.69	712.42	16.7%
PQI_S01	Prevention Quality All Diabetes Composite	258.57	187.87	37.6%
PQI_S02	Prevention Quality All Circulatory Composite	397.19	368.18	7.9%
PQI_S03	Prevention Quality All Respiratory Composite	175.93	156.47	12.4%

Highlighted cells represent a higher observed rate than expected, based upon the age-adjusted demographics of the region

Cortland County

PQI #	PQI Name	Observed Rate Per 100,000 People	Expected Rate Per 100,000 People	Percent Higher than Expected
PQI_01	Diabetes Short-Term Complications	72.66	51.65	40.7%
PQI_03	Diabetes Long-Term Complications	111.58	76.36	46.1%
PQI_05	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults	517.78	213.13	142.9%
PQI_07	Hypertension	15.57	32.9	-52.7%
PQI_08	Heart Failure	365.87	261.24	40.1%
PQI_11	Bacterial Pneumonia	303.6	98.97	206.8%
PQI_12	Urinary Tract Infection	124.55	86.97	43.2%
PQI_14	Uncontrolled Diabetes	28.54	25.55	11.7%
PQI_15	Asthma in Younger Adults	12.11	15.12	-19.9%
PQI_16	Lower-Extremity Amputation among Patients with Diabetes	18.16	21.27	-14.6%
PQI_90	Prevention Quality Overall Composite	1,328.56	770.68	72.4%
PQI_91	Prevention Quality Acute Composite	428.15	185.94	130.3%
PQI_92	Prevention Quality Chronic Composite	900.41	584.75	54.0%
PQI_S01	Prevention Quality All Diabetes Composite	217.97	162.45	34.2%
PQI_S02	Prevention Quality All Circulatory Composite	381.44	294.14	29.7%
PQI_S03	Prevention Quality All Respiratory Composite	301	128.25	134.7%

Madison County

PQI #	PQI Name	Observed Rate Per 100,000 People	Expected Rate Per 100,000 People	Percent Higher than Expected
PQI_01	Diabetes Short-Term Complications	78.72	52.21	50.8%
PQI_03	Diabetes Long-Term Complications	83.97	86.29	-2.7%
PQI_05	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults	201.23	214.32	-6.1%
PQI_07	Hypertension	10.5	35.99	-70.8%
PQI_08	Heart Failure	260.65	287.81	-9.4%
PQI_11	Bacterial Pneumonia	152.19	109.36	39.2%
PQI_12	Urinary Tract Infection	62.98	93.48	-32.6%
PQI_14	Uncontrolled Diabetes	22.74	28.05	-18.9%
PQI_15	Asthma in Younger Adults	4.9	16.73	-70.7%
PQI_16	Lower-Extremity Amputation among Patients with Diabetes	31.49	24.21	30.1%
PQI_90	Prevention Quality Overall Composite	820.45	846.98	-3.1%
PQI_91	Prevention Quality Acute Composite	215.17	202.84	6.1%
PQI_92	Prevention Quality Chronic Composite	605.28	644.14	-6.0%
PQI_S01	Prevention Quality All Diabetes Composite	202.92	176.61	14.9%
PQI_S02	Prevention Quality All Circulatory Composite	271.15	323.8	-16.3%
PQI_S03	Prevention Quality All Respiratory Composite	131.2	143.84	-8.8%

Highlighted cells represent a higher observed rate than expected, based upon the age-adjusted demographics of the region

Oneida County

PQI #	PQI Name	Observed Rate Per 100,000 People	Expected Rate Per 100,000 People	Percent Higher than Expected
PQI_01	Diabetes Short-Term Complications	102.63	56.66	81.1%
PQI_03	Diabetes Long-Term Complications	102.63	91.05	12.7%
PQI_05	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults	309.51	221.29	39.9%
PQI_07	Hypertension	52.14	44.84	16.3%
PQI_08	Heart Failure	395.52	331.09	19.5%
PQI_11	Bacterial Pneumonia	184.17	116.57	58.0%
PQI_12	Urinary Tract Infection	75.44	105.09	-28.2%
PQI_14	Uncontrolled Diabetes	41.6	32.77	26.9%
PQI_15	Asthma in Younger Adults	15.72	19.74	-20.4%
PQI_16	Lower-Extremity Amputation among Patients with Diabetes	27.18	25.3	7.4%
PQI_90	Prevention Quality Overall Composite	1,168.27	938.64	24.5%
PQI_91	Prevention Quality Acute Composite	259.61	221.66	17.1%
PQI_92	Prevention Quality Chronic Composite	908.65	716.99	26.7%
PQI_S01	Prevention Quality All Diabetes Composite	255.18	191	33.6%
PQI_S02	Prevention Quality All Circulatory Composite	447.67	375.93	19.1%
PQI_S03	Prevention Quality All Respiratory Composite	205.81	150.15	37.1%

Onondaga County

PQI #	PQI Name	Observed Rate Per 100,000 People	Expected Rate Per 100,000 People	Percent Higher than Expected
PQI_01	Diabetes Short-Term Complications	109.29	63.61	71.8%
PQI_03	Diabetes Long-Term Complications	103.51	94.77	9.2%
PQI_05	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults	206.65	232.46	-11.1%
PQI_07	Hypertension	70.2	49.84	40.9%
PQI_08	Heart Failure	352.36	324.2	8.7%
PQI_11	Bacterial Pneumonia	147.28	111.88	31.6%
PQI_12	Urinary Tract Infection	134.06	99.91	34.2%
PQI_14	Uncontrolled Diabetes	42.12	35.84	17.5%
PQI_15	Asthma in Younger Adults	13.94	23.9	-41.7%
PQI_16	Lower-Extremity Amputation among Patients with Diabetes	28.63	26.08	9.8%
PQI_90	Prevention Quality Overall Composite	1,105.80	945.06	17.0%
PQI_91	Prevention Quality Acute Composite	281.34	211.79	32.8%
PQI_92	Prevention Quality Chronic Composite	824.47	733.26	12.4%
PQI_S01	Prevention Quality All Diabetes Composite	267.85	205.12	30.6%
PQI_S02	Prevention Quality All Circulatory Composite	422.56	374.04	13.0%
PQI_S03	Prevention Quality All Respiratory Composite	134.34	154.21	-12.9%

Highlighted cells represent a higher observed rate than expected, based upon the age-adjusted demographics of the region

Oswego County

PQI #	PQI Name	Observed Rate Per 100,000 People	Expected Rate Per 100,000 People	Percent Higher than Expected
PQI_01	Diabetes Short-Term Complications	106.41	51.27	107.5%
PQI_03	Diabetes Long-Term Complications	135.43	83.67	61.9%
PQI_05	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults	224.09	207.07	8.2%
PQI_07	Hypertension	44.07	34.18	28.9%
PQI_08	Heart Failure	392.31	266.64	47.1%
PQI_11	Bacterial Pneumonia	149.4	102.86	45.2%
PQI_12	Urinary Tract Infection	89.21	86.83	2.7%
PQI_14	Uncontrolled Diabetes	34.39	26.81	28.3%
PQI_15	Asthma in Younger Adults	14.65	15.16	-3.4%
PQI_16	Lower-Extremity Amputation among Patients with Diabetes	33.32	23.51	41.7%
PQI_90	Prevention Quality Overall Composite	1,112.45	798.64	39.3%
PQI_91	Prevention Quality Acute Composite	238.61	189.69	25.8%
PQI_92	Prevention Quality Chronic Composite	873.84	608.95	43.5%
PQI_S01	Prevention Quality All Diabetes Composite	290.2	171.56	69.2%
PQI_S02	Prevention Quality All Circulatory Composite	436.38	300.82	45.1%
PQI_S03	Prevention Quality All Respiratory Composite	147.25	136.66	7.7%

Seneca County

PQI #	PQI Name	Observed Rate Per 100,000 People	Expected Rate Per 100,000 People	Percent Higher than Expected
PQI_01	Diabetes Short-Term Complications	32.88	58.7	-44.0%
PQI_03	Diabetes Long-Term Complications	131.51	92.12	42.8%
PQI_05	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults	305.26	221.16	38.0%
PQI_07	Hypertension	29.22	42.11	-30.6%
PQI_08	Heart Failure	325.13	314.59	3.4%
PQI_11	Bacterial Pneumonia	127.86	115.38	10.8%
PQI_12	Urinary Tract Infection	142.47	97.42	46.2%
PQI_14	Uncontrolled Diabetes	25.57	31.91	-19.9%
PQI_15	Asthma in Younger Adults	10.33	20.75	-50.2%
PQI_16	Lower-Extremity Amputation among Patients with Diabetes	47.49	25.68	84.9%
PQI_90	Prevention Quality Overall Composite	1,033.83	913.1	13.2%
PQI_91	Prevention Quality Acute Composite	270.33	212.8	27.0%
PQI_92	Prevention Quality Chronic Composite	763.5	700.3	9.0%
PQI_S01	Prevention Quality All Diabetes Composite	208.23	193.45	7.6%
PQI_S02	Prevention Quality All Circulatory Composite	354.35	356.69	-0.7%
PQI_S03	Prevention Quality All Respiratory Composite	200.92	150.27	33.7%

Highlighted cells represent a higher observed rate than expected, based upon the age-adjusted demographics of the region

Tompkins County

PQI #	PQI Name	Observed Rate Per 100,000 People	Expected Rate Per 100,000 People	Percent Higher than Expected
PQI_01	Diabetes Short-Term Complications	35.5	53.08	-33.1%
PQI_03	Diabetes Long-Term Complications	25.19	66.69	-62.2%
PQI_05	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults	143.36	213.42	-32.8%
PQI_07	Hypertension	19.47	31.58	-38.3%
PQI_08	Heart Failure	162.6	219.24	-25.8%
PQI_11	Bacterial Pneumonia	82.45	82.72	-0.3%
PQI_12	Urinary Tract Infection	54.96	73.5	-25.2%
PQI_14	Uncontrolled Diabetes	6.87	24.27	-71.7%
PQI_15	Asthma in Younger Adults	4.4	16.97	-74.1%
PQI_16	Lower-Extremity Amputation among Patients with Diabetes	14.89	18.29	-18.6%
PQI_90	Prevention Quality Overall Composite	466.05	669.75	-30.4%
PQI_91	Prevention Quality Acute Composite	137.41	156.22	-12.0%
PQI_92	Prevention Quality Chronic Composite	328.64	513.53	-36.0%
PQI_S01	Prevention Quality All Diabetes Composite	75.58	151.66	-50.2%
PQI_S02	Prevention Quality All Circulatory Composite	182.07	250.83	-27.4%
PQI_S03	Prevention Quality All Respiratory Composite	71	111.11	-36.1%

Wayne County

PQI #	PQI Name	Observed Rate Per 100,000 People	Expected Rate Per 100,000 People	Percent Higher than Expected
PQI_01	Diabetes Short-Term Complications	82.35	53.52	53.9%
PQI_03	Diabetes Long-Term Complications	166.12	94.1	76.5%
PQI_05	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults	377.59	216.41	74.5%
PQI_07	Hypertension	49.69	40.41	23.0%
PQI_08	Heart Failure	535.28	306.83	74.5%
PQI_11	Bacterial Pneumonia	151.92	113.7	33.6%
PQI_12	Urinary Tract Infection	83.77	95.63	-12.4%
PQI_14	Uncontrolled Diabetes	45.44	31.23	45.5%
PQI_15	Asthma in Younger Adults	17.99	17.21	4.5%
PQI_16	Lower-Extremity Amputation among Patients with Diabetes	31.24	26.6	17.4%
PQI_90	Prevention Quality Overall Composite	1,391.45	899.93	54.6%
PQI_91	Prevention Quality Acute Composite	235.7	209.32	12.6%
PQI_92	Prevention Quality Chronic Composite	1,155.76	690.61	67.4%
PQI_S01	Prevention Quality All Diabetes Composite	306.69	189.94	61.5%
PQI_S02	Prevention Quality All Circulatory Composite	584.98	347.24	68.5%
PQI_S03	Prevention Quality All Respiratory Composite	264.09	153.53	72.0%

Highlighted cells represent a higher observed rate than expected, based upon the age-adjusted demographics of the region

CROUSE HOSPITAL

CERTIFY CARDIOLOGY SURGERY SERVICE, WITH REQUISITE RENOVATIONS


PREVENTION QUALITY INDICATOR (PQI) STATISTICS - ZIP CODES OF THE CITY OF SYRACUSE (2020)

ZIP Code 13202

PQI #	PQI Name	Observed Rate Per 100,000 People	Expected Rate Per 100,000 People	Percent Higher than Expected
PQI_01	Diabetes Short-Term Complications	301.72	109.39	175.8%
PQI_03	Diabetes Long-Term Complications	215.52	123.55	74.4%
PQI_05	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults	541.76	291.54	85.8%
PQI_07	Hypertension	280.17	82.13	241.1%
PQI_08	Heart Failure	818.97	309.5	164.6%
PQI_11	Bacterial Pneumonia	237.07	82.22	188.3%
PQI_12	Urinary Tract Infection	64.66	59.9	7.9%
PQI_14	Uncontrolled Diabetes	172.41	56.15	207.1%
PQI_15	Asthma in Younger Adults	82.47	39.39	109.4%
PQI_16	Lower-Extremity Amputation among Patients with Diabetes	21.55	34.95	-38.3%
PQI_90	Prevention Quality Overall Composite	2,413.79	997.47	142.0%
PQI_91	Prevention Quality Acute Composite	301.72	142.12	112.3%
PQI_92	Prevention Quality Chronic Composite	2,112.07	855.36	146.9%
PQI_S01	Prevention Quality All Diabetes Composite	711.21	304.12	133.9%
PQI_S02	Prevention Quality All Circulatory Composite	1,099.14	391.63	180.7%
PQI_S03	Prevention Quality All Respiratory Composite	301.72	159.76	88.9%

ZIP Code 13203

PQI #	PQI Name	Observed Rate Per 100,000 People	Expected Rate Per 100,000 People	Percent Higher than Expected
PQI_01	Diabetes Short-Term Complications	351.41	81.62	330.5%
PQI_03	Diabetes Long-Term Complications	276.1	109.73	151.6%
PQI_05	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults	446.3	252.97	76.4%
PQI_07	Hypertension	117.14	70.27	66.7%
PQI_08	Heart Failure	485.27	392.13	23.8%
PQI_11	Bacterial Pneumonia	259.37	121.02	114.3%
PQI_12	Urinary Tract Infection	284.47	116.21	144.8%
PQI_14	Uncontrolled Diabetes	66.93	46.1	45.2%
PQI_15	Asthma in Younger Adults	41.82	35.82	16.8%
PQI_16	Lower-Extremity Amputation among Patients with Diabetes	92.03	29.69	210.0%
PQI_90	Prevention Quality Overall Composite	2,167.00	1,115.63	94.2%
PQI_91	Prevention Quality Acute Composite	543.84	237.22	129.3%
PQI_92	Prevention Quality Chronic Composite	1,623.16	878.41	84.8%
PQI_S01	Prevention Quality All Diabetes Composite	736.28	250.02	194.5%
PQI_S02	Prevention Quality All Circulatory Composite	602.41	462.4	30.3%
PQI_S03	Prevention Quality All Respiratory Composite	284.47	166.09	71.3%

 Highlighted cells represent a higher observed rate than expected, based upon the age-adjusted demographics of the region.

ZIP Code 13204

PQI #	PQI Name	Observed Rate Per 100,000 People	Expected Rate Per 100,000 People	Percent Higher than Expected
PQI_01	Diabetes Short-Term Complications	266.26	91.01	192.6%
PQI_03	Diabetes Long-Term Complications	244.67	109.01	124.4%
PQI_05	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults	460.21	254.1	81.1%
PQI_07	Hypertension	165.52	65.66	152.1%
PQI_08	Heart Failure	453.37	284.38	59.4%
PQI_11	Bacterial Pneumonia	172.71	89.42	93.1%
PQI_12	Urinary Tract Infection	122.34	75.25	62.6%
PQI_14	Uncontrolled Diabetes	172.71	45.46	279.9%
PQI_15	Asthma in Younger Adults	30.73	37.98	-19.1%
PQI_16	Lower-Extremity Amputation among Patients with Diabetes	93.55	29.49	217.2%
PQI_90	Prevention Quality Overall Composite	1,885.43	925.54	103.7%
PQI_91	Prevention Quality Acute Composite	295.05	164.67	79.2%
PQI_92	Prevention Quality Chronic Composite	1,590.39	760.88	109.0%
PQI_S01	Prevention Quality All Diabetes Composite	712.44	258.06	176.1%
PQI_S02	Prevention Quality All Circulatory Composite	618.88	350.05	76.8%
PQI_S03	Prevention Quality All Respiratory Composite	259.07	152.88	69.5%

ZIP Code 13205

PQI #	PQI Name	Observed Rate Per 100,000 People	Expected Rate Per 100,000 People	Percent Higher than Expected
PQI_01	Diabetes Short-Term Complications	252.66	117.19	115.6%
PQI_03	Diabetes Long-Term Complications	148.62	151.94	-2.2%
PQI_05	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults	507.43	357.48	41.9%
PQI_07	Hypertension	208.07	113.45	83.4%
PQI_08	Heart Failure	653.93	550.58	18.8%
PQI_11	Bacterial Pneumonia	156.05	143.35	8.9%
PQI_12	Urinary Tract Infection	185.78	137.92	34.7%
PQI_14	Uncontrolled Diabetes	141.19	76.73	84.0%
PQI_15	Asthma in Younger Adults	0	53.87	-100.0%
PQI_16	Lower-Extremity Amputation among Patients with Diabetes	52.02	41.49	25.4%
PQI_90	Prevention Quality Overall Composite	2,088.13	1,548.84	34.8%
PQI_91	Prevention Quality Acute Composite	341.83	281.27	21.5%
PQI_92	Prevention Quality Chronic Composite	1,746.30	1,267.56	37.8%
PQI_S01	Prevention Quality All Diabetes Composite	572.19	363.13	57.6%
PQI_S02	Prevention Quality All Circulatory Composite	862	664.03	29.8%
PQI_S03	Prevention Quality All Respiratory Composite	312.11	240.61	29.7%

Highlighted cells represent a higher observed rate than expected, based upon the age-adjusted demographics of the region.

ZIP Code 13206

PQI #	PQI Name	Observed Rate Per 100,000 People	Expected Rate Per 100,000 People	Percent Higher than Expected
PQI_01	Diabetes Short-Term Complications	154.31	77.47	99.2%
PQI_03	Diabetes Long-Term Complications	113.7	104.77	8.5%
PQI_05	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults	181.51	235.97	-23.1%
PQI_07	Hypertension	121.82	59.85	103.5%
PQI_08	Heart Failure	406.07	326.06	24.5%
PQI_11	Bacterial Pneumonia	129.94	110.35	17.8%
PQI_12	Urinary Tract Infection	81.21	96.85	-16.1%
PQI_14	Uncontrolled Diabetes	32.49	41.14	-21.0%
PQI_15	Asthma in Younger Adults	43.48	34.03	27.8%
PQI_16	Lower-Extremity Amputation among Patients with Diabetes	40.61	28.38	43.1%
PQI_90	Prevention Quality Overall Composite	1,185.74	988.87	19.9%
PQI_91	Prevention Quality Acute Composite	211.16	207.2	1.9%
PQI_92	Prevention Quality Chronic Composite	974.58	781.67	24.7%
PQI_S01	Prevention Quality All Diabetes Composite	324.86	235.34	38.0%
PQI_S02	Prevention Quality All Circulatory Composite	527.9	385.91	36.8%
PQI_S03	Prevention Quality All Respiratory Composite	129.94	160.53	-19.1%

ZIP Code 13207

PQI #	PQI Name	Observed Rate Per 100,000 People	Expected Rate Per 100,000 People	Percent Higher than Expected
PQI_01	Diabetes Short-Term Complications	332.51	106.97	210.8%
PQI_03	Diabetes Long-Term Complications	139.44	126.82	10.0%
PQI_05	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults	376.01	293.17	28.3%
PQI_07	Hypertension	160.89	85.02	89.2%
PQI_08	Heart Failure	450.5	363.42	24.0%
PQI_11	Bacterial Pneumonia	171.62	105.47	62.7%
PQI_12	Urinary Tract Infection	160.89	87.88	83.1%
PQI_14	Uncontrolled Diabetes	53.63	57.14	-6.1%
PQI_15	Asthma in Younger Adults	0	49.03	-100.0%
PQI_16	Lower-Extremity Amputation among Patients with Diabetes	32.18	34.3	-6.2%
PQI_90	Prevention Quality Overall Composite	1,716.19	1,142.37	50.2%
PQI_91	Prevention Quality Acute Composite	332.51	193.36	72.0%
PQI_92	Prevention Quality Chronic Composite	1,383.67	949.02	45.8%
PQI_S01	Prevention Quality All Diabetes Composite	547.03	305.42	79.1%
PQI_S02	Prevention Quality All Circulatory Composite	611.39	448.45	36.3%
PQI_S03	Prevention Quality All Respiratory Composite	225.25	195.28	15.3%

Highlighted cells represent a higher observed rate than expected, based upon the age-adjusted demographics of the region.

ZIP Code 13208

PQI #	PQI Name	Observed Rate Per 100,000 People	Expected Rate Per 100,000 People	Percent Higher than Expected
PQI_01	Diabetes Short-Term Complications	131.81	74.96	75.8%
PQI_03	Diabetes Long-Term Complications	188.3	95.37	97.4%
PQI_05	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults	574.22	222.44	158.1%
PQI_07	Hypertension	125.53	57.82	117.1%
PQI_08	Heart Failure	401.71	295.26	36.1%
PQI_11	Bacterial Pneumonia	169.47	98.58	71.9%
PQI_12	Urinary Tract Infection	112.98	89	26.9%
PQI_14	Uncontrolled Diabetes	56.49	38.12	48.2%
PQI_15	Asthma in Younger Adults	15.32	33.1	-53.7%
PQI_16	Lower-Extremity Amputation among Patients with Diabetes	43.94	25.26	74.0%
PQI_90	Prevention Quality Overall Composite	1,562.89	904.59	72.8%
PQI_91	Prevention Quality Acute Composite	282.45	187.58	50.6%
PQI_92	Prevention Quality Chronic Composite	1,280.44	717.01	78.6%
PQI_S01	Prevention Quality All Diabetes Composite	407.98	219.18	86.1%
PQI_S02	Prevention Quality All Circulatory Composite	527.24	353.07	49.3%
PQI_S03	Prevention Quality All Respiratory Composite	345.22	144.86	138.3%

ZIP Code 13210

PQI #	PQI Name	Observed Rate Per 100,000 People	Expected Rate Per 100,000 People	Percent Higher than Expected
PQI_01	Diabetes Short-Term Complications	93.22	67.92	37.2%
PQI_03	Diabetes Long-Term Complications	38.14	51.86	-26.5%
PQI_05	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults	241.24	258.32	-6.6%
PQI_07	Hypertension	38.14	33.62	13.4%
PQI_08	Heart Failure	165.26	153.34	7.8%
PQI_11	Bacterial Pneumonia	63.56	51.67	23.0%
PQI_12	Urinary Tract Infection	63.56	49.39	28.7%
PQI_14	Uncontrolled Diabetes	29.66	24.53	20.9%
PQI_15	Asthma in Younger Adults	0	21.47	-100.0%
PQI_16	Lower-Extremity Amputation among Patients with Diabetes	4.24	13.73	-69.1%
PQI_90	Prevention Quality Overall Composite	555.11	521.94	6.4%
PQI_91	Prevention Quality Acute Composite	127.12	101.06	25.8%
PQI_92	Prevention Quality Chronic Composite	427.98	420.88	1.7%
PQI_S01	Prevention Quality All Diabetes Composite	161.02	150.09	7.3%
PQI_S02	Prevention Quality All Circulatory Composite	203.4	186.96	8.8%
PQI_S03	Prevention Quality All Respiratory Composite	63.56	83.88	-24.2%

Highlighted cells represent a higher observed rate than expected, based upon the age-adjusted demographics of the region.

ZIP Code 13214

PQI #	PQI Name	Observed Rate Per 100,000 People	Expected Rate Per 100,000 People	Percent Higher than Expected
PQI_01	Diabetes Short-Term Complications	101.55	61.85	64.2%
PQI_03	Diabetes Long-Term Complications	101.55	90.01	12.8%
PQI_05	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults	172.58	256.42	-32.7%
PQI_07	Hypertension	72.54	53.38	35.9%
PQI_08	Heart Failure	406.21	409.53	-0.8%
PQI_11	Bacterial Pneumonia	116.06	132.23	-12.2%
PQI_12	Urinary Tract Infection	101.55	133.93	-24.2%
PQI_14	Uncontrolled Diabetes	0	37.72	-100.0%
PQI_15	Asthma in Younger Adults	0	23.13	-100.0%
PQI_16	Lower-Extremity Amputation among Patients with Diabetes	0	24.38	-100.0%
PQI_90	Prevention Quality Overall Composite	1,001.02	1,088.91	-8.1%
PQI_91	Prevention Quality Acute Composite	217.61	266.15	-18.2%
PQI_92	Prevention Quality Chronic Composite	783.4	822.75	-4.8%
PQI_S01	Prevention Quality All Diabetes Composite	203.1	199.53	1.8%
PQI_S02	Prevention Quality All Circulatory Composite	478.75	462.91	3.4%
PQI_S03	Prevention Quality All Respiratory Composite	101.55	160.4	-36.7%

ZIP Code 13219

PQI #	PQI Name	Observed Rate Per 100,000 People	Expected Rate Per 100,000 People	Percent Higher than Expected
PQI_01	Diabetes Short-Term Complications	59.13	50.46	17.2%
PQI_03	Diabetes Long-Term Complications	118.25	92.54	27.8%
PQI_05	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults	193.35	231.59	-16.5%
PQI_07	Hypertension	33.79	47.06	-28.2%
PQI_08	Heart Failure	447.67	411.95	8.7%
PQI_11	Bacterial Pneumonia	168.93	143.09	18.1%
PQI_12	Urinary Tract Infection	152.04	140.75	8.0%
PQI_14	Uncontrolled Diabetes	33.79	33.16	1.9%
PQI_15	Asthma in Younger Adults	0	17.2	-100.0%
PQI_16	Lower-Extremity Amputation among Patients with Diabetes	25.34	25.06	1.1%
PQI_90	Prevention Quality Overall Composite	1,165.64	1,096.21	6.3%
PQI_91	Prevention Quality Acute Composite	320.97	283.84	13.1%
PQI_92	Prevention Quality Chronic Composite	844.67	812.38	4.0%
PQI_S01	Prevention Quality All Diabetes Composite	228.06	186.41	22.3%
PQI_S02	Prevention Quality All Circulatory Composite	481.46	459.01	4.9%
PQI_S03	Prevention Quality All Respiratory Composite	135.15	167.05	-19.1%

Highlighted cells represent a higher observed rate than expected, based upon the age-adjusted demographics of the region.

ZIP Code 13224

PQI #	PQI Name	Observed Rate Per 100,000 People	Expected Rate Per 100,000 People	Percent Higher than Expected
PQI_01	Diabetes Short-Term Complications	61.26	97.66	-37.3%
PQI_03	Diabetes Long-Term Complications	107.2	134.12	-20.1%
PQI_05	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults	143.71	304.08	-52.7%
PQI_07	Hypertension	214.4	90.65	136.5%
PQI_08	Heart Failure	413.48	446.23	-7.3%
PQI_11	Bacterial Pneumonia	30.63	124.84	-75.5%
PQI_12	Urinary Tract Infection	61.26	107.22	-42.9%
PQI_14	Uncontrolled Diabetes	30.63	63.68	-51.9%
PQI_15	Asthma in Younger Adults	42.46	42.4	0.1%
PQI_16	Lower-Extremity Amputation among Patients with Diabetes	30.63	37.49	-18.3%
PQI_90	Prevention Quality Overall Composite	1,041.35	1,289.50	-19.2%
PQI_91	Prevention Quality Acute Composite	91.88	232.06	-60.4%
PQI_92	Prevention Quality Chronic Composite	949.46	1,057.44	-10.2%
PQI_S01	Prevention Quality All Diabetes Composite	214.4	311.01	-31.1%
PQI_S02	Prevention Quality All Circulatory Composite	627.87	536.88	16.9%
PQI_S03	Prevention Quality All Respiratory Composite	107.2	209.7	-48.9%

Highlighted cells represent a higher observed rate than expected, based upon the age-adjusted demographics of the region.

CROUSE HOSPITAL

APPENDIX VI

POOR CARDIAC HEALTH OUTCOMES

1. Bullet-Point Summary of Poor Cardiac Health Outcomes
2. Backup Data for Poor Cardiac Health Outcomes

CROUSE HOSPITAL

BULLET-POINT SUMMARY OF POOR CARDIAC HEALTH OUTCOMES

The applicant has analyzed cardiovascular-related health statistics from the Community Health Indicator Reports (CHIRS) Dashboard of the NYSDOH and found that the residents of the 10-county PSA are experiencing poor cardiac health outcomes. A summary of these cardiac-related health outcomes is as follows:

- Residents of nine (9) of the 10 PSA counties had a cerebrovascular disease (stroke) mortality rate that was higher than that of New York State overall.
- Residents of nine (9) of the 10 PSA counties had an age-adjusted cerebrovascular disease (stroke) mortality rate that was higher than that of New York State overall.
- Residents of nine (9) of the 10 PSA counties had a cerebrovascular disease (stroke) premature death (aged 25-64 years) rate that was higher than that of New York State overall.
- Residents of nine (9) of the 10 PSA counties had a cerebrovascular disease (stroke) pre-transport mortality rate that was higher than that of New York State overall.
- Residents of eight (8) of the 10 PSA counties had a cardiovascular disease premature mortality (aged 25-64 years) rate that was higher than that of New York State overall.
- Residents of eight (8) of the 10 PSA counties had a heart attack mortality rate that was higher than that of New York State overall.

- Residents of eight (8) of the 10 PSA counties had an age-adjusted heart attack mortality rate that was higher than that of New York State overall.
- Residents of eight (8) of the 10 PSA counties had an age-adjusted percentage of adults with cardiovascular disease (heart attack, coronary heart disease or stroke) that was higher than that of New York State overall.
- Residents of eight (8) of the 10 PSA counties had an age-adjusted percentage of adults with physician-diagnosed high blood pressure that was higher than that of New York State overall.
- Residents of seven (7) of the 10 PSA counties had a diseases of the heart premature mortality (aged 25-64 years) rate that was higher than that of New York State overall.
- Residents of seven (7) of the 10 PSA counties had a diseases of the heart hospitalization rate that was higher than that of New York State overall.
- Residents of seven (7) of the 10 PSA counties had a heart attack hospitalization rate that was higher than that of New York State overall.
- Residents of seven (7) of the 10 PSA counties had an age-adjusted heart attack hospitalization rate that was higher than that of New York State overall.
- Residents of seven (7) of the 10 PSA counties had a congestive heart failure mortality rate that was higher than that of New York State overall.
- Residents of seven (7) of the 10 PSA counties had an age-adjusted congestive heart failure mortality rate that was higher than that of New York State overall.

- Residents of seven (7) of the 10 PSA counties had a congestive heart failure pre-transport mortality rate that was higher than that of New York State overall.

- Residents of seven (7) of the 10 PSA counties had a potentially preventable, adult (age 18+) heart failure hospitalization rate that was higher than that of New York State overall.

- Residents of seven (7) of the 10 PSA counties had a cerebrovascular disease (stroke) hospitalization rate that was higher than that of New York State overall.

- Residents of seven (7) of the 10 PSA counties had an age-adjusted cerebrovascular disease (stroke) hospitalization rate that was higher than that of New York State overall.

- Residents of seven (7) of the 10 PSA counties had an adult (age 18+) hypertension without heart failure rate that was higher than that of New York State overall.

CROUSE HOSPITAL

CERTIFY CARDIOLOGY SURGERY SERVICE, WITH REQUISITE RENOVATIONS

CARDIOVASCULAR DISEASE INDICATORS - ONONDAGA COUNTY (2019-2021)

Cardiovascular Disease Indicators	New York State	Onondaga County	Oswego County	Oneida County	Madison County
Cardiovascular disease mortality rate per 100,000	283.6	282.9	279.8	330.6	252.7
Age-adjusted cardiovascular disease mortality rate per 100,000	213.2	205.3	229.6	220.7	182.5
Cardiovascular disease premature death (aged 35-64 years) rate per 100,000	111.4	116.7	123.6	139.8	98.1
Cardiovascular disease pretransport mortality rate per 100,000	178.6	175.5	167.6	188.4	158.3
Cardiovascular disease hospitalization rate per 10,000	143.4	140.9	159.8	173.0	121.3
Age-adjusted cardiovascular disease hospitalization rate per 10,000	113.9	109.5	128.3	126.1	88.6
Diseases of the heart mortality rate per 100,000	227.4	208.7	216.9	250.3	195.0
Age-adjusted diseases of the heart mortality rate per 100,000	170.6	152.0	177.1	167.3	140.8
Diseases of the heart premature death (aged 35-64 years) mortality rate per 100,000	89.8	92.1	103.5	109.1	72.4
Diseases of the heart pretransport mortality rate per 100,000	150.7	133.9	136.8	145.3	123.0
Diseases of the heart hospitalization rate per 10,000	96.2	92.6	108.0	120.5	84.1
Age-adjusted diseases of the heart hospitalization rate per 10,000	75.9	71.5	86.1	87.5	61.3
Coronary heart disease mortality rate per 100,000	177.5	141.2	155.2	163.2	126.3
Age-adjusted coronary heart disease mortality rate per 100,000	133.0	102.4	125.7	108.6	91.1
Coronary heart disease premature death (aged 35-64 years) rate per 100,000	71.3	66.2	81.9	71.2	54.0
Coronary heart disease pretransport mortality rate per 100,000	125.1	98.6	105.6	104.1	89.2
Coronary heart disease hospitalization rate per 10,000	27.5	23.5	32.7	36.5	23.3
Age-adjusted coronary heart disease hospitalization rate per 10,000	21.6	18.3	25.3	27.3	16.6
Heart attack hospitalization rate per 10,000	14.8	14.6	22.1	21.6	13.0
Age-adjusted heart attack hospitalization rate per 10,000	11.8	11.5	17.4	16.4	9.4
Heart attack mortality rate per 100,000	28.3	29.4	38.2	41.2	25.3
Age-adjusted heart attack mortality rate per 100,000	21.4	21.5	31.7	28.0	19.2
Congestive heart failure mortality rate per 100,000	14.3	15.3	17.0	17.7	11.4
Age-adjusted congestive heart failure mortality rate per 100,000	10.5	10.1	14.1	11.2	8.3
Congestive heart failure premature death (aged 35-64 years) rate per 100,000	2.8	4.0	4.3	2.7	2.5
Congestive heart failure pretransport mortality rate per 100,000	7.7	7.6	7.9	9.7	3.3
Potentially preventable heart failure hospitalization rate per 10,000 - Aged 18 years and older	37.9	40.1	42.6	45.8	32.1
Cerebrovascular disease (stroke) mortality rate per 100,000	32.6	42.1	39.6	50.8	34.8
Age-adjusted cerebrovascular disease (stroke) mortality rate per 100,000	24.7	30.5	33.3	33.4	24.7
Cerebrovascular disease (stroke) premature death (aged 35-64 years) rate per 100,000	11.5	13.6	12.9	19.1	12.3
Cerebrovascular disease (stroke) pretransport mortality rate per 100,000	14.8	19.8	15.0	24.2	21.0
Cerebrovascular disease (stroke) hospitalization rate per 10,000	25.8	27.1	29.7	31.5	22.8
Age-adjusted cerebrovascular disease (stroke) hospitalization rate per 10,000	20.4	20.8	24.2	22.7	16.9
Potentially preventable hypertension hospitalization rate per 10,000 - Aged 18 years and older	7.0	6.9	4.8	5.8	2.0
Hypertension without heart failure hospitalization rate per 10,000 (any diagnosis) - Aged 18 years and older	445.6	441.1	465.7	515.7	351.3
Hypertension without heart failure emergency department visit rate per 10,000 - Aged 18 years and older	27.1	28.1	22.4	25.3	20.4
Hypertension without heart failure emergency department visit rate per 10,000 (any diagnosis) - Aged 18 years and older	1,003.3	1,112.5	837.2	1,079.6	799.0
Chronic kidney disease hospitalization rate per 10,000 (any diagnosis)	153.8	149.9	165.4	178.5	106.0
Age-adjusted chronic kidney disease hospitalization rate per 10,000 (any diagnosis)	121.0	116.2	134.6	126.6	78.8
Chronic kidney disease emergency department visit rate per 10,000 (any diagnosis)	180.6	211.1	191.6	206.6	128.6
Age-adjusted chronic kidney disease emergency department visit rate per 10,000 (any diagnosis)	143.3	165.7	159.0	147.9	96.6
Age-adjusted percentage of adults with cardiovascular disease (heart attack, coronary heart disease, or stroke)	6.4	7.1	8.6	7.7	7.3
Age-adjusted percentage of adults ever had blood cholesterol checked	90.7	89.5	85.0	89.4	87.4
Age-adjusted percentage of adults with physician diagnosed high blood pressure	27.6	31.0	30.5	30.7	34.7

CROUSE HOSPITAL

CERTIFY CARDIOLOGY SURGERY SERVICE, WITH REQUISITE RENOVATIONS

CARDIOVASCULAR DISEASE INDICATORS - ONONDAGA COUNTY (2019-2021)

Cardiovascular Disease Indicators	New York State	Chenango County	Cortland County	Tompkins County	Cayuga County
Cardiovascular disease mortality rate per 100,000	283.6	431.4	270.6	167.9	341.7
Age-adjusted cardiovascular disease mortality rate per 100,000	213.2	282.4	219.7	156.9	229.1
Cardiovascular disease premature death (aged 35-64 years) rate per 100,000	111.4	139.7	135.2	76.7	146.1
Cardiovascular disease pretransport mortality rate per 100,000	178.6	285.9	177.6	112.3	215.6
Cardiovascular disease hospitalization rate per 10,000	143.4	180.5	152.5	73.5	166.8
Age-adjusted cardiovascular disease hospitalization rate per 10,000	113.9	122.9	125.5	68.9	118.5
Diseases of the heart mortality rate per 100,000	227.4	343.8	212.8	124.5	278.2
Age-adjusted diseases of the heart mortality rate per 100,000	170.6	224.0	172.1	115.3	186.2
Diseases of the heart premature death (aged 35-64 years) mortality rate per 100,000	89.8	100.8	113.0	59.3	115.8
Diseases of the heart pretransport mortality rate per 100,000	150.7	239.3	147.3	88.2	184.3
Diseases of the heart hospitalization rate per 10,000	96.2	128.6	110.0	48.9	113.4
Age-adjusted diseases of the heart hospitalization rate per 10,000	75.9	87.5	90.3	45.7	79.7
Coronary heart disease mortality rate per 100,000	177.5	270.4	137.4	73.0	202.1
Age-adjusted coronary heart disease mortality rate per 100,000	133.0	175.0	110.8	68.2	134.6
Coronary heart disease premature death (aged 35-64 years) rate per 100,000	71.3	77.8	78.7	41.9	86.6
Coronary heart disease pretransport mortality rate per 100,000	125.1	198.4	105.7	52.4	141.3
Coronary heart disease hospitalization rate per 10,000	27.5	40.4	27.3	9.0	32.0
Age-adjusted coronary heart disease hospitalization rate per 10,000	21.6	27.9	22.2	8.4	22.8
Heart attack hospitalization rate per 10,000	14.8	28.0	19.3	4.6	19.7
Age-adjusted heart attack hospitalization rate per 10,000	11.8	19.6	16.0	4.5	14.4
Heart attack mortality rate per 100,000	28.3	71.3	37.3	22.5	44.8
Age-adjusted heart attack mortality rate per 100,000	21.4	46.9	29.8	21.3	30.5
Congestive heart failure mortality rate per 100,000	14.3	18.4	14.1	11.3	25.6
Age-adjusted congestive heart failure mortality rate per 100,000	10.5	12.0	11.3	10.2	16.5
Congestive heart failure premature death (aged 35-64 years) rate per 100,000	2.8	3.5	2.0	1.0	6.5
Congestive heart failure pretransport mortality rate per 100,000	7.7	10.6	5.6	8.7	17.4
Potentially preventable heart failure hospitalization rate per 10,000 - Aged 18 years and older	37.9	41.8	42.4	17.0	43.7
Cerebrovascular disease (stroke) mortality rate per 100,000	32.6	50.8	36.6	31.5	42.6
Age-adjusted cerebrovascular disease (stroke) mortality rate per 100,000	24.7	33.2	30.2	30.7	28.1
Cerebrovascular disease (stroke) premature death (aged 35-64 years) rate per 100,000	11.5	21.2	12.1	12.3	19.5
Cerebrovascular disease (stroke) pretransport mortality rate per 100,000	14.8	21.2	14.8	16.1	19.6
Cerebrovascular disease (stroke) hospitalization rate per 10,000	25.8	31.5	26.3	16.8	29.5
Age-adjusted cerebrovascular disease (stroke) hospitalization rate per 10,000	20.4	21.2	21.6	15.8	20.9
Potentially preventable hypertension hospitalization rate per 10,000 - Aged 18 years and older	7.0	2.9	2.3	1.8	6.6
Hypertension without heart failure hospitalization rate per 10,000 (any diagnosis) - Aged 18 years and older	445.6	503.3	446.9	227.7	479.1
Hypertension without heart failure emergency department visit rate per 10,000 - Aged 18 years and older	27.1	49.5	16.7	16.0	20.7
Hypertension without heart failure emergency department visit rate per 10,000 (any diagnosis) - Aged 18 years and older	1,003.3	1,326.4	602.4	614.8	938.5
Chronic kidney disease hospitalization rate per 10,000 (any diagnosis)	153.8	157.4	145.6	67.0	152.5
Age-adjusted chronic kidney disease hospitalization rate per 10,000 (any diagnosis)	121.0	106.5	118.7	62.2	106.6
Chronic kidney disease emergency department visit rate per 10,000 (any diagnosis)	180.6	194.2	169.0	91.9	168.0
Age-adjusted chronic kidney disease emergency department visit rate per 10,000 (any diagnosis)	143.3	136.1	139.7	85.4	118.1
Age-adjusted percentage of adults with cardiovascular disease (heart attack, coronary heart disease, or stroke)	6.4	7.6	6.1	3.9	7.9
Age-adjusted percentage of adults ever had blood cholesterol checked	90.7	88.1	87.7	87.7	89.2
Age-adjusted percentage of adults with physician diagnosed high blood pressure	27.6	28.7	26.2	23.0	31.1

CROUSE HOSPITAL

CERTIFY CARDIOLOGY SURGERY SERVICE, WITH REQUISITE RENOVATIONS

CARDIOVASCULAR DISEASE INDICATORS - ONONDAGA COUNTY (2019-2021)

Cardiovascular Disease Indicators	New York State	Seneca County	Wayne County
Cardiovascular disease mortality rate per 100,000	283.6	284.0	294.4
Age-adjusted cardiovascular disease mortality rate per 100,000	213.2	200.1	208.7
Cardiovascular disease premature death (aged 35-64 years) rate per 100,000	111.4	124.9	129.2
Cardiovascular disease pretransport mortality rate per 100,000	178.6	167.4	190.1
Cardiovascular disease hospitalization rate per 10,000	143.4	138.1	191.8
Age-adjusted cardiovascular disease hospitalization rate per 10,000	113.9	100.7	139.3
Diseases of the heart mortality rate per 100,000	227.4	210.5	231.0
Age-adjusted diseases of the heart mortality rate per 100,000	170.6	146.8	164.5
Diseases of the heart premature death (aged 35-64 years) mortality rate per 100,000	89.8	84.1	113.7
Diseases of the heart pretransport mortality rate per 100,000	150.7	125.3	153.3
Diseases of the heart hospitalization rate per 10,000	96.2	97.9	136.5
Age-adjusted diseases of the heart hospitalization rate per 10,000	75.9	71.7	99.3
Coronary heart disease mortality rate per 100,000	177.5	131.2	160.3
Age-adjusted coronary heart disease mortality rate per 100,000	133.0	92.4	113.1
Coronary heart disease premature death (aged 35-64 years) rate per 100,000	71.3	61.2	81.9
Coronary heart disease pretransport mortality rate per 100,000	125.1	92.0	112.7
Coronary heart disease hospitalization rate per 10,000	27.5	24.2	37.4
Age-adjusted coronary heart disease hospitalization rate per 10,000	21.6	17.7	27.1
Heart attack hospitalization rate per 10,000	14.8	16.6	25.5
Age-adjusted heart attack hospitalization rate per 10,000	11.8	12.2	18.7
Heart attack mortality rate per 100,000	28.3	40.1	64.1
Age-adjusted heart attack mortality rate per 100,000	21.4	28.6	44.3
Congestive heart failure mortality rate per 100,000	14.3	24.5	22.5
Age-adjusted congestive heart failure mortality rate per 100,000	10.5	15.9	15.8
Congestive heart failure premature death (aged 35-64 years) rate per 100,000	2.8	2.5	3.6
Congestive heart failure pretransport mortality rate per 100,000	7.7	9.8	12.5
Potentially preventable heart failure hospitalization rate per 10,000 - Aged 18 years and older	37.9	36.5	55.8
Cerebrovascular disease (stroke) mortality rate per 100,000	32.6	39.2	42.0
Age-adjusted cerebrovascular disease (stroke) mortality rate per 100,000	24.7	28.4	29.6
Cerebrovascular disease (stroke) premature death (aged 35-64 years) rate per 100,000	11.5	17.8	8.2
Cerebrovascular disease (stroke) pretransport mortality rate per 100,000	14.8	20.6	25.8
Cerebrovascular disease (stroke) hospitalization rate per 10,000	25.8	25.0	32.3
Age-adjusted cerebrovascular disease (stroke) hospitalization rate per 10,000	20.4	17.8	23.1
Potentially preventable hypertension hospitalization rate per 10,000 - Aged 18 years and older	7.0	2.9	4.7
Hypertension without heart failure hospitalization rate per 10,000 (any diagnosis) - Aged 18 years and older	445.6	469.7	577.1
Hypertension without heart failure emergency department visit rate per 10,000 - Aged 18 years and older	27.1	27.2	19.0
Hypertension without heart failure emergency department visit rate per 10,000 (any diagnosis) - Aged 18 years and older	1,003.3	1,143.5	1,306.0
Chronic kidney disease hospitalization rate per 10,000 (any diagnosis)	153.8	130.0	222.2
Age-adjusted chronic kidney disease hospitalization rate per 10,000 (any diagnosis)	121.0	94.1	160.2
Chronic kidney disease emergency department visit rate per 10,000 (any diagnosis)	180.6	133.6	286.3
Age-adjusted chronic kidney disease emergency department visit rate per 10,000 (any diagnosis)	143.3	98.6	210.7
Age-adjusted percentage of adults with cardiovascular disease (heart attack, coronary heart disease, or stroke)	6.4	7.9	6.5
Age-adjusted percentage of adults ever had blood cholesterol checked	90.7	85.9	85.4
Age-adjusted percentage of adults with physician diagnosed high blood pressure	27.6	36.8	29.7

CROUSE HOSPITAL

APPENDIX VII

HISTORICAL ANNUAL CARDIOLOGY-RELATED VOLUMES – CROUSE HOSPITAL

CROUSE HOSPITAL

CARDIOLOGY-RELATED PROCEDURAL AND DISCHARGE VOLUMES

Cardiology-Related Services

	2019	2020	2021	2022	2023	2024*
Electrocardiography (EKG)	30,273	27,912	32,505	31,560	31,387	10,625
Echo	6,594	5,877	7,005	6,699	6,571	2,047
Stress Test						
Cardioversion	352	372	453	448	539	202
Nuclear Stress Test	1982	1683	1956	1888	1880	804

	2019	2020	2021	2022	2023	2024*
Cardiology-Related Discharges	1,613	1,495	1,718	1,524	1,405	482
Total Discharges	22,007	20,350	21,218	20,729	20,284	7,046

	2019	2020	2021	2022	2023	2024*
Outpatient Cardiology Clinic Visits	6,311	5,978	6,367	6,271	6,297	2,153

Number of cardiology clinics/hours per week offered:

One clinic open Mon-Fri 8:30-5:00

	2019	2020	2021	2022	2023	2024*
Cardiology-Related ED Presentations	3,596	3,416	4,080	3,701	3,936	1,316
Total ED Presentations	62,650	49,103	57,168	55,960	58,187	19,640

(If Applicable...)	2019	2020	2021	2022	2023	2024*
Diagnostic Cardiac Catheterization Procedures	1,373	1,392	1,541	1,543	1,441	497
PCI Procedures	397	409	395	370	358	122
EPS Procedures (Includes Watchman LAAO)	329	314	389	421	542	198
Pacemakers (Includes Implantable cardioverter-defibrillator (ICD))	508	512	552	673	650	223
Pediatric Heart Caths	89	86	60	55	48	20

CROUSE HOSPITAL

APPENDIX VIII

PRIVILEGING STANDARDS

1. Cardiothoracic/Cardiac Surgeons
2. Anesthesiologists



CROUSE HEALTH
Medical Staff Administration

PRIVILEGING STANDARDS FOR CARDIOTHORACIC/CARDIAC SURGEONS

To be eligible to apply for cardiothoracic/cardiac privileges, a physician must be:

Residency trained, board certified or possess equivalent training and experience in general surgery and cardiothoracic/cardiac surgery as determined by the Department Chief/Section Chief.

