



# ECMCC Board of Director's Meeting

June 24, 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  
JUNE 24, 2025

- I. CALL TO ORDER: EUGENIO RUSSI, CHAIR
- II. APPROVAL OF MINUTES:
- III. RESOLUTIONS MAY BE DISTRIBUTED TO THE BOARD OF DIRECTORS DURING THE MEETING ON JUNE 24, 2025
- IV. REPORTS FROM THE CORPORATION'S LEADERSHIP TEAM
  - A) **Chief Executive Officer & President**
  - B) **Chief Financial Officer**
  - C) All other reports from leadership are received and filed
- V. REPORTS FROM STANDING COMMITTEE CHAIRS
  - A) **Executive Committee** (by Eugenio Russi)
  - B) **Finance Committee** (by Michael Seaman)
  - C) **Quality Improvement and Patient Safety Committee** (by Michael Hoffert)
- VI. EXECUTIVE SESSION
- VII. ADJOURN

ERIE COUNTY MEDICAL CENTER CORPORATION  
MAY 27, 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, Hon. John O'Donnell, Reverend Kinzer Pointer, Thomas J. Quatroche\*, Eugenio Russi\*, Michael Seaman, Philip Stegemann, MD, Benjamin Swanekamp

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

Also

Present: Julie Berrigan, Donna Brown\*, Samuel Cloud, MD, John Cumbo, Peter Cutler, Andrew Davis, Cassandra Davis, Joseph Giglia, Pamela Lee, Charlene Ludlow, Michael Manka, MD, Phyllis Murawski, Jonathan Swiatkowski, Cristina Batt\*, Amy Nickson\*

\*virtual

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**I. Call to Order**

The meeting was called to order at 4:30 pm by former Chair, Jonathan Dandes.

**II. Minutes**

Upon a motion made by Reverend Kinzer Pointer and seconded by Michael Seaman, the minutes of the April 29, 2025 regular meeting of the Board of Directors were unanimously approved.

**III. Board Presentation**

Cristina Batt, Senior Vice President, Federal Policy and Amy Nickson, Senior Vice President, State Policy for Healthcare Association of New York State (HANYS) presented information regarding the 2025 New York State and Federal Budget. Items reviewed included key healthcare fiscal provisions, non-fiscal provisions and reconciliation.

**IV. Action Items**

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

Moved by Reverend Pointer Kinzer and seconded by Michael Seaman

**Motion approved unanimously**

Chief Operating Officer, Andy Davis introduced Julie Klein, ECMC's new Vice Preseident of Human Resources.

**V. Reports from the Corporation's Leadership Team**

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

Dr. Quatroche reported on consistent results for keeping patient safety indicators low, and hospital acquired infections. Data comparing the Emergency Department's left-without-being-seen over the past 16 months reviewed. Patient Experience scores remain high. During May, the hospital observed the May 14<sup>th</sup> Observance Ceremony, Mental Health Awareness Month, and several other celebrations. Quatroche listed the individuals who received employee awards during the month. Dr. Quatroche congratulated the Foundation on Springfest 2025. ECMC has hired 307 new employees.

### **Chief Financial Officer**

Jonathan Swiatkowski reviewed the April 2025 Key Statistics. While April was another challenging month, employees continued to push throughput and break exterior barriers to discharge. Discharges were down 4.8 %, surgeries down 3.8% overall but better than last month; and length of stay is at 7.8 days which is down 2.6%.. On the plus side, case mix index continues to be higher than average. Mr. Swiatkowski reported an operating loss of \$3.2M and reviewed the acute length of stay month over month. A summary of the preliminary financial results through April 30, 2025 was reviewed and the full set of these materials are received and filed.

## **VI. Standing Committees**

- a. **Executive Committee:** Mr. Dandes reported on the most recent Executive Committee meeting.
- b. **Finance Committee:** Mr. Seaman had nothing more to report from the Finance Committee.
- c. **Buildings and Grounds Committee:** Mr. Davis gave a short summary of the May 27<sup>th</sup> B&G Committee meeting.
- d. **HR Committee:** Mr. Seaman had nothing to report.
- e. **MWBE Committee:** Mr. Davis reported on the most recent MWBE meeting.
- f. **Quality Improvement and Patient Safety Committee:** Michael Hoffert reported that the committee met on May 13<sup>th</sup>.

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

## **VII. 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 5:29 p.m. to consider legal contractual matters made confidential by law.

Motion approved unanimously

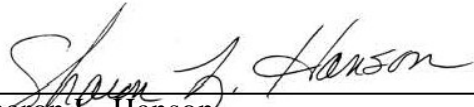
**Reconvene in Open Session**

Moved by Michael Seaman and seconded Reverend Kinzer Pointer to reconvene in Open Session at 5:35 p.m. No action was taken by the Board of Directors in Executive Session

Motion approved unanimously

**VIII. Adjournment**

Moved by Reverend Kinzer Pointer to adjourn the Board of Directors meeting at 5:36 p.m.

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

Present: Dr. Cloud, Dr. Panesar, Dr. Yedlapati, Dr. Bakhai, Dr. Vacanti, Dr. Qaqish, Dr. Tadakamalla, Chris Resitarits

Excused: Dr. Chauhan, Dr. Panesar, Dr. Hall

Agenda Item	Discussion	Action	Follow-up
<b>I. CALL TO ORDER</b>	Dr. Bakhai called the meeting to order at 3:00 pm.		
<b>II. ADMINISTRATIVE</b>			
A. Minutes	Minutes from the April 3, 2025 meeting were reviewed and approved.	A motion was made by Dr. Bakhai and unanimously carried to approve the minutes of the April 3, 2025 meeting as submitted.	Via these minutes, the Credentials Committee recommends same to the Medical Staff Executive Committee.
B. Deceased	Eugene Cunningham, MD passed away on April 19, 2025. He was a member of the ECMC Medical Staff from 1979-2017 in the Department of Internal Medicine/Nephrology.	Flowers were sent from the Medical Staff.	None
C. Applications Withdrawn/Processing Cessation	None	None	None
D. Automatic Conclusion (Initial Appointment)	None	None	None
E. Name Changes	None	None	None
F. Leave of Absence (3)	<u><b>Internal Medicine</b></u> <ul style="list-style-type: none"><li>Leigh-Anne DiOrio, FNP maternity RTW 05/15/2025</li></ul>	Noted	Informational purposes only

Highlight: Initiate FPPE

		<b>Orthopaedic Surgery</b> <ul style="list-style-type: none"> <li>Jillian Tornabene, FNP – maternity RTW 05/05/2025</li> </ul> <b>Surgery</b> <ul style="list-style-type: none"> <li>Melissa Hovak, ANP – FMLA RTW 05/18/2025</li> </ul>			
<b>G. Resignations (16)</b>		Files are updated and resignation protocol followed. The Committee discussed retention rates and Wellness Committee initiatives to investigate and manage.			Notification via these minutes to MEC, Board of Directors, Revenue Management, Decision Support
NAME	DEPARTMENT	PRACTICE PLAN/REASON	COVERING/COLLABORATING/ SUPERVISING	RESIGN DATE	INITIAL DATE
Karen Reed, MD PhD	Anesthesiology	<ul style="list-style-type: none"> <li>ECMC</li> <li>Retiring</li> <li>Confirmed in email</li> </ul>	N/A	04/11/2025	09/30/2014
Bindesh Patel, DO	Emergency Medicine	<ul style="list-style-type: none"> <li>UEMS</li> <li>Moving to Chicago</li> <li>Confirmed in email</li> </ul>	N/A	04/30/2025	06/30/2015
Andrea Matteliano, PA-C	Family Medicine	<ul style="list-style-type: none"> <li>ECMC</li> <li>Resigned</li> <li>Confirmed in email</li> </ul>	N/A	03/17/2025	03/26/2024
Kerstin Robinson, ANP	Family Medicine	<ul style="list-style-type: none"> <li>Great Lakes Phys Svcs</li> <li>Left ECMC</li> <li>Confirmed in email</li> </ul>	N/A	04/25/2025	09/26/2023
Marissa Boniszewski, MD	Internal Medicine	<ul style="list-style-type: none"> <li>Apogee</li> <li>Leaving practice plan</li> <li>Confirmed in email</li> </ul>	N/A	04/21/2025	09/28/2021
Denise Braunscheidel, ACNP	Internal Medicine	<ul style="list-style-type: none"> <li>GPPC</li> <li>Retired</li> <li>Confirmed in email</li> </ul>	N/A	04/01/2025	06/01/2014
Susan Giardino, ANP	Internal Medicine	<ul style="list-style-type: none"> <li>GPPC</li> <li>Leaving ECMC</li> <li>Confirmed in email</li> </ul>	N/A	04/28/2025	04/25/2023

