



# ECMCC Board of Director's Meeting

May 27, 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  
MAY 27, 2025

- I. CALL TO ORDER: EUGENIO RUSSI, CHAIR
- II. APPROVAL OF MINUTES:
- III. BOARD PRESENTATION: 2025 NY STATE & FEDERAL BUDGET PRESENTATION  
CRISTINA BATT, SENIOR VICE PRESIDENT, FEDERAL POLICY  
AMY NICKSON, SENIOR VICE PRESIDENT, STATE POLICY  
HEALTHCARE ASSOCIATION OF NEW YORK STATE (HANYS)
- IV. RESOLUTIONS MAY BE DISTRIBUTED TO THE BOARD OF DIRECTORS DURING THE MEETING ON  
MAY 27, 2025
- V. 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
- VI. REPORTS FROM STANDING COMMITTEE CHAIRS
  - A) **Executive Committee** (by Eugenio Russi)
  - B) **Finance Committee** (by Michael Seaman)
  - C) **Buildings and Grounds Committee** (by Ronald Bennett)
  - D) **HR Committee** (by Michael Seaman)
  - E) **MWBE Committee** (by Reverend Mark Blue)
  - F) **Quality Improvement and Patient Safety Committee** (by Michael Hoffert)
- VII. EXECUTIVE SESSION
- VIII. ADJOURN

ERIE COUNTY MEDICAL CENTER CORPORATION  
APRIL 29, 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, Christopher O'Brien, Reverend Kinzer Pointer, Thomas J. Quatroche, Eugenio Russi, Michael Seaman, Benjamin Swanekamp

Excused: Michael Hoffert, Christian Johnson, James Lawicki, Hon. John O'Donnell, Jennifer Persico, Philip Stegemann, MD

Also

Present: Jennifer Barry, Julie Berrigan, Donna Brown\*, Jillian Brown, Samuel Cloud, MD, Peter Cutler, Andrew Davis, Cassandra Davis, Joseph Giglia, Pamela Lee, Charlene Ludlow, Michael Manka, MD, Phyllis Murawski, Lisa Radigan, Jonathan Swiatkowski, Charles Vicanti, Shaunda Wright, Kimberly Wilkins, MD

\*virtual

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**I. Call to Order**

The meeting was called to order at 4:30 pm by Chair, Eugenio Russi. Dr. Thomas Quatroche reported on the Joint Commission survey on the Chemical Dependency program with a result of only four (4) low risk findings. A group of employees from the department who played an integral part in the "outstanding" outcome were introduced and acknowledged.

**II. Minutes**

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

**III. Action Items**

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

Moved by Michael Seaman and seconded by Darby Fishkin

**Motion approved unanimously**

Resolution Approving Construction Manager for Generators and Fuel Tank Replacement Projects

Moved by Reverend Pointer Kinzer and seconded by Michael Seaman

**Motion approved unanimously**

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

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. Quatroche reported on a site review of Bariatrics and stated that the 2025 Quality Plan was presented and approved by the board QI committee. The four (4) nurse nominated by the Professional Nurses Association for awards this year were announced. Numbers remain low for patient safety indicators and hospital acquired infections. Patient Experience scores remain high. Dr. Quatroche listed the individuals who received employee awards during the month. During April, Donate Life month was celebrated along with Minority Health Awareness Month. Dr. Quatroche congratulated the Foundation on the results of the Springfest Auction. ECMC has hired 252 new employees YTD including a new surgeon and a doctor certified in both Family and Palliative Medicine. A new redesigned website was launched in April.

**Chief Financial Officer**

Jonathan Swiatkowski reviewed the March 2025 Key Statistics. March was a challenging month for the continuing throughput and exterior barriers to discharge. Discharges were down 3.5 %, surgeries down 13.8% overall, and length of stay was at 8 days which is up 5% which negatively impacted the overall revenue. On the plus side, case mix index continues to be higher than average. Mr. Swiatkowski reported an operating loss of \$3.4M and reviewed the acute length of stay month over month. A summary of the preliminary financial results through March 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. **Post-QI Committee:** Mr. Seaman had nothing to report.
- d. **Quality Improvement and Patient Safety Committee:** Reverend Kinzer Pointer that the committee reviewed and approved the 2025 Quality Plan and the Charter at 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 4:58 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 5:05 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 5:06 p.m.

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

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

Approved April 29, 2025

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WHEREAS, in accordance with New York Public Authorities Law § 2879(3)(b)(ii), all agreements for services to be rendered in excess of one year (the “Applicable Contracts”) are required to be approved by the Erie County Medical Center Corporation (the “Corporation”) Board of Directors (the “Board”) via resolution, and reviewed annually thereafter; and

WHEREAS, in accordance with Article VI, Section 20 of the Corporation By-Laws, the Corporation has delegated primary responsibility for approval and review of these contracts to the Contracts Committee of the Board; and

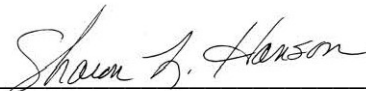
WHEREAS, on April 16, 2025, the Contracts Committee met and approved the Applicable Contracts during the period between January 1, 2025 through March 31, 2025, and reviewed contracts previously approved; and

WHEREAS, the Contracts Committee approved the ratification of the Applicable Contracts in their current form; and

WHEREAS, the Contracts Committee recommends to the Board that the Corporation approve and ratify the Applicable Contracts;

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

1. The Board of Directors of Erie County Medical Center Corporation hereby approves and ratifies the Applicable Contracts described in the attachment to this Resolution.
2. This resolution shall take effect immediately.



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Sharon L. Hanson  
Corporation Secretary

**New contracts**  
**January 1, 2025 - March 31, 2025**

Vendor	Contract Type	Department	Effective Date	Expiration Date	Description	Annual Estimated Value
Academic Medicine Services, Inc. d/b/a UB MD Internal Medicine	Professional Service Agreement (4th amendment)	Physician Contracting	6/1/2024	6/30/2024	Extension of existing agreement for 0.5 FTE (Dr. Mahl).	[Redacted]
Academic Medicine Services, Inc. d/b/a UB MD Internal Medicine	Professional Service Agreement	Physician Contracting	11/25/2024	11/24/2027	Group to provide gastroenterology services FTE (Dr. Rana).	[Redacted]
Academic Medicine Services, Inc. d/b/a UB MD Internal Medicine	Professional Service Agreement (First Amendment)	Physician Contracting	1/6/2025	2/11/2026	Group to provide additional transplant clinical FTE.	[Redacted]
Advanced Sterilization Products (Johnson & Johnson Inc.)	Maintenance Agreement - Equipment	Operating Room	4/15/2025	4/14/2028	Service agreement for low temp sterilizer in pack and planning.	\$55,166
Arc Building Partners LLC	Construction Management Agreement (Amendment)	Property & Plant Operations	2/18/2025	6/18/2025	Amendment to master agreement for Construction Services for the Mammography Suite and Dental Clinic Equipment Replacement projects.	\$1,287,020
Buffalo Internist and Associates, LLC	Professional Service Agreement	Physician Contracting	1/1/2025	12/31/2029	Clinical agreement for MICU and Pulmonary coverage.	\$2,733,011
Buffalo Medical Group, P.C.	Professional Service Agreement (Second Amendment)	Physician Contracting	12/30/2024	12/31/2027	Extends existing neurology call services agreement for Dr. Block.	\$18,500
Buffalo Pharmacies Inc. d/b/a Buffalo Pharmacies Institutional	Pharmacy Services Agreement	Terrace View	7/1/2025	6/30/2028	Pharmacy services agreement for Terrace View.	\$1,250,000
Diagnostica Stago, Inc.	Maintenance Agreement	Laboratory	3/1/2025	5/31/2025	Three-month equipment service agreement extension.	\$4,984
Evergreen Health Services (EHS, Inc.)	Service Agreement	Finance	1/31/2025	3/26/2027	Evergreen to act as Revenue Cycle Advisor on the Epic project.	\$836,000
General Physician Sub II PLLC	Professional Service Agreement	Physician Contracting	9/30/2024	10/1/2026	Extension of existing cardiothoracic services agreement.	\$145,000
Great Lakes Urology, PLLC	Professional Service Agreement	Physician Contracting	11/1/2024	10/31/2027	Group to provide Chief of Service for Department of Urology.	\$75,000
Healthcare Laundry Services LLC	Linen and Laundry Services Agreement	Administration	7/1/2025	6/30/2032	Linen laundering and delivery service agreement for hospital and Terrace View.	[Redacted]
Hill-Rom	Maintenance Agreement	Operating Room	3/1/2025	2/28/2028	Maintenance and service contract for robotic OR table.	\$17,898
Hybridge Solutions, Inc.	Consulting Services Agreement	Administration	4/1/2025	3/31/2027	Vendor to assist with implementation of Infor Enterprise Resource Planning system.	\$1,600,000
InfoWerks Data Services, LLC	Service Agreement	Pharmacy	11/1/2026	10/31/2036	Data archiving service needed for upcoming Epic conversion.	\$24,000
Kaleida Health	Electronic Health Records Access Agreement	I.T.	10/1/2024	9/30/2031	Kaleida Health to act as hub for implementation and management of Epic electronic medical record. Kaleida to provide primary IT implementation as well as connectivity to Epic platform.	[Redacted]

Kideney Architects P.C.	Professional Services Agreement (Project-specific amendments)	Property & Plant Operations	1/13/2025	5/30/2025	1st Floor Dental Clinic Equipment Replacement.	\$11,000
			4/28/2025	4/27/2028	Fire Damper Duct Access Panels.	\$62,800
Laboratory Corporation of America Holdings d/b/a Labcorp of America or "Labcorp"	Software Agreement	Laboratory	1/24/2025	8/11/2026	Customize existing interface for Epic connectivity as part of the tier 1 list of third party applications for reference lab.	No associated cost with this customization
LaBella Associates, DPC	Professional Services Agreement (Project-specific amendments)	Property & Plant Operations	3/1/2025	10/1/2025	Analytical Specimen Processing Instrumentation Replacement Project.	\$54,640
			2/4/2025	11/14/2029	Repair and maintenance of fire doors to prevent code violations.	\$86,260
			2/13/2025	11/14/2029	Small design and engineering tasks associated with general construction, building systems, and maintenance items.	Not to exceed \$25,000
Miller Environmental Group Inc.	Service Agreement	Property & Plant Operations	4/15/2025	4/14/2029	Tank cleaning, acid neutralization, and decontamination service.	\$43,680
Navin, Haffty & Associates, LLC	Service Agreement (Amendment)	Finance	1/1/2025	12/31/2025	Procures financial analyst for the 2025 year.	[Redacted]
Premier Healthcare Solutions, Inc.	Service Agreement (24th Amendment)	Administration	3/10/2025	6/30/2025	Adds new SOW to existing agreement for data analysis services.	\$12,825
Steris Instrument Management Services, Inc.	Maintenance Agreement	Operating Room	2/1/2025	1/31/2028	Steris to provide servicing on Stryker cameras.	\$299,700
Tri-Delta Resources Corporation	Professional Service Agreement	I.T.	5/1/2025	4/30/2026	Disaster preparation/avoidance/recovery services.	[Redacted]
UB Family Medicine, Inc.	Physician Recruitment Agreement	Physician Contracting	2/1/2025	1/31/2027	Recruitment agreement for Dr. Moore to provide family medicine services.	[Redacted]
University at Buffalo Neurosurgery, Inc.	Professional Service Agreement	Physician Contracting	9/30/2024	9/29/2027	Group to provide Dr. Spiro to provide clinical and administrative (Chief of Service) neurosurgery services.	[Redacted]
University at Buffalo Neurosurgery, Inc.	Professional Service Agreement	Physician Contracting	9/30/2024	9/29/2027	Group to provide neurosurgery clinical and call coverage.	\$985,000
University Neurology, Inc.	Professional Service Agreement	Physician Contracting	10/31/2024	12/31/2024	Group to provide neurology clinical and call services.	145000
University Psychiatric Practice, Inc.	Physician Recruitment Agreement	Physician Contracting	1/1/2025	12/31/2026	Recruitment agreement for Dr. Binns to provide psychiatry services.	[Redacted]
University Psychiatric Practice, Inc.	Physician Recruitment Agreement	Physician Contracting	2/1/2025	1/31/2027	Recruitment agreement for Dr. Forrest to provide psychiatry services.	[Redacted]
University at Buffalo Surgeons, Inc.	Professional Service Agreement	Physician Contracting	1/1/2025	12/31/2027	Group to provide administrative and clinical surgical services.	\$2,785,036 plus varying hourly call rates for different services



**Annual review of previously approved contracts (approved April 2024)**  
**January 1, 2024 - March 31, 2024**

Vendor	Contract Type	Department	Effective Date	Expiration Date	Description	Annual Estimated Value
Academic Medicine Services, Inc. d/b/a UB MD Internal Medicine	Professional Services Agreement (First Amendment)	Clinical	12/1/2019	11/30/2024	Amends previous agreement for Dr. Rich to provide internal medicine services, extending through November 2024.	[Redacted]
Academic Medicine Services, Inc. d/b/a UB MD Internal Medicine	Professional Services Agreement	Clinical	8/28/2023	8/27/2026	Engages Dr. Ly to provide gastroenterology services.	[Redacted]
Arc Building Partners LLC	Construction Management Agreement	Plant Operations	4/1/2024	3/31/2029	Contractor to provide construction management and contractor services.	N/A; payments tied to specific projects as assigned
Bayer Corporation	Equipment Servicing Agreement	Radiology	5/6/2024	5/5/2027	Servicing on Solaris equipment.	\$28,988
Buffalo Transportation Inc.	Services Agreement	Administration	5/23/2024	5/22/2026	Transportation services for patients without means to transport themselves.	\$700,000
Cushman & Wakefield U.S., Inc.	Portfolio Administration Services Agreement (First Amendment)	Administration	2/28/2024	2/28/2027	Extension of joint agreement with Kaleida for the provision of lease administration and management services.	Value remains approximately \$75,000
International Institute of Buffalo	Professional Services Agreement (Second Amendment)	Administration	3/1/2024	2/28/2026	Extension of interpretive services agreement.	Value remains approximately \$225,000
Journey's End Refugee Services	Professional Services Agreement (First Amendment)	Administration	5/17/2024	5/16/2026	Extension of interpretive services agreement.	Value remains approximately \$12,000
Kurt Vonfricken M.D., P.C.	Professional Services Agreement (First Amendment)	Clinical	4/30/2019	5/1/2025	Extension of agreement for thoracic call services.	Value remains approximately \$40,000
Lawley Agency, LLC	Professional Services Agreement (Amendment)	Risk Management	5/1/2024	5/1/2026	Extension of existing insurance consulting and brokerage services agreement.	Value remains \$200,000
Maxim Healthcare Services, Inc.	Services Agreement (Amendment)	Revenue Cycle	8/23/2023	8/22/2025	Adds abstract diagnoses services to coding services agreement. (Anticipate renewal beyond 1-year term.)	\$400,000
Meridian IT Inc.	Support Services Agreement	IT	1/1/2024	12/31/2028	Maintenance and support for various pieces of IT equipment.	\$172,366
Metro Communications Co. of New York, Inc.	Services Agreement	IT	2/1/2024	1/31/2029	Network infrastructure cabling services and support.	\$40,000
Olympus America Inc.	Equipment Servicing Agreement (First Amendment)	Operating Room	1/10/2024	11/17/2025	Amendment adding additional equipment.	Increase of \$9,679
Pentax Medical	Equipment Servicing Agreement	Operating Room	2/29/2024	2/28/2027	Servicing of various pieces of OR equipment.	\$192,915
People, Inc.	Professional Services Agreement (First Amendment)	Administration	4/15/2024	4/14/2026	Extension of interpretive services agreement.	Value remains approximately \$115,000
Quick International Courier / Sterling Courier Systems	Courier Services Agreement	Transplant	4/1/2024	Evergreen	Courier services for urgent transplant donations.	\$200,000

Siemens Industry, Inc.	Equipment Servicing Agreement	Imaging	1/1/2024	1/31/2026	Maintenance and support for MRI chiller.	\$8,000
Steris Corporation	Equipment Servicing Agreement (Amendment)	Operating Room	1/1/2022	6/30/2025	Removes piece of equipment from existing agreement.	Reduces contract from \$22,102 to \$7,329 annually
Tele Data Com, Inc.	Services Agreement	IT	2/1/2024	1/31/2029	Network infrastructure cabling services and support.	\$40,000
Third Party Reimbursement Solutions LLC	Services Agreement (First Amendment)	Finance	1/18/2024	1/30/2027	Engages vendor to provide additional Medicare financial consulting services.	[Redacted]
University at Buffalo Neurosurgery, Inc.	Professional Services Agreement	Clinical	9/1/2023	8/31/2025	Dr. Algattas to provide clinical neurosurgery services.	[Redacted]
University at Buffalo Surgery, Inc.	Professional Services Agreement (Second Amendment)	Clinical	8/30/2021	8/31/2025	Amendment to colonoscopy agreement extending term, amending physician list and increasing rate.	Increase of approximately \$35,000 annually
Working Knowledge, LLC	Services Agreement	IT	2/1/2024	1/31/2029	Network infrastructure cabling services and support.	\$40,000

**Annual review of previously approved contracts**  
**January 1, 2023 - March 31, 2023 (approved April 2023; reviewed April 2024)**

Vendor	Contract Type	Department	Effective Date	Expiration Date	Description	Annual Estimated Value
Abbott Laboratories	Service Agreement	Clinical	5/1/2023	1/23/2026	Servicing on lab equipment.	\$14,807
Academic Medicine Services, Inc. d/b/a UB   MD Internal Medicine	Professional Services Agreement	Clinical	9/22/2022	9/21/2025	UB to provide clinical and administrative internal medicine services.	\$4,701,155
Arjo, Inc.	Service Agreement	Biomed	10/1/2022	9/30/2025	Servicing of biomed equipment.	\$18,998
Epoch Health Solutions, LLC	Services Agreement	Revenue Cycle	4/1/2023	3/31/2026	Contractor to provide coding auditing services for CPEP.	\$30,200 initially; hourly rates for additional requests.
KSL Diagnostics, Inc.	Laboratory Services Agreement	Transplant	3/22/2023	3/21/2026	Testing services for transplant patients.	[Redacted]
Nalco Company LLC	Water Safety Service Agreement	Plant Operations	3/4/2022	3/3/2027	Testing and maintenance of water system.	\$51,600
Niagara Majestic Tours, Inc. d/b/a Gray Line Niagara Falls / Buffalo	Contract Carrier Transportation Services Agreement	Administration	1/16/2023	4/30/2026	On-campus shuttle services.	[Redacted]
RCM Technologies (USA), Inc. d/b/a RCM Health Care Services Center	Professional Services Agreement	Revenue Cycle	4/1/2023	Evergreen	Contractor to provide coding auditing services.	\$19,900 plus any additional needs at hourly rates
Siemens Healthcare Diagnostic Inc.	Service Agreement	Lab	3/16/2023	3/15/2026	Servicing on lab equipment.	\$3,300
Stryker	Solution Agreement	Operating Room	3/14/2023	3/13/2028	Lease of and service on drills for operating room.	\$297,876
University at Buffalo Pathologists, Inc.	Professional Services Agreement	Clinical	2/14/2022	2/13/2026	UB to provide clinical and administrative pathology services.	\$1,333,295
Upstate New York Transplant Services, Inc.	Purchase and Services Agreement	Lab	1/1/2023	12/31/2027	Purchase of blood products and associated services from UNYTS (ConnectLife).	\$3,110,000

