



# ECMCC Board of Director's Meeting

April 29, 2025

Zizzi Conference Center

Erie County Medical Center

462 Grider Street

Buffalo, NY 14215

AGENDA  
REGULAR MEETING OF THE BOARD OF DIRECTORS OF  
ERIE COUNTY MEDICAL CENTER CORPORATION  
APRIL 29, 2025

- I. CALL TO ORDER: EUGENIO RUSSI, CHAIR
- II. APPROVAL OF MINUTES:
- III. RESOLUTIONS MAY BE DISTRIBUTED TO THE BOARD OF DIRECTORS DURING THE MEETING ON APRIL 29, 2025
- IV. REPORTS FROM THE CORPORATION'S LEADERSHIP TEAM
  - A) **Chief Executive Officer & President**
  - B) **Chief Financial Officer**
  - C) All other reports from leadership are received and filed
- V. REPORTS FROM STANDING COMMITTEE CHAIRS
  - A) **Executive Committee** (by Eugenio Russi)
  - B) **Finance Committee** (by Michael Seaman)
  - C) **Post- Acute QI Committee** (by Michael Seaman)
  - D) **Quality Improvement and Patient Safety Committee** (by Benjamin Swanekamp)
- VI. EXECUTIVE SESSION
- VII. ADJOURN

ERIE COUNTY MEDICAL CENTER CORPORATION  
MARCH 25, 2025 MINUTES OF THE  
BOARD OF DIRECTORS MEETING  
HYBRID MEETING HELD

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

Excused: Michael Hoffert, James Lawicki, Christopher O'Brien, Jennifer Persico

Also

Present: Julie Berrigan, Donna Brown\*, Samuel Cloud, MD, Anthony J. Colucci, III, Peter Cutler, Andrew Davis, Cassandra Davis, Joseph Giglia, Pamela Lee, Charlene Ludlow, Michael Manka, MD, Phyllis Murawski, Jonathan Swiatkowski

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**I. Call to Order**

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

**II. Minutes**

Upon a motion made by Reverend Kinzer Pointer and seconded by Michael Seaman, the minutes of the February 25, 2025 regular meeting of the Board of Directors were unanimously approved.

**III. Action Items**

Resolution Receiving and Filing the Report of Annual Audit Performed by RSM US LLP

Moved by Darby Fishkin and seconded by Michael Seaman

**Motion approved unanimously**

Resolution Approving the Corporation's Annual Report

Moved by Reverend Pointer Kinzer and seconded by Benjamin Swanekamp

**Motion approved unanimously**

Resolution Approving the By-Law's of Erie County Medical Center Corporation

Moved by Michael Seaman and seconded by Dr. Philip Stegemann

**Motion approved unanimously**

Resolution Receiving and Filing Medical-Dental Staff Meeting Minutes for February

Moved by Reverend Pointer Kinzer and seconded by Michael Seaman

**Motion approved unanimously**

#### **IV. Reports from the Corporation's Leadership Team**

##### **Chief Executive Officer and President**

Dr. Thomas Quatroche introduced the Board to Julie Berrigan, the new Executive Director of the Foundation. ECMC had its ACS Level 1 Trauma Recertification survey at the beginning of the month. Simultaneously, the Joint Commission reviewed the Chemical Dependency department for reaccreditation. Both organizations expressed positive results. Specialty Pharmacy completed ACHC 3 year accreditation. Patient Safety Incidators remain at zero, year-to-date. Hospital acquired infections were better than the CMS goal for 2025 with the exception of CLABSI. Human Experience scores reflected the hospital meeting statewide benchmark. Dr. Quatroche reviewed several events held for and in honor of the employees including the Employee of the Year for ECMC and Terrace View. The hospital will be hosting several employee events during March. There have been 163 new hires year-to-date including 37 RNs and 19 LPNs. Dr. Anthony Martinez was interviewed by CBS National News.

##### **Chief Financial Officer**

Jonathan Swiatkowski reviewed the February 2025 Key Statistics. February was a challenging month for throughput and exterior barriers to discharge. Discharges were down 3.8 %, surgeries down 4.8% overall, and length of stay was down 5% which negatively impacted the overall revenue. Mr. Swiatkowski reported an operating loss of \$5.7M and reviewed the acute length of stay month over month. A summary of the preliminary financial results through February 28, 2025 was reviewed and the full set of these materials are received and filed.

#### **V. Standing Committees**

- a. **Executive Committee:** Mr. Russi reported on the most recent Executive Committee meeting.
- b. **Finance Committee:** Mr. Seaman had nothing more to report from the Finance Committee.
- c. **Audit Committee:** Ms. Fishkin reported howimpressed RSM was with the finance department and their their work on the audit.
- d. **HR Committee:** Mr. Seaman acknowledged the work of the HR department for the increase in the hiring numbers.
- e. **Quality Improvement and Patient Safety Committee:** Mr. Swanekamp shared information on the most recent QI Committee meeting.

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

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

Moved by Reverend Kinzer Pointer and seconded by Michael Seaman to enter into Executive Session at 4:56 p.m. to consider legal contractual matters made confidential by law.

Motion approved unanimously

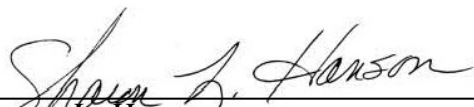
**VII. Reconvene in Open Session**

Moved by Michael Seaman and seconded Reverend Kinzer Pointer to reconvene in Open Session at 5:43 p.m. No action was taken by the Board of Directors in Executive Session

Motion approved unanimously

**VII. Adjournment**

Moved by Reverend Kinzer Pointer to adjourn the Board of Directors meeting at 5:47 p.m.

  
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Sharon L. Hanson  
Corporation Secretary

**Resolution Receiving and Filing the  
Report of Annual Audit Performed by RSM US LLP**

Approved March 25, 2025

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WHEREAS, under section 3642 of the Public Authorities Law, Erie County Medical Center Corporation (the "Corporation") is obligated to have an annual audit performed by an independent certified public accountant; and

WHEREAS, the Corporation has engaged RSM US LLP to perform an annual audit of the Corporation's books, records, and accounts, among other things, for the period ending December 31, 2024; and

WHEREAS, the audit report has been reviewed by the Audit Committee of the Corporation's Board of Directors and said committee has recommended that the Corporation's annual audit report be received and filed.

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

1. The 2024 Annual Audit performed by RSM US LLP is hereby received and filed and the Corporation's management is directed to distribute the report in accordance with law.
2. This resolution shall take effect immediately.



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Sharon L. Hanson  
Corporation Secretary

## **Resolution Approving the Corporation's Annual Report**

Approved March 25, 2025

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WHEREAS, Erie County Medical Center Corporation (the "Corporation") is a public benefit corporation obligated under sections 2800 and 3642 of New York Public Authorities Law to prepare, approve and distribute an Annual Report of its operations; and

WHEREAS, the Corporation has prepared a draft of the 2024 Annual Report and distributed this draft to members of the Corporation's Board of Directors for consideration before the meeting called to consider approval;

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

1. The 2024 Annual Report prepared by the Corporation is approved in substantially the form and content as presented to the Board of Directors.
2. The Corporation is directed to file and distribute the 2024 Annual Report in the manner prescribed by New York Public Authorities Law.
3. This resolution shall take effect immediately.



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Sharon L. Hanson  
Corporation Secretary

**A Resolution of the Board of Directors of Erie County Medical Center Corporation  
Approving Changes to the Corporation By-Laws**

Approved March 25, 2025

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WHEREAS, in accordance with Article XII of the Erie County Medical Center Corporation (the "Corporation") By-Laws, the Corporation may amend the By-Laws by the affirmative vote of a quorum of members at an annual, regular, or special meeting of the Board of Directors (the "Board"), following presentation of such proposed amendment at least thirty (30) days prior; and

WHEREAS, Article VI, Section 18 of the By-Laws delegates responsibility to the Board's Governance Committee to annually review and, as necessary, make recommendations to the Board regarding updates to the By-Laws; and

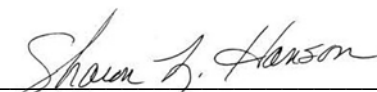
WHEREAS, the Governance Committee reviewed the By-Laws and presented the attached recommended changes to the Board; and

WHEREAS, on February 25, 2025, the Board was presented with the proposed changes to the By-Laws;

WHEREAS, on March 25, 2025, a quorum of the Board met and voted to approve the recommended changes;

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

1. The Board of Directors of Erie County Medical Center Corporation approves and ratifies the proposed changes to the Corporation By-Laws in accordance with the recommendations of the Governance Committee.
2. The Corporation is authorized to take all necessary steps to implement this Resolution.
3. This Resolution shall take effect immediately.



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Sharon L. Hanson  
Corporation Secretary



Present: Dr. Yogesh Bakhai, Dr. Siva Yedlapati, Christopher Resetartis, CRNA, Dr. Samuel Cloud, Dr. Ashvin Tadakamalla, Dr. Richard Hall (via teleconference) Dr. Thamer Qaqish (via teleconference), Dr. Lakshpaul Chauhan (via teleconference)

Excused:, Dr. Mandip Panesar, Dr. Victor Vacanti

Agenda Item	Discussion	Action	Follow-up
<b>I. CALL TO ORDER</b>	Dr. Bakhai called the meeting to order at 3:03 pm.		
<b>II. ADMINISTRATIVE</b>			
A. Minutes	Minutes from the February 6, 2025 meeting were reviewed and approved	A motion was made by Dr. Bakhai, and unanimously carried to approve the minutes of the February 6, 2025 meeting.	Via these minutes, the Credentials Committee recommends same to the Medical Staff Executive Committee.
B. Deceased	None	None	None
C. Applications Withdrawn/Processing Cessation	None	None	None
D. Automatic Conclusion (Initial Appointment)	None	None	None
E. Name Changes	None	Noted	Informational purposes only
F. Leave of Absence (1)	<b><u>Internal Medicine</u></b> <ul style="list-style-type: none"> <li>Leigh-Anne DiOrio, FNP-maternity; RTW 05/01/25</li> </ul>	Dr. Tadakamalla mentioned the name of an FNP he believes is out of maternity leave but has not seen her name mentioned here.	Tara will reach out to that FNP and determine her status.

Highlight: Initiate FPPE

<b>G. Resignations (13)</b>		Files are updated and resignation protocol followed. The Committee discussed retention rates and Wellness Committee initiatives to investigate and manage.		Notification via these minutes to MEC, Board of Directors, Revenue Management, Decision Support	
NAME	DEPARTMENT	PRACTICE PLAN/REASON	COVERING/COLLABORATING/ SUPERVISING	RESIGN DATE	INITIAL DATE
Nadia Eloudi, ANP	Emergency Medicine	<ul style="list-style-type: none"> <li>• UEMS</li> <li>• Has not worked any shifts in over 1 year</li> <li>• Confirmed in email</li> </ul>	N/A	01/01/2025	09/28/2021
Alena Jaffri, PA-C	Emergency Medicine	<ul style="list-style-type: none"> <li>• UEMS</li> <li>• Leaving ECMC</li> <li>• Confirmed in email</li> </ul>	N/A	02/28/2025	09/24/2024
Lucina Kilbury, PA-C	Family Medicine	<ul style="list-style-type: none"> <li>• UBMD FM</li> <li>• Only working at KH now</li> <li>• Confirmed in email</li> </ul>	N/A	02/25/2025	10/24/2023
Aman Gupta, MD	Internal Medicine	<ul style="list-style-type: none"> <li>• GPPC</li> <li>• Leaving ECMC, not practice plan</li> <li>• Confirmed in email</li> </ul>	N/A	03/01/2025	07/23/2024
Kathryn Elliott, MD	Neurology	<ul style="list-style-type: none"> <li>• Accurate Neuromonitoring LLC</li> <li>• No longer reading for ECMC</li> <li>• Confirmed in email</li> </ul>	N/A	02/13/2025	01/30/2018
Melanie Andres, PA-C	Neurosurgery	<ul style="list-style-type: none"> <li>• UBNS</li> <li>• Leaving practice plan</li> <li>• Confirmed in email</li> </ul>	N/A	03/01/2025	12/06/2011
Stephanie Reesor, PA-C	Neurosurgery	<ul style="list-style-type: none"> <li>• UBNS</li> <li>• No longer with UBNS</li> <li>• Confirmed in email</li> </ul>	N/A	03/01/2025	01/26/2021

Highlight: Initiate FPPE

Laura Dove, MD	Psychiatry	<ul style="list-style-type: none"> <li>• Locum Tenens</li> <li>• Fulfilled contract</li> <li>• Confirmed in email</li> </ul>	N/A	03/01/2025	07/23/2024
Steven Dubovsky, MD	Psychiatry	<ul style="list-style-type: none"> <li>• UPP</li> <li>• Moving out of area</li> <li>• Confirmed in email</li> </ul>	N/A	03/01/2025	07/28/2004
Sarah Gibbons	Psychiatry	<ul style="list-style-type: none"> <li>• UPP</li> <li>• Leaving practice plan</li> <li>• Confirmed in email</li> </ul>	N/A	02/13/2025	07/31/2018
Michelle Christie, PA-C	Surgery	<ul style="list-style-type: none"> <li>• Excelsior</li> <li>• Has not worked here even once. FPPE</li> <li>• Confirmed in email</li> </ul>	N/A	01/17/2025	05/28/2024
Michael Peyser, MD	Surgery	<ul style="list-style-type: none"> <li>• Windsong</li> <li>• Leaving ECMC</li> <li>• Confirmed in email</li> </ul>	N/A <b>7 DELINQUENT RECORDS THAT ARE 369 DAYS OLD</b>	03/13/2025	09/28/2021
Richard Gilbert, MD	Urology	<ul style="list-style-type: none"> <li>• WNY Urology</li> <li>• Retired</li> <li>• Confirmed in email</li> </ul>	N/A	02/06/2025	09/25/2018
<b>III. CHANGE IN STAFF CATEGORY</b>					
		None	None	None	
<b>IV. CHANGE/ADDITION Collaborating/Supervising (1)</b>					
A. Matthew Long, PA-C	<b><u>Family Medicine</u></b> <ul style="list-style-type: none"> <li>• Changing from Dr. Boyle to <b>Dr. Marc Fineberg</b> (1PA)</li> <li>• All required documentation was submitted.</li> </ul>		Noted	No follow-up necessary. For informational purposes	
<b>V. CHANGE DEPARTMENT/ PRIVILEGE ADDITION/ REVISION (1)</b>					
A. Casey Krug, PA-C	<b><u>Family Medicine</u></b> <ul style="list-style-type: none"> <li>• Concluding privileges in Emergency Medicine effective 03/31/2025</li> </ul>		The Committee voted, all in favor, to approve the changes as requested.	Via these minutes, the Credentials Committee recommends approval to	

Highlight: Initiate FPPE

			the Medical Executive Committee.  Notification to Revenue Cycle and Decision Support upon approval of the Board.
<b>VI. PRIVILEGE WITHDRAWAL</b>			
	None	None	None
<b>VII. UNACCREDITED FELLOWSHIPS</b>			
	<p><b><u>Rehab Medicine</u></b>  <u>Steven Pierpaoli, PsyD</u>: The Committee discussed if an AHP can do the Unaccredited Fellowship. We have never applied the Unaccredited Fellow to a PsyD. Questions arose regarding the amount of supervision required and the fact that this is a paid position. It is noted that the MSO will review the NYS license requirements as it pertains to post-doc work and will provide more information to the Committee. This position will not begin until September 2025.</p> <p><b><u>Surgery-Bariatric</u></b>  <u>Xavier Jean, MD</u>: Application has been received and is in process. Start date is confirmed for 04/01/2025. It is noted Dr. Jean will only be staying at ECMC for 2 months.</p> <p><b><u>Surgery</u></b></p>	<p>Noted</p> <p>Noted</p>	<p>MSO will do additional research and return back to the Committee. No application will be sent out until decision is made.</p> <p>No action required.</p>

Highlight: Initiate FPPE

	Holly Johnson, MD: Application sent. Anticipated start date is 08/01/2025. Dr. Johnson is currently Senior Resident and is staying on to participate in the new Program for Flexible Endoscopy, led by Dr. Eleanor Fung. This is a new trend across the country – general surgery residents obtaining additional training for endo skills.	Noted	No action required.
<b>VIII. INITIAL APPOINTMENTS (3)</b>			
Jordan Chen, PA-C Emergency Medicine	<ul style="list-style-type: none"> <li>• D’Youville University Bachelor and Master of Science Physician Assistant December 2024</li> <li>• Joining UEMS March 2025</li> <li>• Time gap – pending license, DEA, board and credentialing January 2025 to March 2025</li> <li>• Supervising Physician – Dr. Adam Dworkin (1PA)</li> <li>• NCCPA certified</li> </ul>	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	<p>Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.</p> <p>Notification to Revenue Cycle and Decision Support upon approval of the Board.</p>
Aasha Patel, PA-C Family Medicine	<ul style="list-style-type: none"> <li>• D’Youville University Master of Science Physician Assistant December 2023</li> <li>• Time gap – studied and passed boards, obtained license and employment as physician assistant December 2023 to December 2024</li> <li>• Physician Assistant – Family Choice of New York December 2024 to present</li> <li>• Temporary privileges granted February 17, 2025 for immediate patient need</li> </ul>	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	<p>Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.</p> <p>Notification to Revenue Cycle and Decision Support upon approval of the Board.</p>