An Active member of the Crouse Health Medical Staff.

The following requirements must be fulfilled:

Fellowship-Trained Physicians Immediately Post Fellowship (Adult/Pediatric)

Document competency by case log of at least 100 cardiothoracic/cardiac surgeries, fellowship report or letter from program chairman.

Post-Graduate Physicians (Adult/Pediatric)

- a. Document by case log of at least 100 cardiothoracic/cardiac surgeries under the supervision and training of ABMS-certified program.
- b. Demonstrate competency of 50 cardiothoracic/cardiac cases per year averaged over a two-year period.
- c. Complete 3 uncomplicated surgeries under an approved proctor.
- d. Demonstrate understanding of indications, complications, materials and techniques including evaluation of the patient pre- and post-operatively.

Reappointment

- a. Demonstrate current competency of 50 cardiothoracic/cardiac cases per year averaged over a two-year period.

- b. Should the physician not meet the competency guidelines, the physician shall have the opportunity to meet the minimum standards as determined by the Department Chief/Section Chief within the next year or shall voluntarily withdraw the request for the privilege.

Approved by:

Department Chief

Date

Section Chief

Date

Draft – Pending Approval



CROUSE HEALTH
Medical Staff Administration

PRIVILEGING STANDARDS FOR ANESTHESIOLOGISTS

To be eligible to apply for anesthesia privileges, a physician must be:

Residency trained, board certified or possess equivalent training and experience in Anesthesia as determined by the Department Chief.

An Active member of the Crouse Health Medical Staff.

The following requirements must be fulfilled:

Fellowship-Trained Physicians Immediately Post Fellowship (Adult/Pediatric)

Document competency by case log, fellowship report or letter from program chairman.

Post-Graduate Physicians (Adult/Pediatric)

- a. Document by case log 100 surgeries under the supervision and training of ABMS-certified program and/or
- b. Demonstrate competency by case log 100 surgeries per year averaged over a two-year period.
- c. Demonstrate understanding of indications, complications, materials and techniques including evaluation of the patient pre- and post-operatively.

Reappointment

- a. Demonstrate current competency by case log 100 cases per year averaged over a two-year period.
- b. Should the physician not meet the competency guidelines, the physician shall have the opportunity to meet the minimum standards as determined by the Department Chief within the next year or shall voluntarily withdraw the request for the privilege.

Specialty Competency

Anesthesiologists participating in specialty surgery (i.e., pediatrics, cardiothoracic/cardiac, bariatric, robotic) shall demonstrate competency as determined by the Department Chief via training, certification, education, proctoring, etc.)

Approved by:

Department Chief

Date

Draft – Pending Approval

CROUSE HOSPITAL

APPENDIX IX

LETTER OF SUPPORT – NAPA (ANESTHESIOLOGY)

May 21st, 2024

Seth Kronenberg, M.D.
President and CEO
Crouse Hospital
736 Irving Avenue
Syracuse, New York 13210

Dear Dr. Kronenberg:

I am writing on behalf of North American Partners in Anesthesia, LLP (“NAPA”), which currently provides anesthesia services through its anesthesiologists to Crouse Hospital (the “Hospital”).

It is our understanding that Crouse Hospital is seeking approval from the New York State Department of Health (“NYSDOH”) to provide adult cardiac surgery services at the Hospital. Should the Hospital receive approval from the NYSDOH to provide cardiac surgery, NAPA would be interested in working with Crouse Hospital to provide highly trained anesthesiologists who have experience in cardiac surgery procedures.

Please let us know if I can be of any assistance in the process.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jay B. Lee', with a long horizontal stroke extending to the right.

Jay B. Lee MD.
Executive Committee Member

CROUSE HOSPITAL

APPENDIX X

CURRICULUM VITAE - INTENSIVISTS

David M. Landsberg, MD, FACP, FCCP

Personal

Chief Medical Officer Crouse Health
Professor of Medicine & Emergency Medicine Upstate Medical University
Clinical Associate Professor of Medicine University of Rochester
Director Adult Neurocritical Care & ECMO Programs Crouse Hospital
Medical Director Finger Lakes Donor Recovery Network
Office: Crouse Hospital 736 Irving Avenue Syracuse NY 13210
Home: [REDACTED]
Born: [REDACTED]
[REDACTED] NY
United States Citizen

Education:

Bronx High School of Science / Regents Diploma 1986
Saba University School of Medicine
BS Health Sciences 4/1997
MS Hyperbaric Medicine 4/1997
MD 6/1998
Mount Sinai School of Medicine @ Englewood Hospital
Chief Resident in Medicine 7/2000 – 6/2001
Mount Sinai School of Medicine @ Englewood Hospital
Intern and Resident in Medicine 7/1998 – 6/2001
Memorial Sloan Kettering Cancer Center
Fellow Critical Care Medicine 7/2001- 6/2003
New York Presbyterian Hospital – Cornell Medical College
Fellow Critical Care Medicine 7/2001- 6/2003

Appointments:

Upstate Medical University
Professor of Medicine & Emergency Medicine 12/2017 - Present
Associate Professor of Medicine 2/2011 – 12/2017
Clinical Associate Professor of Emergency Medicine 6/2013 – 12/2017
Assistant Clinical Professor of Medicine 3/2003 – 2/2011
Associate Director of Educational Programs
Department of Medicine 9/2006 – 7/2013
Core Faculty EMS & Disaster Medicine Fellowship
Department of Emergency Medicine 11/2009 – Present
Course Director Practice of Medicine I & II 8/2011 – 6/2014

Crouse Hospital, Syracuse, NY
Chief Medical Officer 4/2023 - Present
Chief of Medicine 7/2012 – 7/2023
Immediate Past-President of the Medical Staff 2018 - 2020

President of the Medical Staff 2016 – 2018
Intensivist / ICU Director 6/2003 – Present
Site Director Internal Medicine Residency 9/2004 – Present
GME Chair Crouse Hospital 9/2004 - Present
Medical Staff Treasurer 2010 - 2012
Assistant Chief of Medicine 11/2005 – 7/2012

Cayuga Medical Center, Ithaca, NY
Intensivist 4/2019 - Present
Intensivist 5/2009 – 4/2016

Community General Hospital, Syracuse, NY
Intensivist / ICU Director 3/2003 – 8/2010

University of Rochester Medical Center
Medical Director Finger Lakes Donor Recovery Network 1/2013 – Present
Clinical Associate Professor of Medicine 2017 - Present

United States Air Force Reserve
Captain Medical Corps 3/1999 – 3/2005
Honorable Discharge 3/2005

New York Hospital of Queens, Queens, NY
Attending Physician Emergency Medicine 7/2002 – 6/2003

New York Presbyterian Hospital – Cornell Medical College
Fellow in Anesthesiology & Critical Care Medicine 7/2001 – 6/2003

Memorial Sloan-Kettering Cancer Center
Fellow in Critical Care Medicine 7/2001- 6/2003

Mount Sinai School of Medicine
Instructor in Internal Medicine 7/2000 – 6/2001

United States Naval Reserve
E-5 Combat Corpsman 3/1997 – 3/1999

New York City Fire Department – NYC EMS
EMT – Paramedic 5/1992 – 12/1997

Hunter Ambulance Service, Inwood, NY
Emergency Medical Technician 6/1998 – 5/1992

Committee Activities:

University Hospital-

Member Housestaff Selection Committee 2006 – 2023
Member Graduate Medical Education Committee 2006 – Present
Member Promotions Committee Medicine 2005 - 2015
Member of University Hospital Physician Response Team covering 7 twenty-four hour periods per month of prehospital physician response 1/2009 - Present
Donor Council - Actively supporting Upstate's Transplant Program through monthly meetings with Chief of Transplantation and organ procurement organizations.

College of Medicine-

1st Year Curriculum Coordinating Committee 8/2011 – 6/2014
2nd Year Curriculum Coordinating Committee 8/2011 – 6/2014
Associate Dean for Curriculum Search Committee 2012
Educational Policies Committee 2011 – 2012 (disbanded)

Crouse Hospital-

Chief Medical Officer 2023 - Present
Chief of Medicine 2012 – 2023
Assistant Chief of Medicine 2005 - 2012
Member Medical Executive Committee 2008 – Present
 Member-at-Large 2008 - 2010
 Secretary / Treasurer of the Medical Staff 2010 – 2012
 President of the Medical Staff 2016 – 2018
Co-Chair P&T Committee 2020 - 2023
Member Board of Directors 2016 – 2018
Member QI Committee of the Board of Directors 2016 – 2018
Member Crouse Health Foundation Board of Directors 2016 - 2020
Founding Director Adult ECMO Program 2014 - Present
Chair of Graduate Medical Education Committee 2006 – Present
Member Peer Review Committee 2007 – Present
CAUTI Committee 2012 – AdHoc
CLABSI Committee 2012 - AdHoc
Adult Acute Care Performance Improvement Council 2005 – 2023
 Member 2005 – 2012
 Co-Chair 2012 - 2023
Critical Care Performance Improvement Council 2003 – 2023
 Responsible for design & implementation of Adult ECMO Program 2013-2014
 Responsible for design & implementation of Adult HFOV Protocol 2010
 Responsible for design & implementation of Hypothermia Protocol 2008
 Collaborated on institution of Tight Glycemic Control Protocol 2005
 Collaborated on institution of Ventilator Bundle 2005
 Collaborated on institution of Central Line Bundle 2006
 Collaborated on institution of ICU Checklist 2008
Resuscitation Committee 2003 – 2023
Physician Information Technology Committee 2007 – 2023
Co-Chair Corporate Compliance Committee 2009 – 2014
Pharmacy and Therapeutics Antibiotic Sub-Committee 2009 - 2013
Chief Information Officer Search Committee 2007
Pharmacy and Therapeutics Cost Containment Committee 2007
Medical Director of Information Technology Search Committee 2010

Community General Hospital-

Critical Care Performance Improvement Council 2003 – 2010
 Collaborated on institution of Tight Glycemic Control Protocol 2005

Pharmacy and Therapeutics Committee 2006 – 2008

Cayuga Medical Center at Ithaca

MOLST Committee – conceived and championed creation of this committee to institute standardization of advanced directives at the medical center 2011

Regional-

Deputy Coordinator Onondaga County Emergency Management 2019 - Present

Onondaga County Rescue Task Force Committee – Lone physician on committee founded to address preparedness and response to active shooter incidents. 2016-2020

Finger Lakes Donor Recovery Network Board of Directors Medical Advisory Committee

Member 2008 – Present

Chairman 2011 – 2013

Vice Chairman 2009 – 2011

Volunteer Intensivist Finger Lakes Donor Recovery 24/7/365 2007 – 12/2012

Member CNY Regional Emergency Medical Advisory Committee 2004 – Present

Local-

Tactical Support Physician City of Syracuse Police Dept SWAT Team 2015 - Present

Skaneateles Volunteer Emergency Services (SAVES) Medical Director 2004 – Present

SAVES Board of Directors 2006 – Present

President 2011- 2017

Vice President 2009 – 2011

Member 2006 – 2009

Mottville Volunteer Fire Department 2006 – Present

Medical Director 2006 – Present

Active Interior Firefighter 2006 – Present

Fairmount Fire Department Medical Director 2022 - Present

Skaneateles Volunteer Fire Department Medical Director 2006 – Present

Howlett Hill Volunteer Fire Department Medical Director 2019 - Present

Marcellus Volunteer Fire Department Medical Director 2017 – Present

Marcellus Volunteer Ambulance Medical Director 2016 - Present

Medical Director Public Access Defibrillation and Naloxone Programs

Skaneateles Police Department 2006 - Present

Borodino Fire Department 2006 - 2011

Sennett Fire Department 2006 – 2011

Soccer Coach Skaneateles Youth Soccer – 2008 and 2011

Volunteer Hyperbaric Chamber Operator / Supervisor Dutch Caribbean 1995 - 1996

Active Member of my local Volunteer Ambulance/Fire Agencies dating back to 1983

Specialty and Subspecialty Certification:

American Board of Internal Medicine 11/2001, *Active MOC*

Subspecialty Certification in Critical Care 11/2003, *Active MOC*

Subspecialty Certification in Emergency Medical Services 11/2015, *Active MOC*
Subspecialty Certification in Neurocritical Care ABIM/ABPN 12/2021, *Active MOC*
Subspecialty Certification in Neurocritical Care UCNS 12/2015, *Inactive*

Fellow American College of Physicians 3/2010
Fellow American College of Chest Physicians 11/2005

Licensure:

New York Medical License #222528
New Hampshire Medical License #11000

Professional Society Memberships:

Member American College of Physicians 1998 – Present
Fellow American College of Physicians 2010 - Present
Member Association of Program Directors in Internal Medicine 2006 – 2013
Member Association of Organ Procurement Organizations 2010 - Present
Member American College of Chest Physicians 2003 – Present
Fellow American College of Chest Physicians 2005 - Present
Member Disaster Medicine Network 2007 - Present
Member Respiratory Care Network 2006 - Present
Member Critical Care Network 2003 – Present
Member Society of Critical Care Medicine 2001 – Present
Member Neurocritical Care Society 2011 – Present
Member National Association of EMS Physicians 2014 – Present

Editorial and Review Activities:

Reviewer Neurocritical Care Society Board Review Question Bank 2021
Abstract Reviewer Neurocritical Care Annual Meeting 2019 - 2021
Manuscript Reviewer American College Chest Physicians Annual Meetings 2009 - 2021
Manuscript Reviewer Society of Critical Care Medicine Annual Meetings 2011 – 2022
Manuscript Reviewer *Annals of Internal Medicine* with highest Editorial grade for quality of reviews 2011 – 2021
Abstract Reviewer American College of Physicians Annual Meeting 2012 – 2024
Panelist NYACP Leadership Course 2021
Moderator Advances in Lung Cancer Slide Session CHEST 2017
Moderator Pulmonary Physiology Poster Session CHEST 2016
Moderator Critical Care Poster Session CHEST 2016
Moderator Poster Session CHEST 2013
Moderator End-of-Life Poster Session CHEST 2011
Moderator Mechanical Ventilation Slide Session with Dr. Martin Tobin CHEST 2010
Organizer and Faculty Moderator Finger Lakes Donor Recovery Network 2nd Annual Collaborative Regional Conference 9/2009
Moderator Mechanical Ventilation in the ICU Slide Session CHEST 2008
Moderator Glycemic Control Poster Session, CHEST 2005

Professional Invitations:

Undergraduate Medical Education-

Course Director Practice of Medicine I & II for 1st & 2nd year SOM 2011 - 2014
Standing Guest Lecturer in Clinical Pathology class 2008 - Present
Clinical Precepting of Upstate medical students 40 weeks / year 2005 - Present
Facilitating supervised physical exams for 4th year SOM at Crouse Hospital
Lecturer for Education for Physicians on End of Life Care 2003 - Present

Graduate Medical Education-

Weekly Critical Care Lecture Series 2003 - Present
Weekly Critical Care Resident Report / Journal Club 2006 - Present
Associate Program Director Lecture series 2006 - 2013
Twice - Daily (everyday) bedside teaching on ICU rounds
Field supervision and mentoring of EMS Fellows 2009 - Present
Annual Professionalism lecture during Housestaff Orientation 2006 - 2016

Member NYS Brain Death Guideline Expert Panel successfully completing new guidelines for determination of brain death in New York State, adopted by NYS Department of Health 8/2010

Critical Care Transport Paramedic Program: 16 hours of lecture and simulations at American Medical Response & Crouse Hospital, Syracuse May – August 2019

09/08/2020 FLDRN Donation Update: *Lung Donation*

06/16/2020 Crouse Hospital Grand Rounds: *COVID-19 Crouse Experience*

06/14/2019 URM C Organ Donation Symposium: *Organ Donation 2019*

05/09/2019 Crouse Hospital EMS Teaching Day: *Emergency Department ECMO*

03/28/2019 SAVES Volunteer Ambulance: *Cardiogenic Shock*

12/07/2018 Upstate Medical University: *Pulm Critical Care Pregnancy Complications*

09/17/2018 URM C Annual Critical Care Nursing Symposium: *Organ Donation 2018*

09/13/2018 Crouse Hospital EMS Teaching Day: *Deadly Mimics*

09/07/2018 NYS Society for Respiratory Care Annual Mtg: *Airway Adjuncts*

06/13/2018 St Joseph's Hospital Grand Rounds: *Organ Donation*

06/12/2018 Crouse Hospital EMS Teaching Day: *Physiology of Oxygen Delivery*

04/10/2018 Onondaga County Fire/EMS Community: *Rescue Task Force, Active Shooter*

02/09/2018 Upstate Medical University Pulmonary Grand Rounds: *ARDS Management*

11/13/2017 URM C Organ Donation Symposium: *Salvaging Life from Death*

09/28/2017 Crouse Hospital EMS Teaching Day: *Rescue Task Force, Active Shooter*

09/8/2017 NYS Society for Respiratory Care Annual Mtg: *Mechanical Vent on ECMO II*

07/17/2017 Upstate Medical University: *End of Life Care*

05/22/2017 Upstate EMS Teaching Day: *Prehospital Airway Management, Less is More*

05/06/2017 URM C/Strong Organ Donation Symposium: Guest Speaker Q&A Panel

04/28/2017 Upstate Medical University OBGYN Grand Rounds *ECMO*

10/5/2016 Crouse Hospital Department of Anesthesia: *Critical Care Ultrasound*

9/22/2016 Crouse Hospital EMS Teaching Day: *LVADs and Rescue Airways*
9/9/2016 NYS Society for Respiratory Care Annual Meeting: *Mechanical Vent on ECMO*
07/13/2016 Upstate Medical University *Sepsis and Septic Shock*
05/16/2016 Upstate EMS Teaching Day: *What the Pleth?*
02/05/2015 Cayuga Medical Center, *Adult ECLS: The Role of ECMO 2015*
11/25/2014 Upstate Med. University Guest Lecturer, *Electrophysiology*
10/23/2014 Crouse Hospital Grand Rounds, *ECMO in Adults*
10/23/2014 Upstate Med. University Guest Lecturer, *Clinical Physiology*
09/12/2014 Upstate Med. University 43rd Annual Regional Perinatal Symposium,
Advanced Life Support Options in Peripartum Respiratory Failure
03/27/2014 Upstate Paramedic Program, *Cardiovascular Emergencies*
03/06/2014 Upstate Paramedic Program, *Respiratory Emergencies*
04/03/2013 Upstate Paramedic Program, *Cardiovascular Emergencies*
03/14/2013 Upstate Paramedic Program, *Respiratory Emergencies*
08/15/2012 – 05/31/2014 Twice weekly 1 hour lectures to Practice of Medicine I & II
as Course Director (Physical Diagnosis Course for 1st and 2nd yr SOM)
06/18/2012 Upstate Med. University, *Bad Blood: Transfusion Triggers*
05/21/2012 Upstate EMS Teaching Day, *The Next 5 Years: Future of EMS*
04/04/2012 Upstate Paramedic Program, *Cardiovascular Emergencies*
03/21/2012 Upstate Paramedic Program, *Respiratory Emergencies*
09/13/2011 St. Joseph's Hospital Donor Council, *Organ Donor Management*
09/13/2011 Crouse Hospital, *Bad Blood: Transfusion Triggers*
08/18/2011 Upstate Med. University, *Principles of Pain Mgmt: EPEC*
07/12/2011 Cayuga Medical Center EMS Lecture, *MOLST, EtCO₂, CPAP*
06/17/2011 SUNY Med. University, *ICU Issues in Sedation and Paralysis*
06/16/2011 Crouse EMS Teaching Day, *Prehospital EtCO₂ and CPAP*
05/18/2011 Upstate EMS Teaching Day, *Prehospital EtCO₂ and CPAP*
05/08/2011 Lemoyne College PA Program, *Fluids and Electrolytes*
04/25/2011 Upstate Med. University, *Organ Donation*
03/31/2011 Upstate Grand Rounds, *Hyperviscosity Syndrome*
01/27/2011 Upstate Med. University, Guest Lecture, *Clinical Physiology*
01/25/2011 Upstate Med. University, Guest Lecture, *Pulmonary Physiology*
10/28/2010 Upstate Med. University Cath. Conf., *Therapeutic Hypothermia*
10/20/2010 Upstate Med. University, Guest Lecture *Clinical Physiology*
9/30/2010 Crouse Hospital EMS Teaching Day, *Therapeutic Hypothermia*
9/28/2010 Crouse Hospital, *Lab Interpretation for Respiratory Therapists*
9/27/2010 Canandaigua Inn FLDRN Annual Collective, *Intensivist Role Organ Donation*
9/22/2010 University Hospital, *Fluids & Electrolytes in Organ Donation*
8/17/2010 St. Joseph's Hospital Grand Rounds, *Management of Septic Shock*
7/13/2010 Crouse Hospital, *COPD Gold Guidelines*, Gold Guidelines Task Force
6/23/2010 Upstate Med. University, *What to do when things go wrong*

5/19/2010 St. Joseph's Hospital/SUNY University EMS Teaching Day, *Resuscitation of
the Dialysis Patient and New Concepts in Resuscitation*
3/31/2010 University Hospital, *Principles of Geriatric ICU Management*
3/17/2010 Crouse Hospital, *Fluids & Electrolytes in Organ Donation*

2/22/2010 Upstate Med. University, *Brain Death and Organ Donation*
11/2009 Upstate Med. University, Guest Lecture *Pulmonary Physiology*
8/2009 St. Joseph's Hospital Grand Rounds, *Management of Septic Shock*
1/2009 University Grand Rounds CPC, *PantonValentin Leukocidin & ARDS*
1/2009 Upstate Med. University, Guest Lecture *Pulmonary Physiology*
1/2009 University Hospital, *Geriatrics and ICU Outcomes*
10/2008 University Hospital, *Managing Medical Errors – Full Disclosure*
9/2008 St. Joseph's Hospital Grand Rounds, *Management of Septic Shock*
7/2008 University Hospital, *Diagnosis & Management of Septic Shock*
6/2008 Geneva NY, *Intensivist Role in Maximizing Organ Donation*
3/2008 St. Mary's Hospital Amsterdam NY, *Treating Respiratory Infections*
1/2008 University Grand Rounds CPC, *Hemorrhagic Leukoencephalopathy*
10/2007 Chicago CHEST 2007, *Bronchodilator Duration and Efficacy*
9/2007 St. Joseph's Hospital Grand Rounds, *Management of Septic Shock*
7/2007 University Hospital, *Diagnosis & Management of Septic Shock*
10/2006 University Hospital, *Transfusion in Critical Illness*
8/2006 St. Joseph's Hospital Grand Rounds, *Shock Syndromes*
2/2006 Johnson City NY Wilson Memorial Medical Center, *DVT/PE/HIT*
2/2006 University Hospital, *Relative Adrenal Insufficiency in Critical Illness*
11/2005 Syracuse-NYS Lung Assn Teaching Days, *Non-Invasive Ventilation*
11/2005 Upstate Med. University Grand Rounds CPC, *Neurosarcoidosis*
9/2005 Verona NY – NYS Society Respiratory Care, *APRV: Friend or Foe?*
9/2005 Rochester NY – Strong Memorial Grand Rounds, *Nutrition in Cancer*
7/2005 St. Joseph's Hospital Grand Rounds, *Management of Septic Shock*
5/2005 Verona NY–NYS Bloodbank Assn, *Perioperative Blood Conservation*
11/2004 St. Joseph's Hospital Grand Rounds, *Diagnosing Shock Syndromes*
6/2004 Syracuse - NE Pulmonary Teaching Conf., *Critical Illness in Women*
10/2003 Crouse Hospital, *Relative Adrenal Insufficiency in Critical Illness*

Honors:

2023

SUNY Upstate Medical Alumni Foundation Clinical Faculty Teaching Award
SUNY Upstate 1st Annual Graduate Medical Education Distinguished Service Award

2022

SUNY Upstate President's Award for Excellence in Voluntary Faculty Service

2016 - 2019 Awards-

Intensivist of the Year SUNY Upstate Department of Medicine 2015-2019

2015 Awards-

Faculty Teaching Award SUNY Upstate Internal Medicine 2014 – 2015

2012 Awards-

Faculty Teaching Award SUNY Upstate Internal Medicine 2011 – 2012
Elected by Medical School Class of 2015 to ‘Coat’ the Class of 2016

2011 Awards-

Physician Service to Medicine and Community Onondaga County Medical Society 2011
Faculty Teaching Award SUNY Upstate Internal Medicine 2010 – 2011
Faculty Teaching Award SUNY Upstate Emergency Medicine 2010 – 2011
Session Winner ‘Honored Case Report’ CHEST 2011 *Bilateral Tension Pneumothoraces During Apnea Testing*.

2010 Awards-

Faculty Teaching Award SUNY Upstate Internal Medicine 2009 – 2010
Faculty Teaching Award SUNY Upstate Emergency Medicine 2009 – 2010
“Best Doctors” in America with full page article CNY Magazine 10/2010

2009 Awards-

Faculty Teaching Award SUNY Upstate Internal Medicine 2008 – 2009
John Stapleton Award for Support of Organ Donation 2009
“Best Doctors” in America 2009

2008 Awards-

Faculty Teaching Award SUNY Upstate Internal Medicine 2007 – 2008
NY Hospital Association Award for Ventilator Associated Pneumonia 2008

2007 Awards-

Faculty Teaching Award SUNY Upstate Internal Medicine 2006 – 2007
Faculty Teaching Award SUNY Upstate Emergency Medicine 2007
Faculty Teaching Award St. Joseph’s Hospital Family Practice 2007
Central New York EMS Physician of the Year 2007
American Red Cross Industrial Safety Award 2007
Mottville Volunteer Fire Department Firefighter of the Year 2007

Prior Awards:

Faculty Teaching Award SUNY Upstate Internal Medicine 2005 – 2006
Faculty Teaching Award SUNY Upstate Internal Medicine 2003 – 2004
Outstanding PGY–3 Englewood Hospital & Medical Center 2001
Outstanding PGY–2 Englewood Hospital & Medical Center 2000
Outstanding PGY–1 Englewood Hospital & Medical Center 1999
Dean’s Award for Valedictorian of Basic Sciences 1996

Chapters:

Landsberg, D. "Critical Care" in Obesity for Obstetrics and Gynecology edited by Dr. Robert K. Silverman. McGraw Hill 2/2017

Landsberg, D. "Hematological and Oncological Emergencies" in EMS Medicine: Physician Practice and Medical Oversight. Derek Cooney (Ed.), McGraw-Hill Publishing. 2016

Landsberg, D. "Endocrine and Immunologic Emergencies" in EMS Medicine: Physician Practice and Medical Oversight. Derek Cooney (Ed.), McGraw-Hill Publishing. 2016

Landsberg, D. "Ethics and Professionalism" in EMS Medicine: Physician Practice and Medical Oversight. Derek Cooney (Ed.), McGraw-Hill Publishing. 2016

Original Contributions:

Groeger J, Glassman J, Nierman D, Wallace SK, Price K, Horak D, Landsberg D: Probability of mortality of critically ill cancer patients at 72 h of intensive care unit (ICU) management. *Support Care Cancer*. 2003;11(11):686-695

Vasu, Tajender S.; Saluja, Jasjet; Landsberg, David
An elderly man with sudden-onset shortness of breath and hydropneumothorax *CMAJ* 2006 174: 311-312

Paul, Manju, Kanchwala, Ali A., Landsberg, David
Panton-Valentin Leukocidin Producing Staphylococcus Aureus Pneumonia with Pneumatocele formation: A Fatal Complication After Influenza in an Immunocompetent *Chest*. 2007;132:709a - 710.

Thomas A, James BR, Landsberg D .Colonic Necrosis Due to Oral Kayexalate in a Critically-Ill Patient *The American Journal of the Medical Sciences* • Volume 337, Number 4, April 2009

Hasan, Naveed; Landsberg, David M.; Acevedo, Russell A Airway Pressure Release Ventilation (APRV) In The Management of Status Asthmaticus *Chest* 2009 136: 25S-e-26

Hasan, Naveed; Landsberg, David M Bilateral Tension Pneumothoraces During Apnea Testing *Chest*. 2011;140

Das S, Cherian S V, Hamarneh WA, Das N, Landsberg D. Clopidogrel Associated Diffuse Alveolar Hemorrhage; An Extremely Rare Occurrence *American Thoracic Society*; 2012:A5929-A5929.

Sitaula, Subhas; Thapa, Jhapat; Maguire, Michael; Landsberg, David Panton Valentin
Leukocidin Positive Pneumonia – Early Recognition and Targeted Antitoxin Antibiotics
Crit Care Med. 2013;41(12).

Folk JJ, Landsberg DM, Robinson KA, Spector LA. Airway pressure release ventilation
and respiratory failure during pregnancy. A report of three cases. *J Reprod Med.*
2015;60(1-2):65-70.

Kotloff RM, Blosser S, Fulda GJ, ... Landsberg D ... et al. Management of the Potential
Organ Donor in the ICU: Society of Critical Care Medicine/American College of Chest
Physicians/Association of Organ Procurement Organizations Consensus Statement. *Crit
Care Med.* 2015;43(6):1291-1325.

Sandhu J, Dean R K, Landsberg D (February 05, 2021) Right Atrial Perforation Leading
to Cardiac Tamponade Following Veno-Venous Extracorporeal Membrane Oxygenation
Cannulation. *Cureus* 13(2): e13157. DOI 10.7759/cureus.13157 PMID 33728160

Freitas C, Khanal S, Landsberg D, Kaul V. An Alternative Cause of Encephalopathy:
Valerian Root Overdose. *Cureus.* 2021 Sep 6;13(9):e17759. doi: 10.7759/cureus.17759.
PMID: 34659971; PMCID: PMC8493856.

Huda SA, Kahlow SA, Elder R, Kaul V, Landsberg D. Immunoglobulin G-4-Related
Retroperitoneal Fibrosis. *J Investig Med High Impact Case Rep.* 2021 Jan-
Dec;9:23247096211022487. doi: 10.1177/23247096211022487. PMID: 34088232;
PMCID: PMC8182217.

Abstracts:

Acevedo, Russell A., Polacek, Daniel J., Landsberg, David M. Implementation of Tight
Glycemic Control in the Intensive Care Unit *Chest.* 2006;130: 148S - b - 148S

Landsberg, D; Acevedo, R; Polacek, Dan
Utilizing Glulisine to Reduce Severe Hypoglycemia with Tight Glycemic Control :
Critical Care Medicine Dec 2008 Supplement 36(12)-683

Jhapat Thapa, Hatim Karachiwala, David Landsberg Save My Limb: Hyperbaric
Oxygen Therapy as an Adjunct to Limb Salvage. MSSNY Poster Session 2012

Maguire FF, Acevedo R, Landsberg D, Polacek D, Johnson L, Call A. (2013) Continuous
propofol infusion in nonmechanically ventilated patients with refractory alcohol
withdrawal. *Chest.* 2013;144:392A - 392A..

Maguire FF, Acevedo R, Landsberg D, Polacek D. (2014) Does PICC Insertion in Bacteremic Patients Increase CLABSI Rate? *Crit Care Medicine* 2014;42(12).

Sharma B, Landsberg D. (2015) All that Wheezes is not Asthma: Hypopharyngeal Muscle Spasm Presenting as Recurrent Acute Severe Asthma *Am J Respir Crit Care Med* 191;2015:A5637

Siegler, J. E., Wojcik, S., & Landsberg, D. (2016). 88 Comparison of Emergency Medical Services and Emergency Department Providers; Clinical Impressions and Time to Disposition. *Annals of Emergency Medicine*, 66(4), S31.

Khan, R., Masuta, P., Howland, J., Kothari, S., Masood, U., & Landsberg, D. (2016). Pulmonary Manifestations of Systemic Disease Cart Before the Horse : Presentation of Respiratory Failure at Onset of Disease. *CHEST*, 150(4), 1084A.

Doobay, R., & Landsberg, D. (2016). Combined Tonicity Fluids in Complex Critical Care Patients. *CHEST*, 150(4), 459A.

Baronos, S., Krowl, L., Bhatti, Z., Masuta, P., & Landsberg, D. (2016). The Effect of Hypertriglyceridemia on Extracorporeal Membrane Oxygenation. *CHEST*, 150(4), 431A.

AJ Shah, R Doobay, D. Landsberg Extracorporeal Membrane Oxygenation Use In A Patient With Multiple Severe Comorbidities Am J of Respir CritCare Med 193;2016:A7026

Zabeer Bhatti , Jihad A. Ben Gabr , David Landsberg Subdural Empyema Following a Tooth Extraction American Journal of Respiratory and Critical Care Medicine 2017;195:A1840

Gill D, Goyes V, Virk J, Masuta P, Landsberg D Diffuse Ischemic Limb Gangrene With Palpable Pulses in a Patient With Septic Shock. American Journal of Respiratory and Critical Care Medicine 2017;195:A1868

Parry J, Allain M, Acevedo R, Landsberg D, Polacek D, Magnuson R (2017) Improved Outcomes With a Physical Therapy & Nursing Driven Progressive Upright Mobility Protocol CHEST, 152(4), 339A

Doobay R, Shah AJ, Landsberg D. Saline Solution (1.25%) for Septic Patients With Active Stroke. Am J Ther. 2018 Sep/Oct;25(5):e551-e552. doi: 10.1097/MJT. PMID: 28991870

P. Krishnan, P. Ramadas, D. Landsberg; MRSA: The Great Imitator American Journal of Respiratory and Critical Care Medicine 2018;197:A5211

Krishnan P, Ramadas P, Landsberg D. Bariatric Surgery Causing Hyperammonemia. *Cureus*. 2019 Jul 8;11(7):e5098. doi: 10.7759/cureus.5098. PMID: 31511810

Beck LR, Landsberg D. Lipoid Pneumonia. In: *StatPearls*. Treasure Island (FL): StatPearls Publishing; 2020.PMID 32119464

A.J. Shah, D. Landsberg, V. Kaul; Necrotizing Fasciitis Secondary to Serratia Mercescens. *American Journal of Respiratory and Critical Care Medicine* 2020;201:A6901

P. Poudel, S. Balog, R. Dean, D. Landsberg, V. Kaul; A Novel Nanobody: Capalacizumab, in the Modern Era of TTP Treatment. *American Journal of Respiratory and Critical Care Medicine* 2020;201:A1713

Raman P. Singh, Soumya Adhikari, David Landsberg & Viren Kaul (2020) Cardiopulmonary resuscitation–induced consciousness, Baylor University Medical Center Proceedings, DOI: [10.1080/08998280.2020.1823799](https://doi.org/10.1080/08998280.2020.1823799) PMID 33456196

Russell Acevedo Andrea Call David Landsberg Nauman Hamid Viren Kaul Stephen Thomas Using Methicillin-Resistant Staphylococcus Aureus Screens to Guide Vancomycin Administration; *Crit Care Medicine* 2020 Vol 158, Issue 4, A671-A672 DOI:<https://doi.org/10.1016/j.chest.2020.08.631>

Baluch A, Landsberg D. Scurvy in the Intensive Care Unit. *J Investig Med High Impact Case Rep*. 2021 Jan-Dec;9:23247096211067970. doi: 10.1177/23247096211067970. PMID: 34939441.

Viren Kaul, MD

Crouse Hospital
736 Irving Avenue, Syracuse, NY
Phone: [REDACTED]

[REDACTED]
virenkaul@crousemed.com
kaulv@upstate.edu
Twitter: [REDACTED]

EMPLOYMENT HISTORY & ACADEMIC APPOINTMENTS

Associate Program Director Internal Medicine Residency, SUNY Upstate Medical University	07/01/2022 -
Clinical Assistant Professor of Respiratory Therapy Education College of Health Professions, SUNY Upstate Medical University, Syracuse, NY	01/31/2022 -
Associate Program Director Pulmonary and Critical Care Medicine Fellowship, SUNY Upstate Medical University	08/24/2021 -
Medical Director, Respiratory Therapy Crouse Health	07/01/2021 -
Section Chief Division of Pulmonary Medicine, Crouse Health, Syracuse, NY	09/08/2020 - 06/30/2023
Clinical Affiliate SUNY Binghamton, Decker School of Nursing Graduate Program	2020 - 2021
Clinical Assistant Professor of Medicine Department of Medicine, SUNY Upstate Medical University, Syracuse, NY	07/09/2019 -
Attending Physician, Pulmonary Medicine Crouse Medical Practice, Syracuse, NY	07/01/2019 - 06/30/2023
Attending Physician, Critical Care Medicine Crouse Hospital / Critical Care Associates of Syracuse	07/01/2019 -
Attending Physician, Pulmonary and Critical Care Medicine SUNY Upstate Medical University	10/24/2019 -
Junior Resident, Emergency Services and Trauma Lal Bahadur Shastri Hospital, Delhi, India	01/12 - 05/12, 07/11- 10/11
Junior Resident, Pulmonary Medicine Max Super specialty Hospital, Delhi, India	09/2010 - 03/2011

EDUCATION

Chief Fellow, Pulmonary and Critical Care Medicine Icahn Mount Sinai School of Medicine / Elmhurst Hospital Center, NY	07/2018 - 06/2019
Fellowship in Pulmonary and Critical Care Medicine Icahn Mount Sinai School of Medicine / Elmhurst Hospital Center, NY	07/2016 - 06/2019

Viren Kaul, MD

Chief Resident, Internal Medicine Lahey Hospital and Medical Center, MA	07/2015 - 06/2016
Residency in Internal Medicine SUNY Upstate Medical University, NY	07/2012 - 06/2015
Karnataka Institute of Medical Sciences, India Medical School (Degree awarded: M.B.,B.S.)	08/2004 - 07/2010
Airway Management Faculty Development ACCP/CHEST Annual Meeting	2022, 2023

CONTINUED MEDICAL EDUCATION

NIHSS Training American Heart Association	11/29/21
Medical Education Research Certificate Program American Association of Medical Colleges	10/19/21 -
American College of Surgeons Stop the Bleed Training NYCHHC/Elmhurst Hospital Center, NY	01/2019
Introduction to Debriefing Course New York City Health and Hospitals IMSAL Center, NY	2018
American Thoracic Society Fellows Track Symposium Washington, D.C.	05/2017
Cooperative Ultrasound Project: Critical Care Ultrasonography Course Albert Einstein School of Medicine, NY	07/2016
American Thoracic Society Resident Boot Camp San Francisco, CA	05/2016
Interventional Pulmonology Training Course Lahey Hospital and Medical Center, MA	04/2016
ATS Fellows Track Symposium American Thoracic Society International Conference, D.C.	05/2017
ATS Resident Boot Camp Award American Thoracic Society International Conference, CA	05/2016

BOARD CERTIFICATION, LICENSURE & FELLOWSHIPS

Board Certified, Critical Care Medicine American Board of Internal Medicine Number: 358770	11/16/2020
---	------------

Viren Kaul, MD

Board Certified, Pulmonary Medicine American Board of Internal Medicine Number: 358770	11/21/2019
Fellowship (FCCP) American College of CHEST Physicians	04/01/2021 -
Invited Fellowship (FACP) American College of Physicians	09/01/2019 -
Board Certified, Internal Medicine American Board of Internal Medicine Number: 358770	08/12/2015
New York State Medical License Number: 287117-1	Current -
DEA Registration Number: FK8184955	Current -
ACLS AHA Certification	08/2022 - 08/2024
ECFMG Certification ID: 07829781	10/31/2011

FUNDED GRANTS

Undergraduate Research Fellow Indian Rheumatology Association, India Role: Primary research scholar	06/2010 - 08/2010 ₹ 5,000
Research Fellow, Indian Academy of Science International Center for Genetic Engineering and Biotechnology, India "A study of the proteomics of body fluids in pre fulminant Hepatitis E" Role: Primary research scholar	03/2009 - 05/2009 ₹10,000
Co-Investigator Defining Sociomes in Pulmonary, Critical Care and Sleep Medicine PI: Christopher Carroll, MD Funding Agency: UCONN Institute of Collaboration on Health, Intervention and Policy	06/06/2018 \$52,083