Highlight: Initiate FPPE

Gina Sparacino, MD	Internal Medicine	<ul style="list-style-type: none"> <li>• GPPC</li> <li>• Only covered 1 time</li> <li>• Confirmed in email</li> </ul>	N/A	04/14/2025	10/22/2024
Barrett Gast, PA-C	Ortho Surgery	<ul style="list-style-type: none"> <li>• UB Ortho</li> <li>• Leaving practice plan</li> <li>• Confirmed in email</li> </ul>	N/A	04/03/2025	05/28/2019
Scott Nodzo, MD	Ortho Surgery	<ul style="list-style-type: none"> <li>• UBMD</li> <li>• Leaving state</li> <li>• Confirmed in email</li> </ul>	N/A	05/16/2025	01/26/2021
Christopher Shanahan, PA-C	Ortho Surgery	<ul style="list-style-type: none"> <li>• UB Ortho</li> <li>• Leaving practice plan</li> <li>• Confirmed in email</li> </ul>	N/A	04/04/2025	03/28/2017
Jessica Li, DDS MD	Oral & Maxillofacial Surgery	<ul style="list-style-type: none"> <li>• Completed Fellowship</li> <li>• Moving out of WNY</li> <li>• Confirmed in email</li> </ul>	N/A	06/30/2025	07/23/2024
Christopher Hughes, MD	Plastics & Reconstructive Surgery	<ul style="list-style-type: none"> <li>• ECMC</li> <li>• Left ECMC</li> <li>• Confirmed in email</li> </ul>	N/A	04/10/2025	02/27/2018
Mayte Gierbolini, MD	Radiology	<ul style="list-style-type: none"> <li>• VRAD</li> <li>• No longer reading for ECMC</li> <li>• Confirmed in email</li> </ul>	N/A	04/17/2025	05/28/2024
Donald Kash, MD	Radiology	<ul style="list-style-type: none"> <li>• VRAD</li> <li>• No longer reading for ECMC</li> <li>• Confirmed in email</li> </ul>	N/A	04/09/2025	04/27/2021
Rabie Stephan, MD	Surgery	<ul style="list-style-type: none"> <li>• CR&amp;F</li> <li>• Doesn't come to ECMC</li> <li>• Confirmed in email</li> </ul>	N/A	04/18/2025	05/28/2019
<b>III. CHANGE IN STAFF CATEGORY</b>					
		See Reappointments			
<b>IV. CHANGE/ADDITION Collaborating/Supervising</b>					
None					

Highlight: Initiate FPPE

V. CHANGE DEPARTMENT/ PRIVILEGE ADDITION/ REVISION (1)			
A. Nicole Ksiazek, PA-C	Internal Medicine <ul style="list-style-type: none"> <li>Withdrawing privileges in Neurology</li> </ul>	Noted	None at this time.
B. Thomas Suchy, MD (Amendment)	Anesthesia/Pain Management <ul style="list-style-type: none"> <li>SI Joint Fusion with Proctor.</li> </ul>	Criteria previously discussed and approved, pending discussion of coverage issues.  The Committee voted, via electronic communication post discussion on coverage issues, to approve the criteria. Accordingly, privilege request approved for 2 proctored cases.	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.
VI. PRIVILEGE WITHDRAWAL (1)			
A. Joseph Muscarella, DO	<u>Otolaryngology/Plastic &amp; Reconstructive Surgery</u> <ul style="list-style-type: none"> <li>Withdrawing 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.  Notification to Revenue Cycle & Decision Support upon approval of the Board.
VII. UNACCREDITED FELLOWSHIPS			
	<u>Surgery</u> <i>Holly Johnson, MD:</i> Still waiting for some paperwork from Dr. Johnson. Her start date is still set for 08-01-2025.  <u>Rehab Medicine</u> <i>Steven Pierpaoli, PsyD:</i> Cheryl Carpenter reported that Legal has confirmed that	Noted   ECMC policies need to be updated.	Noted   Cheryl Carpenter to work on updated required policies.

Highlight: Initiate FPPE

	ECMC would be an exempt organization for Psych to get their post-doc hours with or without a limited permit.		
<b>VIII. INITIAL APPOINTMENTS (3)</b>			
Tiffany Card, PA-C Ortho Surgery	<ul style="list-style-type: none"> <li>• D'Youville College Bachelor and Master of Science Physician Assistant December 2008</li> <li>• Time gap – January 2009 to April 2009 obtained license February 2009 and board certification April 2009</li> <li>• Physician Assistant – Hand/Plastic Surgery, Orthopaedic urgent care, Wound Care and Pain Management; Strong Memorial Hospital/University of Rochester April 2009 to December 2010, Lewis County Orthopaedics January 2011 to October 2012, Lakeshore Orthopaedics December 2012 to July 2013, Excelsior Orthopaedics September 2013 to May 2023, and Buffalo Vascular June 2023 to April 2025</li> <li>• Time gap – November 2012 Moved to Wisconsin for a job and waited 30 days for credentialing and July 2013 to September 2013 Moved back to New York for maternity and new job</li> <li>• Joining Grider Support Services in June 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 Support upon approval of the Board.</p>

Highlight: Initiate FPPE

	<ul style="list-style-type: none"> <li>Supervising Physician – Dr. Evgeny Dyskin (#) NCCPA certified</li> </ul>		
John Lee, MD Neurology	<ul style="list-style-type: none"> <li>Drexel University College of Medicine MD June 2018</li> <li>Mercy Catholic Medical Center Internal Medicine Internship July 2018 to June 2019</li> <li>University of California Neurology Residency July 2019 to June 2022 and Clinical Neurophysiology Fellowship July 2022 to June 2023 and Intraoperative Monitoring Fellowship July 2023 to June 2024</li> <li>Time gap – July 2024 to August 2024 waited for employment to begin after Fellowship</li> <li>Remote Neurophysiologist – Accurate Neuromonitoring August 2024 to current American Board of Psychiatry and Neurology and Clinical Neurophysiology 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>
Nicholas Skezas, MD Radiology	<ul style="list-style-type: none"> <li>University of Pennsylvania School of Medicine MD May 1987</li> <li>Cook County Hospital Diagnostic Radiology Residency July 1987 to June 1991</li> <li>Rush Presbyterian St. Luke's Medical Center Body Imaging Fellowship July 1991 to June 1992</li> <li>Staff Radiologist – Imaging Radiologists July 1992 to July</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

	2000, Midwest Imaging Professional July 2000 to January 2018, Radiology Partners July 2018 to May 2023 and Precision Radiology May 2023 to current <ul style="list-style-type: none"> <li>Joining Great Lakes Medical Imaging as a Teleradiologist May 2025</li> </ul> American Board of Radiology certified		Support upon approval of the Board.
<b>X. Temporary Privileges</b>	No temps were issued.		
<b>IX. REAPPOINTMENTS (42)</b>	See reappointment summary (Attachment B)  Dr. Bakhai is able to sign-off on Dr. Nagra delinquent medical charts, once he has reviewed them.	Tara to reach out to Medical Records to obtain permission for Dr. Bakhai to review/sign off on delinquent Nagra charts.  The Committee voted, all in favor, to recommend approval of the re-appointments listed with privileges granted as requested.	Dr. Bakhai will review records once access is given.  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
Rizzo, Heather CRNA	Anesthesia	AHP	
Dunn, Mary DDS	Dentistry	CR&F	
Ali, Samuel PA-C Collaborating MD: Clemency	Emergency Medicine	AHP	