Highlight: Initiate FPPE

	<ul style="list-style-type: none"> <li>Supervising Physician – Dr. Kenneth Garbarino (2NP/1PA)</li> </ul>		
Saba Ali, MD Pathology	<ul style="list-style-type: none"> <li>Fatima Jinnah Medical University Lahore Pakistan MBBS December 2009 Time gap - Studied for &amp; passed examinations for step 1, step 2 cs, and step 2 ck. January 2010 to July 2012. Obtained ECFMG certification Sept 2011</li> <li>St. Joseph’s Hospital &amp; Medical Center, Phoenix AZ, Internal Medicine Residency July 2012- June 2013. Voluntarily resigned to change residency to Pathology</li> <li>University of California Davis School of Medicine Combined Anatomic &amp; Clinical Pathology Residency July 2013 to June 2017</li> <li>City of Hope National Medical Center, Duarte CA, Hematopathology Fellowship July 2017 to June 2018 and Advanced Hematopathology Fellowship July 2018 to June 2019</li> <li>Time gap – July 2019 moved from Southern California to Mountain View for new job</li> <li>Private Practice - El Camino Pathology Group August 2019 to August 2020</li> <li>Assistant Professor of Hematopathology - Roswell Park Comprehensive Cancer Center August 2020 to January 2024</li> </ul>	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	<p>Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.</p> <p>Notification to Revenue Cycle and Decision Support upon approval of the Board.</p>

Highlight: Initiate FPPE

	<ul style="list-style-type: none"> <li>• Private Practice – Baylor Scott and White, Irving TX January 2024 to present</li> <li>• Joining UB Pathology March 2025</li> <li>• American Board of Pathology Anatomic and Clinical, and Hematopathology certified</li> </ul>		
<b>X. Temporary Privileges</b>	Aasha Patel, PA – C Family Medicine Terrace View, 02/17/2025	Noted	For informational purposes only
<b>IX. REAPPOINTMENTS (43)</b>	See reappointment summary (Attachment B)	The Committee voted, all in favor, to recommend approval of the re-appointments listed with privileges granted as requested.	Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.  Notification to Revenue Cycle and Decision Support upon approval of the Board.
NAME	DEPARTMENT	CATEGORY	PRIVILEGES
McKeever, Ashley CRNA	<b>Anesthesia</b>	AHP	
Zayac, Jason MD	Anesthesia	Active	
Korff, Kathryn DDS	<b>Dentistry</b>	Active	
Camposeo, Nicholas DO	<b>Emergency Medicine</b>	Active	
Innes, Johanna MD	Emergency Medicine	Active	
McNamara, John DO	Emergency Medicine	Active	
Patel, Bindesh DO	Emergency Medicine	Active	
Quackenbush, Joseph PA-C Collaborating MD: Mikac, Wilber	<b>Family Medicine/Addiction Med</b>	AHP	
Bodden, Christopher MD	<b>Internal Medicine</b>	Active	

Highlight: Initiate FPPE

Carrier, Bradley MD	Internal Medicine	Active	<b>Staff Category Change:</b> Dr. Carrier requested change from Active to Courtesy, Refer & Follow
Grand'Maison, Anne MD	Internal Medicine	Active	
Hodgson, Matthew AHP Collaborating MD: Alam, Loree	Internal Medicine/Plastic Surgery	AHP	<b>Privilege Addition:</b> <ul style="list-style-type: none"> <li>Level II: Bone Marrow Aspiration &amp; Biopsy</li> </ul>
Laskowski, Stephen DO	Internal Medicine	Active	
McMichael, Bonnie MD	Internal Medicine	Active	
Milling, David MD	Internal Medicine	Active	
Novak, Jan MD	Internal Medicine	Active	<b>Staff Category Change:</b> Dr. Novak is requesting to change from Active to Courtesy, Refer & Follow
Radziwon, Christopher PhD	Internal Medicine	AHP	
Shon, Alyssa MD	Internal Medicine	Active	
Siebert, Marc ANP Collaborating MD: Brockman, Perry, Cheng	Internal Medicine	AHP	
Sozen, Ercan MD	Internal Medicine	Active	<b>4 DELINQUENT RECORDS, 84 DAYS OLD</b>
Egnatchik, James MD	<b>Neurosurgery</b>	Associate	
Santana, Sabrina PA-C Collaborating MD: Meyers	Neurosurgery	AHP	
Spiro, Richard MD	Neurosurgery	Active	
Ward, Sarah MD	<b>OB/GYN</b>	Active	
Madow, Brian MD	<b>Ophthalmology</b>	Active	
Patel Sangita MD PhD	Ophthalmology	Active	
Schaefer, Jamie MD	<b>Oral &amp; Maxillofacial Surgery</b>	Active	
Cecere, William DDS MD	Oral & Maxillofacial Surgery	CR&F	
White, Gregory DDS	Oral & Maxillofacial Surgery	Active	
Ablove, Robert MD	<b>Ortho Surgery</b>	Active	
Jeyapalan, Gerald MD	<b>Otolaryngology/Plastic Surgery</b>	Active	
Muscarella, Joseph DO	Otolaryngology/Plastic Surgery	Active	
Burke, Katie NP Collaborating MD: Guppenberger	<b>Psych &amp; Behavioral Medicine</b>	AHP	
Kamal, Robel MD	Psych & Behavioral Med	Active	
Alam, Uzma MD	<b>Radiology</b>	Active	

Highlight: Initiate FPPE



Federico, Amy MD	Radiology	Active	
Kapoor, Vibhu MD	Radiology	Active	
Magno, Rebecca MD	Radiology	Active	
Zimmer, Wendy MD	Radiology	Active	
Lindaman, Emily PA-C Collaborating MD: Brewer	<b>Surgery</b>	AHP	
Rasmusson, Timothy MD	Surgery	Associate	
Shisler, Tomi FNP Collaborating MD: Kayler	Surgery	AHP	
Rambarran, Brian MD	<b>Urology</b>	Active	<b><u>Withdraw 3 privileges (only assists):</u></b> <ul style="list-style-type: none"> <li>• Robotic Level 1</li> <li>• Robotic Level 2</li> <li>• Robotic Level 3</li> </ul>
<b>Bold highlighted names are reappointment dates that will be changed to align with Kaleida</b>			

<b>X. AUTOMATIC CONCLUSION</b>	Reappointment Expiration		
<b>1<sup>st</sup> Notice</b>	None	For informational purposes.	None necessary.
<b>2<sup>nd</sup> Notice</b>	None	For informational purposes.	None necessary.
<b>3<sup>rd</sup> Notice</b>	None	For informational purposes.	None necessary.
<b>XI. PROFESSIONAL PRACTICE EVALUATIONS</b>			
<b>OPPE</b>	Completed February 2025: Chiropractic, Urology, Rehab Medicine. No individual opportunities identified. Rehab is researching outpatient measures.	Noted	Follow up at April 2025 Credentials Committee
<b>FPPE</b>	Plan of correction anticipated to be complete by the end of March, bringing all FPPEs up to date. There were 34 completed in February. No opportunities identified.	Noted	Follow up at April 2025 Credentials Committee

Highlight: Initiate FPPE

<b>Tracking/Trending:</b>	VIP: One (1) Department of Surgery – will be evaluated in March 2025.	Monitoring continues.	Follow up at April 2025 Credentials Committee
<b>XII. OLD BUSINESS</b>			
Expirables	Expirables were reviewed and discussed with the Credentials Committee.	None	For informational purposes
DEA, License, Boards	<p><b><u>March 2025</u></b></p> <ul style="list-style-type: none"> <li>• DEA- 9</li> <li>• License- 43</li> <li>• Boards – 2 ANCC</li> </ul> <p><b><u>April 2025</u></b></p> <ul style="list-style-type: none"> <li>• DEA- 11</li> <li>• License- 32</li> <li>Boards- 102 IM</li> </ul>	No action necessary at this time.	For informational purposes
MDStaff Updates	We recently discovered that MDStaff does not function the way we were initially informed. In order to provide the services we promised providers, we are going to have to change workflow and work with Kaleida for primary source verification. We are not establishing an CVO, but we are going to have people working on the same applications at the same time in some instances. It looks like we will be able to do this, which will enable providers to complete one application for both facilities. If it turns out that we are unable to do this, the vendor has offered to let us out of the contract with no strings.	Noted	An update will be provided to the Credentials Committee as we continue to move through the implementation process.
ACLS Update	The ACLS due date is April 29, 2025. There are 28 still outstanding. Tara will send out an email reminder to those practitioners this week. The ACLS class held here at ECMC was a successful one. We do have the option to host an additional training if needed.	Noted	Tara is monitoring for completion.
Annual Dues	Annual Dues invoices were sent out on February 18, 2025. Kudos was offered to the MSO team for getting them sent out so timely. 995 notices were sent out. Currently, there are 776 still outstanding. It is noted that several of the large practices have not yet remitted.	Noted	Staff will continue to monitor.

Highlight: Initiate FPPE

Pain Management Procedures	Tabled. The Committee awaits feedback from Dr. Suchy.	Noted.	None at this time
AHP Privilege Update	MSO Leadership met with the leadership team for AHP. They agree that the Kaleida form is well done and would like to adopt it in full. This is what we will be moving forward with.	Noted	AHP Privilege forms will be developed and sent to COS for review and approval.
Psychiatric Boards	<p>Dr. Vinayak Gokhale still owes the Board one last piece of information – the quality section. It is noted that his extension to obtain his Boards ends in May 2025. Dr. Gokhale has not been responsive to emails or phone calls.</p> <p>Dr. Balwant Nagra has been taking Board prep courses and studying for the exam. He is scheduled to sit for his Board examination in 2026. We did reach out to determine when in 2026 Dr. Nagra will be sitting for his Boards. We have received no responses to emails or voice mails.</p> <p><b>NOTE: DR. NAGRA HAS 21 DELINQUENT RECORDS/83 INCOMPLETE FOR 746 DAYS</b></p>	Dr. Yogesh Bakhai will be telephoning Dr. Gokhale again to obtain an update and remind him of his extension end date.	An Update will be provided to the Credentials Committee monthly until completed.
<b>XIII. NEW BUSINESS</b>			
A. Delinquent Records	<p>It was noted that materials for this meeting highlighted delinquent medical records for any provider not in compliance. This reporting will be standard in all meeting materials going forward.</p> <p>As previously discussed with the Credentials Committee, the Bylaws allow for the holding of reappointments due to delinquent medical records. In order to start enforcing this, the MDSO has developed a tracking mechanism to assure the COS signs off on the delinquent list at reappointment. Each Department will receive a copy of the delinquent list and sign an attestation that they have reviewed the list and will follow up with Providers listed.</p> <p>CMS states anything over 30 days is considered delinquent. This is the standard we will be using.</p> <p>Providers will be notified when they receive their applications that their reappointment may be held if they have delinquent records. Upon receipt</p>	Noted	None at this time

Highlight: Initiate FPPE

	<p>of the completed application, the provider will also be notified if he/she is on the delinquent list and that their reappointment may be held if they are still delinquent. As work is done on the reappointment, the COS will be notified if the provider is still delinquent and their reappointment may be held.</p> <p>It is noted that in EPIC, you could be automatically locked out of the EMR if your charting is delinquent. If our new process is unsuccessful to ensure timely charting, this EPIC option may need to be implemented for those people who refuse to comply.</p>		
<b>XIV. ADJOURNMENT</b>	There being no further business to discuss, the meeting was adjourned at 3:40 pm		

Respectfully submitted,



Yogesh Bakhai, MD  
Chair, Credentials Committee

ERIE COUNTY MEDICAL CENTER CORPORATION  
MARCH 18, 2025 MEETING MINUTES  
EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS  
HYBRID MEETING

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

ALSO

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

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I. Call to Order

The meeting was called to order at 4:01 p.m. by Board Chair Eugenio Russi.

II. Minutes

Motion made by Jonathan Dandes, seconded by Darby Fishkin and unanimously passed to approve the minutes of the Executive Committee meeting of February 18, 2025.

III. Hospital Update

General Overview

Dr. Thomas Quatroche reported that the hospital was surveyed by the American College of Surgeons. There was only one non-compliance issue, and it was considered minor. At the same time, the Joint Commission reviewed the Department of Addiction and Chemical Dependency. Findings revealed very low-level incidents. Dr. Quatroche acknowledged the leadership who accomplished such successful results. Dr. Quatroche stated that Finance was negatively impacted during the month of February. Finding placements for the ALC patients is the current biggest obstacle resulting in financial stagnation.

Finances Report

Jonathan Swiatkowski presented key statistics and performance drivers for February. An increase in observation cases lead to a higher length of stay from last month. Inpatient cases are down 3.1% against budget and 7.0% from last year. Outpatient visits are down 4.9% from budget but 0.8% higher than last year. Overall, surgeries are down 4.8% from budget but up 0.5% from last year. All of the aforementioned factors had a negative impact on finances for the month. CMI was higher than budget and last year. February showed a net loss of \$4.5M; February 2024 showed a net loss of \$1.5M. Discussion followed. IGT Payment is due at the end of February.

Audit Committee meeting was held on March 13<sup>th</sup>, 2025. RSM had a unmodified “clean” opinion on financial statements. No audit adjustments or unadjusted audit differences;

no management letter recommendations, control deficiencies, significant deficiencies or material weaknesses in internal control; no compliance matters to report with respect to Federal Programs; reviewed implemented and upcoming accounting pronouncements; reviewed additional control and documentation testing work performed.

IV. Safety Net Transformation Grant

The hospital will be submitting an application for the Safety Net Transformation grant highlighting three areas where the funds can be used: improving assets, improving workforce, and adding another MRI. The Committee discussed the grant process.

V. State and Federal Medicaid Update

Dr. Quatroche updated the committee on the latest news regarding ECMC with the State for Safety Net funding and VAPAP. Additionally, the hospital is working with the State to look at ways to get more Medicaid funding. Dr. Quatroche and Mr. Swiatkowski will continue their efforts.

VI. Other

Chair Russi asked if the Salvation Army would be presenting at the March board meeting.

VII. Adjourn

There being no other business, the meeting was adjourned at 4:35 p.m.

ERIE COUNTY MEDICAL CENTER CORPORATION

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

TUESDAY, MARCH 18, 2025 – 8:30 AM

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BOARD MEMBERS PRESENT OR  
ATTENDING BY VIDEO  
CONFERENCE OR TELEPHONE:

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

\* ATTENDING BY VIDEO  
CONFERENCE OR PHONE

BOARD MEMBERS EXCUSED:

ALSO PRESENT:

THOMAS QUATROCHE \*  
JONATHAN SWIATKOWSKI  
ANDREW DAVIS  
VANESSA HINDERLITER

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**I. CALL TO ORDER**

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

**II. REVIEW AND APPROVAL OF MINUTES**

Motion was made by Reverend Mark Blue, seconded by Darby Fishkin and unanimously passed to approve the minutes of the Finance Committee meeting of February 18, 2025.

**III. FEBRUARY 2025 OPERATING PERFORMANCE**

Mr. Swiatkowski reported that the organization faced significant throughput challenges during the month of February. The hospital saw a significant increase in the number of patients classified as alternative level of care which along with the discharge challenges, resulted in acute average length of stay increasing to 8.0 days which exceeded budget projections by 5%. Inpatient discharges, total surgeries and outpatient visits were fewer than projected in the operating plan. Mr. Swiatkowski noted that while case mix and reimbursement rate variances were positive, they did not offset overall revenue variances resulting from the volume shortfalls.

Mr. Swiatkowski reviewed the Finance dashboard and reported that acute case mix exceeded budget projections at 1.90 for the month due to medical and surgical case severity. However, ECMCC performed fewer transplants during the month than anticipated. Mr. Swiatkowski also reviewed current FTE's and cash flow.

In response to questions from Chair Seaman and Dr. Stegemann, Mr. Davis and Mr. Swiatkowski discussed potential post-acute care opportunities, reimbursement and staffing challenges that are impacting alternative level of care facilities, and placement challenges the organization faces for patients requiring a high level of care at alternative level of care facilities. Dr. Quatroche noted that other area hospitals are also experiencing challenges related to transferring patients to alternative level of care facilities.