PUBLICATIONS & SCHOLARSHIP

Peer-reviewed Publications

1. Salguero BD, Agrawal A, **Kaul V**, Cascio CML, Joy G, Munagala R, Harkin T, Chaddha U. Airway senting for liberation from positive pressure ventilation in patients with central obstruction presenting with acute respiratory failure. *Respiratory Medicine*, 2024. PMID: 38492817
2. Kashou AH, Noseworthy PA, Beckman TJ ,..., **Kaul V**, Restrepo D May AM. EDUCATE: An international, randomized controlled trial for teaching electrocardiography. *Current Problems in Cardiology*, 2024. PMID: 38232918
3. Proumen R, Sigenthaler A, Knohl SJ, Gambhir HS, **Kaul V**. Internal Medicine Resident Perspectives of Format of Didactics During the COVID-19 Pandemic. *Journal of Brown Hospital Medicine*, 2023
4. **Kaul V**, Ahmed N. Resources, Resources Everywhere. However, Not for Everyone. *Annals of Allergy, Asthma, and Immunology*, 2023. PMID: 37661171
5. Kashou AH, Noseworthy PA, Beckman TJ ,..., **Kaul V**, Drew BJ, May AM. Education Curriculum Assessment for Teaching ECG: Rationale and Design for the Prospective, International, Randomized Controlled EDUCATE Trial. *Journal of Electrocardiology*. PMID: 37467573
6. Kashou AH, Noseworthy PA, Beckman TJ ,..., **Kaul V**, Drew BJ, May AM. ECG Interpretation Proficiency of Healthcare Professionals. *Current Problems in Cardiology*. PMID: 37394202
7. Zec S, Garbnajs NZ, Dong Y, ..., **Kaul V**, ... Kashyap R, Walkey A, Niven AS. Implementation of a Virtual Interprofessional ICU Learning Collaborative: Successes, Challenges, and Initial Reactions From the Structured Team-Based Optimal Patient-Centered Care for Virus COVID-19 Collaborators. *Critical Care Explorations*, 2023. PMID: PMID: 37637353
8. Mohan G, Bhide P, Agrawal A, **Kaul V**, Chaddha U. A Practical Approach to Psuedoexudative Pleural Effusions. *Respiratory Medicine*, 2023. PMID: 37172787
9. Acevedo RA, Fascia W, Pedley J, Pikarsky R, **Kaul V**. How to Create a Primary Respiratory Care Model. *CHEST*, 2023. PMID: 36906506
10. Mir T, Regmi N, Saydain G, **Kaul V**, Soubani AO, Qureshi WT. Outcome and Post-Surgical Lung Biopsy Change in Management of ARDS: A Proportional Prevalence Meta-analysis. *Advances in Respiratory Medicine*, 2022. PMID: 36004956
11. **Kaul V**. Data trends 2022, visual publication: Post COVID-19 Effects. *CHEST Physician*. 09/2022
12. Selvan K, Clark A, Walters R, Jain S, **Kaul V**, Caverzagie KJ, Richards JB, Callaghan G, Stewart NH. Sub-Internship Clerkships in the Medical Intensive Care Unit: A Needs Assessment. *ATS Scholar*, 2022. PMID: 36312812
3. Agrawal A, Chaddha U, **Kaul V**, Ajinkya D, Gillaspie EA, Maldonado F. Multi-Disciplinary Management of Chylothorax. *CHEST*, 2022. PMID: 35738344
4. Jain H, Singh G, **Kaul V**, Gambhir HS. Management Dilemmas in Restarting Anticoagulation Post Gastrointestinal Bleeding: a narrative review. *Baylor University Medical Center Proceedings*, 2022. PMID: 35518826
5. **Kaul V**, Szakmany T, Peters JI, Stukus D, Sala KA, Dangayach N, Simpson SQ, Carroll CL. Quality of the Discussion of Asthma on Twitter. *The Journal of Asthma*, 2022. PMID: 33215947
6. Lo Cascio CM, **Kaul V**, Dhooria S, Agrawal A, Chaddha U. Diagnosis of Tuberculous Pleural Effusions: A Review. *Respiratory Medicine*, 2021. PMID: 34536698
7. Freitas C, Khanal S, Landsberg D, **Kaul V**. An Alternative Cause of Encephalopathy: Valerian Root Overdose. *Cureus Journal of Medical Science*, 2021. PMID: 34659971
8. Naina S, Mukhopadhyay S, Rayancha S, Moore A, Garcha P, Kumar A, **Kaul V**. A Narrative Review of Interstitial Lung Disease in Anti-synthetase Syndrome: A Clinical Approach. *Journal of Thoracic Disease*, 2021. PMID: 34659821
9. Carroll C, **Kaul V**, Dangayach NS, Szakmany T, Winter G, Khateeb D, Carlos G, Kudchadkar SR. Comparing the Digital Footprint or Pulmonary and Critical Care Conferences on Twitter. *American Thoracic Society Scholar*, 2021. PMID: 33205047
10. Huda SA, Kahlow SA, Elder R, **Kaul V**, Landsberg D. Immunoglobulin G-4-Related Retroperitoneal Fibrosis. *Journal of Investigative Medicine High Impact Case Reports*, 2021. PMID: 34088232

11. **Kaul V**, Morris A, Chae J, James T, Kelly W. Delivering a Novel Medical Education “Escape Room” at a National Scientific Conference - First Live, Then Pivoting to Remote Learning due to COVID-19. CHEST, 2021. PMID: 34029564
12. Cable C, Bell D, Gallo deM A, **Kaul V**. Timing of Intubation in Patients with COVID-19. CHEST COVID-19 Guidelines and Resources, [COVID in Focus: Perspectives on the Literature](#), 03/16/21.
13. Pendleton K, **Kaul V**. Awake Prone in COVID-19. CHEST Physician, 03/2021.
14. Gambhir HS, Goodrick S, Dharmoon A, **Kaul V**. Impact of Structured and Scheduled Family Meetings on Satisfaction in Patients Admitted to Hospitalist Service. Journal of Patient Experience, 2021. PMID: 34179412
15. Chaddha U, Agrawal A, Feller-Kopman D, **Kaul V** et al. Use of Fibrinolytics and Deoxyribonuclease in Adult Patients with Pleural Empyema: A Consensus Statement. The Lancet Respiratory Medicine, 2021. PMID: 33545086
16. Cypro A, McGuire C, Rolfsen M, Jones N, Shah NG, Cribbs S.K, **Kaul V**, Bojanowski C.M, Pedraza I, Lynch L, Guzman L, Larsson E, Crotty Alexander L.E. An International Virtual COVID-19 Critical Care Training Forum for Healthcare Workers. American Thoracic Society Scholar, 2021. PMID: 34409421
17. Gandotra S, Stewart N.H, Khateeb D, Garcha P, Carlos W.G, Carroll C.L, **Kaul V**. Understanding the Social in Social Media: An Analysis of Tweeting Behaviors of Pulmonary and Critical Care Fellowship Programs (2021). American Thoracic Society Scholar, 2021. PMID: 33870269
18. **Kaul V**, Moraes DG de M, Khateeb D, Greenstein Y, Winter G, Chae JM, Stewart NH, Qadir N, Dangayach ND. Medical Education During the COVID-19 Pandemic. CHEST, 2020. PMID: 7772576
19. Singh R, Adhikari S, Landsberg D, **Kaul V**. Cardiopulmonary Resuscitation Induced Consciousness. Baylor University Medical Center Proceedings, 2020. PMID: 33456196
20. Carroll C.L, Szakmany T, Dangayach N.S, DePreist A, Duprey M.S, **Kaul V**, Kleinpell R, Tegtmeyer K, Kudchadkar S.R. Growth of the Digital Footprint of the Society of Critical Care Medicine Annual Congress 2014-2020. Critical Care Explorations, 2020. PMID: 33205047
21. Chaddha U, **Kaul V**, Agrawal A. (2020). What is the True Mortality in the Critically Ill Patients With COVID-19? Indian Journal of Critical Care Medicine, 2020. PMID: 32863627
22. Response: Ramachandra P, Swamy L, **Kaul V**, Agrawal A. A National Strategy for Ventilator and ICU Resource Allocation During the COVID-19 Pandemic. CHEST, 2020. PMID: 33160539
23. Ramachandran P, Swamy L, **Kaul V**, Agrawal A, Narasimhan M. Powerless in the ICU: Perspectives from Intensive Care Units in the Face of COVID-19. CHEST, 2020. PMID: 32454045
24. Ramachandra P, Swamy L, **Kaul V**, Agrawal A. A National Strategy for Ventilator and ICU Resource Allocation During the COVID-19 Pandemic. CHEST, 2020. PMID: 32413343
25. American College of CHEST Physicians COVID-19 [Clinical Summary](#) as part of CHEST COVID-19 Task Force. 04/03/2020
26. **Kaul V**, Adesanya A. American College of CHEST Physicians: [Precautions During Airway Management](#) in COVID-19. 03/31/2020
27. Carroll C.L, **Kaul V**, Sala K.A, Dangayach N.S. Describing The Digital Footprints Or “Sociomes” Of Asthma For Stakeholder Groups On Twitter. American Thoracic Society Scholar, 2020. PMID: 33870269
28. Admon A.J, **Kaul V**, Cribbs S.K, Guzman E, Jimenez O, & Richards J.B. Twelve Tips For Developing And Implementing A Medical Education Twitter Chat. Medical teacher, 2020. PMID: 30999789
29. Kassutto S, Seam N, Graham Carlos III W, Kelm D, **Kaul V**, Stewart N.H, Hinkle L. Twelve Tips for Conducting Successful Interprofessional Teaching Rounds. Medical Teacher, 2020. PMID: 30707849
30. Keshishyan S, **Kaul V**, Gupta A, Ahn C, Aronow W, Epelbaum O. Sputum Culture For The Diagnosis Of Tuberculous Pleural Effusion: Analysis Of Absolute And Incremental Yields. Advances in Respiratory Medicine, 2019. PMID: 31680228
31. **Kaul V**, Bhan R, Stewart N.H, Behrens D.M, Gutman A, Dangayach N, Geisler B.P, Carroll C.L. Study Comparing Traditional Versus Alternative Metrics to Measure the Impact of the Critical Care Medicine Literature. Critical Care Explorations, 2019. PMID: 32166269
32. **Kaul V**, McCracken DJ, Rahman NM, Epelbaum O. Contemporary Approach to the Diagnosis of Malignant Pleural Effusion. Annals of the American Thoracic Society, 2019. PMID: 31216176

Viren Kaul, MD

33. Al Ashry H.S, **Kaul V**, & Richards J.B. The Implications of the Current Visa System for Foreign Medical Graduates During and After Graduate Medical Education Training. *Journal of General Internal Medicine*, 2019. PMID: 31069706
34. Barnes S.S, **Kaul V**, & Kudchadkar S.R. Social Media Engagement and the Critical Care Medicine Community. *Journal of Intensive Care Medicine*, 2018. PMID: 29699469
35. **Kaul V**, Farokhi M.R., & Megally, M. Pulmonary Rehabilitation, an Update: Clinical Phenotypes and Effect of Comorbidities and Echocardiographic Abnormalities. *American Journal of Respiratory and Critical Care Medicine*, 2018. PMID: 29266962
36. Aggarwal A, **Kaul V**, Kaur G, Banas E, Sampath P, Roy AK. A New Facial Expression To Botox!. *American Journal of Emergency Medicine*, 2014. PMID: 24211287
37. Imam SH, Landry K, **Kaul V**, Gambhir H, John D, Kloss B. Phenytoin Toxicity: When Less Is More!!!. *American Journal of Emergency Medicine*, 2014. PMID: 24768668
38. **Kaul V**, Imam SH, Gambhir HS, Singha A, Nandavaram S. Negative Anion Gap Metabolic Acidosis In Salicylate Overdose - A Zebra!. *American Journal of Emergency Medicine*, 2013. PMID: 23867355
39. **Kaul V**. A Study On Correlation Of The Extractable Nuclear Antigen With Clinical Presentation And Severity In Patients Of Various Connective Tissue Disorders. *Indian Journal of Rheumatology*, 2010.
40. Harakalova M, **Kaul V**, Sharif N. Global Cooperation To Support Undergraduate Student Research In The Health Sciences. *Australasian Medical Journal*, 2009
41. **Kaul V**. Where's The Case (Patient) Today? *Indian Journal of Community Medicine*, 2008. PMID: 19876470

Contributions to Books

1. **Kaul V**, Chahal J, Schrarstzhaupt IN, Geduld H, Shen Y, Cecconi M, Siqueira AM, Markoski MM, Kawano-Dourado L. Chapter: Lessons Learned From a Global Perspective of COVID-19. Chapter served as the coda for published issue of *Clinics in Chest Medicine*. 11/24/22
2. Coritsidis G, **Kaul V**. *Bedside Percutaneous Dilational Tracheostomy*. Mount Sinai Expert Guides: Critical Care, 2020
3. **Kaul V**, Agameya A, Gray A. Chapter: Carbon Monoxide Poisoning. *The 5-Minute Clinical Consult*, 2019
4. Pradhan F, **Kaul V**, Huang C. Chapter: Salicylate Poisoning. *The 5-Minute Clinical Consult*, 2017
5. Pradhan F, **Kaul V**, Gray A. Chapter: Carbon Monoxide Poisoning. *The 5-Minute Clinical Consult*, 2017
6. Shah R, **Kaul V**, Dhmoon A. *Intern night float survival guide*. Upstate Medical University, 2016
7. **Kaul V**, Nilson E. Chapter: Protein Energy Malnutrition. *The 5-Minute Clinical Consult*, 2017
8. **Kaul V**, Pradhan F, Suchindaran S. Chapter: Amebiasis. *The 5-Minute Clinical Consult*, 2017
9. Pradhan F, **Kaul V**, Huang C. Chapter: Salicylate Poisoning. *The 5-Minute Clinical Consult*, 2017
10. Pradhan F, **Kaul V**, Gray A. Chapter: Carbon Monoxide Poisoning. *The 5-Minute Clinical Consult*, 2017
11. Pradhan F, **Kaul V**, Gordon F. Chapter: Hepato renal syndrome. *The 5-Minute Clinical Consult*, 2017

Digital Scholarship

Lead, Journal Clubs for the Journal CHEST: Access all here	2020 -
Contributor, American College of Chest Physicians Thought Leaders' Blog	2018 -
Blogger, Daily Bulletin at ATS International Conference 2018	05/2018
Writer, What Educators Are Reading Blog, American Thoracic Society	11/2017 -
Social Media contributor, ATS Section on Medical Education Twitter handle @ATSMedEd	2017 - 2021

Viren Kaul, MD

1. Kaul V. How Medical Education is Evolving in the Wake of the COVID-19 Pandemic. Invited commentary/expert perspective. MDEdge. [Access here](#). 10/12/23
2. Podcast host. Kaul V, Roman J. Storytelling with Jesse Roman / American Thoracic Society. 08/2023
3. Invited video cast on VuMedi.com. **Kaul V**. Adrenal Toxicity for Immune Checkpoint Inhibitor Toxicity. 11/2022
4. Invited blogpost: **Kaul V**. APCCMPD Voices in #MedEd blog. Making an Infographic in Six Steps. Retrieved from [APCCMPD blog](#). 10/26/21
5. Invited speaker: **Kaul V**. Physician Guide to Smoking Cessation Therapy. Retrieved from [American Association For Bronchology and Interventional Pulmonology \(AABIP\) Podcasts](#). 12/23/20
6. Moderator: **Kaul V**, Khanal S, Gera E, Heller K. Airway Management in COVID-19. Retrieved from [ATS Critical Care Training Forum](#). 11/17/20
7. Moderator: **Kaul V**, Gandotra S, Folk J, Shaker S, Lapinsky S, D'Souza R. Obstetrics and COVID-19. Retrieved from [ATS Critical Care Training Forum](#). 09/09/20
8. Moderator: **Kaul V**, Shah A, Hayes M, Santhosh L, Gandotra S. Medical education during the COVID-19 pandemic. Retrieved from [ATS Critical Care Training Forum](#). 05/23/20
9. Moderator: **Kaul V**, Gallo ADM, Beck L, Harne P. Challenges with sedation in critically ill patients with COVID-19. Retrieved from [ATS Critical Care Training Forum](#). 04/28/20
10. Invited Webinar Moderator: **Kaul V**, Kress J, Cawcutt K, Marcelin J. Acute Hypoxic Respiratory Failure in COVID-19: Part II. Retrieved from American College of Chest Physicians [COVID-19 Resource Page](#). Attendees: 240. 04/23/20
11. Invited Webinar Moderator: **Kaul V**, Kress J, Cawcutt K, Marcelin J. Acute Hypoxic Respiratory Failure in COVID-19. Retrieved from American College of Chest Physicians [COVID-19 Resource Page](#). Attendees: 500. 04/09/20
12. **Kaul V**, Cooper A, Hinkle L. Finding Your Niche in Medical Education. Retrieved from American Thoracic Society [Breathe Easy Podcasts](#) webpage. 10/2019
13. Invited Speaker, ATS Section on Medical Education Webinar: "HealthCare Social Media and the Modern Educator". 01/23/2019
14. Invited Speaker, Webinar Series, New York Chapter of the American College of Physicians. "Harnessing The Power of HCSM for Medical Education, Reputation Management and Promotion". 01/21/2019
15. **Kaul V**, Behrens D, Kaul P. International Medical Graduates and Careers in Academia. Retrieved from American Thoracic Society [Breathe Easy Podcasts](#) webpage. 01/2019
16. Invited Speaker, Webinar Series, New York Chapter of the American College of Physicians. "Health Care Social Media: Taking The Leap". 11/12/2018
17. [Peer-Reviewed, Web Publication] Nosbusch L, Andereck J. A deep "seeded" cough. [NUEM Blog. Expert Commentary by **Kaul V**]. Retrieved from [Northwestern University Emergency Medicine blog](#). 07/23/18
18. Suhail FK, **Kaul V**. Featured summary article. Retrieved from American Thoracic Society's Section on Medical Education [What Educators Are Reading webpage](#). 05/2018
19. **Kaul V**. Featured summary article. Retrieved from American Thoracic Society's Section on Medical Education [What Educators Are Reading webpage](#). 04/2018
20. **Kaul V**. Featured summary article. Retrieved from American Thoracic Society's Section on Medical Education <https://bit.ly/2IISBp5>. 02/2018
21. **Kaul V**. Featured summary article. Retrieved from American Thoracic Society's Section on Medical Education <https://bit.ly/2IISBp5>. 01/2018
22. Rabinowitz R, **Kaul V**, Fried M, Trivedi S. 5 pearls on latent tuberculosis infection. Retrieved from Core IM podcast on iTunes. Show notes hosted on [Clinical Connections webpage](#). 03/28/18

Oral Presentations

1. Acevedo RA, Fascia W, Pedley J, **Kaul V**. The Use of Non-Rebreather Masks on top of High-Flow Nasal Cannula at Maximal Settings. AARC, Online/Respiratory Care. 2020

Viren Kaul, MD

2. **Kaul V**, Mojarad SM, Sawal N, Kaur N, Kaul JM, Carroll CL. An Analysis of the “Influencer” Culture in Medicine. CHEST, Online. 2020
3. **Kaul V**, Kudchadkar SR, Szakmany T, Dangayach NS, DePriest A, Duprey M, Kleinpell R, Tegtmeyer K, Carroll CL. Characterization of the Top Social Media Influencers Over Time at the Critical Care Congress. SCCM, Orlando, FL. 2020
4. Carroll CL, **Kaul V**, Sala K, Dangayach N. Comparing the Digital Health Footprints of Conversations on Twitter Surrounding Asthma. SCCM, Orlando, FL. 2020
5. Carroll CL, Szakmany T, Dangayach NS, DePriest A, Duprey M, **Kaul V**, Kleinpell R, Riordan BR, Tegtmeyer K, Kudchadkar S. Changes in the Characteristics of the Digital Footprint at the Critical Care Congress. SCCM, Orlando, FL. 2020
6. McMenaman K, Carroll CL, **Kaul V**, Kudchadkar SR. Little Patients, Bigger Footprint: Social Media Presence of Critical Care Fellowship Programs. SCCM, Orlando, FL. 2020
7. **Kaul V**, Geisler B, Alexander A, Stewart N, Behrens D, Gutman A, Dangayach N, Carroll C. Impact Of Social Media On Engagement With American Thoracic Society Journals: Comparison Of Traditional Metrics To Alternative Metrics (Altmetrics) Between 2007 To 2016. RAPID session, ATS, San Diego, CA. 2018
8. **Kaul V**, Easaw SM, Spiro P, Warshawsky M. Study To Evaluate The Relationship Of Advanced Health Care Decision Counseling In Patients Requiring Critical Care With Respect To Survival Outcomes In An Inner-City Hospital. RAPID Poster Session, ATS, Washington DC, 2017
9. **Kaul V**, Bied A, Imam SH, Nandavaram S, Aggarwal A, Maguire M. Missing Anion Gap In Salicylate Poisoning: The Zebra!. Oral Presentation presented at: Third Annual Beyond the Doctorate Research Day; Syracuse, NY. 2013

Research Poster Presentations

1. Firmo F, **Kaul V**, Andonian D. Retrospective Review of Patients Intubated in the Emergency Department for Airway Protection. ATS, San Diego, CA. 2024
2. Chahal J, Panda S, Padappayil R, Gambhir H, Love A, **Kaul V**, Ghosh A. Predictors of Post-ICU Disposition for Patients with DKA. ATS, San Diego, CA. 2024
3. Kashou AH, Noseworthy PA, Beckman TJ ,..., **Kaul V**, Drew BJ, May AM. Educate: A Randomized Controlled Trial of Education Curriculum Assessment for Teaching Electrocardiography. American Heart Association, Philadelphia, PA. 2023
4. Panda S, Schremp J, Monica A, Mills T, Rainbow L, Pedley J, Fascia W, **Kaul V**. Impact of an Easy-to-Use Tool-Based Classification System on Quality of Documentation in Patients Admitted with Respiratory Failure. CHEST, Honolulu, HI. 2023
5. Panda S, Love A, Philip A, **Kaul V**. Boot-camp Training Curriculum and Its Impact on Confidence Levels of New Pulmonary and Critical Care Fellows. CHEST, Honolulu, HI. 2023
6. Desai V, Primera G, Ahmed N, Gambhir HS, **Kaul V**. Evaluating the Readability of the Publicly Available Information Related to ARDS. CHEST, Honolulu, HI. 2023
7. Iguina MM, Danckers M, **Kaul V**, Kelly WF. Implementation of an Educational Virtual Escape Room in a Pulmonary and Critical Care Fellows Course. CHEST, Nashville, TN. 2022
8. Maple D, Bogart M, Criner GJ, Dransfield MT, Gaeckle N, Gotfried M, Halpin DMG, Jan MK, Jain R, **Kaul V**, Mammen MJ, Midwinter D, Singh D, Wise R, Lipson DA. Reduction in Emergency Department Visits in Patients with COPD: Analysis of the IMPACT Trial. ATS, Online. 2021
9. Mammen MJ, Carr TF, Criner GJ, Dransfield MT, Halpin DMG, Han ML, Hartley B, Jain RG, **Kaul V**, Kaye MG, Kraft M, Mapel D, Midwinter D, Scanlon PD, Singh D, Wells JM, Wise R, Lipson DA. Risk of All-cause Mortality During and After Severe Exacerbations in Patients with COPD: Post Hoc Analysis of the IMPACT Trial. ATS, Online. 2021
10. Mammen MJ, Carr TF, Criner GJ, Dransfield MT, Halpin DMG, Han ML, Jain RG, **Kaul V**, Kaye MG, Kraft M, Mapel D, Midwinter D, Scanlon PD, Singh D, Wells JM, Wise R, Lipson DA. All-cause Mortality by Subgroup in Patients with COPD: Post Hoc Analysis of the IMPACT Trial. ATS, Online. 2021

11. **Kaul V**, Sutherland AK, Gardner DD, Moraes AdG, Winter G, Elyafawi R, Stewart N, Carroll C, Faiz S. Social Media And The Use Of #Medtwitter. CHEST, Online. 2020
12. Acevedo R, Call A, Landsberg D, Hamid N, **Kaul V**, Thomas S. Using Methicillin-Resistant Staphylococcus Aureus Screens to Guide Vancomycin Administration. CHEST, Online. 2020
13. Marcelin JR, Cawcutt KA, Elyafawi R, Gardner DD, Stewart NH, **Kaul V**, Kudchadkar SR, Szakmany T, Carroll CL. Exploring The Growth Of The Digital Reach Of The Chest Conference. CHEST, Online. 2020
14. Carroll CL, **Kaul V**, Dangayach NS, Szakmany T, Winter G, Khateeb D, Carlos WG, Kudchadkar SR. Comparing The Digital Footprint Of Pulmonary And Critical Care Conferences On Twitter. CHEST, Online. 2020
15. Carlos WG, **Kaul V**, Gallo AdM, Khateeb D, Swamy L, Kudchadkar S, Santhosh L, Winter G, Stewart N, Carroll C. Who Is Influencing The Ats International Conference? ATS, Philadelphia, PA. 2020: Cancelled due to COVID-19
16. **Kaul V**, Boka K, Greenstein YY, Namendys-Silva SA, Carroll CL. Counting Conversations On Lung Cancer: Analyzing The Footprint Of Various Healthcare Stakeholders On Twitter. CHEST, New Orleans, LA. 2019
17. Sameed M, Jaffer F, Pendleton K, Mathur S, Meng Z, **Kaul V**. Past The Tweet Analytics: Impact On Social Media On Knowledge Dissemination, A 10 – Year Trend. CHEST, New Orleans, LA. 2019
18. Carroll CL, Sala K, **Kaul V**, Bruno K, Dangayach N. Describing the Digital Health Footprints or “Sociomes” of Asthma on Twitter. CHEST, New Orleans, LA. 2019
19. Szakmany T, **Kaul V**, Peters JI, Stukus D, Sala KA, Dangayach N, Simpson SQ, Carroll CL. How Reliable Are The Most Commonly Shared Asthma Links On Twitter? CHEST, New Orleans, LA. 2019
20. **Kaul V**, Stewart N.H., Khateeb D, Garcha P, Carlos W.G., Carroll C.L., Gandotra S. The Presence of Pulmonary and Critical Care Programs on Twitter and Instagram. ATS, Dallas, TX. 2019
21. Gandotra S, Stewart NH, Khateeb D, Garcha P, Carlos WG, Carroll CL, **Kaul V**: Analysis of Posting Characteristics on Twitter of Pulmonary and Critical Care Fellowship Programs. ATS, Dallas, TX. 2019
22. Carroll CL, **Kaul V**, Sala KA, Dangayach N. Characterizing a Digital Health Footprint for Asthma. ATS, Dallas, TX. 2019
23. Gupta J, **Kaul V**, Alex L, Easaw S, Warshawsky M. Study To Evaluate Outcomes In Culture Negative Severe Sepsis Compared To Culture Positive Severe Sepsis On Basis Of Source Of Infection/ Microorganism Identified. CHEST, Toronto, Canada. 2017
24. Alex L, **Kaul V**, Easaw S, Gupta J, Warshawsky M. Study To Evaluate The Effect Of Insurance Status On Various Outcomes In Patients With Culture Negative And Culture Positive Severe Sepsis. CHEST, Toronto, Canada. 2017
25. Easaw S, **Kaul V**, Gupta J, Alex L, Warshawsky M. Study To Evaluate Factors Affecting Various Outcomes In Culture Negative Severe Sepsis (Cnss) Compared To Culture Positive Severe Sepsis (Cpss). CHEST, Toronto, Canada. 2017
26. Easaw SM, Warshawsky M, Spiro P, **Kaul V**. Study Of The Relationship Of Health Insurance Resources To Goals Of Care Discussions, Advance Care And End Of Life Planning Requiring Medical Intensive Care In An Inner City Academic Medical Center. ATS, Washington DC. 2017
27. Easaw SM, Warshawsky M, Spiro P, **Kaul V**. Influence Of Linguistic Diversity On Advanced Care Decision Making Among Critically Ill Patients. ATS, Washington DC. 2017
28. Mocerino R, **Kaul V**, Warshawsky M. Influence Of Socioeconomic Status, Language Proficiency, And Positive Cultures On Survival Of Septic Patients Requiring Icu Care. ATS, Washington DC. 2017
29. **Kaul V**, Bendegeri N.D, Bhatija G. Anemia Awareness And Prevention In Adolescent School Girls And Mothers' Literacy Status: An Indirect Correlate. 52nd National Conference of Indian Public Health Association; Delhi, India. 2008
30. **Kaul V**, Bendegeri N.D. A Study On Knowledge And Practices Of 10Th Std. Girls In Hubli City Regarding Prevention Of Anemia. Annual conference of Karnataka Association of Community Health; Bangalore, India. 2007

Case Report Poster Presentations

1. Gupta N, Desai V, Siedel M, **Kaul V**. Point of Care Ultrasound in Time Saves Lives: Timely Use of Ultrasound During Arrest. NY State Thoracic Society, Syracuse, NY. 2024
2. Mahoney C, Desai V, **Kaul V**. May turner syndrome - An Underrecognized and Underrated Cause of Deep Venous Thrombosis. NY State Thoracic Society, Syracuse, NY. 2024
3. Desai V, Ganesan D, **Kaul V**. Perforation From Stercoral Colitis: Uncommon but Potentially Fatal. CHEST, Honolulu, HI. 2023
4. Desai V, Ganesan D, **Kaul V**. Atraumatic Page Kidney After Initiation of Dual Anti-Platelet Regimen Post Intracranial Stent Placement. CHEST, Honolulu, HI. 2023
5. Selvan K, Clark A, Walters R, Jain S, **Kaul V**, Caverzagie KJ, Richards JB, Callaghan G, Stewart NH. Sub-Internship Clerkships in the Medical Intensive Care Unit: A Needs Assessment. ATS, San Francisco, CA. 2022
6. Sandhu J, Weston E, **Kaul V**. Marginal Zone B-Cell Lymphoma Presenting as a Solitary Pulmonary Nodule. ATS, San Francisco, CA. 2022
7. Shah A, Landsberg D, **Kaul V**. Necrotizing Fasciitis Secondary to *Serratia Mercenscens*. ATS, Philadelphia, PA. 2020. Conference cancelled due to COVID-19
8. Poudel P, Dean R, Balog S, Landsberg D, **Kaul V**. A Novel Nanobody: Capalacizumab, in the Modern Era of TTP Treatment. ATS, Philadelphia, PA. 2020. Conference cancelled due to COVID-19
9. **Kaul V**, Neher H, Megally M, Jolly J, Astua A. All that bleeds is Not a Varix: A Report of Pneumobilia and Pneumatosis Intestinalis due to Cocaine Induced Mesenteric Ischemia. ATS, Dallas, TX. 2019
10. **Kaul V**, Mocerino R, Shostak E. My Oh! A Case of Endobronchial Leiomyoma. ATS, Dallas, TX. 2019
11. Megally M, Jolly J, **Kaul V**, Astua A. A3221 - Fighting with Every Fiber of His Being: A Case of Fibrous Mediastinitis Causing Superior Vena Cava Syndrome with Pleural Effusion. ATS, Dallas, TX. 2019
12. Megally M, **Kaul V**, Jolly J, McGarry T. Cut it out: A Case of Endobronchial Pulmonary Mucormycosis. ATS, Dallas, TX. 2019
13. Mocerino R, **Kaul V**, Shostak E. Inflammatory Myofibroblastic Tumor: A 1 Percenter. ATS, Dallas, TX. 2019
14. Megally M, **Kaul V**, Jolly J, Warshawsky M. Maleficent Multiple Myeloma: A Case of Myelomatous Pleural Metastases with Effusion. ATS, Dallas, TX. 2019
15. Jolly J, Megally M, **Kaul V**, McGarry T. Lemi Teach You Something: A Case of Septic Thrombophlebitis and Severe Thrombocytopenia. ATS, Dallas, TX. 2019
16. **Kaul V**, Suhail FK, McGarry T. Adult Epiglottitis Due To Group B *Streptococcus*. ATS, San Diego, CA. 2018
17. **Kaul V**, Mocerino R, Warshawsky M. Approach to Progressive Mixed Obstructive and Restrictive Lung Disease with Persistent Mosaicism on Computed Tomography in an Asymptomatic Young Female. ATS, San Diego, CA. 2018
18. Mocerino R, **Kaul V**, Jolly J, Awerbuch E. Bilateral Pneumothoraces Secondary To Leiomyosarcoma Metastatic To The Lungs. ATS, San Diego, CA. 2018
19. Mocerino R, **Kaul V**, Rahbe M, McGarry T. Pea Arrest Due To Massive Pulmonary Embolism With Ensuing Consumptive Coagulopathy: Human Physiology Gone Wrong! ATS, San Diego, CA. 2018
20. Suhail FK, **Kaul V**, McGarry T. Metastatic Non-Seminomatous Germ Cell Tumor Mimicking Empyema Necissitans On Imaging. ATS, San Diego, CA. 2018
21. Suhail FK, Mocerino R, McGarry T, **Kaul V**. Rare Case Of Systemic Lupus Erythematosus Shrinking Lung Syndrome In A Young Male Patient. ATS, San Diego, CA. 2018
22. Kandoth E, Mocerino R, **Kaul V**, McGarry T. Pleural Effusion as Initial Manifestation of Ovarian Malignancy. ATS, San Diego, CA. 2018
23. Farokhi M.R., **Kaul V**, Nicastrì D, Warshawsky M. Respiratory Failure From Enlarging Hernia, A Rare Complication Of Non-Invasive Positive Pressure Ventilation (Nipv). CHEST, Toronto, Canada. 2017
24. Megally M.N., Easaw S, **Kaul V**, Warshawsky M. Getting Colder, Colder: A Case Of Severe Hypothermia Due To K2 Ingestion. CHEST, Toronto, Canada. 2017
25. Megally M.N., **Kaul V**, Farokhi M., Awerbuch E. We All Have Our Vices, A Case Of Tracheal Strangulation. CHEST, Toronto, Canada. 2017

Viren Kaul, MD

26. **Kaul V**, Easaw SM, Han X, McGarry T. Extensive Air Pockets Surrounding Liver Metastasis Due To Non-Typhoid Salmonella Infection Presenting With Catastrophic Shock. ATS, Washington DC. 2017
27. Easaw SM, **Kaul V**, Spiro P. Lymphangitic Pulmonary Metastasis of Rectal Cancer. ATS, Washington DC. 2017
31. Bansal P, **Kaul V**, Easaw SM, McGarry T. Multi Drug Resistant Acinetobacter Junii Pneumonia Is A Ventilator Dependent Patient: A Rare Organism In Critically Sick Adults. ATS, Washington DC. 2017
32. **Kaul V**, Easaw SM, Awerbuch E. Dip / Nsip Overlap Pneumonitis Presenting With Recurrent Pneumothorax: A Clinical Challenge! NYSTS, New York, NY. 2017
33. Easaw SM, **Kaul V**, Allison Awerbuch E. Challenging Case Of Recurrent Multi-Drug Resistant Polymicrobial Infections. NYSTS, New York, NY. 2017
34. **Kaul V**, Ojevwe F, Anozie O, Shepherd Z, Jessamy K. Pott's Disease, A Diagnosis That Should Not Be Missed. ATS, San Fransisco, CA. 2016
35. Kalakonda A, **Kaul V**, Halleran D, Glidden M. Mystery Of The Lung Cysts. ATS, Denver, CO. 2015.
36. Habibullah J, Gnirke M, Kumar A, Imam S, Kaul P, **Kaul V**. Stony Sputum: An Uncommon Presentation Of A Lurking Empyema! ATS, Denver, CO. 2015
37. **Kaul V**, Kumar A, Kaul P, Kalakonda A. Non Infective Endocarditis Presenting As Acute Generalized Pustulosis And Anasarca: The First Case Report. ATS, Denver, CO. 2015
38. **Kaul V**, Imam S, Kumar A, Kaul P, Gambhir HS. Kingella Pneumonia Unique Isolated Pulmonary Presentation! ATS, Denver, CO. 2015
39. **Kaul V**, Kalakonda A, Kaur G, Gambhir HS, Imam HS, Liu K. Stroked By A Silent Predator: How To Deal With An Aortic Mural Thrombus In A Non Predisposed Young Individual! ATS, San Fransisco, CA. 2014
40. **Kaul V**, Kaur G, Kalakonda A, Singh HS, Imam SH, Nat Amrit, Nat Amit, Poiesz B. Worsening Aki With Plasmapheresis In Atypical Hus: A Clue To Underlying Cryoglobulinemic Glomerulonephritis: The First Case Report. National Kidney Foundation (NKF) Spring Meeting 2014, Las Vegas, NV
41. **Kaul V**, Imam SH, Gambhir HS, Rawlins S. Arterio-Colonic Fistula Secondary To Radiation-Induced Large Bowel Necrosis. ACG, San Diego, CA. 2013
42. **Kaul V**, Nandavaram S, Imam SH, Knohl SJ. Salt-losing Hypertension. NKF; Orlando, FL. 2013
43. Nandavaram S, Aggarwal A, **Kaul V**, Knohl SJ. Follicular Bronchiolitis And Non Hodgkin's Lymphoma. SCCM, San Francisco, CA. 2013

Panels, Workshops & Talks (intramural and digital educational contributions in educator's portfolio):

1. Speaker, CHEST Annual Meeting. "Critical Care Changes in the Morbidly Obese Patient". Honolulu, HI. 10/11/23
2. Chair and Speaker, CHEST Annual Meeting. "Controversies in Fluid and Pressor Use in Critically Ill Patients". Honolulu, HI. 10/08/23
3. Chair and Speaker, CHEST Annual Meeting. "Case Studies in Difficult Airway Management". Honolulu, HI. 10/08/23
4. Speaker, APCCMPD Annual Meeting. "Gamification in PCCM Education". Portland, OR. 02/09/23
5. Speaker, CHEST Annual Meeting. "Scholarship of Teaching". Nashville, TN. 10/18/22
6. Chair and Speaker, CHEST Annual Meeting. "How to Build an Educational Escape Room". Nashville, TN. 10/17/22
7. Nominated Speaker by CHEST Critical Care Network, Experience CHEST Presentation, CHEST Annual Meeting. "Guidelines Updates in Airway Management". Nashville, TN. 10/17/22
8. Co-Chair and Speaker, CHEST Annual Meeting. "Updates in Airway Management: Pro/Con Debate". Nashville, TN. 10/16/22
9. Speaker, CHEST Annual Meeting. "Checkpoint Inhibitor Toxicity in the ICU". Nashville, TN. 10/16/22
10. Invited Speaker, NY State Society for Respiratory Care. "Everything You Need to Know About Bronchoscopy". Rome, NY. 10/07/22
11. Chair, Leadership panel discussion, NYACP semi-annual meeting. Albany, 05/27/22

Viren Kaul, MD

12. Panelist, ATS Webinar. "The Battle Against Professional Burnout in Pulmonary, Critical Care, and Sleep Medicine: What do Prior Experiences Teach Us?". Online. 04/28/22
13. Invited speaker, AARC Student Journal Club. Online, 11/11/21
14. Co-chair and Speaker, CHEST Annual Meeting. "2021 Updated in Airway Management During COVID-19: A Crossfire Debate". Online Meeting, 10/19/21
15. Moderator, CHEST Annual Meeting. "Managing Acute Respiratory Failure in Special Populations". Online Meeting, 10/18/21
16. Chair and Speaker, CHEST Annual Meeting. "Choose Your Own Adventure: Ventilator Basics to Advanced Modes". Online Meeting, 10/18/21
17. Chair and Speaker, CHEST Annual Meeting. "The Physiologically Challenging Airway: A Heart Pounding Case Based Multidisciplinary Discussion". Online Meeting, 10/17/21
18. Speaker, CHEST Annual Meeting. "Airway Management in Severe Pneumonia". Online Meeting, 10/17/21
19. Speaker, CHEST Annual Meeting. "Predicting Post-extubation Failure, While Maximizing Success". Pre-recorded for Online Meeting, 10/2021.
20. Speaker, CHEST Annual Meeting. "A Holistic Approach to Ultrasound in Management of Respiratory Failure". Pre-recorded for Online Meeting, 10/2021
21. Speaker, NYACP Annual Meeting. "COPD and Asthma Updates 2021". Online. 10/08/21
22. Speaker, Annual Conference of the New York Association of Surgical Technologists. "Pre-operative Pulmonary Assessment and Peri-operative Management During Pulmonary Procedures". Verona, NY. 10/02/21
23. Speaker, Critical Care Grand Rounds, Mayo Clinic Florida. "Digital Scholarship in Medicine". Online. 08/20/21
24. Speaker, ATS International Conference Center for Career Development. "Creating Digital Media to Teach and Disseminate your Work". Online. 05/19/21
25. Session Chair, ATS International Conference. "International Graduates Interested in Medical Education". Online. 05/18/21
26. Moderator, ATS International Conference. "Disparities During COVID-19: How Have Your Communities Been Impacted". Online. 05/13/21
27. Speaker, ATS International Conference. "Presenting Your Work and How to Tailor it for Digital Scholarship". Online. 05/11/21
28. Speaker and moderator, small group session, ATS International Conference. "Visual Abstracts and Infographics to get Your Message Across". Online. 05/04/21
29. Speaker, Grand Rounds, Crouse Health. "Acute Respiratory Failure: Bringing Documentation to Bedside". Online. 04/22/21
30. Speaker, ATS Core Training Webinar Series. "How to Use Social Media". Webinar, 01/13/21
31. Moderator, CHEST Annual Meeting. "Antibiotics and Fluids: Controversies in Sepsis Care". Online, 10/21/20
32. Moderator, CHEST Annual Meeting Trainee Lounge. "Diversity and Inclusion in Training". Pre-recorded for Online Meeting, 10/2020
33. Session Chair, CHEST Annual Meeting. "Controversies in Airway Management in Critically Ill Patient". Online. 10/21/20
34. Session Chair, CHEST Annual Meeting. "Legal and Ethical Perils of Social Media Use in Medicine: A Real-World Case Based Discussion". Online. 10/20/20
35. Speaker, CHEST Annual Meeting. "Look, Listen, See and Learn: New Technology in Medical Education". Online. 10/18/20
36. Moderator, CHEST Annual Meeting. "Simulation Session: Acute Respiratory Failure in COVID-19". Online. 10/18/20
37. Speaker, NYACP Annual Meeting. "E-cigarettes and Vaping Discussions". Online, 10/09/20
38. Speaker and Moderator, Healthcare Management Association of Central New York Chapter of the American College of Healthcare Executives. "Telemedicine: Implementation and Challenges". Web Conference, 09/10/20

Viren Kaul, MD

39. Invited Speaker, Grand Rounds, Baylor College of Medicine Section of Pulmonary, Critical Care and Sleep Medicine. "Social Media and Medicine: A Recipe for Success". Delivered over videoconferencing, 06/17/20
40. Session Chair, ATS International Conference. "International Graduates Interested in Medical Education". Philadelphia, PA. 05/19/20: Cancelled due to COVID-19
41. Speaker, ATS International Conference Center for Career Development. "Creating Digital Media to Teach and Disseminate Your Work: Infographics, Visual abstracts, Videos". Philadelphia, PA. 05/17/20: Cancelled due to COVID-19
42. Organizer, ATS International Conference Clinician's Center Lecture. "Ventilator Emergencies". Philadelphia, PA. 05/19/20: Cancelled due to COVID-19
43. Organizer, ATS International Conference Clinician's Center Lecture. "Airway Emergencies". Philadelphia, PA. 05/18/20: Cancelled due to COVID-19
44. Faculty organizer, ATS International Conference Clinician's Center Lecture. Topic: Hemodynamic Monitoring and Shock. Philadelphia, PA. 05/17/20: Cancelled due to COVID-19
45. Speaker, ATS International Conference Clinician's Center Lecture. "Social Media and Managing Negative Interactions". Philadelphia, PA. 05/17/2020: Cancelled due to COVID-19
46. Speaker, ACGME Annual Education Conference. "Responsible Social Media Use: Faculty Mentoring and Role Modeling in SoMe". San Diego, CA. 02/29/20
47. Speaker, The Central Region of the NYS Society for Respiratory Care. "Physiologically Difficult Airways: A Case Based Approach". Liverpool, NY. 01/30/2020
48. Speaker, CHEST Annual Meeting. "The Untold Tales of Cardiopulmonary Resuscitation". New Orleans, LA. 10/22/19
49. Session Chair, CHEST Annual Meeting. "Social Media and Medical Education: What's Next". New Orleans, LA. 10/22/19
50. Session Chair, CHEST Annual Meeting. "Technological Innovations in Medical Education". New Orleans, LA. 10/22/19
51. Session Chair, CHEST Annual Meeting. "What Can Learned From Other Industries to Enhance a Medical Educator's Repertoire". New Orleans, LA. 10/21/19
52. Speaker, CHEST Annual Meeting. "Use of Social Media for Professional Growth". New Orleans, LA. 10/21/19
53. Speaker, CHEST Annual Meeting. "How to Navigate the Job Search with a Visa". New Orleans, LA. 10/21/19
54. Speaker, CHEST Annual Meeting. "Education and Technology: What's it Good For?". New Orleans, LA. 10/20/19
55. Speaker, NYACP Annual Scientific Meeting. "Leadership in Medicine". Rye Brook, NY 10/12/19
56. Nurse Care Coordinators Education Session Series. "Asthma and COPD". Crouse Medical Practice, Brittonfield, NY. 08/30/2019, 09/27/19, 11/01/19
57. Session Chair and Speaker, ATS International Conference Clinicians Center. "Social Media Tips and Tricks for the Clinician". Dallas, TX. 05/21/19
58. Session Chair, ATS International Conference Faculty Development Series. "Using Digital Scholarship Strategically for Career Advancement". Dallas, TX. 05/21/19
59. Moderator, ATS International Conference Center Career Development Series. "Using Technology to Your Advantage in Academic Medicine". Dallas, TX. 05/21/2019
60. Session Chair, ATS International Conference. "International Graduates Interested in Medical Education". Dallas, TX. 05/21/19
61. Session Chair, ATS International Conference. "Harnessing The Power of Social Media and Free Open Access Medical Education (#FOAMed): An Interactive Workshop for Medical Educators". Dallas, TX. 05/19/19
62. Co-Chair, Small Group Session and Faculty, ATS International Conference Fellow to Faculty Bootcamp. Dallas, TX. 05/18/19
63. Invited Speaker, Grand Rounds, Lahey Hospital and Medical Center. "Making Your Social Media Scholarship Count". Burlington, MA. 02/01/19
64. Invited Speaker, Noon Conference, Brookdale University Hospital. "Getting Ahead of The Pack: Residents and Social Media". Brooklyn, NY. 02/04/19

Viren Kaul, MD

65. Speaker, Town Hall Session, New York ACP Annual Meeting. "Role Of Social Media In Medical Education, Imposter Syndrome And Burnout". Ryebrook, NY. 06/02/18
66. Session Chair, ATS International Conference. "International Medical Graduates Interested in Medical Education". San Diego, CA 05/21/2018
67. Organizer, ATS TEACH - Medical Education Fellow Mixer. 2018, 2019

COMMUNITY SERVICE

Educational Responsibilities and Experience

Highlighted national/international faculty elements, please see teaching portfolio for details for undergraduate, postgraduate, and continuing medical education contributions as well as curriculum based or consultative work. Core teaching contribution: 19 weeks dedicated service teaching time in Crouse Hospital ICU with pulmonary/critical care fellows, internal medicine and emergency medicine residents, and medical students and 26 weeks of service teaching time on pulmonary consult service with pulmonary/critical care fellows.