Highlight: Initiate FPPE

Hlubik, Kerry MD	Emergency Medicine	Active	
Thompson, Jeffrey MD	Emergency Medicine	Active	
Garbarino, Kenneth MD	<b>Family Medicine</b>	Active	
Zionts, Michael MD	Family Medicine	Active	
Brindisi, Joseph FNP Collaborating MD: Martinez/Mahl	<b>Internal Medicine</b>	AHP	
Cantie, Chelsey ANP Collaborating MD: Anillo	Internal Medicine	AHP	
Giardino, Karen MD	Internal Medicine	Active	<b>Changing to Courtesy, Refer &amp; Follow</b>
Gill, Gurmat DO	Internal Medicine	Active	<b>Resigning 07/01/2025</b>
LaJudice, Christopher PA-C Collaborating MD: Yedlapati	Internal Medicine	AHP	
Lee, Claudia MD	Internal Medicine	CR&F	
Padhi, Parikshit MD	Internal Medicine	Active	
Rasnick, Joseph ANP Collaborating MD: Desai/Perry Kayler/Cheng/Burke	Internal Medicine/Neurology Surgery/Thoracic Cardiovascular	AHP	
Sanders, Victor MD	Internal Medicine	Active	
Srdihar, Nagaraja MD	Internal Medicine	Active	
Tibil, Alexandra MD	Internal Medicine	Active	
Woods, Kara PA-C Collaborating MD: Claus	Internal Medicine	AHP	
Zhang, Hao MD	Internal Medicine	Active	<b>New Privilege: Level II – Intraosseous Vascular Access</b>
Kandel, Amit MD	<b>Neurology</b>	Active	
St. Onge, Rachelle MD MPH	<b>OB/GYN</b>	Active	
Weiner, Asher MD	<b>Ophthalmology</b>	Active	
Kelly, James DO	Ortho Surgery	Active	
Mutty, Christopher MD	Ortho Surgery	Active	<b>New Privilege: MAKO robotic surgery: MAKO partial knee</b>
Tiebel, Jeffrey DPM	Ortho Surgery	Active	
Coggins, Evelyn MD	<b>Psych &amp; Behavioral Medicine</b>	Active	
DiMeglio, John MD	Psych & Behavioral Medicine	Active	
Martin, Peter MD	Psych & Behavioral Medicine	Active	
Nagra, Balwant MD	Psych & Behavioral Medicine	Active	

Highlight: Initiate FPPE

Sengupta, Sourav MD	Psych & Behavioral Medicine	Active	
Cole, Adam MD	<b>Radiology</b>	Active	
Conway, Deborah MD	Radiology	Active	
Dunn, Andrew MD	Radiology	Active	
LoStracco, Thomas MD	Radiology	Active	
McGrath, John MD	Radiology	Active	
McNichol, Meghan PA-C Collaborating MD: McGrath	Radiology	AHP	<b>New Privilege: Level II: Vascular Access</b>
Keenan-USchold, Lisa PhD	<b>Rehab Med/Psych</b>	AHP	
Carlson, Jared MD	<b>Surgery</b>	Associate	
Heffter, Leah PA-C Collaborating MD: Brewer	Surgery	AHP	
Hoerner, Audrey ANP Collaborating MD: Flynn	Surgery	AHP	
<b>Bold highlighted names are reappointment dates that will be changed to align with Kaleida</b>			

<b>X. AUTOMATIC CONCLUSION</b>	Reappointment Expiration		
<b>1<sup>st</sup> Notice</b>	Surgery: Andrea Zucciatti, MD – letting privileges expire 07/31/2025 IM/Cardiothoracic: Lucas Speak, FNP – letting privileges expire 07/31/2025 Ortho Surgery: Jascha Teibel, DPM – letting privileges expire 07/31/2025	For informational purposes.	None necessary.
<b>2<sup>nd</sup> Notice</b>	None	For informational purposes.	None necessary.
<b>3<sup>rd</sup> Notice</b>	None	For informational purposes.	None necessary.
<b>XI. PROFESSIONAL PRACTICE EVALUATIONS</b>			
<b>OPPE</b>	Completed: Dentistry, Emergency Medicine, Ophthalmology & Plastic Surgery	No individual opportunities identified.	Will continue to monitor.

Highlight: Initiate FPPE

<b>FPPE</b>	36 FPPEs were completed in April.	No opportunities for improvement were identified.	None necessary.
<b>Tracking/Trending:</b>	Nothing to report.	Noted	Noted
<b>XII. OLD BUSINESS</b>			
Expirables	Expirables were reviewed and discussed with the Credentials Committee.	None	For informational purposes
DEA, License, Boards	<p><b><u>May 2025:</u></b>  DEA: 14  License: 41  Boards: 3 (ANCC)</p> <p><b><u>June 2025:</u></b>  DEA: 33  License: 30  Boards: 1 (ANCC)</p>	No action is necessary at this time.	For informational purposes
MD Staff Update	Go live is scheduled for 03/16/2026. MDSO is currently in test mode, which runs through May 23, 2025. Privilege forms which require revision will be modified and entered into MD Staff by 09/15/2025. It is time to speak with Legal about the CVO portion of this project. Moving forward to build the app, we need to know which things we are going to verify at which levels.	Recommend starting the legal process to build an information-sharing agreement.	Cheryl will update the Committee with next steps when available.
ACLS Update	The list of providers still needing to complete their ACLS requirement was reviewed. 16 providers still need to complete the classes. All Hospitalists are required to have this training. If someone does not complete the training within 2 months, their name will be forwarded to the Leadership Council for discussion. They will be given a "timeout" on the schedule in order to complete this training.	Names of those without a completed ACLS will be given to Leadership Council. The Leadership Council will determine how long they are taken off the schedule if they do not complete this training.	Leadership Council will inform this Committee of their decision.
Dues	37 providers have not paid their dues. 17 providers have indicated that checks have been sent by their practice plans. Dr. Bakhai asked for an	Dr. Bakhai will call those who have not	Names of those unpaid providers

Highlight: Initiate FPPE

	additional 10 days for dues to be received. After that time, he will reach out to those remaining.	paid their dues, even with this 10 day extension.	will be presented at the next Credentials Committee meeting.
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>*Dr. Nagra has 45 medical records incomplete and 8 delinquent records for 770 days</b></p> <p><b>*Dr. Batra has 11 medical records incomplete and 11 delinquent records for 211 days</b></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>	
Privilege Addition	<ul style="list-style-type: none"> <li>SI Joint Fusion: Multi-disciplinary Pain Management. Criteria previously discussed. However, prior to final approval the committee had some questions regarding complications and coverage. Meeting was held with Orthopedics to address. Concerns were addressed appropriately, and relayed to the Committee electronically for input and approval. Meeting minutes were amended to reflect that discussion and move forward with proctored cases as requested.</li> </ul>	<b>Recommend approval of the criteria as written. Privilege request as above.</b>	Via these minutes, to MEC for approval.
<b>XIII. NEW BUSINESS</b>			
ACLS: AHA vs. Pro Med	Per Matthew Bailen, ECMC Assistant VP of Nursing Education, the ProMed course does not appear to be an American Heart Association (AHA) approved provider. They built their course to match AHA standards, but it	The Committee felt that staff only needed a “refresher” course	The Committee will let Mr. Bailen know that we will

Highlight: Initiate FPPE

	is not an AHA endorsed course. Kaleida Health accepts all variations of ACLS courses, but Matthew feels it is inappropriate for ECMC to do the same. The AHA classes have a “hands on” component – the others are strictly online learning. It was noted that the ProMed classes are accepted by JCAHO and the AMA. It was also noted that in an effort to remain streamlined within and aligned with Kaleida, we should mirror their acceptance of all courses.	and the ProMed courses will be accepted.	be mirroring Kaledia Health course acceptances.
Jesse Donaldson, PA	Orthopedics, Supervising Physician, Christopher Ritter, MD. Adjustment of appointment date.	MEC Extraction	
<b>XIV. ADJOURNMENT</b>	There being no further business to discuss, the meeting was adjourned at 3:50 pm.		

Respectfully submitted,



Yogesh Bakhai, MD

Chair, Credentials Committee

ERIE COUNTY MEDICAL CENTER CORPORATION  
MAY 20, 2025 MEETING MINUTES  
EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS  
HYBRID MEETING

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

ABSENT: EUGENIO RUSSI

ALSO

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

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I. Call to Order

The meeting was called to order at 4:03 p.m. by Board Vice Chair Darby Fishkin.

II. Minutes

Motion made by Jonathan Dandes, seconded by Sharon Hanson and unanimously passed to approve the minutes of the Executive Committee meeting of April 15, 2025.