Mr. Swiatkowski reviewed February financial performance. Net patient service revenue fell below budget projections due to volume but was offset by positive revenue from ECMCC's specialty pharmacy. Total operating revenue met budget projections due to these factors. However, operating expenses continued to trend higher than budget due to additional FTE's, premium salary expense and additional volume related expenses. After the recognition of positive non-operating income related to investment market performance, the Corporation incurred an overall operating loss which was slightly higher than budget projections.

Mr. Swiatkowski further reviewed operating expenses for the month of February including salary expense and employee health insurance expense. Management is monitoring employee health insurance activity due to the change in third-party administrators which was effective on January 1, 2025. Supply expense exceeded the operating plan due to pharmaceutical costs for specialty pharmacy and oncology services.

Mr. Swiatkowski reviewed year-to-date operating performance, reporting that total operating revenue for the first 2 months of the year is higher than projected in the operating plan. Net patient service revenue and other revenue related to specialty pharmacy are positive compared to budget. Mr. Swiatkowski reviewed variances in year-to-date operating expenses and discussed salary expense, premium salary costs and overtime expense. Mr. Swiatkowski advised the Committee of high utility costs that have been incurred and are anticipated during the first three months of the year. Mr. Swiatkowski also reviewed employee benefits for 2025 to date and offered additional comments related to the expense increase from 2024 due to additional FTE's and increased actuarial pension expense and retiree health insurance expense.

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

Mr. Swiatkowski advised the Committee that ECMCC received the initial 2024 IGT payment in late February and discussed other IGT related transactions that the Corporation anticipates will occur in March.

Several topics were discussed with the Committee, including the status of current payer negotiations, the upcoming NYS budget and a Federal policy related matter.

Mr. Swiatkowski reported that the Corporation's external audit firm, RSM, met with ECMCC's Audit Committee on March 13, 2025 to present the draft audited financial statements and external audit report for the year ended December 31, 2024. Subject to



Board approval, RSM will issue an unmodified “clean” opinion with respect to the Corporation’s 2024 financial statements. No audit adjustments, unadjusted audit differences or management letter comments were made, and no significant deficiencies or material weaknesses were identified during the audit. Mr. Swiatkowski advised that RSM performed additional control and documentation testing work during the audit in compliance with AICPA audit guidance requirements and government auditing standards.

Mr. Swiatkowski further discussed the additional control and documentation testing work conducted by RSM and is pleased to report that ECMCC was well prepared to meet the additional depth of work performed during the audit. Mr. Swiatkowski credited Ms. Vanessa Hinderliter and Mr. Eric Reeners for their efforts and planning throughout the year and thanked the entire Finance team for the assistance provided to RSM during the audit. In response to a comment from Dr. Stegemann, Mr. Swiatkowski discussed some of the processes ECMCC has refined related to purchasing, contracts and financial transactions that help the Corporation to achieve positive audit results.

Ms. Fishkin, ECMCC’s Audit Committee Chair noted that prior to the recent Audit Committee meeting, she and Mr. Matthew Garvey, RSM’s lead audit partner, discussed the professionalism and great depth of knowledge demonstrated by Ms. Hinderliter and Mr. Reeners in leading ECMCC’s Finance department and annual audit efforts.

Mr. Davis and Dr. Quatroche offered their congratulations to Mr. Swiatkowski and Ms. Hinderliter on achieving an outstanding result on the annual audit.

## **V. ADJOURNMENT**

In closing, Ms. Fishkin offered general comments relating to alternative level of care and the costs associated with extended patient stays. Mr. Swiatkowski led a brief discussion relating to these topics.

There being no further business, the meeting was adjourned at 9:08 AM by Chair Michael Seaman.

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS  
MINUTES OF THE CONTRACTS COMMITTEE MEETING  
WEDNESDAY, JANUARY 15, 2025  
VIA ZOOM

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VOTING COMMITTEE	CHRISTOPHER O'BRIEN, ESQ., CHAIR
MEMBERS PRESENT	JENNIFER PERSICO, ESQ.

EXCUSED:	RONALD BENNETT
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ALSO PRESENT:	JOSEPH T. GIGLIA, II, ESQ.
	LINDY NESBITT, ESQ.
	AMANDA YOUNG, ESQ.

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**I. CALL TO ORDER**

Chair Christopher O'Brien called the Contracts Committee meeting to order at 9:06 a.m.

**II. MINUTES – OCTOBER 16, 2024**

Minutes from the October 16, 2024, meeting were distributed as part of the meeting materials for review and approval.

**Motion made by Jennifer Persico to approve the October 16, 2024, minutes as presented, seconded by Chris O'Brien. Motion approved unanimously.**

**III. CONTRACT(S) REVIEW AND APPROVAL**

A list of unredacted contracts for the periods of October 1, 2024 – December 31, 2024, that require board-level review and approval was distributed to committee members before this meeting.

There was a question/answer discussion about specific matters for the contracts from this period.

**Motion made by Chris O'Brien to recommend to the ECMCC Board of Directors approve contracts for the time-period(s) of October 1, 2024 – December 31, 2024, seconded by Jenifer Persico. Motion approved unanimously.**

**IV. Next Meeting – April 16, 2025 @ 9:00 a.m.**

**ERIE COUNTY MEDICAL CENTER CORPORATION**

**V. ADJOURN**

There being no further business to discuss, meeting adjourned at 9:10 a.m.

BOARD OF DIRECTORS  
MINUTES OF THE POST-ACUTE QI MEETING  
THURSDAY, JANUARY 30, 2025  
TERRACE VIEW

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COMMITTEE  
MEMBERS PRESENT:

MICHAEL SEAMAN  
PAM LEE

COMMITTEE  
MEMBERS EXCUSED:

TOM QUATROCHE  
CHRIS O'BRIEN

ANDY DAVIS  
RAMONA GANT

ALSO PRESENT:

MARCELL RIDGEWAY  
LINDY NESBITT  
CASSANDRA WILLIAMS, MD

STEPHEN WOODRUFF  
DEB BERNIER

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**I. CALL TO ORDER**

- D. Bernier called the Post-Acute QI Meeting to order.

**II. MEDICAL DIRECTOR REPORT – DR. CASSANDRA WILLIAMS**

- Continue rounding 5 days/week on subacute neighborhoods.

**III. TERRACE VIEW CENSUS BY PAYOR / QUARTERLY AVERAGE CENSUS**

- Average census for Q4 2024 is 364.
  - Lighthouse (vent unit) is a 20 bed neighborhood which traditionally is more difficult to fill.
- Primary payor remains Medicaid.

**IV. STAFFING / NURSING**

- RNs: 16 open positions; LPNs: 16 open positions.
- Current agency staff: 16 CNAs, 2 LPNs, 2 RNS.

**V. NYSDOH MINIMUM STAFFING**

- Looking at Q2 for 2024 – we are in compliance.

**VI. CMS 5 STAR REPORT**

- 5 stars for staffing, 3 stars for quality measures, 2 stars for DOH inspection, overall we are a 3 star facility.
  - i. Some adjustments were made to our quality measures.
  - ii. DOH inspections 2 star – there is a 3 year lookback for this category; this includes abbreviated surveys.

**VII. OTHER**

- In Q4, DOH made 2 visits for various hotline and facility reported incidents.

**VIII. ADJOURN**

- D. Bernier adjourned the Post-Acute QI Committee meeting.

# ERIE COUNTY MEDICAL CENTER CORPORATION

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

TUESDAY, MARCH 11, 2025  
MICROSOFT TEAMS PLATFORM

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**BOARD MEMBERS PRESENT:** REV KINZER POINTER, JOHN O'DONNELL, CHRISTIAN JOHNSON, BENJAMIN SWANEKAMP

**PRESENTERS:** SIVA YEDLAPATI, MD, PHYLLIS MURAWSKI, RN, AND JOANN WOLF, RN

### **ATTENDANCE:**

SERGIO ANILLO, MD  
WILLIAM BELLES, MD  
DONNA BROWN  
CHARLES CAVARETTA  
SAM CLOUD, DO  
JOHN CUMBO  
PETER CUTLER  
ANDY DAVIS  
CASSIE DAVIS  
BECKY DELPRINCE, RN  
JUSTINE KAURICH  
KEITH KRABILL, MD  
PHYLLIS MURAWSKI, RN  
YARON PERRY, MD  
TOM QUATROCHE, CEO  
MEG RILEY, RN  
JOANNE WOLF, RN  
SIVA YEDLAPATI, MD

### **CALL TO ORDER**

Benjamin Swanekamp called the meeting to order at 8:00 am.

### **I. MINUTES**

The February 11, 2025, meeting minutes were distributed for review. A motion was made and seconded to approve the minutes. They will be forwarded to the Board of Directors for filing.

## **II. APOGEE PHYSICIANS - SIVA YEDLAPATI, MD**

Dr. Yedlapati shared an update on Apogee Physicians. He had a full agenda beginning with a staffing update.

Volumes and outcomes were reviewed reflecting an increase in numbers with initial encounters. The department is making great strides in improving discharges per day over the last two months.

Geographic Rounding was discussed. The team is showing great improvements being that this is a high case mix index (CSI) facility. Dr. Yedlapati also spoke on the Readmissions Committee. This Committee consists of seven physicians from Apogee all being active participants identifying reasons for readmissions. Quality improvement items were reviewed and discussed.

Dr. Yedlapati spoke on the award and recognitions that Apogee has recently received. They continue to work on getting patients healthier faster, more signals and less noise for patients and most importantly, happy hospitalist. The team also continues to work on improving the length of stay for patients.

## **III. FALLS REPORT – JOANN WOLF, RN**

Joann Wolf gave an update from the NDNQI Inpatient Falls Committee. Joann began the presentation with 2024 goals which consisted of year over year improvement in the hospital wide falls rate, reduction in the number of falls with moderate or greater injury and maintaining PSI-8 fall with fracture. Joann reviewed all three of the goals in detailed graphs. Joann reviewed hospital wide data that included falls by injury level, gender, location, assisted and unassisted falls, as well as falls by age from 2024.

NDNQI Committee goals for 2025 include improving the year over year hospital wide falls rate from 2.03 in 2024 to 1.23 by December 31, 2025, to reduce number of falls with moderate or greater injury from 17 in 2024 to 4 or less by December 31, 2025, and to maintain PSI-8 falls with fracture at 1 case by December 31, 2025.

Some department interventions took place this past year and they included going live with Edmonson fall risk assessment tool for Behavioral Health areas and Morse for Critical Care and Med/Surg areas, ordered new patient chairs to improve mobility of patients out of bed, the education department held educational sessions and rounded on the nursing floors for new fall risk assessment tools. In April, they will re-launch the safe patient handling and fall prevention program with physical therapy and nursing.

#### **IV. 2025 QUALITY AND PERFORMANCE IMPROVEMENT PLAN – PHYLLIS MURAWSKI, RN**

Phyllis Murawski shared the 2025 QAPI Plan. The Quality and Patient Safety Program objectives were reviewed and discussed. The purpose of this program is to maintain a Quality and Patient Safety Program to provide a safe environment for patients and staff free from recognizable safety issues and medical errors and to manage activities toward reducing risk of harm and injury. Phyllis shared the culture of safety key elements; the scope, structure, approval and authority of the program.

The Performance Improvement Plan was reviewed and discussed. The purpose of this plan is to fulfill Erie County Medical Centers mission and realize its vision. Objectives of the plan were reviewed as well.

The first Quality and Patient Safety Committee meeting took place February 28, 2025. The committee reviewed structure, roles, and a standing agenda for upcoming meetings.

The Joint Commission visited last week for our Substance Abuse Program with minor findings. The ACS Trauma survey took place last week and Dr. Flynn and staff did a great job with the survey. Finally, Specialty Pharmacy had a survey most recently with zero findings as well.

#### **V. ADJOURN**

There being no further business, the motion was made and seconded to adjourn the meeting. The next meeting will be held on April 8, 2025.

Dear ECMC Board Members,

Thanks to the diligence and hard work of our clinicians in the Emergency Department, we have witnessed a significant reduction in patient Left Without Being Seen (LWOBS) statistics during the first four months of 2025 versus the same timeframe last year. Notably, in April 2025 we experienced a 3.3% LWOBS rate versus 6.9% in April 2024. And those percentage reductions for LWOBS have decreased every month so far in 2025. A new Care Initiation program was started to see lower acuity patients, which helped to significantly lead to this decrease. Again, that outcome is a testament to the dedication and commitment of our caregivers and leadership in the Emergency Department. While this has helped us see more patients, like other hospitals across New York, we continue to face challenges with discharging patients. We continue to have approximately double what we typically experienced daily with patients who are at ECMC with no need for acute care and in need of a skilled nursing home or other congregate settings. As the Board knows, this has put pressure on ECMC's overall operations, but most acutely in the Emergency Department. Thanks to the hard work and dedication of our caregivers, we nevertheless are able to maintain our high standard of quality healthcare services that our patients expect and deserve.

The foundation for the delivery of those high-quality healthcare services is nursing and we are particularly proud that four ECMC nurses have been nominated for awards this year through the Professional Nurses Association of WNY. ECMC's nominees are: Meghan Mullen MSN, RN, CCRN Trauma Program Manager (ECMC Nurse of Distinction Nominee), Matthew Bailen, MSN, RN, CCRN Assistant Vice President, Nursing Education (ECMC Nurse of Distinction, Education Nominee), Mabel Bobeck, RN Charge Nurse, 6z1 Medical/Surgical Unit (ECMC Outstanding Staff Nurse Nominee) and Richard Doetterl RN, CCRN Staff Nurse, (Critical Care ECMC Critical Care Outstanding Staff Nurse Nominee). This recognition of these individual nurses is further evidence of our remarkably talented ECMC nurses and the excellent care they provide to their patients.

Each month throughout the year, ECMC celebrates many national healthcare observances that highlight a wide variety of our service lines and specialties. As the Board knows well, April is Donate Life Month and on April 11th members of our Regional Center of Excellence for Transplantation & Kidney Care came together with our partners at ConnectLife to stress the importance of, and need for, organ, eye, tissue, and blood donations. ECMC and ConnectLife continue to collaborate and concentrate on increasing the community's knowledge and understanding about the need for donation and transplantation. New York State currently has the third highest need for organ donors in the country and the third lowest percentage of registered donors nationwide. There are currently over 100,000 people waiting in the U.S., and 10% of these people are from New York. Out of the approximately 8,200 New Yorkers on the waiting list, over 1,300 have been waiting for life saving and improving transplants for more than 5 years. To commemorate this important observance, organ donors and recipients, along with their families and loved ones, gathered at ECMC on Friday, April 11th for our annual Donate Life Month flag raising ceremony and a standing room only special event in Smith Auditorium followed by a reception in the Overflow Cafeteria.



As we continue preparations for Springfest 2025 in May, in April we attended another highly successful Springfest auction at Salvatore's. A great crowd of over 300 attendees enjoyed a fun evening of bidding on many exciting items offered, raising over \$59,000 for the Foundation, which, as the Board knows, contributes to programs and initiatives that support our caregivers.

As the Board knows, since the beginning of 2025, our ECMC team has worked with our lobbyists and advocacy organization like HANYS regarding the state budget. There is some indication that it could be resolved by the week of May 5th. We are particularly interested in the Vital Access Provider Assurance program, which both houses of the State Legislature restored in March in their respective one-house budget bills (the Governor had zeroed out the program in her recommended state budget). Additionally, another vitally important component of the budget – recommended by the Governor and supported in the Senate and Assembly one-house budget bills – is \$1.3 billion to expand the existing Safety Net Hospital Transformation Program. And, as we have previously informed the Board, we also continue to monitor very closely any actions at the federal level and will keep the Board fully apprised of any actions that could affect ECMC.

The progress we continue to make as a vitally important healthcare institution for the residents of our region is thanks in large part to the support and guidance of the Board. While challenges exist, as noted earlier in this report, the determination and dedication of every level of ECMC, from the Board, Executive Leadership and our frontline caregivers, fortifies our commitment to fulfill ECMC's mission and to ensure that the historically high-quality healthcare services associated with ECMC are maintained and strengthened.

Best,

Tom

**Erie County Medical Center  
Board Report  
President & Chief Operating Officer  
April 29, 2025**

**Submitted by Andrew Davis**

## **QUALITY**

### **Ambulatory Medical Practices**

In March 2024, the Internal Medicine Center successfully implemented RetinaVue, an in-office retinal imaging system that allows diabetic eye exams to be completed during routine visits. This innovation supports key quality metrics like HEDIS and MIPS by improving early detection of diabetic retinopathy, a leading cause of preventable blindness. In just the first month, the center saw a 2% increase in diabetic eye screening rates, marking a significant step toward more accessible, comprehensive diabetes care.