**Annual review of previously approved contracts**  
**January 1, 2022 - March 31, 2022 (approved April 2022; reviewed April 2023 and 2024)**

Vendor	Contract Type	Department	Effective Date	Expiration Date	Description	Annual Estimated Value
Abrams Fensterman LLP	Engagement Letter	Legal	1/31/2022	1/30/2027	Legal engagement letter for regulatory and physician contracting matters.	\$5,000
Health Mart Atlas, LLC	Pharmacy Participation Agreement	Pharmacy	3/16/2022	3/15/2025	Vendor to act on ECMCC's behalf for in engaging payors in negotiating rates for ECMCC's specialty pharmacy.	\$1,200

**Annual review of previously approved contracts**  
**January 1, 2021 - March 31, 2021 (approved April 2021; reviewed April 2022, 2023, and 2024)**

Vendor	Contract Type	Department	Effective Date	Expiration Date	Description	Annual Estimated Value
Aspire Technology Partners, LLC	Telehealth Services Agreement	Administration	4/1/2021	9/30/2025	Joint agreement with Kaleida for telehealth platform, including network licensing and branding.	[Redacted]
Canon Medical Systems USA, Inc.	Service Plan Agreement	Imaging	2/10/2021	2/9/2026	Servicing on cardiovascular imaging equipment.	\$108,500
Hutcheson, Affronti & Deisinger, P.C.	Medical Malpractice Legal Services Engagement Letter	Legal	3/18/2021	3/17/2026	Firm to provide medical malpractice legal services on an as-assigned basis.	\$20,000
Lighthouse Services, LLC	Hotline Services Agreement	Compliance	3/17/2021	3/16/2026	Compliance hotline for anonymous reporting to compliance department.	\$2,825
Optimum Information Services, Inc. d/b/a Answer Buffalo	Telephone Answering Services Agreement	Ambulatory	2/22/2021	2/21/2026	Telephone answering services for cardiovascular, ambulatory, and bariatric.	\$6,200
Pharmacy Corporation of America	Amendment to 340B Pharmacy Services Agreement	Pharmacy	2/11/2021	Evergreen	Amendment removes two nonprofitable locations from 340B pharmacy agreement.	\$40,000
Ricotta, Mattry, Callocchia, Markel & Cassert	Medical Malpractice Legal Services Engagement Letter	Risk Management	3/11/2021	3/17/2026	Firm to provide medical malpractice legal services on an as-assigned basis.	\$450,000
Roach, Brown, McCarthy & Gruber	Medical Malpractice Legal Services Engagement Letter	Risk Management	4/1/2021	3/17/2026	Firm to provide medical malpractice legal services on an as-assigned basis.	\$350,000
Systems Personnel, Inc.	Staffing Agreement (First Amendment)	Human Resources	3/23/2020	Evergreen	Extrenson of agreement under which vendor providers primarily IT staff on an as-needed basis.	\$150,000

**Resolution Approving Construction Manager  
For Generators and Fuel Tank Replacement Projects**

Approved April 29, 2025

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WHEREAS, Erie County Medical Center Corporation (the "Corporation") is permitted by New York Public Authorities Law and General Municipal Law to award a contract to a responsible project developer for the development of medical building project on the basis of factors including, but not limited to, lowest net cost; and

WHEREAS, consistent with these laws, the Corporation issued a Request for Proposals entitled for Construction Management Services related to the Generators and Fuel Tank Replacement Projects (the "Projects"), RFP #202422 (the "RFP"), and distributed the RFP through, among other means, publication of the RFP in the New York State Contract Reporter; and

WHEREAS, several proposals were timely received from companies located inside and outside of Western New York and those proposals were evaluated by employees of the Corporation, led by the Senior Vice President of Operations, based on the quality of what was proposed and the financial terms proposed by each respondent; and

WHEREAS, upon receipt of the report and recommendation of the Senior Vice President of Operations and the Corporation evaluation committee, the Corporation determined the respondent presenting lowest net cost did not present best value to the Corporation; and

WHEREAS, the Corporation determined that the respondent proposing the second lowest net cost, LeChase Construction Services, LLC ("LeChase"), was a responsible and responsive respondent, and that its proposal represents best value to the Corporation; and

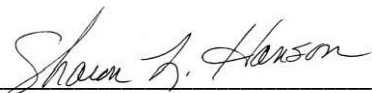
WHEREAS, the Corporation wishes to authorize the selection of LeChase to provide construction management services for the Project; and

WHEREAS, the Board has reviewed the recommendations of the Corporation and has found that the Corporation's requirements are met by the award of the contract to LeChase, and that the award of the contract for the Project to LeChase is in the public interest;

NOW, THEREFORE, the Board of Directors makes the following particularized findings and resolutions:

1. The respondent with the lowest net cost did not represent best value to the Corporation.

2. The company whose proposal offered the second lowest net cost, LeChase was a responsible and responsive respondent.
3. LeChase's proposal and accompanying plan were specifically tailored to successful completion of the Project, including designation of key personnel with specific MEP experience on healthcare projects.
4. LeChase demonstrated extensive experience with healthcare entities, including other local hospitals Kaleida Health and Roswell Park.
5. LeChase's proposal evidenced strong direct healthcare construction experience with facilities that were modernized while occupied.
6. LeChase's proposal specifically addressed potential environmental issues such as noise and dust and how these issues would be handled to avoid disruption to patients, guests, and staff.
7. LeChase's proposal included a risk assessment plan that addressed potential safety issues that could arise in a healthcare modernization project and a plan for how these issues would be addressed.
8. LeChase's proposal specifically addressed cost control measures that LeChase would put in place to protect against cost overruns on the project.
9. LeChase's proposal included strong positive references, including from Roswell Park and the University of Rochester.
10. LeChase's proposal for the Project represented best value to the Corporation.
11. The Corporation's requirements for the Project are met by the award of the contract to LeChase, and the award of the contract for construction manager on the Project to LeChase is in the public interest.
12. LeChase is approved as construction manager for the Project.
13. The Corporation is authorized to take all steps necessary to execute an agreement with LeChase.
14. This resolution shall take effect immediately.

  
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Sharon L. Hanson  
Corporation Secretary

## MINUTES

Present: Dr. Cloud, Dr. Panesar, Dr. Yedlapati, Dr. Bakhai, Dr. Vacanti, Dr. Hall (via video conference), Chris Resitarits

Excused: Dr. Chauhan, Dr. Qaqish, Dr. Tadakamalla

Agenda Item	Discussion	Action	Follow-up
I. CALL TO ORDER	Dr. Bakhai called the meeting to order at pm.		
II. ADMINISTRATIVE			
A. Minutes	Minutes from the March 6, 2025 meeting were reviewed and approved.	A motion was made by Dr. Panesar and unanimously carried to approve the minutes of the March 6, 2025 meeting as submitted.	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 (1)	<b>Emergency Medicine:</b> Francesca Cirulli Linde, FNP changed her name to Francesca Linde, FNP. All required documentation was submitted and verified.	Noted	Informational purposes only

Highlight: Initiate FPPE



F. Leave of Absence (2)	<b>Internal Medicine</b> <ul style="list-style-type: none"><li>Leigh-Anne DiOrio, FNP maternity RTW 05/01/2025</li></ul> <b>Orthopaedic Surgery</b> <ul style="list-style-type: none"><li>Jilliam Tornabene, FNP – maternity RTW 05/05/2025</li></ul>		Noted	Informational purposes only	
<b>G. Resignations (6)</b>		Files are updated and resignation protocol followed. The Committee discussed retention rates and Wellness Committee initiatives to investigate and manage.		Notification via these minutes to MEC, Board of Directors, Revenue Management, Decision Support	
<b>NAME</b>	<b>DEPARTMENT</b>	<b>PRACTICE PLAN/REASON</b>	<b>COVERING/COLLABORATING/SUPERVISING</b>	<b>RESIGN DATE</b>	<b>INITIAL DATE</b>
Jacquelyn Botticelli, ANP	Family Medicine	<ul style="list-style-type: none"><li>Family Choice</li><li>Leaving practice plan</li><li>Confirmed in email</li></ul>	N/A	03/31/2025	10/24/2023
Deborah Graf, PA-C	Family Medicine	<ul style="list-style-type: none"><li>UBMD Family Medicine</li><li>Never did a shift at ECMC</li><li>Confirmed in email</li></ul>	N/A	03/17/2025	01/28/2025
Glenda Jones, FNP	Family Medicine	<ul style="list-style-type: none"><li>Family Choice</li><li>Retiring</li><li>Confirmed in email</li></ul>	N/A	02/28/2025	08/25/2025
Robert Reed, MD	Family Medicine	<ul style="list-style-type: none"><li>CR&amp;F</li><li>Retiring</li><li>Confirmed in email</li></ul>	N/A	03/15/2025	04/26/22
Courtney Hannon, PA-C	Internal Medicine	<ul style="list-style-type: none"><li>GPCC</li><li>Does not come to ECMC</li><li>Confirmed in email</li></ul>	N/A	03/07/2025	04/25/2023
John Pinski, MD	Urology	<ul style="list-style-type: none"><li>WNY Urology</li><li>Retired</li><li>Confirmed in email</li></ul>	N/A	03/01/2025	01/29/2019

Highlight: Initiate FPPE

III. CHANGE IN STAFF CATEGORY				
IV. CHANGE/ADDITION Collaborating/Supervising ( )				
V. CHANGE DEPARTMENT/ PRIVILEGE ADDITION/ REVISION ( )	None	None	None	
A. Jemma Rampersaud, MD	Family Medicine <ul style="list-style-type: none"> <li>Adding Wound Care privileges Proctoring from Dr. Jordan</li> </ul>	The Wound Care course did not detail what she did. Clarification is required to determine that it was 40 hours. She cannot work in the Wound Center alone until it is confirmed that she has this required training.	Tara Schipani will reach out to Dr. Rampersaud for clarification.	
VI. PRIVILEGE WITHDRAWAL (3)				
A. Casey Krug, PA-C	<u>Family Medicine – Terrace View</u> <ul style="list-style-type: none"> <li>Removing Internal Medicine (S&amp;K)</li> <li>Supervising: Romain Calini, MD</li> </ul>	The Committee voted, all in favor, to approve the changes as requested.	Via these minutes, the Credentials Committee recommends approval to the Medical Staff Executive Committee.	Notification to Revenue Cycle & Decision Support upon approval of the Board.
B. Ross Cole, MD	<u>Orthopaedic Surgery</u> <ul style="list-style-type: none"> <li>Withdraw Moderate Sedation</li> </ul>	The Committee voted, all in favor, to approve the changes as requested.	Via these minutes, the Credentials Committee recommends approval to the Medical Staff Executive Committee.	

Highlight: Initiate FPPE



C. Shania Trippy, PA-C	<p><b><u>Urology</u></b></p> <ul style="list-style-type: none"> <li>• Level I Core</li> <li>• Confirmed provider ONLY does First Assist</li> <li>• Supervising: John Rutkowski, MD</li> </ul>	The Committee voted, all in favor, to approve the changes as requested.	Via these minutes, the Credentials Committee recommends approval to the Medical Staff Executive Committee.	Notification to Revenue Cycle & Decision Support upon approval of the Board.
<b>VII. UNACCREDITED FELLOWSHIPS</b>				
	<p><b><u>Surgery - Bariatric</u></b></p> <p>Xavier Jean, MD: Started in Surgery/Bariatrics 04-01-2025.</p> <p><b><u>Surgery</u></b></p> <p>Holly Johnson, MD: Still waiting for some paperwork from Dr. Johnson. Her start date is still set for 08-01-2025.</p> <p><b><u>Rehab Medicine</u></b></p> <p>Steven Pierpaoli, PsyD: Cheryl Carpenter has been doing research to determine if this should be an unaccredited fellowship. A program should take 2 years: 1 year for license, 1 year for doctoral degree. Once license obtained, they need 1750 hours of supervised clinical experience. They can qualify for a limited permit at this point &amp; some sites do not require a limited permit.</p>	<p>Noted</p> <p>Noted</p> <p>ECMC can develop its own program – we have everything we need to do this. We just need to bring participants in. This opportunity has been referred to Legal Services for review. If Legal approves the concept, we will need to adjust the current policy before implementation.</p>	<p>Noted</p> <p>Noted</p> <p>Awaiting opinion from ECMC Legal Services.</p>	

Highlight: Initiate FPPE

	NYS has specific metrics for what a "setting" needs to look like – they can go to any of those sites. Cheryl is still working to determine if ECMC is an exempt organization & will not need to wait for participants to receive limited permits.		
<b>VIII. INITIAL APPOINTMENTS (6)</b>			
Catherine Almeter, PA-C Family Medicine	<ul style="list-style-type: none"> <li>Chatham University Master of Physician Assistant Studies August 2021</li> <li>Time gap – Awaiting licensing and credentials September 2021 to October 2021</li> <li>Physician Assistant – TeamHealth Emergency Medicine November 2021 to November 2022, General Physician, PC Primary Care May 2022 to present and Post Acute Care May 2024 to present</li> <li>Joining General Physician, PC at Terrace View May 2025</li> <li>Supervising Physician – Dr. Ryan Mikac (6)</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>
Jason Buchwald, MD Internal Medicine	<ul style="list-style-type: none"> <li>New York Medical College MD May 1997</li> <li>Time gap – waiting for residency to start May 1997 to June 1997</li> <li>New England Medical Center Internal Medicine Residency June 1997 to June 2020</li> <li>Attending Physician Internal Medicine in Livingston, NJ – Centers for Health Care July 2000</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

	<p>to November 2001, Associates of Internal Medicine December 2001 to June 2003, and Comprehensive Medicine and Nutrition (Founder &amp; President) July 2003 to September 2007</p> <ul style="list-style-type: none"> <li>• Attending Physician and Hospitalist in Scottsdale, AZ – IPC – the Hospitalist Company February 2008 to December 2011, Desert Vista Medical Assoc. January 2012 to April 2017, Arizona Family Hospice September 2016 to July 2017, BC Medical Group January 2012 to present, Sage Hospice and Palliative Care September 2017 to December 2020</li> <li>• Locum Tenen – Medicus Locum Tenens January 2017 to April 2020, Echo Locum Tenens September 2018 to present and Comp1Health Locum Tenens December 2022 to present</li> <li>• Joining Apogee Physicians as an Independent Contractor May 2025</li> <li>• American Board of Internal Medicine certified</li> </ul>			
Isaac Mohammed, NP Internal Medicine	<ul style="list-style-type: none"> <li>• D'Youville University Master of Science Family Nurse Practitioner August 2022</li> <li>• Registered Nurse April 2018 to April 2024</li> <li>• Time gap – contracted job ended, awaiting start of NP position April 2024 to June 2024</li> </ul>	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.	

Highlight: Initiate FPPE



	<ul style="list-style-type: none"> <li>Nurse Practitioner – Westdale Medical Clinic June 2024 to present</li> <li>Joining Apogee Physicians May 2025</li> <li>Collaborating Physician – Dr. Siva Yedlapati (9)</li> </ul>		Notification to Revenue Cycle and Decision Support upon approval of the Board.
Alexandra Papapanu, NP Internal Medicine	<ul style="list-style-type: none"> <li>D'Youville College Master of Science Family Nurse Practitioner December 2020</li> <li>Registered Nurse May 2012 to October 2021</li> <li>Family Nurse Practitioner – Andrew C. Matteliano, MD October 2021 to August 2022, Primary Care of WNY December 2022 to March 2023, and Amherst Medical Associates April 2023 to present</li> <li>Time gap – employer retired and closed practice, job search September 2022 to November 2022</li> <li>Joining UBMD Internal Medicine Infectious Disease May 2025</li> <li>Collaborating Physician – Dr. Jonathan Claus (5) ANCC certified</li> </ul>	<p>Ms. Papapanu was a guest of the Committee and discussed a red flag identified on her application.</p> <p>The Committee voted, all in favor, to approve the appointment with privileges granted as requested.</p>	<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> <p><b>MEC EXTRACTION</b></p>
Renee Reding, NP Internal Medicine	<ul style="list-style-type: none"> <li>Daemen University Master of Science Adult-Geriatric Nurse Practitioner May 2022</li> <li>Critical Care Registered Nurse June 2008 to July 2023</li> <li>Critical Care Nurse Practitioner – Stansberry &amp; Knight PLLC July 2023 to present Roswell Park</li> <li>Joining S&amp;K at ECMC May 2025</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</p>

Highlight: Initiate FPPE

Amanda Schwandt, MD Neurology	<ul style="list-style-type: none"> <li>Collaborating Physician – Dr. Daniel Brockman (9) ANCC certified</li> <li>Lake Erie College of Osteopathic Medicine DO May 2018</li> <li>Jacobs School of Medicine Neurology – Prelim Residency June 2018 to August 2019, Neurology Residency June 2018 to August 2022 and Epilepsy Fellowship August 2022 to August 2023</li> <li>Time gap – vacation/credentialing for first position after fellowship August 2023 to October 2023</li> <li>Attending and Assistant Professor UB Neurology October 2023 to current</li> <li>American Board of Neurology eligible, sitting September 2025</li> </ul>	The Committee voted, all in favor, to approve the appointment 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.	Support upon approval of the Board.
	No temps were issued.			
X. Temporary Privileges				
IX. REAPPOINTMENTS (50)	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
Biersbach, Bret MD	Anesthesia		Active	
Jensen, Erik MD	Anesthesia		Active	

Highlight: Initiate FPPE



LoFaso, John DO	Anesthesia	Active	
Ballou, Meghan PA-C Collaborating MD: Kruse	<b>Emergency Medicine</b>	AHP	
Billittier, Anthony MD	Emergency Medicine	Active	<u><b>Withdraw Privilege:</b></u> Fluoroscan
Brady, Caroline PA-C Collaborating MD: Thompson	Emergency Medicine	AHP	
DeFazio, Christian MD	Emergency Medicine	Active	
Keogan, Madison PA-C Collaborating MD: Doane	Emergency Medicine	AHP	
McCarthy, Elizabeth PA-C Collaborating MD: Manka	Emergency Medicine	AHP	
McCormack, Robert MD	Emergency Medicine	Active	
Petersen, Natasha PA-C Collaborating MD: O'Brien	Emergency Medicine	AHP	
Zent, Christopher FNP Collaborating MD: Pugh	Emergency Medicine	AHP	
Mahal, Sandeep MD	<b>Family Medicine</b>	Active	<u><b>Withdraw Privileges: (4)</b></u> <ul style="list-style-type: none"> <li>• Consultation – Chemical Dependency</li> <li>• Basic management/treatment of substance intoxication and withdrawal</li> <li>• Methadone maintenance treatment</li> <li>• Suboxone treatment</li> </ul>
Schupp, Rayne FNP Collaborating MD: Akkinapally	Family Medicine	AHP	<u><b>Changed Collaborating MD:</b></u> From Dr. Shields to Dr. Akkinapally
Switzer, Kyle PA-C Collaborating MD: Wilber	Family Medicine/Addiction Med	AHP	<u><b>New Privileges: (7)</b></u> <ul style="list-style-type: none"> <li>• Level II: Pre Natal/Maternal/Fetal Care</li> <li>• Chem. Dependency: Basic Substance Intoxication</li> <li>• Basic Substance Withdrawal</li> <li>• Basic Individual &amp; Group Treatment Modalities</li> <li>• Advanced Substance Intoxication</li> <li>• Advanced Substance Withdrawal</li> <li>• Advanced Individual &amp; Group Treatment Modalities</li> </ul>