III. Hospital Update

General Overview

Dr. Thomas Quatroche reported that for compliance reasons, ECMC separated its PC with Kaleida and will be called Preferred Physicians PC. Discussion followed.

Finances Report

Jonathan Swiatkowski presented key statistics and performance drivers for April. The operating results were very similar to the previous month and the hospital continues to face external challenges limiting the rate of discharging patients. Discharges are down 4.8% from budget and 3.1% from last year. Outpatient visits are up 1.5% from budget and 3.6% higher than last year. Overall, surgeries are down 3.7% from budget but up 7.1% from last year. Acute Case Mix Index was higher than budget and last year. April showed a net loss of \$2.5M; April was a good month for non-operating investment income. Discussion followed. The hospital received 2 outstanding FEMA payments and the quarterly ICP payment during May. The hospital went through the renewal process for the current line of credit. The State passed its final budget.

IV. Safety Net Transformation Grant

The hospital submitted a proposal for the Safety Net Transformation grant the University of New York at Buffalo to: improve assets, enlarge the current family

medicine facility, and add another MRI. The Committee discussed the grant process. And the hospital has requested a placeholder for the grant.

V. State and Federal Budget Presentation

Dr. Quatroche announced that HANYS will be giving a budget presentation during the May board meeting.

VI. Adjourn

There being no other business, the meeting was adjourned at 4:36 p.m.

ERIE COUNTY MEDICAL CENTER CORPORATION

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

TUESDAY, MAY 20, 2025

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BOARD MEMBERS PRESENT OR ATTENDING BY VIDEO CONFERENCE OR TELEPHONE:	MICHAEL SEAMAN REV. MARK BLUE * DARBY FISHKIN * PHILIP STEGEMANN, MD	* ATTENDING BY VIDEO CONFERENCE OR PHONE
BOARD MEMBERS EXCUSED:	BENJAMIN SWANEKAMP	
ALSO PRESENT:	THOMAS QUATROCHE JONATHAN SWIATKOWSKI ANDREW DAVIS	

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**I. CALL TO ORDER**

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

**II. REVIEW AND APPROVAL OF MINUTES**

Motion was made by Reverend Blue, seconded by Philip Stegemann, MD and unanimously passed to approve the minutes of the Finance Committee meeting of April 15, 2025.

**III. MAY OPERATING PERFORMANCE**

Mr. Swiatkowski reviewed key statistics for the month of April. He noted some improvement over March, but discharges continue to be a community issue. He noted that overall discharge numbers have improved but continue to fall behind budget. Mr. Swiatkowski noted that there are some issues impacting revenue that offset the improvement.

Mr. Swiatkowski reviewed the inpatient discharges which were down 4.8%, driven by acute cases. Behavioral health discharges have improved; however, length of stay has decreased, which results in a decrease in payments received from New York State as those services are paid per day. Dr. Stegemann raised questions about how the New York State payments work and Mr. Swiatkowski clarified how the per diem reimbursement works for this service line in New York State.

Mr. Swiatkowski provided updates on general surgeries, with inpatient surgeries down approximately 13%, but an increase in outpatient surgeries. He discussed the positives and negatives regarding those numbers, with inpatient surgeries seeing shortfalls to budgeted amounts for trauma cases but increases in orthopedics. The outpatient surgeries have improved and reversed a prior trend.

Mr. Davis and Dr. Stegemann began a discussion regarding the retirement of some key surgeons within orthopedics and the need to build the practice back up, with interviews ongoing.

Dr. Stegemann questioned the over 16% negative variance regarding observation cases and what could be done to improve that number. A discussion was had between Dr. Quatroche, Dr. Stegemann and Mr. Swiatkowski about the numerous challenges that ECMC faces related to observation and correct classifications as well as appropriate payments with insurance payers. Dr. Stegemann asked what the success rate was when the hospital opposed denials from payers and Mr. Swiatkowski estimated 60-70%.

Dr. Stegemann raised the lack of accountability for payors that falsely deny care and if the public should be made aware of the money spent advocating for patients after payment is denied. A discussion was had generally about these issues to the Committee's satisfaction.

Mr. Swiatkowski reviewed the April 2025 Financial Dashboard and reported losses that continue to be in excess of the budgeted amounts and a significant variance. Dr. Stegemann began a discussion regarding ALC patients and how that is affecting the reported losses. It was discussed that the ALC numbers should be presented separately in addition to the general length of stay numbers for the Board meeting and future Finance Committee meetings.

Mr. Davis led a discussion of the utilization review (UR) department and the challenges being faced by the UR which they are looking to improve. The upcoming SEIU strike at several local nursing home, and how that will most likely create another complication, was discussed generally.

Mr. Swiatkowski then reviewed the income statements for April and the \$3.3 million loss which was consistent with last year, but in excess of budget.

Dr. Stegemann raised a question regarding cash on hand and how that seems to consistently decrease, and if that is a helpful statistic to consider. Dr. Quatroche confirmed that it is a useful indicator, and that as a result of ongoing operating losses coupled with the timing of IGT/DSH payments, government assistance will be needed this summer and is being discussed.

A discussion was had generally that payments from New York State are difficult to predict but ECMC intends to work with the State for as much funding as possible to meet ongoing

cash flow needs. Mr. Swaitkowski confirmed that ECMCC currently has every other week conversations with the VAPAP Department of the NYS DOH on these topics.

Mr. Swiatkowski discussed the April 2025 other Operating Revenue, and that Specialty Pharmacy continues to account for a significant portion of that revenue.

Dr. Stegemann asked Mr. Davis to elaborate on the surgeons that are retiring. Mr. Davis noted that there was an unanticipated loss for the Orthopedic Department, however the case volume was distributed satisfactorily amongst the remaining surgeons. Staffing challenges with anesthesia have also led to a delay in the extended OR hours project that had been budgeted. Decreases were noted for neurosurgery and bariatrics.

Mr. Davis noted that beginning in the summer ECMC should see some improvement in these numbers with a few new doctors being successfully recruited and also noted the hospital completed its first successful Whipple surgery with the anticipation to do more.

Mr. Swiatkowski then reviewed the April 2025 operating expenses with FTEs exceeding budget numbers, and a variance in physician fees due to the resident contract that was negotiated after the budget was finalized. The ongoing cost of contract nurses, primarily at Terrace View, was also noted.

Mr. Swiatkowski next reviewed the 2025 year to date performance which was noted to reflect a \$16.9 million loss, which was in contrast to the budgeted number of \$13.1 million. This was noted to be higher than last year, however investment income has improved from last year's numbers which is helping the variance. He also reviewed year to date revenue and year to date expenses.

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

Mr. Swiatkowski reviewed cash flow, noting 22 days operating cash on hand. FEMA payments were received that will be recognized in May, as well as a quarterly payment from the New York State indigent need pool. Dr. Stegemann requested clarification regarding the indigent care pool and Mr. Swiatkowski clarified how these payments are calculated.

Mr. Swiatkowski offered updates regarding the Federal and New York State budgets. It was noted the State passed their budget, but with a provision to change the budget if the federal budget impacts exceed \$2 billion dollars. Governor Hochul introduced an Outpatient Medicaid rate increase that could be a benefit but is dependent on the federal budget. The work requirement and other challenges that are currently difficult to predict were also discussed.

Mr. Swiatkowski confirmed that the M&T line of credit was renewed and an RFP process will be done next year.

Mr. Swiatkowski then completed his presentation and asked for any questions. Mr. Seaman asked Dr. Stegemann about internal staffing and the need for more surgeons per caseload. A discussion regarding staffing and how to best utilize the ORs and Emergency departments was had generally.

#### **ADJOURNMENT**

There being no further business, a motion was made by Reverend Blue and seconded by Darby Fishkin to adjourn the meeting. The meeting was adjourned at 9:28 by Chair Michael Seaman.

# ERIE COUNTY MEDICAL CENTER CORPORATION

## BOARD OF DIRECTORS MINUTES OF THE BUILDINGS & GROUNDS COMMITTEE MEETING JANUARY 28, 2025 – 3:00PM VIA MICROSOFT TEAMS

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BOARD MEMBERS PRESENT:	RONALD BENNETT	MICHAEL HOFFERT
EXCUSED:	PAMELA LEE	REVEREND MARK BLUE
ALSO PRESENT:	ANDREW DAVIS	KEVIN MADOO KEITH AMBROSE

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### I. CALL TO ORDER

Board member, Michael Hoffert called the meeting to order at 3:00 p.m.