### **Environmental Services**

- ATP Testing for March 2025 at 91%, achieved monthly goal. Increased ATP testing in Main OR.
- Continue weekly CPEP rounding with Plant Operations and Nursing leadership.
- Continuing process improvements for mock survey result sustainment.
- Coordinated with Marshall Master Cleaning Plus for additional blitz detail cleaning rotation to prepare for JC survey. Provided substantial savings in lieu of Paul Davis.

### **Food & Nutrition Services**

- Kathryn Lynk, Patient Advocate, works closely with our General Manager to address and investigate staff and patient Risk Connect issues. Kathryn tracks and discusses all case calls with the FNS team during daily Food & Nutrition manager huddles. She also discusses all Press Ganey feedback with the entire management team at our weekly manager meetings.

### **Laboratory Services**

- **Outcomes and Alignment:** Evaluate the effectiveness of the implementation of the Whole Blood MTP pathway for improved timeliness of release of product compared to Component MTP, with targeted reduction in release time of 2 minutes when compared to Component MTP. Evaluate the stability of the Whole Blood (WB) inventory with the ability to maintain WB inventory monitored monthly greater than five units 95% of the time. YTD, the Whole Blood inventory has been maintained greater than the 5-unit threshold. MTP release time for WB MTP is tracking at 6 minutes which is less than the component release time of 10 minutes.
- **Safety and Resiliency:** Improve the Glucometer cleaning documentation rate across all POCT locations to  $\geq 90\%$  monthly. For March, the Med/Surg, Ambulatory Care, Critical Care, and Inpatient Dialysis areas achieved the  $>90\%$  rate. Outpatient Dialysis is within the 5% of the benchmark. The OR, Behavioral Health and Terrace View locations all have compliance rates of less than 80% and will be the targeted areas of focus.

**Regulatory:** 2025 regulatory visits are expected from AABB, NYSDOH, and Joint Commission.

### **Surgical Services**

- EPIC transition is in full swing. Data collection and several workgroups meeting weekly.
- Provation documentation (in the GI lab) EMR go-live was successful.
- The Prep & Pack team is working with Sterile Processing (tray tracking system) to improve processes. New reports were developed to track expired trays.
- Collaboration between PAT and Quality to create standardized protocols for elective spine surgeries and decrease SSIs. Reviewing protocols with Ortho Spine team.

### **Terrace View**

- Nursing Administration: ADON's continue to monitor the neighborhoods that they maintain administrative responsibility for, to ensure units are in a state of regulatory compliance.
- OIG Audit: The facility submitted additional information including CHRG license verification of six employees on March 31, 2025.
- CMS Payroll Based Journaling: The next PBJ report is due to CMS in mid-May.
- NYSDOH Abbreviated Surveys: There were no abbreviated surveys in the month of March 2025.
- Additional Regulatory Audits: There is a scheduled Social Security representative payee audit in April 2025.
- Life Safety POC: The facility requested a time-limited waiver, secondary to procurement and to contract with a third party to complete the installation of the exterior light fixtures required by the Life Safety Code Plan of Correction, with a completion date of March 31, 2025. On October 24, 2025, the facility received approval for the time-limited waiver, which expires on March 31, 2025.
- The facility has submitted the architectural plans for the installation of the aforementioned exterior lights and anticipates completion of this project by the end of March 2025. The facility continues to communicate with the Buffalo Region NYSDOH Field Office regarding the same. **UPDATE**: The wiring and temporary light fixtures were installed before the deadline of March 31, 2025 and meet regulatory requirements. The local DOH sanitarian was notified. A courtesy email will be sent when the permanent exterior lights are installed.

### **Transplant**

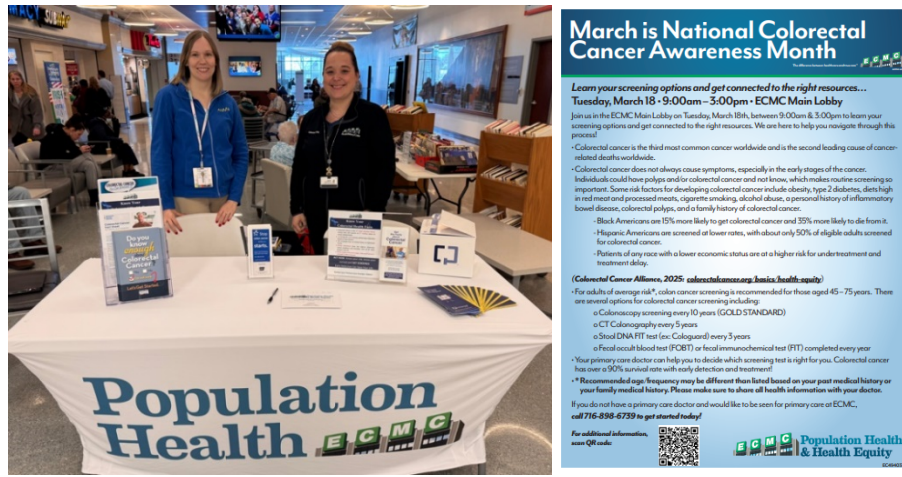
- MPSC continues to monitor our outcomes; our next submission is due April 14, 2025.

## **PATIENT EXPERIENCE**

### **Ambulatory Medical Practices**

#### **Population Health**

Population Health participated in seven community outreach events in March 2025, engaging nearly 700 individuals. In recognition of Colon Cancer Awareness Month, a significant focus was placed on colon cancer education and the importance of timely screenings. Events featured targeted information about risk factors, screening options, and early detection strategies. In addition to this focus, the outreach also emphasized mental health resources and preventive care. Linkages to dental care, smoking cessation support health and chronic disease management—especially hypertension and diabetes—were also provided to support a well-rounded approach to community wellness.



- 225 Ambulatory Care appointments scheduled by the Population Health Team.
- 58 patients were referred to the Population Health Team.

### Orthopedic Clinic

**Nursing Initiative:** A new nursing assignment workflow was implemented in the ortho clinic to enhance patient throughput and improve both patient and staff satisfaction. The goal of this initiative is to help reduce waiting room times, which will contribute to a more efficient and streamlined experience for all involved.

### System Health & Safety

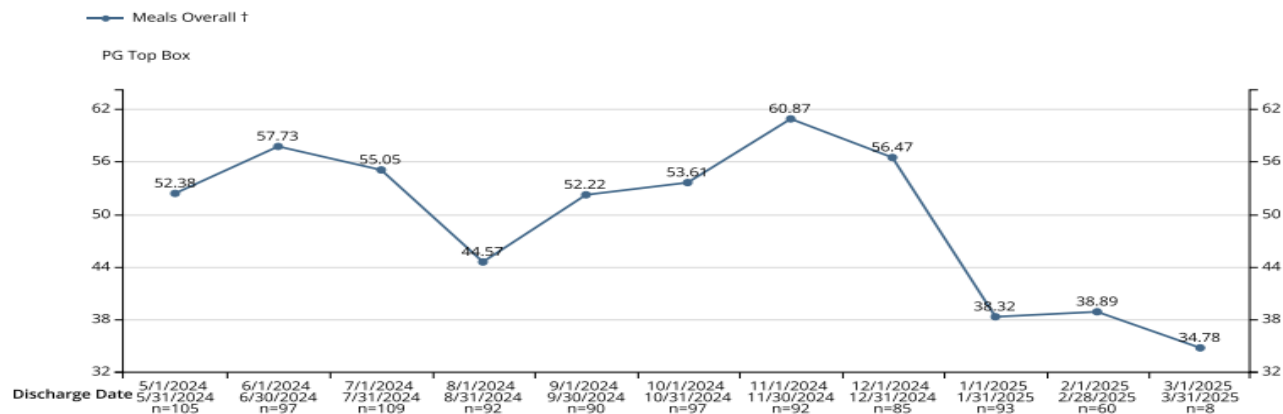
- **Patient Education on SPHM:** Patient education materials regarding ECMC's Safe Patient Handling and Mobility (SPHM) program will be included in all new patient packets.
- **Patient Mobility Education:** Patient education cards highlighting the importance of mobility are in the process of being printed. These will be distributed to patients upon admission and will include information on the negative effects of immobility, along with suggestions for mobilizing based on individual abilities.
- **Assessment of Patient Handling Injuries:** An in-depth review of patient handling injuries is being conducted to identify trends following the increase in January. This review aims to provide actionable insights for improving practices and minimizing future incidents.

### Food & Nutrition Services

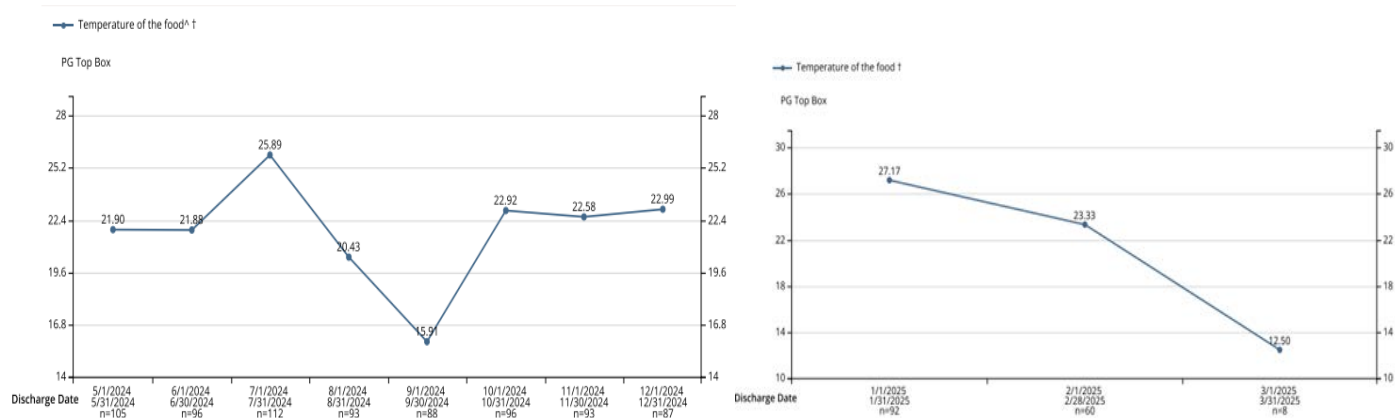
#### **Press Ganey – Patient Satisfaction Top Box Scores (Goal – 50%)**

- The graphs include Press Ganey patient satisfaction scores for the past 12 months. Initiatives have been showing improvement since August 2024, although we experienced a decrease in December and January. The “n” for March is still low for the month, as we have not received all surveys at the time of the report.
- We believe the temperature and quality issues are related to our speed of tray delivery and not our trayline equipment. We have been conducting time studies and found that we have training opportunities with our Hospitality Associates. Tray delivery times can be 30 minutes at times. We continue to recommend the purchase of the Aladdin Boost System to resolve the temperature issue related to the time it takes to deliver a cart from the trayline to the patient units.

Meals Overall

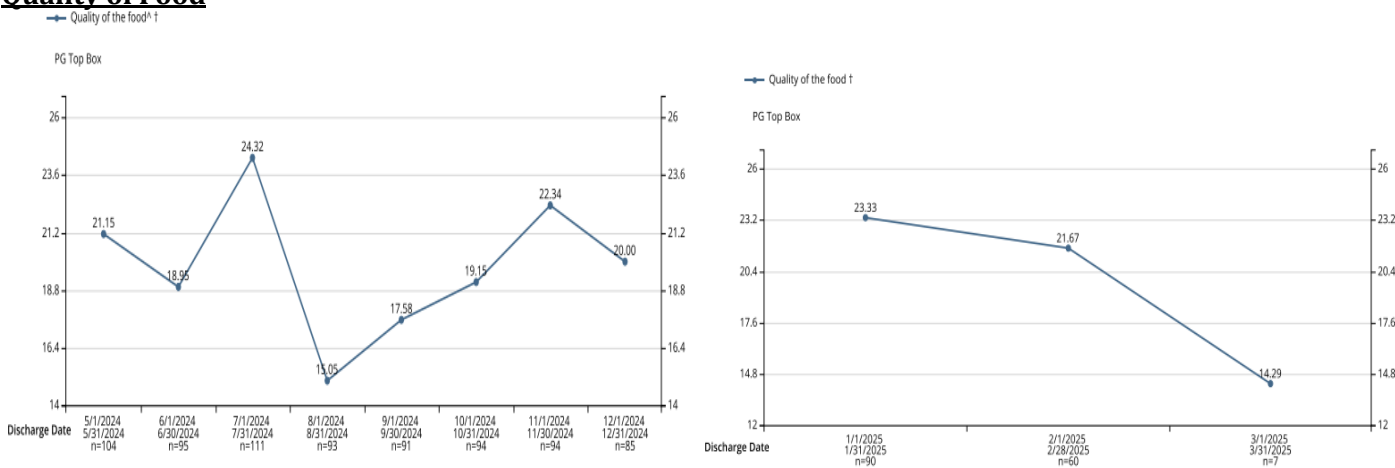


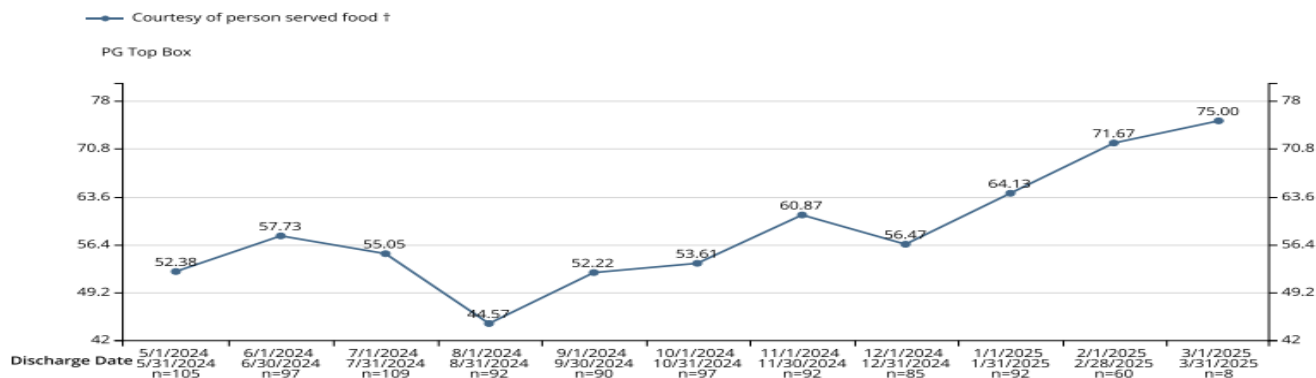
Temperature of Food



Temperature and Quality of Food is up from December to January – graphs are not carrying over into 2025.

Quality of Food





## Quality Improvement Initiatives

- The Food and Nutrition Services (FNS) department is committed to continuous improvement in service quality. During March, we continued to focus on enhancing patient and customer care through staff development, employee engagement and program implementation.
- Patient Advocacy and Nursing Relations: Our Food and Nutrition Patient Advocate, Kathryn Lynk, has focused her efforts on rounding with nursing staff and patients and taking the lead on employee engagement activities within the Food and Nutrition department. She fosters collaboration with the nursing team and identifies opportunities to improve the patient dining experience.

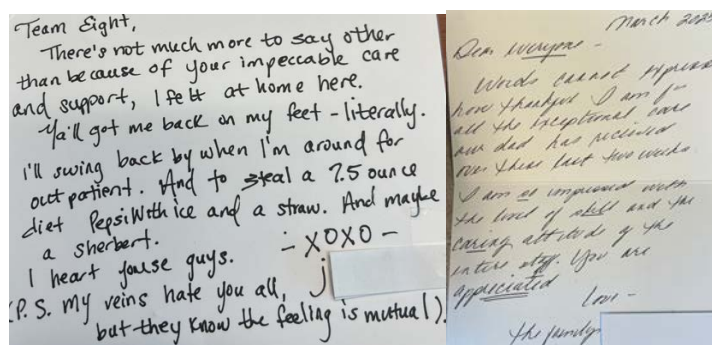
## LABORATORY SERVICES

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

- HbA1c POCT: Capital request approved for expansion of the Siemens UniPoc middleware for electronic transfer of HbA1c orders and results to mitigate the redundant manual transcription process of results into Altera and Meditech. Project has been initiated with vendor post contract execution.
- Thromboplasty Technology Review: In collaboration with Trauma, ICU, and OR team evaluation of point-of-care Thromboplasty testing to improve management of trauma and critical patients for clotting capability. Vendor presentations completed, RFP development with procurement team to be initiated.
- NYS/COEM Biomonitoring Study: The Laboratory is partnering with COEM to manage specimen processing and shipment of participant samples enrolled in the NYS Environmental Biomonitoring Study. Final participants to be completed by the end of April 2025.