Highlight: Initiate FPPE

Bielawa, Jessica NP Collaborating MD: Alam	Internal Medicine	AHP	<b>New Privilege (1):</b> Level II – Hematology/Oncology: Bone Marrow Aspiration & Biopsy
Cheema, Shafiq MD	Internal Medicine	Active	
Cobler, Jo Anne MD	Internal Medicine	CR&F	
Gnanabakthan, Naveen MD	Internal Medicine	Active	
Haseley, Nicole ANP Collaborating MD: Von Visger	Internal Medicine	AHP	
Hrycko, Alexander MD	Internal Medicine	Active	
Miori, Daniel PA-C Collaborating MD: Banas	Internal Medicine	AHP	
Rochester, Meghan MD	Internal Medicine	Active	<b>New Privilege: (1)</b> General Admitting Privilege
Young, Megan FNP Collaborating MD: Desai	Internal Medicine	AHP	
Carver, Chloe PA-C Collaborating MD: Spiro	<b>Neurosurgery</b>	AHP	
Snyder, Kenneth MD PhD	Neurosurgery	Associate	Changing staff category from Active to Associate
Egnatchik, James MD	Neurosurgery	Associate	
Mattern, Ruth MD PhD	<b>Ophthalmology</b>	Active	
Chmiel, Ronald DDS	<b>Oral &amp; Maxillofacial Surgery</b>	Active	
Hall, Richard DDS MD	Oral & Maxillofacial Surgery	Active	<b>New Privileges: (6)</b> <ul style="list-style-type: none"> <li>• General Dentistry Procedural Level I Core, Child &lt;=12 y</li> <li>• General Dentistry Non-Procedural Level 1 Privileges, Child &lt;=12 y</li> <li>• Preprosthetic Surgery, Child &lt;=12 y</li> <li>• Oral &amp; Maxillofacial Surgery, Procedural Level 1: Condylotomy, without total joint replacement &lt;=12 y</li> <li>• Oral &amp; Maxillofacial Surgery, Procedural Level 1: Temporomandibular Joint Surgery, Child &lt;=12 y</li> <li>• Level III Privileges: External ear – excision of neoplasm, reconstruction of external ear, Child &lt;=12 y</li> </ul>

Highlight: Initiate FPPE



				<ul style="list-style-type: none"><li>Level III Privileges: eyelid &amp; lacrimal system – biopsy, excision of neoplasms, repair &amp; reconstruction, Child &lt;=12 y</li></ul>
Hall, Richard DDS MD	Oral & Maxillofacial Surgery	Active		<u>Withdraw Privileges: (5)</u> <ul style="list-style-type: none"><li>Oral &amp; Maxillofacial Surgery, Reconstructive Surgery: Repair residual alveolar cleft palate (with or without harvesting of donor graft)</li><li>Oral &amp; Maxillofacial Surgery, Reconstructive Surgery: Rib Graft</li><li>Oral &amp; Maxillofacial Surgery, Reconstructive Surgery: Posterior Iliac crest graft</li><li>Oral &amp; Maxillofacial Surgery, Reconstructive Surgery: Anterior Iliac Crest Graft</li><li>Oral &amp; Maxillofacial Surgery, Reconstructive Surgery: Calvarial graft</li></ul>
Ehrensberger, Christine PA-C Collaborating MD: Duquin	Orthopaedic Surgery	AHP		
Fineberg, Marc MD	Orthopaedic Surgery	Active		
Fishkin, Zair MD	Orthopaedic Surgery	Active		
Joslyn, David PA-C Collaborating MD: Ritter	Orthopaedic Surgery	AHP		<u>New Privileges: (6)</u> <ul style="list-style-type: none"><li>Surgical First Assist Level 1 Core</li><li>First Assist with bone graft harvesting</li><li>Emergency Department evaluation, pre/post op management of ortho cases</li><li>Aspiration/injection of joints, tendons/trigger points, bursas &amp; cysts</li><li>Apply/remove casts, splints, and other appliances</li><li>Closed reduction of uncomplicated fractures/dislocations</li></ul>
Weeks, Joshua PA-C Collaborating MD: Wind	Orthopaedic Surgery	AHP		
Petras, Melissa MD	Pathology	Active		

Highlight: Initiate FPPE



	Psych & Behavioral Medicine		New Privileges: (1) Level III: Evaluation of children age 11 & under (except in psychiatric emergency room setting)
Merkel, Joseph MD			
Nazirbage, Joshua MD	Psych & Behavioral Medicine	Active	
Haimes, Alison MD	<b>Radiology</b>	Active	
Lamoureux, Christine MD	Radiology	Active	
Stenzel, Maria FNP	Radiology	AHP	
Collaborating MD: J McGrath			
Baker, John PhD	<b>Rehab Medicine</b>	AHP	
Ziske, Megan MD	Rehab Medicine	CR&F	
Christie, Michelle PA-C	<b>Surgery</b>	AHP	
Collaborating MD: Adams			
Flynn, William MD	Surgery	Active	Needs ACLS certification – currently in process
Hofert, Misty PA-C	Surgery	AHP	
Collaborating MD: Sanders			
Ortolani, John MD	Surgery	Active	
Posner, Alan MD	Surgery	CR&F	
VonFricken, Kurt MD	<b>Thoracic/Cardiovascular</b>	Active	
Tundo, Gina MD	<b>Urology</b>	Active	
<b>Bold highlighted names are reappointment dates that will be changed to align with Kaleida</b>			

X. AUTOMATIC CONCLUSION	Reappointment Expiration		
1 <sup>st</sup> Notice	None	For informational purposes.	None necessary.
2 <sup>nd</sup> Notice	None	For informational purposes.	None necessary.
3 <sup>rd</sup> Notice	None	For informational purposes.	None necessary.

Highlight: Initiate FPPE

XI. PROFESSIONAL PRACTICE EVALUATIONS				
OPPE	Completed: Anesthesia, CRNA, Neurology, Psych		One opportunity for improvement was noted.	Will continue to monitor.
FPPE	50 FPPEs were completed in March. This finishes the plan of correction.		No opportunities for improvement were identified.	None necessary.
Tracking/Trending:	Nothing to report.		Noted	Noted
XII. OLD BUSINESS				
Expirables	Expirables were reviewed and discussed with the Credentials Committee.		None	For informational purposes
DEA, License, Boards	<p><u>April 2025:</u> DEA: 3 License: 4 Boards: 0</p> <p><u>March 2025:</u> DEA: 18 License: 42 Boards: 3 (AHPs)</p>		No action necessary at this time.	For informational purposes
Boards	<ul style="list-style-type: none"><li>Follow up on Dr. Gokhale and Dr. Nagra *</li><li>Gokhale submitted his QI project, Board needs 2 weeks to review it.</li><li>Nagra – stated he was sitting late 2026</li><li>2 Providers have let their Boards lapse for Internal Medicine; Dr. Desai (sitting for exam 11/2025) and Dr. Batra *. Dr. Murray spoke to Dr. Batra and he will be sitting for his ABIM boards within the 4 year extension.</li><li>Dr. Tegbeer Singh has until 11/25. He is scheduled to sit for Part 2 in 08/25</li><li>Dr. Ercan Sozen has until 10/25. He is scheduled to sit 06/25</li></ul>	<p><b>MED EXEC EXTRACTION- DR. MURRAY TO SPEAK AT MED EXEC AND REQUEST A 4 YR BOARD EXTENSION FOR DR. DESAI AND DR. BATRA</b></p>		

Highlight: Initiate FPPE

	<p><b>*Dr. Nagra has 44 medical records incomplete and 9 delinquent records for 728 days</b></p> <p><b>*Dr. Batra has 22 medical records incomplete and 21 delinquent records for 238 days</b></p>		
MD Staff Updates	<p>IntelliCred data has been incorporated into MDStaff. Med Staff Office staff can log in, test, and map &amp; any issues are being documented and fixed. We are on track for go live with EPIC. Data is being pulled from MediTech, not IntelliCred. Within the next few months, we will need to do a presentation to get the information out to the medical staff. Reappointment dates will be realigned with Kaleida to allow practitioners to complete only 1 application. Reappointments will be extended to 3 years after MD Staff is implemented. This will be a long process – practitioners will need to learn EPIC and MDStaff simultaneously. It will be worth it in the long run.</p>	Noted.	Will continue to update Committee as things move forward.
ACLS Update	<p>Currently 18 providers are outstanding. Another reminder will be sent out via email on 04-07-2025. Everyone was sent course material information so they could sign up for the training. The deadline is 04-29-2025.</p>		
Annual Dues	<p>955 dues invoices were sent out. As of 04-02-2025, 328 remain outstanding. The deadline is 04-14-2025.</p>		
<b>XIII. NEW BUSINESS</b>			
A. Reorientation	<p>The following Providers have not completed their re-orientation:</p> <ul style="list-style-type: none"> <li>• Azadeh Hassan-Tehrani, FNP- Family Medicine</li> <li>• Olivia Smith-Blackwell, MD- Family Medicine</li> <li>• Leigh-Anne DiOrio, FNP- Internal Medicine</li> <li>• Stephan Laskowski, DO- Internal Medicine</li> <li>• Khalid Mahran, MD- Internal Medicine</li> <li>• Thomas Frawley, DDS- Oral Max Surgery</li> <li>• Fred Rodems, DDS- Oral Max Surgery</li> </ul>		

Highlight: Initiate FPPE



	The Chiefs of Service were notified and asked to reach out to these practitioners. It is noted that every surveyor that has come to ECMC asks for this document when reviewing a file. We need to ensure 100% compliance.		
XIV. ADJOURNMENT	There being no further business to discuss, the meeting was adjourned at 3:47 pm.		

Respectfully submitted,  
  
Yogesh Bakhai, MID  
Chair, Credentials Committee

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**Internal Financial Reports**  
**For the month ended April 30, 2025**

# Erie County Medical Center Corporation

Financial Dashboard  
April 30, 2025

## Statement of Operations:

	Month	Year-to-Date (YTD)	YTD Budget
Net patient revenue	\$ 58,192	\$ 232,549	\$ 233,515
Other	18,075	72,015	70,298
Total revenue	76,267	304,564	303,813
Salary & benefits	41,286	166,916	164,453
Physician fees	10,370	41,402	40,998
Purchased services	7,094	27,756	27,423
Supplies & other	15,994	66,245	64,760
Depreciation and amortization	3,851	15,404	15,399
Interest	926	3,708	3,863
Total expenses	79,521	321,431	316,896
Operating Income/(Loss) Before Other Items	(3,254)	(16,867)	(13,083)
Grant revenue	-	-	-
Income/(Loss) from Operations With Other Items	(3,254)	(16,867)	(13,083)
Other Non-operating gain/(loss)	726	3,226	1,245
Change in net assets	\$ (2,528)	\$ (13,641)	\$ (11,838)
Operating margin	-4.3%	-5.5%	-4.3%

## Balance Sheet:

### Assets:

Cash & short-term investments	\$ 54,924
Patient receivables	97,833
Assets whose use is limited	189,744
Other assets	477,101
	<u>\$ 819,602</u>

### Liabilities & Net Assets:

Accounts payable & accrued expenses	\$ 330,454
Estimate self-insurance reserves	53,039
Other liabilities	490,835
Long-term debt, including current portion	189,456
Lease liability, including current portion	20,131
Subscription liability, including current portion	20,481
Line of credit	10,000
Net assets	(294,794)
	<u>\$ 819,602</u>

## Cash Flow Summary:

	Month	YTD
Net cash provided by (used in):		
- Operating activities	\$ (592)	\$ (5,205)
- Investing activities	(6,702)	(14,259)
- Financing activities	(254)	(5,012)
Increase/(decrease) in cash and cash equivalents	(7,548)	(24,476)
Cash and cash equivalents - beginning	16,588	33,516
Cash and cash equivalents - ending	<u>\$ 9,040</u>	<u>\$ 9,040</u>

## Key Statistics:

	Month	YTD	YTD Budget
Discharges:			
- Acute	1,013	4,186	4,254
- Exempt units	446	1,654	1,724
Observation Cases:	328	1,282	938
Patient days:			
- Acute	7,901	33,144	32,338
- Exempt units	4,768	18,440	19,433
Average length of stay, acute	7.8	7.9	7.6
Case mix index Blended	1.98	2.01	1.90
Average daily census: Medical Center	422	430	431
Terrace View LTC	379	376	377
Emergency room visits, including admissions	5,659	21,631	20,814
Outpatient Visits	26,911	101,221	103,636
Days in patient receivables		50.5	

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# Erie County Medical Center Corporation

## Management Discussion and Analysis

### For the month ended April 30, 2025

(Amounts in Thousands)

#### **April 2025 Operating Performance**

During the month of April, 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, and inpatient surgeries most notably. 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 partially offset the shortfalls. The revenue variances derived from these trends during April resulted in overall net patient service revenue which fell behind budgeted expectations and 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, and temporary agency costs. The overall result drove an operating loss for the month of (\$3,254). While it is consistent with our operating performance during March, this operating loss is unfavorable when compared to the month's budgeted loss of (\$1,365).

Inpatient discharges during the month of 1,459 were less than the planned discharges of 1,533 (4.8%). Within the total, acute discharges of 1,013 and chemical dependency discharges of 176 were below plan by 7.9% and 2.8%, respectively, while offset by favorable behavioral health discharges, 7.0%, and medical rehabilitation discharges, 6.6%, 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 7.8 days during April, and although there has been an improvement from prior months, it remains higher than the budget for the month of 7.6 days by 2.6%. Despite a slight improvement in the length of stay, the average daily census of the alternative level of care (ALC) patients within our facility during the month was 41 cases, significantly higher than averages in the low 30's over the last several months, which has had a direct unfavorable impact on the overall total net revenue per case.

ECMCC continues to see consistent 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 April were higher than budgeted targets for the month by 79 FTEs. 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 below the operating plan as a result of favorable health insurance claim costs and better experience than expected on historical claim estimates. 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

# Erie County Medical Center Corporation

## Management Discussion and Analysis

### For the month ended April 30, 2025

(Amounts in Thousands)

the year-to-date increase in total benefit costs as compared to 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 \$318. The favorable variance during the month was related primarily to volume shortfalls 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, required payments during the first quarter, and timing of cash payments around the month-end. The net changes resulted in 22 days operating cash at April 30, 2025 as compared to 33 days operating cash at the end of 2024 and 24 days operating cash on March 31, 2025. Note that this includes short-term unrestricted/undesignated investments.

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 April 30, 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

April 30, 2025 and December 31, 2024

(Dollars in Thousands)

	April 30, 2025	December 31, 2024	Change from December 31st
<b>Assets</b>			
Current Assets:			
Cash and cash equivalents	\$ 9,040	\$ 33,516	\$ (24,476)
Investments	45,884	42,826	3,058
Patient receivables, net	97,833	93,708	4,125
Prepaid expenses, inventories and other receivables	40,505	38,753	1,752
Total Current Assets	193,262	208,803	(15,541)
Assets Whose Use is Limited	189,744	191,600	(1,856)
Property and equipment, net	274,863	277,043	(2,180)
Other assets	161,733	161,656	77
<b>Total Assets</b>	<b>\$ 819,602</b>	<b>\$ 839,102</b>	<b>\$ (19,500)</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	7,024	6,264	760
Current portion of subscription liability	9,174	8,118	1,056
Line of credit	10,000	10,000	-
Accounts payable	65,398	64,553	845
Accrued salaries and benefits	78,822	85,393	(6,571)
Other accrued expenses	180,873	146,172	34,701
Estimated third party payer settlements	5,361	5,643	(282)
Total Current Liabilities	369,407	339,663	29,744
Long-term debt	176,701	179,574	(2,873)
Long-term lease liability	13,107	14,394	(1,287)
Long-term subscription liability	11,307	13,210	(1,903)
Estimated self-insurance reserves	53,039	50,424	2,615
Other liabilities	490,835	522,990	(32,155)
<b>Total Liabilities</b>	<b>1,114,396</b>	<b>1,120,255</b>	<b>(5,859)</b>
<b>Total Net Position</b>	<b>(294,794)</b>	<b>(281,153)</b>	<b>(13,641)</b>
<b>Total Liabilities and Net Position</b>	<b>\$ 819,602</b>	<b>\$ 839,102</b>	<b>\$ (19,500)</b>

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# Erie County Medical Center Corporation

## Statement of Operations

For the month ended April 30, 2025

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
<b>Operating Revenue:</b>				
Net patient revenue	59,148	61,736	(2,588)	56,282
Less: Provision for uncollectable accounts	(956)	(1,277)	321	(2,215)
Adjusted Net Patient Revenue	58,192	60,459	(2,267)	54,067
Disproportionate share / IGT revenue	11,018	11,018	-	10,273
Other revenue	7,057	6,652	405	5,348
<b>Total Operating Revenue</b>	<b>76,267</b>	<b>78,129</b>	<b>(1,862)</b>	<b>69,688</b>
<b>Operating Expenses:</b>				
Salaries & wages	31,116	30,433	(683)	28,875
Employee benefits	10,170	10,809	639	8,285
Physician fees	10,370	10,249	(121)	9,216
Purchased services	7,094	6,905	(189)	6,680
Supplies	13,422	13,740	318	12,364
Other expenses	2,168	2,133	(35)	2,157
Utilities	404	412	8	407
Depreciation & amortization	3,851	3,850	(1)	3,871
Interest	926	963	37	1,057
<b>Total Operating Expenses</b>	<b>79,521</b>	<b>79,494</b>	<b>(27)</b>	<b>72,912</b>
<b>Operating Income/(Loss) Before Other Items</b>	<b>(3,254)</b>	<b>(1,365)</b>	<b>(1,889)</b>	<b>(3,224)</b>
<b>Other Gains/(Losses)</b>				
Grant revenue	-	-	-	-
<b>Income/(Loss) from Operations</b>	<b>(3,254)</b>	<b>(1,365)</b>	<b>(1,889)</b>	<b>(3,224)</b>
<b>Other Non-operating Gain/(Loss):</b>				
Interest and dividends	723	292	431	424
Unrealized gain/(loss) on investments	3	19	(16)	(2,055)
Non-operating Gain/(Loss)	726	311	415	(1,631)
<b>Excess of Revenue/(Deficiency) Over Expenses</b>	<b>\$ (2,528)</b>	<b>\$ (1,054)</b>	<b>\$ (1,474)</b>	<b>\$ (4,855)</b>