### II. APPROVAL OF BUILDINGS AND GROUNDS MEETING MINUTES

Moved by Ronald Bennett and seconded by Michael Hoffert to approve and file the minutes of the Buildings and Grounds Committee of October 22, 2024 as presented.

### III. UPDATE – COMPLETED INITIATIVES/PROJECTS

- Keith Ambrose and Kevin Madoo reported the medical gas equipment replacements are complete. The new system is operational, the old system will serve as back-up.

### IV. UPDATE – IN PROGRESS INITIATIVES/PROJECTS

Keith Ambrose provided an update of the contractor projects currently in progress.

- Mammography Suite: The bidding process is complete. Construction is expected to begin in late February with anticipated completion in June-July 2025.
- First Floor Dental Clinic: The project includes dental chair equipment upgrades and will operate concurrently with the Mammography Suite project. The in-house team will perform the asbestos abatement.
- General Construction Maintenance Projects: The contractor agreement with DMyles, Inc., has been finalized to complete various maintenance projects, many in collaboration with the Plant Operations in-house team. The loading dock project is substantially complete.

Kevin Madoo provided an overview of the in-house projects currently in progress.

- Behavioral Health bathroom floor renovations include replacement of existing floors to a slip-resistant flooring system for the 4<sup>th</sup>, 5<sup>th</sup> and 9<sup>th</sup> floor bathrooms. The new flooring is more resilient and requires less maintenance. The work is scheduled as rooms become available.

## ERIE COUNTY MEDICAL CENTER CORPORATION

- Main Hospital hot water recirculation line replacements is an ongoing initiative with sections replaced at a time.
- Joint Commission/Surveys: The team is addressing maintenance items for upcoming surveys and corrective work identified during the mock survey.
- Campus Grounds: Winter operations is in progress. Rock salt and ice melt are stored, along with sand for traction. Snow removal equipment and salters are operational for the season.

### **V. UPDATE – PENDING INITIATIVES/PROJECTS**

Keith Ambrose provided an overview of the pending capital projects which included the following:

- Fire damper redesign (regulatory): Continue field work investigation for detailed design solutions for each location.
- Service Elevator Modernization: Capital project to replace service elevators original to the building (Lifts A and B with an alternate bid for Lift C). Consultant provided report and recommendations.
- MEP (Mechanical, Electrical and Plumbing): A grant funded project for major equipment age and replacement plan with priority review of generators for the main hospital and boiler/chiller plant. Evaluating submissions for project Construction Manager.
- The removal of inground fuel oil tanks may be coordinated with the generator project to perform work at the same time. The DEC inspector annual review is scheduled for February.

### **VI. ADJOURNMENT**

Moved by Michael Hoffert and seconded by Ronald Bennett to adjourn the Buildings and Grounds Committee meeting at 3:18 p.m.

# ERIE COUNTY MEDICAL CENTER CORPORATION

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

TUESDAY, MAY 13, 2025  
MICROSOFT TEAMS PLATFORM

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

**PRESENTERS:** MANDIP PANESAR, MD, MARY WELCH, MD, AND DOUGLAS DRUMSTA, MD

WILLIAM BELLES, MD  
CHARLES CAVARETTA  
SAM CLOUD, DO  
JOHN CUMBO  
PETER CUTLER  
ANDY DAVIS  
CASSIE DAVIS  
BECKY DELPRINCE, RN  
KEITH KRABILL, MD  
MARC LABELLE, RN  
PAM LEE, RN  
CHARLENE LUDLOW, RN  
PHYLLIS MURAWSKI, RN  
YARON PERRY, MD  
JENNIFER PUGH, MD  
TOM QUATROCHE, CEO  
MEG RILEY, RN  
JOANNE WOLF, RN  
MARIE JOHNSON  
CHERYL AUSTIN  
BEN GARVEY  
CINDY ERSING

## **Call to Order**

Michael Hoffert, Chair called the meeting to order at 8:00 am.

### **I. Minutes**

The April 8, 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. Renal/Hemodialysis – Mandip Panesar, MD**

Dr. Panesar shared a department update on Renal and Hemodialysis. A department update was shared including Jessica Mondoux, RN as the new Vice President of Transplant and Renal Services. Dr. Panesar spoke on the Home Program and reviewed several graphs such as the outpatient dialysis census, catheter rates, dialysis clearance, blood stream infections, BSI clear guard analysis, along with information regarding the transplant waitlist.

A review of the ESRD quality incentive program along with the star rating breakdown took place.

Dr. Panesar explained the quality rating map and the patient survey rating map. ECMC currently sits at number one on the patient survey rating map with a four-star survey rating.

### **III. Rehab Services – Mary Welch, MD**

Dr. Welch along with Marie Johnson, OTR/L, OTD shared an update on Rehabilitation Services. The rehab department provides services in acute care, MRU, outpatient, School 84 and PEDS. The department will have a cancer care re-accreditation survey in October of 2025 and a CARF re-accreditation survey in June of 2026.

A review of department volume – acute and department volume MRU were discussed. A discussion of the distribution of percentage of trauma related cases in 2024, department volumes for outpatient, and previous year goals and accomplishments were all discussed.

QAPI projects were reviewed from 2024 along with projects for 2025 and an incident report summary was shared.

A review of 2025 quality goals included making Epic preparations a priority, continuing to support staff in obtaining and maintaining board level and professional level certifications, and continue to build strategic relationships and support existing relationships in the community that benefit our patients, staff and department.

#### **IV. Radiology – Douglas Drumsta, MD**

Dr. Drumsta shared his report on the Radiology Department. Board certified radiologists specialize in interpreting LDLS images and can identify small nodules or abnormal growth that may not be visible on standard x-rays. The LDLS program has increased its exam rate from 73 patients in 2017 to 550 in 2024. Dr. Drumsta reviewed the Iodine 131 therapy and the benefits of it for our patients.

A review of the FUJI synapse PACS took place along with a brief review of the comprehensive breast health center projected to open in July of this year. Dr. Drumsta also spoke on the Viz.ai-CT Perfusion analysis which automatically delivers quantified and color-coded CT maps. The Radiology Department received the Diagnostic Center of Excellence Accreditation in January of this year which is a three-year accreditation.

A review of several graphs took place which included Department volume, CT procedures, and radiologist turnaround time.

QIPS goals were discussed along with ACR quality measures.

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

Phyllis reported on Quality/Patient Safety and the Regulatory report. The April 29, 2025 QPSC meeting received quality reports from Surgical Executive Committee, Code Committee, Pharmacy & Therapeutics Committee, Sepsis Committee, Rehab Medicine and the Transplant team.

Regulatory Report – The Substance Use Treatment Services survey response was received and accepted. They are officially recertified. The final report from the American College of Surgeons Trauma Verification survey was received this month as well.

#### **VI. Adjourn**

There being no further business, the motion was made and seconded to adjourn the meeting. The next meeting will be held on June 10, 2025.

Dear ECMC Board Members,

While we, and other safety net hospitals across our country, continue to face fiscal headwinds driven by lack of reimbursement to match rising healthcare costs, our team continues to drive efficiencies in our system. The success we have experienced every month this year in reducing the patient Left Without Being Seen (LWOBS) factor in the Emergency Department, continued during May. This is directly attributed to the dedication of our caregivers in the ED, the success of the ED's Care Initiation program to see lower acuity patients, as well as the cooperation and collaboration of multiple units and departments throughout the hospital to help with the efficient and safe discharge of patients, thereby opening Med/Surg beds for patients admitted to the hospital via the ED.

The American College of Surgeons (ACS) Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP), in partnership with the American Society for Metabolic and Bariatric Surgery (ASMBS), congratulated Erie County Medical Center Corporation on achieving a three-year Comprehensive Center with Obesity Medicine Qualifications accreditation. A MBSAQIP accreditation for Erie County Medical Center Corporation formally acknowledges our commitment to providing and supporting quality improvement and patient safety efforts for metabolic and bariatric surgery patients. As an accredited program ECMC has demonstrated that our center meets the needs of our patients by providing multidisciplinary, high-quality, patient-centered care.