Vice-Chair, Education and Technology Committee, Steering Committee on Advancement and Learning (SCALe), ATS	05/2024 -
Invited Faculty, Women in Medicine Mentorship Panel, NYACP	03/21/24
Faculty, Advanced Airway Management on Cadavers Course, CHEST	11/17/23
Member, CHEST Airway Management Domain Task Force	01/01/24 - 12/31/27
Session Chair, Upstate Fellows POCUS Simulation Bootcamp	07/10/23
Faculty, Simulation session: Maximize Your View: Expert Skills in Laryngoscopy CHEST Annual Meeting 2023	10/10/23
Faculty, Simulation session: Can't Intubate, Can't Oxygenate: EGA and Cric for Failed Airway CHEST Annual Meeting 2023	10/08/23
Course Faculty, Critical Care for Today's Hospitalist Advanced Learning Course SHM Converge Annual Meeting 2023	03/26/23
Course Director, NYACP "Introduction to Ultrasound" Course	11/04/22
Chair, Simulation session: Critical Skills for Failed Airways, CHEST Annual Meeting 2022	10/19/22
Chair, Simulation session: Integrating Awake Intubation Into Your Practice, CHEST Annual Meeting 2022	10/18/22
Faculty, Simulation session: Managing Acute Respiratory Failure in Special Populations, CHEST Annual Meeting 2022	10/17/22
Faculty, Airway Faculty Development, CHEST Annual Meeting 2022	10/16/22
Member, Advisory Committee to the Department of Respiratory Therapy Education SUNY Upstate Medical University College of Health Professions	06/10/22 -
Chair, Residents and Fellows Committee, NYACP	04/2022 -
Faculty, Difficult Airway Course, CHEST	06/02/22 - 06/04/22
Host, Doctor's Dilemma, NYACP	05/28/22
Faculty, CHEST Difficult Airway Course	06/02/22 - 06/04/22
Faculty, Upstate POCUS Essentials Course	04/07/22 - 04/08/22
Moderator, CHEST Educator Development Postgraduate Course	02/25/22
Member at Large, Scientific Program Committee, CHEST 2022	11/01/21 - 10/31/22
Member, CHEST Mechanical Ventilation Domain Task Force	01/01/2022 -
Associate Program Director, PCCM Fellowship, SUNY Upstate Medical University	07/01/2021 -
Member, GME Committee, Upstate Medical University	09/2021 -
Co-Chair, Residents and Fellows Committee, NYACP	2021 - 2022
Faculty, Upstate Internal Medicine Residency POCUS Bootcamp	06/2021 -
Faculty, ATS New Faculty Bootcamp	05/2021
Faculty and Moderator, CDC funded SCCM STOP-VIRUS Learning Collaborative	2021

Viren Kaul, MD

Curriculum Lead, Interdisciplinary/Practice Operations/Education Group Program Committee, CHEST 2021	11/01/20 - 10/31/21
General representative, Executive Scientific Program Committee, CHEST 2021	11/01/20 - 10/31/21
Member, Housestaff Selection Committee, Internal Medicine Residency, Upstate Medical Univ.	10/2020 - 2020
Co-Chair, American Thoracic Critical Care Training Forum on COVID-19	2020
Member, Education Committee (Innovations Subcommittee), CHEST	11/01/20 - 10/31/21
Faculty, ATS Student Scholar Program	05/16/2020
Faculty, ATS New Faculty Bootcamp	05/16/2020
Faculty, ATS Resident Boot Camp	05/15/2020
Co-Chair, Social Media Subcommittee, CHEST Critical Care Network	05/2020 - 06/2022
Host, CHEST Young Professional's Reception	10/21/19
Chair, CHEST Educational Escape Room 2019	10/2019
Vice-Chair, Residents Committee, NYACP	2019 - 2021
Working Group Leader for Social Media, ATS MITT Committee	05/2019 - 05//2020
Faculty, ATS Fellows to Faculty Bootcamp	05/18/2019
Faculty, ATS Resident Boot Camp	05/17/2019
Chair, Web and Multimedia, ATS Section on Medical Education	05/2019 - 05/2021
Faculty, ATS Student Scholar Program	05/2019
Vice-Chair, ATS Virtual Boot Camp Pillar	2019 - 2020
Member, ATS BAVLS Judging Committee	2018 - 2020
Member, Education Committee, NYACP	06/2018 -
Social Media Subcommittee Chair, ATS Section on Medical Education	05/2018 - 05/2019
Vice-Chair, Outreach, ATS Trainees Interested in Medical Education leadership group	05/2018 - 05/2019
Social Media Lead for Twitter Chats, CHEST	2018 - 2021
Member, Members in Transition and Training Committee, ATS	05//2018 - 05/2023
Co-organizer, TEACH - Medical Education Fellow Faculty Mixer, ATS	05/2018, 05/2019
Member, Trainees in medical education (TIME) leadership group, ATS	05/2017 - 05/2019
Member, Undergraduate Medical Education (UME) WG, ATS	2017 - 2019
Member, Residents Committee, NYACP	06/2016 - 06/2019
Fellow Faculty, Resident Boot Camp, ATS International Conference	05/19/2018
Member, Social Media Work Group, CHEST/ACCP	10/2017-
Lead Curator, Read by QxMD	07/2017 -
Working Group Member, ATS Section on Medical Education	2017 - 2020
Member, Clinical Competence Committee, Lahey Hospital	07/2015 - 06/2016
Member, Residency Educational Committee, Lahey Hospital	07/2015 - 06/2016
Member, Simulation Committee, Lahey Hospital	07/2015 - 06/2016

Editorial Experience

Grant reviewer, CHEST Foundation Grant in COVID-19	2021 -
Reviewed, Core IM podcast/ACP on Smoking Cessation	09/2019
Abstract Reviewer, CHEST conference	2019 -
Associate Editor, ATS Quick Hits	11/2018 - 2021
Section Editor for Social Media, Journal CHEST	07/20/2018 -
Member, Abstract Review Board, American College of Physicians (National and NY)	2016 -
On-site Poster Judge, NYACP	2016 -
Facilitator, ATS 2017 poster competition	05/2017
Abstract Reviewer, CHEST conference	2017 -
Peer Reviewer, Annals of Internal Medicine	2014 - 2015
Editorial Intern, Elsevier Publications	04/2011 - 06/2011
Regional Advisor for India, The Lancet Student	03/2009 - 03/2010

Viren Kaul, MD

Quality and Process Improvement Experience

Co-chair, Pharmacy and Therapeutics Council, Crouse Hospital	05/01/23 -
Physician Advisor to the Health Information Managers (HIM), Crouse Hospital	2023 -
Member, Pharmacy and Therapeutics Council, Crouse Hospital	2021 -
Member, Sepsis Committee	2021 -
Roll-out of hs-Troponin testing at Crouse Health	
Member, Physician Advisory Group, Crouse Hospital	07/25/19 -
Member, Mortality and Morbidity Committee, Lahey Hospital	07/2015 - 06/2016

Administrative and Leadership Experience

Member, ATS Networking Super Center Subcommittee, International Conf Committee	05/2023 - 05/2025
Elected Member-At-Large, Medical Executive Council, Crouse Health	07/01/23 - 06/30/25
Panelist, NYACP Virtual Mentor Series (2 sessions)	04/2023
Health Information Management Physician Advisor, Crouse Hospital	2023 -
Vice Chair, CHEST Mechanical Ventilation and Airways Section	01/01/23 - 12/31/24
Member, Social Media Committee, APCCMPD	05/13/22 -
Member, CHEST COVID-19 Task Force	02/2022 -
Member-at-Large, Mechanical Ventilation and Airways Section, CHEST	01/01/22 - 12/31/24
Member-at-Large, Executive Council, Onondaga County Medical Society	2021 -
District Councilor, Upstate District, NYACP	04/2022 - 04/2025
Core Member, Digital Content Committee, ATS	06/2021 -
Medical Director, Respiratory Therapy, Crouse Health	07/01/2021 -
Chair, Social Media Work Group, CHEST	04/01/21 - 12/31/22
Member, Critical Care Steering Committee, CHEST	11/01/20 - 10/31/22
Division Chief, Division of Pulmonary Medicine, Crouse Health	09/08/20 -
Chair, Membership Committee, NYACP	07/2020 - 04/2022
Member, Early Career Physician's Task Force, NYACP	05/2020 -
Member, ATS Web Committee	05/2019 - 05/2021
Chief Fellow, Pulmonary and Critical Care Medicine, Mt. Sinai/Elmhurst Hospital	07/2018 - 06/2019
Member, Member Engagement Committee, NYACP	06/2017 - 07/2020
Chief Resident, Internal Medicine, Lahey Hospital and Medical Center	07/2015 - 06/2016
Council Resident Representative (Brooklyn/Queens/Staten Island), NYACP	12/2016 - 06/2019

Public Service

Panelist, Schwartz Rounds, Crouse Health	05/10/23
Seminar on Vaping, Jamesville Dewitt High School	03/05/20
Safe School Information Coalition Meeting, Syracuse, NY	03/04/20
Vaping related education, News Channel 9	11/19/19
Radio Show Talk, "Vaping and Teens", 93Q FM	11/15/19
Volunteer Faculty, Simulation Fair 2018, Elmhurst Hospital Center, NY	09/2018
Delphi Consensus Faculty, Del-COrS Study (Study ID: ICUDE00048): PI: Professor Louis Rose, RN, PhD. University of Toronto	2019

HONORS & AWARDS

Emerging Educator Award	01/01/24
-------------------------	----------

Viren Kaul, MD

Association of Pulmonary and Critical Care Medicine Program Directors	
Distinguished CHEST Educator (DCE) 2023	08/08/23
2023 Early Career Clinician Educator Award	04/24/23
American College of CHEST Physicians	
2023 John Tooker Evergreen Award	04/04/23
American College of Physicians (for Leadership Academy)	
Distinguished CHEST Educator (DCE) 2022	09/22/22
Distinguished CHEST Educator (DCE) 2021	07/30/21
Laureate Award, NY Chapter of the American College of Physicians	10/07/21
American Thoracic Society: <u>Featured Teacher</u>	02/2020
CHEST Foundation Diversity Travel Grant	2018
Citation for Excellence in Teaching, Tufts University School of Medicine	Awarded 06/2016
Annual Doctors Day Award, SUNY Upstate Medical University	Awarded 03/30/2014
Honorable Mention, Poster Presentation, MSSNY, Tarrytown, NY	Awarded 04/12/2013
Indian Medical Association Doctor's Day Award	2009
Indian Medical Association Annual Appreciation Award for exemplary service	2009
Ambassador, India, International Students' Medical Congress at Kosice, Slovakia.	
Third in medical school class in Microbiology	
First in medical school class in Otorhinolaryngology	

PRESS MENTIONS

1. The Post-Standard: CNY's Healthcare Heroes. 07/11/21
2. ABC News: Inducing hypothermia can help get ICU patients with COVID-19 off ventilators, doctors find. 08/11/20
3. syracuse.com / The Post Standard: Onondaga County man has "recovered" from coronavirus but still can't walk a block. 06/17/20
4. ABC News: Why are so many COVID-19 patients also seeing blood clots. 04/20/20
5. Professional Convention Management Association coverage of innovative escape room activity at CHEST Annual Conference 2019. 04/01/2020. Access Here
6. CHEST Escape Room 2019: Interview with Faculty "Starship Technical Consultant" Viren Kaul, MD

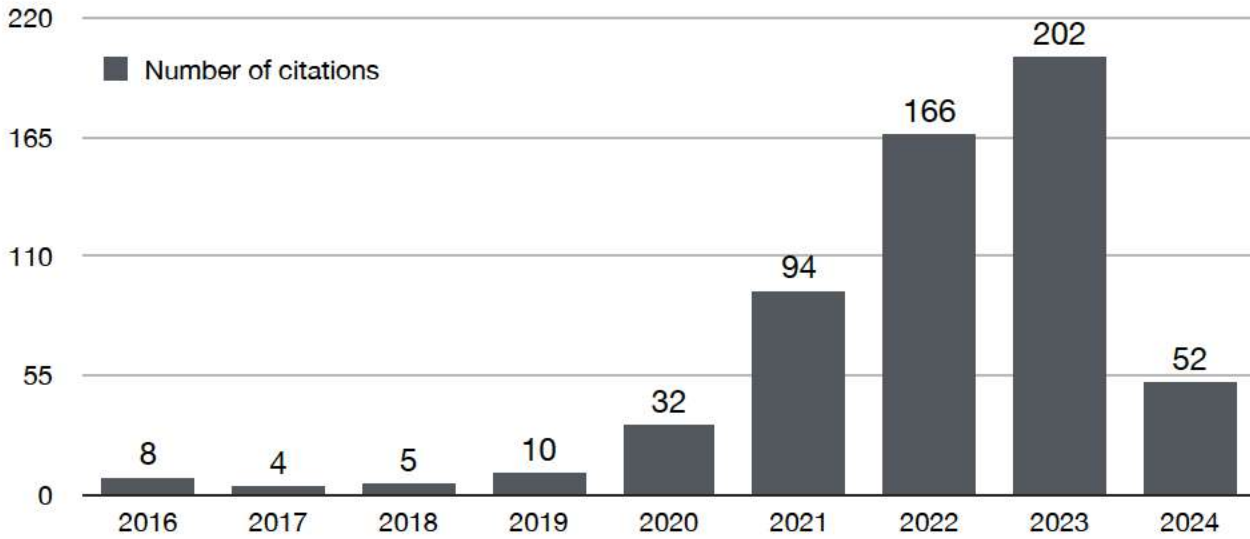
MEMBERSHIP IN PROFESSIONAL SOCIETIES

American College of Chest Physicians: Fellow, FCCP
American Thoracic Society
American College of Physicians: Invited Fellow, FACP
Society of Critical Care Medicine
American Association for Respiratory Care
Onondaga County Medical Society
Medical Society for the State of New York

Abbreviations:

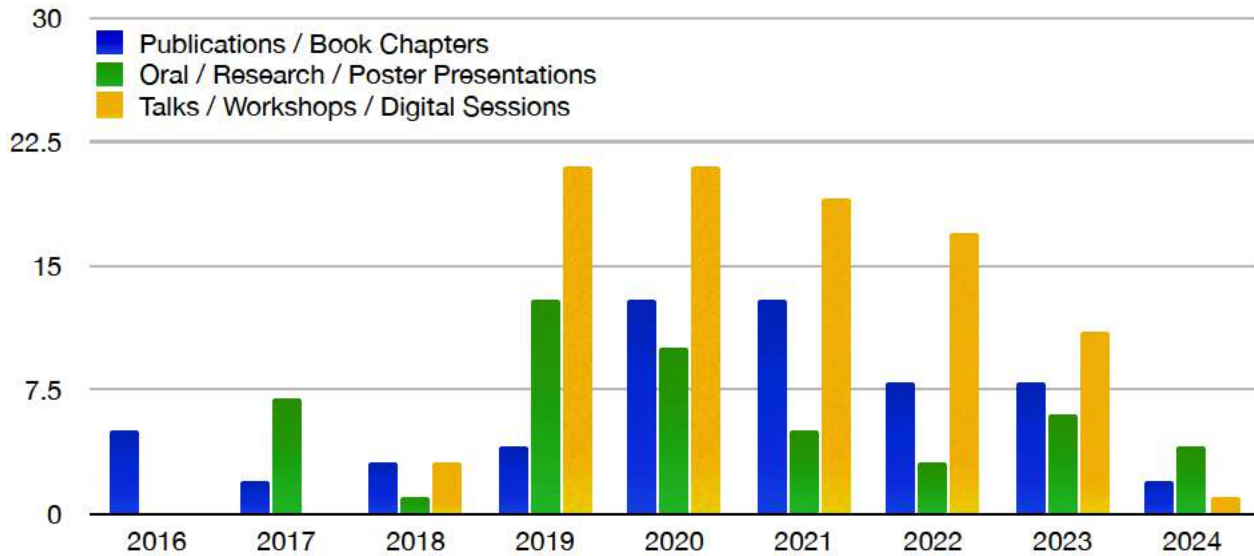
AARC: American Association for Respiratory Care
ACP: American College of Physicians

Time Trend of Citations



APCCMPD: Association of Pulmonary and Critical Care Medicine Program Directors

Time Trend of Scholarly Productivity



ATS: American Thoracic Society
 CHEST/ACCP: American College of CHEST Physicians
 M.B.,B.S.: Bachelor of Medicine, Bachelor of Surgery
 MSSNY: Medical Society for the State of New York
 NYACP: New York Chapter of the American College of Physicians
 PI: Principal Investigator
 PMID: PubMed ID
 SCCM: Society of Critical Care Medicine
 SHM: Society of Hospital Medicine
 SUNY: State University of New York

Ryan K. Dean

736 Irving Avenue, Syracuse, NY 13210

Cell Phone- [REDACTED]

ryandeando@crouse.org

Work Experiences

July 2021-present

Critical Care Attending

Critical Care Associates

Crouse Hospital, 736 Irving Ave, Syracuse, NY 13210

July 2021-present

Critical Care Attending

Trinity Health

St Joseph's Hospital, 301 Prospect Ave, Syracuse, NY 13210

St Peter's Hospital, 315 S Manning Boulevard, Albany, NY 12208

Samaritan Hospital, 2215 Burdett Avenue, Troy, NY 12180

March 2022-present

Critical Care Attending

Samaritan Medical Center

830 Washington Street, Watertown, NY 13601

October 2022-present

Critical Care Attending

Auburn Community Hospital

17 Lansing Street, Auburn, NY 13021

November 2022-present

Critical Care Attending

Cayuga Medical Center

101 Dates Drive, Ithaca, NY 14850

October 2021-present

Clinical Instructor/Department of Medicine Faculty

SUNY Upstate Medical University

Upstate Medical University Hospital, 750 E. Adams Street, Syracuse, NY 13210

July 2019- June 2021

Critical Care Fellow

Department of Pulmonary and Critical Care Medicine, SUNY Upstate Medical University, Syracuse, NY

Program Director: Pratibha Kaul, MD

June 2018-June 2019

Chief Resident

Department of Medicine, SUNY Upstate Medical University, Syracuse, NY

Program Director: Stephen Knohl, MD

- Along with my two co-chiefs, we manage resident scheduling, provide supervision and education for internal medicine department of 130+ residents across 3 hospitals and multiple outpatient clinic locations. We provide education and help to coordinate medical student experiences while rotating without the internal medicine department. We provide attending supervision to inpatient medicine ward teams.

March 2018-June 2019

Internal Medicine Educational Programs Office

SUNY Upstate Medical University, Syracuse, NY

- I serve as a part of our medicine residency's weekly interdisciplinary meeting to discuss areas of program improvement, resident education and develop action plans based on faculty and resident feedback. I am also involved in the administration and operation of our internal medicine residency program

July 2015-June 2018

Assistant Clinical Instructor

Department of Medicine

SUNY Upstate Medical University, Syracuse, NY

Education

Critical Care Fellowship

July 2019-June 2021

Critical Care, SUNY Upstate Medical University, Syracuse, NY

Chief Residency

June 2018-June 2019

Internal Medicine, SUNY Upstate Medical University, Syracuse, NY

Residency

July 2015-June 2018

Internal Medicine, SUNY Upstate Medical University, Syracuse, NY

Medical School

August 2011-May 2015

New York College of Osteopathic Medicine, Old Westbury, NY

Undergraduate

August 2007-May 2011

Binghamton University, Binghamton, NY

BA Biology, 5/2011

Licensures and Certifications

Board Certification

Internal Medicine

Exp. Date: 2028

Critical Care Medicine

Exp. Date: 2031

State License

New York State Medical License, Full License

Exp. Date: 12/2025

American Heart Association ACLS Certified, Exp. 05/2025

NIH Stroke Scale, 2021

ENLS, 2021

Leadership Experiences

June 2018-June 2019

Chief Resident

Department of Medicine, SUNY Upstate Medical University, Syracuse, NY

July 2017-June 2018

Internal Medicine Representative for Resident Advisory Committee

SUNY Upstate Medical University, Syracuse, NY

June 2018-present

Internal Medicine Representative for Chief Resident Committee

SUNY Upstate, Syracuse, NY

May 2017-June 2019

Resident Representative for Annual Review of Program Effectiveness Committee

SUNY Upstate, Syracuse, NY

Research Experiences

March 2018-June 2019

Impact of Using Subcutaneous Heparin versus Low Molecular Weight Heparin in VTE prophylaxis Syracuse VAMC, Syracuse, NY, United States

Sub-Investigator, Dr. Dinesh John

We looked at unfractionated heparin to low molecular weight heparin in terms of financial cost, time cost, patient satisfaction and patient compliance with VTE prophylaxis

April 2017-June 2019

Upstate CDI Training Impact Study-SUNY Upstate, Syracuse, NY, United States

Dr. Amit Dhamoon and Dr. Adam Zayac

Perform retrospective analysis comparing the admission documentation by first-year medical residents who participated in clinical documentation improvement (CDI) education sessions to assess the impact of CDI education on appropriate documentation as measured by expected

hospital reimbursement, observed/expected mortality, the risk of mortality and severity of illness. Performing additional comparisons before and after CDI training for each resident who received this education.

April 2017-June 2019

CDI Smartphrase Project-SUNY Upstate, Syracuse, NY, United States

Dr. Amit Dhamoon and Dr. Adam Zayac

Conceptualized and developed EPIC 'Smartphrase' templates for common and complex diagnoses to improve resident clinical documentation. Retrospectively analyzing the impact of the template on expected hospital reimbursement and risk of mortality, the severity of illness and observed to expected mortality ratios.

June 2016-June 2019

Syracuse VAMC ICU Transfer Note Template Study, Syracuse, NY, United States Sub-Investigator, Dr. Dinesh John

The study reviewed the impact of a standardized ICU transfer note template on resident satisfaction and knowledge of hospital course.

We are now investigating the impact of the template's use on patient measures, retrospectively.

Publications

Ryan K. Dean, Rogin Subedi, Mijung Lee (2017) Spontaneous tumor lysis syndrome in small cell lung cancer, Baylor University Medical Center Proceedings, 31:1, 79-80

Gill D, Ruiz VG, Dean R, Liu K. Takotsubo cardiomyopathy with Guillain-Barré syndrome. Proceedings (Baylor University. Medical Center). 2017; 30 (3) : 307-308.

Dean RK, Subedi R, Gill D, Nat A. Consideration of alternative causes of lactic acidosis: Thiamine deficiency in malignancy. The American journal of emergency medicine. 2017; 35 (8) : 1214.e5-1214.e6.

Subedi R, Dean R, Baronos S, Dhamoon A. Carotid artery dissection: a rare complication of Eagle syndrome. BMJ case reports. 2017; 2017

Dean RK, Gill D, Khan R, Amzuta I. An uncommon dissection: Adding to the evidence of celiac artery dissection. The American journal of emergency medicine. 2017; 35 (7) : 1037.e1-1037.e2.

Dean R, Gill D, Buchan D. Salmonella colitis as an unusual cause of elevated serum lipase. The American journal of emergency medicine. 2017; 35 (5) : 800.e5-800.e6.

Gill D, Dean R, Virk J, Lyons M, Hess M. Unusual presentation of disseminated histoplasmosis. The American journal of emergency medicine. 2017; 35 (4) : 668.e3-668.e4.

Dean R, Sharma A, Karkee A, Amzuta I. Out of Place: An Endobronchial Aspergilloma
CHEST , Volume 150 , Issue 4 , 815A

Gudlavalleti A, Dean R, Liu Y, Dhamoon AS. Diagnosis and treatment of a rare sinonasal neuroendocrine tumour: adding to the evidence. BMJ case reports. 2016; 2016 :

Ryan Dean, Rogin Subedi, Dalvir Gill, Amitpal Nat. An Unusual Case of a Subacute Right Ventricular Perforation from a Pacemaker Lead with Subsequent Left Hemothorax. Cor et Vasa. 2017

Ryan Dean, Rogin Subedi, Dalvir Gill, Sheila Lemke. Doxorubicin as an unusual cause of organizing pneumonia. European Journal of Oncology. 2017; 22 (1) : 47-48.

Dean RK, Subedi R, Christiano P, Ghimire A. More than a drink: A rare anaphylactic reaction to sparkling water. The American journal of emergency medicine. 2018; 36 (1) : 170.e1-170.e2.

Subedi R, Dean R, Li W, Dhamoon A. A novel case of Raoultella planticola osteomyelitis and epidural abscess. BMJ case reports. 2017; 2017

Poster Presentations

An Interesting Case of a Large Cell Paranasal Neuroendocrine Tumor. Presented at 2016 ACP; Washington DC. 05/04/2016.

Out of Place: An Endobronchial Aspergilloma. Presented at 2016 CHEST; Los Angeles, CA. 10/15/2016.

Salmonella Colitis as an Unusual Cause of Elevated Lipase. Presented at ACG 2016; Las Vegas, Nevada. 10/17/2016.

Chylous Ascites in Intra-Abdominal Mycobacterium Avium Complex Immune Reconstitution Inflammatory Syndrome. Presented at 2018 Southern Regional Meeting; New Orleans, LA. 02/22/2018.

Oral Presentations

Dean, R; Goyes Ruiz V; Dhamoon, A. (September, 2016). *Medications Triaging in Chaos* Oral Presentation presented at: SUNY Upstate Internal Medicine Quality Conference Lecture Series; Syracuse, NY, USA.

Dean, R; Dhamoon, A. (November, 2017). *The Myths and Realities of Medical Malpractice* Oral Presentation presented at: SUNY Upstate Medical University Grand Rounds/Senior Capstone Lecture Series; Syracuse, NY, USA

Dean, R; Subedi R; Villareal D. (February 2018). *Resistant Prinzmetal Angina Due to Pheochromocytoma* Oral Presentation presented at: Southern Regional Meetings; New Orleans, LA, USA.

Teaching Experiences

April 2018-June 2019

Collaborative Nurse/Physician Communication Course Physician Instructor/Facilitator

SUNY Upstate Medical University, Syracuse, NY

- I serve as part of an interdisciplinary team that provided educational lectures and facilitated small group discussion to incoming healthcare providers (nurses and resident physicians) about appropriate inter-professional communication to improve patient care and satisfaction while improving the experience for all providers within the workplace.

August 2017-June 2018

Practice of Medicine 1 Course Instructor

SUNY Upstate Medical University, Syracuse, NY

- I provided clinical skills education to first year medical students on medical practice, history taking, and physical examination. I provide feedback on standardized patient encounters to help student develop clinical skills.

July 2017-June 2019

Elective X Instructor

SUNY Upstate Medical University, Syracuse, NY

- I supervise and educate medical students on how to practice medicine with bedside teaching. I provide formal education, supervision and feedback to both residents and students in teaching, clinical practice, and documentation in a faculty/chief resident role throughout the next academic year.

Service and Volunteer Activities

April 2018-June 2019

Cardiovascular Risk Assessment Clinic

SUNY Upstate Medical University, Syracuse, NY

Supervisor/Instructor, Mentor: Amit Dhamoon, MD, PhD

- I serve as one of the providers during weekly clinics at the CNY Regional Market. The goal is to assess risk factors for cardiac disease including hypertension, diabetes, elevated body mass index, and smoking to members of the community who have been out of follow-up with their PCP. We provide counseling and refer people to establish care with a new primary care physician. I instruct and supervise residents and medical students in performing these assessments. The clinic has become fully operational in April 2018.

June 2018-June 2019

Medicine Nurses' Quality Committee

SUNY Upstate Medical University, Syracuse, NY

- I serve as a physician representative for an interdisciplinary committee composed of nursing supervisors, nursing case managers, patient safety liaisons and physicians to review hospital-wide nursing quality measures and adverse events to discuss and develop action plans for improvement and institutional wide interventions. We also evaluate transitions of care and methods for improving interdisciplinary communication and patient care.

June 2018-June 2019

Chief Resident Committee

SUNY Upstate Medical University, Syracuse, NY

- I serve as an internal medicine representative for the chief resident committee that reviews and discusses interdisciplinary issues with all SUNY Upstate chief residents and developed action plans for improvement.

June 2018-June 2019

Rapid Response Team Committee

SUNY Upstate Medical University, Syracuse, NY

- I served as an internal medicine representative as part of an interdisciplinary team that assesses and reviews Code/Rapid Response data, feedback, and information with the goal of improving quality and efficiency of critical response services.

June 2018-June 2019

CDI Steering Committee

SUNY Upstate Medical University, Syracuse, NY

- I served as a physician representative as part of an interdisciplinary team that reviews mortality and outcomes of patients based on admission documentation across all specialties at University and Community General Hospital sites. We discuss potential interventions to improve documentation at an institution wide level

January 2017-June 2019

Internal Medicine Residency Social Committee

SUNY Upstate Medical University, Syracuse, NY

- I serve as a representative tasked to reinvigorate and operate our residency social committee focused on planning events for the residents which are funded by the department in an effort to improve morale and camaraderie amongst our residents. I helped to create and develop the monthly newsletter with updates regarding upcoming activities and social events

March 2018-June 2019

EPIC Inpatient Advisory Committee

SUNY Upstate Medical University, Syracuse, NY

- I serve as a physician and internal medicine representative as part of an interdepartmental committee that discusses improvement and barriers to use within EPIC electronic medical record at our university hospital site

July 2017-June 2018

Resident Advisory Committee

SUNY Upstate Medical University, Syracuse, NY

- I served as an Internal Medicine Residency representative and liaison between the SUNY Upstate Graduate Medical Education office and residency program. Additionally, I along with other residents serving as representatives for their respective residency programs, met throughout the academic year to discuss concerns from within our residency programs along with other residents elected as representatives to discuss them with GME leadership.

May 2017-June 2019

Annual Review of Program Effectiveness Committee

SUNY Upstate Medical University, Syracuse, NY

- I serve as a resident and now chief resident representative on a committee that reviews annual GME self-study results and program evaluations by residents and faculty to develop changes for improvement to program

July 2017- June 2019

Upstate Quality Council

- The purpose of this council is to review cases and discuss quality issues associated with them as well as develop and undertake new quality initiatives.

Professional Memberships

American College of Physicians Member
Society of Critical Care Medicine Member
CHEST Member

Nauman Hamid



GENERAL INFORMATION

E-mail: [REDACTED]

Mobile Phone Number: [REDACTED]

Languages Spoken: English, Urdu, Hindi and Basic Spanish.

EDUCATION

Residency Internal Medicine

- Metrohealth Medical Center Cleveland, OH (internship) 7/2007-7/2008
- 2nd -3rd Year UPH at Kino Campus (University of Arizona South Campus), Tucson, AZ 7/2008 -7/2010

Fellowship Pulmonary and Critical Care Medicine

- University of Arizona 7/2012-6/2015

Ross University School of Medicine

- Date of medical degree: June 2007.

Portsmouth, Dominica

1/2003 – 6/2007

Temple University, Philadelphia, PA

- Bachelor of Science in Biology.

Philadelphia, PA

BS 5/1999

EMPLOYMENT

Critical Care Associates of Syracuse Crouse Hospital

Intensivist

Syracuse, NY

7/2018-Current

ICU director 2023-current

Cayuga Medical Center

Intensivist and pulmonary

Ithaca, NY

2019-2020

march to June 2023

Jackson South Medical Center

Intensivist and pulmonary medicine

Miami, FL

7/2015-6/2018

Moses Cone Health Systems

Hospitalist

Greensboro, NC

9/2010-6/2012

RESEARCH EXPERIENCE

UPH at Kino/University of Arizona

Department of Internal Medicine

Nauman Hamid MD

- Poster Presentation (Primary Author) “Azithromycin Induced Jaundice” 2009 Arizona ACP Conference
- Quality Improvement project; Were patient treated appropriately for CAP and HCAP at the Tucson VA (2012-2015)

BOARD CERTIFICATION

Internal Medicine

Pulmonary Medicine

Critical Care Medicine

Examinations:

Usmle Step 1 11/2004

Usmle Step 2 CK 7/2006

Usmle Step 2 CS 8/2006

Usmle Step 3 1/2009

ABIM 8/2010 ABIM 11/2020

Pulmonary medicine 2014

Critical Care medicine 2015

All exams passed on the first attempt

PERSONAL

- Enjoy Physical Fitness as well as the company of my family and friends
- My passion lies in “patient care and gaining knowledge”
- Love watching the NBA and Movies.

REFERENCE

- References available upon request.

CROUSE HOSPITAL

APPENDIX XI

TRAINING PROGRAM DOCUMENTATION

CTU Heart Training

Blood Products

- Red Blood Cells
 - Indication -

- Albumin
 - Indication –

 - Concentrations -

- Fresh Frozen Plasma
 - Indications -

- Cryoprecipitate
 - Indications -

- Platelets
 - Indications -

- Amicar
 - Indications –

- Protamine
 - Indications –

 - Administration –

- FEIBA
 - Indications –

 - Administration -

- dDAVP
 - Indications –

 - Administration -

Continuous Drips

- Indications
 - Concentrations, min/max
 - Side Effects

- Epinephrine
 -
 -
 -
- Norepinephrine
 -
 -
 -
- Phenylephrine
 -
 -
 -
- Vasopressin
 -
 -
 -
- Dobutamine
 -
 -
 -
- Milrinone
 -
 -
 -
- Nicardipine
 -
 -
 -
- Cardizem
 -
 -
 -

DRAFT-Pending Approval

- Methylene Blue
 -
 -
 -
- Cyanokit
 -
 -
 -

Complications & Treatment:

- Shivering -
- Vasospasm -
- Tamponade -
- Hemorrhage -
- R on T and Pacing -
- Occlusion -

Misc. Talking Points:

- Aldrete
- Ace wraps
- Fluids vs Pressors

CROUSE HOSPITAL

APPENDIX XII

SAMPLE POLICY & PROCEDURE DOCUMENTATION

CROUSE HOSPITAL

APPENDIX XIII

CURRICULUM VITAE – DATA MANAGER

Cameron McCrea

Phone: [REDACTED]

Email: [REDACTED]

EDUCATION

Binghamton University, State University of New York

Bachelor of Science, Integrative Neuroscience

Cumulative GPA 3.63/4.00

Honors: Deans List

Fall 2019 - Spring 2021

WORK EXPERIENCE

Veterans Health Research Institute

Syracuse, NY

Research Data Analyst

April 2023 – Present

- Write complex SQL queries using SSMS to collect nationwide Veterans Affairs medical data from multiple sources for research cohorts of 600,000+ Veteran Patients
- Utilize Excel, SAS and R to organize and visualize longitudinal data to identify trends in biomarker concentrations, mental health diagnosis, and medications that require further investigation
- Summarize and report progress to research investigators on a weekly basis strictly following all HIPAA, Privacy, and Security guidelines

Veterans Health Research Institute

Syracuse, NY

Human Research Protections Program Analyst

July 2022 – April 2023

- Transitioned the Research Safety Committee to a web-based database service to improve information security and accessibility
- Evaluated program effectiveness and decreased administrative burden on research committee members
- Maintained records of 70+ active research projects to ensure proper training and research compliance

Veterans Health Research Institute

Syracuse, NY

Research Technician

August 2021 – July 2022

- Collaborated with a diverse team of Doctors, Nurses, and Researchers to collect data for 5 clinical studies regarding Veterans Health with implications for spinal cord injury, PTSD, and diabetes
- Analyzed experimental data with Python and Excel to report to Principal Investigators
- Adhered to Good Clinical Practice and Federal guidelines for patient privacy and safety

Dr. Ralph Miller's Memory and Cognition Laboratory

Binghamton University, NY

Research Assistant

August 2019 – August 2021

- Participated with a team of 5 researchers in the creation and design of experiments which involve modulating memories with implications for treatment of anxiety disorders and addiction
- Built a web-based program to carry out memory experiments on 300+ human subjects
- Collected, organized, and statistically analyzed data used for research presentations and publications

SKILLS

Hard Skills: Relational Database, Analysis, Research Design, Data Mining, Data Cleaning, Hypothesis Testing

Programming: T-SQL, SAS (PROC SQL), Python

Visualization: R (ggplot2), Python (matplotlib), Excel, Google Sheets

CROUSE HOSPITAL

APPENDIX XIV

DRAFT QUALITY IMPROVEMENT & SAFETY PLAN

CROUSE HOSPITAL

APPENDIX XV

POLICY & PROCEDURE – VENDOR ACTIVITIES

CROUSE HOSPITAL

APPENDIX XVI

TRIAGE PROTOCOL DOCUMENTATION



Triage Protocol

Pt presents either as inpatient or outpatient with potential CV emergency in postoperative period.

Pt is rapidly evaluated by on site providers with notification to cardiology and CT Surgery as clinically dictated.

CT Surgeon on site or through on site proxies decides clinical pathway and responds accordingly

1. If deemed a surgical emergency surgeon expected at bedside within 20 minutes
2. Surgeon decides whether to page out the team before or after bedside evaluation

Pt is identified as needing to return to OR for Emergent Cardiac Surgery by CT Surgeon.

Notifications are simultaneously sent to:

1. Nursing Supervisor (on site)
2. OR Charge (on site)
3. Cardiothoracic OR Team (on site or on call)
4. Anesthesia (on site)
5. Cardiac Anesthesia (on site or on call)
6. Cardiac Perfusion (on site or on call)

Team members on call are expected at bedside within 20 minutes of notification.

CROUSE HOSPITAL

APPENDIX XVII

LETTER OF COMMITMENT – CHARLES J. LUTZ, M.D.



St. Joseph's Physicians
A Member of Trinity Health

CARDIAC SURGERY
104 Union Ave., Suite 1001-1002
Syracuse, NY 13203


sjphysicians.org

May 22, 2024

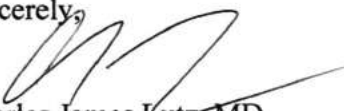
Seth Kronenberg, M.D.
President and CEO
Crouse Hospital
736 Irving Avenue
Syracuse, New York 13210

Dear Dr. Kronenberg:

I am writing to express my support for the implementation of the adult cardiac surgery service at Crouse Hospital.

As a cardiac surgeon, I anticipate providing about 200 cardiac surgery procedures annually at the proposed cardiac surgery center at Crouse Hospital, upon its approval. The certification of the cardiac surgery service at Crouse Hospital will enable all patients to receive services in a close, convenient location and will ensure that high-quality care is provided to all patients in need of such services.

Sincerely,


Charles James Lutz, MD

CROUSE HOSPITAL

APPENDIX XVIII

PATIENT SELECTION CRITERIA TOOL – CARDIAC SURGERY



STS Short-term / Operative Risk Calculator

Adult Cardiac Surgery Database - All Procedures

Answer All Questions that Apply for Accurate Estimates

Planned Surgery

Surgery Incidence

Surgical Priority

Demographics

Sex

Age (years)

Height (cm)

Weight (kg)

Race

Payor / Insurance

Laboratory Values

Creatinine (mg/dL)

Hematocrit (%)

WBC Count (10⁹/μL)

Platelet Count (cells/μL)

Preoperative Medications

- ACE Inhibitors/ARBs ≤ 48 hrs
- GP IIb/IIIa Inhibitor ≤ 24 hrs
- Inotropes ≤ 48 hrs
- Steroids ≤ 24 hrs
- ADP Inhibitors ≤ 5 days

Risk Factors/Comorbidities

Diabetes

- Family Hx of CAD
- Hypertension
- Liver Disease
- Mediastinal Radiation
- Unresponsive State
- Dialysis
- Cancer ≤ 5 yrs
- Syncope
- Immunocompromised

Endocarditis

Illicit Drug Use

Alcohol Use

Tobacco Use

Pulmonary

Chronic Lung Disease

- Recent Pneumonia
- Sleep Apnea
- Home O₂

Vascular

Cerebrovascular Disease

- Peripheral Artery Disease
- Right Carotid Sten. ≥ 80%
- Prior Carotid Surgery
- Left Carotid Sten. ≥ 80%

Cardiac Status

Heart Failure

NYHA Classification

PreOp Mech Circ Support

Ejection Fraction (%)

- Cardiogenic Shock
- Resuscitation ≤ 1hr

Coronary Artery Disease

Prim. Coronary Symptom

Myocardial Infarction-when

No. of Diseased Vessels

Valve Disease

- Aortic Stenosis
- Mitral Stenosis
- Aortic Root Abscess

Aortic Regurgitation

Mitral Regurgitation

Tricuspid Regurgitation

Arrhythmia

Atrial Fibrillation

Atrial Flutter

V. Tach / V. Fib

Sick Sinus Syn.

2nd Degree Block

3rd Degree Block

Previous Cardiac Interventions (Select all that apply)

- CABG
- Valve
- PCI
- Other

CROUSE HOSPITAL

APPENDIX XIX

WRITTEN PLAN FOR ACCESS TO CARDIAC SURGERY



DRAFT-Pending Review

Goal	Implementation	Notes	Phase/Status
Access to Care Underserved	Ongoing feedback from Crouse DEIB Community Advisory Board related to community gaps	Meets Quarterly	Ongoing
	Ongoing support to our RPC hospitals in 14 counties	Conduct Needs assessment r/t CV health and resources	Planning
	Evaluate training opportunities for cardiac professionals to increase available education and mentoring	Multispecialty team to evaluate gaps and opportunities	Planning
	Working with CBO's to provide education, training and resources for Community Health Workers	Expand current program	Ongoing
	Assess patient advocate role for Heart /Stroke survivors	Previous program pre covid currently needs revaluation and updating	Planning
	Continue support group for Stroke/cardiac including virtual access and in person access	Expand to region	Ongoing
	Collaborate with regions wide CBO's to support access and outreach geographically	Create advisory committee and utilize platforms like UNITEUS for referral	In process
	Build network of Cardiac Ambassadors in Communities	Model programs existed in the past through AHA - revitalizing and updating information	Planning
	150 STEM Heart and Stroke Model Kits sponsored by Crouse Health	Determination of schools to come	Fall 2024
	Evaluate Digital Health Equity within the region	Investigate data & needs	Planning

Continuity of Care Transferred Patients	Facilitation of care pathways and referrals for providers	Create easy referral process that allows bidirectional care	In process
	Explore and Implement Remote Monitoring Opportunities	Decrease need to travel for patients that are in rural or have access issues	planning
	Provide support for critical access hospitals	Expand on RPC partnerships	Planning
	Pathways for coordination of care and return to their own community for ongoing care	Care coordination team closes the loop for patients and providers	In place
Planning for Cardiac Services in the Region	Outreach to communities surrounding Crouse Health to provide education	Plan to expand- currently EMS outreach regularly done	In process
	Community Partners AHA hosted events	Crouse will be working with a large number of regional community partners along side the AHA to provide outreach r/t CV and Stroke	In process
	Ongoing comprehensive program evaluations to measure impacts and allocations of resources especially for underserved patients	Stroke accreditation plan encompasses this work	Ongoing
	Regional Education Program expansion beyond EMS	CV/stroke team	Planning
	Faith and Heart Program Design for faith based community education	Create partnerships for faith based communities to support their members	Planning
	Leverage region wide data to fill gaps	Utilize data to plan and improve gaps/outcomes	Regional Steering Committee
	Monitor outcomes based on patient demographics, diagnosis and geographic area	Quality PI Council to evaluate data CH	Ongoing

CROUSE HOSPITAL

APPENDIX XX

GENERAL LETTERS OF SUPPORT



DONALD AND BARBARA
ZUCKER SCHOOL of MEDICINE
AT HOFSTRA/NORTHWELL

Alan R. Hartman, MD

Senior Vice President,
Executive Director, and Chairman,
Cardiovascular and Thoracic Surgery
Northwell Health

Alan R. Hartman/Barbash Family Professor,
Cardiovascular and Thoracic Surgery
Zucker School of Medicine

06/04/2024

Seth Kronenberg, M.D.
President and CEO
Crouse Hospital
736 Irving Avenue
Syracuse, New York 13210

Dear Dr. Kronenberg:

I am writing this letter on behalf of Northwell Health. It is our understanding that Crouse Hospital is seeking approval from the New York State Department of Health (NYSDOH) to provide adult cardiac surgery services at the Hospital. Should the Hospital receive approval from the NYSDOH to provide cardiac surgery, Northwell Health would be interested in working with Crouse on a consultative basis to support the establishment and start-up of the Crouse cardiac surgery services program, including potential assistance with policies and procedures, staff trainings, and development of a quality assurance program.

Please let us know if I can be of any assistance in the process.

Sincerely,

A handwritten signature in black ink that reads "Alan R. Hartman".

Alan R. Hartman, MD
Senior Vice President & Executive Director, Cardiovascular & Thoracic Surgery, Northwell Health
Barbash Family Professor of Cardiovascular & Thoracic Surgery
Donald and Barbara Zucker School of Medicine at Hofstra/Northwell



WILLIAM B. MAGNARELLI
Assemblyman 129th District

THE ASSEMBLY
STATE OF NEW YORK
ALBANY

CHAIR
Committee on Transportation

COMMITTEES
Economic Development, Job Creation,
Commerce and Industry
Education
Rules
Oversight, Analysis and Investigation
Steering
Ways and Means

May 24, 2024

Seth Kronenberg, M.D.
President and CEO
Crouse Hospital
736 Irving Avenue
Syracuse, New York 13210

Dear Dr. Kronenberg,

I am writing to express my support for the implementation of the adult cardiac surgery service at Crouse Hospital.

Crouse's cardiac service line has long been a leader in Central New York, offering a broad spectrum of high-quality diagnostic and interventional procedures. The addition of cardiac surgery would give Crouse the ability to provide the most comprehensive service, treatment, and care to even more patients in the region, capitalizing on demonstrated success in cardiology and eliminating the need for the transfer of patients to another facility to receive surgical care.

The certification of the cardiac surgery service at Crouse Hospital will enable all patients to receive services in a close, convenient location and will ensure that high-quality care is provided to all patients in need of such services.

I support the efforts of Crouse Hospital to secure this approval from the Department of Health (DOH). Please feel free to contact me if I can be of any further assistance.