# Erie County Medical Center Corporation

## Statement of Operations

For the four months ended April 30, 2025

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
<b>Operating Revenue:</b>				
Net patient revenue	237,754	238,513	(759)	225,716
Less: Provision for uncollectable accounts	(5,205)	(4,998)	(207)	(5,290)
Adjusted Net Patient Revenue	232,549	233,515	(966)	220,426
Disproportionate share / IGT revenue	44,071	44,071	-	41,093
Other revenue	27,944	26,227	1,717	19,136
<b>Total Operating Revenue</b>	<b>304,564</b>	<b>303,813</b>	<b>751</b>	<b>280,655</b>
<b>Operating Expenses:</b>				
Salaries & wages	123,897	121,209	(2,688)	116,516
Employee benefits	43,019	43,244	225	34,421
Physician fees	41,402	40,998	(404)	38,473
Purchased services	27,756	27,423	(333)	25,737
Supplies	54,667	54,114	(553)	46,557
Other expenses	8,749	8,691	(58)	8,028
Utilities	2,829	1,955	(874)	1,881
Depreciation & amortization	15,404	15,399	(5)	15,999
Interest	3,708	3,863	155	4,015
<b>Total Operating Expenses</b>	<b>321,431</b>	<b>316,896</b>	<b>(4,535)</b>	<b>291,627</b>
<b>Income/(Loss) from Operations</b>	<b>(16,867)</b>	<b>(13,083)</b>	<b>(3,784)</b>	<b>(10,972)</b>
<b>Other Gains/(Losses)</b>				
Grant revenue	-	-	-	609
<b>Income/(Loss) from Operations</b>	<b>(16,867)</b>	<b>(13,083)</b>	<b>(3,784)</b>	<b>(10,363)</b>
<b>Other Non-operating Gain/(Loss):</b>				
Interest and dividends	2,982	1,167	1,815	1,794
Unrealized gain/(loss) on investments	244	78	166	(1,316)
Non-operating Gain/(Loss)	3,226	1,245	1,981	478
<b>Excess of Revenue/(Deficiency) Over Expenses</b>	<b>\$ (13,641)</b>	<b>\$ (11,838)</b>	<b>\$ (1,803)</b>	<b>\$ (9,885)</b>

**Erie County Medical Center Corporation**

**Statement of Changes in Net Position**

**For the month and four months ended April 30, 2025**

*(Dollars in Thousands)*

	<u>Month</u>	<u>Year-to-Date</u>
<b>Unrestricted Net Assets:</b>		
Excess/(Deficiency) of revenue over expenses	\$ (2,528)	\$ (13,641)
Other transfers, net	-	-
Contributions for capital acquisitions	-	-
Change in accounting principle	-	-
Net assets released from restrictions for capital acquisition	-	-
	<u>(2,528)</u>	<u>(13,641)</u>
Change in Unrestricted Net Assets	<u>(2,528)</u>	<u>(13,641)</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>(2,528)</u>	<u>(13,641)</u>
Net Position, beginning of period	<u>(292,266)</u>	<u>(281,153)</u>
<b>Net Position, end of period</b>	<b><u>\$ (294,794)</u></b>	<b><u>\$ (294,794)</u></b>

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## Erie County Medical Center Corporation

### Statement of Cash Flows

For the month and four months ended April 30, 2025

(Dollars in Thousands)

	Month	Year-to-Date
<b>Cash Flows from Operating Activities:</b>		
Change in net assets	\$ (2,528)	\$ (13,641)
Adjustments to Reconcile Changes in Net Assets to Net Cash Provided by/(Used in) Operating Activities:		
Depreciation and amortization	3,851	15,404
Provision for bad debt expense	956	5,205
Net change in unrealized (gain)/loss on Investments	(3)	(244)
<u>Changes in Operating Assets and Liabilities:</u>		
Patient receivables	(933)	(9,330)
Prepaid expenses, inventories and other receivables	41	(1,752)
Accounts payable	3,838	845
Accrued salaries and benefits	2,132	(6,571)
Estimated third party payer settlements	66	(282)
Other accrued expenses	(11,285)	34,701
Self Insurance reserves	527	2,615
Other liabilities	2,746	(32,155)
<b>Net Cash Provided by/(Used in) Operating Activities</b>	<u>(592)</u>	<u>(5,205)</u>
<b>Cash Flows from Investing Activities:</b>		
Additions to Property and Equipment, net	(6,551)	(13,224)
Decrease/(increase) in assets whose use is limited	1,093	1,856
Sale/(Purchase) of investments, net	(780)	(2,814)
Change in other assets	(464)	(77)
<b>Net Cash Provided by/(Used in) Investing Activities</b>	<u>(6,702)</u>	<u>(14,259)</u>
<b>Cash Flows from Financing Activities:</b>		
Principal payments on / proceeds from long-term debt, net	(688)	(3,638)
Principal payments on / additions to long-term lease liability, net	138	(527)
Principal payments on / additions to long-term subscription, net	296	(847)
<b>Increase/(Decrease) in Cash and Cash Equivalents</b>	<u>(7,548)</u>	<u>(24,476)</u>
Cash and Cash Equivalents, beginning of period	16,588	33,516
Cash and Cash Equivalents, end of period	<u>\$ 9,040</u>	<u>\$ 9,040</u>

# Erie County Medical Center Corporation

## Statistical and Ratio Summary

	April 30, 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	22	33	24.7
Days in Patient Receivables	50.5	52.3	56.4
Days Expenses in Accounts Payable	56.1	53.7	59.1
Days Expenses in Current Liabilities	139.1	145.7	140.5
Cash to Debt	57.3%	67.3%	53.1%
Working Capital Deficit	\$ (176,145)	\$ (130,860)	\$ (105,982)
<b><u>Capital Ratios:</u></b>			
Long-Term Debt to Fixed Assets	64.3%	64.8%	67.3%
Assets Financed by Liabilities	136.0%	133.5%	131.7%
Debt Service Coverage (Covenant > 1.1)	1.4	1.7	1.8
Capital Expense	5.1%	3.0%	2.9%
Average Age of Plant	7.4	8.0	8.6
Debt Service as % of NPSR	3.4%	3.9%	4.0%
Capital as a % of Depreciation	85.8%	35.5%	21.9%
<b><u>Profitability Ratios:</u></b>			
Operating Margin	-5.5%	0.7%	-11.5%
Net Profit Margin	-5.7%	-0.7%	-2.5%
Return on Total Assets	-5.0%	-0.6%	-1.6%
Return on Equity	13.9%	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	\$ 273,648	\$ 266,577	\$ 230,021
Personnel Costs as % of Total Revenue	53.9%	50.0%	56.0%

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**Erie County Medical Center Corporation**

**Key Statistics**  
**Period Ended April 30, 2025**

Current Period				Year to Date				
Actual	Budget	% to Budget	Prior Year		Actual	Budget	% to Budget	Prior Year
				Discharges:				
1,013	1,100	-7.9%	1,071	Med/Surg (M/S) - Acute	4,186	4,254	-1.6%	4,323
251	235	7.0%	234	Behavioral Health	929	918	1.2%	892
176	181	-2.8%	183	Chemical Dependency (CD) - Detox	645	734	-12.1%	701
19	18	6.6%	17	Medical Rehab	80	72	10.6%	66
1,459	1,533	-4.8%	1,505	Total Discharges	5,840	5,979	-2.3%	5,982
				Patient Days:				
7,901	8,363	-5.5%	8,210	M/S - Acute	33,144	32,338	2.5%	33,769
3,804	3,871	-1.7%	3,818	Behavioral Health	14,784	15,215	-2.8%	15,106
646	686	-5.8%	645	CD - Detox	2,422	2,731	-11.3%	2,665
318	363	-12.4%	389	Medical Rehab	1,234	1,487	-17.0%	1,596
12,669	13,283	-4.6%	13,062	Total Patient Days	51,584	51,771	-0.4%	53,136
				Average Daily Census (ADC):				
263	279	-5.5%	274	M/S - Acute	276	269	2.5%	279
127	129	-1.7%	127	Behavioral Health	123	127	-2.8%	125
22	23	-5.8%	22	CD - Detox	20	23	-11.3%	22
11	12	-12.4%	13	Medical Rehab	10	12	-17.0%	13
422	443	-4.6%	435	Total ADC	430	431	-0.4%	439
				Average Length of Stay:				
7.8	7.6	2.6%	7.7	M/S - Acute	7.9	7.6	4.2%	7.8
15.2	16.5	-8.2%	16.3	Behavioral Health	15.9	16.6	-4.0%	16.9
3.7	3.8	-3.1%	3.5	CD - Detox	3.8	3.7	0.9%	3.8
16.7	20.4	-17.8%	22.9	Medical Rehab	15.4	20.6	-24.9%	24.2
8.7	8.7	0.2%	8.7	Average Length of Stay	8.8	8.7	2.0%	8.9
				Occupancy:				
77.8%	86.1%	-9.7%	80.2%	% of M/S Acute staffed beds	77.8%	86.1%	-9.7%	80.2%
				Case Mix Index:				
1.98	1.95	1.8%	1.88	Blended (Acute)	2.01	1.90	5.8%	1.87
328	281	16.7%	285	Observation Status	1,282	938	36.7%	1,127
421	487	-13.5%	404	Inpatient General Surgeries	1,616	1,882	-14.1%	1,674
659	635	3.8%	604	Outpatient General Surgeries	2,638	2,640	-0.1%	2,526
43	22	95.5%	25	Inpatient Ancillary Surgeries	101	84	20.2%	97
56	36	55.6%	37	Outpatient Ancillary Surgeries	157	149	5.4%	136
26,911	26,501	1.5%	25,981	Outpatient Visits	101,221	103,636	-2.3%	98,245
5,659	5,350	5.8%	5,402	Emergency Visits Including Admits	21,631	20,814	3.9%	21,134
50.5	44.2	14.3%	63.5	Days in A/R	50.5	44.2	14.3%	63.5
1.2%	2.1%	-39.5%	4.3%	Bad Debt as a % of Net Revenue	2.0%	2.1%	-5.9%	2.4%
3,395	3,284	3.4%	3,294	FTE's	3,361	3,271	2.8%	3,261
4.25	4.16	2.3%	4.22	FTE's per Adjusted Occupied Bed	4.26	4.25	0.4%	4.17
\$ 19,583	\$ 20,517	-4.6%	\$ 18,623	Net Revenue per Adjusted Discharge	\$ 20,098	\$ 20,262	-0.8%	\$ 19,363
\$ 26,443	\$ 26,632	-0.7%	\$ 24,989	Cost per Adjusted Discharge	\$ 27,612	\$ 27,214	1.5%	\$ 25,597
Terrace View Long Term Care:								
11,382	11,336	0.4%	11,035	Patient Days	45,151	45,272	-0.3%	44,801
379	378	0.4%	368	Average Daily Census	376	377	-0.3%	370
97.3%	96.9%	0.4%	94.3%	Occupancy - % of Staffed beds	96.5%	96.7%	-0.3%	94.9%
480	512	-6.2%	461	FTE's	468	512	-8.6%	460
6.7	7.2	-6.6%	6.7	Hours Paid per Patient Day	6.6	7.2	-8.4%	6.6

ERIE COUNTY MEDICAL CENTER CORPORATION

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

TUESDAY, APRIL 15, 2025 – 8:30 AM

---

BOARD MEMBERS PRESENT OR  
ATTENDING BY VIDEO  
CONFERENCE OR TELEPHONE:

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

\* ATTENDING BY VIDEO  
CONFERENCE OR PHONE

BOARD MEMBERS EXCUSED:

ALSO PRESENT:

**THOMAS QUATROCHE**  
**JONATHAN SWIATKOWSKI**  
**ANDREW DAVIS**  
VANESSA HINDERLITER

---

**I. CALL TO ORDER**

The meeting was called to order at 8:31 AM by Chair Michael Seaman.

**II. REVIEW AND APPROVAL OF MINUTES**

Motion was made by Benjamin Swanekamp, seconded by Rev. Mark Blue, and unanimously passed to approve the minutes of the Finance Committee meeting of March 18, 2025.

**III. MARCH 2025 OPERATING PERFORMANCE**

Mr. Swiatkowski opened by reviewing the March 2025 Key Statistics. He reported that the organization continued to face challenges during the month of March regarding discharges, which is a continuing trend affecting volume metrics which fell below operating performance. Community wide nursing home capacity is creating discharge issues locally, while a similar trend is being seen nationally.

Mr. Swiatkowski reviewed that outpatient visits, inpatient visits, and surgeries were down significantly, making a significant impact on revenue. However, surgical variances are not anticipated to be a long-term trend. The acute case mix is also over plan by 10%, and this is helping to offset some of the volume shortfalls.



Mr. Swiatkowski reported that ECMC has been able to increase capacity at Terrace View to take additional patients. Terrace View was at 98% occupancy during the month made possible by an increase in staff.

Mr. Swiatkowski reviewed the financial dashboard and the overall shortfalls in revenue. The case mix index did offer overall positive net patient revenue but not enough to cover the costs associated with length of stay and discharge issues. As a result, ECMC incurred a loss slightly in excess of the budgeted loss for the month.

The average length of stay was noted to be up from the budget at 8 days, which is the same as last month. Last year during March this number was 7.4 days. This is predictably creating significant operating performance differences from last year.

Mr. Swiatkowski noted FTEs are approximately 40 FTEs over budget and are being monitored, with FTE committee looking at new requests and replacement requests. He noted that, at this time, they are not looking at new requests which add FTEs unless there is significant clinical need, regulatory need, or a positive return on investment.

Mr. Swiatkowski noted that cash was impacted by these operating factors and is down to 24 days cash on hand and 67 with designated cash on hand.

Mr. Swiatkowski presented more information showing the significant changes in acute average length of stay, which did show an improvement over 2023 but is currently exceeding the numbers of 2024. He noted that this trend chart will be included in future meeting materials.

Mr. Swiatkowski reviewed the monthly operating performance for March, noting that total revenue is over slightly but not enough to cover the operating expenses that were incurred by the hospital. The volatility of the markets, and an unrealized loss recorded for the month, also significantly impacted the hospital's total net loss.

Overall operating revenue is slightly higher than planned, which results from the unfavorable volume variances offset by the higher case mix index. A supplemental award payment from New York State was received as well, the staffing levels meeting the New York State minimums at Terrace View.

Mr. Swiatkowski reviewed the March 2025 Operating Expenses. Another trickle-down effect of the increase in the average length of stay is an increase in salary and FTE costs as staff are needed. Supply costs were under budget, primarily due to a decrease in surgeries. Utilities are exceeding budget as the costs continue to go up during the first quarter.

Mr. Swiatkowski reviewed the year-to-date financial performance, which reflects a loss in excess plan for the year but reflects non-operating investment income exceeding plan. He reviewed the details of the revenue, driven by case mix for the year, as well as specialty pharmacy revenue higher than planned.

Mr. Swiatkowski noted that the UB resident physician contract was finalized after the budget, which is and will result in a recurring variance.

Supply costs are over budget for the year, primarily due to specialty pharmacy growth.

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

Mr. Davis fielded a question regarding the surgery shortfall and if it was systemic. He clarified that this month there were less trauma cases resulting in fewer surgical cases in general surgery, ENT and neurosurgery. Additionally, the operating room hour expansion project was initiated in April.

Mr. Seaman brought up the nursing home bed issue, and the resultant delays in discharges. A conversation regarding funding issues, housing and staff availability took place to the Committee's satisfaction. Mr. Swiatkowski and Dr. Quatroche also provided updates on the Federal and State budgets.

Mr. Swiatkowski provided updates regarding the EPIC contract and implementation. He also notified the Committee that discussions regarding the 2026 budget are beginning.

Reverend Blue raised the issue of tariffs and how that would affect ECMC's access to products and pricing with vendors. It was generally discussed that, at this time, there is not enough information available to make predictions on changes to costs but it's an issue being monitored closely.

#### **V. ADJOURNMENT**

There being no further business, the meeting was adjourned at 9:05 AM by Chair Michael Seaman.

**M/WBE Quarterly Sub-Committee**  
**Meeting Minutes 02/20/2025**  
**10:00-10:30am**

**Members Present:** Rev. Mark Blue, Donna Brown, Andy Davis, Nicholas Long, Sarina Rohloff, Jonathan Swiatkowski, Lindy Nesbitt, Peter Cutler, Joe Giglia, Christian Johnson, Kinzer Pointer  
**Excused:** Diane Artieri, Donna Brown

Topic	Discussion
Call to order	Rev. Blue called the meeting to order at 10:00am
Approval of Minutes November 19, 2024	Approval of the November 19, 2024, meeting minutes 1 <sup>st</sup> Motion – Kinzer Pointer 2 <sup>nd</sup> Motion – Christian Johnson All in favor
<b>New Business</b>	
MWBE Utilization	<p>MWBE Utilization by NYS Fiscal Year – MWBE Utilization YTD at 50.20%</p> <p>Utilization by Category</p> <ul style="list-style-type: none"> <li>• MBE Utilization \$1.33M</li> <li>• WBE Utilization \$1.77M</li> <li>• Total utilization of \$3.10M (April 2024-December 2024)</li> </ul> <p>Utilization by industry</p> <ul style="list-style-type: none"> <li>• Non-Construction based Utilization \$2.95M</li> <li>• Construction based Utilization \$148K.</li> </ul> <p>Utilization by region – April 2024 – September 2024</p> <ul style="list-style-type: none"> <li>• Buffalo – 41.00%</li> <li>• WNY excluding Buffalo 28.85%</li> <li>• NYS excluding WNY – 29.19%</li> <li>• Outside of NYS – 0.96%</li> </ul> <p>Buffalo has increased comparatively to last fiscal year, however, a decrease from two years ago due to J&amp;J Details and Maintenance.</p>

Buffalo Purchasing Initiative	<p>Fifteen largest employers within WNY.</p> <ul style="list-style-type: none"><li>ECMC, UB, Roswell, Buffalo State, Catholic Health, Kaleida Health, City of Buffalo, Wegmans, Tops (new), Rich Products, M&amp;T, Moog, Independent Health, Highmark, Key Bank, all within the eight counties of Western New York</li></ul> <p>Continue to work with opportunities through departments. Exceeded goal in 2024. The goal for 2025 has not yet been established.</p> <p>Spend in East Buffalo - Payments directly to MBEs in East Buffalo (zip codes: 14204, 14206, 14208, 14209, 14211, 14212, 14215)</p> <p>Payments Directly to MBEs in WNY = \$1,350,005</p> <p>NYS OGS Service-Disabled Veteran-Owned Business – 6% goal utilization goal of eligible expenditures. SDVOB Utilization by NYS Fiscal Year at 13.83% - April 2024 thru December 2024</p>																																						
ECMC’s WBE Program in the Community	<ul style="list-style-type: none"><li>ECMC received an “A+” on ESD’s MWBE scorecard for the timeframe of April-September 2023. This score is not publicized.</li><li>BNMC IC Success Pitch Contest – December 5, 2024</li><li>ECMC’s First Veteran’s Event – November 7, 2024</li></ul>																																						
Questions	<p>While we await BPI to finalize and send the 2024 expenditure data for East Buffalo, we are providing the additional information requested.</p> <table><tr><th colspan="2">ECMC MWBE/SDVOB/BPI Direct Awards in 2024</th></tr><tr><td>Number of vendor awards through Competitive Bids</td><td>2</td></tr><tr><td>Number of vendor awards through Discretionary Procurements</td><td>48</td></tr></table> <table><tr><th colspan="2">ECMC East Buffalo Direct Spend with MBEs in 2024</th></tr><tr><th>Zip code</th><th>Amount</th></tr><tr><td>14204 (portion)</td><td>\$0</td></tr><tr><td>14206 (portion)</td><td>\$0</td></tr><tr><td>14208</td><td>\$0</td></tr><tr><td>14209 (portion)</td><td>CS Business Systems \$464,453 New York Distro \$35,564</td></tr><tr><td>14211 (portion)</td><td>\$0</td></tr><tr><td>14212 (portion)</td><td>\$0</td></tr><tr><td>14215</td><td>Prime Care Transport \$242 William Charles Horton \$550</td></tr></table> <table><tr><th colspan="2">BPI East Buffalo Direct Spend with MBEs</th></tr><tr><th>Year</th><th>Amount</th></tr><tr><td>2020</td><td>\$4.2M</td></tr><tr><td>2021</td><td>\$3.1M</td></tr><tr><td>2022</td><td>\$2.3M</td></tr><tr><td>2023</td><td>\$1.4M</td></tr><tr><td>2024</td><td>Information has not been finalized and released by BPI</td></tr></table>	ECMC MWBE/SDVOB/BPI Direct Awards in 2024		Number of vendor awards through Competitive Bids	2	Number of vendor awards through Discretionary Procurements	48	ECMC East Buffalo Direct Spend with MBEs in 2024		Zip code	Amount	14204 (portion)	\$0	14206 (portion)	\$0	14208	\$0	14209 (portion)	CS Business Systems \$464,453 New York Distro \$35,564	14211 (portion)	\$0	14212 (portion)	\$0	14215	Prime Care Transport \$242 William Charles Horton \$550	BPI East Buffalo Direct Spend with MBEs		Year	Amount	2020	\$4.2M	2021	\$3.1M	2022	\$2.3M	2023	\$1.4M	2024	Information has not been finalized and released by BPI
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Adjourn	Rev. Blue adjourned the meeting at 10:30am: Next meeting is May 20, 2025, at 10:00am
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# ERIE COUNTY MEDICAL CENTER CORPORATION

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

TUESDAY, APRIL 8, 2025  
MICROSOFT TEAMS PLATFORM

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

**PRESENTERS:** THOM LOREE, MD, WILLIAM FLYNN JR., MD, KEITH KRABILL, MD, JONATHAN CLAUS, MD

SERGIO ANILLO, MD  
WILLIAM BELLES, MD  
DONNA BROWN  
CHARLES CAVARETTA  
SAM CLOUD, DO  
JOHN CUMBO  
PETER CUTLER  
ANDY DAVIS  
CASSIE DAVIS  
BECKY DELPRINCE, RN  
WILLIAM FLYNN, JR., MD  
KEITH KRABILL, MD  
MARC LABELLE, RN  
PAM LEE, RN  
CHARLENE LUDLOW, RN  
PHYLLIS MURAWSKI, RN  
YARON PERRY, MD  
TOM QUATROCHE, CEO  
MEG RILEY, RN

### Call to Order

Rev Kinser Pointer called the meeting to order at 8:00 am.