On Monday, June 9<sup>th</sup>, Charlene Ludlow MS, RN, CIC, Senior VP of Nursing participated in a NYSDOH-sponsored Stakeholder Summit on NYS's Nursing Workforce in Albany, NY. Charlene joined four nursing leadership colleagues from across the state in a panel discussion during the summit that focused on Nursing Education and Training. This comprehensive panel discussion explored innovative strategies for addressing nursing workforce challenges through targeted education and training initiatives. The discussion covered critical workforce development strategies including effective recruitment through enhanced preceptor programs, the development of nursing faculty pipelines to address educational capacity constraints, and innovative nurse residency programs designed for specialized settings like long-term care and home health.

Erin Conley, ECMC's Manager of HR Operations & Emily Beauchamp MHA, ECMC's Assistant Director of Population Health were chosen to make a presentation on ECMC's Healthcare Explorers program in the Executive Leadership Lessons Track during America's Essential Hospitals' annual conference. This program, which has engaged more than 240 students from 50+ schools in WNY, offers high school

students a unique, immersive summer experience to explore diverse health care careers.

Amanda Farrell MSN,RN,AMB-BC presented ECMC's Population Health's Diabetic Protocol at the American Academy of Ambulatory Care Nurses (AAACN) conference highlighting its impact in improving patient outcomes.

Further, earlier in June, America's Essential Hospitals awarded ECMC a 2025 Gage Award honorable mention for population health at a June 12th luncheon at the AEH annual conference. AEH recognized ECMC's Hypertension Remote Patient Program for mitigating barriers to treatment for patients with hypertension.

As we do every year, we celebrated Juneteenth with several special events on our health campus, as well as our annual participation in the popular Juneteenth parade and special events in MLK Jr. Park. With two walks coordinated at ECMC's Downtown Clinic and our health campus, we also celebrated Pride Month during June. And ECMC came together with our partners at Kaleida Health to field one of the largest entries in the JP Morgan Corporate Challenge.

The challenges of the national healthcare landscape are topical and very high profile; every corner of the industry has been affected by federal and state policies that are adding significant pressure and uncertainty among healthcare institutions across the country. With the Board's dedication and counsel, our Executive Leadership Team remains focused on ensuring that our caregivers have the resources and support that enables them to provide high-quality care to our patients, maintaining and strengthening ECMC's reputation for best-in-class healthcare services for the residents of Western New York.

Best,

Tom

**Erie County Medical Center  
Board Report  
President & Chief Operating Officer  
June 24, 2025**

**Submitted by Andrew Davis**

**OPERATIONS**

**CENTER OF CANCER CARE RESEARCH**

**May 2025**

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

**Research Updates**

- One patient continues to use the Lipella LP-10 rinse under FDA compassionate use.
- Second application for Lipella LP-10 rinse for compassionate use submitted to FDA.
- Third Lipella LP-10 rinse for compassionate use granted by sponsor, proposal being drafted for the FDA.
- We underwent a site review by the Biosafety Department from University of Buffalo. No significant findings, certificate of approval was granted.
- The team was contacted to schedule a pre-study visit to participate in a new chemotherapy clinical trial for patients with stage IV non-small cell lung cancer sponsored by AstraZeneca.
- Completed a feasibility survey to participate in a pharmaceutical trial offering Rybrevant to HAN SCC patients sponsored by Johnson and Johnson.
- The research team attended a meeting for community partners of UB's MPH program.
- 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.
- Team members attended the AAOM Annual Conference 2025 in Las Vegas, Nevada. Dr. Frustino presented a poster from the NIH Grant on HPV/HIV Co-Infection and was a co-author on the Lipella LP-10 Clinical Trial Oral presentation.

**ENVIRONMENTAL SERVICES**

- Several floor care maintenance projects were completed throughout the facility. Main projects included:
  - Strip and wax all patient room floors in Burn Unit.
  - Strip and wax hallway flooring and patient rooms in TICU.
  - Strip and wax various flooring on 2<sup>nd</sup> floor of the Snyder Building.
  - Strip and wax all flooring in 4z6.
  - Strip and wax all flooring in Respiratory.
  - Completed deep cleaning of 4z1, 4z2, 5z1, 5z2, and 5z3.
- Continue to collaborate with our partners in bed coordination to improve overall throughput, identifying areas of opportunity and developing strategies to decrease bed turnaround time. *The overall discharge time for May was 70 minutes.* This is a five (5) minute improvement from prior year (2024).

## **FOOD & NUTRITION SERVICES**

### **Retail Operations**

- A Sushi Showcase was presented in May featuring a live sushi demonstration in the Café.
- New “Grab and Go” options will begin to rollout in June. A new Spring/Summer retail menu refresh is planned for June 2, 2025.
- Project to install a new walk-in freezer is progressing. Installation will begin on June 16, 2025. Items have been relocated as the freezer will be out of service for several months.

## **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 June 2025.

## **PLANT OPERATIONS / CAPITAL PROJECTS**

Plant Operations/Facility project updates include the following:

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

- **Work completed:** Final painting, flooring installation, ceiling tile.
- **Work in progress:** Started HVAC VAV control boxes and access control.
- **Work anticipated:** Remaining doors and hardware installation, access control, furniture, lighting, Mammography/DEXA/Ultrasound equipment and patient lift installation, room signage, final testing, DOH inspection June 30<sup>th</sup>.

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

- Paint walls and repair wood trim on countertops. Replace base molding, fire doors and fluorescent light fixtures with LED flat panels. Main work is complete, working on additional items.

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

- **Work completed:** Punchlist
- **Work anticipated:** Change order work to correct dental air and vacuum line fittings.

### ***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 cutting in progress.
- A new propane powered ride-on forklift was requested as the existing one has failed and cannot be repaired.

### **SUPPORTIVE CARE & PALLIATIVE MEDICINE**

#### **May 2025**

- Total Inpatient Consults: 107
- Transitions of Care: 20
- Discharge with Home Hospice: 7
- Terrace View: 7

### **SURGICAL SERVICES**

#### **Robotic Volume – May 2025**

Bariatrics	14
Cardiovascular/Thoracic	8
General Surgery	0
Head & Neck	4
Orthopedics	28
Urology	3

- New report created to look at future OR bookings to maximize utilization and efficiencies.
- ION robotic cases continue to grow, exploring additional volume from Interventional Radiology.
- Mammography Expansion project: construction on schedule, completion slated for June 2025.

### **TERRACE VIEW**

#### **Operations**

- Census: The average monthly census for May was **376**, which is a decrease from (379) the previous month.
- Pharmacy Services RFP: The RFP was awarded to Buffalo Pharmacies, Inc. Began conversion process with a date of completion of October 1, 2025 due to contract extension with PharMerica. Started biweekly meetings for the conversion.
- Renovations:
  - Serverry renovations: Eventually, all serveries will be replaced. Started serverry renovations in MLK neighborhood.
  - All nursing station countertops will be replaced; computers were mounted underneath which was an ergonomic concern.
- Safety: Interior entrance doors: installation of buzzer/intercom system for increased safety and control flow in and out of the facility. Anticipated completion is mid-June.

**PATIENT EXPERIENCE**

**May 2025**

Patient Experience	YTD May 1st, 2025- May 31st, 2025 N= (est.)	YTD May 1st, 2024- May 31st, 2024 N= (final)	NYS 2025 Benchmark
HCAHPS - Nurses	83	64	76
HCAHPS – Doctors	78	70	76
Discharge Info	88	91	84
Overall Rate	76	64	65

**AMBULATORY MEDICAL PRACTICES & AMBULATORY NURSING**

**Pulmonary**

- Julie Reinhardt and Bethany Dunn produced a great idea in the Pulmonary Clinic with utilizing a picture guide for their patients to identify their inhalers. This helps reconcile pulmonary medications and streamlines the assessment process during the patient visit. Thanks Julie and Bethany!