Very truly yours,

William B. Magnarelli
Member, NYS Assembly
129th District

WBM/dep

1199SEIU

United Healthcare Workers East

PRESIDENT
George Gresham

SECRETARY TREASURER
Milly Silva

SENIOR EXECUTIVE VICE PRESIDENTS
Yvonne Armstrong
Veronica Turner

EXECUTIVE VICE PRESIDENTS
Jacqueline Afleyne
Lisa Brown
Roger Cumberbatch
Tim Foley
Todd Hobbler
Patricia Marthone
Rhina Molina
Brian Morse
Joyce Neit
Roxey Nelson
Rona Shapiro
Greg Speller
Daine Williams
Nadine Williamson

VICE PRESIDENTS AT LARGE
Filaine Deronnette
David Greenberg
Tyrek Lee
Anthony Peterson
Lysra Sawney
Helen Schaub
Allan Sherman
Sharon Whitter

VICE PRESIDENTS
Dana Alas
Shaywaal Amin
Michael Ashby
Dreana Bellamy
Grace Bogdanova
Lorraine Brown-Zanders
Dequasia Canales
Joseph China
Zenaida Colon
Kareem Cooper
Jude Derisme
Eunia Desaine-Latinwo
Raymont Dorsey
Marie Elder
Vladimir Fortunny
Nicholas Franklyn
Adekemi Gray
Stacylea Gray
Katia Guillaume
Rebecca Gutman
Tracey Harrison
Carnetta Hiers
Kwai Kin (David) Ho
Leigh Howard
Kerry Johnston
Keith Joseph
William Kee
Angela Lane
Kevin Lockhart
Donta Marshall
Benson Mathew
Cari Medina
Leilani Montes
Sandra Morales
Robert Morris
Margarette Nerette
Taren Peterson
Victor Rivera
Timothy Rodgers
Isabel Rodriguez
Lena Rodriguez
Aene R. Ruiz
James Scordato
Stephanie Shaw
Berta Silva
Patricia Smith
Brenda Spry
Claudice St. Hilaire
Maureen Tomlinson
Julio Vives
Mary Wilsie
Ray Wilson
Sui Ling Xu

GENERAL COUNSEL
Pam Jeffrey

CHIEF FINANCIAL OFFICER
Lucy Chen

Acting VP

May 28, 2024

Seth Kronenberg, M.D.
President and CEO
Crouse Hospital
736 Irving Avenue
Syracuse, New York 13210

Dear Dr. Kronenberg:

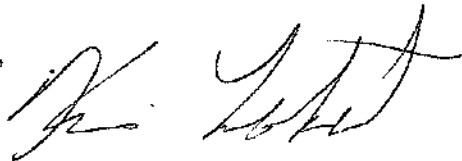
I am writing to express 1199SEIU's support for the implementation of the adult cardiac surgery service at Crouse Hospital.

As a long-time partner of Crouse, 1199 knows full well that the hospital's cardiac service line has been a leader in Central New York, offering a broad spectrum of high-quality diagnostic and interventional procedures to patients from across the region and socio-economic spectrum. The addition of cardiac surgery would give Crouse the ability to provide the most comprehensive service, treatment, and care to even more patients in the region, capitalizing on demonstrated success in cardiology and eliminating the need for the transfer of patients to another facility to receive surgical care.

The certification of the cardiac surgery service at Crouse Hospital will enable all patients to receive services in a close, convenient location and will ensure that high-quality care is provided to all patients in need of such services.

I appreciate and support the efforts of Crouse Hospital to secure this approval from the Department of Health. Please let me know if I can be of any assistance in the process.

Sincerely,



Kevin Lockhart
Executive Vice President
1199SEIU United Healthcare Workers East

NEW YORK CITY
PRINCIPAL
HEADQUARTERS

496 Seventh Avenue
New York, NY 10018
(212) 582-1890
www.1199seiu.org

ALBANY
150 Livingston Ave
Albany, NY 12242
Tel: (518) 265-6538
Fax: (518) 438-1143

BALTIMORE/MD/VA
611 North Enoch Street
Baltimore, MD 21201
Tel: (410) 342-1100
Fax: (410) 342-1122

MASSACHUSETTS
102 Myrtle Street, 4th Fl
Quincy, MA 02271
Tel: (617) 288-1195
Fax: (617) 275-7192

BUFFALO
2421 142nd Street, Suite 100
Buffalo, NY 14214
Tel: (716) 862-5241
Fax: (716) 878-0224

FLORIDA
P.O. Box 61111
Miami, FL 33161
Tel: (305) 491-1225
Fax: (305) 491-1224

GOVERNMENT
90 E. 14th St
New York, NY 10003
Tel: (212) 697-9293
Fax: (212) 697-1422

MICKLEFLE
100 Duff Ave
Syracuse, NY 13204
Tel: (315) 442-1155
Fax: (315) 442-2919

NEW JERSEY
555 Route 1 South, 3rd Fl
Elizabeth, NJ 07208
Tel: (732) 281-0111
Fax: (732) 281-8117

ROCHESTER
229 Monroe Ave, Suite 270
Rochester, NY 14607
Tel: (585) 251-4181
Fax: (585) 244-4885

SYRACUSE
230 South Division Street, Suite 200
Syracuse, NY 13202
Tel: (315) 479-1545
Fax: (315) 479-0716

WHITE PLAINS
100 Main St
White Plains, NY 10601
Tel: (914) 388-1351

STATEN ISLAND
100 Main St
Staten Island, NY 10314
Tel: (718) 502-1545

LANDOVER
1001 Commonwealth Blvd, Suite 101
Landover, MD 21040
Tel: (443) 226-2262
Fax: (443) 226-2262

CROUSE HOSPITAL

APPENDIX XXI

SAMPLE PATIENT EDUCATION MATERIALS

CROUSE HOSPITAL

APPENDIX XXII

CPR EVENTS IN THE COMMUNITY

CPR Instructor Sign-Up - 2023

Class Date	Time	Lead Instructor	Instructor 2	Instructor 3	Instructor 4
Jan 5	1200 BLS				
Jan 10	0745 HS				
	1200 BLS				
Jan 24	0745 BLS				
	1200 BLS				
Feb. 7	0745 BLS				
	1200 HS				
Feb 16 (Thursday)	1530 BLS				
Feb 21	0745 BLS				
	1200 BLS				
Mar 7	0745 HS				
	1200 BLS				

Class Date	Time	Lead Instructor	Instructor 2	Instructor 3	Instructor 4
Mar 16 (Thursday)	1530 BLS				
Mar 21	0745 BLS				
	1200 BLS				
Apr 4	0745 BLS				
	1200 HS				
Apr 18	0745 BLS				
	1200 BLS				
May 2	0745 HS				
	1200 BLS				
May 11 (Thursday)	1530 BLS				
May 16	0745 BLS				
	1200 BLS				
June 1 (Thursday)	1530 BLS				

Class Date	Time	Lead Instructor	Instructor 2	Instructor 3	Instructor 4
June 13	0745 BLS				
	1200 HS				
June 21 - CON	1600 BLS				
June 27	0745 BLS				
	1200 BLS				

CPR Instructor Schedule 2023

Class Date	Time	Lead Instructor	Instructor 2	Instructor 3	Instructor 4
July 6	1200 HS				
July 11	0745 BLS				
	1200 BLS				
July 25	0745 HS				
	1200 BLS				
Aug 8	0745 BLS				
	1200 BLS				
Aug 22	0745 BLS				
	1200 HS				
Sept 5	0745 BLS				
	1200 BLS				
Sept 19	0745 HS				
	1200 BLS				
Oct 3	0745 BLS				
	1200 BLS				

--	--	--	--	--	--

Class Date	Time	Lead Instructor	Instructor 2	Instructor 3	Instructor 4
Oct 17	0745 BLS				
	1200 HS				
Oct 26	1530 BLS				
Nov 1	0745 BLS				
	1200 BLS				
Nov 2	1530 BLS				
Nov 14	0745 BLS				
	1200 BLS				
Nov 16 - CON	1600 BLS				
Nov. 28	0745 HS				
	1200 BLS				
Dec 5 Or, 12/12 & 12/19?	0745 BLS				
	1200 BLS				
Dec 12	0745 BLS				
	1200 HS				

--	--	--	--	--	--

CPR Instructor Sign-Up - 2024

Class Date	Time	Lead Instructor	Instructor 2	Instructor 3	Instructor 4
Jan 4	1200 BLS				
Jan 9	0745 BLS				
	1200 BLS				
Jan 23	0745 HS				
	1200 BLS				
Feb. 6	0745 BLS				
	1200 BLS				
Feb 15 (Thursday)	1530 BLS				
Feb 20	0745 BLS				
	1200 HS				
Mar 5	0745 BLS				
	1200 BLS				

Class Date	Time	Lead Instructor	Instructor 2	Instructor 3	Instructor 4
Mar 14 (Thursday)	1530 BLS				
Mar 19	0745 HS				
	1200 BLS				
Apr 2	0745 BLS				
	1200 BLS				
Apr 16	1200 BLS				
Apr 30	0745 BLS				
	1200 HS				
May 9 (Thursday)	1530 BLS				
May 14	0745 BLS				
	1200 BLS				
May 28	0745 HS				
	1200 BLS				
May 30 (Thursday)	1530 BLS				

Class Date	Time	Lead Instructor	Instructor 2	Instructor 3	Instructor 4
June 6	1530 BLS				
June 11	0745 BLS				
	1200 BLS				
June 19 - CON	1600 BLS	In GPS, "Planned" not "Available"			
June 25	0745 BLS				
	1200 HS				

CPR Instructor Schedule 2024

Class Date	Time	Lead Instructor	Instructor 2	Instructor 3	Instructor 4
July 9	0745 BLS				
	1200 BLS				
July 23	0745 HS				
	1200 BLS				
Aug 6	0745 BLS				
	1200 BLS				
Aug 20	0745 BLS				
	1200 HS				
Sept 3	0745 BLS				
	1200 BLS				
Sept 17	0745 HS				
	1200 BLS				
Oct 1	0745 BLS				
	1200 BLS				

Class Date	Time	Lead Instructor	Instructor 2	Instructor 3	Instructor 4
Oct 15	0745 BLS				
	1200 HS				
Oct 29	1530 BLS				
Nov 7	1530 BLS				
Nov 12	0745 BLS				
	1200 BLS				
Nov 13 - CON	1600 BLS				
Nov. 26	0745 HS				
	1200 BLS				
Dec 3	0745 BLS				
	1200 BLS				
Dec 10	0745 BLS				
	1200 HS				

CPR Instructor Sign-Up - 2025

Class Date	Time	Lead Instructor	Instructor 2	Instructor 3	Instructor 4
Jan 2	1200 BLS				
Jan 7	0745 HS				
	1200 BLS				
Jan 21	0745 BLS				
	1200 BLS				
Feb. 4	0745 BLS				
	1200 HS				
Feb 13 (Thursday)	1530 BLS				
Feb 18	0745 BLS				
	1200 BLS				
Mar 4	0745 HS				
	1200 BLS				

Class Date	Time	Lead Instructor	Instructor 2	Instructor 3	Instructor 4
Mar 13 (Thursday)	1530 BLS				
Mar 18	0745 BLS				
	1200 BLS				
Apr 1	0745 BLS				
	1200 HS				
Apr 15	0745 BLS				
	1200 BLS				
April 29	0745 HS				
	1200 BLS				
May 8 (Thursday)	1530 BLS				
May 13	0745 BLS				
	1200 BLS				
<u>June 1</u> <u>(Thursday)</u>	<u>1530 BLS</u>				

ACLS

5/24/23

6/14/23

6/1/23

6/8/23

8/9/23

9/6/23

10/4/23

10/5/23

10/11/23

10/25/23

11/15/23

12/13/23

1/10/24

1/24/24

2/28/24

3/21/24

4/3/24

5/1/24

5/23/24

6/12/24

6/13/24

6/20/24

8/21/24

9/26/24

10/2/24

10/17/24

10/18/24

10/30/24

11/13/24

12/11/24

1/8/25

1/22/25

2/26/25

3/19/25

4/8/25

5/7/25

PALS

6/8/23

6/15/23

6/16/23

9/13/23

9/26/23

9/27/23

10/19/23

11/9/23

12/7/23

1/18/24

2/15/24

3/20/24

4/18/24

5/16/24

6/6/24

6/26/24

6/27/24

7/25/24

9/5/24

9/18/24

9/19/24

10/16/24

11/14/24

12/4/24

1/16/25

2/13/25

3/18/25

4/16/25

5/14/25

CROUSE HOSPITAL

APPENDIX XXIII

PRIMARY CARE PROVIDER NOTIFICATION FORM

CROUSE HOSPITAL

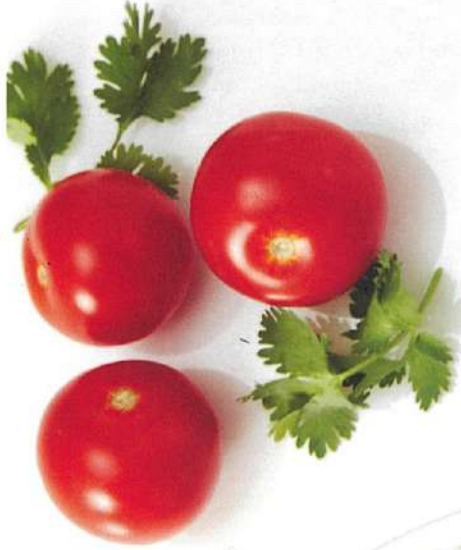
APPENDIX XXV

NO SMOKING POLICY

CROUSE HOSPITAL

APPENDIX XXVI

DOCUMENTATION OF FOOD PROGRAM



CHICKEN & BLACK BEAN BUDDHA BOWL

Chicken Breast	Ground Cumin	Black Beans
Tri-Colored Quinoa	Black Pepper	Nonfat Plain
Lime Juice	Tomatoes	Greek Yogurt
Chipotle Peppers	Red Onion	Chili Powder
in Adobo Sauce	Corn	Monterey Jack
Garlic	Jalapeño Peppers	Cheese
Kosher Salt	Cilantro	Arugula

NUTRITION FACTS: 1 Bowl

Cal.	Tot. Fat	Sat. Fat	Trans Fat	Chol.	Sodium	Carbs	Fiber	Sugar	Protein
380	10g	3.5g	0g	55mg	200mg	42g	6g	6g	31g

2,000 calories a day is used for general nutrition advice, but calorie needs vary. Additional nutritional information available upon request.



This product contains:
MILK



MINDFUL MANAGER TRAINING



An innovative guest-friendly wellness approach, Mindful is positioned to highlight Sodexo's strong leadership for wellness in the marketplace. Based on key drivers and trends, Mindful meets client and guest demand for wellness with positive messaging, simplicity and transparency.

Before you can activate Mindful in your café, you have to learn about it yourself! You will find complete Mindful training in a multi-part Ingenium program. All managers **MUST** complete this program before you train your team or sell any Mindful products.

There are three objectives to Mindful manager training:

- To help you understand the meaning behind Mindful and how Sodexo is a leader in wellness initiatives.
- To show you the tools and resources you will use to successfully launch Mindful in your café.
- To give you training materials to teach your team about the meaning of Mindful and how to execute it in daily operations.



MINDFUL STAFF TRAINING



Train your employees using the Mindful Essentials Training DVD, available at Print Management - Meyers.

The Essentials training covers topics from wellness and nutrition to culinary and service.

Corporate Services accounts can find training materials on the Retail Excellence Portal.



MINDFUL AND THE GUEST



Walk your team through your café and show them all the ways Mindful is represented.

- POS with easy-to-understand nutritionals. Point out the bar code and explain how it works with MyFitnessPal.
- Menu panels and labels with the Mindful icons.
- Guest education materials.
Posters, rack cards and banners give guests more information about nutrition and healthy living,



SELLING MINDFUL IN YOUR CAFE



Here's what you need to do to give your guests the healthy choices they want:

- ✓ **MENU MINDFUL EVERY DAY**
There are over 120 Heroes that really sell. Make sure you always offer at least one Hero and don't be afraid to serve it for consecutive days. Word of mouth grows sales! Sample them too!
- ✓ **PRICE IT RIGHT**
Mindful pricing has been tested with guests and represents value to them.
- ✓ **RING IT UP**
Put the Mindful items in your register and show your cashiers how to correctly record a sale. It is crucial that you track and report every Mindful transaction.
- ✓ **PROMOTE IT**
Use your resources: kit materials, print on demand, digital advertising and Retail Ranger tools.

- ✓ **PROMOTE THE WEBSITE**
Encourage guests to visit Mindful.sodexo.com. Promote it on your own website and Facebook too. Promote Mindful's social presence as well, on Twitter, Facebook, Linked In, Pinterest and Instagram.
- ✓ **USE THE RECIPES**
Mindful is a huge success when guests discover they can eat healthy AND have flavor at the same time.
- ✓ **FILL THE JAR**
Don't forget to keep your clients' Mindful gift jar full of healthy snacks. The snacks are available through Tropical/Truly Good Foods and additional gift jars can be found at Print Management -Meyers.

OVERVIEW






VISUAL IDENTITY

MARKETING

DESIGN ELEMENTS

THE MINDFUL STORY | VALUE PILLARS | BRAND POSITIONING | TAGLINE | NUTRITION CRITERIA

Sodexo chefs and dietitians worked together – using this defined nutrient criteria – to create Mindful choices that taste delicious and provide satisfying portions in fewer calories.

	 PLATES <small>(1 plate of food, 1 serving from each protein source category)</small>	 ENTRÉES <small>(1 or 2 cups of protein plus 2 servings of vegetables or starches)</small>	 SIDES	 SOUPS <small>(1 cup)</small>	 DESSERTS • SNACKS <small>(1/2 cup of the entire dish or 1/4 cup OR 1/4 of the entire dish must have at least 1/2 of the total value of one or more major nutrients with a Protein A.C.E. Plus Calcium or Protein)</small>
ICAL	less than or equal to 600	less than or equal to 550	less than or equal to 225	less than or equal to 225	less than or equal to 200
TOTAL FAT	less than or equal to 35% <small>OR less than or equal to 15g</small>	less than or equal to 35% <small>OR less than or equal to 15g</small>	less than or equal to 35% <small>OR less than or equal to 8g</small>	less than or equal to 35% <small>OR less than or equal to 8g</small>	less than or equal to 35% <small>OR less than or equal to 8g</small>
SATURATED FAT	less than or equal to 10% <small>OR less than or equal to 2g</small>	less than or equal to 10% <small>OR less than or equal to 2g</small>	less than or equal to 10% <small>OR less than or equal to 2g</small>	less than or equal to 10% <small>OR less than or equal to 2g</small>	less than or equal to 10% <small>OR less than or equal to 2g</small>
TRANS FAT	FREE! <small>(less than 0.5g)</small>	FREE! <small>(less than 0.5g)</small>	FREE! <small>(less than 0.5g)</small>	FREE! <small>(less than 0.5g)</small>	FREE! <small>(less than 0.5g)</small>
CHOLESTEROL	less than or equal to 100mg	less than or equal to 100mg	less than or equal to 5mg	less than or equal to 25mg	less than or equal to 20mg
SODIUM	less than or equal to 800mg	less than or equal to 700mg	less than or equal to 300mg	less than or equal to 700mg	less than or equal to 300mg
OTHER	more than or equal to 3g Fiber				more than or equal to 1g Fiber

Breakfast



Press your Dining button to
place your order

BREAKFAST ENTRÉE

Omelet (Low Cholesterol is Available ♥)

Ham, Turkey ♥, Onions ♥,
Green Peppers ♥, Tomatoes ♥
Cheese: American, Cheddar,
Swiss ♥, or Provolone

Scrambled Eggs ♥

(Low Cholesterol ♥ & Tofu Available ♥)

Hard-Boiled Egg ♥

Hard Cooked Egg

French Toast

Pancakes ♥

Hearty Breakfast Sandwich ♥

Plain Bagel or English Muffin

Choice of: Egg, Sausage, Bacon,

Turkey Sausage Patty ♥

Choice of: American, Swiss ♥,
or Provolone Cheese

Egg Substitute Available Upon Request ♥

Rancheros Bean Breakfast Bowl

SIDE ORDERS

Home Fried Potatoes, Sausage Patty,

Bacon, Turkey Sausage Patty ♥

EXTRAS

Peanut Butter ♥, Jelly ♥, Cream Cheese,

Light Cream Cheese ♥

YOGURT ♥

Greek Yogurt

Vanilla, Blueberry, Strawberry

Yogurt Parfait (Plain Greek Yogurt)

Blueberries & Granola

FRUIT ♥

Banana, Grapes, Apple, Cantaloupe,
Mandarin Oranges, Applesauce,
Diced Peaches, Diced Peaches,
Pineapple Chunks, Tropical Fruit Cup,
Assorted Fruit Bowl

HOT CEREAL ♥

Oatmeal, Grits

Cream of Wheat

Cream of Rice

COLD CEREAL ♥

Cheerios®, Corn Flakes®,

Rice Chex®, Raisin Bran®,

Rice Krispies®

BREAKFAST BREADS ♥

Blueberry Muffin

English Muffin

Plain Bagels

Liquid Diets



CLEAR LIQUID DIET

Low Sodium Broths ♥

Beef, Chicken

Juice ♥

Apple, Grape, Cranberry

Beverages

Coffee (Regular or Decaf ♥)

Hot Tea (Regular or Decaf ♥)

Iced Tea

Cola (Regular or Diet)

Gingerale (Regular or Diet)

Gelatin ♥

Orange, Lemon Lime

Italian Ice ♥

Orange, Lemon

Popsicles ♥

FULL LIQUID DIET

Includes All Clear Liquid Items

Plus the Following

Cereals ♥

Grits, Cream of Wheat, Cream of Rice

Soups

Strained Cream of Chicken

Beverages

Milk (Skim ♥, 2% ♥, Lactaid ♥,

Soy ♥, Almond ♥, Whole)

Chocolate Low Fat Milk ♥

Hot Chocolate ♥

Vanilla Greek Yogurt ♥

Pudding (Regular or Diet ♥)

Vanilla, Chocolate

Ice Cream

Vanilla, Chocolate, Strawberry

Sherbet ♥

Orange, Lime, Raspberry

Lunch/Dinner

♥ Indicates a heart healthy diet

HOT ENTRÉES

- Pot Roast ♥
- Chicken A La King ♥
- Chicken Parmigiana
- Meatloaf ♥
- Homemade Macaroni & Cheese Stir-Fry
 - Chicken, Veggie, Tofu
- Low Sodium Stir-Fry ♥
 - Chicken, Veggie, Tofu
- Roast Turkey Breast ♥
- Baked Seasoned Talapia ♥
- Baked Chicken Tenders
- Shrimp Scampi
- Falafel Fritters with Tzatziki Sauce

VEGETABLES ♥

- Broccoli
- Diced Carrots
- Corn
- Peas
- Green Beans

COLD ENTRÉES

- Fruit & Cottage Cheese Plate ♥

ON THE SIDE

- Mashed Potatoes ♥, Baked Potato ♥
- Baked Potato Wedges, Rice ♥
- Mac & Cheese
- Cottage Cheese ♥, Hummus ♥,
- Flatbread Triangles ♥
- Carrot & Celery Sticks ♥, Pretzels,
- Potato Chips (*Regular or Baked*)
- Crackers (*Regular or Low Sodium* ♥)

BREAD ♥

- Whole Wheat, White, Dinner Roll,
- Club Roll, Hamburger Roll,
- Gluten Free Bread

PASTA BAR

- Choice of Pasta ♥
 - Penne or *Gluten Free Penne*
- Choice of Sauce
 - Marinara ♥, *Garlic Butter Sauce*
- Add Meatballs ♥
- Cheese Ravioli with *Marinara Sauce*

Grill



♥ Indicates a heart healthy diet

Chicken & Cheese Quesadilla

Choice of - Sour Cream, Salsa, White or Wheat Tortilla

Grilled Seasoned Chicken Breast ♥

Hoffman Hot Dog

BUILD YOUR OWN FLATBREAD PIZZA

(Gluten Free Available)

Comes with Sauce &

Mozzarella Cheese

Toppings: Pepperoni, Olives, Green Peppers, Onions, Grilled Chicken

SANDWICHES

Grilled Cheese Sandwich

Low Sodium Grilled Cheese ♥

Grilled Chicken Sandwich on

Club Roll ♥

Philly Steak Sandwich

Tuna Melt ♥

BLT Sandwich

Bacon, Lettuce, Tomato, Mayo

Meatball Sub ♥

BUILD YOUR OWN BURGER

Hamburger, Turkey Burger ♥

Veggie Burger ♥

Cheese: American, Provolone or Swiss ♥

Toppings: Bacon, Lettuce ♥,

Tomato ♥, Onion ♥

(Ketchup, Mustard, Relish, Mayo Available)

Kosher, gluten free, vegan and plant based meals are available.

Please ask your room service operator.

Lists are available.

Some items may not be appropriate for your diet.

Please allow us to help you select.

**DELI SELECTIONS**

Turkey ♥
 Roast Beef ♥
 Ham
 Chicken Salad ♥, Egg Salad
 Tuna Salad ♥
 Peanut Butter & Jelly ♥
 Cheese
American, Provolone, Swiss ♥

EXTRAS
 Lettuce ♥, Sliced Tomato ♥
 Sliced Onions ♥, Pickle Slices

BREADS ♥
 Bread
Whole Wheat, White, Gluten Free Bread
 Club Roll
 Wraps
Whole Wheat, White

LOW SODIUM BROTHS ♥

Vegetable, Beef, Chicken

SALAD ♥

Build Your Own Salad (Side or Entree)
Iceburg, Romaine or Mixed Greens
 Cheese
American, Cheddar, Mozzarella or Swiss Cheese ♥

Toppings
Grilled Chicken ♥, Turkey ♥, Egg ♥, Onions ♥, Cucumbers ♥, Tomatoes ♥, Croutons ♥, Olives

DRESSINGS

Caesar
Italian (Regular or Diet ♥)
Ranch (Regular or Diet ♥)
 Red Wine Vinegar & Olive Oil ♥
 Balsamic Vinegar & Olive Oil ♥

SOUPS

Cream of Chicken
 Tomato Soup
 Reduced Sodium Vegetable ♥
 Chicken Noodle Soup
(Regular or Low Sodium ♥)
 Vegetarian Bean Chili ♥

Desserts**PUDDING** *(Regular or Diet ♥)*

Vanilla, Chocolate

GELATIN *(Regular or Diet ♥)*

Orange, Lemon Lime

BAKED

Hot Apple Crisp ♥, Brownie,
 Carrot Cake, Oatmeal Raisin
 Cookie, Chocolate Chip Cookie,
 Sugar Cookie, Lorna Doone®,
 Graham Crackers ♥, Vanilla
 Wafers ♥, Angel Food Cake ♥

FROZEN

Ice Cream
Vanilla, Chocolate, Strawberry
 Italian Ice ♥
Lemon, Orange
 Sherbet ♥
Orange, Lime, Raspberry
 Popsicles ♥

Beverages**JUICE**

Apple ♥, Grape ♥, Orange ♥
 Prune ♥, Cranberry ♥

**MILK** *(Avail. In 8oz. or 4oz.)*

Whole, Skim ♥, 2% ♥, Soy ♥,
 Almond ♥, Lactaid ♥
 Chocolate Low Fat Milk ♥

**HOT BEVERAGES**

Coffee *(Regular or Decaf ♥)*
 Hot Tea *(Regular or Decaf ♥)*
 Hot Chocolate ♥

**COLD BEVERAGES**

Iced Tea
 Cola *(Regular or Diet)*
 Ginger Ale *(Regular or Diet)*

Room Service Menu

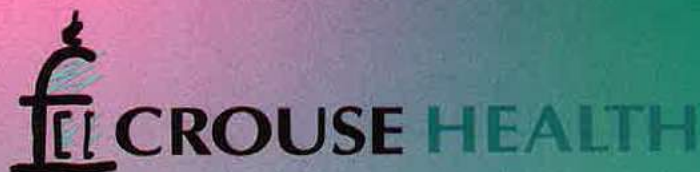


Place your order between
6:30AM – 7:00PM

Before your meal tray arrives, please ask your caregiver to clear your overbed table so it is ready when your meal arrives.

To place a meal order please dial **17833** from your bed side phone, or dial zero **"0"** and ask for room service.

If you are calling from a cell phone, or are a family member outside of the hospital calling for a patient, dial **315-470-7833**.



How to place your order

Review the menu and choose the foods you would like to order.

Place your order by pressing the “Dining” button or dial 315-470-7833 from your cell phone anytime between 6:30 a.m. and 7:00 p.m.

If you are on a modified or restricted diet, your Room Service Operator will assist you with your selections.

Please allow 45 minutes for your order to be delivered.

Family members can assist with orders by calling from home. To place an order from outside the hospital, call 315-470-7833.

You may pre-order your meals in advance if you wish. To do so, please inform our Room Service Operator when placing your order.

Guest trays are also available for purchase for visiting guests and family members. Guest trays may be purchased and ordered by calling 315-470-7833 using your credit or debit card. The guest tray will be delivered to the patient room you are visiting at a time you request.

Special Diets

The following is a brief description of some of the specialized nutrition prescriptions

NPO (NOTHING BY MOUTH)

No tray will be sent, no food or fluids by mouth allowed.

LOW SODIUM DIET

Sodium intake is kept to less than 3,000 mg per day.

CONSISTENT CARBOHYDRATE DIET

Carbohydrate servings are portioned throughout the day to optimize glycemic control. A carbohydrate list is available upon your request.

MECHANICAL SOFT DIET

This diet avoids foods that are difficult to chew. It includes ground meats and well-done vegetables.

NATIONAL DYSPHAGIA DIETS

Altered consistency diets may be prescribed for chewing or swallowing difficulties.

HEART HEALTHY DIET

Saturated fat and sodium are restricted. Look for items with the heart healthy symbol ♥ on your menu.

CLEAR LIQUID DIET

This diet includes broths, gelatin, coffee, tea, popsicles, and clear liquid fluids.

Specialized diets are not limited to those diets listed above. If you require a restrictive diet or have questions regarding your diet, please ask to speak to a dietitian.

Patients receiving insulin may be instructed to place their nurse call light on when ordering meals.

Some items may not be appropriate for your diet. Please allow us to help you select.



We're here to assist you

Main Crouse Hospital Number	315-470-7111
Care Coordination Services.....	315-470-7972
Chaplain.....	315-470-7615
Foundation.....	315-470-7702
Patient & Guest Relations	315-470-7087
Security.....	315-470-7826

You may wish to consider a donation to the Crouse Health Foundation. Visit crouse.org/donate.



Visit our gift shop

Fresh flowers, snacks and a variety of gifts are available.



crouse.org/shop | 315-470-7347

CROUSE HOSPITAL

APPENDIX XXVII

CURRICULUM VITAE – HEART DISEASE PREVENTION PROGRAM TEAM MEMBERS

Residence

Home: [REDACTED]

Cell: [REDACTED]

**SETH E. KRONENBERG, M.D.****Office**

736 Irving Avenue

Syracuse, NY 13210

Office (315 470-7317)

SethKronenbergMD@crouse.org**EDUCATION**

State University of New York, Upstate Medical University
Syracuse, NY
Medical Doctorate May, 1997

University of Pennsylvania, PA
Bachelor of Arts May, 1993

POSTDOCTORAL TRAINING

Internal Medicine Residency
Upstate Medical University, Syracuse, NY
June 1997-June 2000

Internal Medicine Chief Resident
Upstate Medical University, Syracuse, NY
July 2000-June 2001

CURRENT APPOINTMENTS

President & CEO, Crouse Health
Syracuse, NY
March 2023-Present

Chief Operating Officer/Chief Medical Officer, Crouse Health
Syracuse, NY
January 2014-March 2023

President, Crouse Medical Practice, PLLC
Syracuse, NY
January 2014-Present

President, Crouse Health Network, LLC
Syracuse, NY
January 2015-Present

Sole Member, Health Alliance PO/IPA
Syracuse, NY
2019-Present

PROFESSIONAL HISTORY

Internal Medicine – Internist Associates of CNY
Syracuse, NY
2000-2010

Internal Medicine – Crouse Medical Practice, PLLC
Syracuse, NY
2010-2015

PROFESSIONAL AFFILIATIONS

Centerstate CEO, Board Member
Crouse Health Foundation, Board Member
Crouse Health Network, LLC, Board Member
Community Memorial Hospital, Board Member
Greater New York Hospital Association, Board Member
HANYS, Board Member
HealthConnections, Board Member
Iroquois Healthcare Association, Board Member
LACNY, President & Board Chair
Syracuse Community Health, Board Member
University Hill Corporation, Board Member

LICENSURE

New York State

BOARD CERTIFICATION

American Board of Internal Medicine, 2010, 2020

Charles James Lutz, MD

Thoracic Surgery (Cardiothoracic Vascular Surgery), Surgery

Services & Specialties

Areas of Specialization

- Thoracic Surgery (Cardiothoracic Vascular Surgery)
- Surgery

Education & Certifications

- **Medical School:**
SUNY Health Sciences Center
- **Fellowship:**
University of Utah School of Medicine
- **Fellowship:**
SUNY Upstate University Hospital
- **Residency:**
SUNY Upstate University Hospital
- **Board Certifications**
- American Board of Thoracic Surgery

Experience

Founder

CNY Flying Cardiac Services · Self-employed

Aug 2019 - Present · 4 yrs 10 mos

Fayetteville, New York, United States

Cardiac Surgeon

Cardiac Surgery Associates of CNY

Jun 2012 to Present · 12 yrs

Syracuse, New York Area

State University of New York Upstate Medical University

Cardiac Surgeon

SUNY Upstate Medical University

Aug 2002 to Jun 2012 · 9 yrs 11 mos

Syracuse, New York

Education

University of Utah School of Medicine

Cardiothoracic Surgery Fellowship

2000 - 2002

State University of New York Upstate Medical University

Surgical Residency

1993 - 2000

Activities and societies: Surgical Research Fellowship from 1995-1997

State University of New York Upstate Medical University

M.D., Medicine

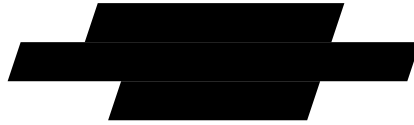
1989 – 1993

Hamilton College

BA, Chemistry, Economics

1985 - 1989

Kathleen Miller Murphy, RNC, CCE



***Crouse Health Director of Women's Health Integration and Community Engagement September 2018- present
2023 Director of Workforce Development added to position***

- Work closely with health system providers and leadership to create and drive strategic initiatives.
- Evaluate and assess healthcare landscape, emerging market trends and community needs
- Provide large scale interdisciplinary program development for both inpatient and outpatient programs (within Crouse and affiliates)
- Monitor the effectiveness of plan initiatives to identify and address opportunities for growth and development.
- Lead project teams to achieve objectives and evaluate resources necessary for strategic plan implementation. Reinforce systems, structure and culture are aligned to the SP and values of the organization. Identify duplication across the organization, help teams resolve barriers and identify system issues that are barriers.
- DSRIP Coordinator and Project Lead generated over \$9 million in revenue for the organization
- Liaison between provider offices related to women's health to engage and assist in collaboration for patient care improvement and provider satisfaction/engagement.
- Collaborate with diverse and complex stakeholders including interacting, gaining credibility, building relationships with and influencing others at all levels of the organization and community.
- Community stakeholder engagement and support: Human Trafficking Taskforce, NYS Birth Equity, GNYHA HEP, Breast Health Partners, PSI NY Chapter , D& I team and Spirit of Women Program.
- Create and facilitate COVID vaccine program for staff and community collaborating with multiple state, federal and local providers.
- Oversee marketing and outreach collateral materials for women's health including video production, brochures, web content, monthly newsletter and virtual and in person educational programs.

Crouse Hospital Manager of Community Education and Development 2014-18

- Developed and Implemented national Spirit of Women and HeartCaring programs
- Facilitated the launch of the most successful Spirit of Women program in the United States building program to over 10,000 members in less than five years
- Instructor and mentor Future Leaders Program Crouse Health
- Liaison for 4 affiliate hospitals
- Generated over \$4 million dollars in revenue for hospital through Spirit of Women Programs in one year.
- Developed and implemented DSRIP program metrics and process improvement organizationally to meet over 90% of DSRIP outcomes and generate millions in revenue for the organization.

Crouse Hospital Childbirth and Community Education Coordinator 2003-2014

- Developed and implemented two Outpatient Wellness Centers
- Developed new programming for First Steps Childbirth Education Program
- Marketing for Outpatient Wellness and CB Education Programs to public and physicians
- Created Moodle virtual classroom education program for ante partum patients
- Facilitated community health partnerships as Komen Grant Administrator
- Manage a staff of twelve professionals including scheduling, payroll and evaluation
- Implement and management of Cvent online registration for Crouse Hospital

Crouse Hospital Childbirth Education/Perinatal Education Coordinator 2000-2002

- Developed the most comprehensive Childbirth Education Program in CNY
- Interview, recruit and train staff of twelve
- Develop competencies for staff in MCH and Medical and Surgical areas
- Write hospital policies to comply with current research and government mandates
- Provide ongoing staff education r/t HIPPA, updates in MCH, CPR, NRP and IV therapy
- Marketed MCH programs to the community and providers

Crouse Hospital Perinatal Case Manager 1998-1999

- Initiated and supervised discharge plan for maternity patients resulting in a decreased LOS
- Facilitated primary nursing imitative on mother baby unit
- Served as the Obstetric consultant for the hospital on insurance denials
- Chaired AWHONN Spring Teaching Day
- Promoted fiscal responsibility and quality in the management of patients
- Advised staff on career development issues

Olsten Health Services Manager of Clinical Practice 1997-1998

- Managed a multidisciplinary staff of 86 employees
- Fiscally responsible for 1.5 million dollars in revenue
- Developed a post orientation program to facilitate staff retention
- Monitored quality assurance and appropriate resource use through extensive clinical review
- Provided in-service education and orientation to staff on Medicare guidelines, team building and clinical competency
- Communicated with payers to gain authorization for services

Visiting Nurse Association of CNY Program Coordinator 1994-1997

- Marketed MCH programs to hospitals, providers and payers
- Managed maternal, newborn and adult caseload
- Provided in-service education for staff ant the VNA and Crouse Hospital
- Collected, analyzed and presented statistical program data
- Developed risk criteria and policies for a nationally recognized short stay program
- Trained in insulin pump and IV therapy

Crouse Hospital Registered Nurse Childbirth Center 1991-1994

EDUCATION

Crouse Hospital School of Nursing Diploma
Syracuse University B.S.N.

CERTIFICATIONS AND PROFESSIONAL AFFILIATIONS

Certified Childbirth Educator	AWHONN member	PSI NY Chapter Chair
AHA CPR Instructor	PSI trained facilitator	Safe Sitter Instructor
Harvard Business Review Content reviewer		

Volunteer/ Community Service/Awards

2020- Present Founder and Chair of Postpartum Support International NY Chapter

2020 presenter National Relevate Conference: Pandemic Pivot Programming
2020 presenter NYS Perinatal Association: Building a Village – Perinatal Mood and Anxiety Disorders
2019 Relevate Health Group-Speaker webinar – Pelvic Health
2018 NYS AMTA Award
2017 presenter Relevate Executive Conference- Physician Engagement
2016 presenter National HeartCaring Conference
2016 presenter Spirit of Women National Conference- Building a Pelvic Health Program
2014 - 2015 presenter National Executive Meeting Spirit of Women
2014 Presenter National Spirit of Women Conference
2004-present Charity for Children, Inc. Board President and Co-founder
1999-2014 Safe Kids Coalition Member
2004-present Event Chair Evening of Cuisine
2009-2017 Onondaga Traffic Safety Council Board
2009-2012 Onondaga County Refugee Health Committee
2011 CAPP Community Advisory Council on Teen Pregnancy
2009-2016 Real Life Real Talk facilitator/trainer
2009-2017 Ready Set Parent Facilitator
2010-2018 Komen Grant partnership CSP Onondaga County

Laurie Clark

Laurie Clark

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

About Me

Public Relations professional with a demonstrated history in publishing, social media management and internal communications. Skilled in Content Creation, Media Relations, Influencer Marketing, Editing, & Social Media Advertising. Passionate about maternal mental health, childhood literacy and community relations.

Experience

Crouse Health / Communications & Digital Media Manager

June 2023 - PRESENT, Syracuse, NY

- Oversee the maintenance and content creation for Crouse website and social media properties, including but not limited to crouse.org, Crouse Healthcast podcast, and social properties for the Crouse Health Foundation and Pomeroy College of Nursing
- Coordinate internal communications and marketing promoting in-house initiatives, events and employee recognition
- Liaison to medical staff for employee recognition efforts, social media content, website content, etc.
- Working with numerous committees and groups to increase awareness, provide support and/or create assets, including but not limited to: Nursing, HR, Workforce Development, Women's and Infants, Employee Engagement, Patient and Guest Relations
- Manage department interns

Carrols Corporation / Communications Coordinator

August 2022 - June 2023, Syracuse, NY

- Liaison with Burger King and Popeyes PR and Communications teams on shared strategic initiatives and communications
 - Coordinate to create in-house crisis communications guidelines
- Responsible for all internal employee communications, including but not limited to a weekly newsletter for both Popeyes and Burger King restaurants
 - Increase social media following (LinkedIn) by 22%
- Write speeches and create presentations for Executive Leadership team, including President & CEO, HR, etc.
- Coordinate campaigns and partnerships with Burger King Foundation, Upstate Hospital, Sarah's Guest House, Minor League and Independent League Baseball
- Coordinate award celebrations and media for Burger King Foundation Scholarship Fund
- Creation and dissemination of in-house style guide for field

teams

Crouse Health / Communications & Digital Media Coordinator

September 2016 - July 2022, Syracuse, NY

- Lead the complete update and redesign of Crouse.org to Wordpress; responsible for content creation and general website maintenance
- Worked with IT on the update and redesign of Crouse intranet
- Maintained content calendar and create content for social media platforms
- Oversee maintenance and content creation for the social platforms of Crouse Medical Practice, Crouse Health Foundation, Pomeroy College of Nursing at Crouse Hospital and Crouse Culture accounts
- Coordinate internal communications and marketing promoting in-house initiatives, events and employee recognition
- Liaison to medical staff for employee recognition efforts, social media content, website content, etc.
- Liaison to HelpPeople EAP, coordinating website content and updates
- Member of American Red Cross blood drive committee, March of Dimes committee, United Way committee, Nursing Recognition committee, Family Support Program Steering committee and St. Patrick's Day Parade Committee
- Managed department interns each semester
- Selected in 2020 as a 'Crouse Future Leader' (leadership training and development course)

Terakeet / Brand Strategy Supervisor - Advocacy

November 2013 - September 2016, Syracuse, NY

- Digital brand strategy for companies/causes including creation and execution of blog outreach campaigns, managing social media accounts, providing reporting for clients and offering technical recommendations
- Chair of inbound social marketing committee; contributing to and creating campaigns for the Terakeet social media profiles
- Leadership committee member, Cause for the 'Cuse; responsible for creation, promotion and execution of fundraising opportunities

HarperCollins Publisher / Publicist

January 2011 - November 2013, NY, NY

- Worked on multiple book publicity campaigns - 3-6 per season - including celebrity authors, cookbooks and multiple New York Times bestsellers
- Created pitch letters and press kits tailored to each book and author
- Developed and maintained relationships with contacts and various media outlets, bookstores and book festivals
- Organized and coordinated author events including budgets, travel, etc.
- Pitched and secured local and national media to support book releases

- Contributed to the William Morrow social media profiles, as well as those of authors when applicable

Penguin Group USA / Associate Publicist

July 2006- January 2011, NY, NY

- Worked on multiple book publicity campaigns - 5-8 per season
- Coordinated and oversaw the relationship with freelance publicists
- Organized author events, travel and book tours
- Acted as department assistant with responsibilities such as: organizing bookstore mailings, coordinating reading group mailings, assisting in department review mailings, coding and processing of bills and invoices and handled all trade publication mailings and announcements

Education

Hofstra University / Bachelor of Arts, Print Journalism

2002 - 2006, Hempstead, NY

Writer, Hofstra Chronicle; Advertising Coordinator/Writer, The Pulse

Volunteer Experience

Postpartum Support International / Board Member, NY Chapter

2022 - PRESENT

Communications Co-Chair

Fairmount Community Library / Board of Trustees

2023 - PRESENT

Member of the Personnel Committee and Strategic Planning Committee

Advance Media New York Mentoring Monday / Mentor

2022-2024



John Bergemann

📍 [Redacted] 📞 [Redacted] ✉️ johnbergemann@crouse.org

PROFESSIONAL SUMMARY

Accomplished leader with a proven track record at Crouse Health, enhancing team collaboration and driving strategic planning. Expert in people management and operations, significantly boosting employee engagement and retention. Skilled in verbal and written communication, adept at fostering a culture of continuous improvement and operational excellence.

SKILLS

Strategic Planning	Verbal and written communication
People Management	Operations Management

WORK HISTORY

DIRECTOR, EMPLOYEE ENGAGEMENT *01/2024 to CURRENT*

Crouse Health | Syracuse, NY

- Developed high-performing teams by providing mentorship, guidance, and opportunities for professional growth.
- Enhanced team collaboration through regular communication, goal setting, and performance evaluations.
- Worked closely with organizational leadership and board of directors to guide operational strategy.
- Established a culture of continuous improvement by fostering open communication channels and empowering employees to voice their ideas.
- Cultivated a positive work environment that fostered employee engagement, increased retention rates, and boosted overall team morale.

DIRECTOR OF HUMAN RESOURCES *11/2008 to 12/2023*

Crouse Health | Syracuse, NY

- Managed the onboarding process, providing new hires with necessary tools for success from day one.
- Directed each phase of hiring process, encompassing employment verification, employee relations investigations, criminal background checks and onboarding.
- Maintained "open door" policy to encourage employee communications and resolution of issues.
- Coordinated and worked with management on performance evaluations, supervisory practices, dispute resolution, and employee accountability.
- Managed complex employee relations issues, reducing legal risks and maintaining a positive work environment.