## **I. Minutes**

The March 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. Plastics & Reconstructive Surgery – Thom Loree, MD**

Dr. Loree shared a department update which included all of the physicians currently working the Head and Neck department. There are a total of nine physicians. The department has established a plastic surgery residency program lead by five of their physicians. The American College of Surgeons Commission on Cancer is preparing for their re-accreditation in October of this year. Dr. Loree shared the breakdown of volunteer staff and additions to Plastic Surgery and the ENT areas.

A review of annual department volumes and surgical case volumes took place using data from 2022, 2023 and 2024.

Initiatives for the department include Head and Neck induction chemotherapy, Plastic Surgery breast reconstruction, transgender surgery, abdominal wall reconstruction and lymphedema initiatives. They are also working on dental oncology: maxillofacial prosthetics, implants for amputees, Osia ear implants for hearing impaired and cranial reconstruction and skull base surgeries. Robotic surgeries continue along with speech language therapy.

Research initiatives include data chart review, establishing preoperative procedures for microsurgery, and supplement pre-augmentation for sensitivity outcomes.

New items for 2025 include a collaboration with UB biology, HPV serum testing for oropharyngeal cancer, and the establishment of the UB-Plastic Surgery Medical Student Research fellowship program.

## **III. Trauma Report – William Flynn, Jr., MD**

Dr. Flynn reported on the Trauma Department with a full agenda. Dr. Flynn shared a review on the ACS re-verification. We will have the official report in 12 weeks. The department already has a plan of correction in place to address any compliance issues noted during the survey.

Dr. Flynn reviewed Trauma department volumes in detail. QAPI projects for the department include response time compliance, VTE prophylaxis, antibiotics and open fractures, universal screening for BCGI and the whole blood project. A review of previous year goals and accomplishments took place along



with a review of antibiotics for open fractures, universal BCVI screening outcomes and the impact of whole blood on MTP.

#### **IV. Laboratory Medicine – Keith Krabill, MD**

Dr. Krabill shared his report on the Laboratory Department. The department is scheduled for the following surveys this year; AABB, NYSDOH Laboratory survey, and a Joint Commission Laboratory survey. A review of department staffing took place along with new recruitment initiatives.

Dr. Krabill reviewed previous year goals and accomplishments along with department volumes. QAPI projects were discussed including the department goal of implementing electronic compatibility crossmatch within the laboratory information system. This goal was achieved by reducing the percentage of immediate spin crossmatches from 95% to 50%. A full review of the incident reporting summary took place as well.

Dr. Krabill discussed the current year quality improvement goals reviewing outcomes, alignments, safety and resiliency.

#### **V. Infection Control – Jonathan Claus, MD**

Dr. Claus reported on Infection Control. A department update was shared. Dr. Crane retired in 2024, and Dr. Clous was confirmed by the Medical Executive Committee as his replacement as Epidemiologist. The department takes part in monthly departmental meetings along with quality meetings for antimicrobial stewardship.

Dr. Claus reviewed graphs on surgical site infections from 2024 along with hospital acquired infections from 2024.

Previous year goals and accomplishments included all infection control policies being updated and reviewed by Charlene Ludlow, Angeal Vacanti and Dr. Claus. In addition, a reverse algorithm testing for c.diff took place reflecting a decrease in c.diff cases.

Continued QAPI projects include CLABSI bundle compliance, antibiotic stewardship measures, CAUTI prevention and c.diff improvements. Current year quality improvement goals include increased surveillance for surgical case outcomes and the creation of spinal fusion workgroups to improve outcomes.

#### **VI. Quality / Patient Safety Report and Regulatory Report – Phyllis Murawski, RN**

Phyllis reported on Quality/Patient Safety and the Regulatory report. Phyllis began with the Quality Improvement Committee Charter reviewing the key items, responsibilities along with the structure, meetings and reports for this committee.

A review from the recent QPSC meeting of March 25, 2025, took place. Reports from Infection Control, Environment of Care 2025 Management Goals , Transfusion & Laboratory Committees, and Behavioral Health Quality were discussed. Joint Commission preparation was also reviewed and discussed at this meeting.

Phyllis reviewed the adverse events for 2025 along with a review of the RCA driven improvements for the year.

#### Regulatory Report –

Phyllis stated we had a surprise DEA survey in Pharmacy which continues. This was a random audit, and the department is working diligently on retrieving the necessary data for the surveyors. We look forward to a successful and quick conclusion to this audit.

### **VII. Adjourn**

There being no further business, the motion was made and seconded to adjourn the meeting. The next meeting will be held on May 13, 2025.

Dear ECMC Board Members,

While we continue to deal with throughput challenges due to outside organizations inability to accept our patients, thanks to the commitment and dedication of our clinicians in the Emergency Department, we continue to see a significant reduction in patient Left Without Being Seen (LWOBS) statistics through the first four months of 2025 versus the same timeframe last year. As reported previously, the ED's Care Initiation program commenced in order to see lower acuity patients, which has helped to significantly lead to this overall decrease in LWOBS patients. This is a very encouraging trend, and we are thankful and deeply appreciative of our ECMC caregivers' firm commitment to ensuring that their patients receive the high-quality healthcare services that they deserve and ECMC is widely known for.

May is always a very busy month at ECMC, as we commemorate several national healthcare observances that highlight the significant services provided at our institution. Mental Health Awareness Month gives us the opportunity to promote our tremendous Behavioral Health caregivers and the vitally important services they provide to their patients. For Nurses Week 2025 (May 5-9), we celebrated our remarkable ECMC nurses who truly are the foundation of our institution. A variety of activities and events throughout the week highlighted their excellent services, including: the annual blessing of nurses' hands performed by ECMC's Pastoral and Spiritual Care clerics and a flower distribution to nurses on units. On May 21<sup>st</sup> we commemorated National Trauma Survivors Day with our ECMC Family throughout the institution taking photographs with hand-drawn signs, which were posted on social media showing support for trauma survivors and praising them for their courage, resilience, and strength. Terrace View also led the celebration of National Skilled Nursing Care Week, which featured a variety of activities for staff and residents. National EMS Week (5/18-24) is always an important observance for our ECMC Family as we honor our EMS colleagues who play such an important role in our daily lifesaving efforts. This year's theme for the week is "We care. For Everyone." Various activities occurred on our campus, including the annual favorite "Dogs on the Deck" cookout.

Springfest 2025 was held on Saturday, May 10<sup>th</sup> with approximately 1,800 attendees, including 500 members of our ECMC Family, at the Buffalo Convention Center. We honored three very well-deserving individuals this year: Jennifer L. Pugh, MD, MBA, FACEP, Chief of Emergency Medicine, was recognized as the Distinguished Physician Honoree; Thameena Z. Hunter, MS, RN, CCISM, Director System Health and Safety was recognized as the Distinguished Nursing Honoree and Susan M. Gonzalez, Immediate Past Executive Director for ECMC Foundation was recognized with the Distinguished Service Award. It was another thoroughly successful event – our region's largest not-for-profit gala that raised \$1.2 million this year to benefit lifesaving medical services at ECMC. Thanks all around to the wonderful Foundation staff and volunteers who ensured it was an enjoyable evening for everyone in attendance.

Three years ago on May 14<sup>th</sup>, our community was victimized by a hate-filled racist who shot and killed innocent residents of our city as they peacefully went about their daily lives. Sadly, ten innocent victims lost their lives, including Geraldine Talley, the mother of our former ECMC Family member Mark Talley, and former Buffalo police officer Aaron Salter, whose cousin Jamie Salter works with our patient transport team. In addition, three survivors of this mass

shooting were cared for at ECMC. This year, our ECMC Family gathered in front of a tree we planted in 2022 (along with a plaque) in our Remembrance Garden for a solemn ceremony honoring the ten victims, three survivors, as well as their families and loved ones. By doing this each year, we reaffirm our commitment to never forget the racist fueled tragedy that took place that day and express our belief that love will always conquer hate.

As our history attests and recent events have proved, ECMC is a vitally important healthcare institution for Western New York. With the Board's continuing guidance and support, we are working tirelessly to identify and access every available resource to strengthen and sustain ECMC now and for the future. Our commitment has never waned, and we are focused in ensuring that we fulfill our mission and provide the residents of our region with high-quality healthcare services that provide them with hope and healing.

With gratitude,

Tom

**Erie County Medical Center  
Board Report  
President & Chief Operating Officer  
May 27, 2025**

**Submitted by Andrew Davis**

## **OPERATIONS**

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

**April 2025**

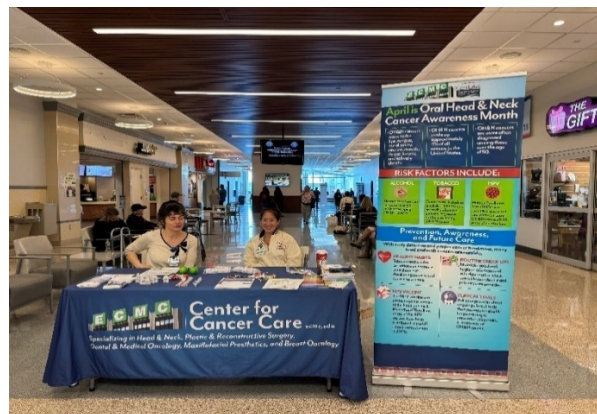
#### ***Monthly Oncology Research Report – Dr. Jennifer Frustino***

##### **Research Updates**

- One patient continues to use the Lipella LP-10 rinse under FDA compassionate use.
- We underwent a site initiation visit for Meira 202 Gene Therapy Study – Long Term. Our site was activated and consented the first patient to rollover.
- Our team completed a feasibility survey to participate in a new chemotherapy clinical trial for patients with stage IV non-small lung cancer.
- The research team attended a call with the mayor's office regarding the "Clean Sweep" program for the new year and agreed to participate in pop-up health initiatives.
- 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.
- New Nurse Clinical Research Coordinator started on April 22.

##### **Outreach Updates**

- The research team met with the executive marketing team to discuss outreach events for 2025.
- In recognition of *Oral, Head and Neck Cancer Awareness Month*, the ECMC tower lights were illuminated to red and white (burgundy and ivory) from April 14-20. A tabling event was held in the main lobby on April 22 providing educational materials and referrals.



## **COEM**

- In April 2025, COEM conducted a range of outreach efforts aimed at expanding awareness and collaboration with various organizations and groups.
  - These efforts included in-person presentations and resource tables the Jamestown CLC Meeting, WNY Safety Conference, and Worker Memorial Day Event, where we shared information on COEM services and fostered connections with key stakeholders such as IBEW, WellNow, and Rosina Foods.
  - Virtual meetings were held with partners like the NYS Worker Compensation Board and Mike Hogan from the International Union of Painters, to discuss upcoming events and opportunities for collaboration.
  - Additionally, COEM staff presented on topics such as Occupational Stress, Ergonomics in the Workplace, and Cannabis in the Workplace to engage with employees and employers in various industries.
  - These outreach activities have laid the groundwork for future partnerships, workshops, and events to enhance COEM's visibility and service offerings. Follow-up actions are planned to continue building on these relationships and support upcoming initiatives.

## **Outpatient Behavioral Health**

### **Events/Outreach**

- Continued participation in the Erie County Behavioral Health Crisis Response Initiative
  - Initiative is being newly branded as "Crisis to Care Collaborative"
  - Formal Community announcement event on May 20, 2025.
  - Regular attendance and data efforts within the "Where to Go" work group for the collaborative
- Contact and planned effort with Brylin to provide education and outreach surrounding the Hep Center and ECMC Outpatient Services.

### **Program Updates/Initiatives**

- Northern Erie clinic (NEC) efforts to complete Twistle service finalized and initiated April 2025.
- **Outpatient Substance Use Treatment – NEC & 1285 Main St.**
  - Registered as a Community BUPE-AP provider for the NYS DOH Buprenorphine Assistance Program.
- **1285 Main Street Behavioral Health**
  - Developed 12-week experiential therapy group (Embodied Resilience Group). Initiated efforts to identify and recruit adult patients for onset in June 2025. Group is for adult patients:
    - Experiencing anxiety, stress, or trauma-related symptoms
    - Seeking deeper connection to their body and emotions
    - Looking for a supportive, body-centered therapy space
    - Interested in experiential and mindfulness-based healing

## **Biomedical Services**

### **Department Initiatives/Projects/Updates:**

- (16) B Braun machines arrived on April 24. They were sampled, prepped and placed in service on May 4.
- Stryker Neptune machines replaced Dornoch units in the ORs.
- (40) Philips VS 30 vital sign monitors arrived in April 2025. The team is working with nursing leadership for placement. These will replace the old, irreparable units.
- The old equipment (vital sign monitors, Dornoch units and Fresenius machines) will be donated to Centurion.
- The Inpatient Biomed floor replacement project starts on May 12.

## **Dialysis**

- The new B. Braun Hemodialysis machines arrived the week of April 21, 2025. The entire unit was completely converted.

## **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. The agreement with current vendor, Roche, has been extended on a month to month basis with a 30-day notification termination clause.
- 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:** Installation of wallboard and door frames, restroom tile, medical gas work requiring 30-60 minute shutdowns impacting ED successful.
- **Work in progress:** Started painting, wall protection and ceiling grid.
- **Work anticipated:** Doors and hardware installation, MEP finishes, devices, fixtures, etc.

### ***Mammography Registration Area and Corridor Upgrades – In Progress (In-House Crew)***

- Paint walls and repair wood trim on countertops. Replacements replace base molding, replace fluorescent light fixtures with LED flat panels and replace fire doors.

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

- **Work completed:** Rooms #13 and #4 are complete.



- **Work anticipated:** Completion of project punchlist.

*Joint Commission – In Progress (In-House Crew)*

- The team is working on Joint Commission mock survey correction items and preparations/repairs.

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

- Summer operations mode. Lawn care equipment was checked and is operational. Lawn cutting began.
- Plows and salters were removed from trucks. A new propane powered ride-on forklift was requested as the existing one has failed and cannot be repaired.

**Supportive Care & Palliative Medicine**

- Total Inpatient Consults for April: 121
- Transitions of Care: 19
- Discharge with Home Hospice: 2
- Terrace View: 10

Meeting participation includes the following:

- Caregiver Support/Assessment: Sixteen (16) identified caregivers were screened, with seven (7) full assessments completed and transferred to ECDSS.
- Monthly Advancing Palliative Synergy meetings.
- CoC workgroup meetings

**Surgical Services**

**Robotic Volume – April 2025**

Bariatrics	15
Cardiovascular/Thoracic	2
General Surgery	2
Head & Neck	2
Orthopedics	34
Urology	3

- April surgical volume was 70 cases above 2024 volume.
- ION robotic cases continue to grow, exploring additional volume from Interventional Radiology.

**Terrace View**

**Operations**

- **Census:** The average monthly census for April was 379, which is a decrease from (382) the previous month.
- **Pharmacy Services RFP:** The RFP was awarded to Buffalo Pharmacies, Inc. Began conversion process with a date of completion of June 30, 2025. Started biweekly meetings for the conversion.
- **Renovations:**
  - Serveries renovations: Eventually, all serveries will be replaced. Started serveries renovations in MLK neighborhood.
  - Additional flooring repairs were completed in April.

- All nursing station countertops will be replaced; computers were mounted underneath which was an ergonomic concern.

## PATIENT EXPERIENCE

### April 2025

Patient Experience	YTD April 1st, 2025- April 30th, 2025 N= 46 (est.)	YTD April 1st, 2024, April 30 <sup>th</sup> , 2024 N= 105 (final)	NYS 2025 Benchmark
HCAHPS - Nurses	79 (est)	73	76
HCAHPS – Doctors	72 (est)	72	76
Discharge Info	85 (est)	88	84
Overall Rate	72 (est)	65	65

### Ambulatory Medical Practices & Ambulatory Nursing

#### Ortho Clinic

- The nursing leadership team implemented a patient tracker in the Ortho clinic. This patient tracker will serve as a real time, centralized tool which will help the staff monitor and manage the patient during their visit. The purpose of this tool is to improve efficiency, communication, and overall patient experience.

#### RN lead inpatient rounding with physician/APP

- Effective May 12, 2025, inpatient RN leads will begin rounding in collaboration with oncology physicians and APPs.
- A rounding tool was developed for the RN lead to support documentation and accountability during rounds, streamline the process, and enhance continuity of care.
- This initiative is important for the following reasons:
  - Continuity of care: The RN lead presence in inpatient rounding will help bridge the gap between outpatient and inpatient care, reducing fragmented communication and improving overall care planning.
  - Patient trust and comfort: Familiar outpatient staff provide reassurance during hospitalization.
  - Smoother transitions of care: Having the RN involved early allows them to proactively coordinate appointments, labs, scans, and needed education, reducing delays in care after discharge.
  - Clinical insight: The RN lead has specialized oncology knowledge and is familiar with the patient's chemo regimens, complications, and side effects.
  - Bidirectional learning: Outpatients RNs learn about inpatient workflows and any challenges. Inpatient teams gain insight into outpatient strategies and patient needs outside the hospital setting.