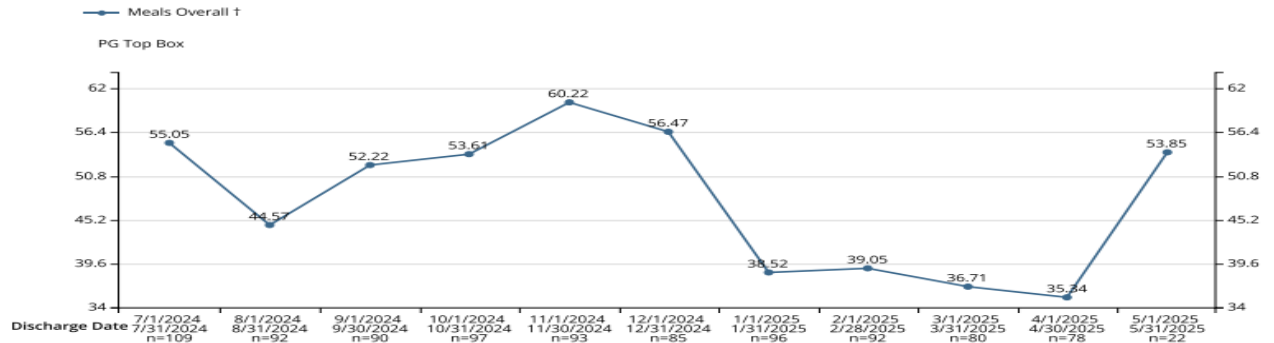


**FOOD & NUTRITION SERVICES**

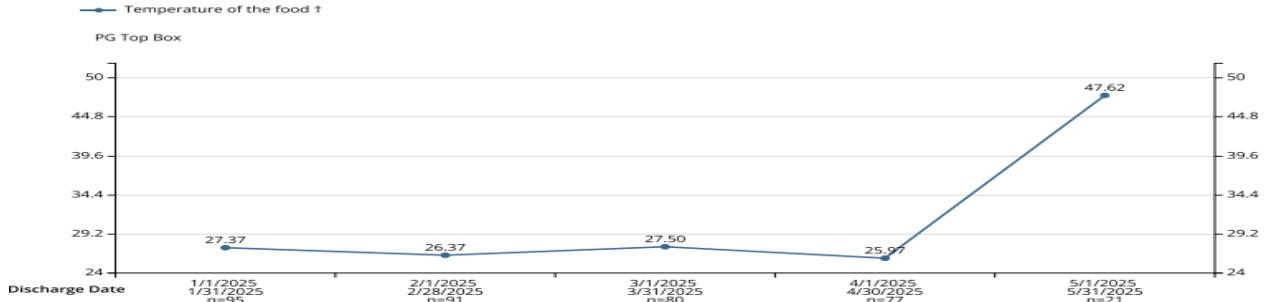
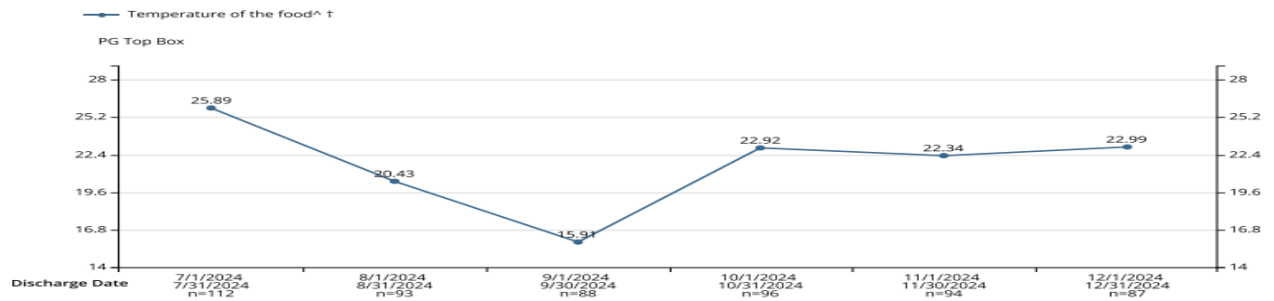
**Press Ganey – Patient Satisfaction Top Box Scores (Goal – 50%)**

- 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 May 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.

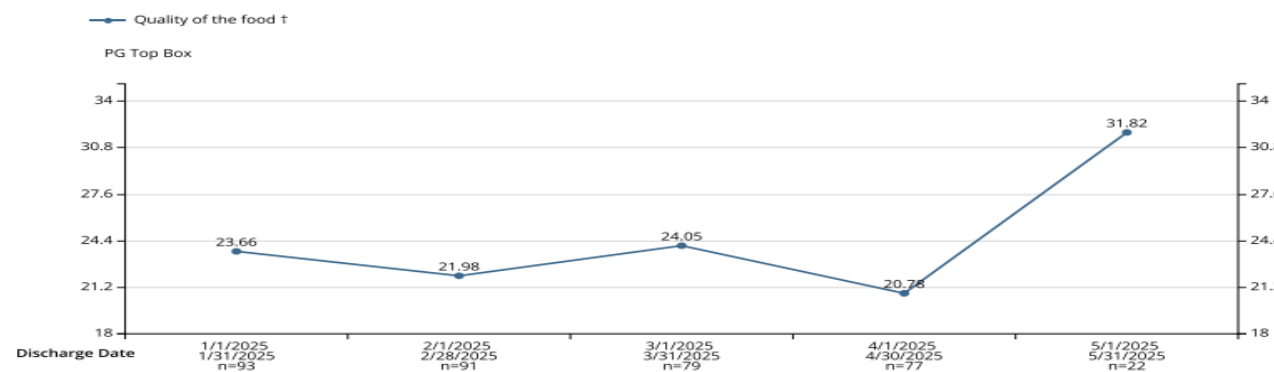
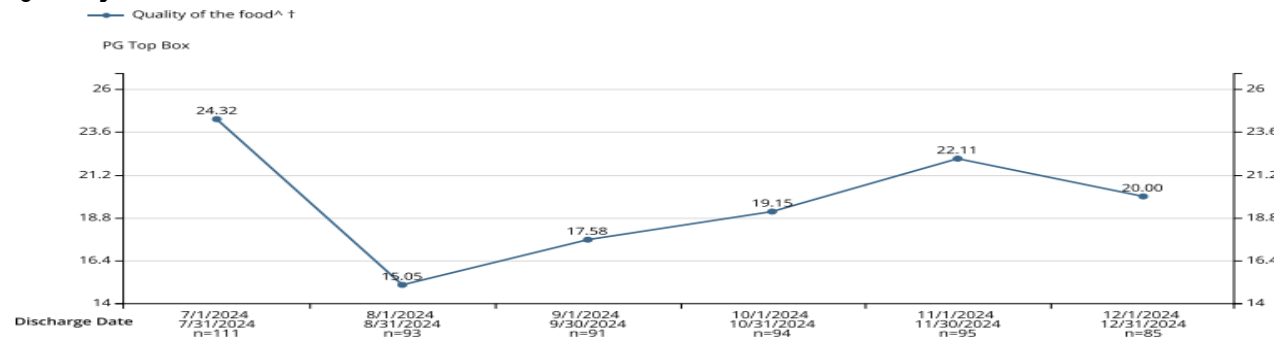
## Meals Overall



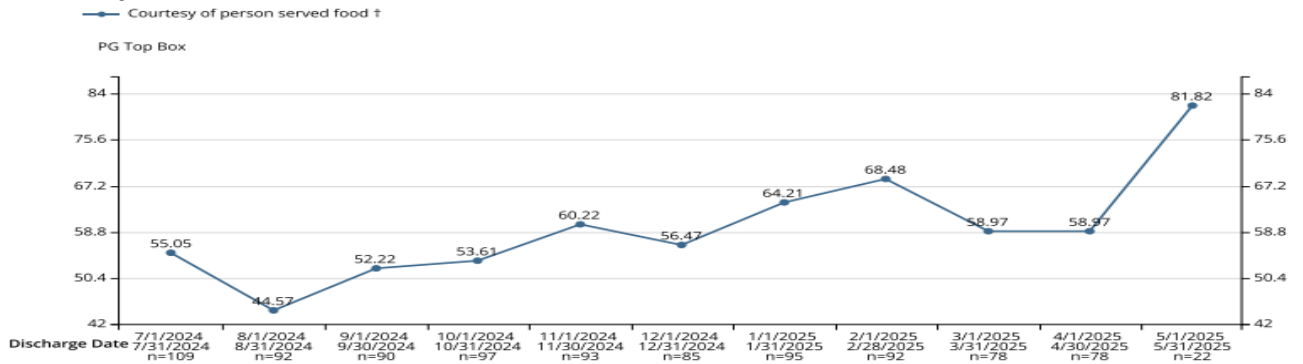
## Temperature of Food



## Quality of Food



## Courtesy of Server



## Quality Improvement Initiatives

- 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.
- Trayline timeliness and accuracy: A strong focus has been placed on holding our Food Service Supervisory team responsible for effectively managing our Food Service Workers and Hospitality Associates. We are continuing to utilize our Diet software to verify that there are no missing trays due to new admissions or transfers. Supervisors stationed directly on the trayline has resulted in improved consistency in tray delivery and fewer missed trays due to new admissions. During May, we increased the use of the Metz Tray Accuracy tool. We are gathering data that shows the specific types of errors made. This helps us to improve tray accuracy conversations with staff and improve patient satisfaction and provide immediate service recovery.