MANAGER, BENEFITS ADMINISTRATION *09/1998 to 10/2008*

Crouse Health | Syracuse, NY

- Managed and motivated employees to be productive and engaged in work.
- Accomplished multiple tasks within established timeframes.
- Maintained professional, organized, and safe environment for employees and patrons.
- Enhanced customer satisfaction by resolving disputes promptly, maintaining open lines of communication, and ensuring high-quality service delivery.
- Resolved staff member conflicts, actively listening to concerns and finding appropriate middle ground.

MANAGER, FINANCIAL OPERATIONS

05/1992 to 08/1998

Crouse Health | Syracuse, NY

- Managed budgets effectively, ensuring optimal financial performance while investing in necessary resources for business growth.
- Reduced operational costs through comprehensive process improvement initiatives and resource management.
- Planned and budgeted accurately to provide business with resources needed to operate smoothly.

INTERNAL AUDIT

09/1990 to 04/1992

MONY Financial Services | Syracuse, NY

- Recommended improvements to internal audit processes, contributing to increased efficiency and overall team productivity.
- Supported internal audit reviews by maintaining accurate records of all refund transactions.
- Maintained open lines of communication with auditees throughout the audit process, fostering positive working relationships between internal audit and other departments.
- Supported internal audit functions with detailed documentation and adherence to regulatory requirements.

STAFF ACCOUNTANT

01/1988 to 08/1990

Ernst & Young | Syracuse, NY

- Maintained general ledger accuracy through regular account reconciliations, journal entry adjustments, and transaction reviews.
- Prepared and processed journal entries to record in general ledger and maintain consistent documentation.
- Participated in internal and external audit processes to establish accurate financial records and comply with Generally Accepted Accounting Principles and regulatory requirements.
- Executed financial reporting, managing prepaid accounts, schedules, reconciliations, event settlements, and month-end accruals.

CORPORATE FINANCIAL ANALYST

01/1985 to 07/1987

EF Hutton | Garden City, NY

- Increased financial efficiency by identifying and implementing process improvements for budgeting, forecasting, and reporting.
- Streamlined financial reporting processes for more accurate and timely decisionmaking.
- Collaborated with cross-functional teams to develop strategic financial plans aligned with company goals.
- Evaluated investment opportunities to support business growth and maximize shareholder value.
- Conducted detailed financial analyses to identify trends, risks, and opportunities for improvement.

EDUCATION

Bachelor of Science

05/1985

St John's University, College of Business Admin, Jamaica, NY



JAMESON EILER CRUMB

Jamesoncrumb@crousemed.com

EDUCATION:

Lemoyne College Physician Assistant Program: August 2012
Masters in Physician Assistant Studies

Philadelphia College of Osteopathic Medicine: May 2009
Masters in Bio-Medical Sciences with Concentration in Organizational Development and Leadership

Hobart and William Smith Colleges, Geneva, NY: May 2005
Bachelor of Science in Bio-Chemistry
Minor in Environmental Sciences

Honors and Activities

ACS 1st Place Research Award: Studied conformationally dynamic transition metal complexes with potential application in polymer synthesis. Presented research at Rochester ACS seminar and received first prize.

Dean's List

College Honor's Program

National Honor Society

Hobart College Tennis Team and Club Lacrosse Team Member

Hobart College Student Government Concert Director

SPECIAL TRAINING:

Physician Assistant-Certified, Basic Life Support and Advanced Cardiac Life Support Certifications, Infection Control Certified, Neuro Critical Care Certified

PROFESSION ORGANIZATIONS:

New York State Society of Physician Assistants, American Academy of Physician Assistants

EMPLOYMENT:

Dental and Orthodontic Technician

Pediatric Dentistry and Interceptve Orthodontics 10/2005-8/2007

Worked with computerized digital imaging and helped remodel computerized digital radiograph system, as well as assisting in website development

Performed duties directly assisting four dentists/orthodontists in high stress operatories

Worked with children with behavioral issues and special needs

Performed dental laboratory work responsibilities building models and orthodontic devices

Quality Control Chemist

Hanford Pharmaceuticals 5/2005-10/2005

Performed duties testing penicillin based products for purity using a wide array of testing methods.

Formed detailed analytical reports regarding product purity

Neurosurgical Physician Assistant

Empire State Neurosurgical Institute 10/2012-12/2015

Performed duties rounding on hospital patients at both Crouse Hospital and St. Joseph's Hospital including: completing admissions and consults, operating as first assist with neurosurgeons and orthopedic spine surgeons, as well as outpatient clinics

Reformatted surgical consents, new patient paperwork, and exam templates

Reviewed all office incoming referrals and coordinated subsequent care

Mid-Level Coordinator for Crouse Medical Practice

Crouse Neuroscience Institute 1/2016-1/2019

Director of both inpatient and outpatient neurosurgical teams providing twenty-four hour hospital coverage and clinical outpatient support

Directly supervise four office based mid-levels and ten hospital based mid-levels

Coordinate coverage for neuro endovascular, general neurosurgery and orthopedic spine surgery with over ten total surgeons

Coordinate all call scheduling and per diem shift work

Pioneer Transitional Care Management Program for neurosurgery patients creating both program and position

Helped reformat office clinics, developed new hospital based coverage schedule, and pioneered hospital EMR transition

Personally host weekly educational lecture program, work with hospital pain management team, member of Hospital Spine Surgery Council, member of Physician's Advisory Committee, member of Crouse Medical Practice Leadership Council

Work with Director of Marketing to coordinate targeted marketing based on referral patterns and midlevel specific marketing approach

Work with billing coordinator to maximize potential billing and facilitate peer review program

Worked with stroke coordinator to ensure metrics are being met to appropriately transition to comprehensive stroke program

Developed wound care program in coordination with KCI and Convatec standardizing wound care for spinal incisions

Pioneered and coordinate multi-disciplinary morning rounds which includes staff from nursing, physical therapy, care coordination, and group physicians

Pioneered and formatted Crouse Neurosurgery Express Pass Program. Coordinated same day referral program with local emergency rooms, prompt cares, and primary care offices

Pioneered and formatted Comprehensive Spine Program which features multidisciplinary care including neurosurgery, pain management, physical therapy, general medicine, nutrition, and yoga/pilates

Perform duties rounding on hospital patients at both Crouse Hospital and St. Joseph's Hospital (formerly) including: completing admissions and consults, operating as first assist with general

neurosurgeons, endovascular neurosurgeons and orthopedic spine surgeons, as well as seeing patient in outpatient clinics

Developed Crouse Hospital's first neurosurgical morbidity and mortality conference hosting and presenting individual cases

Clinical Director; Crouse Neuroscience Institute, Comprehensive Stroke Program, Spine Care Center

Crouse Neuroscience Institute 1/2019-current

Continue to function as clinical physician assistant as well as midlevel coordinator

Direct all clinical activities for both inpatient and outpatient neurosurgical and neurology services

Pioneered midlevel stroke response team which has led to the highest levels of achievement possible via AHA/ASA

Maintain dually certified comprehensive stroke program status

Directed implementation of artificial intelligence, cloud based imaging program Viz-AI

Pioneered clinical research program development including supervision of dedicated research coordinator

Board member and monthly clinical support member of both aneurysm and stroke support groups

Coordinate monthly Morbidity and Mortality conference

Serve on: Pharmacy and Therapeutics Council, Provider Advisory Board, Stroke QI, SSPI, EMS Partnership Collaborative

VOLUNTEER:

Camp Good Days and Special Time Summer 2002 - 2010

Crouse Hospital 2005

Habitat for Humanity 2001 - 2004

Rescue Mission of Syracuse, NY 1990 - 2010

REFERENCES: AVAILABLE UPON REQUEST

EDUCATION

- Ed.D, Executive Leadership, St. John Fisher College | Rochester, NY (December 2022)
- M.S., Instructional Design, Development & Evaluation | Syracuse University, Syracuse, NY (June 2000 - May 2002)
- B.S., Vocational Technical Education, SUNY Oswego | Oswego, NY (June 1998 - May 2000).
- Liberal Arts, Onondaga Community College | Syracuse, NY (September 1996 - May 1998).
- A.S., Computer Technology, Bryant & Stratton College | Syracuse, NY (June 1988 - May 1990).

PROFESSIONAL EXPERIENCE

Director of Diversity, Equity, Inclusion and Belonging

Crouse Health, 736 Irving Avenue, Syracuse, New York
May 30, 2018 – Current

Primary Responsibilities:

- Reporting to the President and Chief Executive Office, provides strategic guidance to leadership/management staff within all areas of responsibility to raise awareness and promote a culture of inclusion across the Crouse Health system, including Crouse Medical Practice and Community Memorial Hospital.
- Responsible for education of over 2800 employees on an annual basis with the development, design, implementation, and evaluation of targeted diversity and inclusion initiatives.
- Improved diversity management recruitment by 15%.
- Led efforts to increase Healthcare Equality Index score from 20 to 85 (High Performer Designation).
- Crouse Health received NAACP Earl G. Graves Award, Interdenominational Ministerial Alliance Award & InterFaith Works Awards.
- Provides strategic thinking while synthesizing business data, to develop innovative solutions including existing and new employee diversity programs to support and advance Crouse Health's overall business objectives.
- Serves as a strategic business partner, overseeing system-wide corporate diversity and inclusion activities while collaborating with other organizational leaders.
- In addition to her responsibilities, she is the Diversity and Inclusion Committee Chair, serves on Crouse Health's Simply the Best Committee, and the D&I facilitator for all new Crouse Health staff, including physicians, and new students to the Pomeroy College of Nursing.

Past Roles:

Diversity, Equity & Inclusion Recruitment/Retention Coordinator (Crouse Health)

September 6, 2016 – May 29, 2018

Talent Management Coordinator / Personnel Analyst

Syracuse City School District, 725 Harrison Street, Syracuse, New York
July 2013 – September 2016

Owner & Independent Consultant

Virtuous Business Solutions
January 2006 - Current

Practice Manager/Human Resources Manager

St. Joseph's Physician Health, P.C.
October 2011 - July 2013

TWIGGY M. EURE, ED.D

(P)

(E)

Co-Founder, Administrator & Women's Ministry Director

The Promise Land Church, Syracuse, New York
February 2003 - Present

Executive Team Member

Destiny USA, Syracuse, New York
October 2001 - June 2009

PROFESSIONAL AFFILIATIONS & TRAINING


- Chair, Diversity and Inclusion Committee, Crouse Health
- GNYHA Health Equity and Diversity Leadership Council (Member)
- Simply the Best (STB) Committee, Crouse Health (Current Member)
- NYS Birth Equity Improvement Plan Crouse Health Committee
- Syracuse City School District Partnership Council (Current Member)
- Delta Sigma Theta Sorority, Inc. (Syracuse Alumnae Chapter, Current Member)
- Hillside Board of Advisors (Current Advisor)
- Healthcare Equality Index LGBTQ Trainings
- Diversifying the Hill Initiative (Past Co-Founder)
- Syracuse University's Disability Cultural Center Advisory Board (Past Member)
- 2018 – 2020 InterFaith Works Duck Race to End Racism Co-Chair/Chair
- NAACP (Syracuse New York Chapter) 40th Anniversary & Health Committee
- 2018 CNY Heart Walk Executive
- Leadership Greater Syracuse Alumni (Class of 2001)
- InterFaith Works Board of Directors (Past Board Member)
- Women Igniting the Spirit of Entrepreneurship (WISE) (Past Board Member)
- Jack and Jill of America, Syracuse Chapter (Past Member & Chaplain)
- Junior Achievement Advisory Board (Past Member)
- Juneteenth Board Member (Past Member)
- Society of Human Resource Management (Past Member)
- 2004 Commencement Speaker (Bryant & Stratton College)

AWARDS/FEATURES

- Highlighted in Syracuse Woman Magazine, The Man Edition, June 2019
- Facilitator, "Diversity and Inclusion in Healthcare Settings" (New York Health Information Management Association, 2019 Annual Conference)
- Highlighted in Syracuse Woman Magazine, Inspire, February 2017 Edition
- 2013 YWCA Diversity Achievers Award
- 2007 Marjorie Dowdell Fortitude Award (Delta Sigma Theta Sorority, Inc.)
- 2007 '40 Under 40' Award Recipient
- 1997 Recipient of Onondaga Community College's Multicultural Scholarship Award

REFERENCES AVAILABLE UPON REQUEST

Heather Allison Waters



A community leader and accomplished global fundraising executive for multiple sectors. Previous experience with entrepreneurs in seed-stage ventures, as a consultant for a historical museum and research center, managing a university development unit, and planning and executing successful capital campaigns. Personal interests in advocating for LGBTQIA+ youth and inter-generational communication.

PROFESSIONAL EXPERIENCE

Executive Director – Crouse Health Foundation, Syracuse, NY 2024 – present

Provide management, leadership and strategic direction for all foundation activities and operations in support of the Crouse Health mission, including donor stewardship, major gifts, planned giving, cultivation and solicitation of major gift prospects, capital campaign oversight and special events.

Venture Partner, Head of Impact – Akili Ventures, Remote/Nairobi, Kenya 2022-2023

Responsible for raising capital and developing early-stage impact activities of akili.vc. Akili is a holding company that buys, builds, invests, and acquires ventures across Africa to support the mission to grow African GDP.

Consulting Co-Executive Director – Matilda Joslyn Gage Foundation, Fayetteville, NY 2022

Directed operations and fundraising for the foundation and historic home. Secured museum acquisitions, multi-year grants, and capital funding. Supported the expansion of education and community programming, as well as digital infrastructure to host hybrid events, including Gage family members, the 20th anniversary of the foundation, and a career honor for the foundation's founder, Dr. Sally Roesch Wagner.

Assistant Dean for Advancement – Syracuse University-School of Education Syracuse, NY 2013-2021

Responsible for the development team for the School of Education (SOE) and, in 2015, was drafted to advise on international advancement strategy for Europe. Built a principal gift cohort that formed multiple centers and initiatives, including the university-wide Helaine and Marvin Lender Center for Social Justice. Increased annual fundraising from \$700k to \$4M and raised over \$30M in gifts, grants, and principal gifts. Lead Facilitator, Shared Reading Experience (Syracuse University First Year Experience) – 2018. Member, AEA Working Committee on Diversity – 2018. Judge, Syracuse University Social Entrepreneurship Impact Prize – 2017. Member, Dean Search Committee – 2014.

Senior Development Manager – London Business School, London UK 2010-2013

Recruited to join LBS's front-line team for its first comprehensive campaign. Extensive discovery, cultivation, and solicitation were completed in seven European cities before taking on the North American (East) portfolio in July 2012. Over 1 million GBP was booked from this new portfolio. Member of the Campaign Working Group and Staff Committee.

Assoc. Dir. of Major Gifts – Columbia University Graduate School of Business, New York, NY 2008-2010

Executive fundraiser who solicited and closed gifts (\$250,000 - \$2.5M) from a portfolio of 175 select alumni and friends of the school. Raised \$500,000 in FY09 and \$1.5M in FY2010. Planned major gift fundraising initiatives in Boston, MA; Philadelphia, PA; and Washington, DC.

Assoc. Dir. of Special Gifts – Columbia University Graduate School of Business, New York, NY 2005-2008

Executive fundraiser who solicited and closed gifts (\$25,000 - \$250,000). Proven success in developing and implementing a strategic, multi-year reunion fundraising program resulting in collective gift totals of \$324,000 in 2006, \$525,000 in 2007, and \$3.4 million in 2008. Selected by Dean Glenn Hubbard to serve as a fundraising liaison for his term as President of Columbia Community Service, Inc. (CCS) and its 61st Annual Appeal to employees.

Senior Development Officer – New York University School of Law, New York, NY 2002-2005

Closed gifts (\$5,000 - \$200,000) totaling \$6M through one-on-one meetings with alumni. Broadened alumni diversity initiatives through fundraising events for the African-American, Latino, and Asian-Pacific-American Alumni Associations. Achieved 20% growth in contributions for the reunion fundraising program each year. Launched the school's first graduating class gift program for students (85% of the class participated in its inaugural year).

Development Associate – K.I.D.S., (now called Delivering Good) New York, NY 2000-2002

Development Associate – The Lark Play Development Center, Inc. New York, NY 1999-2001

PUBLIC SERVICE

Elected Town Councilor - Town of Manlius, Manlius, NY 2020-2024

Elected in 2019 and 2023 to represent the Town's 33k+ residents. Chair - Police Committee, Co-chair of the Comprehensive Plan Committee and Tree Commission, member of the Critical Response and Deer Management committees. As a champion of government transparency, authored the updated Town public meeting rules and launched the Open Podium public comment program. Initiated and oversaw the Town's pay equity audit and launched the Town's annual recognition of LGBTQ+ Pride Month.

VOLUNTEER ROLES

Eleanor's Legacy 2023-2024

Innovation Council, Member

Eleanor's Legacy is a statewide organization that works to recruit, train, and elect pro-choice Democratic women at the state and local level in New York.

Innovation Tech High School October 2018-2022

Advisory Council Member, Presenter, Mentor

Innovation Tech is a public charter school employing a project-based learning approach.

League of Women Voters of the Syracuse Metropolitan Area 2017-present

Director of Membership 2017-2019, Current Member

Increased membership and secured a grant from the Gifford Foundation to support a collective of non-partisan organizations to encourage voter turnout in the 2018 midterm elections.

Founder, Waters Bridge 2010-present

Volunteer Mediator and Difficult Conversations Coach

Member, Professional Mediators' Association

Career Academies, London UK 2010-2012

Mentor, Volunteer Partner in Business to a student at Quintin Kynaston Community Academy

Career Academies UK is a movement of over 800 employers and over 120 schools & colleges working together to raise the aspirations of 16-19 year-olds.

EDUCATION

Columbia University in the City of New York

MS, Negotiation and Conflict Resolution 2011

Capstone thesis: *Co-constructing Conflict: Stakeholders in the New York City Hansom Cab Debate*

Mount Holyoke College, South Hadley, MA

BA, Politics 1999

Senior Independent Study: *Altruism in Contemporary U.S. Civic Participation*. Junior term abroad: University of Edinburgh, Edinburgh, UK. Work-study: Office of Diversity and Inclusion/Ombudsperson. Donor to the College and member of class board 1999-2009. Minored in music (and trained from 1993 - 2007 as a lyric soprano).

STROKE PROGRAM ADMINISTRATOR

OKSANA KASKOV

CONTACT INFORMATION

✉ [REDACTED]

🏠 [REDACTED]
[REDACTED]

📱 [REDACTED]

SKILLS

- Proficient in the use of Microsoft Word, PowerPoint, Excel, and Visio.

LANGUAGES

- Ukrainian and Russian

EXPERIENCE

STROKE PROGRAM ADMINISTRATOR

Crouse Hospital . 736 Irving Ave, Syracuse, NY 13210 | 2017 - 2024

Lead the Crouse Hospital Stroke Team's efforts in continuing and maintaining designation as a Comprehensive Stroke Center. Manage the planning, implementing and evaluating care for the stroke patient within the established standards and practices of Crouse Hospital. Continually review stroke metrics to ensure compliance with Get With The Guidelines, DNV, and DOH.

PERMANENT CHARGE NURSE-MED/SURG NEURO

Crouse Hospital . 736 Irving Ave, Syracuse, NY 13210 | 2016 - 2017

Assumed responsibility of 36-bed unit. Managed 8-9 RN's at a given time. Responsible for making sure nursing rounds were attended and stroke documentation was complete. Served as the leader and resource for staff on the unit.

REGISTERED NURSE-ORTHOPEDICS

Crouse Hospital . 736 Irving Ave, Syracuse, NY 13210 | 2007 - 2016

Took care of post orthopedic surgery patients. Served as one of the orientors for new nurses. When needed I taught the orthopedic class to patients having joint replacements surgery.

EDUCATION

MODULAR RN TO BS PROGRAM

Roberts Wesleyan University. 2301 Westside Drive, Rochester, New York 14624 | 2009 - 2010

ASSOCIATES DEGREE IN APPLIED SCIENCE WITH MAJOR IN NURSING

Crouse Hospital School of Nursing . 765 Irving Ave, Syracuse, NY 13210 | 2004 - 2006

LEAH PITTS



OBJECTIVE

Passionate and experienced Practice Administrator, with over 20 years of management experience, who understands the necessity of providing excellent patient care and ensuring a safe working environment for patients and employees alike. Equally capable of working alone or as a member of a team, and highly skilled at forward thinking and problem-solving.

SKILLS & ABILITIES

- Wide range of management experience including practice planning, new process implantation, operations management, medical records management, billing and EMR management.
- Substantial experience onboarding new practices to include EMR implantation and merger, management support and staff training.
- Extensive knowledge regarding remote cardiac monitoring, external and internal, system implementation and billing.
- Comprehensive understanding of payer need regarding medical necessity and prior authorization for inpatient procedures, outpatient procedures, diagnostic testing, cardiac testing and referrals.
- Highly skilled leader with skills in delegating tasks, team building and creating a positive customer service experience.
- Able to prepare detailed and accurate budgeting and forecasting reports.
- Proficient with Microsoft Office programs (Word, Excel and PowerPoint). Soarian clinical, Apollo reporting system, Medent, Cerner, Allscripts and Practice Fusion.
- Team player – Enjoys sharing and encouraging the development of others to achieve specific goals.

EXPERIENCE

Practice Administrator, Crouse Medical Practice – Cardiology and General and Bariatric Surgery

5/2021 – Current

Syracuse, New York

As the Practice Administrator at Crouse Medical Practice, I oversee the operations and performance of the Bariatric and General Surgery, and Cardiology Departments. I have over 30 Physicians and Advanced Practice Providers who cover call at a local hospital in addition to supporting their outpatient clinics. We see 400-500 patients, daily, across 6 locations. Physicians perform both in office procedures as well as complex inpatient cases.

Administrative Support Manager, Crouse Medical Practice – Cardiology

7/2015 – 5/2021

Syracuse, New York

Support manager in a busy Cardiology practice with 13 physicians and 6 mid-level providers. We treat on average 225 patients daily across 4 locations. Responsibilities include personnel management, operations and budget management, medical records management, billing management, physician and mid-level onboarding and support staff training. Successfully assisted and completed the transitioning of our practice, roughly 60 employees, to a new EMR system.

Completed the first ever Future Leaders Program offered by Crouse Health in 2019.

Front End Supervisor, Cardiology PC

4/2010 – 6/2015

Syracuse, New York

Provided clerical support to include E&M coding, collections, clinic preparation, scheduling for outpatient visits, radiology and surgical blocks. Obtained prior authorization for inpatient and outpatient procedures alike. This practice was purchased by Crouse Medical Practice.

Cardiac Cath Coordinator and Support Assistant to the Chief, Invasive and Non-Invasive Cardiology, Medical College of VA

2/2005 – 3/2010

Richmond, VA

Initially hired as the cardiac catheterization coordinator where I scheduled all in-patient and out-patient cardiac catheterizations. Duties included obtaining prior authorization, preparing the in-patient record and obtain pre-procedural labs and/or radiology for 6 interventionists. I later moved to the non-invasive laboratory where I worked directly with the director, Ian Nixon, MD. I handled his clinic/procedural scheduling as well as personal and academic affairs.

REFERENCES

Tracy Wicks - Administrator, Crouse Medical Practice Cardiology

██████████

Martin Obey - Clinical Manager, Crouse Medical Practice Cardiology

██████████

Dr. William P Berkery – Physician, Crouse Medical Practice Cardiology

[REDACTED]

Dr. James Longo – Physician, Crouse Medical Practice Cardiology

[REDACTED]

Erin Foley, Practice Administrator Auburn Memorial Medical Services

[REDACTED]

MEGAN DELANEY



EXPERIENCE

JUNE 2015 – PRESENT

NURSE MANAGER-CARDIAC SERVICES (PROCEDURAL), CROUSE HOSPITAL

- Manager of operations and staff- 60+ employees (varying licensures)
- Staffing, scheduling, staff evaluations, education, staff competencies
- Budget of fixed expenses, variable expenses, and volumes
- Contract negotiation and management
- Procedure scheduling, physician scheduling, block time management
- COVID policy development and enforcement
- Cardiovascular Administrator Advisory Board Member
- Daisy Nurse Leader Award Recipient

NOVEMBER 2013 – JUNE 2015

CATH LAB/EP LAB CLINICAL SUPPORT SPECIALIST, CROUSE HOSPITAL

- Procedural nursing related to cardiac catheterization on adult and pediatric patients, cardiac device insertion, electrophysiology
- Educating staff on new devices/products and ordering/managing all inventory, traveling to different training centers to learn new applications being brought into the hospital.
- Collaborated with the Cardiac Clinical Supervisor to cover the appropriate management duties during the interim absence of a nurse manager while still fulfilling the requirements of the position.

FEBRUARY 2012 – JUNE 2015

STAFF RN EMERGENCY DEPT, CROUSE HOSPITAL

- Acute and non-acute patient care
- Orienting RN for new nurses and nursing students
- Participating member of many action committees

JANUARY 2011 – FEBRUARY 2012

STAFF RN MED/SURG, CROUSE HOSPITAL

- Acute and non-acute patient care
- Participating member of many action committees

EDUCATION

DECEMBER 2015

BSN, UTICA COLLEGE

DECEMBER 2010

ASN, SUNY CANTON

REFERENCES AVAILABLE UPON REQUEST

Diana Dixie DNP, RN

NYS R.N. License #613796

SUMMARY

A dedicated registered nurse leader with several years of experience who possess a strong talent for cultivating and maintaining relationships, partnering with physicians, nursing staff, administration, and patient/families to ensure positive experiences and health outcomes.

PROFESSIONAL EXPERIENCE

Crouse Hospital: Syracuse, NY

Registered Nurse: Nurse Manager

October 2015-present

- Daily duties required directing and ensuring the quality, safety, and continuity of patient care for Medical/Surgical, Medical/ Telemetry. Daily accountability also included all aspects of staffing including recruiting, hiring, scheduling, and progressive discipline.
- Works closely with interdisciplinary team to assure excellent communication and patient satisfaction
- Collaborated closely with physician's as well as case management to ensure meeting core measure metrics and LOS
- Created trusting relationship with team and colleagues
- Mentor and motivate members of team to complete higher education and career development
- Maintained competencies (BLS and ACLS) and skills allowing the ability to step in at the bedside as needed.

Crouse Hospital: Syracuse, NY

Registered Nurse: Staff Nurse, Telemetry

January 2009-October2015

- Act as patient advocate, assess patient status and notify physician of change
- Fulfill role of charge nurse, with responsibility to supervise several RN's, Critical Care Technicians and Nursing Assistants
- Evaluate staffing requirements, floor assignments and organize unit activities for 40 bed unit.
- Identify patient actual and potential problems
- Orient new registered nurses to unit

Twin Trees III: North Syracuse, NY

Dining Room Manager

January 2005-2009

- Dedicated manager with strong work ethic and the ability to build lasting client relationships.

- Able to motivate employees to perform to their maximum potential
 - Excellent organizational and planning skills; adaptable; enjoy new challenges
-

Education

- Doctorate of Nursing Practice 2022
Grand Canyon University, Phoenix, Arizona
 - MS Nursing Administration and Leadership 2019
Roberts Wesleyan College, Rochester, NY
 - RN to BS Program 2015
Roberts Wesleyan College, Rochester, NY
 - Associate Degree in Nursing 2008
Crouse Hospital School of Nursing, Syracuse, NY
 - Associate Degree in Liberal Arts 2003
Cayuga Community College, Auburn, NY
-

Certifications

- American Heart Association BLS/ACLS
 - Certified Medical- Surgical R.N. 2013
-

Activities

- Sigma Theta Tau International Honor Society of Nursing 2019
- Daisy Nurse Leader Award 2021

References available upon request

Romi Pennello



Work Experience

Operational Support Manager

Crouse Health - Syracuse, NY

February 2024 to Present

- Oversee projects and initiatives that support health system goals
- Ongoing project management
- Organize and collaborate to enhance overall efficiency and communication

Infection Control Coordinator

Crouse Health - Syracuse, NY

August 2019 to February 2024

- Identified trends for hospital infections, interpreting surveillance data to develop risk reduction strategies
- Managed files on procedures, infection rates and patient outcomes
- Created and implemented new and improved procedures for controlling infections

Quality Improvement Specialist

Molina Healthcare - North Syracuse, NY

January 2018 to August 2019

- Evaluated healthcare operations in comparison to guidelines
- Assisted in developing and implementing Value Based Contracts with various local healthcare agencies
- Assessed condition, care and records of current patients to make timely decisions on standards
- Kept records of quality reports and statistical reviews

Community Resource Specialist

East Hill Family Medical - Auburn, NY

March 2016 to January 2018

- Taught youth how to drive discussion and promote change through various channels
- Documented plans, findings and results and submitted to employers and insurance carriers

Education

Bachelor of Science in Community Health Services

SUNY Cortland - Cortland, NY

August 2014

Skills

- Managing data
- Communication
- Developing prevention policies
- Computer skills
- Revising policies
- Surveillance strategies
- Communication skills
- Microsoft Office
- Organizational skills
- Customer relationship management
- Data entry
- Microsoft Excel
- Hospital experience
- Project Management
- Quality Management

Awards

Crouse Future Leaders Program

May 2024

Dr. Evan H. Belanger, DNP

- Position** Doctor of Nursing Practice; First Assist; Director of Neurosciences, Intensive Care, Vascular Access, SWAT
- Experience** **Director of Neurosciences; Intensive Care; Vascular Access; SWAT**
Crouse Hospital, Syracuse, NY
01/20/2019 – Current
Director of all of components of Comprehensive Stroke Program, Neurosciences, and Intensive Care. Leader of the daily mission of multiple units, 175 nurses, and program guidance.
- Doctor of Nursing Practice**
Crouse Medical Practice, PLLC, Syracuse, NY
01/01/2015 – Current
Advanced Practice Provider responsible for comprehensive care of all Neuroscience patients across the healthcare continuum.
- Doctor of Nursing Practice**
Southern New York Neurosurgery Binghamton NY
12/20012 – 01/01/2015
Advanced Practice Provider responsible for comprehensive care of all Neuroscience patients across the healthcare continuum.
- Certified Family Nurse Practitioner**
Southern New York Neurosurgery Binghamton NY
09/2009 – 12/2012
Advanced Practice Provider responsible for comprehensive care of all Neuroscience patients across the healthcare continuum.

First Assist

Crouse Hospital, Syracuse, NY

07/2009 – Current

First Surgical Assist of all Neuroscience patients in the preoperative, intraoperative, and postoperative settings. Specialize in complex spinal procedures.

Registered Nurse

University Hospital at Upstate, Syracuse, NY

05/2006 – 06/2009

Registered Nurse responsible for bedside nursing care of neuroscience intensive care patients.

Education

Doctorate in Nursing Practice

Chatham University, Pittsburgh, PA

December 2012

Master of Science in Nursing

University Hospital at Upstate, Syracuse, NY

May 2009

Bachelors of Science in Nursing

Utica College, Utica, NY

May 2006

Publication

Bader, Littlejohns, Olson (2016) AANN Core Curriculum for Neuroscience Nursing.

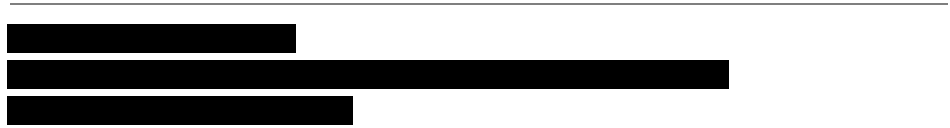
Chapter 14; Spine Disorders (author)

Bridwell & DeWald (2019) The Textbook of Spinal Surgery. 3rd edition

Chapter; Biomechanics (author)

Certifications

ANCC – Family Nurse Practitioner



Family Nurse Practitioner License – 335951 - Date of Licensure:
06/23/2009

NYS Nursing License – 577197 - Date of Licensure: 08/14/2006

Leadership

Board Member – Treasurer – Uno a la Vez, Inc

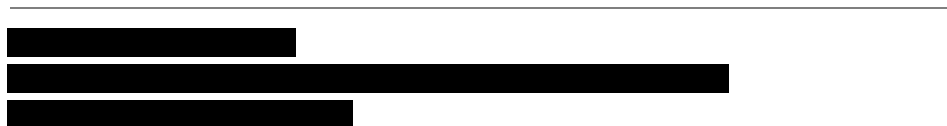
Board Member – Secretary – Triumph Over Stroke, Inc

Board Member – Member at large – Madison County
Historical Society Hop Festival

Founding Member – Churchill's, Inc – Oneida Society

References

Upon Request



Robert Deane Allen



Summary:

Mission-driven marketing communications leader and senior-level executive with over 25 years of healthcare experience managing successful campaigns, service line launches and marketing strategies. Core strengths and passion include: cultural transformation; brand development and stewardship; team leadership; strategic planning; employee and customer engagement; media relations; government relations; reputation management; crisis communications.

Experienced working with marketing and communications teams and agency partners to communicate and engage varied constituencies at multiple organizations. Possess a keen understanding of the importance internal and external communication plays in supporting and advancing the goals, mission and culture of an organization.

Experience:

Crouse Health, Syracuse, NY

Vice President, Communications and Government Affairs
2007 – Present

- Member of senior management team at \$600,000,000+ million, 506-bed locally governed healthcare system. Responsible for all corporate marketing and public relations activity and planning. Oversees annual departmental budget of \$2.8 million.
- Oversee government affairs activity for the health system, ensuring that all local, state and federal elected officials and business leaders are aware of system strategic plans and activity.
- Built and maintain positive media relationships through the development and execution of strategic communications designed to meet the goals of the organization.
- Manage and coordinate service line marketing and public relations initiatives for the system, with a focus on story-telling as a key branding element of all communication strategy.
- Developed branding strategy for emergency services focusing on the 'Take Me to Crouse' tag that highlights lowest ER wait times and comprehensive stroke care as a marketplace product differentiator.
- Work strategically and in collaboration with business development to create specific marketing programs around new product and service offerings.
- Serve as primary media spokesperson for the health system.

Director of Communications

1996 – 2007

- Coordinate and oversee all external and internal corporate communications for one of the area's Top 10 employers.
- Directs all aspects of hospital advertising, public relations and community relations initiatives.

- Provide communications counsel, strategy and speechwriting support/guidance to executive administration, including health system CEO and hospital President.
- Developed integrated marketing communications and advertising campaign for opening of \$13 million maternity center, resulting in 106% increase in OB physician referrals.
- Coordinate and draft quarterly board member leadership updates for health system Chief Executive Officer.

Marketing Communications Manager

1991 – 1996

- Developed brand identity and managed successful launch of Central New York’s first 24-hour urgent care center.
- Increased positive news coverage for the hospital, its services and physicians by 55%.
- Initiated innovative partnership with Rochester, NY-based Wegmans Food Markets to provide physician referral and health information services to customers in its Syracuse-area stores.

Director of Public Relations

OMNI Communications Inc., Syracuse, NY

1987 – 1991

- Developed and implemented public relations programming for business, government and human services clients.
- Created nationally recognized public information and awareness campaign for Onondaga County (“*Operation Separation*” recycling campaign was awarded the Silver Shaker Award from the Public Relations Society of America.)

Education:

S.I. Newhouse School of Public Communications, Syracuse University
Bachelor of Science

Member:

Public Relations Society of America
Society of Healthcare Strategy and Market Development
Board of Directors, American Heart Association (past member)
Board of Directors, Vera House (past member)
Board of Directors, Hillside Work-Scholarship Program (past member)

Recipient:

Phillip A. Hofmann President’s Award for Best News Source
Syracuse Press Club, 2010

Working Capital Financing Plan

1. Working Capital Financing Plan and Pro Forma Balance Sheet:

This section should be completed in conjunction with the monthly Cash Flow. The general guidelines for working capital requirements are two months of first year expenses for changes of ownership and two months' of third year expenses for new establishments, construction projects or when the first year budget indicates a net operating loss. Any deviation from these guidelines must be supported by the monthly cash flow analysis. If working capital is required for the project, all sources of working capital must be indicated clearly. Borrowed funds are limited to 50% of total working capital requirements and cannot be a line of credit. Terms of the borrowing cannot be longer than 5 years or less than 1 year. If borrowed funds are a source of working capital, please summarize the terms below, and attach a letter of interest from the intended source of funds, to include an estimate of the principal, term, interest rate and payout period being considered. Also, describe and document the source(s) of working capital equity.

Titles of Attachments Related to Borrowed Funds	Filenames of Attachments
Example: <i>First borrowed fund source</i>	Example: <i>first bor fund.pdf</i>
<u>N/A</u>	

In the section below, briefly describe and document the source(s) of working capital equity

Working capital needs for this project will be funded using existing cash equity from ongoing operations. Please refer to the **Schedule 5 Attachment** for the Monthly Cash Flow Analysis and to the **Schedule 9 Attachment** for the Financial Narrative, the 2022 Audited Financial Statement and a recent 2024 Internal Financial Statement of Crouse Health System, Inc. (CHS). CHS is a not-for-profit organization that is the active parent and sole member of Crouse Health Hospital Inc. d/b/a Crouse Hospital (the "Hospital").

2. Pro Forma Balance Sheet

This section should be completed for all new establishment and change in ownership applications. On a separate attachment identified below, provide a pro forma (opening day) balance sheet. If the operation and real estate are to be owned by separate entities, provide a pro forma balance sheet for each entity. Fully identify all assumptions used in preparation of the pro forma balance sheet. If the pro forma balance sheet(s) is submitted in conjunction with a change in ownership application, on a line-by-line basis, provide a comparison between the submitted pro forma balance sheet(s), the most recently available facility certified financial statements and the transfer agreement. Fully explain and document all assumptions.

Titles of Attachments Related to Pro Forma Balance Sheets	Filenames of Attachments
<i>Example: Attachment to operational balance sheet</i>	<i>Example: Operational_bal_sheet.pdf</i>
<u>N/A</u>	

SCHEDULE 5 ATTACHMENT

CROUSE HOSPITAL

MONTHLY CASH FLOW STATEMENT

CROUSE HOSPITAL

CERTIFY CARDIOLOGY SURGERY SERVICE, WITH REQUISITE RENOVATIONS

MONTHLY CASH FLOW ANALYSIS - INCREMENTAL PROJECT ONLY - YEAR 1 (2024 DOLLARS)

* The starting cash in Year 1 represents the amount listed in Cash/Cash Equivalents in the recent Internal Financial Statement.

Schedule 6 Architectural/Engineering Submission

Contents:

- Schedule 6 – Architectural/Engineering Submission

Architectural Submission Requirements for Contingent Approval and Contingency Satisfaction

Schedule applies to all projects with construction, including Articles 28 & 40, i.e., Hospitals, Diagnostic and Treatment Centers, Residential Health Care Facilities, and Hospices.

Instructions

- Provide Architectural/Engineering Narrative using the format below.
- Provide Architect/Engineer Certification form:
 - [Architect's Letter of Certification for Proposed Construction or Renovation for Projects That Will Be Self-Certified. Self-Certification Is Not an Option for Projects over \\$15 Million, or Projects Requiring a Waiver](#) (PDF)
 - [Architect's Letter of Certification for Proposed Construction or Renovation Projects to Be Reviewed by DOH or DASNY](#), (PDF) (Not to Be Submitted with Self-Certification Projects)
 - [Architect's Letter of Certification for Completed Projects](#) (PDF)
 - [Architect's or Engineer's Letter of Certification for Inspecting Existing Buildings](#) (PDF)
- Provide FEMA BFE Certificate. Applies only to Hospitals and Nursing Homes.
 - [FEMA Elevation Certificate and Instructions.pdf](#)
- Provide Functional Space Program: A list that enumerates project spaces by floor indicating size by gross floor area and clear floor area for the patient and resident spaces.
- For projects with imaging services, provide Physicist's Letter of Certification and Physicist's Report including drawings, details and supporting information at the design development phase.
 - [Physicist's Letter of Certification](#) (PDF)
- Provide Architecture/Engineering Drawings in PDF format created from the original electronic files; scans from printed drawings will not be accepted. Drawing files less than 100 MB, and of the same trade, may be uploaded as one file.
 - [NYSDOH and DASNY Electronic Drawing Submission Guidance for CON Reviews](#)
 - [DSG-1.0 Schematic Design & Design Development Submission Requirements](#)
- Refer to the Required Attachment Table below for the Schematic Design Submission requirements for Contingent Approval and the Design Development Submission requirements for Contingency Satisfaction.
 - Attachments must be labeled accordingly when uploading in NYSE-CON.
 - Do not combine the Narrative, Architectural/Engineering Certification form and FEMA BFE Certificate into one document.
 - If submitted documents require revisions, provide an updated Schedule 6 with the revised information and date within the narrative.

Architecture/Engineering Narrative

Narrative shall include but not limited to the following information. Please address all items in the narrative including items located in the response column. **Incomplete responses will not be accepted.**

Project Description	
Schedule 6 submission date: 6/3/2024	Revised Schedule 6 submission date: N/A
Does this project amend or supersede prior CON approvals or a pending application? No If so, what is the original CON number? Not Applicable	
Intent/Purpose: Renovation on the 1st floor of Crouse Hospital to expand their Surgical Services by establishing a Cardiac Surgical Suite.	
Site Location: Crouse Hospital, located at 736 Irving Ave, Syracuse NY 13210	

**New York State Department of Health
Certificate of Need Application**

Schedule 6

<p>Brief description of current facility, including facility type: The project area is located on the first level of Crouse Hospital, within the existing Memorial Building portion of the overall Hospital. The location of the proposed Cardiac Surgical Suite renovation is directly adjacent to the existing Surgical Suite, which provides the opportunity to connect both suites for increased efficiency for Staff. The area of renovation is currently used as the Administrative Suite and is a steel framed structure with concrete slab.</p>	
<p>Brief description of proposed facility: Not applicable – renovation occurring within existing building</p>	
<p>Location of proposed project space(s) within the building. Note occupancy type for each occupied space. The proposed project renovation space is an existing I-2 Occupancy, located on the First Level of the Hospital. There will be no change in Occupancy for the project.</p>	
<p>Indicate if mixed occupancies, multiple occupancies and or separated occupancies. Describe the required smoke and fire separations between occupancies: Not Applicable</p>	
<p>If this is an existing facility, is it currently a licensed Article 28 facility?</p>	<p>Yes</p>
<p>Is the project space being converted from a non-Article 28 space to an Article 28 space?</p>	<p>No</p>
<p>Relationship of spaces conforming with Article 28 space and non-Article 28 space: Not Applicable</p>	
<p>List exceptions to the NYSDOH referenced standards. If requesting an exception, note each on the Architecture/Engineering Certification form under item #3. Utilization of FGI 2018 Guidelines</p>	
<p>Does the project involve heating, ventilating, air conditioning, plumbing, electrical, water supply, and fire protection systems that involve modification or alteration of clinical space, services or equipment such as operating rooms, treatment, procedure rooms, and intensive care, cardiac care , other special care units (such as airborne infection isolation rooms and protective environment rooms), laboratories and special procedure rooms, patient or resident rooms and or other spaces used by residents of residential health care facilities on a daily basis? If so, please describe below. Yes, please reference attached narrative</p>	<p>Yes, please see attached narrative</p>
<p>Provide brief description of the existing building systems within the proposed space and overall building systems, including HVAC systems, electrical, plumbing, etc. Please reference attached narrative</p>	
<p>Describe scope of work involved in building system upgrades and or replacements, HVAC systems, electrical, Sprinkler, etc. Please reference attached narrative</p>	
<p>Describe existing and or new work for fire detection, alarm, and communication systems: Please reference attached narrative</p>	
<p>If a hospital or nursing home located in a flood zone, provide a FEMA BFE Certificate from www.fema.gov, and describe the work to mitigate damage and maintain operations during a flood event. No, Not Applicable</p>	
<p>Does the project contain imaging equipment used for diagnostic or treatment purposes? If yes, describe the equipment to be provided and or replaced. Ensure physicist's letter of certification and report are submitted. No</p>	
<p>Does the project comply with ADA? If no, list all areas of noncompliance. Yes</p>	
<p>Other pertinent information:</p>	
Project Work Area	Response
Type of Work	Renovation
Square footages of existing areas, existing floor and or existing building.	204,150 sf total Building area of existing Memorial Building

New York State Department of Health Certificate of Need Application

Schedule 6

Square footages of the proposed work area or areas. Provide the aggregate sum of the work areas.	8,540 sf
Does the work area exceed more than 50% of the smoke compartment, floor or building?	No
Sprinkler protection per NFPA 101 Life Safety Code	Yes, in area of work.
Construction Type per NFPA 101 Life Safety Code and NFPA 220	Type 1 (332)
Building Height	249'-4"
Building Number of Stories	12
Which edition of FGI is being used for this project?	2018 Edition of FGI
Is the proposed work area located in a basement or underground building?	No
Is the proposed work area within a windowless space or building?	No
Is the building a high-rise?	Yes
If a high-rise, does the building have a generator?	Yes
What is the Occupancy Classification per NFPA 101 Life Safety Code?	Chapter 18 New Health Care Occupancy
Are there other occupancy classifications that are adjacent to or within this facility? If yes, what are the occupancies and identify these on the plans.	No
Will the project construction be phased? If yes, how many phases and what is the duration for each phase?	No
Does the project contain shell space? If yes, describe proposed shell space and identify Article 28 and non-Article 28 shell space on the plans.	No
Will spaces be temporarily relocated during the construction of this project? If yes, where will the temporary space be?	No
Does the temporary space meet the current DOH referenced standards? If no, describe in detail how the space does not comply.	Not Applicable
Is there a companion CON associated with the project or temporary space? If so, provide the associated CON number. Click here to enter text.	No
Will spaces be permanently relocated to allow the construction of this project? If yes, where will this space be? Click here to enter text.	Yes, the Administration Suite will be located to the Memorial Building within Crouse Hospital.
Changes in bed capacity? If yes, enumerate the existing and proposed bed capacities.	Not Applicable
Changes in the number of occupants? If yes, what is the new number of occupants?	No
Does the facility have an Essential Electrical System (EES)? If yes, which EES Type? Yes, Type 1	Yes
If an existing EES Type 1, does it meet NFPA 99 -2012 standards?	Yes
Does the existing EES system have the capacity for the additional electrical loads? Click here to enter text.	Yes
Does the project involve Operating Room alterations, renovations, or rehabilitation? If yes, provide brief description.	No, there will be construction of new Operating Rooms (not renovation of exg)
Does the project involve Bulk Oxygen Systems? If yes, provide brief description.	No
If existing, does the Bulk Oxygen System have the capacity for additional loads without bringing in additional supplemental systems?	Not Applicable
Does the project involve a pool?	No

REQUIRED ATTACHMENT TABLE			
SCHEMATIC DESIGN SUBMISSION for CONTINGENT APPROVAL	DESIGN DEVELOPMENT SUBMISSION (State Hospital Code Submission) for CONTINGENCY SATISFACTION	Title of Attachment	File Name in PDF format
•		Architectural/Engineering Narrative	A/E Narrative.PDF
•		Functional Space Program	FSP.PDF
•		Architect/Engineer Certification Form	A/E Cert Form. PDF
•		FEMA BFE Certificate	FEMA BFE Cert.PDF
•		Article 28 Space/Non-Article 28 Space Plans	CON100.PDF
•	•	Site Plans	SP100.PDF
•	•	Life Safety Plans including level of exit discharge, and NFPA 101-2012 Code Analysis	LSC100.PDF
•	•	Architectural Floor Plans, Roof Plans and Details. Illustrate FGI compliance on plans.	A100.PDF
•	•	Exterior Elevations and Building Sections	A200.PDF
•	•	Vertical Circulation	A300.PDF
•	•	Reflected Ceiling Plans	A400.PDF
optional	•	Wall Sections and Partition Types	A500.PDF
optional	•	Interior Elevations, Enlarged Plans and Details	A600.PDF
	•	Fire Protection	FP100.PDF
	•	Mechanical Systems	M100.PDF
	•	Electrical Systems	E100.PDF
	•	Plumbing Systems	P100.PDF
	•	Physicist's Letter of Certification and Report	X100.PDF

SCHEDULE 6 ATTACHMENT

CROUSE HOSPITAL

ARCHITECTURAL DOCUMENTATION

1. Architectural/MEP Narrative
2. Functional Space Program
3. PDF of Architect/Applicant Letter of Certification
4. PDF of Schematic Drawings



**CONSTRUCTION PROJECT CERTIFICATION LETTER FOR AER REVIEWS
ARCHITECTS & ENGINEERS**

(For projects not meeting the prerequisites for Self-Certification submission.)