## Rehabilitation Services

- Outpatient Rehab is utilizing GLIN for patients who are identified by therapy staff as needing greater wraparound support and services that are outside the therapy healthcare plan of care. Rehab staff are in an opportune position to directly observe or identify these patient challenges affecting the patient from fully participating in healthcare or community engagement.
- Received the following positive MRU patient comment cards at discharge.



## PEOPLE

### Ambulatory Nursing

### Professional Development

- Brittany Farmer, RN completed the ONS/ONCC Chemotherapy Immunotherapy course
- Amy Cange, RN completed the ONS/ONCC Chemotherapy Immunotherapy course
- Amy Cange, RN completed the ONS Fundamentals of Chemotherapy and Immunotherapy Administration course
- Alicia Keeney, MSN, RN, Ambulatory Nursing Inservice educator was chosen to present her poster, ***A Quality Improvement Initiative to Improve Nursing Clinical Documentation Quality in Hospital-based Ambulatory Care Centers***, at the following events:
- Western New York Professional Nursing Association Annual Research & Scholarly Activities Day, April 8, 2025
- UB School of Nursing 12<sup>th</sup> Annual Research Day, May 2, 2025
- American Academy of Ambulatory Care Nursing (AAACN) conference May 2025

### Center for Occupational and Environmental Medicine (COEM)

- Collaboration with the Marketing Team: COEM has been working closely with ECMC's Marketing team on a comprehensive marketing campaign, *"Your Health at Work Matters."* This campaign aims to enhance awareness of COEM's services and engage both employees and the broader community.
- COEM Advisory Board Meeting: Held on March 24, 2025, was honored to welcome Dr. James Tacci, MD, JD, MPH, FACPM, FACOEM, Medical Director and Executive Medical Policy Director for the New York State Workers' Compensation Board. Dr. Tacci provided valuable insights on Governor Kathy Hochul's 2025 proposals to enhance medical access within the New York State workers' compensation system, as well as the upcoming changes to the system.
- **Opioid Awareness and Grant Initiatives:**
  - Black Balloon Day: A poignant event held to honor and remember those lost to opioid addiction, raising awareness of the ongoing crisis.
  - Social Work Assistant Interviews: Interviews were conducted to strengthen our opioid support services within COEM and further advance the goals of our Opioid Grant.

### Employee Health & Safety

- Donna DiPrado, LPN, has been hired as the Employee Health Regulatory Specialist, where she will leverage her extensive experience to support employee health and safety initiatives, manage regulatory compliance, and assist with the implementation of health-related programs to ensure a safe and healthy workplace for all staff.
- Concussion Protocol for Employees: A formal concussion protocol has been initiated for employees. Any employee exhibiting signs or symptoms of a concussion is promptly referred to Dr. Leddy for further evaluation and care, ensuring timely intervention and preventing prolonged disability.
- ECMC Exposure Workflow Update: Infection Control and Employee Health have collaborated to update the ECMC Exposure Workflow. This update aims to streamline the process, reducing delays in communication and follow-up to ensure prompt and efficient response to exposures. Our goal is to make sure every step, from exposure identification to final follow-up, happens smoothly and without delay.

### System Health and Safety

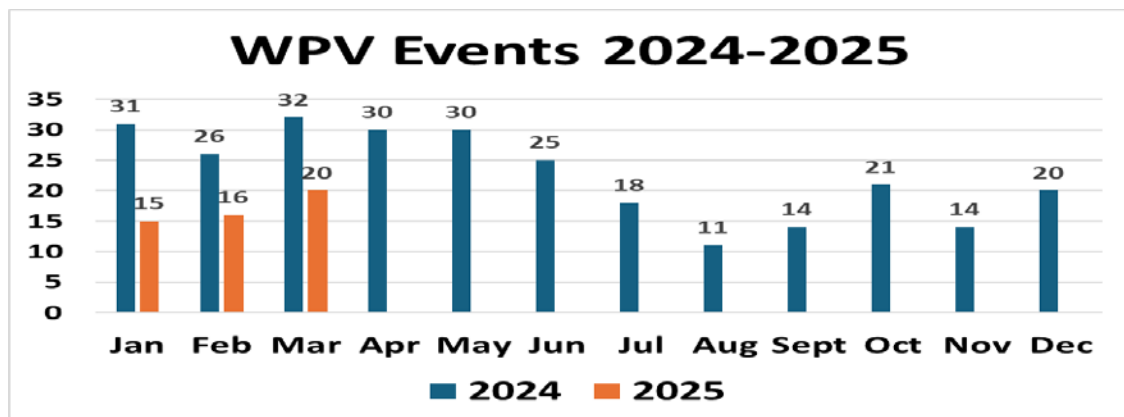
- Physical Therapy/Nursing Mentorship Program: A formal mentorship program for Physical Therapy has been developed and is currently being trialed with a rehabilitation technician on Unit 7Z2. The goal is to enhance patient mobility.
- Loretta Miller attended and participated in the Association of Safe Patient Handling Professionals (ASPHP) Board meeting and National Conference in Atlanta, GA, March 9-13<sup>th</sup>.
- Speaker for a breakout session on "Integrating Trauma-Informed Care into Safe Patient Handling"
- Co-Chair of the Education Committee, presented a report to members at the Annual Business Meeting
- Co-led team for Poster Abstract review and presented the awards at the conference.
- Taught a section of "Hands On: Facilitated SPHM Scenarios and Simulation Learning Exercises"





**WPV Events 2024-2025:** The data shows a positive trend in reducing workplace violence incidents from 2024 to 2025. In the early months, 2024 experienced higher WPV events, with the highest peak in March. However, in 2025, incidents decreased significantly across most months, with January 2025 seeing a reduction from 31 to 15 events, and similar reductions observed throughout the year. While there are some months with slightly higher numbers, the overall decline reflects the effectiveness of current workplace violence prevention strategies. This

trend reinforces the importance of continued focus on workplace safety initiatives, with an emphasis on sustaining these improvements.



### **Dental Oral Oncology**

- First year dental students from UB School of Dental Medicine's Pediatric and Community Dentistry Program came to table at ECMC in the Snyder Building and Main Hospital Lobbies for a cancer prevention event on 3/12. They gave out information about oral cancer screening and prevention including HPV vaccination.

### **Food & Nutrition Services**

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

- We welcomed several new staff members to our department during March.
- We conducted a second off-site job fair during March at the Delevan/Grider Community Center. Ten (10) new employees were hired from the job fair.
- Hired a new Sous Chef (Dale Lynk) to lead Retail and Catering.

#### **Staff Development:**

- Our HR Manager, Robin Martinelli, has worked with the GM to provide an improved and more consistent HR experience for all of our employees. Robin has improved the organization in our office and has set up systems that are helping us to better track our vacancies. She has also worked with our AGM on all the new policies we have put in place and those we have revised/reissued and set up a monthly HR calendar to help cover training and events we plan on hosting. Robin's efforts have already helped us to hold our employees more accountable.
- During March, Robin Martinelli spearheaded the Metz Employee Carnival to celebrate the opening of the new training space that we converted from a locker room. The carnival was a fun engagement event where our staff earned prizes for participation.



## **Outpatient Behavioral Health**

### **Staff Updates**

#### **Community Outreach Event**

##### **▪ Events/Outreach**

- Carl Carter, CASAC – Substance Use Counselor volunteered as a representative of ECMC Outpatient Behavioral Health to attend **Black Balloon Day** (3/9/2025) - dedicated to commemorating and honoring the lives lost to drug overdoses.

## **Rehabilitation Services**

- PEDS Rehab hired a new Coordinator of Youth Services. She will be overseeing the preschool program.
- Clinical Immersion First Year Medical Students shadowing PT, OT, SLP in MICU, BURN, Wound Care
- BOCES/Harkness students in the acute hospital shadowing PT and OT on ortho floor end of March and month of April.
- The Inpatient Rehab Director met with Med-Surg Unit Managers to discuss the role of therapy through inpatient areas and satisfy concerns regarding patient frequencies and therapy decision making practices related to the next level of care and discharge recommendations.

## **Radiology**

New Mammography Suite: A new lead technologist started on April 21<sup>st</sup> and is currently in process of hiring a breast sonographer.

## **Surgical Services**

- Additional positions approved to expand Main OR hours past 3:00pm, employees hired and in orientation.
- Encourage employees to join clinical ladder.

## **Terrace View**

- **New Staff (March):** (6) FT CNAs, (3) FT LPNs, (1) FT RN, (1) FT ACC
- Ramona Gant, DON, is serving as the Acting Administrator. Marcel Gardy-Batson, ADON, is acting DON. Ayanna Grantham, ADON returned from leave.
- Nursing agencies continue to be utilized to provide temporary supplemental staffing on the evening shift and minimally on the night shift for RNs, LPNs, and CNAs. Currently, we have (16) aides, (6) RN, and (2) LPN agency staff. There has been an increase in RN agency staff usage. The facility goal for 2025 is to increase the average census while continuing to improve staffing and limiting nursing supplemental agency use to the evening shift.

## **Transplant**

- Transplant Outreach and re-education conducted through onsite meetings at several local nephrology offices by Dr. Kayler and team.

## **OPERATIONS**

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

#### **March 2025**

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

##### **Research Updates:**

- The sixth and seventh subjects were dosed with study drug for our Lipella sponsored trial: A Multicenter, Dose-Ranging Trial Evaluating the Safety, Tolerability, and Efficacy of LP-10 in Subjects with Symptomatic Oral Lichen Planus.
- One patient consented to participate in the MeiraGTx gene therapy study for dry mouth after head and neck radiation therapy.
- One patient continues to use the Lipella LP-10 rinse under FDA compassionate use.

- ECMC was selected as a site for a new clinical trial sponsored by MT Group to collect fresh tissue in head and neck cancer sites. Dr. Michael Nagai will be the PI.
- Monthly Oncology Multidisciplinary Research Meeting and monthly UB CRO meetings were attended.
- We underwent a two-day monitoring visit with Meira GTx and a one-day monitoring visit with MERCK with no significant findings.
- The research team had introductory meetings with Dr. Ellyce Clonan from the UB Department of Pediatric and Community Dentistry. Dr. Grand' Maison and Dr. Jordan Frey to assist in research implementation.
- The research team is participating in the Epic transition on the Research Advisory Council and two different workgroups and have been attending all of the Epic meetings. EPIC Research virtual training was completed.
- Interviews were conducted to fill the CRC Nursing position; a candidate was selected.

## **Outpatient Behavioral Health**

### **Program Updates/Initiatives**

- **Help Center Adolescent Service Expansion**
  - Continued planning around the Mental Health Outpatient Treatment & Rehabilitative Services (MHOTRS) grant issued by NYSOMH.
- **Adult & Family Clinic and 1285 Main Street Behavioral Health**
  - Agreement and participation in the NYSOMH MHOTRS Quality Improvement Project that will increase upon Medicaid base rates and target to:
    - Expand Clinic treatment capacity
    - Increase group treatment
    - Monitor and manage caseloads and productivity
    - Improve intake efficiency and treatment initiation

## **Rehabilitation Services**

- With the relocation of ECMC PEDS at 462 Grider Street, the program has seen a growth in referrals for evaluations and therapy from ECMC staff that have stopped by to inquire about services and also from word of mouth of staff that have been happy with their services.
- Annual Rehab Symposium was a success with 105 attendees and bringing in roughly \$12,000 prior to meet expenses. Twenty Rehab staff members volunteered in kind for the entire day of the symposium which was held on a Saturday. Feedback from attendees was highly positive. Debriefing and subsequent committee meetings have begun for the 2026 symposium.
- OP Occupational Therapy is progressing with creating workflow and training for Vivistim, a paired vagal nerve stimulation for recovery after ischemic stroke.
- OP therapy exploring alternative delivery of care options for incarcerated patients.

## **Dialysis**

- The new B. Braun Hemodialysis machines are arriving April 21, 2025 for deployment in the final pod.

## **Food & Nutrition Services**

- New **Bleni Smoothie** vending machine was installed on February 26, 2025. There have been some initial technical challenges, however the machine is currently operating smoothly. A new ice machine was installed to support the smoothie machine on March 31, 2025.

## **Laboratory Services**

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

- **Chemistry/IA Specimen Processing Technology upgrade:** Department leadership recommendation is to pursue Abbott technology which will standardize with the KH system. The current Roche agreement terminates in June 2025. The contract has been executed, and final stages of facility and IT planning are underway. The targeted delivery of equipment is May 2025. Discussion with Roche has been initiated for

required contract extension beyond June 2025 termination date in alignment with Abbott installation process.

- **ECMC/ KH Joint VAT Initiative:** Vendor evaluation of RFP for coagulation technology across the network is under review. Vendor selection awarded to Werfen for upgrade of two coagulation devices. The eight-year lease proposal has an estimated seven-year savings opportunity of \$185K over the term of the

contract. Equipment was installed February 2025 and instrument validation is ongoing. The anticipated go-live is May 2025.

- **EPIC Project:** Laboratory leadership engaged in advisory and workgroup capacity. Efforts initiated providing legacy DCW elements for EPIC build. There are six active workgroups ongoing in support of the EPIC conversion.

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

Plant Operations/Facility project updates include the following:

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

- **Work completed:** Completion of framing and rough-in of all trades. Start of wallboard and door frames. Patient left installation.
- **Work anticipated:** Wallboard and door frames, medical gas work.

#### ***Dental Clinic – 1<sup>st</sup> Floor – In Progress (concurrent with Mammography Suite project)***

- **Work completed:** Triage Room, Rooms #18 and #14 are completed. Rooms #13 and #4 are substantially complete.
- **Work anticipated:** Completion of Rooms #13 and #4, finish project punchlist.

#### ***General Construction – Maintenance Projects with DMyles, Inc. – In Progress (Contractor)***

- **Work in progress:** Obtained several quotes for various projects/tasks identified, all varying status.
- **Pending projects:**
  - Grounds Garage Floor Repairs/Trench Train Replacement
  - Trash Compactor Concrete Pad
  - Main Hospital – 4<sup>th</sup> and 5<sup>th</sup> Floors Behavioral Health Ceiling Access Panels
  - 1<sup>st</sup> Floor Internal Medicine Millwork and/or Room Refresh

### **Surgical Services**

#### **Robotic Volume – March 2025**

Bariatrics	7
Cardiovascular/Thoracic	10
General Surgery	2
Orthopedics	35
Transplant	0
Urology	2

- Surgical volume was below budget, however above 2024 volume.
- New report created to look at future OR bookings to maximize utilization and efficiencies.
- ION robotic cases continue to grow, exploring additional volume from Interventional Radiology.
- Increased daily volume with the expansion of OR hours past 3:00pm Monday-Friday.
- Mammography/Pain Management Expansion project: construction began, completion slated for June 2025.
- Weekly meetings to strategize physician recruitment/engagement.

### **Terrace View**

#### **Operations**

- **Census:** The average monthly census for March was 382.

- Pharmacy Services RFP: The RFP was awarded to Buffalo Pharmacies, Inc. Began conversion process with a date of completion of June 30, 2025.
- Renovations:
  - Server renovations: Eventually, all serveries will be replaced. In March, started renovations in MLK neighborhood. There will be temporary repairs to the Roosevelt server in early April.
  - Replaced four (4) bathroom floors on the neighborhoods for a total of eight (8) in the past two months. GP Flooring is competing the work.
- Safety: The locking of interior entrance doors will occur in April/early May for increased safety and control flow in an out of the facility.

#### COVID/Infection Control

- Continue to follow all new NYSDOH and CDC guidelines.

## FINANCIAL

### Ambulatory Medical Practices

- In March 2025, the Ambulatory Department saw 13,981 patients, while being budgeted for 14,213 visits (-1.6% budget). Departments that exceeded budget include: Cardiology, COEM, ECMC Family Medicine,
- ECMC Internal Medicine, EEG, Gastroenterology, Infusion Center, Oral Oncology, Orthopedics, Pulmonology, Rheumatology, Surgery and Urology. Additionally, there were 27 visits for Covid testing and/or Covid vaccinations. Despite being under budget for the year, the ambulatory department is 2,125 (5.7%) over volume from the same time period (Jan-Mar) in 2024.

### Dialysis

Budget and Variance:

- Outpatient (in-center treatments): 2025 Budget 5,885, Variance **(-71)**
- Home Program: (Home Peritoneal & Home Hemodialysis): YTD Budget **370** treatments, favorable to the budget, Variance **(92)**
- Total: **21** treatments for the year

Census Volume:

- Outpatient (in-center treatments): March = **1,907** treatments, YTD 2025 total = **5,885**
- Home Program: (Home Peritoneal & Home Hemodialysis): March = **177** treatments, 2025 total = **462**, favorable to budget.