### Oncology Clinic

- A chemotherapy side effects rack card was developed to support new oncology patients during their initial chemotherapy education session. Designed as a clear visual resource, the card aims to reduce anxiety by making patients aware of the potential side effects associated with chemotherapy treatment.



### Population Health

- The Hypertension Remote Patient Monitoring Program was expanded to ECMC's Center for Cardiovascular Care, five (5) patients have already been enrolled and (35) thirty-five patients were referred to the Population Health team.
- In recognition of Minority Health Awareness Month, the Population Health team actively engaged in community-based efforts to promote health equity and improve access to care. The team participated in five outreach events across diverse neighborhoods, engaging with approximately 250 individuals.
  - The events focused on reducing health disparities by offering culturally responsive health education and screening services tailored to the needs of historically underserved populations.
  - Educational topics included chronic disease management (diabetes, hypertension, hyperlipidemia), cancer screening awareness (including lung cancer and HPV), STI awareness and prevention, and the importance of establishing a relationship with a primary care provider.
  - The team conducted on-site blood pressure screenings and distributed referral resources to connect individuals to primary care, specialty care, behavioral health, and dental services. As a result of these efforts, six individuals who were previously disconnected from routine care successfully established primary care services at ECMC.

- These outreach initiatives align with ECMC's ongoing commitment to advancing health equity, promoting preventative care, and addressing the unique health needs of minority communities throughout Western New York.

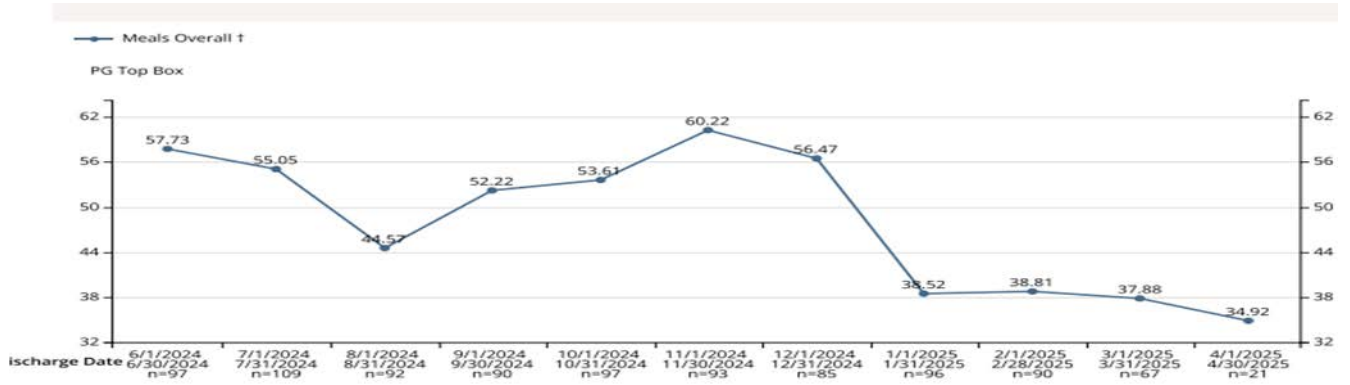


## **Food & Nutrition Services**

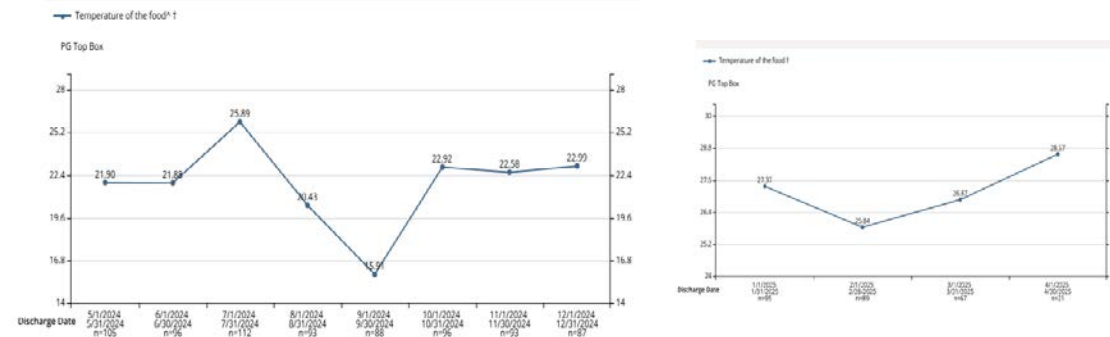
### **Press Ganey – Patient Satisfaction Top Box Scores (Goal – 50%)**

- The graphs include Press Ganey patient satisfaction scores for the past 12 months. Initiatives have been showing improvement since August 2024, although we are experiencing a dip in December and January. The “n” for April 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.
- We have increased our rounding with patients and hospitality associates and continue to work on employee engagement in an effort to provide our hospitality associates excellent customer service throughout the day.

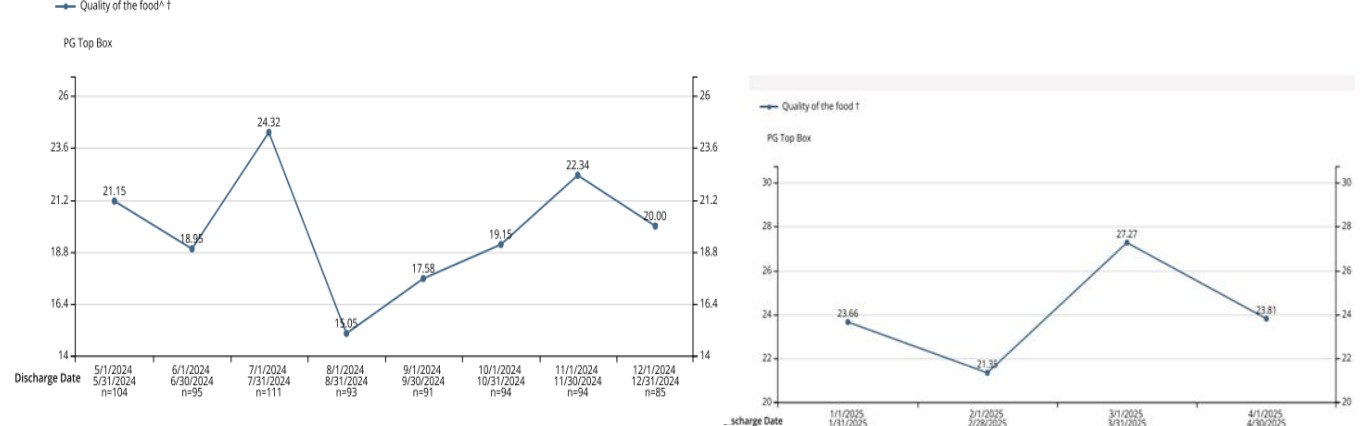
## Meals Overall



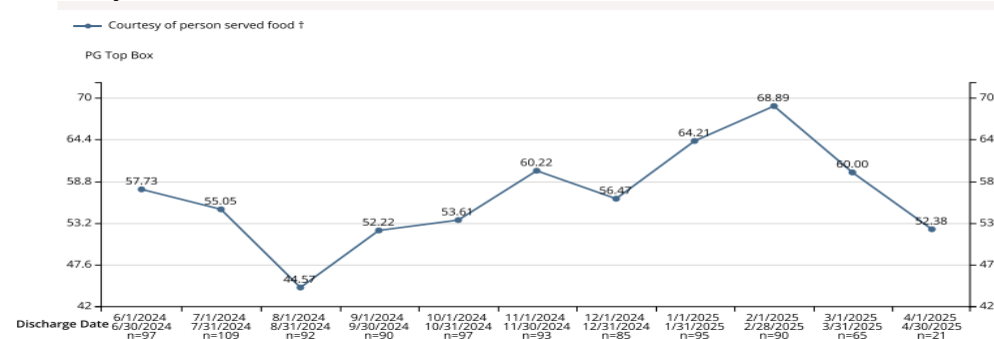
## Temperature of Food



## Quality of Food



## Courtesy of Server



### Patient Service Initiatives

- Increased supervisor rounds with designated priority areas (ED, CPEP, Med-Surg, Obs).
- Focus on meal timeliness, tray accuracy and galley cleanliness.

### Quality Improvement Initiatives

- The Food and Nutrition Services (FNS) department is committed to continuous improvement in service quality. During April, 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, continues to focus 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: Upgrade to Siemens UniPOC management system was completed on April 30, 2025 to support the addition of HbA1c interfaced analyzers. Validation is ongoing with the expected interface go-live by the end of May.
- MTP Process: Whole Blood MTP protocol went live on November 5, 2024. Impact being measured as a 2025 QIPS initiative.
- Thromboplasty Technology Review: RFP pending release from the procurement team as of May 2025. Point-of-Care Thromboplasty testing will improve management of trauma and critical patients for clotting capability.
- POCT HIV Testing: In collaboration with Immunodeficiency clinic to implement POCT HIV testing within the clinic to assist with real-time therapeutic interventions. Project is currently on hold.
- Community HCV Screening: Working with Immunodeficiency team to implement community screening for HCV in high-risk populations. Project status is pending Meditech location creation. Collaborating with clinical team for procurement of Cepheid device via grant funding.
- Plasma Chemistry Testing: Laboratory is evaluating the feasibility of migration to plasma separator tubes for chemistry panel collection. This will improve testing turnaround time and have mitigation impact for clotted and hemolyzed specimens. Target conversion is slated for May 2025.
- NYS/COEM Biomonitoring Study: The Laboratory/COEM participation in this initiative closed as of April 30, 2025.

## **PEOPLE**

### **COEM**

#### Workplace Violence initiatives

- Expanding the VITALS training to include all non-clinical staff, to ensure they are equipped to recognize, prevent, and respond to workplace violence.
- Collaborating with Dr. Duckworth to create a VITALS curriculum for our non-clinical staff. This initiative aims to enhance workplace violence prevention awareness and ensure that all staff are equipped with the knowledge and tools to create a safer work environment.
- We are strengthening our safety protocols by reinforcing the Zero Tolerance Policy for visitors. These workplace safety cards are currently provided to visitors entering the hospital and TV lobby for visitation and clinic visits. These measures are designed to ensure that all visitors, patients and employees are aware of our behavior expectations, contributing to a safer and more respectful environment for everyone.

### **Ambulatory Nursing**

#### **Wellness Initiatives**

- Wellness initiatives are offered to support our employees' overall well-being. These efforts reflect our commitment to promoting a healthy, balanced and engaged workplace culture.
- In response to employee interest, an upcoming wellness offering will be Sound Bath Meditation and Mindfulness Meditation sessions.
- "Did You Know, Know Your Resources": general announcements providing support and crisis resources for employees.
- Desk Yoga Cards: featuring simple yoga poses and stretches that can be performed at or near a desk. They are designed to promote better posture, reduce physical tension, and improve mental clarity.
- Step Challenge Winners – April 1-30, 2025
  - 1<sup>st</sup> Place: John Jubert (807,385 steps)
  - 2<sup>nd</sup> Place: Steven Holcomb (512,331)
  - 3<sup>rd</sup> Place: Melinda Punteriro (463,434)



### **Rehabilitation Services**

#### **Acute Care Therapy**

- Acute care therapy staff participated in Clinical Immersion of first year medical students and provided shadowing opportunities with PT, OT, SLP in MICU, BURN, and Wound Care.



- BOCES/Harkness Students in the acute hospital shadowing PT and OT on ortho floor end of March and month of April.

#### MRU

- Senior OT is leading an inter-discipline committee to update available patient resources for MRU to make the resources more user-friendly for staff and patients.

#### PEDS

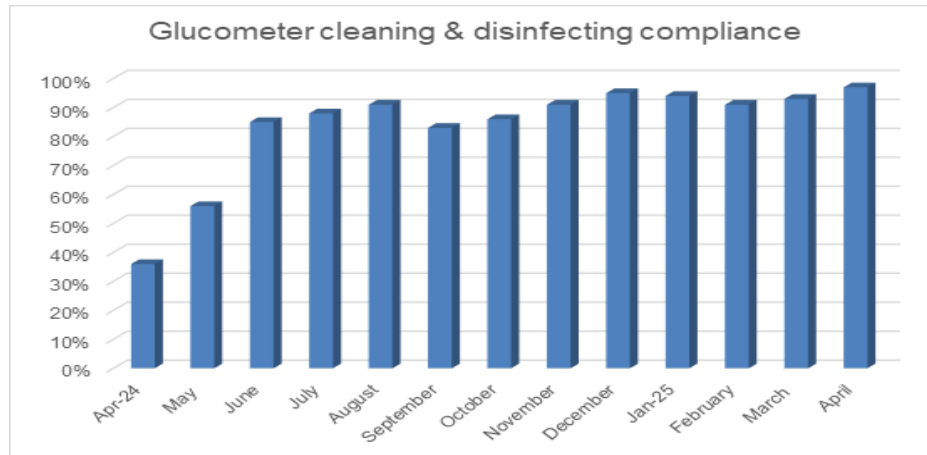
- PEDS Rehab has been participating in Medicaid in Education continuing education to assure compliance with the most recent guidance from NYS Education department.
- PEDS Rehab has continued to actively participate in the Developmental Disabilities Alliance of Western New York (DDAWNY) education meetings with Elizabeth Weber, PEDS Rehab Supervisor, in the role of co-chair. Additionally, PEDS staff have participated in "The Starting Line Thrive by 5", birth to five-year-old coalition. These groups have focused on monitoring state budgets and reviewing current and proposed federal budget items.
- OP OT staff with 16 total days of continuing education training in the areas of paired vagal nerve stimulation, vision, and driver rehab.
- In the month of April, Occupational Therapists were celebrated across the campus to include the Rehab Dept, Behavioral Health, School 84, PEDS and Terrace View. Picture below.



## QUALITY

### Ambulatory Medical Practices

- In April 2024, proper documentation of glucometer cleaning and disinfecting compliance was at 36%. After training and education, the rate rose significantly to 97% in April 2025. This is a substantial increase in compliance (+61%) and a commitment to infection control best practices.



### **Biomedical Services**

#### **April 2024**

- High-Risk Scheduled Maintenance completed: 100%
- Non-High Risk Scheduled Maintenance completed: 69%
- Service Repair Calls: 434 / 91.01%

### **Dialysis**

- There are no surveys, however a full NYSDOH onsite survey is expected in early 2025.
- Quarterly preview report for The Dialysis Compare (DFC) star rating maintains the program at a 2-star rating.

### **Environmental Services**

- HCAHPS (cleanliness of the hospital environment) discharge date  
*April 2025 Top box score: 89%, N=114 (4% increase from prior month)*
- ATP Testing for April 2025 at 89%, achieved monthly goal. Increased ATP testing in Main OR with a total score of 90%.
- 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.

### **Food & Nutrition Services**

- Kathryn Lynk, Patient Advocate, collaborates 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**

The Laboratory Medicine department continues to focus on 2025 QIPS Plan Initiatives.

- **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, there was only one instance where the Whole Blood inventory was less 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 April, 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.
- Continued preparations for the upcoming Joint Commission survey.
- Tracking and trending surgical site infections by month, specialty and physician. Developing a strategy to mitigate the infections.
- Provation documentation 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.
- Transition to electronic consents is ongoing.
- Developing new policies for skull flap, awaiting NYSDOH approval.
- Audit results (compliance):
  - Skin Assessment = 89%
  - Discharge instructions = 97.5%
  - Hand hygiene & PPE = 98%
  - Tissue solution documentation = 76%
  - Time out = 100%
- Instrumentation audit:
  - Open and unlocked = 81.25%
  - Free from tape = 99%
  - Expired = 86.25%
  - Item closed, locked, expired and removed for reprocessing = 11.5
  - Confirm accurate expiration dates = 100%
  - Expired = 89.5%
  - Expired trays removed for reprocessing = 4 on average per location a month.

### **Terrace View**

- Monitoring and managing NYS reportables.
- Continue to adhere Environmental Round process/written feedback for neighborhoods to ensure adherence to Life Safety Code and Safety and environmental general safety. Created a new tracking system to hold departments accountable for any follow up items from the rounding.
- 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 Survey: There was one (1) survey in April regarding a staff/resident incident with no findings.
- Additional Regulatory Audits: There was a scheduled Social Security representative payee audit in April 2025; awaiting results.
- 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. The permanent light fixtures were installed on April 24, 2025 and local NYSDOH sanitarian was notified.

### **Transplant**

- MPSC response was submitted on April 14, 2025.

## **FINANCIAL**

### **Ambulatory Medical Practices**

- In April 2025, the Ambulatory Department saw 14,717 patients, while being budgeted for 13,007 visits (+13% budget). Departments that exceed budget include: Bariatrics, Cardiology, COEM, ECMC Family Medicine, ECMC Internal Medicine, Dental, 800 Hertel Dental clinic, EEG, ENT, Gastroenterology, Grider Family Health, Infusion Center, Neurology, Oral Oncology, Orthopedics, Pain Management, Pulmonology, Rheumatology, Surgery and Urology, and VIP Primary Care. Additionally, there were 24 visits for Covid testing and/or Covid vaccinations.

### **Dialysis**

Budget and Variance:

- Outpatient (in-center treatments): 2025 Budget 5,885; Variance **(-58)**
- Home Program: (Home Peritoneal & Home Hemodialysis): YTD Budget **500** treatments, favorable to the budget, Variance **(178)**
- Total: **121** treatments for the year

Census Volume:

- Outpatient (in-center treatments): April = **1,939** treatments, YTD 2025 total = **7,982**
- Home Program: (Home Peritoneal & Home Hemodialysis): April = **215** treatments, 2025 total = **678**, favorable to budget.

Dialysis			2024	2025						
			YTD	Jan	Feb	Mar	Apr	YTD	Budget	Variance
4555	AKI	Hemodialysis - AKI	413	14	8	28	41	91	-	-
	DIALNON	Hemodialysis - Non-ESRD	0	0	0	0	0	0	-	-
	DIALTRAN	Hemodialysis - Transient	1,085	106	114	93	117	430	-	-
	HD	Hemodialysis - Chronic	22,745	1,873	1,742	1,907	1,939	7,461	-	-
	4555 Totals		24,243	1,993	1,864	2,028	2,097	7,982	8,040	-58
5660	HOMEHD	Hemodialysis - Home	0	0	0	0	0	0	-	-
	PD	Hemodialysis - Peritoneal	1,573	156	129	178	215	678	-	-
	5660 Totals		1,573	156	129	178	215	678	500	178
Totals			25,816	2,149	1,993	2,206	2,312	8,660	8,540	120

### Environmental Services

- Overall labor expenses were 1.6% under budget for March. YTD 3% over budget.
- Overall supply expenses were over budget for March. There were multiple misallocations, most notably curtain expenses. Finance was informed and should be rectified by allocation to department throughout the facility.

### Food & Nutritional Services

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

April 2025 Actual \$158,608      March 2025 Actual \$184,278  
April 2025 Budget \$181,566      March 2025 Budget \$229,902

Variance below target (\$22,958) = 14.5% below target      Variance below target (\$45,624) = 80%

- For comparison, April 2024 sales were \$150,239. We are up \$8,369 compared to last year +5.3%.
- 2025 sales targets are aggressive.