Date: **05/31/24**
CON Number: **To be Determined**
Facility Name: **Crouse Hospital**
Facility ID Number: **0636**
Facility Address: **736 Irving Avenue, Syracuse NY 13210**

NYS Department of Health/Office of Health Systems Management
Center for Health Care Facility Planning, Licensure, and Finance
Bureau of Architectural and Engineering Review
ESP, Corning Tower, 18th Floor
Albany, New York 12237

To The New York State Department of Health:

I hereby certify that:

1. I have been retained by the aforementioned facility, to provide professional architectural/engineering services related to the design and preparation of construction documents, including drawings and specifications for the aforementioned project. During the course of construction, periodic site observation visits will be performed, and the necessary standard of care, noting progress, quality and ensuring conformance of the work with documents provided for all regulatory approvals associated with the aforementioned project.
2. I have ascertained that, to the best of my knowledge, information and belief, the completed structure will be designed and constructed, in accordance with the functional program for the referenced construction project and in accordance with any project definitions, waivers or revisions approved or required by the New York State Department of Health.
3. The above-referenced construction project will be designed and constructed in compliance with all applicable local codes, statutes, and regulations, and the applicable provisions of the State Hospital Code -- 10 NYCRR Part 711 (General Standards for Construction) and Parts (check all that apply):
 - a. 712 (Standards of Construction for General Hospital Facilities)
 - b. 713 (Standards of Construction for Nursing Home Facilities)
 - c. 714 (Standards of Construction for Adult Day Health Care Program Facilities)
 - d. 715 (Standards of Construction for Freestanding Ambulatory Care Facilities)
 - e. 716 (Standards of Construction for Rehabilitation Facilities)
 - f. 717 (Standards of Construction for New Hospice Facilities and Units)

PLEASE NOTE ANY EXCEPTIONS HERE:

Utilization of FGI 2018 Guidelines

4. I understand that as the design of this project progresses, if a component of this project is inconsistent with the State Hospital Code (10 NYCRR Parts 711, 712, 713, 714, 715, 716, or 717), I shall bring this to the attention of the Bureau of Architecture and Engineering Review (BAER) of the New York State Department of Health prior to or upon submitting final drawings for compliance resolution.

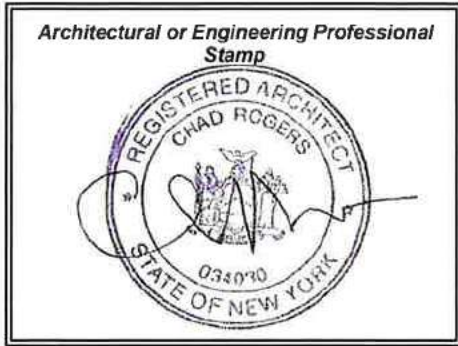
5. I understand that upon completion of construction, the costs of any subsequent corrections necessary to achieve compliance with applicable requirements of 10 NYCRR Parts 711, 712, 713, 714, 715, 716 and 717, when the prior work was not completed properly as certified herein, may not be considered allowable costs for reimbursement under 10 NYCRR Part 86.

This certification is being submitted to facilitate the CON review and subsequent to formal plan approval by your office. It is understood that an electronic copy of final Construction Documents on CD, meeting the requirements of DSG-05 must be submitted to PMU for all projects, including limited, administrative, full review, self-certification and reviews performed and completed by DASNY.

Project Name: Crouse Health 1st Floor Surgical Renovations

Location: 736 Irving Avenue, Syracuse NY 13210

Description: Renovation of 8,540 sf on the 1st Floor of Crouse Hospital to add (2) Operating Rooms to expand Surgical Services



Chad Rogers

Signature of Architect or Engineer

Chad Rogers, AIA

Name of Architect or Engineer (Print)

034030

Professional New York State License Number

358 W Jefferson Street, Syracuse NY 13202

Business Address

The undersigned applicant understands and agrees that, notwithstanding this architectural/engineering certification the Department of Health shall have continuing authority to (a) review the plans submitted herewith and/or inspect the work with regard thereto, and (b) withdraw its approval thereto. The applicant shall have a continuing obligation to make any changes required by the Division to comply with the above-mentioned codes and regulations, whether or not physical plant construction or alterations have been completed.

Seth Kronenberg
Authorized Signature for Applicant

6/3/24

Date

Seth Kronenberg, MD President & CEO

Name (Print)

Title

Notary signing required for the applicant

STATE OF NEW YORK)

County of *Onondaga*)

) SS:

On the *3rd* day of *June* 20*24* before me personally appeared *Seth Kronenberg MD*, to me known, who being by me duly sworn, did depose and say that he/she is the *President & CEO* of the *Crouse Health Hospital*, the facility described herein which executed the foregoing instrument; and that he/she signed his/her name thereto by order of the governing authority of said facility.

(Notary) *Andrea C Rachetta*

ANDREA C RACHETTA
Notary Public, State of New York
No. 01RA6320113
Qualified in Onondaga County
Commission Expires March 2, 20*27*

ARCHITECTURAL AND ENGINEERING LETTER OF CERTIFICATION

Schedule LRA 4/Schedule 7 CON Forms Regarding Environmental issues

Contents:

Schedule LRA 4/Schedule 7 - Environmental Assessment

Environmental Assessment			
Part I.	The following questions help determine whether the project is "significant" from an environmental standpoint.	Yes	No
1.1	If this application involves establishment, will it involve more than a change of name or ownership only, or a transfer of stock or partnership or membership interests only, or the conversion of existing beds to the same or lesser number of a different level of care beds? NOT APPLICABLE	<input type="checkbox"/>	<input type="checkbox"/>
1.2	Does this plan involve construction and change land use or density?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.3	Does this plan involve construction and have a permanent effect on the environment if temporary land use is involved?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.4	Does this plan involve construction and require work related to the disposition of asbestos?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Part II.	If any question in Part I is answered "yes" the project may be significant, and Part II must be completed. If all questions in Part II are answered "no" it is likely that the project is not significant.	Yes	No
2.1	Does the project involve physical alteration of ten acres or more?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2	If an expansion of an existing facility, is the area physically altered by the facility expanding by more than 50% and is the total existing and proposed altered area ten acres or more?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.3	Will the project involve use of ground or surface water or discharge of wastewater to ground or surface water in excess of 2,000,000 gallons per day?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.4	If an expansion of an existing facility, will use of ground or surface water or discharge of wastewater by the facility increase by more than 50% and exceed 2,000,000 gallons per day?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.5	Will the project involve parking for 1,000 vehicles or more?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.6	If an expansion of an existing facility, will the project involve a 50% or greater increase in parking spaces and will total parking exceed 1000 vehicles?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.7	In a city, town, or village of 150,000 population or fewer, will the project entail more than 100,000 square feet of gross floor area?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.8	If an expansion of an existing facility in a city, town, or village of 150,000 population or fewer, will the project expand existing floor space by more than 50% so that gross floor area exceeds 100,000 square feet?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.9	In a city, town or village of more than 150,000 population, will the project entail more than 240,000 square feet of gross floor area?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.10	If an expansion of an existing facility in a city, town, or village of more than 150,000 population, will the project expand existing floor space by more than 50% so that gross floor area exceeds 240,000 square feet?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.11	In a locality without any zoning regulation about height, will the project contain any structure exceeding 100 feet above the original ground area?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.12	Is the project wholly or partially within an agricultural district certified pursuant to Agriculture and Markets Law Article 25, Section 303?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.13	Will the project significantly affect drainage flow on adjacent sites?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2.14	Will the project affect any threatened or endangered plants or animal species?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.15	Will the project result in a major adverse effect on air quality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.16	Will the project have a major effect on visual character of the community or scenic views or vistas known to be important to the community?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.17	Will the project result in major traffic problems or have a major effect on existing transportation systems?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.18	Will the project regularly cause objectionable odors, noise, glare, vibration, or electrical disturbance as a result of the project's operation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.19	Will the project have any adverse impact on health or safety?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.20	Will the project affect the existing community by directly causing a growth in permanent population of more than five percent over a one-year period or have a major negative effect on the character of the community or neighborhood?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.21	Is the project wholly or partially within, or is it contiguous to any facility or site listed on the National Register of Historic Places, or any historic building, structure, or site, or prehistoric site, that has been proposed by the Committee on the Registers for consideration by the New York State Board on Historic Preservation for recommendation to the State Historic Officer for nomination for inclusion in said National Register?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.22	Will the project cause a beneficial or adverse effect on property listed on the National or State Register of Historic Places or on property which is determined to be eligible for listing on the State Register of Historic Places by the Commissioner of Parks, Recreation, and Historic Preservation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.23	Is this project within the Coastal Zone as defined in Executive Law, Article 42? If Yes, please complete Part IV.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Part III.		Yes	No
3.1	Are there any other state or local agencies involved in approval of the project? If so, fill in Contact Information to Question 3.1 below.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Agency Name:	City of Syracuse – Codes/Permit Department	
	Contact Name:	Jake Dishaw	
	Address:	300 South State Street, Suite 700	
	State and Zip Code:	NY, 13202	
	E-Mail Address:	permits@syr.gov	
	Phone Number:	(315) 448-8005	
	Agency Name:		
	Contact Name:		
	Address:		
	State and Zip Code:		
	E-Mail Address:		
	Phone Number:		
	Agency Name:		
	Contact Name:		

	Address:				
	State and Zip Code:				
	E-Mail Address:				
	Phone Number:				
	Agency Name:				
	Contact Name:				
	Address:				
	State and Zip Code:				
	E-Mail Address:				
Phone Number:					
3.2	Has any other agency made an environmental review of this project? If so, give name, and submit the SEQRA Summary of Findings with the application in the space provided below.			Yes	No
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Agency Name:				
	Contact Name:				
	Address:				
	State and Zip Code:				
	E-Mail Address:				
Phone Number:					
3.3	Is there a public controversy concerning environmental aspects of this project? If yes, briefly describe the controversy in the space below.			Yes	No
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
Part IV.	Storm and Flood Mitigation				
	Definitions of FEMA Flood Zone Designations				
	Flood zones are geographic areas that the FEMA has defined according to varying levels of flood risk. These zones are depicted on a community's Flood Insurance Rate Map (FIRM) or Flood Hazard Boundary Map. Each zone reflects the severity or type of flooding in the area.				
	Please use the FEMA Flood Designations scale below as a guide to answering all Part IV questions regardless of project location, flood and or evacuation zone.			Yes	No
4.1	Is the proposed site located in a flood plain? If Yes, indicate classification below and provide the Elevation Certificate (FEMA Flood Insurance).			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Moderate to Low Risk Area			Yes	No
	Zone	Description		<input type="checkbox"/>	<input checked="" type="checkbox"/>
	In communities that participate in the NFIP, flood insurance is available to all property owners and renters in these zones:				
	B and X	Area of moderate flood hazard, usually the area between the limits of the 100-year and 500-year floods. Are also used to designate base floodplains of lesser hazards, such as areas protected by levees from 100-year flood, or shallow flooding areas with average depths of less than one foot or drainage areas less than 1 square mile.			<input type="checkbox"/>

C and X	Area of minimal flood hazard, usually depicted on FIRMs as above the 500-year flood level.	<input type="checkbox"/>	
High Risk Areas		Yes	No
Zone	Description	<input type="checkbox"/>	<input checked="" type="checkbox"/>
In communities that participate in the NFIP, mandatory flood insurance purchase requirements apply to all these zones:			
A	Areas with a 1% annual chance of flooding and a 26% chance of flooding over the life of a 30-year mortgage. Because detailed analyses are not performed for such areas; no depths or base flood elevations are shown within these zones.	<input type="checkbox"/>	
AE	The base floodplain where base flood elevations are provided. AE Zones are now used on new format FIRMs instead of A1-A30.	<input type="checkbox"/>	
A1-30	These are known as numbered A Zones (e.g., A7 or A14). This is the base floodplain where the FIRM shows a BFE (old format).	<input type="checkbox"/>	
AH	Areas with a 1% annual chance of shallow flooding, usually in the form of a pond, with an average depth ranging from 1 to 3 feet. These areas have a 26% chance of flooding over the life of a 30-year mortgage. Base flood elevations derived from detailed analyses are shown at selected intervals within these zones.	<input type="checkbox"/>	
AO	River or stream flood hazard areas, and areas with a 1% or greater chance of shallow flooding each year, usually in the form of sheet flow, with an average depth ranging from 1 to 3 feet. These areas have a 26% chance of flooding over the life of a 30-year mortgage. Average flood depths derived from detailed analyses are shown within these zones.	<input type="checkbox"/>	
AR	Areas with a temporarily increased flood risk due to the building or restoration of a flood control system (such as a levee or a dam). Mandatory flood insurance purchase requirements will apply, but rates will not exceed the rates for unnumbered A zones if the structure is built or restored in compliance with Zone AR floodplain management regulations.	<input type="checkbox"/>	
A99	Areas with a 1% annual chance of flooding that will be protected by a Federal flood control system where construction has reached specified legal requirements. No depths or base flood elevations are shown within these zones.	<input type="checkbox"/>	
High Risk Coastal Area		Yes	No
Zone	Description		
In communities that participate in the NFIP, mandatory flood insurance purchase requirements apply to all these zones:			
Zone V	Coastal areas with a 1% or greater chance of flooding and an additional hazard associated with storm waves. These areas have a 26% chance of flooding over the life of a 30-year mortgage. No base flood elevations are shown within these zones.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VE, V1 - 30	Coastal areas with a 1% or greater chance of flooding and an additional hazard associated with storm waves. These areas have a 26% chance of flooding over the life of a 30-year mortgage. Base flood elevations derived from detailed analyses are shown at selected intervals within these zones.	<input type="checkbox"/>	
Undetermined Risk Area		Yes	No
Zone	Description	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	D	Areas with possible but undetermined flood hazards. No flood hazard analysis has been conducted. Flood insurance rates are commensurate with the uncertainty of the flood risk.		
4.2	Are you in a designated evacuation zone?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
	If Yes, the Elevation Certificate (FEMA Flood Insurance) shall be submitted with the application.			
	If yes which zone is the site located in?			
4.3	Does this project reflect the post Hurricane Lee, and or Irene, and Superstorm Sandy mitigation standards?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
	If Yes, which floodplain?	100 Year	<input type="checkbox"/>	
		500 Year	<input type="checkbox"/>	

The Elevation Certificate provides a way for a community to document compliance with the community's floodplain management ordinance.

[FEMA Elevation_Certificate_and Instructions](#)

**New York State Department of Health
 Certificate of Need Application
 Schedule 8A Summarized Project Cost and Construction Dates**

This schedule is required for all Establishment Applications and Full or Administrative Review Construction Applications.

1.) Project & Subject Cost Summary data:

	Total	Source
Project/Subproject Description:		
Project Cost	\$17,471,496	Schedule 8a or 8b, column C, line 8
Total Basic Cost of Construction	\$17,471,496	from Schedule 8a or 8b column C, line 6
Total Cost of Moveable Equipment	\$3,987,635	Schedule 8a or 8b, column C, line 5.1
Cost/Per Square Foot for New Construction (calculated on Table 10)	N/A	Schedule 10
Cost/Per Square Foot for Renovation Construction	\$1,058.18	Schedule 10
Total Incremental Operating Cost (From Schedule 13C, 17C, or 19D)	\$531,982,499	Schedule 13c, 17c or 19d
Amount Financed (as \$)	\$0	Schedule 9
Percentage Financed as % of Total Cost (From Schedule 9)	0%	from Schedule 9
Depreciation Life (in years)	5	for new moveable equipment
Depreciation Life (in years)	15	for other

2) Construction Dates

Anticipated Start Date	4/1/2025 (on or before)	from Schedule 8b
Anticipated Completion Date	5/1/2026 (on or before)	

New York State Department of Health

Certificate of Need Application

Schedule 8B - Total Project Cost - For Projects without Subprojects.

For Article 28, 36, and 40 Establishment & Construction Requiring Full, Administrative or Limited Review

For Limited Review, escalation amounts may be entered as "0".

Constants:	Value	Comments:
Design Contingency - New Construction	N/A	Normally 10%
Construction Contingency - New Construction	N/A	Normally 5%
Design Contingency - Renovation Work	10.00%	Normally 10%
Construction Contingency - Renovation Work	10.00%	Normally 10%
Construction Start Date:	04/01/25 (on or before)	as mm/dd/yyyy
Midpoint of Construction Date	10/15/25 (on or before)	as mm/dd/yyyy
Completion of Construction Date	05/01/26 (on or before)	as mm/dd/yyyy
Year used to compute Current Dollars:	2024	

Subject of attachment:	Attachment Number	Filename of attachment - PDF
For new construction and addition, at the schematic stage the design contingency will be normally be 10% and the construction contingency will be 5%. If your percentages are otherwise, please explain in an attachment	N/A	N/A
For renovation, the design contingency will normally be 10% and the construction contingency will be 10%. If your percentages are otherwise, please explain in an attachment	N/A	N/A

**New York State Department of Health
 Certificate of Need Application
 Schedule 8B - Total Project Cost - For Projects without Subprojects.**

	A	B	C
Item	Project Cost in Current Dollars	Escalation amount to Mid-point of Construction**	Estimated Project Costs
Source:	Schedule 10 Col .7	Computed by applicant	(A + B)
1.1 Land Acquisition	\$0		\$0
1.2 Building Acquisition	\$0		\$0
2.1 New Construction	\$0	\$0	\$0
2.2 Renovation & Demolition	\$9,036,826	\$621,282	\$9,658,108
2.3 Site Development	\$0	\$0	\$0
2.4 Temporary Utilities	\$0	\$0	\$0
2.5 Asbestos Abatement or Removal	\$150,000	\$10,313	\$160,313
3.1 Design Contingency	\$903,683	\$62,128	\$965,811
3.2 Construction Contingency	\$903,683	\$62,128	\$965,811
4.1 Fixed Equipment (NIC)	\$0	\$0	\$0
4.2 Planning Consultant Fees	\$0	\$0	\$0
4.3 Architect/Engineering Fees	\$800,000	\$55,000	\$855,000
4.4 Construction Manager Fees	\$332,389	\$22,852	\$355,241
4.5 Other Fees (Consultant, etc.)	\$50,000	\$3,438	\$53,438
Subtotal (Total 1.1 thru 4.5)	\$12,176,581	\$837,141	\$13,013,722
5.1 Movable Equipment (Sched 11)	\$3,731,120	\$256,515	\$3,987,635
5.2 Telecommunications	\$439,896	\$30,243	\$470,139
6. Total Basic Cost of Construction (total 1.1 thru 5)	\$16,347,597	\$1,123,899	\$17,471,496
7.1 Financing Costs (Points etc)	\$0		\$0
7.2 Interim Interest Expense:: <input type="text" value="\$0"/> At <input type="text" value="0"/> for <input type="text" value="0"/> months	\$0		\$0
8. Total Project Cost: w/o CON fees - Total 6 thru 7.2	\$16,347,597	\$1,123,899	\$17,471,496
Application fees:			
9.1 Application Fee. Article 28, 36 and 40. See Web Site. **	\$2,000		\$2,000
9.2 Additional Processing Fee for projects with capital costs. Not applicable to "Establishment Only" projects. See Web Site for applicable fees. (Line 8, multiplied by the appropriate percentage.) **	\$96,093		\$96,093
Enter Multiplier ie: .25% = .0025	0.55%		
10 Total Project Cost with CON fees	\$16,445,690	\$1,123,899	\$17,569,589

Schedule 9 Proposed Plan for Project Financing:

I. Summary of Proposed Financial plan

Check all that apply and fill in corresponding amounts.

	Type	Amount
<input type="checkbox"/>	A. Lease	
<input checked="" type="checkbox"/>	B. Cash	\$18,124,355
<input type="checkbox"/>	C. Mortgage, Notes, or Bonds	
<input type="checkbox"/>	D. Land	
<input type="checkbox"/>	E. Other	
<input checked="" type="checkbox"/>	F. Total Project Financing (Sum A to E) (equals line 10, Column C of Sch. 8b)	\$18,124,355

If refinancing is used, please complete area below.

<input type="checkbox"/>	Refinancing	
<input type="checkbox"/>	Total Mortgage/Notes/Bonds (Sum E + Refinancing)	

II. Details

A. Leases Not Applicable

	N/A	Title of Attachment
1. List each lease with corresponding cost as if purchased each leased item. Breakdown each lease by total project cost and subproject costs, if applicable.	<input type="checkbox"/>	
2. Attach a copy of the proposed lease(s).	<input type="checkbox"/>	
3. Submit an affidavit indicating any business or family relationships between principals of the landlord and tenant.	<input type="checkbox"/>	
4. If applicable, provide a copy of the lease assignment agreement and the Landlord's consent to the proposed lease assignment.	<input type="checkbox"/>	
5. If applicable, identify separately the total square footage to be occupied by the Article 28 facility and the total square footage of the building.	<input type="checkbox"/>	
6. Attach two letters from independent realtors verifying square footage rate.	<input type="checkbox"/>	
7. For all capital leases as defined by FASB Statement No. 13, "Accounting for Leases", provide the net present value of the monthly, quarterly or annual lease payments.	<input type="checkbox"/>	

**New York State Department of Health
Certificate of Need Application**

Schedule 9

B. Cash

Type	Amount
Accumulated Funds	\$17,124,355
Sale of Existing Assets	
Gifts (fundraising program)	
Government Grants	
Other – Crouse Health Foundation	\$1,000,000
TOTAL CASH	\$18,124,355

	N/A	Title of Attachment
1. Provide a breakdown of the sources of cash. See sample table above.	<input type="checkbox"/>	Please see table above.
2. Attach a copy of the latest certified financial statement and current internal financial reports to cover the balance of time to date. If applicable, address the reason(s) for any operational losses, negative working capital and/or negative equity or net asset position and explain in detail the steps implemented to improve operations. In establishment applications for Residential Health Care Facilities , attach a copy of the latest certified financial statement and current internal financial reports to cover the balance of time to date for the subject facility and all affiliated Residential Health Care Facilities . If applicable, address the reason(s) for any operational losses, negative working capital and/or negative equity or net asset position and explain in detail the steps implemented (or to be implemented in the case of the subject facility) to improve operations.	<input type="checkbox"/>	Please refer to the Schedule 9 Attachment
3. If amounts are listed in "Accumulated Funds" provide cross-reference to certified financial statement or Schedule 2b, if applicable.	<input type="checkbox"/>	Please refer to the Schedule 9 Attachment
4. Attach a full and complete description of the assets to be sold, if applicable.	<input checked="" type="checkbox"/>	
5. If amounts are listed in "Gifts (fundraising program)": <ul style="list-style-type: none"> • Provide a breakdown of total amount expected, amount already raised, and any terms and conditions affixed to pledges. • If a professional fundraiser has been engaged, submit fundraiser's contract and fundraising plan. • Provide a history of recent fund drives, including amount pledged and amount collected 	<input checked="" type="checkbox"/>	

**New York State Department of Health
Certificate of Need Application**

Schedule 9

	N/A	Title of Attachment
6. If amounts are listed in "Government Grants": <ul style="list-style-type: none"> List the grant programs which are to provide the funds with corresponding amounts. Include the date the application was submitted. Provide documentation of eligibility for the funds. Attach the name and telephone number of the contact person at the awarding Agency(ies). 	<input checked="" type="checkbox"/>	
7. If amounts are listed in "Other" attach a description of the source of financial support and documentation of its availability.	<input type="checkbox"/>	Please refer to the Schedule 9 Attachment
8. Current Department policy expects a minimum equity contribution of 10% of total project cost (Schedule 8b line 10) for all Article 28 facilities with the exception of Residential Health Care Facilities that require 25% of total project cost (Schedule 8b, line 10). Public facilities require 0% equity.	<input type="checkbox"/>	10% Equity Met
9. Provide an equity analysis for member equity to be provided. Indicate if a member is providing a disproportionate share of equity. If disproportioned equity shares are provided by any member, check this box <input type="checkbox"/>	<input checked="" type="checkbox"/>	

C. Mortgage, Notes, or Bonds Not Applicable

		Units
Interest	N/A	%
Term		Years
Payout Period		Years
Principal		\$

	N/A	Title of Attachment
1. Attach a copy of a letter of interest from the intended source of permanent financing that indicates principal, interest, term, and payout period.	<input checked="" type="checkbox"/>	
2. If New York State Dormitory Authority (DASNY) financing, then attach a copy of a letter from a mortgage banker.	<input checked="" type="checkbox"/>	
3. Provide details of any DASNY bridge financing to HUD loan.	<input checked="" type="checkbox"/>	
4. If the financing of this project becomes part of a larger overall financing, then a new business plan inclusive of a feasibility package for the overall financing will be required for DOH review prior to proceeding with the combined financing.	<input checked="" type="checkbox"/>	

**New York State Department of Health
Certificate of Need Application**

Schedule 9

D. Land Not Applicable

Provide details for the land including but not limited to; appraised value, historical cost, and purchase price. See sample table below.

	Total Project
Appraised Value	
Historical Cost	N/A
Purchase Price	
Other	

	N/A	Title of Attachment
1. If amounts are listed in "Other", attach documentation and a description as applicable.	<input checked="" type="checkbox"/>	
2. Attach a copy of the Appraisal. Supply the appraised date and the name of the appraiser.	<input checked="" type="checkbox"/>	
3. Submit a copy of the proposed purchase/option agreement.	<input checked="" type="checkbox"/>	
4. Provide an affidavit indicating any and all relationships between seller and the proposed operator/owner.	<input checked="" type="checkbox"/>	

E. Other Not Applicable

Provide listing and breakdown of other financing mechanisms.

	Total Project
Notes	
Stock	N/A
Other	

	N/A	Title of Attachment
Attach documentation and a description of the method of financing	<input checked="" type="checkbox"/>	

F. Refinancing

	N/A	Title of Attachment
1. Provide a breakdown of the terms of the refinancing, including principal, interest rate, and term remaining.	<input checked="" type="checkbox"/>	

**New York State Department of Health
Certificate of Need Application**

Schedule 9

<p>2. Attach a description of the mortgage to be refinanced. Provide full details of the existing debt and refinancing plan inclusive of original and current amount, term, assumption date, and refinancing fees. The term of the debt to be refunded may not exceed the remaining average useful life of originally financed assets. If existing mortgage debt will not be refinanced, provide documentation of consent from existing lien holders of the proposed financing plan.</p>	<input checked="" type="checkbox"/>	
--	-------------------------------------	--

SCHEDULE 9 ATTACHMENT

CROUSE HOSPITAL

FINANCIAL DOCUMENTS

1. Financial Narrative
2. 2024 Internal Financial Statement – Crouse Health Foundation
3. 2022 Audited Financial Statement – Crouse Health Foundation
4. 2024 Internal Financial Statement – Crouse Health System
5. 2022 Audited Financial Statement – Crouse Health System

CROUSE HOSPITAL

FINANCIAL NARRATIVE

Crouse Hospital (“Crouse” or the “Hospital”), a voluntary, not-for-profit, 465-bed acute care hospital, is submitting this Full Review Certificate of Need Application to certify the “Cardiac Surgery – Adult” service and renovate space to accommodate two (2) new operating rooms that will be used for cardiac surgery services. This project will be undertaken by Crouse Hospital in cooperation with, and with program development support from, Northwell Health. Crouse is located at 736 Irving Avenue, Syracuse (Onondaga County), New York 13210.

Crouse Hospital believes that health care should be easy to access, local and tailored to meet the needs of communities – where, when and how they need it most. Over the past several years, the cardiologists at Crouse Hospital have seen a large and growing number of their patients who have been referred to cardiac surgeons outside of the Hospital – including many of whom are covered by Medicaid – receiving cardiac surgery procedures in a delayed manner. This lack of access has led to significant dissatisfaction on the part of patients and their cardiologists. The implementation of the cardiac surgery service at Crouse Hospital will enable these same patients to receive cardiac surgery services at Crouse Hospital, without the same delays that they have been experiencing, and at a facility upon which they have come to rely and with which they are familiar.

Project Funding

The estimated Total Project Cost is \$18,124,355, which will be funded through the following sources:

\$1,000,000	This amount, representing 5.5% of the Total Project Cost, will be funded through existing funds from the Crouse Health Foundation, which is the fundraising arm of the Hospital. Please refer to this Attachment for the 2022
-------------	--

Audited Financial Statement and a recent 2024 Internal Financial Statement for the Crouse Health Foundation.

\$17,124,355 This amount, representing 94.5% of the Total Project Cost, will be funded through existing funds from the Crouse Health System, which includes the Hospital. Please refer to **this Attachment** for the 2022 Audited Financial Statement and a recent 2024 Internal Financial Statement for the Crouse Health System, Inc. (CHS). CHS is a not-for-profit organization that is the active parent and sole member of Crouse Health Hospital, Inc. d/b/a Crouse Hospital.

\$18,124,355 TOTAL

Working capital needs for this project will be funded using existing cash equity from ongoing operations. Please refer to **this Attachment** for the 2022 Audited Financial Statement and a recent 2024 Internal Financial Statement for CHS.

Basis for Utilization, Revenues and Expenses

The number and mix of staff are based on the experience of Crouse Hospital in providing inpatient services, as well as the experience of Northwell Health in staffing its existing cardiac surgery programs in New York State. Northwell Health has been providing program planning and development support to Crouse Hospital for the proposed adult cardiac surgery program. Projected utilization is based upon the experience of the cardiologists who are affiliated with Crouse Hospital and who currently refer patients to cardiac surgeons for cardiac surgery outside of Crouse Hospital. Revenues and expenses are based upon the experience of other, existing cardiac surgery programs in New York State.

**AUDITED
FINANCIAL STATEMENTS**

CROUSE HEALTH FOUNDATION, INC.

DECEMBER 31, 2022

CROUSE HEALTH FOUNDATION, INC.

CONTENTS

	Page
Independent Auditor's Report	1 - 2
Financial Statements:	
Statements of Financial Position	3
Statements of Activities and Changes in Net Assets	4
Statements of Cash Flows	5
Statement of Functional Expenses for the Year Ended December 31, 2022.....	6
Statement of Functional Expenses for the Year Ended December 31, 2021.....	7
Notes to the Financial Statements	8 - 18



Independent Auditor's Report

To the Board of Trustees
Crouse Health Foundation
Syracuse, New York

Opinion

We have audited the financial statements of Crouse Health Foundation, Inc. (the "Foundation"), which comprise the statements of financial position as of December 31, 2022 and 2021, the related statements of activities and changes in net assets, cash flows and functional expenses for the years then ended, and the related notes to the financial statements (collectively, the financial statements).

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Foundation as of December 31, 2022 and 2021, and the results of their operations and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Foundation and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Foundation's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Foundation's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Foundation's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Freed Maxick CPAs, P.C.

Buffalo, New York
March 9, 2023

**New York State Department of Health
 Certificate of Need Application
 Schedule 10 - Space & Construction Cost Distribution**

1. If New Construction is Involved, is it "freestanding?"	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<u>N/A</u>
---	---------------------------------	--------------------------------	------------

	Dense Urban	Other metropolitan or suburban	Rural
2. Check the box that best describes the location of the facilities affected by this project:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The section below must be filled out and signed by the applicant, applicant's representative, project architect, project engineer or project estimator.engineer,

SIGNATURE		DATE	
		6/3/24	
PRINT NAME		TITLE	
Seth Kronenberg, M.D.		President and CEO	
NAME OF FIRM			
Crouse Hospital			
STREET & NUMBER			
736 Irving Avenue			
CITY	STATE	ZIP	PHONE NUMBER
Syracuse	NY	13210	(315) 470-7317

**New York State Department of Health
 Certificate of Need Application
 Schedule 11 - Moveable Equipment**

Table 2 - Equipment being replaced: N/A

Sub project Number	Functional Code	Description, including model, manufacturer year of manufacturer where applicable.	Number of units	Disposition:	Estimated Current Value
Total estimated value of equipment being replaced: Subproject 1					
Total estimated value of equipment being replaced: Subproject 2					
Total estimated value of equipment being replaced: Subproject 3					
Total estimated value of equipment being replaced: Subproject 4					
Total estimated value of equipment being replaced: Subproject 5					
Total estimated value of equipment being replaced: Subproject 6					
Total estimated value of equipment being replaced: Subproject 7					
Total estimated value of equipment being replaced: Subproject 8					
Total estimated value of equipment being replaced: Whole Project:					\$0

SCHEDULE 11 ATTACHMENT

CROUSE HOSPITAL

NEW MOVEABLE EQUIPMENT LIST

New York State Department of Health Certificate of Need Application

Schedule 13A

Schedule 13 A. Assurances from Article 28 Applicants

Article 28 applicants seeking combined establishment and construction or construction-only approval must complete this schedule.

The undersigned, as a duly authorized representative of the applicant, hereby gives the following assurances:

- a) The applicant has or will have a fee simple or such other estate or interest in the site, including necessary easements and rights-of-way sufficient to assure use and possession for the purpose of the construction and operation of the facility.
- b) The applicant will obtain the approval of the Commissioner of Health of all required submissions, which shall conform to the standards of construction and equipment in Subchapter C of Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York.
- c) The applicant will submit to the Commissioner of Health final working drawings and specifications, which shall conform to the standards of construction and equipment of Subchapter C of Title 10, prior to contracting for construction, unless otherwise provided for in Title 10.
- d) The applicant will cause the project to be completed in accordance with the application and approved plans and specifications.
- e) The applicant will provide and maintain competent and adequate architectural and/or engineering inspection at the construction site to ensure that the completed work conforms to the approved plans and specifications.
- f) If the project is an addition to a facility already in existence, upon completion of construction all patients shall be removed from areas of the facility that are not in compliance with pertinent provisions of Title 10, unless a waiver is granted by the Commissioner of Health, under Title 10.
- g) The facility will be operated and maintained in accordance with the standards prescribed by law.
- h) The applicant will comply with the provisions of the Public Health Law and the applicable provisions of Title 10 with respect to the operation of all established, existing medical facilities in which the applicant has a controlling interest.
- i) The applicant understands and recognizes that any approval of this application is not to be construed as an approval of, nor does it provide assurance of, reimbursement for any costs identified in the application. Reimbursement for all cost shall be in accordance with and subject to the provisions of Part 86 of Title 10.

Date

6/3/24



Signature:

Seth Kronenberg, M.D.

Name (Please Type)

President and Chief Executive Officer

Title (Please type)

**New York State Department of Health
Certificate of Need Application**

Schedule 13B

Schedule 13 B. Staffing

Table 13B - 1: See “Schedules Required for Each Type of CON” to determine when this form is required. Use the “Other” categories for providers, such as dentists, that are not mentioned in the staff categories. If a project involves multiple sites please create a staffing table for each site.

Total Project Subproject number _____

A		B	C	D
		Number of FTEs to the Nearest Tenth		
Staffing Categories				
■	Management & Supervision			
■	Technician & Specialist			
■	Registered Nurses			
■	Licensed Practical Nurses			
■	Aides, Orderlies & Attendants			
■	Physicians			
■	PGY Physicians			
■	Physicians' Assistants			
■	Nurse Practitioners			
■	Nurse Midwife			
■	Social Workers and Psychologist**			
■	Physical Therapists and PT Assistants			
■	Occupational Therapists and OT Assistants			
■	Speech Therapists and Speech Assistants			
■	Other Therapists and Assistants			
■	Infection Control, Environment and Food Service			
■	Clerical & Other Administrative			
■	Other Staff Members			
■				
■				
■				
■	Total Number of Employees			

* Last complete year prior to submitting application
 ** Use only for RHCF and D and T Center proposals

Describe how the number and mix of staff were determined:

The number and mix of staff were based on the experience of Crouse Hospital in providing other surgical services, as well as the experience of Northwell Health, which has provided assistance in developing the proposed cardiac surgery program.

PLEASE REFER TO THE OPERATING BUDGET ITEMS UNDER THE SCHEDULE 13 ATTACHMENT FOR ADDITIONAL INFORMATION.

**New York State Department of Health
Certificate of Need Application**

Schedule 13 B-2. Medical/Center Director and Transfer Agreements

NOT APPLICABLE

All diagnostic and treatment centers and midwifery birth centers should complete this section when requesting a new location. DTCs are required to have a Medical Director who is a physician. MBCs may have a Center Director who is a physician or a licensed midwife.

Medical/Center Director	
Name of Medical/Center Director:	
License number of the Medical/Center Director	

	Not Applicable	Title of Attachment	Filename of attachment
Attach a copy of the Medical/Center Director's curriculum vitae	<input type="checkbox"/>		

Transfer & Affiliation Agreement	
Hospital(s) with which an affiliation agreement is being negotiated	
<ul style="list-style-type: none"> ○ Distance in miles from the proposed facility to the Hospital affiliate. 	
<ul style="list-style-type: none"> ○ Distance in minutes of travel time from the proposed facility to the Hospital affiliate. 	
<ul style="list-style-type: none"> ○ Attach a copy of the letter(s) of intent or the affiliation agreement(s), if appropriate. 	N/A <input type="checkbox"/> Attachment Name:
Name of the nearest Hospital to the proposed facility	
<ul style="list-style-type: none"> ○ Distance in miles from the proposed facility to the nearest hospital. 	
<ul style="list-style-type: none"> ○ Distance in minutes of travel time from the proposed facility to the nearest hospital. 	

**New York State Department of Health
Certificate of Need Application**

Schedule 13B

Schedule 13 B-3. AMBULATORY SURGERY CENTERS ONLY - Physician Commitments N/A

Upload a spreadsheet or chart as an attachment to this Schedule of all practitioners, including surgeons, dentists, and podiatrists who have expressed an interest in practicing at the Center. The chart must include the information shown in the template below.

Additionally, upload copies of letters from each practitioner showing the number and types of procedures he/she expects to perform at the Center per year.

Practitioner's Name	License Number	Specialty/(s)	Board Certified or Eligible?	Expected Number of Procedures	Hospitals where Physician has Admitting Privileges	Title and File Name of attachment
---------------------	----------------	---------------	------------------------------	-------------------------------	--	-----------------------------------

Schedule 16 A. Hospital Program Information

See “Schedules Required for Each Type of CON” to determine when this form is required.

Instructions: Briefly indicate how the facility intends to comply with state and federal regulations specific to the services requested, such as cardiac surgery, bone marrow transplants. For clinic services, please include the hours of service for each day of operation, name of the hospital providing back-up services (indicating the travel time and distance from the clinic) and how the facility intends to provide quality oversight including credentialing, utilization and quality assurance monitoring.

The proposed adult cardiac surgery program will be operated in compliance with applicable Federal and State regulations, including Title 10 of New York Codes, Rules and Regulations.

The general operations of the adult cardiac surgery program will adhere to the standards required under 10 New York Codes, Rules and Regulations. The Hospital’s standards of patient care emphasize accuracy and timeliness of diagnosis and referral to appropriate medical practitioners. All existing policies and procedures in place at the Hospital will be incorporated into the operation of the adult cardiac surgery program, which will be operated under the same high standards of care currently in practice at the Hospital.

All administrative aspects of the proposed adult cardiac surgery program will be directed by an individual who is qualified for such duties by education and experience. The Quality Assurance (QA) Program associated with the adult cardiac surgery program will be administered by Charles Lutz, M.D., who will serve as the Medical Director of the proposed cardiac surgery program. Please refer to **Appendix I** of the Project Narrative (found under the **Schedule 1 Attachment**) for the curriculum vitae of Dr. Lutz. The QA Program and operational protocols will be followed for the proposed cardiac surgery program. The QA Program ensures that patients receive the highest level of quality. There are continuing education activities to provide staff with the opportunity to learn the newest technology, techniques and protocols in the provision of services for the proposed adult cardiac surgery program.

To ensure that all services are appropriate to an individual’s needs, the Hospital will use its existing, comprehensive utilization review and monitoring program for its proposed adult cardiac surgery program. The appropriate utilization of the service will be monitored through the QA Program, under the supervision of the Medical Director.

The ability to pay will not be a factor in the process of accepting patients. Every effort will be made to ensure that appropriate payment is made, but in no circumstance will a patient be refused treatment. All services will be offered to those in need of care who satisfy admission requirements, regardless of age, sex, sexual orientation, race, creed, religion, disability, source of payment or any other personal characteristic.

Please refer to the Project Narrative (under the **Schedule 1 Attachment**) for additional information.

New York State Department of Health Certificate of Need Application

Schedule 16A

For Hospital-Based -Ambulatory Surgery Projects: N/A

Please provide a list of ambulatory surgery categories you intend to provide.

List of Proposed Ambulatory Surgery Category

For Hospital-Based -Ambulatory Surgery Projects: N/A

Please provide the following information:

Number and Type of Operating Rooms:

- Current:
- To be added:
- Total ORs upon Completion of the Project:

Number and Type of Procedure Rooms:

- Current:
- To be added:
- Total Procedure Rooms upon Completion of the Project:

Schedule 16 B. Community Need

See “Schedules Required for Each Type of CON” to determine when this form is required.

Public Need Summary:

Briefly summarize on this schedule why the project is needed. Use additional paper, as necessary. If the following items have been addressed in the project narrative, please cite the relevant section and pages.

1. Identify the relevant service area (e.g., Minor Civil Division(s), Census Tract(s), street boundaries, Zip Code(s), Health Professional Shortage Area (HPSA) etc.)

Pursuant to 10 NYCRR Section 709.14, the planning area for determining the public need for cardiac surgery program services includes the applicant’s Health Systems Agency region and the “use area” of the applicant facility. The use area (a/k/a general service area (GSA)) is defined as the area within a 100-mile radius of the applicant facility. In the case of Crouse Hospital, a 100-mile radius includes 766 ZIP Codes located throughout upstate New York (716 ZIP Codes) and northern Pennsylvania (50 ZIP Codes). The GSA includes, in part or in whole, the following 34 counties in New York State: Allegany, Broome, Cayuga, Chemung, Chenango, Cortland, Delaware, Fulton, Genessee, Hamilton, Herkimer, Jefferson, Lewis, Livingston, Madison, Monroe, Montgomery, Oneida, Onondaga, Ontario, Orleans, Oswego, Otsego, Saint Lawrence, Schoharie, Schuyler, Seneca, Steuben, Sullivan, Tioga, Tompkins, Wayne, Wyoming and Yates Counties. Please refer to Appendix II of the Project Narrative (found under the Schedule 1 Attachment) for a list of the GSA ZIP Codes within New York State.

Although the GSA is used for purposes of the State Hospital Code, the applicant believes that the primary service area (PSA), as defined herein, is more representative of where most of the cardiac surgery patients of Crouse Hospital will originate due to their closer proximity to the City of Syracuse and Onondaga County, generally. The PSA for this project includes the following 10 counties: Onondaga, Oswego, Oneida, Madison, Chenango, Cortland, Tompkins, Cayuga, Seneca and Wayne Counties. Data from the Hospital shows that 93% of all inpatient discharges from Crouse Hospital in 2023 were from residents of these 10 PSA counties.

For purposes of this project, the applicant is also analyzing Onondaga County and the City of Syracuse, which includes the following 11 ZIP Codes (some of which may be only partially included inside the city proper): 13208, 13203, 13206, 13219, 13204, 13202, 13210, 13224, 13214, 13207 and 13205.

Please refer to the Project Narrative (under the Schedule 1 Attachment) for additional information.

2. Provide a quantitative and qualitative description of the population to be served. Data may include median income, ethnicity, payor mix, etc.