Dialysis			2024	2025					
			YTD	Jan	Feb	Mar	YTD	Budget	Variance
4555	AKI	Hemodialysis - AKI	413	14	8	28	50	-	-
	DIALNON	Hemodialysis - Non-ESRD	0	0	0	0	0	-	-
	DIALTRAN	Hemodialysis - Transient	1,085	106	114	93	313	-	-
	HD	Hemodialysis - Chronic	22,745	1,873	1,742	1,907	5,522	-	-
	4555 Totals		24,243	1,993	1,864	2,028	5,885	5,956	-71 📉
5660	HOMEHD	Hemodialysis - Home	0	0	0	0	0	-	-
	PD	Hemodialysis - Peritoneal	1,574	156	129	177	462	-	-
	5660 Totals		1,574	156	129	177	462	370	92 📈
Totals			25,817	2,149	1,993	2,205	6,347	6,326	21 📈

### Environmental Services

- Overall expenses for January/February was 6% over budget. Employee benefits and vacation accrual account for the overage.
- Overall supply and labor budget was in line with budget. Additional Head Janitor salary will be moved to TV budget line.

### Food & Nutritional Services

### Retail Sales (after 20% discount)

February 2025 Actual \$156,451

February 2025 Budget \$183,291

Variance below target (\$27,471) = 85% to target

March 2025 Actual \$184,278

March 2025 Budget \$229,902

Variance below target (\$45,624) = 80%

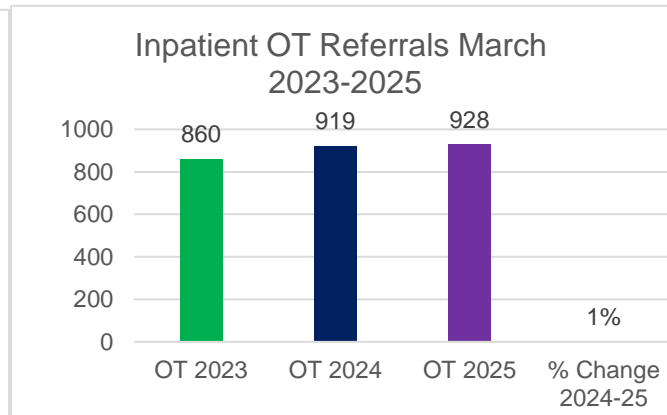
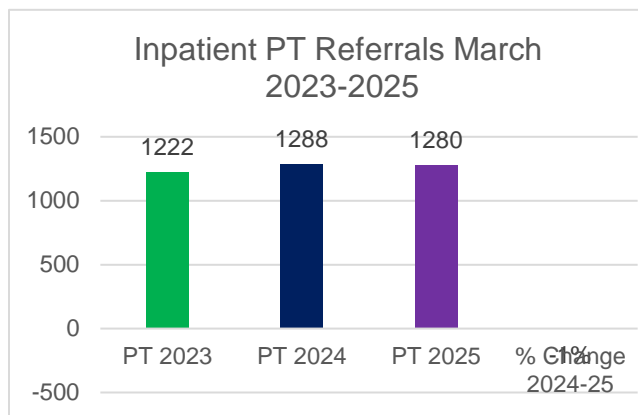
- For comparison, March 2024 sales were \$180,098. We are up \$4,180 compared to last year +2.3%.
- 2025 sales targets are aggressive.

### Laboratory Services

- The department budget volumes for March YTD were positive 8.9% to budget target and level to FY24. The FY25 March YTD operating expense has a negative variance of 7.6% to budget target and a negative variance of 9% to FY24. The personnel expense March YTD had a negative variance of 3.6% to budget target and a negative variance of 4.5% to FY24 actual. The non-personnel expense demonstrated a negative variance of 8.7% to budget target and a negative variance of 11.6% to FY24. The negative non-personnel variance is impacted by the overall positive 8.9% to budget volume YTD. Expenses are in alignment with laboratory volumes and utilization.
- The Chemistry and Hematology cost centers had procedure volumes positive to budget target by 3.4% and 11.1% respectively, which attributed to the negative non-personnel expense to budget target for FY25. The seasonal increase in Respiratory testing has impacted volume and expenses in alignment with test utilization. Department will continue to monitor expenses in alignment with volume and test utilization.
- VAT Initiative: Negotiated reduced LabCorp test fees for targeted assays. Q1 YTD savings are \$11,991 with projected annual savings of \$60K.

### Rehabilitation Services

- Acute Care Therapy (see graphs below)
  - PT productivity overall was 4,132 against a budget of 3,417 units for a positive variance of 17%.
  - OT productivity overall was 3,065 against a budget of 2,600 units, for a positive variance of 15%



- MRU
  - 20 admissions and 21 discharges with 317 patient days and a LOS of 15.1 days, **ADC = 10.2 days**.
- PEDS
  - Preschool therapeutic visits increased by 350 visits in March compared to the month of March and speech education visits increased by 273 for the same period.
- Outpatient Rehab
  - Occupational Therapy, Physical Therapy, Speech Therapy, Rehab Psychology and Physiatry all exceeded budget in March.

### Supportive Care & Palliative Medicine

- Total Inpatient Consults for March: 135
- Transitions of Care: 20
- Discharge with Home Hospice: 4
- Terrace View: 9

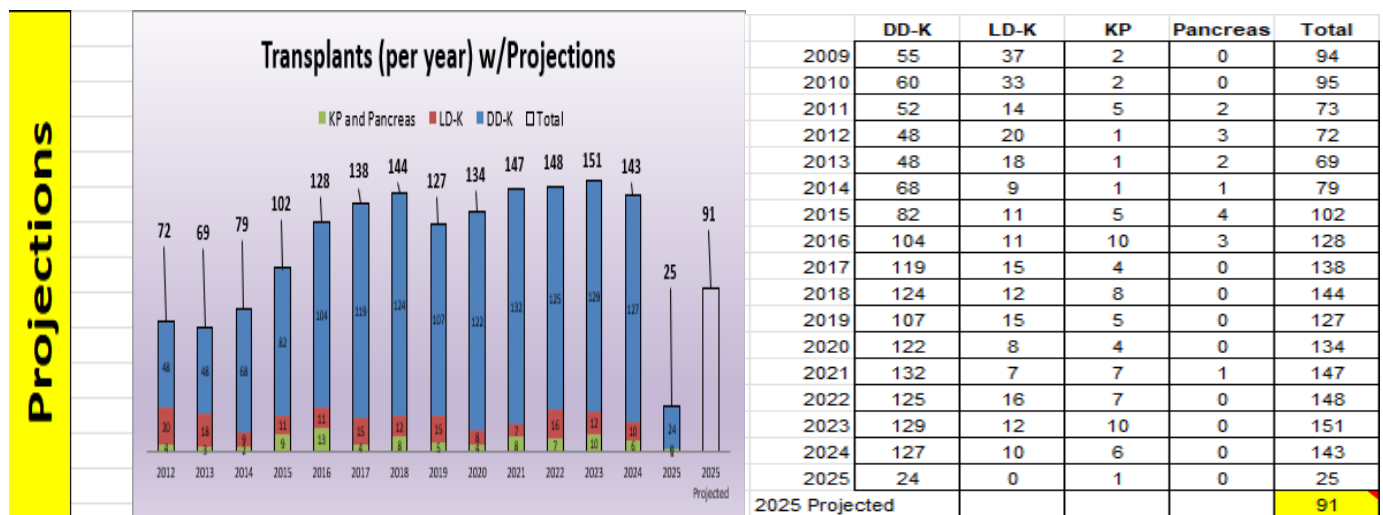
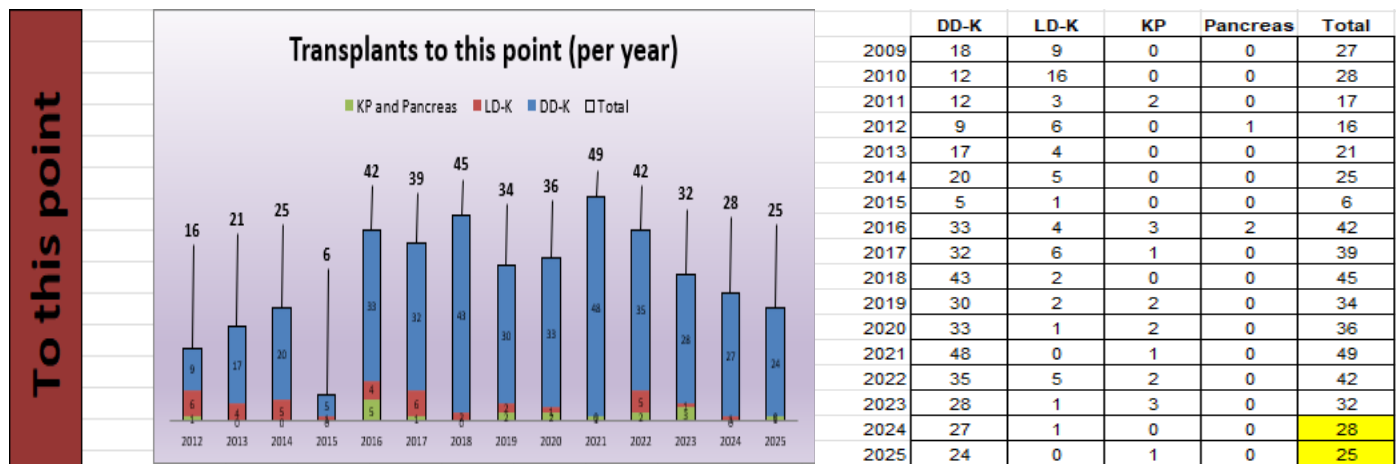
## Surgical Services

- Unexpected need for a new microscope, ongoing discussions with vendors and surgeons, trialing several scopes.
- Ready-Set billing on track for go-live this summer.
- Reviewing revenue created from PAT billing opportunities.
- Monthly meetings with Purchasing to review contracts and savings opportunities.
- Weekly meetings to capital needs with new ENT provider for skull base and sinus procedures, ordering will begin next month.
- Exploring opportunities to combine VAC and IR department cost codes.
- Monthly meetings reviewing high implant costs and reimbursement.
- Radiology is up 2.9% over budget for 2025.

## Transplant

As of April 8, 2025, we have performed (25) transplants, which is (-3) transplants than this time last year (2024). Based on current volume, we have projected (91) transplants for 2025.

- Pre-Transplant Clinic is below budget by (-56). We have increased our community outreach to increase referral and increased the number of evaluations scheduled per day with nephrology fully staffed.
- Post-Transplant clinic is below budget by (-147) visits.
- Total clinic variance is below budget (-203).



Transplant / Vascular			2024	2025					
			YTD	Jan	Feb	Mar	YTD	Budget	Variance
6430	TRANPRE	Transplant Clinic	559	34	33	37	104	-	-
	TRANPREPRC	Transplant Clinic	1	0	0	0	0	-	-
	6430 Totals		560	34	33	37	104	160	-56
6431	TRANPOSPRC	Transplant Clinic	0	0	0	0	0	-	-
	TRANPOST	Transplant Clinic	4,166	321	315	294	930	-	-
	6431 Totals		4,166	321	315	294	930	1,077	-147
Totals			4,726	355	348	331	1,034	1,237	-203

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**Internal Financial Reports**  
**For the month ended March 31, 2025**



# Erie County Medical Center Corporation

## Financial Dashboard March 31, 2025

### Statement of Operations:

	Month	Year-to-Date (YTD)	YTD Budget
Net patient revenue	\$ 60,395	\$ 174,358	\$ 173,056
Other	17,963	53,940	52,628
Total revenue	78,358	228,298	225,684
Salary & benefits	42,510	125,630	122,711
Physician fees	10,338	31,034	30,748
Purchased services	7,315	20,662	20,517
Supplies & other	16,806	50,251	48,476
Depreciation and amortization	3,851	11,553	11,549
Interest	920	2,782	2,900
Total expenses	81,740	241,912	236,901
Operating Income/(Loss) Before Other Items	(3,382)	(13,614)	(11,217)
Grant revenue	-	-	-
Income/(Loss) from Operations With Other Items	(3,382)	(13,614)	(11,217)
Other Non-operating gain/(loss)	(312)	2,501	933
Change in net assets	\$ (3,694)	\$ (11,113)	\$ (10,284)
Operating margin	-4.3%	-6.0%	-5.0%

### Balance Sheet:

#### Assets:

Cash & short-term investments	\$ 61,689
Patient receivables	97,856
Assets whose use is limited	190,837
Other assets	473,978
	<u>\$ 824,360</u>

#### Liabilities & Net Assets:

Accounts payable & accrued expenses	\$ 335,703
Estimate self-insurance reserves	52,512
Other liabilities	488,089
Long-term debt, including current portion	190,144
Lease liability, including current portion	19,993
Subscription liability, including current portion	20,185
Line of credit	10,000
Net assets	(292,266)
	<u>\$ 824,360</u>

### Cash Flow Summary:

	Month	YTD
Net cash provided by (used in):		
- Operating activities	\$ (11,863)	\$ (4,615)
- Investing activities	(2,586)	(7,555)
- Financing activities	(1,653)	(4,758)
Increase/(decrease) in cash and cash equivalents	(16,102)	(16,928)
Cash and cash equivalents - beginning	32,690	33,516
Cash and cash equivalents - ending	<u>\$ 16,588</u>	<u>\$ 16,588</u>

### Key Statistics:

	Month	YTD	YTD Budget
Discharges:			
- Acute	1,087	3,173	3,155
- Exempt units	423	1,208	1,291
Observation Cases:	316	954	657
Patient days:			
- Acute	8,649	25,243	23,975
- Exempt units	4,860	13,672	14,513
Average length of stay, acute	8.0	8.0	7.6
Case mix index	Blended	2.06	2.01
Average daily census:			
Medical Center	436	432	428
Terrace View LTC	382	375	377
Emergency room visits, including admissions	5,531	15,972	15,464
Outpatient Visits	26,735	74,310	77,135
Days in patient receivables		50.5	

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# Erie County Medical Center Corporation

## Management Discussion and Analysis

### For the month ended March 31, 2025

(Amounts in Thousands)

#### **March 2025 Operating Performance**

During March 2025, ECMCC was faced with continued operational challenges specifically related to throughput during the month leading to operating performance which fell below the operating target for the month. ECMCC's length of stay and alternative level of care patients exceeded targets significantly for the month leading to shortfalls to the budget in inpatient cases, outpatient visits, and total surgeries, both inpatient and outpatient. The case severity in medical and surgical cases this month however continued its trend above plan which led to an overall increase in acute case mix index helping to offset the shortfalls. Lastly, the organization received a NYS Nursing Home Supplemental payment during the month, which is an incentive paid to nursing homes that meet the New York State staffing levels. The revenue variances derived from these trends during March resulted in overall net patient service revenue slightly exceeding budgeted expectations but were accompanied by additional expenses to accommodate the in-house volume reflected within the higher acute average length of stay, increased staffing and benefit related costs, temporary agency costs and increased utility costs. The overall result drove an operating loss for the month of (\$3,382). This operating loss is unfavorable due to the above drivers when compared to the month's budgeted loss of (\$2,852).

Inpatient discharges during the month of 1,510 were less than the planned discharges of 1,565 (3.5%). Within the total, acute discharges of 1,087 and chemical dependency discharges of 162 were below plan by 1.4% and 22.7%, respectively, while offset by favorable behavioral health (2.6%) and medical rehabilitation (12.25) discharges. External staffing and capacity issues at community nursing homes and congregate care settings have been limiting the opportunity to discharge patients into the appropriate level of care when their hospital level services are no longer necessary. This has driven the decrease in discharges thus maintaining the acute average length of stay at 8.0 days during March, significantly higher than the budget for the month of 7.6 days by 4.7%. Length of stay has begun to improve in the middle of April as a result of internal process improvements within care management and expanding Terrace View to full capacity using newly hired staff and temporary agency personnel.

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

Total FTEs during March were higher than budgeted targets for the month by 40 FTEs but only slightly higher if compared to the FTE levels 3,806 FTE budgeted for the full 2025 year. With the acute average length of stay higher than plan and ongoing volume fluctuations, additional FTEs above the plan continue to be necessary in order to meet the New York State minimum staffing standards. To continue to meet those standards, the use of incentives is utilized to fill vacancies and off-shifts, such as the authorization of overtime, shift differential, and additional bonus rates per hour.

ECMCC continues to incur costs for temporary nursing staff in both the hospital and Terrace View to assist in meeting minimum standards during the month and to accommodate some staff vacancies during specific shifts. Management expects to have the need for a certain number of temporary agency clinical personnel through much of 2025 to continue to meet the New York State minimum standards given the volume increases. The majority of these FTEs are working with the Terrace View skilled nursing facility.