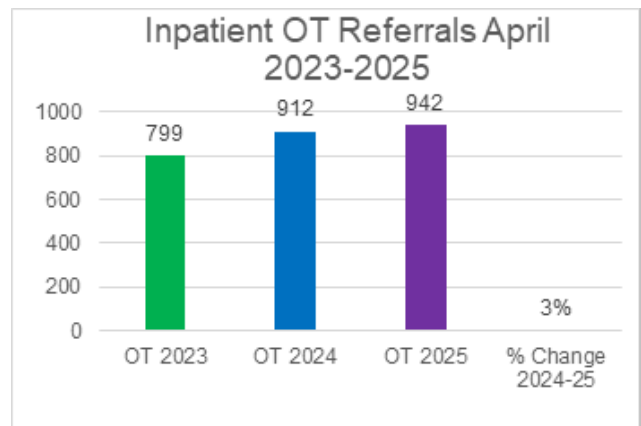
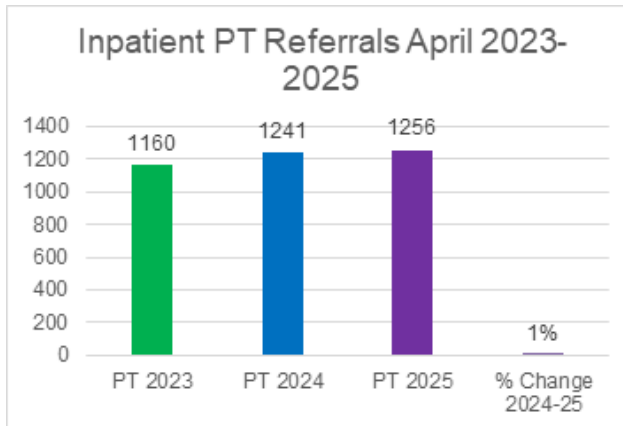
### Laboratory Services

- The department budget volumes for April YTD were positive 8.1% to budget target and 1.8% ahead of FY24. The FY25 April YTD operating expense has a negative variance of 3.5% to budget target and a negative variance of 8.6% to FY24. The personnel expense April YTD had a negative variance of 0.5% to budget target and a negative variance of 5.5% to FY24 actual. The non-personnel expense demonstrated a negative variance of 3.8% to budget target and a negative variance of 11.8% to FY24. The negative non-personnel variance is impacted by the overall positive 8.1% to budget volume YTD. The department will continue to monitor expenses in alignment with laboratory volumes and test 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 3,879 against a budget of 3,396 units for a positive variance of 12.5%.

- OT productivity overall was 2,721 against a budget of 2,584 units, for a positive variance of 5%.



- MRU
  - 20 admissions and 19 discharges with 318 patient days and a LOS of 16.7 days, **ADC = 10.6 days**
- Outpatient Rehab
  - Occupational Therapy, Physical Therapy, Speech Therapy, Rehab Psychology and Physiatry all exceeded budget in March.

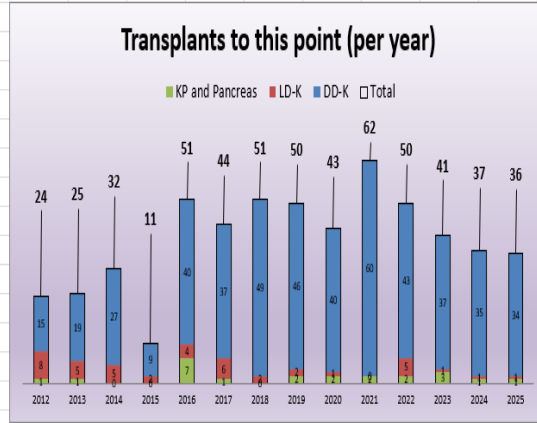
### Surgical Services

- 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. This will create savings and improve charge captures.
- Reviewing revenue created from PAT billing opportunities.

### Transplant

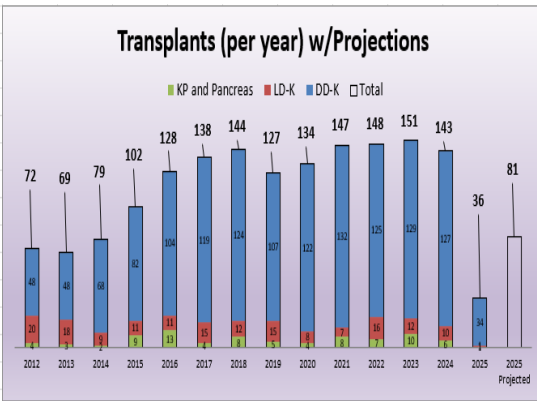
- As of May 7, 2025, we have performed (36) transplants, which is (-1) transplant than this time last year (2024). Based on current volume, we have projected (81) transplants for 2025.
- Pre-Transplant Clinic is below budget by (-62). We have increased our community outreach to increase referral and increased the number of evaluations scheduled per day with nephrology fully staffed.
- Post-Transplant clinic is below budget by (-218) visits.
- Total clinic variance is below budget (-280).

# To this point



	DD-K	LD-K	KP	Pancreas	Total
2009	20	10	0	0	30
2010	19	18	0	0	37
2011	16	5	2	1	24
2012	15	8	0	1	24
2013	19	5	1	0	25
2014	27	5	0	0	32
2015	9	2	0	0	11
2016	40	4	4	3	51
2017	37	6	1	0	44
2018	49	2	0	0	51
2019	46	2	2	0	50
2020	40	1	2	0	43
2021	60	0	2	0	62
2022	43	5	2	0	50
2023	37	1	3	0	41
2024	35	1	1	0	37
2025	34	1	1	0	36

# Projections



	DD-K	LD-K	KP	Pancreas	Total
2009	55	37	2	0	94
2010	60	33	2	0	95
2011	52	14	5	2	73
2012	48	20	1	3	72
2013	48	18	1	2	69
2014	68	9	1	1	79
2015	82	11	5	4	102
2016	104	11	10	3	128
2017	119	15	4	0	138
2018	124	12	8	0	144
2019	107	15	5	0	127
2020	122	8	4	0	134
2021	132	7	7	1	147
2022	125	16	7	0	148
2023	129	12	10	0	151
2024	127	10	6	0	143
2025	34	1	1	0	36
2025 Projected					81

Transplant / Vascular			2024			2025						
			YTD	Budget	Variance	Jan	Feb	Mar	Apr	YTD	Budget	Variance
6430	TRANPRE	Transplant Clinic	559	-	-	34	33	37	49	153	-	-
	TRANPREPRC	Transplant Clinic	1	-	-	0	0	0	1	1	-	-
	6430 Totals		560	997	-437 ↓	34	33	37	50	154	216	-62 ↓
6431	TRANPOSPRC	Transplant Clinic	0	-	-	0	0	0	0	0	-	-
	TRANPOST	Transplant Clinic	4,166	-	-	321	307	292	316	1,236	-	-
	6431 Totals		4,166	4,000	166 ↑	321	307	292	316	1,236	1,454	-218 ↓
Totals			4,726	4,997	-271 ↓	355	340	329	366	1,390	1,670	-280 ↓



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**Internal Financial Reports**  
**For the month ended April 30, 2025**

# Erie County Medical Center Corporation

## Financial Dashboard April 30, 2025

### Statement of Operations:

	Month	Year-to-Date (YTD)	YTD Budget
Net patient revenue	\$ 58,192	\$ 232,549	\$ 233,515
Other	18,075	72,015	70,298
Total revenue	76,267	304,564	303,813
Salary & benefits	41,286	166,916	164,453
Physician fees	10,370	41,402	40,998
Purchased services	7,094	27,756	27,423
Supplies & other	15,994	66,245	64,760
Depreciation and amortization	3,851	15,404	15,399
Interest	926	3,708	3,863
Total expenses	79,521	321,431	316,896
Operating Income/(Loss) Before Other Items	(3,254)	(16,867)	(13,083)
Grant revenue	-	-	-
Income/(Loss) from Operations With Other Items	(3,254)	(16,867)	(13,083)
Other Non-operating gain/(loss)	726	3,226	1,245
Change in net assets	\$ (2,528)	\$ (13,641)	\$ (11,838)
Operating margin	-4.3%	-5.5%	-4.3%

### Balance Sheet:

#### Assets:

Cash & short-term investments	\$ 54,924
Patient receivables	97,833
Assets whose use is limited	189,744
Other assets	477,101
	<u>\$ 819,602</u>

#### Liabilities & Net Assets:

Accounts payable & accrued expenses	\$ 330,454
Estimate self-insurance reserves	53,039
Other liabilities	490,835
Long-term debt, including current portion	189,456
Lease liability, including current portion	20,131
Subscription liability, including current portion	20,481
Line of credit	10,000
Net assets	(294,794)
	<u>\$ 819,602</u>

### Cash Flow Summary:

	Month	YTD
Net cash provided by (used in):		
- Operating activities	\$ (592)	\$ (5,205)
- Investing activities	(6,702)	(14,259)
- Financing activities	(254)	(5,012)
Increase/(decrease) in cash and cash equivalents	(7,548)	(24,476)
Cash and cash equivalents - beginning	16,588	33,516
Cash and cash equivalents - ending	<u>\$ 9,040</u>	<u>\$ 9,040</u>

### Key Statistics:

	Month	YTD	YTD Budget
Discharges:			
- Acute	1,013	4,186	4,254
- Exempt units	446	1,654	1,724
Observation Cases:	328	1,282	938
Patient days:			
- Acute	7,901	33,144	32,338
- Exempt units	4,768	18,440	19,433
Average length of stay, acute	7.8	7.9	7.6
Case mix index Blended	1.98	2.01	1.90
Average daily census: Medical Center	422	430	431
Terrace View LTC	379	376	377
Emergency room visits, including admissions	5,659	21,631	20,814
Outpatient Visits	26,911	101,221	103,636
Days in patient receivables		50.5	

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# Erie County Medical Center Corporation

## Management Discussion and Analysis

### For the month ended April 30, 2025

(Amounts in Thousands)

#### **April 2025 Operating Performance**

During the month of April, 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, and inpatient surgeries most notably. 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 partially offset the shortfalls. The revenue variances derived from these trends during April resulted in overall net patient service revenue which fell behind budgeted expectations and 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, and temporary agency costs. The overall result drove an operating loss for the month of (\$3,254). While it is consistent with our operating performance during March, this operating loss is unfavorable when compared to the month's budgeted loss of (\$1,365).

Inpatient discharges during the month of 1,459 were less than the planned discharges of 1,533 (4.8%). Within the total, acute discharges of 1,013 and chemical dependency discharges of 176 were below plan by 7.9% and 2.8%, respectively, while offset by favorable behavioral health discharges, 7.0%, and medical rehabilitation discharges, 6.6%, 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 7.8 days during April, and although there has been an improvement from prior months, it remains higher than the budget for the month of 7.6 days by 2.6%. Despite a slight improvement in the length of stay, the average daily census of the alternative level of care (ALC) patients within our facility during the month was 41 cases, significantly higher than averages in the low 30's over the last several months, which has had a direct unfavorable impact on the overall total net revenue per case.

ECMCC continues to see consistent 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 April were higher than budgeted targets for the month by 79 FTEs. 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 below the operating plan as a result of favorable health insurance claim costs and better experience than expected on historical claim estimates. 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

# Erie County Medical Center Corporation

## Management Discussion and Analysis

### For the month ended April 30, 2025

(Amounts in Thousands)

the year-to-date increase in total benefit costs as compared to 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 \$318. The favorable variance during the month was related primarily to volume shortfalls 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, required payments during the first quarter, and timing of cash payments around the month-end. The net changes resulted in 22 days operating cash at April 30, 2025 as compared to 33 days operating cash at the end of 2024 and 24 days operating cash on March 31, 2025. Note that this includes short-term unrestricted/undesignated investments.

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 April 30, 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

April 30, 2025 and December 31, 2024

(Dollars in Thousands)

	April 30, 2025	December 31, 2024	Change from December 31st
<b>Assets</b>			
Current Assets:			
Cash and cash equivalents	\$ 9,040	\$ 33,516	\$ (24,476)
Investments	45,884	42,826	3,058
Patient receivables, net	97,833	93,708	4,125
Prepaid expenses, inventories and other receivables	40,505	38,753	1,752
Total Current Assets	193,262	208,803	(15,541)
Assets Whose Use is Limited	189,744	191,600	(1,856)
Property and equipment, net	274,863	277,043	(2,180)
Other assets	161,733	161,656	77
<b>Total Assets</b>	<b>\$ 819,602</b>	<b>\$ 839,102</b>	<b>\$ (19,500)</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	7,024	6,264	760
Current portion of subscription liability	9,174	8,118	1,056
Line of credit	10,000	10,000	-
Accounts payable	65,398	64,553	845
Accrued salaries and benefits	78,822	85,393	(6,571)
Other accrued expenses	180,873	146,172	34,701
Estimated third party payer settlements	5,361	5,643	(282)
Total Current Liabilities	369,407	339,663	29,744
Long-term debt	176,701	179,574	(2,873)
Long-term lease liability	13,107	14,394	(1,287)
Long-term subscription liability	11,307	13,210	(1,903)
Estimated self-insurance reserves	53,039	50,424	2,615
Other liabilities	490,835	522,990	(32,155)
<b>Total Liabilities</b>	<b>1,114,396</b>	<b>1,120,255</b>	<b>(5,859)</b>
<b>Total Net Position</b>	<b>(294,794)</b>	<b>(281,153)</b>	<b>(13,641)</b>
<b>Total Liabilities and Net Position</b>	<b>\$ 819,602</b>	<b>\$ 839,102</b>	<b>\$ (19,500)</b>

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# Erie County Medical Center Corporation

## Statement of Operations

For the month ended April 30, 2025

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
<b>Operating Revenue:</b>				
Net patient revenue	59,148	61,736	(2,588)	56,282
Less: Provision for uncollectable accounts	(956)	(1,277)	321	(2,215)
Adjusted Net Patient Revenue	58,192	60,459	(2,267)	54,067
Disproportionate share / IGT revenue	11,018	11,018	-	10,273
Other revenue	7,057	6,652	405	5,348
<b>Total Operating Revenue</b>	<b>76,267</b>	<b>78,129</b>	<b>(1,862)</b>	<b>69,688</b>
<b>Operating Expenses:</b>				
Salaries & wages	31,116	30,433	(683)	28,875
Employee benefits	10,170	10,809	639	8,285
Physician fees	10,370	10,249	(121)	9,216
Purchased services	7,094	6,905	(189)	6,680
Supplies	13,422	13,740	318	12,364
Other expenses	2,168	2,133	(35)	2,157
Utilities	404	412	8	407
Depreciation & amortization	3,851	3,850	(1)	3,871
Interest	926	963	37	1,057
<b>Total Operating Expenses</b>	<b>79,521</b>	<b>79,494</b>	<b>(27)</b>	<b>72,912</b>
<b>Operating Income/(Loss) Before Other Items</b>	<b>(3,254)</b>	<b>(1,365)</b>	<b>(1,889)</b>	<b>(3,224)</b>
<b>Other Gains/(Losses)</b>				
Grant revenue	-	-	-	-
<b>Income/(Loss) from Operations</b>	<b>(3,254)</b>	<b>(1,365)</b>	<b>(1,889)</b>	<b>(3,224)</b>
<b>Other Non-operating Gain/(Loss):</b>				
Interest and dividends	723	292	431	424
Unrealized gain/(loss) on investments	3	19	(16)	(2,055)
Non-operating Gain/(Loss)	726	311	415	(1,631)
<b>Excess of Revenue/(Deficiency) Over Expenses</b>	<b>\$ (2,528)</b>	<b>\$ (1,054)</b>	<b>\$ (1,474)</b>	<b>\$ (4,855)</b>

# Erie County Medical Center Corporation

## Statement of Operations

For the four months ended April 30, 2025

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
<b>Operating Revenue:</b>				
Net patient revenue	237,754	238,513	(759)	225,716
Less: Provision for uncollectable accounts	(5,205)	(4,998)	(207)	(5,290)
Adjusted Net Patient Revenue	232,549	233,515	(966)	220,426
Disproportionate share / IGT revenue	44,071	44,071	-	41,093
Other revenue	27,944	26,227	1,717	19,136
<b>Total Operating Revenue</b>	<b>304,564</b>	<b>303,813</b>	<b>751</b>	<b>280,655</b>
<b>Operating Expenses:</b>				
Salaries & wages	123,897	121,209	(2,688)	116,516
Employee benefits	43,019	43,244	225	34,421
Physician fees	41,402	40,998	(404)	38,473
Purchased services	27,756	27,423	(333)	25,737
Supplies	54,667	54,114	(553)	46,557
Other expenses	8,749	8,691	(58)	8,028
Utilities	2,829	1,955	(874)	1,881
Depreciation & amortization	15,404	15,399	(5)	15,999
Interest	3,708	3,863	155	4,015
<b>Total Operating Expenses</b>	<b>321,431</b>	<b>316,896</b>	<b>(4,535)</b>	<b>291,627</b>
<b>Income/(Loss) from Operations</b>	<b>(16,867)</b>	<b>(13,083)</b>	<b>(3,784)</b>	<b>(10,972)</b>
<b>Other Gains/(Losses)</b>				
Grant revenue	-	-	-	609
<b>Income/(Loss) from Operations</b>	<b>(16,867)</b>	<b>(13,083)</b>	<b>(3,784)</b>	<b>(10,363)</b>
<b>Other Non-operating Gain/(Loss):</b>				
Interest and dividends	2,982	1,167	1,815	1,794
Unrealized gain/(loss) on investments	244	78	166	(1,316)
Non-operating Gain/(Loss)	3,226	1,245	1,981	478
<b>Excess of Revenue/(Deficiency) Over Expenses</b>	<b>\$ (13,641)</b>	<b>\$ (11,838)</b>	<b>\$ (1,803)</b>	<b>\$ (9,885)</b>



**Erie County Medical Center Corporation**

**Statement of Changes in Net Position**

**For the month and four months ended April 30, 2025**

*(Dollars in Thousands)*

	<u>Month</u>	<u>Year-to-Date</u>
<b>Unrestricted Net Assets:</b>		
Excess/(Deficiency) of revenue over expenses	\$ (2,528)	\$ (13,641)
Other transfers, net	-	
Contributions for capital acquisitions	-	-
Change in accounting principle	-	-
Net assets released from restrictions for capital acquisition	-	-
	<u>(2,528)</u>	<u>(13,641)</u>
Change in Unrestricted Net Assets	<u>(2,528)</u>	<u>(13,641)</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>(2,528)</u>	<u>(13,641)</u>
Net Position, beginning of period	<u>(292,266)</u>	<u>(281,153)</u>
<b>Net Position, end of period</b>	<b><u>\$ (294,794)</u></b>	<b><u>\$ (294,794)</u></b>

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## Erie County Medical Center Corporation

### Statement of Cash Flows

For the month and four months ended April 30, 2025

(Dollars in Thousands)