Per data from the U.S. Census Bureau, the City of Syracuse, Onondaga County and the PSA showed the following population characteristics, as compared to New York State (NYS) overall:

Table A. Population Demographics of the City of Syracuse, Onondaga County, Primary Service Area and New York State Overall, 2022

	City of Syracuse	Onondaga County	PSA	New York State
2022 Population, Estimate	166,906	472,637	1,288,301	19,994,379
% Individuals Aged 18 and Under	77.9%	79.0%	79.7%	79.4%
% Individuals Aged 45 and Over	38.1%	43.4%	44.4%	43.0%
% Individuals Aged 65 and Over	14.9%	17.8%	18.3%	17.0%
Percent White, Non-Hispanic	53.8%	75.2%	81.8%	53.8%

**New York State Department of Health
Certificate of Need Application**

Schedule 16B

Percent Black, Non-Hispanic	24.8%	10.4%	5.8%	13.8%
Percent Asian, Non-Hispanic	5.5%	4.0%	3.3%	8.8%
Percent Other Racial Minority Group Members, Non-Hispanic	6.8%	5.0%	4.3%	4.1%
Percent Hispanic/Latino	9.1%	5.4%	4.8%	19.5%
Percent Racial/Ethnic Minority Group Members	46.2%	24.8%	18.2%	46.2%
Percent Foreign-Born	12.1%	7.9%	6.4%	22.6%
Percent Living At or Below Federal Poverty Level	26.0%	13.9%	13.9%	13.6%
Insurance Coverage				
Medicaid**	32.9%	18.7%	20.1%	22.6%
No Health Insurance Coverage	4.6%	3.5%	3.8%	5.2%

* Source: U.S. Census Bureau, unless otherwise noted. All data represents 2022 data.

** Source: <https://datausa.io>

Onondaga County is located in Central New York and had a population of 472,637 residents in 2022. The largest city in Onondaga County is Syracuse, which had 166,906 residents (or about 35% of the total Onondaga County population) in 2022. As demonstrated in the table above, residents of Syracuse are slightly younger than residents of NYS overall, but residents of Onondaga County and the PSA are somewhat older than residents of NYS overall.

Large Poor and Medicaid-Covered Populations

Furthermore, 46.2% of Syracuse residents, 24.8% of Onondaga County residents and 18.2% of PSA residents were of a racial/ethnic minority group status in 2022, as compared to 46.2% of all New York State residents. Importantly, 26.0% of residents of Syracuse were living at or below the Federal Poverty Level (FPL) in 2022, which was almost double the percentage of peer residents in NYS overall (13.6%). Consistent with this FPL data, 37.5% of the residents of Syracuse were either covered by Medicaid or had no insurance at all, which was much higher than those of peer residents of Onondaga County overall (22.2%), the PSA (23.9%) and NYS overall (27.8%).

Crouse Hospital currently serves and will continue to serve the medically indigent residents of the region regardless of their source of payment. To this end, Crouse Hospital is one (1) of only three (3) hospitals in upstate New York that currently qualifies for the Direct Payment Template (DPT), and it is the only hospital in Syracuse to qualify for it. In order to qualify, a hospital must have greater than 36% Medicaid payer mix in inpatient discharges and outpatient visits. The implementation of this project will help to ensure that these traditionally medically underserved residents are able to access cardiac surgery services in a manner that is on par with their non-Medicaid-covered peers.

Large and Growing Elderly Population

According to the Cornell Program on Applied Demographics (PAD), the elderly population in Onondaga County and the 10-county PSA is projected to grow rapidly in the coming years. Please refer to the following table that documents this significant growth in the elderly population:

Table B. Percentage of Residents Aged 65+ in Onondaga County, Primary Service Area and New York State, 2022 and 2030

	2022*	2030**
Onondaga County	17.8%	22.1%
Primary Service Area	18.3%	22.5%
New York State	17.0%	21.1%

* Source: U.S. Census Bureau.

** Source: <https://pad.human.cornell.edu/>

As per the table above, in 2022, 17.8% of Onondaga County residents were aged 65+ and by 2030, the 65+ population is projected to be 22.1%. Likewise, 18.3% of PSA residents were aged 65+ and by 2030, the 65+ population is projected to be 22.5%. As a comparison, 17.0% of NYS residents were aged 65+ and by 2030,

New York State Department of Health Certificate of Need Application

Schedule 16B

the 65+ population is projected to comprise 21.1% of the NYS population. This is important because the elderly are more frequent users of specialty health care services such as cardiac surgery.

Given the above-noted demographic statistics, the proposed adult cardiac surgery program is expected to have a substantial impact on the under-insured and uninsured populations within the PSA generally, as well as within Onondaga County and the City of Syracuse, more specifically. These populations often demonstrate disproportionate adverse health outcomes, which is the case for residents of Onondaga County.

Please refer to the Project Narrative (under the Schedule 1 Attachment) for additional information.

3. Document the current and projected demand for the proposed service in the population you plan to serve. If the proposed service is covered by a DOH need methodology, demonstrate how the proposed service is consistent with it.

The proposed extension clinic is not covered by a DOH need methodology. Nevertheless, there is a need for the proposed adult cardiac surgery program, as documented as follows:

Two (2) separate cardiology practices that are both closely affiliated with Crouse Hospital currently refer about 500 patients for cardiac surgery each year to hospitals with cardiac surgery capabilities (most patients stay local; a small percentage travel outside of the region). Over the past several years, these cardiologists have seen a large and growing number of their patients who have been referred for cardiac surgery – including many of whom are covered by Medicaid – receiving cardiac surgery procedures in a delayed manner. This delayed access has led to significant dissatisfaction on the part of patients and their cardiologists. The implementation of the adult cardiac surgery service at Crouse Hospital will enable these same patients to receive cardiac surgery at Crouse Hospital, without the same delays that they have been experiencing, and at a facility upon which patients have come to rely and with which they are familiar.

Team #1 – Crouse Medical Practice Cardiology

Crouse Hospital has 14 well-trained adult cardiologists on staff at the Hospital. Please refer to Appendix III of the Project Narrative (found under the Schedule 1 Attachment) for a list of these 14 cardiologists who practice within Crouse Medical Practice Cardiology, which is part of Crouse Medical Practice, PLLC, an affiliate of Crouse Hospital. These 14 cardiologists have estimated that they currently refer about 300 patients for cardiac surgery each year to a hospital with cardiac surgery capabilities. Upon the implementation of this project, all of these cardiac surgery patients will be able to remain at Crouse Hospital for their cardiac surgery procedures.

Team #2 – Cardiovascular Specialists of CNY, PLLC

In addition, cardiologists from a second practice – Cardiovascular Specialists of CNY, PLLC – currently refer about 200 of their patients for cardiac surgery each year to a hospital with cardiac surgery capabilities. Starting on August 1, 2024, Cardiovascular Specialists of CNY, PLLC will be joining Crouse Medical Practice, PLLC. This expansion will bring on board four (4) physicians, one (1) cardiac nurse practitioner, one (1) cardiac registered physician's assistant and one (1) physician's assistant. In addition to these providers, there will also be over 30 other support staff members who will be joining Crouse Medical Practice, PLLC at that time. The integration of this well-established cardiology practice within the Crouse Health Network will further expand Crouse's cardiology services, enhance patient outreach and improve access to care for patients. The addition of the proposed adult cardiac surgery program will complement the addition of this practice to Crouse Hospital.

**New York State Department of Health
Certificate of Need Application**

Schedule 16B

Letters of Support/Referrals Documenting Volume

Please refer to Appendix IV of the Project Narrative (found under the Schedule 1 Attachment) for Letters of Support from the two (2) above-noted cardiology practices. Both of these practices have indicated their preference to refer their adult patients to Crouse Hospital for cardiac surgery upon approval of this project.

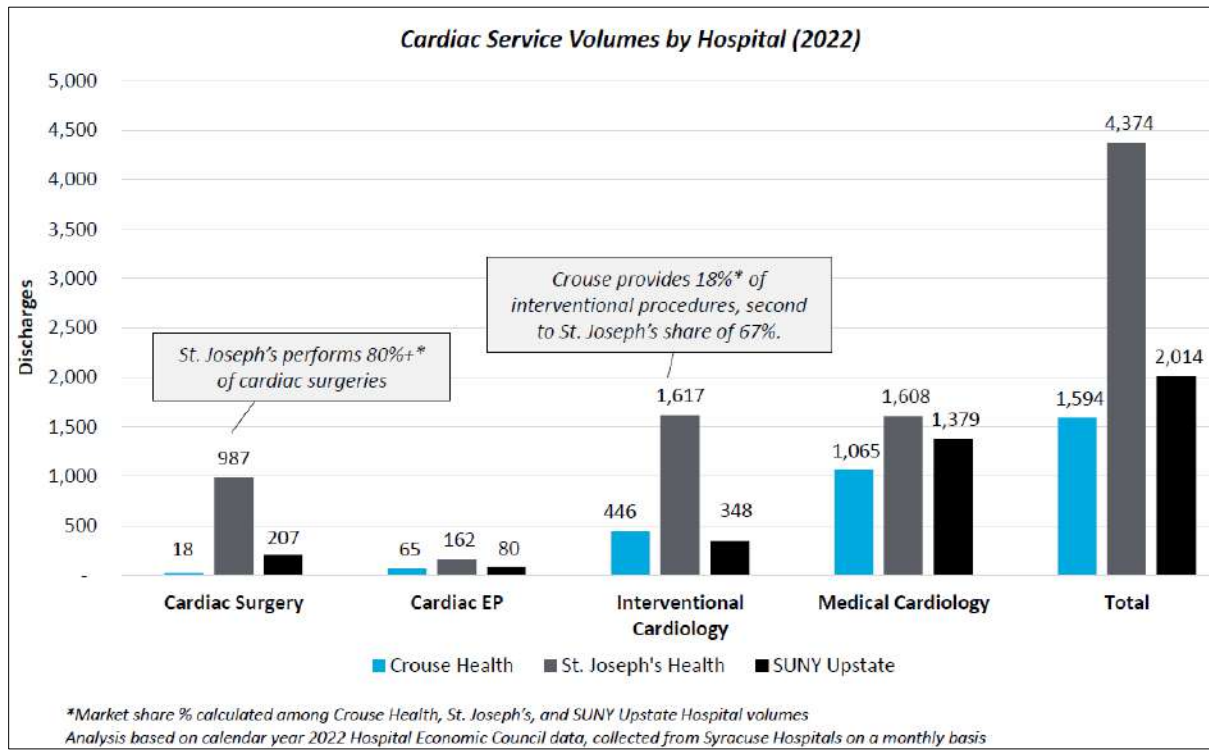
Please refer to the Project Narrative (under the Schedule 1 Attachment) for additional information.

4. (a) Describe how this project responds to and reflects the needs of the residents in the community you propose to serve.

Crouse Hospital believes that health care should be easy to access, local and tailored to meet the needs of communities – where, when and how they need it most. Two (2) separate cardiology practices that are both closely affiliated with Crouse Hospital currently refer about 500 patients for adult cardiac surgery each year to hospitals with cardiac surgery capabilities (most patients stay local; a small percentage travel outside of the Central New York region). Over the past several years, these cardiologists have seen a large and growing number of their patients who have been referred for cardiac surgery – including many of whom are covered by Medicaid – receiving cardiac surgery procedures in a delayed manner. This delayed access has led to significant dissatisfaction on the part of patients and their cardiologists. These local cardiothoracic surgeons have approached Crouse Hospital and expressed their interest in building a new cardiac surgery program at Crouse Hospital or leaving the Central New York region altogether. The implementation of the adult cardiac surgery service at Crouse Hospital will enable their patients to receive cardiac surgery services at Crouse Hospital, without the same delays that they have been experiencing, and at a facility upon which patients have come to rely and with which they are familiar.

Crouse Hospital is focused on serving some of the most underserved residents of Onondaga County and the surrounding region. To this end, Crouse is one (1) of only three (3) hospitals in upstate New York that currently qualify for the Direct Payment Template (DPT), and it is the only hospital in Syracuse to qualify for it. In order to qualify, a hospital must have greater than 36% Medicaid payer mix in inpatient discharges and outpatient visits. In fact, 63% of outpatient visits and 44% of inpatient admissions were provided to Medicaid enrollees in 2023. The implementation of this project will help to ensure that these traditionally medically underserved residents are able to access cardiac surgery services in a manner that is on par with their non-Medicaid-covered peers. In short, this cardiac surgery project is a critical component of improving health equity in Syracuse and the surrounding Central New York region.

Crouse Hospital’s cardiology team (known as “Crouse Medical Practice Cardiology”) provided nearly one-quarter of non-surgical care for Syracuse residents in 2022 (most recent data available). Documentation of these statistics is found in the following chart:



Despite providing a significant portion of cardiac care in Syracuse, Crouse’s patients must be referred out for cardiac surgical care. As noted above, Crouse’s patients currently experience lengthy delays awaiting transfers to other cardiac surgery providers in the region, and the referring cardiologists and local cardiothoracic surgeons have approached Crouse Hospital and expressed their interest in building a new cardiac surgery program at Crouse Hospital or leaving the Central New York region altogether. The Hospital subsequently analyzed the Syracuse and Central New York market and has determined that, with more than 1,200 cardiac surgery procedures being performed at the two (2) existing cardiac surgery facilities in Syracuse, the region can support three (3) separate cardiac surgery programs.

Cardiac care quality at Crouse Hospital has been recognized nationally by the American Heart Association with the Heart Failure Gold Plus Quality Achievement Award for providing excellent care based on national guidelines and the AHA’s Mission: Lifeline Gold Receiving Quality Achievement Award for STEMI. Crouse is the only hospital in the region to receive these quality and performance designations.

The addition of a cardiac surgery program at Crouse Hospital – with the direct and ongoing clinical involvement of Northwell Health – will enable the applicant to become the preeminent cardiology program in the region, which will be a tremendously important benefit to the local residents, in keeping with the goals of Crouse for population health management in a post-DSRIP environment.

Please refer to the Project Narrative (under the Schedule 1 Attachment) for additional information.

(b) Will the proposed project serve all patients needing care regardless of their ability to pay or the source of payment? If so, please provide such a statement.

Through this proposed project, the Hospital will continue to serve all patients in need of care, regardless of their ability to pay or the source of payment. Please refer to the Project Narrative (under the Schedule 1 Attachment) for additional information.

5. Describe where and how the population to be served currently receives the proposed services.

Patients who will be utilize the proposed adult cardiac surgery program are either un-served or are receiving cardiac surgery services at one (1) of two (2) cardiac surgery providers within Onondaga County. Nevertheless, as described above, over the past several years, these cardiologists have seen a large and growing number of their patients who have been referred for cardiac surgery – including many of whom are covered by Medicaid – receiving cardiac surgery procedures in a delayed manner. This delayed access has led to significant dissatisfaction on the part of patients and their cardiologists. The implementation of the adult cardiac surgery service at Crouse Hospital will enable these same patients to receive cardiac surgery at Crouse Hospital, without the same delays that they have been experiencing, and at a facility upon which patients have come to rely and with which they are familiar.

Please refer to the Project Narrative (under the Schedule 1 Attachment) for additional information.

6. Describe how the proposed services will be address specific health problems prevalent in the service area, including any special experience, programs or methods that will be implemented to address these health issues.

The applicant has analyzed cardiovascular-related health statistics from the Community Health Indicator Reports (CHIRS) Dashboard of the NYSDOH and found that the residents of the 10-county PSA are experiencing poor cardiac health outcomes. A summary of these cardiac-related health outcomes is as follows:

- Residents of nine (9) of the 10 PSA counties had a cerebrovascular disease (stroke) mortality rate that was higher than that of New York State overall.
- Residents of nine (9) of the 10 PSA counties had an age-adjusted cerebrovascular disease (stroke) mortality rate that was higher than that of New York State overall.
- Residents of nine (9) of the 10 PSA counties had a cerebrovascular disease (stroke) premature death (aged 25-64 years) rate that was higher than that of New York State overall.
- Residents of nine (9) of the 10 PSA counties had a cerebrovascular disease (stroke) pre-transport mortality rate that was higher than that of New York State overall.
- Residents of eight (8) of the 10 PSA counties had a cardiovascular disease premature mortality (aged 25-64 years) rate that was higher than that of New York State overall.
- Residents of eight (8) of the 10 PSA counties had a heart attack mortality rate that was higher than that of New York State overall.
- Residents of eight (8) of the 10 PSA counties had an age-adjusted heart attack mortality rate that was higher than that of New York State overall.
- Residents of eight (8) of the 10 PSA counties had an age-adjusted percentage of adults with cardiovascular disease (heart attack, coronary heart disease or stroke) that was higher than that of New York State overall.
- Residents of eight (8) of the 10 PSA counties had an age-adjusted percentage of adults with physician-diagnosed high blood pressure that was higher than that of New York State overall.
- Residents of seven (7) of the 10 PSA counties had a diseases of the heart premature mortality (aged 25-64 years) rate that was higher than that of New York State overall.

New York State Department of Health Certificate of Need Application

Schedule 16B

- Residents of seven (7) of the 10 PSA counties had a diseases of the heart hospitalization rate that was higher than that of New York State overall.
- Residents of seven (7) of the 10 PSA counties had a heart attack hospitalization rate that was higher than that of New York State overall.
- Residents of seven (7) of the 10 PSA counties had an age-adjusted heart attack hospitalization rate that was higher than that of New York State overall.
- Residents of seven (7) of the 10 PSA counties had a congestive heart failure mortality rate that was higher than that of New York State overall.
- Residents of seven (7) of the 10 PSA counties had an age-adjusted congestive heart failure mortality rate that was higher than that of New York State overall.
- Residents of seven (7) of the 10 PSA counties had a congestive heart failure pre-transport mortality rate that was higher than that of New York State overall.
- Residents of seven (7) of the 10 PSA counties had a potentially preventable, adult (age 18+) heart failure hospitalization rate that was higher than that of New York State overall.
- Residents of seven (7) of the 10 PSA counties had a cerebrovascular disease (stroke) hospitalization rate that was higher than that of New York State overall.
- Residents of seven (7) of the 10 PSA counties had an age-adjusted cerebrovascular disease (stroke) hospitalization rate that was higher than that of New York State overall.
- Residents of seven (7) of the 10 PSA counties had an adult (age 18+) hypertension without heart failure rate that was higher than that of New York State overall.

Please refer to Appendix VI of the Project Narrative (found under the Schedule 1 Attachment) for documentation of these poor cardiac-related health outcomes. The hospitalization and mortality rates from cardiovascular disease for the residents of the 10-county PSA show evidence of the need for enhanced cardiac services such as cardiac surgery to meet the healthcare demands caused by this disease.

Please refer to the Project Narrative (under the Schedule 1 Attachment) for additional information.

ONLY for Hospital Applicants submitting Full Review CONs

Non-Public Hospitals

7. (a) Explain how the proposed project advances local Prevention Agenda priorities identified by the community in the most recently completed Community Health Improvement Plan (CHIP)/Community Service Plan (CSP). *Do not submit the CSP.* Please be specific in which priority(ies) is/are being addressed.

The most recent Community Health Assessment and Improvement Plan (CHA/CHIP) is for 2022-2024 and is a collaboration between the Onondaga County Health Department, Crouse Health, St. Joseph's Health and Upstate University Hospital. The CHA/CHIP planning process was undertaken in alignment with the 2019-2024 New York State Prevention Agenda, which identifies five (5) priorities for health improvement:

- 1. Prevent Chronic Diseases**
- 2. Promote Well-Being and Prevent Mental and Substance Use Disorders**
- 3. Promote a Health and Safe Environment**
- 4. Promote Healthy Women, Infants and Children**
- 5. Prevent Communicable Diseases**

Following a comprehensive review of health indicator data and feedback from both community members and stakeholders, the Steering Committee of the CHA/CHIP selected the following priorities for the 2022-2024 CHA/CHIP cycle:

- 1. Promote Well-Being and Prevent Mental and Substance Use Disorders**
- 2. Promote Healthy Women, Infants and Children**

Although it was not chosen as a priority for the 2022-2024 CHA/CHIP cycle, the prevention of chronic diseases plays a very important role at Crouse Hospital, and this project will help to support the efforts of Crouse Hospital to reduce the mortality and hospitalization rates due to cardiovascular diseases in the area.

In terms of Chronic Disease, the CHA/CHIP acknowledged that obesity continues to be a challenge in Onondaga County. Overall, 34.4% of public school students in the county are overweight or obese. Among adults, 59.5% are either overweight or obese, putting them at increased risk for various chronic health conditions. Several chronic diseases continue to impact County residents including diabetes, cancer, stroke and heart disease. Notable findings for chronic diseases include:

- **About 12.6% of adults are current smokers; however smoking rates among adults with low incomes (31.2%) and adults with a disability (29.2%) are much higher.**
- **The prevalence of physician-diagnosed diabetes in Onondaga County is 8.4%, as compared to 12.5% in Syracuse.**

(b) If the Project does not advance the local Prevention Agenda priorities, briefly summarize how you are advancing local Prevention Agenda priorities.

Please refer to the applicant's response to Question #7 above.

8. Briefly describe what interventions you are implementing to support local Prevention Agenda goals.

New York State Department of Health Certificate of Need Application

Schedule 16B

Crouse Hospital is currently undertaking the following interventions to support the above-noted Prevention Agenda goals:

- Provide Intervention in Hospital for Suspected Alcohol Addiction – Meet with 75% of individuals referred for consult.
- Offer Medication-Assisted Treatment (MAT; Now MOUD) Program within the Crouse ED – Increase the number of patients give buprenorphine by 5%.
- Provide Narcan Kits and Training on Usage – Increase the number of kits provided.
- Provide Certified Peer Recovery Advocate (CRPA) Support to Patients with Opioid Use Disorder – Increase the number of women in group therapy, number of screenings and assessments.
- Screen for Suicide throughout Crouse Health – Increase the number of screenings.
- Provide Stanley Brown Safety Plan to ATS Patients – Increase the number of people who scored moderate or high risk who have a plan.

Please refer to the Schedule 16 Attachment for the most current Six-(6)-Month Progress Update for the 2022-2024 Community Health Improvement Plan from Crouse Health to the Onondaga County Health Department.

9. Has your organization engaged local community partners in its Prevention Agenda efforts, including the local health department and any local Prevention Agenda coalition?

The 2022-2024 Community Health Assessment and Improvement Plan (CHA/CHIP) was undertaken as a comprehensive public health planning effort by the Onondaga County Health Department (OCHD) in collaboration with the CHA/CHIP Steering Committee. The Steering Committee was made up of representation from the OCHD, Crouse Health, St. Joseph’s and SUNY Upstate. Additional support was also provided by the Central New York Healthcare Equity Task Force to ensure that equity was at the forefront of planning efforts.

10. What data from the Prevention Agenda dashboard and/or other metrics are you using to track progress to advance local Prevention Agenda goals?

The following metrics are being used by Crouse Hospital to advance local Prevention Agenda goals:

Intervention Activity	Performance Measures (Metrics)
Provide Intervention in Hospital for Suspected Alcohol Addiction	Meet with 75% of individuals referred for consult
Offer Medication-Assisted Treatment (MAT; Now MOUD) Program within the Crouse ED	Increase the number of patients give buprenorphine by 5%
Provide Narcan Kits and Training on Usage	Increase the number of kits provided
Provide Certified Peer Recovery Advocate (CRPA) Support to Patients with Opioid Use Disorder	Increase the number of women in group therapy, number of screenings and assessments
Screen for Suicide throughout Crouse Health	Increase the number of screenings
Provide Stanley Brown Safety Plan to ATS Patients	Increase the number of people who scored moderate or high risk who have a plan.

**New York State Department of Health
Certificate of Need Application**

Schedule 16B

11. In your most recent Schedule H form submitted to the IRS, did you report any Community Benefit spending in the Community Health Improvement Services category that supports local Prevention Agenda goals? (Y/N question)

Yes

ONLY for Hospital Applicants submitting Full Review CONs

NOT APPLICABLE – NOT A PUBLIC HOSPITAL

Public Hospitals

12. Briefly summarize how you are advancing local public health priorities identified by your local health department and other community partners.

13. Briefly describe what interventions you are implementing to support local public health priorities.

14. Have you engaged local community partners, including the local health department, in your efforts to address local public health priorities?

15. What data are you using to track progress in addressing local public health priorities?

The Sites Tab in NYSE-CON has replaced the Authorized Beds and Licensed Services Tables of Schedule 16C. The Authorized Beds and Licensed Services Tables in Schedule 16C are only to be used when submitting a Modification, in hardcopy, after approval or contingent approval.

NOT APPLICABLE – INITIAL C.O.N. APPLICATION SUBMISSION

C. Impact of CON Application on Hospital Operating Certificate

Note: If the application involves an extension clinic, indicate which services should be added or removed from the certificate of the extension clinic alone, rather than for the hospital system as a whole. If multiple sites are involved, complete a separate 16C for each site.

TABLE 16C-1 AUTHORIZED BEDS

LOCATION:
 (Enter street address of facility)

Category	Code	Current Capacity	Add	Remove	Proposed Capacity
AIDS	30		<input type="checkbox"/>	<input type="checkbox"/>	
BONE MARROW TRANSPLANT	21		<input type="checkbox"/>	<input type="checkbox"/>	
BURNS CARE	09		<input type="checkbox"/>	<input type="checkbox"/>	
CHEMICAL DEPENDENCE-DETOX *	12		<input type="checkbox"/>	<input type="checkbox"/>	
CHEMICAL DEPENDENCE-REHAB *	13		<input type="checkbox"/>	<input type="checkbox"/>	
COMA RECOVERY	26		<input type="checkbox"/>	<input type="checkbox"/>	
CORONARY CARE	03		<input type="checkbox"/>	<input type="checkbox"/>	
INTENSIVE CARE	02		<input type="checkbox"/>	<input type="checkbox"/>	
MATERNITY	05		<input type="checkbox"/>	<input type="checkbox"/>	
MEDICAL/SURGICAL	01		<input type="checkbox"/>	<input type="checkbox"/>	
NEONATAL CONTINUING CARE	27		<input type="checkbox"/>	<input type="checkbox"/>	
NEONATAL INTENSIVE CARE	28		<input type="checkbox"/>	<input type="checkbox"/>	
NEONATAL INTERMEDIATE CARE	29		<input type="checkbox"/>	<input type="checkbox"/>	
PEDIATRIC	04		<input type="checkbox"/>	<input type="checkbox"/>	
PEDIATRIC ICU	10		<input type="checkbox"/>	<input type="checkbox"/>	
PHYSICAL MEDICINE & REHABILITATION	07		<input type="checkbox"/>	<input type="checkbox"/>	
PRISONER				<input type="checkbox"/>	
PSYCHIATRIC**	08		<input type="checkbox"/>	<input type="checkbox"/>	
RESPIRATORY				<input type="checkbox"/>	
SPECIAL USE				<input type="checkbox"/>	
SWING BED PROGRAM				<input type="checkbox"/>	
TRANSITIONAL CARE	33		<input type="checkbox"/>	<input type="checkbox"/>	
TRAUMATIC BRAIN INJURY	11		<input type="checkbox"/>	<input type="checkbox"/>	
TOTAL			<input type="checkbox"/>	<input type="checkbox"/>	

*CHEMICAL DEPENDENCE: Requires additional approval by the Office of Alcohol and Substance Abuse Services (OASAS)

**PSYCHIATRIC: Requires additional approval by the Office of Mental Health (OMH)

Does the applicant have previously submitted Certificate of Need (CON) applications that have not been completed involving addition or decertification of beds?

No Yes (Enter CON number(s) to the right)

**New York State Department of Health
Certificate of Need Application**

Schedule 16C

The Sites Tab in NYSE-CON has replaced the Authorized Beds and Licensed Services Tables of Schedule 16C. The Authorized Beds and Licensed Services Tables in Schedule 16C are only to be used when submitting a Modification, in hardcopy, after approval or contingent approval.

TABLE 16C-2 LICENSED SERVICES FOR HOSPITAL CAMPUSES

LOCATION:				
<i>(Enter street address of facility)</i>				
	<u>Current</u>	<u>Add</u>	<u>Remove</u>	<u>Proposed</u>
MEDICAL SERVICES – PRIMARY CARE ⁶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEDICAL SERVICES – OTHER MEDICAL SPECIALTIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AMBULATORY SURGERY				
MULTI-SPECIALTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINGLE SPECIALTY – GASTROENTEROLOGY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINGLE SPECIALTY – OPHTHALMOLOGY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINGLE SPECIALTY – ORTHOPEDICS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINGLE SPECIALTY – PAIN MANAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINGLE SPECIALTY – OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARDIAC CATHETERIZATION				
ADULT DIAGNOSTIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTROPHYSIOLOGY (EP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PEDIATRIC DIAGNOSTIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PEDIATRIC INTERVENTION ELECTIVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERCUTANEOUS CORONARY INTERVENTION (PCI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARDIAC SURGERY ADULT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARDIAC SURGERY PEDIATRIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CERTIFIED MENTAL HEALTH O/P ¹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHEMICAL DEPENDENCE - REHAB ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHEMICAL DEPENDENCE - WITHDRAWAL O/P ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLINIC PART-TIME SERVICES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMPREHENSIVE PSYCH EMERGENCY PROGRAM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DENTAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMERGENCY DEPARTMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EPILEPSY COMPREHENSIVE SERVICES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOME PERITONEAL DIALYSIS TRAINING & SUPPORT ⁴	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOME HEMODIALYSIS TRAINING & SUPPORT ⁴	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTEGRATED SERVICES – MENTAL HEALTH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTEGRATED SERVICES – SUBSTANCE USE DISORDER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LITHOTRIPSY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
METHADONE MAINTENANCE O/P ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NURSING HOME HEMODIALYSIS ⁷	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ A separate licensure application must be filed with the NYS Office of Mental Health in addition to this CON.

² A separate licensure application must be filed with the NYS Office of Alcoholism and Substance Abuse Services in addition to this CON.

⁴ DIALYSIS SERVICES require additional approval by Medicare

⁵ RADIOLOGY – THERAPEUTIC includes Linear Accelerators

⁶ PRIMARY CARE includes one or more of the following: Family Practice, Internal Medicine, Ob/Gyn or Pediatric

⁷ Must be certified for Home Hemodialysis Training & Support

The Sites Tab in NYSE-CON has replaced the Authorized Beds and Licensed Services Tables of Schedule 16C. The Authorized Beds and Licensed Services Tables in Schedule 16C are only to be used when submitting a Modification, in hardcopy, after approval or contingent approval.

TABLE 16C-2 LICENSED SERVICES (cont.)	Current	Add	Remove	Proposed
RADIOLOGY-THERAPEUTIC ⁵	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RENAL DIALYSIS, ACUTE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RENAL DIALYSIS, CHRONIC [Complete the ESRD section 16C-3(a)&(b)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRANSPLANT				
HEART - ADULT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEART - PEDIATRIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KIDNEY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LIVER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRAUMATIC BRAIN INJURY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

⁵RADIOLOGY – THERAPEUTIC includes Linear Accelerators

**New York State Department of Health
Certificate of Need Application**

Schedule 16C

The Sites Tab in NYSE-CON has replaced the beds and services Tables of Schedule 16C. The Tables in Schedule 16C are only to be used when submitting a Modification, in hardcopy, after approval or contingent approval.

**TABLE 16C-3 LICENSED SERVICES FOR
HOSPITAL EXTENSION CLINICS and OFF-CAMPUS EMERGENCY DEPARTMENTS**

LOCATION: <small>(Enter street address of facility)</small>	Check if this is a mobile van/clinic <input type="checkbox"/>			
	Current	Add	Remove	Proposed
MEDICAL SERVICES – PRIMARY CARE ⁶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEDICAL SERVICES – OTHER MEDICAL SPECIALTIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AMBULATORY SURGERY				
SINGLE SPECIALTY -- GASTROENTEROLOGY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINGLE SPECIALTY – OPHTHALMOLOGY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINGLE SPECIALTY – ORTHOPEDICS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINGLE SPECIALTY – PAIN MANAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINGLE SPECIALTY – OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MULTI-SPECIALTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CERTIFIED MENTAL HEALTH O/P ¹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHEMICAL DEPENDENCE - REHAB ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHEMICAL DEPENDENCE - WITHDRAWAL O/P ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DENTAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOME PERITONEAL DIALYSIS TRAINING & SUPPORT ⁴	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOME HEMODIALYSIS TRAINING & SUPPORT ⁴	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTEGRATED SERVICES – MENTAL HEALTH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTEGRATED SERVICES – SUBSTANCE USE DISORDER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LITHOTRIPSY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
METHADONE MAINTENANCE O/P ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NURSING HOME HEMODIALYSIS ⁷	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RADIOLOGY-THERAPEUTIC ⁵	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RENAL DIALYSIS, CHRONIC [Complete the ESRD section 16C-3(a)&(b) below] ⁴	_____	_____	_____	_____
TRAUMATIC BRAIN INJURY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOR OFF-CAMPUS EMERGENCY DEPARTMENTS ONLY⁸				
EMERGENCY DEPARTMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ A separate licensure application must be filed with the NYS Office of Mental Health in addition to this CON.

² A separate licensure application must be filed with the NYS Office of Alcoholism and Substance Abuse Services in addition to this CON.

⁴ DIALYSIS SERVICES require additional approval by Medicare

⁵ RADIOLOGY – THERAPEUTIC includes Linear Accelerators

⁶ PRIMARY CARE includes one or more of the following: Family Practice, Internal Medicine, Ob/Gyn or Pediatric

⁷ Must be certified for Home Hemodialysis Training & Support

⁸ OFF-CAMPUS EMERGENCY DEPARTMENTS must meet all relevant Federal Conditions of Participation for a hospital per CMS S&C-08-08

END STAGE RENAL DISEASE (ESRD) N/A

TABLE 16C-3(a) CAPACITY	Existing	Add	Remove	Proposed
CHRONIC DIALYSIS				

If application involves dialysis service with existing capacity, complete the following table:

TABLE 16C-3(b) TREATMENTS	Last 12 mos	2 years prior	3 years prior
CHRONIC DIALYSIS			

All Chronic Dialysis applicants must provide the following information in compliance with 10 NYCRR 670.6.

1. Provide a five-year analysis of projected costs and revenues that demonstrates that the proposed dialysis services will be utilized sufficiently to be financially feasible.

N/A

2. Provide evidence that the proposed dialysis services will enhance access to dialysis by patients, including members of medically underserved groups which have traditionally experienced difficulties obtaining access to health care, such as; racial and ethnic minorities, women, disabled persons, and residents of remote rural areas.

N/A

3. Provide evidence that the hours of operation and admission policy of the facility will promote the availability of dialysis at times preferred by the patients, particularly to enable patients to continue employment.

N/A

4. Provide evidence that the facility is willing to and capable of safely serving patients.

N/A

5. Provide evidence that the proposed facility will not jeopardize the quality of care or the financial viability of existing dialysis facilities. This evidence should be derived from analysis of factors including, but not necessarily limited to current and projected referral and use patterns of both the proposed facility and existing facilities. A finding that the proposed facility will jeopardize the financial viability of one or more existing facilities will not of itself require a recommendation to of disapproval.

N/A

**New York State Department of Health
Certificate of Need Application**

Schedule 16D

Schedule 16 D. Hospital Outpatient Department - Utilization projections

a	b	d	f
	Current Year Visits*	First Year Visits*	Third Year Visits*
CERTIFIABLE SERVICES			
MEDICAL SERVICES – PRIMARY CARE			
MEDICAL SERVICES – OTHER MEDICAL SPECIALTIES			
AMBULATORY SURGERY			
SINGLE SPECIALTY -- GASTROENTEROLOGY			
SINGLE SPECIALTY – OPHTHALMOLOGY			
SINGLE SPECIALTY – ORTHOPEDICS			
SINGLE SPECIALTY – PAIN MANAGEMENT			
SINGLE SPECIALTY -- OTHER			
MULTI-SPECIALTY	15,960	15,960	15,960
CARDIAC CATHETERIZATION			
ADULT DIAGNOSTIC	848	848	848
ELECTROPHYSIOLOGY	301	301	301
PEDIATRIC DIAGNOSTIC			
PEDIATRIC INTERVENTION ELECTIVE			
PERCUTANEOUS CORONARY INTERVENTION (PCI)			
CERTIFIED MENTAL HEALTH O/P			
CHEMICAL DEPENDENCE - REHAB	3,346	3,346	3,346
CHEMICAL DEPENDENCE - WITHDRAWAL O/P	15,427	15,427	15,427
CLINIC PART-TIME SERVICES			
CLINIC SCHOOL-BASED SERVICES			
CLINIC SCHOOL-BASED DENTAL PROGRAM			
COMPREHENSIVE EPILEPSY CENTER			
COMPREHENSIVE PSYCH EMERGENCY PROGRAM			
DENTAL			
EMERGENCY DEPARTMENT	45,254	45,254	45,254
HOME PERITONEAL DIALYSIS TRAINING & SUPPORT			
HOME HEMODIALYSIS TRAINING & SUPPORT			
INTEGRATED SERVICES – MENTAL HEALTH			
INTEGRATED SERVICES – SUBSTANCE USE DISORDER			
LITHOTRIPSY			
METHADONE MAINTENANCE O/P	191,308	191,308	191,308
NURSING HOME HEMODIALYSIS			
RADIOLOGY-THERAPEUTIC			
RENAL DIALYSIS, CHRONIC			
OTHER SERVICES			
Outpatient Physical/Occupational/Speech Therapy	2,608	2,608	2,608
Surgical Pre-Admission Testing	4,523	4,523	4,523
Referred ambulatory - Radiology Services	29,113	29,113	29,113
Infusions	1,417	1,417	1,417
Antepartum Clinic Visits	3,063	3,063	3,063
Cardiac Testing	5,841	5,841	5,841
All other outpatient visits	2,521	2,521	2,521
Total	321,530	321,530	321,530

Note: In the case of an extension clinic, the service estimates in this table should apply to the site in question, not to the hospital or network as a whole.

*The 'Total' reported MUST be the SAME as those on Table 13D-4.

NOTE: There are no visits for outpatient primary medical care or medical specialty services because those visits are provided through Crouse Medical Practice, PLLC, which is the private medical practice associated with Crouse Hospital.

Schedule 16 E. Utilization/Discharge and Patient Days

Service (Beds) Classification	Current Year		1st Year		3rd Year	
	Start Date: 1/1/2024		Start Date: 8/1/2026		Start Date: 8/1/2028	
	Discharges	Patient Days	Discharges	Patient Days	Discharges	Patient Days
AIDS						
BONE MARROW TRANSPLANT						
BURNS CARE						
CHEMICAL DEPENDENCE - DETOX						
CHEMICAL DEPENDENCE - REHAB	471	8,019	471	8,019	471	8,019
COMA RECOVERY						
CORONARY CARE						
INTENSIVE CARE	606	8,990	606	8,990	606	8,990
MATERNITY	3,949	12,856	3,949	12,856	3,949	12,856
MED/SURG	11,824	68,238	12,124	70,608	12,324	72,188
NEONATAL CONTINUING CARE						
NEONATAL INTENSIVE CARE	553	12,790	553	12,790	553	12,790
NEONATAL INTERMEDIATE CARE						
PEDIATRIC						
PEDIATRIC ICU						
PHYSICAL MEDICINE & REHABILITATION						
PRISONER						
PSYCHIATRIC						
RESPIRATORY						
SPECIAL USE						
SWING BED PROGRAM						
TRANSITIONAL CARE						
TRAUMATIC BRAIN-INJURY						
OTHER (Newborn)	3,313	13,657	3,313	13,657	3,313	13,657
TOTAL	20,716	124,550	21,016	126,920	21,216	128,500

NOTE: Prior versions of this table referred to "incremental" changes in discharges and days. The table now requires the full count of discharges and days.

**New York State Department of Health
Certificate of Need Application**

Schedule 16F

Schedule 16 F. Facility Access NOT APPLICABLE

See "Schedules Required for Each Type of CON" to determine when this form is required.

Complete Table 1 to indicate the method of payment for inpatients and for inpatients and outpatients who were transferred to other health care facilities for the calendar year immediately preceding this application.

Start date of year for which data applies (m/c/yyyy):

Table 1. Patient Characteristics	Total Number of Inpatients	Number of Patients Transferred		
		Inpatient	OPD	ER
Payment Source				
Medicare				
Blue Cross				
Medicaid				
Title V				
Workers' Compensation				
Self Pay in Full				
Other (incl. Partial Pay)				
Free				
Commercial Insurance				
Total Patients				

Complete Table 2 to indicate the method of payment for outpatients.

Table 2. Outpatient Characteristics	Emergency Room		Outpatient Clinic		Community MH Center	
	Visits	Visits Resulting in Inpatient Admissions	Visits	Visits Resulting in Inpatient Admissions	Visits	Visits Resulting in Inpatient Admissions
Primary Payment Source						
Medicare						
Blue Cross						
Medicaid						
Title V						
Workers' Compensation						
Self Pay in Full						
Other (incl. Partial Pay)						
Free						
Commercial Insurance						
Total Patients						

A. Attach a copy of your discharge planning policy and procedures.

B. Is your facility a recipient of federal assistance under Title VI or XVI of the Public Health Service Act (Hill-Burton)?

Yes No

If yes, answer the following questions and attach the most recent report on Hill-Burton compliance from the Federal Department of Health and Human Services.

**New York State Department of Health
Certificate of Need Application**

Schedule 16F

1. Is your facility currently obligated to provide uncompensated service under the Public Health Service Act?

Yes No

If yes, provide details on how your facility has met such requirement for the last three fiscal years - including notification of the requirement in a newspaper of general circulation. Also, list any restricted trusts and endowments that were used to provide free, below-cost or charity care services to persons unable to pay.

2. With respect to all or any portion of the facility which has been constructed, modernized, or converted with Hill-Burton assistance, are the services provided therein available to all persons residing in your facility's service area without discrimination on the basis of race, color, national origin, creed, or any basis unrelated to an individual's need for the service or the availability of the needed service in the facility?

Yes No

If no, provide an explanation.

3. Does the facility have a policy or practice of admitting only those patients who are referred by physicians with staff privileges at the facility?

Yes No

4. Do Medicaid beneficiaries have full access to all of your facility's health services?

Yes No

If no, provide a list of services where access by Medicaid beneficiaries is denied or limited.

NOT APPLICABLE

SCHEDULE 16 ATTACHMENT

CROUSE HOSPITAL

**6-MONTH PROGRESS UPDATE (COMMUNITY HEALTH IMPROVEMENT
PLAN 2022-2024)**



Onondaga County Health Department

J. Ryan McMahon, II, County Executive

Kathryn Anderson, MD, PhD, MSPH, Commissioner of Health

John H. Mulroy Civic Center • 421 Montgomery Street, Syracuse, NY 13202

Phone 315.435.3155 • Fax 315.435.5720 • ongov.net/health



Onondaga County Community Health Improvement Plan 2022-2024 6 Month Progress Update Priority Area: 2 _____

Agency name: Crouse Health

Reporting period 07/1/23 – 12/31/23

Completion date: 3/1/24

Completed by: Kris Waelder

Goal: 1						
Intervention: 1.1						
Activity	Performance Measures	Partner Agencies	Timeline	Current Status (<i>Not started, In progress, Completed</i>)	Performance Measure Data	Updates, Changes, Comments
Provide intervention in hospital for suspected alcohol addiction	Meet with 75% of individuals referred for consult	CBO's Crouse ATS Team	December 2024	In progress	86.7 assessed of 392 referred In 2023 743 referred, 104 not seen	
Goal: 2						

Intervention: 2.1						
Activity	Performance Measures	Partner Agencies	Timeline	Current Status (<i>Not started, In progress, Completed</i>)	Performance Measure Data	Updates, Changes, Comments
Offer MAT (Now MOUD) program within Crouse ED	Increase # of patients given Buprenorphine by 5%	DO DOH, ACR Health , Prevention Network, Catholic Charities, DSS, Unified Court System, Probation, Parole, Planned Parenthood, Vera HUse H	December 2024	In progress	63 doses of suboxone given out in 2023	ongoing
Intervention: 2.2						
Activity	Performance Measures	Partner Agencies	Timeline	Current Status (<i>Not started, In progress, Completed</i>)	Performance Measure Data	Updates, Changes, Comments
Provide Narcan kits and training on usage	Increase # of kits provided	DOH, ACR Health , Prevention Network, Catholic Charities, DSS, Unified Court System, Probation, Parole, Planned	December 2023	In progress	126 kits provided 251 kits in total given out in 2023	ongoing

		Parenthood, Vera HUse				
--	--	-----------------------	--	--	--	--

Intervention: 2.3

Activity	Performance Measures	Partner Agencies	Timeline	Current Status (<i>Not started, In progress, Completed</i>)	Performance Measure Data	Updates, Changes, Comments
Provide CRPA support to patients with OUD	Increase # of peer hours		December 2023	In progress	Increased # of hours peer available One FT Peer added in 2023	1 FTE peer added

Goal: 3

Intervention: 3.1

Activity	Performance Measures	Partner Agencies	Timeline	Current Status (<i>Not started, In progress, Completed</i>)	Performance Measure Data	Updates, Changes, Comments
Provide group therapy, screening and assessment for PMAD	# of women in group therapy, number of screenings, assessments	PSI OCHD Psychological Health Care SUNY Community Campus 211	December 2024	In progress	Sessions twice a week, free of charge	

		Ob and Peds Providers Outreach through RPC hospitals				
Intervention: 4.2						
Activity	Performance Measures	Partner Agencies	Timeline	Current Status (<i>Not started, In progress, Completed</i>)	Performance Measure Data	Updates, Changes, Comments
Screen for suicide throughout Crouse Health	Increase screenings	Referral to CBO's. ATS services	December 2024	In progress	All inpatients and ATS outpatients screened for suicide	Inpatients coming through ED and Med/Surg
Provide Stanley Brown Safety Plan if needed to ATS patients	Increase # of people who scored moderate or high risk who have a plan		December 2024	In progress	One ATS patient scored high and received a plan In all of 2023 12 patients had plans.	