Total benefit costs for the month were above the operating plan as a result of unfavorable health insurance claim costs. Given the change in our employee healthcare insurance provider as of January 1<sup>st</sup>, management is monitoring the costs and activity closely. Also noteworthy is that the year-to-date increase in total benefit costs as compared to

# Erie County Medical Center Corporation

## Management Discussion and Analysis

### For the month ended March 31, 2025

(Amounts in Thousands)

2024 levels is the result of anticipated significant increases in actuarial book expenses related to both the pension plan and the retiree health benefit plan.

Supply costs were below the operating plan during the month by \$340. The favorable variance during the month was related primarily to shortfalls to the budget in inpatient cases and total inpatient surgeries partially offset by an increase in pharmacy costs related to the specialty pharmacy.

#### **Balance Sheet**

ECMCC saw a decrease in cash from December 2024 due to operating losses and timing of cash payments. The net changes resulted in 24 days operating cash at March 31, 2025 as compared to 33 days operating cash at the end of 2024 and 30 days operating cash at February 28, 2025.

Patient receivables increased approximately \$4.1 million from December 31, 2024. The increase in accounts receivable is due to the expected increases due to higher reimbursement rates placed into effect January 1<sup>st</sup> as well as typical ramp up time in collections during the beginning of the year. This is an expected increase given the fluctuation of receipts around year-end 2024. Although the patient net receivables increased from year end, the Days in Accounts Receivable (average number of days a bill is outstanding) decreased from 52.3 days to 50.5 days at March 31, 2025. Management is continuing to monitor this especially given the recent billings of all of the backlogged professional billing from 2024 delayed due to the Change Healthcare cyber-attack.

The change in other accrued expenses reflects the recognition of the deferred revenue related to the amounts received for DSH/IGT during February. The revenue for this payment will be recognized ratably over the course of the year in the income statement. A significant portion of the DSH payment received during 2024 resulted in an amount which is expected to be recouped by New York State and CMS during the 2<sup>nd</sup> quarter.

# Erie County Medical Center Corporation

## Balance Sheet

March 31, 2025 and December 31, 2024

(Dollars in Thousands)

	March 31, 2025	December 31, 2024	Change from December 31st
<b>Assets</b>			
Current Assets:			
Cash and cash equivalents	\$ 16,588	\$ 33,516	\$ (16,928)
Investments	45,101	42,826	2,275
Patient receivables, net	97,856	93,708	4,148
Prepaid expenses, inventories and other receivables	40,546	38,753	1,793
Total Current Assets	200,091	208,803	(8,712)
Assets Whose Use is Limited	190,837	191,600	(763)
Property and equipment, net	272,163	277,043	(4,880)
Other assets	161,269	161,656	(387)
<b>Total Assets</b>	<b>\$ 824,360</b>	<b>\$ 839,102</b>	<b>\$ (14,742)</b>
<b>Liabilities &amp; Net Position</b>			
Current Liabilities:			
Current portion of long-term debt	\$ 12,755	\$ 13,520	\$ (765)
Current portion of lease liability	7,148	6,264	884
Current portion of subscription liability	8,612	8,118	494
Line of credit	10,000	10,000	-
Accounts payable	61,560	64,553	(2,993)
Accrued salaries and benefits	76,690	85,393	(8,703)
Other accrued expenses	192,158	146,172	45,986
Estimated third party payer settlements	5,295	5,643	(348)
Total Current Liabilities	374,218	339,663	34,555
Long-term debt	177,389	179,574	(2,185)
Long-term lease liability	12,845	14,394	(1,549)
Long-term subscription liability	11,573	13,210	(1,637)
Estimated self-insurance reserves	52,512	50,424	2,088
Other liabilities	488,089	522,990	(34,901)
<b>Total Liabilities</b>	<b>1,116,626</b>	<b>1,120,255</b>	<b>(3,629)</b>
<b>Total Net Position</b>	<b>(292,266)</b>	<b>(281,153)</b>	<b>(11,113)</b>
<b>Total Liabilities and Net Position</b>	<b>\$ 824,360</b>	<b>\$ 839,102</b>	<b>\$ (14,742)</b>

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# Erie County Medical Center Corporation

## Statement of Operations

For the month ended March 31, 2025

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
<b>Operating Revenue:</b>				
Net patient revenue	61,654	61,489	165	59,991
Less: Provision for uncollectable accounts	(1,259)	(1,304)	45	(1,185)
Adjusted Net Patient Revenue	60,395	60,185	210	58,806
Disproportionate share / IGT revenue	11,018	11,018	-	10,273
Other revenue	6,945	6,681	264	4,777
<b>Total Operating Revenue</b>	<b>78,358</b>	<b>77,884</b>	<b>474</b>	<b>73,856</b>
<b>Operating Expenses:</b>				
Salaries & wages	31,274	30,865	(409)	29,226
Employee benefits	11,236	11,019	(217)	8,744
Physician fees	10,338	10,249	(89)	9,566
Purchased services	7,315	6,976	(339)	6,148
Supplies	13,744	14,084	340	11,713
Other expenses	2,151	2,214	63	2,028
Utilities	911	512	(399)	474
Depreciation & amortization	3,851	3,850	(1)	3,871
Interest	920	967	47	986
<b>Total Operating Expenses</b>	<b>81,740</b>	<b>80,736</b>	<b>(1,004)</b>	<b>72,756</b>
<b>Operating Income/(Loss) Before Other Items</b>	<b>(3,382)</b>	<b>(2,852)</b>	<b>(530)</b>	<b>1,100</b>
<b>Other Gains/(Losses)</b>				
Grant revenue	-	-	-	-
<b>Income/(Loss) from Operations</b>	<b>(3,382)</b>	<b>(2,852)</b>	<b>(530)</b>	<b>1,100</b>
<b>Other Non-operating Gain/(Loss):</b>				
Interest and dividends	838	292	546	576
Unrealized gain/(loss) on investments	(1,150)	19	(1,169)	458
Non-operating Gain/(Loss)	(312)	311	(623)	1,034
<b>Excess of Revenue/(Deficiency) Over Expenses</b>	<b>\$ (3,694)</b>	<b>\$ (2,541)</b>	<b>\$ (1,153)</b>	<b>\$ 2,134</b>

# Erie County Medical Center Corporation

## Statement of Operations

For the three months ended March 31, 2025

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
<b>Operating Revenue:</b>				
Net patient revenue	178,607	176,777	1,830	169,433
Less: Provision for uncollectable accounts	(4,249)	(3,721)	(528)	(3,075)
Adjusted Net Patient Revenue	174,358	173,056	1,302	166,358
Disproportionate share / IGT revenue	33,053	33,053	-	30,820
Other revenue	20,887	19,575	1,312	13,787
<b>Total Operating Revenue</b>	<b>228,298</b>	<b>225,684</b>	<b>2,614</b>	<b>210,965</b>
<b>Operating Expenses:</b>				
Salaries & wages	92,781	90,276	(2,505)	87,640
Employee benefits	32,849	32,435	(414)	26,136
Physician fees	31,034	30,748	(286)	29,258
Purchased services	20,662	20,517	(145)	19,057
Supplies	41,246	40,374	(872)	34,194
Other expenses	6,580	6,558	(22)	5,869
Utilities	2,425	1,544	(881)	1,474
Depreciation & amortization	11,553	11,549	(4)	12,128
Interest	2,782	2,900	118	2,958
<b>Total Operating Expenses</b>	<b>241,912</b>	<b>236,901</b>	<b>(5,011)</b>	<b>218,714</b>
<b>Income/(Loss) from Operations</b>	<b>(13,614)</b>	<b>(11,217)</b>	<b>(2,397)</b>	<b>(7,749)</b>
<b>Other Gains/(Losses)</b>				
Grant revenue	-	-	-	609
<b>Income/(Loss) from Operations</b>	<b>(13,614)</b>	<b>(11,217)</b>	<b>(2,397)</b>	<b>(7,140)</b>
<b>Other Non-operating Gain/(Loss):</b>				
Interest and dividends	2,258	875	1,383	1,370
Unrealized gain/(loss) on investments	243	58	185	739
Non-operating Gain/(Loss)	2,501	933	1,568	2,109
<b>Excess of Revenue/(Deficiency) Over Expenses</b>	<b>\$ (11,113)</b>	<b>\$ (10,284)</b>	<b>\$ (829)</b>	<b>\$ (5,031)</b>

**Erie County Medical Center Corporation**

**Statement of Changes in Net Position**

**For the month and three months ended March 31, 2025**

*(Dollars in Thousands)*

	<u>Month</u>	<u>Year-to-Date</u>
<b>Unrestricted Net Assets:</b>		
Excess/(Deficiency) of revenue over expenses	\$ (3,694)	\$ (11,113)
Other transfers, net	-	
Contributions for capital acquisitions	-	-
Change in accounting principle	-	-
Net assets released from restrictions for capital acquisition	-	-
	<u>(3,694)</u>	<u>(11,113)</u>
Change in Unrestricted Net Assets	<u>(3,694)</u>	<u>(11,113)</u>
<b>Temporarily Restricted Net Assets:</b>		
Contributions, bequests, and grants	-	-
Other transfers, net	-	-
Net assets released from restrictions for operations	-	-
Net assets released from restrictions for capital acquisition	-	-
	<u>-</u>	<u>-</u>
Change in Temporarily Restricted Net Assets	<u>-</u>	<u>-</u>
Change in Net Position	<u>(3,694)</u>	<u>(11,113)</u>
Net Position, beginning of period	<u>(288,572)</u>	<u>(281,153)</u>
<b>Net Position, end of period</b>	<u><b>\$ (292,266)</b></u>	<u><b>\$ (292,266)</b></u>

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# Erie County Medical Center Corporation

## Statement of Cash Flows

For the month and three months ended March 31, 2025

(Dollars in Thousands)

	Month	Year-to-Date
<b>Cash Flows from Operating Activities:</b>		
Change in net assets	\$ (3,694)	\$ (11,113)
Adjustments to Reconcile Changes in Net Assets to Net Cash Provided by/(Used in) Operating Activities:		
Depreciation and amortization	3,851	11,553
Provision for bad debt expense	1,259	4,249
Net change in unrealized (gain)/loss on Investments	1,150	(243)
<u>Changes in Operating Assets and Liabilities:</u>		
Patient receivables	(5,722)	(8,397)
Prepaid expenses, inventories and other receivables	4,819	(1,793)
Accounts payable	(5,509)	(2,993)
Accrued salaries and benefits	640	(8,703)
Estimated third party payer settlements	(172)	(348)
Other accrued expenses	(11,359)	45,986
Self Insurance reserves	650	2,088
Other liabilities	2,224	(34,901)
<b>Net Cash Provided by/(Used in) Operating Activities</b>	<u>(11,863)</u>	<u>(4,615)</u>
<b>Cash Flows from Investing Activities:</b>		
Additions to Property and Equipment, net	(2,961)	(6,673)
Decrease/(increase) in assets whose use is limited	989	763
Sale/(Purchase) of investments, net	(693)	(2,032)
Change in other assets	79	387
<b>Net Cash Provided by/(Used in) Investing Activities</b>	<u>(2,586)</u>	<u>(7,555)</u>
<b>Cash Flows from Financing Activities:</b>		
Principal payments on / proceeds from long-term debt, net	(689)	(2,950)
Principal payments on / additions to long-term lease liability, net	(454)	(665)
Principal payments on / additions to long-term subscription, net	(510)	(1,143)
<b>Increase/(Decrease) in Cash and Cash Equivalents</b>	(16,102)	(16,928)
Cash and Cash Equivalents, beginning of period	32,690	33,516
Cash and Cash Equivalents, end of period	<u>\$ 16,588</u>	<u>\$ 16,588</u>



# Erie County Medical Center Corporation

## Statistical and Ratio Summary

	March 31, 2025	December 31, 2024	ECMCC 3 Year Avg. 2022 - 2024
<b><u>Liquidity Ratios:</u></b>			
Current Ratio	0.5	0.6	0.7
Days in Operating Cash & Investments	24	33	24.7
Days in Patient Receivables	50.5	52.3	56.4
Days Expenses in Accounts Payable	57.1	53.7	59.1
Days Expenses in Current Liabilities	138.5	145.7	140.5
Cash to Debt	60.7%	67.3%	53.1%
Working Capital Deficit	\$ (174,127)	\$ (130,860)	\$ (105,982)
<b><u>Capital Ratios:</u></b>			
Long-Term Debt to Fixed Assets	65.2%	64.8%	67.3%
Assets Financed by Liabilities	135.5%	133.5%	131.7%
Debt Service Coverage (Covenant > 1.1)	1.4	1.7	1.8
Capital Expense	6.3%	3.0%	2.9%
Average Age of Plant	7.3	8.0	8.6
Debt Service as % of NPSR	3.4%	3.9%	4.0%
Capital as a % of Depreciation	57.8%	35.5%	21.9%
<b><u>Profitability Ratios:</u></b>			
Operating Margin	-6.0%	0.7%	-11.5%
Net Profit Margin	-6.2%	-0.7%	-2.5%
Return on Total Assets	-5.4%	-0.6%	-1.6%
Return on Equity	15.2%	1.8%	5.4%
<b><u>Productivity and Cost Ratios:</u></b>			
Total Asset Turnover	1.1	1.1	0.9
Total Operating Revenue per FTE	\$ 273,907	\$ 266,577	\$ 230,021
Personnel Costs as % of Total Revenue	54.0%	50.0%	56.0%

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**Erie County Medical Center Corporation**

**Key Statistics**

**Period Ended March 31, 2025**

Current Period				Year to Date			
Actual	Budget	% to Budget	Prior Year	Actual	Budget	% to Budget	Prior Year
<b>Discharges:</b>							
1,087	1,103	-1.4%	1,147	3,173	3,155	0.6%	3,252
240	234	2.6%	218	678	683	-0.8%	658
162	210	-22.7%	190	469	553	-15.2%	518
21	19	12.2%	12	61	55	11.9%	49
1,510	1,565	-3.5%	1,567	4,381	4,446	-1.5%	4,477
<b>Patient Days:</b>							
8,649	8,378	3.2%	8,518	25,243	23,975	5.3%	25,559
3,948	3,869	2.0%	3,847	10,980	11,344	-3.2%	11,288
595	748	-20.5%	716	1,776	2,045	-13.2%	2,020
317	380	-16.6%	400	916	1,124	-18.5%	1,207
13,509	13,375	1.0%	13,481	38,915	38,488	1.1%	40,074
<b>Average Daily Census (ADC):</b>							
279	270	3.2%	275	280	266	5.3%	281
127	125	2.0%	124	122	126	-3.2%	124
19	24	-20.5%	23	20	23	-13.2%	22
10	12	-16.6%	13	10	12	-18.5%	13
436	431	1.0%	435	432	428	1.1%	440
<b>Average Length of Stay:</b>							
8.0	7.6	4.7%	7.4	8.0	7.6	4.7%	7.9
16.5	16.5	-0.5%	17.6	16.2	16.6	-2.4%	17.2
3.7	3.6	2.9%	3.8	3.8	3.7	2.4%	3.9
15.1	20.3	-25.7%	33.3	15.0	20.6	-27.2%	24.6
8.9	8.5	4.7%	8.6	8.9	8.7	2.6%	9.0
<b>Occupancy:</b>							
83.3%	83.9%	-0.7%	83.1%	83.3%	83.9%	-0.7%	83.1%
<b>Case Mix Index:</b>							
2.06	1.87	10.2%	1.98	2.01	1.88	7.1%	1.87
316	265	19.2%	276	954	657	45.2%	842
394	489	-19.4%	451	1,198	1,395	-14.1%	1,270
632	701	-9.8%	650	1,973	2,005	-1.6%	1,922
17	22	-22.7%	22	58	62	-6.5%	72
41	39	5.1%	28	101	113	-10.6%	99
26,735	27,297	-2.1%	25,057	74,310	77,135	-3.7%	72,264
5,531	5,557	-0.5%	5,611	15,972	15,464	3.3%	15,732
50.5	44.2	14.3%	61.3	50.5	44.2	14.3%	61.3
1.9%	2.1%	-11.7%	2.1%	2.2%	2.1%	5.2%	1.8%
3,365	3,278	2.6%	3,264	3,349	3,266	2.5%	3,250
4.23	4.24	-0.2%	4.27	4.27	4.28	-0.2%	4.16
\$ 20,071	\$ 19,874	1.0%	\$ 19,709	\$ 20,267	\$ 20,174	0.5%	\$ 19,614
\$ 27,369	\$ 26,386	3.7%	\$ 24,559	\$ 28,011	\$ 27,351	2.4%	\$ 25,804
<b>Terrace View Long Term Care:</b>							
11,848	11,722	1.1%	11,653	33,769	33,936	-0.5%	33,766
382	378	1.1%	376	375	377	-0.5%	371
98.0%	97.0%	1.1%	96.4%	96.2%	96.7%	-0.5%	95.1%
464	511	-9.0%	453	463	511	-9.2%	460
6.3	7.0	-10.0%	6.2	6.6	7.2	-8.8%	6.5

**Medical Executive Committee**  
**CMO Report to the ECMC Board of Directors**  
**April 2025**

**University at Buffalo Update**

- There is an ongoing search for Division Chief of Nephrology and a new search for Chair of ENT and Chair of Ophthalmology.