	Month	Year-to-Date
<b>Cash Flows from Operating Activities:</b>		
Change in net assets	\$ (2,528)	\$ (13,641)
Adjustments to Reconcile Changes in Net Assets to Net Cash Provided by/(Used in) Operating Activities:		
Depreciation and amortization	3,851	15,404
Provision for bad debt expense	956	5,205
Net change in unrealized (gain)/loss on Investments	(3)	(244)
<u>Changes in Operating Assets and Liabilities:</u>		
Patient receivables	(933)	(9,330)
Prepaid expenses, inventories and other receivables	41	(1,752)
Accounts payable	3,838	845
Accrued salaries and benefits	2,132	(6,571)
Estimated third party payer settlements	66	(282)
Other accrued expenses	(11,285)	34,701
Self Insurance reserves	527	2,615
Other liabilities	2,746	(32,155)
<b>Net Cash Provided by/(Used in) Operating Activities</b>	<u>(592)</u>	<u>(5,205)</u>
<b>Cash Flows from Investing Activities:</b>		
Additions to Property and Equipment, net	(6,551)	(13,224)
Decrease/(increase) in assets whose use is limited	1,093	1,856
Sale/(Purchase) of investments, net	(780)	(2,814)
Change in other assets	(464)	(77)
<b>Net Cash Provided by/(Used in) Investing Activities</b>	<u>(6,702)</u>	<u>(14,259)</u>
<b>Cash Flows from Financing Activities:</b>		
Principal payments on / proceeds from long-term debt, net	(688)	(3,638)
Principal payments on / additions to long-term lease liability, net	138	(527)
Principal payments on / additions to long-term subscription, net	296	(847)
<b>Increase/(Decrease) in Cash and Cash Equivalents</b>	<u>(7,548)</u>	<u>(24,476)</u>
Cash and Cash Equivalents, beginning of period	16,588	33,516
Cash and Cash Equivalents, end of period	<u>\$ 9,040</u>	<u>\$ 9,040</u>

# Erie County Medical Center Corporation

## Statistical and Ratio Summary

	April 30, 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	22	33	24.7
Days in Patient Receivables	50.5	52.3	56.4
Days Expenses in Accounts Payable	56.1	53.7	59.1
Days Expenses in Current Liabilities	139.1	145.7	140.5
Cash to Debt	57.3%	67.3%	53.1%
Working Capital Deficit	\$ (176,145)	\$ (130,860)	\$ (105,982)
<b><u>Capital Ratios:</u></b>			
Long-Term Debt to Fixed Assets	64.3%	64.8%	67.3%
Assets Financed by Liabilities	136.0%	133.5%	131.7%
Debt Service Coverage (Covenant > 1.1)	1.4	1.7	1.8
Capital Expense	5.1%	3.0%	2.9%
Average Age of Plant	7.4	8.0	8.6
Debt Service as % of NPSR	3.4%	3.9%	4.0%
Capital as a % of Depreciation	85.8%	35.5%	21.9%
<b><u>Profitability Ratios:</u></b>			
Operating Margin	-5.5%	0.7%	-11.5%
Net Profit Margin	-5.7%	-0.7%	-2.5%
Return on Total Assets	-5.0%	-0.6%	-1.6%
Return on Equity	13.9%	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	\$ 273,648	\$ 266,577	\$ 230,021
Personnel Costs as % of Total Revenue	53.9%	50.0%	56.0%

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**Erie County Medical Center Corporation**

**Key Statistics**  
**Period Ended April 30, 2025**

Current Period				Year to Date				
Actual	Budget	% to Budget	Prior Year		Actual	Budget	% to Budget	Prior Year
				Discharges:				
1,013	1,100	-7.9%	1,071	Med/Surg (M/S) - Acute	4,186	4,254	-1.6%	4,323
251	235	7.0%	234	Behavioral Health	929	918	1.2%	892
176	181	-2.8%	183	Chemical Dependency (CD) - Detox	645	734	-12.1%	701
19	18	6.6%	17	Medical Rehab	80	72	10.6%	66
1,459	1,533	-4.8%	1,505	Total Discharges	5,840	5,979	-2.3%	5,982
				Patient Days:				
7,901	8,363	-5.5%	8,210	M/S - Acute	33,144	32,338	2.5%	33,769
3,804	3,871	-1.7%	3,818	Behavioral Health	14,784	15,215	-2.8%	15,106
646	686	-5.8%	645	CD - Detox	2,422	2,731	-11.3%	2,665
318	363	-12.4%	389	Medical Rehab	1,234	1,487	-17.0%	1,596
12,669	13,283	-4.6%	13,062	Total Patient Days	51,584	51,771	-0.4%	53,136
				Average Daily Census (ADC):				
263	279	-5.5%	274	M/S - Acute	276	269	2.5%	279
127	129	-1.7%	127	Behavioral Health	123	127	-2.8%	125
22	23	-5.8%	22	CD - Detox	20	23	-11.3%	22
11	12	-12.4%	13	Medical Rehab	10	12	-17.0%	13
422	443	-4.6%	435	Total ADC	430	431	-0.4%	439
				Average Length of Stay:				
7.8	7.6	2.6%	7.7	M/S - Acute	7.9	7.6	4.2%	7.8
15.2	16.5	-8.2%	16.3	Behavioral Health	15.9	16.6	-4.0%	16.9
3.7	3.8	-3.1%	3.5	CD - Detox	3.8	3.7	0.9%	3.8
16.7	20.4	-17.8%	22.9	Medical Rehab	15.4	20.6	-24.9%	24.2
8.7	8.7	0.2%	8.7	Average Length of Stay	8.8	8.7	2.0%	8.9
				Occupancy:				
77.8%	86.1%	-9.7%	80.2%	% of M/S Acute staffed beds	77.8%	86.1%	-9.7%	80.2%
				Case Mix Index:				
1.98	1.95	1.8%	1.88	Blended (Acute)	2.01	1.90	5.8%	1.87
328	281	16.7%	285	Observation Status	1,282	938	36.7%	1,127
421	487	-13.5%	404	Inpatient General Surgeries	1,616	1,882	-14.1%	1,674
659	635	3.8%	604	Outpatient General Surgeries	2,638	2,640	-0.1%	2,526
43	22	95.5%	25	Inpatient Ancillary Surgeries	101	84	20.2%	97
56	36	55.6%	37	Outpatient Ancillary Surgeries	157	149	5.4%	136
26,911	26,501	1.5%	25,981	Outpatient Visits	101,221	103,636	-2.3%	98,245
5,659	5,350	5.8%	5,402	Emergency Visits Including Admits	21,631	20,814	3.9%	21,134
50.5	44.2	14.3%	63.5	Days in A/R	50.5	44.2	14.3%	63.5
1.2%	2.1%	-39.5%	4.3%	Bad Debt as a % of Net Revenue	2.0%	2.1%	-5.9%	2.4%
3,395	3,284	3.4%	3,294	FTE's	3,361	3,271	2.8%	3,261
4.25	4.16	2.3%	4.22	FTE's per Adjusted Occupied Bed	4.26	4.25	0.4%	4.17
\$ 19,583	\$ 20,517	-4.6%	\$ 18,623	Net Revenue per Adjusted Discharge	\$ 20,098	\$ 20,262	-0.8%	\$ 19,363
\$ 26,443	\$ 26,632	-0.7%	\$ 24,989	Cost per Adjusted Discharge	\$ 27,612	\$ 27,214	1.5%	\$ 25,597
Terrace View Long Term Care:								
11,382	11,336	0.4%	11,035	Patient Days	45,151	45,272	-0.3%	44,801
379	378	0.4%	368	Average Daily Census	376	377	-0.3%	370
97.3%	96.9%	0.4%	94.3%	Occupancy - % of Staffed beds	96.5%	96.7%	-0.3%	94.9%
480	512	-6.2%	461	FTE's	468	512	-8.6%	460
6.7	7.2	-6.6%	6.7	Hours Paid per Patient Day	6.6	7.2	-8.4%	6.6

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

**University at Buffalo Update**

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

**Current hospital operations**

- Admissions YTD: 4,343
- ED visits YTD: 19,289
- CPEP visits: 3,437
- Observation: 1,139
- Inpatient Surgeries: 1,690
- Outpatient Surgeries: 2,755
- ALC days YTD: 4,528

The average length of stay MTD 7.98    CMI 1.9832

**CMO Update**

- Reminder: The Foundation Golf Tournament will take place on June 23, 2025
- Congratulations to Devinderpal Randhawa, MD, Medical Director for Hematology/Oncology Department.

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

*Department of Nursing Report May 2025*

In May we celebrated Nurses week (5/5 to 5/12) with many activities developed by the Nursing recognition committee to thank and support our Nursing team. The week was filled with daily events to support wellness and prizes for our nurses.

Our Nurse of the year was honored and celebrated during Nurses week:

*Denise Thompson RN*, Behavioral Health NCC night shift – she is recognized as an outstanding Nurse of compassion and caring that provides frontline staff with her vast knowledge of patient care and dedication to the Behavioral Health areas.

We also celebrated several outstanding Nursing team members:

Daisy Award *Colleen Casali, RN* - Out patient Ambulatory Surgery

Nurse Hero May 2025 - *Michelle Zimmer RN*, ED Charge Nurse Nights

Patti Losi Award - *Nancy MacTurk RN* , MICU North nights

TICU Employee of the quarter honorees were *Brittney Ihrig, RN* (days) & *Michaela Roa RN* (nights)

The Nursing department is currently ramping up for our traditional Summer Surge time. We have recruited many new Nursing team hires, therefore our educators and Nurse preceptors remain very busy as they focus on providing orientation and promote staff development through a positive culture of caring. We have expanded the Nursing educators to support our night shift new Nurses during their patient care shifts.

Our Nurses continue to support and implement best practices to provide high quality of care to our patients. This is evidenced by the acceptance of a poster to be presented at the 2025 AMSN Convention this fall by our Medical Surgical Nurse team.

**Communications and External Affairs Report**  
**Submitted by Peter K. Cutler**  
**Senior Vice President of Communications and External Affairs**  
**May 27, 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. Also, preparing an updated TV ad with Jim Kelly. Have updated ECMC's long secured billboard just east of Grider Street on the outbound side of NYS Route 33 with graphics highlighting ECMC's Help Center to coincide with May being national Mental Health Awareness month.
- 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.
- ECMC's Medical Minute partnership with WGRZ-TV included the featured following topics in May: Rotator Cuff Disorders (Dr. Duquin), Pedestrian Safety Tips (Dr. Cooper), & Motorcycle Safety (Corey Reigle, CCRN).

**Community and Government Relations**

- With passage of tax and spending cuts package in the House of Representatives, including a \$700 billion cut in Medicaid and a \$267 billion cut in food stamp programs, all eyes turn to the U.S. Senate and their impending actions. Overall, the House package includes \$1.5 trillion in spending cuts to offset the bill's sweeping tax breaks and investments in defense and immigration control. It is anticipated that the Senate will definitely make changes to the legislation, possibly softening its overall impact, but it's still too soon to know precisely how that will shake out. 71 million Americans get their health insurance via Medicaid, which is roughly one in five citizens across the country. If the Medicaid issues in the legislation remain as passed in the House, including new work requirements for Medicaid recipients, it is estimated by the non-partisan Congressional Budget Office that 8.6 million Americans will lose their healthcare coverage.



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

**Attendance (Voting Members):**

Dr. Bakhai	Dr. Belles	Dr. Drumsta	Dr. DePlato
Dr. Cheng	Dr. Cummings	Dr. DePlato	Dr. Kapral
Dr. Manka	Parveen Minhas	Dr. Murray	Dr. Nagai
Dr. Rich	Dr. Pugh	Dr. Rossitto	Dr. Ruggieri
Dr. Stegemann	Dr. Welch	Dr. Brewer	Dr. Sieminski
Dr. Tanaka	Dr. Yedlapati	Dr. Flynn	Rebecca Buttaccio, PA
Dr. Anillo	Dr. Krabill		

**Non-Voting Members and Guests:**

Sam Cloud, DO	Tom Quatroche, CEO	Jon Swiatkowski	Peter Cutler
Mandip Panesar, MD	Becky DelPrince	Cheryl Carpenter	
John Cumbo	Charlene Ludlow	Michael Ott	Andy Davis
Dean Allison Brashear, MD	Ashley Halloran	Cassie Davis	Phyllis Murawski

**I. CALL TO ORDER**

A. Dr. Michael Manka, President, called the meeting to order at 11:31 am.

**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.
2. Reminder of the dates for our April and June Medical Executive Committee Meetings. April 14, 2025 and June 16, 2025.
3. March 26<sup>th</sup> we will be celebrating Doctor's Day with breakfast in the overflow café from 7:00 – 9:00 am. Awards ceremony will begin at 8:00 am.

**II. ADMINISTRATIVE REPORTS**

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

**1. CEO – Dr. Tom Quatroche, PhD.**

- a. Dr. Quatroche thanked Dr. Flynn and the Trauma Team for their recent ACS survey. The team did a phenomenal job with the survey.
- b. During the ACS survey, the Joint Commission was here for a survey in the Substance Abuse Program. Thank you to Dr. Wilkins and her team for their efforts.
- c. Dr. Quatroche continues to work with the federal and state government for funding assistance.

**2. COO Report – Andy Davis**

- a. Mr. Davis stated that the Epic transition continues. Thank you to all for their efforts.
- b. Construction is taking place on the new Mammogram suite. This suite should be opening up sometime this summer.
- c. Congratulations to UB for a successful Match Day last week.

**3. CFO REPORT – Jon Swiatkowski**

- a. Mr. Swiatkowski spoke on the February 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 for their work on additional documentation which is helping greatly on the revenue side.
- d. Mr. Swiatkowski discussed new reimbursement changes regarding CMS.

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

- a. Friday, March 21<sup>st</sup> UB hosted Match Day at the Powerhouse. All programs were filled at the University with Psychiatry doing exceptionally well.
- b. Graduation will take place the first week in May, please reach out to Dean Brashear's office if you are interested in attending.
- c. Active searches continue for Chairs in the department of Pathology, ENT and Ophthalmology.
- d. Congratulations to Beth Smith, MD recently appointed Chair of Psychiatry.
- e. Thank you to all who were working with the residency programs during the strike.

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

- a. Ms. Ludlow reminded everyone about the Doctor's Day breakfast taking place this week Wednesday, March 26 from 7 – 9:00 am
- b. The Nursing department continues to work with local schools trying to increase recruitment.
- c. This Thursday the department is hosting a recruitment event with 75 potential nurses signed up for this event.
- d. The department is working on necessary Epic changes.
- e. The Nursing department continues to work on early mobility initiatives. More chairs for patients have been ordered as well.
- f. Early discharges are still a priority. Charlene encouraged all to have discharges completed before noon each day.

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

- a. Thank you, Dean Brashear, for the invitation to participate in Match Day at the University.
- b. 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.
- c. Congratulations to Dr. Beth Smith, the new Chair for the Department of Psychiatry.
- d. Thank you to Dr. William Flynn and the Trauma Team for what looks to be a successful survey last week.
- e. A University update reflected an ongoing search for the Chief of Nephrology, a new search for Chair of ENT and for Ophthalmology.
- f. Reminder that the Child Abuse training (new requirement) must be completed by April 1, 2025.
- g. Wednesday, March 26<sup>th</sup> we will celebrate Doctors Day. Breakfast will be served from 7 – 9:00 am with our ceremony beginning at 8:00 am.

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

- a. Dr. Cummings complimented the Psychiatry program noting the amount of Residents that will be joining the department with UB/MD here at ECMC.

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

- a. Dr. Panesar along with John Cumbo shared a Specialty review regarding Epic. We are still looking for subject matter experts for this project along with Sub-specialty experts. The commitment is about 20 hours of work per week over the next 8 months. Failure to submit names from your respective departments to help will cost us positions in this transition. Clinical sessions are taking place, and a timeline review of events was also discussed. Epic updates will continue at Chiefs of Service meetings as well as Medical Executive Committee meetings.

The graphic features a green header with the 'One Epic' logo on the left and the title 'Specialty Review - Timeline' on the right. Below the header is a white rounded rectangle containing a bulleted timeline. At the bottom of the graphic is a dark grey footer with the text 'DRAFT The difference between healthcare and true care™' followed by the ECMC logo and the website 'ecmc.edu'.

- **March 14:** Validate specialties and specialty groupings with Advisory Councils. Validate approach with Executive Steering
- **April 4:** Identify participants for each Specialty SME group
- **April 28:** Complete Early Education
- **May 9:** Specialty Review Operational Kickoff
- **May 12:** Specialty Review sessions kick off
- **February 1, 2026:** Specialty build complete

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

a. There were no extractions.

## IX. CONSENT CALENDAR

MEETING MINUTES/MOTIONS		PAGE #	
1.	<b>MINUTES of the Previous MEC Meeting: February 24, 2025</b>	7-13	Receive and File
2.	<b>CREDENTIALS COMMITTEE: March 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
	Medical Record Delinquency Sign-off form		Review and Approve
	Extractions for Executive Session		
3.	<b>HIM – Minutes of February 2025</b>	29	Receive and File
	Help Center Lockers	30	Review and Approve
	Help Center Registration Form	31	Review and Approve
	Infusion Appointment Policy	32	Review and Approve
	New Wellness Plan	33	Review and Approve
	Retinal Eye Scan Consent Form	34	Review and Approve
4.	<b>Graduate Medical Education Committee – Minutes of February 18, 2025</b>	36-41	Receive and File
5.	<b>P &amp; T Committee – Minutes of March 4, 2025</b>	43-47	Receive and File
	<b>Additions to formulary</b>		
	Desvenlafaxine	49-60	Review and Approve
	<b>Policies</b>		
	Adverse Drug Reactions	61-63	Review and Approve
	Look a like Sound alike (list)	67-72	Review and Approve
	Look a like Sounds alike Policy	64-66	Review and Approve
	<b>Formulary Removal</b>		
	Therapeutic Interchange Desvenlafaxine		Receive and File
	<b>Guideline Update Review</b>		
	Immunosuppression, Prophylaxis, and Infectious Disease	83-90	Review and Approve
	Insulin Therapy and Glycemic Control	91-96	Review and Approve
6.	<b>Professional Dev. &amp; Wellness Committee – Minutes of February 20, 2025</b>	98	Receive and File
7.	<b>Resource Management Committee – Minutes of February 12, 2025</b>	99-104	Receive and File

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

**UNANIMOUSLY APPROVED.**

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

Appointment approval(s) include:

1. Appointment of Frank Chen, MD to Chief of Service Department of Pathology.

**MOTION TO APPROVE** was made and seconded. Motion to approve item is carried.

**UNANIMOUSLY APPROVED.**

## **XI. EXECUTIVE SESSION**

1. A motion was made and carried at 12:09 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 February 11, 2025
  - b. Chiefs of Service meeting minutes of February 13, 2025
  - c. Leadership Council Report for February 2025
3. Phyllis Murawski, RN provided a Quality and Patient Safety report. Phyllis reviewed adverse events year to date and reviewed RCA driven improvements which included the implementation of ED stretcher alarms to prevent falls. A Regulatory report was also shared. The ACS completed their Trauma survey. The Joint Commission surveyed our Substance Abuse Program along with our Specialty Pharmacy program.

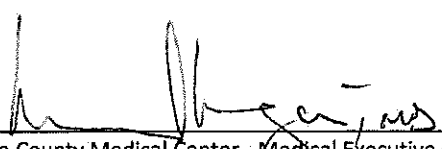
## **XII. ADJOURNMENT**

There was no further business conducted. Motion to adjourn the meeting was made and seconded. The next meeting will be Monday, April 14, 2025, at 11:30 am. via Teams/Hybrid in the Dr. Zizzi conference room at ECMC. Meeting was adjourned at 12:16 pm.

Respectfully submitted,

**Michael Nagai, MD**

Secretary  
Medical Executive Committee

  
Erie County Medical Center - Medical Executive Committee  
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