**Current hospital operations**

- Admissions YTD: 3,347
- ED visits YTD: 14,634
- CPEP visits: 2,661
- Observation: 1,034
- Inpatient Surgeries: 1,283
- Outpatient Surgeries: 2,159
- ALC days YTD: 3,329

The average length of stay MTD 8.0 CMI 1.9892

**CMO Update**

- Welcome Frank Chen, MD, PhD, MBA the new Chair for the Department of Pathology
- Doctor's Day celebration was a big success with over 127 in attendance.
- Congratulations to Ellen Rich, MD winner of the Outstanding Physician Award, 2025.

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

*Department of Nursing Report April 2025*

In April our Nursing team was honored to present at the 38th Annual Celebration of Nursing Research & Scholarly Activities Conference. The poster presentation was based on collaborative efforts between our ECMC Nurses and our providers with a focus on utilization of cardiac monitoring for our patients. The process improvement outcomes demonstrated our team effort and improvement in patient care through a multidisciplinary approach.

We recently celebrated several outstanding Nursing team members in April:

Critical care Employee of the 1st Quarter - Margaret Codd RN ,  
Night shift Charge Nurse MICU South

ECMC Nurse Hero of the Month April 2025 - Holly Ross-McComb RN,  
Clinical Nurse Specialist - Educator

Tulip award - Michael Parker LMSW, CPEP Social Worker

A Doctor's Day celebration was recently held in which the Nursing Department selected Dr. Ellen Rich, as the Outstanding Doctor of the Year. The Nursing staff every year identify and recognize an outstanding Doctor that works closely with the Nurse's by promoting education and communication which results in high quality care to our patients. The collaboration of Nurses and Doctors working together in a manner that promotes respect and efficiency is key to the positive care environment at ECMC.

As we continue efforts to recruit and retain Nurses, we hosted a very successful community event to allow Nurses and Nursing Students that are graduating soon to learn about the many opportunities ECMC offers with various patient care services. Over 80 people attended the event. Several of our Nursing team members attended the event to allow potential new hires to ask questions of our frontline staff and understand the scope of care we provide.

The Nursing department is currently planning for our traditional Summer Surge time. We continue to have many new staff joining us, therefore our educators and Nurse preceptors remain very busy as they focus on providing orientation and promote staff development.

**Communications and External Affairs Report**  
**Submitted by Peter K. Cutler**  
**Senior Vice President of Communications and External Affairs**  
**April 29, 2025**

**Marketing**

- Preparing new advertising/marketing efforts in 2025 that will focus on key service lines that generate high patient volume and revenue for ECMC. Notably, the effort will highlight service lines like Orthopedics, as well as other opportunities with Head and Neck Oncology. Continue to maintain ECMC's long secured billboard just east of Grider Street on the outbound side of NYS Route 33 with graphics highlighting ECMC's nationally ranked Orthopedic services.
- ECMC's new website launched officially on April 26<sup>th</sup>.

**Media Report**

- Continue coordination of media interviews related to ECMC service lines including coverage of transplantation, orthopedics, behavioral health, surgical services, physical therapy and emergency services.
- Andy Davis profile in Business First, which is connected to his recent listing in the publication's annual Power 250 listing.
- ECMC's Medical Minute partnership with WGRZ-TV included the featured following topics in April: Organ Donation (Nicole Haseley ANP-C, ECMC & Sarah Diina, ConnectLife), The Conversation Project (Heather Gallagher) and Blood Donation (Dr. Chopko & Sarah Diina, ConnectLife).

**Community and Government Relations**

- With the NYS budget now over three weeks late, we continue to monitor the situation and anticipate a completed budget possibly by the week of May 5<sup>th</sup>.

**MEDICAL EXECUTIVE COMMITTEE MEETING**  
**MONDAY, FEBRUARY 24, 2025**  
**MEETING HELD VIA MICROSOFT TEAMS PLATFORM/HYBRID**  
**DR. ZIZZI CONFERENCE ROOM SECOND FLOOR**

**Attendance (Voting Members):**

Dr. Bakhai	Dr. Belles	Dr. Drumsta	Dr. DePlato
Dr. Cheng	Dr. Griffith	Dr. Hall	Dr. Kapral
Dr. Manka	Parveen Minhas	Dr. Murray	Dr. Nagai
Dr. Rich	Dr. Pugh	Dr. Rossitto	Dr. Ruggieri
Dr. Stegemann	Dr. Welch	Dr. Wilkins	Dr. Williams
Dr. Tadakamalla	Dr. Yedlapati	Dr. Flynn	
Dr. Anillo	Dr. Krabill	Dr. Sieminski	

**Non-Voting Members and Guests:**

Sam Cloud, DO	Tom Quatroche, CEO	Jon Swiatkowski	Peter Cutler
Mandip Panesar, MD	Becky DelPrince	Cheryl Carpenter	Charles Cavaretta
John Cumbo	Pam Lee	Michael Ott	Andy Davis
Kaori Tanaka	Charlene Ludlow	Cassie Davis	Phyllis Murawski
Ashley Halloran	Martha Metz	Marissa Boniszewski	Dr. Tanaka

**I. CALL TO ORDER**

**A.** Dr. Michael Manka, President, called the meeting to order at 11:30 pm.

**B. PRESIDENT'S REPORT:**

1. Dr. Manka asked physicians to review the delinquent report that was included in their packet previously emailed. Please remind your staff to address any outstanding records.

Dr. Manka introduced the newly elected Medical Dental Staff Officers.

Dr. Michael Manka, President  
 Dr. Ashvin Tadakamalla, President – Elect  
 Dr. Siva Yedlapati, Treasurer  
 Dr. Michael Nagai, Secretary  
 Dr. Marissa Boniszewski, Physician Representative At-Large  
 Dr. Matthew Ruggieri, Physician Representative At-Large  
 Dr. Elizabeth Kapral, Representative At-Large  
 Rebecca Buttaccio, AHP At-Large  
 Parveen Minhas, AHP At-Large

**II. ADMINISTRATIVE REPORTS**

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

1. CEO – Dr. Tom Quatroche, PhD.

a. Dr. Quatroche stated discussions continue in Albany with legislators

- on the topic of safety net funding for the hospital.
- b. The gala is approaching, and tables are selling fast. Reach out to the Foundation if you have not secured your table yet.
- c. Dr. Quatroche congratulated the honorees for this year's gala. Sue Gonzalez, Thameena Hunter and Jennifer Pugh, MD.

**2. COO Report – Andy Davis**

- a. Mr. Davis thanked John Cumbo and IT along with Dr. Douglas Drumsta for their work on the Fuji PACS project. The project went live last week.
- b. Thank you to all who are working on the EPIC project.

**3. CFO REPORT – Jon Swiatkowski**

- a. Mr. Swiatkowski spoke on the January 2025 Key Statistics.
- b. A review of observation cases, case mix discharges, acute average length of stay, case mix adjusted length of stay, acute case mix index numbers along with admissions via the ED and outpatient visits took place.
- c. Mr. Swiatkowski thanked everyone along with their respective teams who continues to work with the Value Analysis Committee.

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

- a. No Report

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

- a. Ms. Ludlow stated that recruitment and retention have been very successful.
- b. We received 800 new IV pumps from Baxter last week. All staff have been trained with both on-line and in person instructions. No issues have been reported.
- c. Throughput continues. The department has at last 1 bed huddle per day sometimes up to 3 and they continue to look for early discharge orders.
- d. Reminder that March 26 we will be celebrating Doctor's Day.

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

- a. Dr. Cloud shared an operation update. The report included ED volumes, CPEP volumes, admissions, observation, average length of stay, ALC days, along with inpatient and outpatient surgeries.
- b. A review of ALC days reflecting an upward trend since 2017.
- c. A University update reflected an ongoing search for the Chief of Nephrology, Chair of Psychiatry and a new search for Chair of ENT.
- d. Reminder that the week of February 24-28 is 'Thank a Resident Week'.
- e. Congratulations to our Springfest Honorees: Thameena Hunter, Jennifer Pugh, MD, and Susan Gonzalez.

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

- a. Dr. Tadakamalla shared a query financial impact along with a 6<sup>th</sup> floor IDT rounding update. The 6<sup>th</sup> floor throughput initiative with Apogee

is reflecting significant improvements. This same process will be taking place on the 7<sup>th</sup> floor very soon.

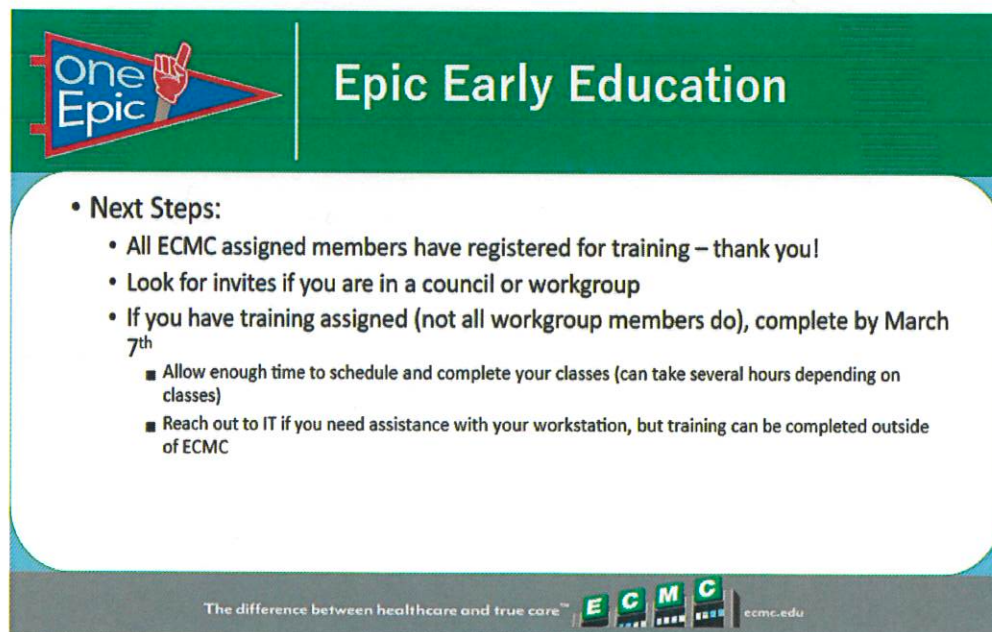
- b. Dr. Flynn reminded everyone of the upcoming ACS Level 1 Trauma re-verification taking place next week. He anticipates a successful review.

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

- a. Dr. Panesar reviewed the reflex pre-checked NPO order off ECHO TEE order in Meditech. He explained the proposed changes and was hoping to go live with this next week. A discussion ensued and it was decided that this will require further review.

Dr. Panesar shared the three grants approved for the Research for Health in Erie County. Dr. John Crane, Dr. Eric Kaczor and Dr. Jeffrey Jordan all had approved grants for their respective departments.

Dr. Panesar shared an update on the Epic ECMC Project. Lumens endoscopy and continued use of Meditech LTC until Epic module is ready was discussed. Other updates included Epic being in Buffalo this week, Legacy data collection workbooks are nearly complete, workgroups are fully formed and in implementation cadence, and ECMC IT analysts are in progress Epic training. Next steps include:



The slide features a green header with the 'One Epic' logo on the left and the title 'Epic Early Education' in white text on the right. Below the header is a white rounded rectangle containing a bulleted list of 'Next Steps'. At the bottom of the slide is a dark grey footer with the slogan 'The difference between healthcare and true care™', the 'ECMC' logo, and the website 'ecmc.edu'.

**One Epic**

### Epic Early Education

- Next Steps:
  - All ECMC assigned members have registered for training – thank you!
  - Look for invites if you are in a council or workgroup
  - If you have training assigned (not all workgroup members do), complete by March 7<sup>th</sup>
    - Allow enough time to schedule and complete your classes (can take several hours depending on classes)
    - Reach out to IT if you need assistance with your workstation, but training can be completed outside of ECMC


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John Cumbo reviewed the Fuji PACS go live update. This went live the week of February 18<sup>th</sup>.



# SYNAPSE® Fuji PACS Go -Live Update

- **Go-Live last week (2/18)**
  - EMR now will have access to images from Kaleida and GLMI PACS.
  - Expect longer TAT as Radiology gets up to speed with new system
  - Direct login users now use their regular computer account to login

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

- There is one extraction to be reviewed in Executive Session.

## IX. CONSENT CALENDAR

MEETING MINUTES/MOTIONS		PAGE #	
1.	<b>MINUTES of the Previous MEC Meeting: January 27, 2025</b>	7-12	Receive and File
2.	<b>CREDENTIALS COMMITTEE: February 6, 2025</b>	14-27	Receive and File
	Appointments/ Reappointments/ Resignations		Review and Approve
	Dual Reappointment Applications		Review and Approve
	New Business		Review and Approve
	New Appointment List Chiefs of Service	121-122	Receive and File
	Committee Assignments 2025	124-127	Receive and File
	Radiology Job Description	129-136	Receive and File
	Dietary Manual	138	Receive and File
	OPPE Metrics	140-160	Receive and File
	Extractions for Executive Session		
3.	<b>HIM – No Report</b>		
4.	<b>OR Committee – No Report</b>		
5.	<b>University GME Committee – Minutes of January 21, 2025</b>	29-33	Receive and File
6.	<b>P &amp; T Committee – Minutes of February 4, 2025</b>	35-38	Receive and File
	<b>Additions to formulary</b>		
	Breztri (budesonide 160 mcg, glycopyrrolate 9 mcg, formoterol 4.8 mcg)	51-58	Review and Approve
	Fluorouracil (5-FU), Topical Cream	59-65	Review and Approve
	<b>Formulary Removal</b>	46	
	Calcium Acetate Liquid		Review and Approve
	Retacrit vials		Review and Approve

MEETING MINUTES/MOTIONS		PAGE #	
	Ketoconazole tablets		Review and Approve
	Acyclovir 800 mg tablets		Review and Approve
	<b>Guideline Update</b>	<b>72-82</b>	
	Anticoagulant reversal guideline update		Review and Approve
7.	<b>Professional Dev. &amp; Wellness Committee – Minutes of January 20, 2025</b>	<b>84</b>	<b>Receive and File</b>
8.	<b>Resource Management Committee – Minutes of January 8, 2025</b>	<b>86-91</b>	<b>Receive and File</b>
9.	<b>Infection Control Committee – Minutes of August 19 and November 18, 2024</b>	<b>93-108</b>	<b>Receive and File</b>
10.	<b>Transfusion Committee - Minutes of November 21, 2024</b>	<b>110-112</b>	<b>Receive and File</b>
11.	<b>Hospital Acquired Infection Committee – Minutes of January 21, 2025</b>	<b>114-119</b>	<b>Receive and File</b>

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

**UNANIMOUSLY APPROVED.**

#### **X. NEW BUSINESS – Michael Manka, MD**

Appointment approvals include:

1. Appointment of Lakshpaul Chauhan, MD to the Credentials Committee and to the Quality Executive Committee.
2. Appointment of David Holmes, MD to the Professional Development and Wellness Committee.
3. Motion to approve the following items (included in monthly packet):

Committee Composition  
Radiology Job Description  
Dietary Manual  
OPPE metrics.

**MOTION TO APPROVE** all five items was made and seconded. Motion to approve all items is carried.

**UNANIMOUSLY APPROVED.**

4. Martha Metz, RN presented on Hypoperfusion Injury (skin failure)

#### **XI. EXECUTIVE SESSION**

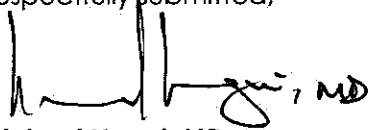
1. A motion was made and carried at 12:25 pm to move to Executive Session. The following items were discussed and motion(s) made:
2. **Motion made and carried**, all-in favor to receive and file:

- a. Board Quality P/I meeting minutes of January 14, 2025
  - b. Chiefs of Service meeting minutes of January 9, 2025
  - c. Leadership Council Report for January 2025
3. Following discussion: **Motion made and carried** all in favor to approve the appointment of Dr. Assaf Berger with a six-year extension to obtain Board Certification as he pursues the ABNS International pathway.

## **XII. ADJOURNMENT**

There was no further business conducted. Motion to adjourn the meeting was made and seconded. The next meeting will be Monday, March 24, 2025, at 11:30 am. via Teams/Hybrid in the Dr. Zizzi conference room at ECMC. Meeting was adjourned at 12:40 pm.

Respectfully submitted,



**Michael Nagai, MD**

Secretary  
Medical Executive Committee