## LABORATORY SERVICES

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

- HbA1c POCT: Implementation of the Siemens UniPOC interface completed May 2025.
- MTP Process: Whole Blood MTP protocol went live on November 5, 2024. Impact being measured as a 2025 QIPS initiative.
- 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. No update at this time.

## TRANSPLANT

- Lobby days conducted at US Renal and DaVita to increase transplantation awareness and continue to grow partnerships with community dialysis centers. Transplant outreach and re-education conducted through onsite meetings at several local nephrology offices by Dr. Kayler and team.

## PEOPLE

### **AMBULATORY MEDICAL PRACTICES & AMBULATORY NURSING**

#### **May Employee Wellness Initiatives**

- **National Women's Health Month** - In recognition of National Women's Health Month, we hosted a tabling event May 29<sup>th</sup> that provided staff with educational materials, health information, and wellness giveaways to encourage preventive care and awareness.
- **UB Veggie Van** - Every Thursday, the UB Veggie Van provides our campus with access to fresh, locally grown produce, reinforcing our commitment to nutrition and food access.
- **Financial Wellness Support** - May 8<sup>th</sup>, 15<sup>th</sup> and 20<sup>th</sup>
  - Corebridge Financial held two tabling events and delivered one informative presentation to support staff with retirement planning and overall financial literacy.
  - LMHF Wellness Table (May 21): Hosted a unique and engaging gardening-themed table featuring a local gardening expert. Staff received seeds, planting tips, and even take-home plants in celebration of Mother's Day.
- These initiatives not only supported the holistic health of our team but also fostered a sense of community and appreciation. We are proud of the positive feedback received and remain committed to offering diverse and meaningful programming that supports the well-being of our staff.

#### **Training and Development**

- Mary Jimerson, BSN, RN, Ambulatory Nurse Manager, and Michelle Mooney, BSN, RN, Nurse Case Manager, were honored with the Christina Slazak Scholarship Award from the Professional Nursing Association of Western New York (PNAWNY). They were formally recognized for this achievement at the organization's annual awards banquet held on June 3, 2025. Both recipients are currently pursuing a master's degree in nursing leadership.
- Shentelle Bell, MSN, RN, Director of Nursing, Ambulatory Services was officially sworn in as a member of the Board of Director for the Professional Nursing Association of Western New York (PNAWNY) during the organization's annual awards banquet held on June 3, 2025.



### **Presentations/Education**

- Amanda Farrell, Clinical Nurse Specialist-Population Health, attended the American Academy of Ambulatory Care Nursing (AAACN) conference in San Diego and presented a poster on optimizing diabetic management in primary care.
  - The primary objective of the highlighted project (*Optimizing Diabetes Management in Primary Care*) was to develop and implement a comprehensive diabetes management protocol to enhance patient outcomes and streamline care delivery.
  - This initiative sought to address transportation challenges, improve patient awareness, and promote adherence and self-management behaviors. By tailoring interventions—including lifestyle modifications, medication counseling, education, outreach, and care coordination—to each patient's unique needs, the project actively addressed social determinants of health (SDOH), such as health literacy and transportation barriers, within a team-based care model.
  - Between 2021 and 2024, ECMC's targeted intervention program significantly improved diabetes management outcomes. The proportion of patients achieving glycemic control rose from 49.9% to 66.8%, reflecting a 33.87% improvement. The average A1C among primary care patients decreased to 7.3. Evidence-based strategies, including personalized education, regular monitoring, and team-based care delivery drove these improvements.
- Nursing Inservice Educator, Alicia Keeney, MSN, RN attended the American Academy of Ambulatory Care Nursing (AAACN) 50th Annual Conference held in San Diego, CA on May 20-24, 2025. During the conference, Alicia presented a poster titled, "A Quality Improvement Initiative to Improve Nursing Clinical Documentation in Hospital-based Ambulatory Care Centers."

### **COEM**

#### **Outreach Initiative**

- Enhanced support resources for employees, including peer debriefing (CISM) and follow-ups through Human Resources for staff involved in incidents. This proactive approach aims to mitigate the impact of workplace violence (WPV) incidents on staff well-being. Continue to share and increase CISM awareness through huddles, leadership meetings, and monthly rounds throughout the organization.

#### **Women's Health Month Outreach**

- Population Health participated in six community outreach events, engaging approximately 400 individuals. In recognition of the month, many activities placed a strong emphasis on women's health, alongside cancer screening education, mental health resources, and preventive care. The team also provided linkages to dental care, smoking cessation support, and chronic disease management resources—particularly for hypertension and diabetes—ensuring a comprehensive approach to improving community health outcomes.

### **CoC / ONCOLOGY RESEARCH**

#### **Outreach/Presentation**

- The Oncology Research team participated in photo-op for winning Univera's Health Equity award.
- Drs. Frustino and Christine Ruh presented "9 to Thrive" about HPV Vaccination to the 4<sup>th</sup> District Dental Society in Saratoga Springs, NY.

### **TERRACE VIEW**

- Ramona Gant, DON, is serving as the Acting Administrator. Ayanna Grantham, ADON, is acting DON.
- National Nursing Home Week in May with daily activities involving staff and residents.
- Nurses Week in May with daily activities for the nursing department.

## **QUALITY**

### **AMBULATORY MEDICAL PRACTICES**

#### **BARIATRICS**

- The Bariatrics department received the metabolic and bariatric surgery accreditation through the American College of Surgeons (MBSAQIP) reaccreditation. There were no standards of non-compliance during the survey. Next site survey for reaccreditation will be in spring of 2028. Until then we will be working to continue to meet all standards for that time. We would like to thank all of the staff who worked tirelessly to achieve the reaccreditation and notably Mary Clare Viger for her work behind the scenes to keep all the documentation organized and readily accessible for our site visit. The visit took place April 10, 2025.



### **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. 100% of MTP packs are released in less than 10 minutes from the Blood Bank.
- **Safety and Resiliency:** Improve the Glucometer cleaning documentation rate across all POCT locations to  $\geq 90\%$  monthly. For May, 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. AABB survey was conducted June 4-5, 2025.

### **SURGICAL SERVICES**

- EPIC transition is in full swing. Data collection and several workgroups meeting weekly.
- Continued preparations for the upcoming Joint Commission survey. Received report for mock survey, plan of correction in process with multidisciplinary team.
- Developing new policies for skull flap, awaiting NYSDOH approval.
- Audit results (compliance):
  - Skin Assessment = 91.8%
  - Discharge instructions = 95.2%
  - Hand hygiene & PPE = 98%
  - Time out = 100%
- Instrumentation audit:
  - Open and unlocked = 98.0%
  - Free from tape = 100%
  - Expired = 91.5%
  - Item closed, locked, expired and removed for reprocessing = 26
  - Confirm accurate expiration dates = 100%
  - Expired = 100%
  - Expired trays removed for reprocessing = 7 total

## **FINANCIAL**

### **AMBULATORY MEDICAL PRACTICES**

- In May 2025, the Ambulatory Department saw 14,281 patients, while being budgeted for 14,239 visits (-0.1% budget). Departments that exceeded budget include: Bariatrics, Cardiology, COEM, 800 Hertel Dental clinic, EEG, ENT, Infusion Center, Neurology, Oral Oncology, Orthopedics, Pulmonology, Surgery and Urology. Additionally, there were 10 visits for Covid testing and/or Covid vaccinations.

### **DIALYSIS**

#### **Budget and Variance:**

- Outpatient (in-center treatments): 2025 Budget 10,056; Variance **(-68)**
- Home Program: (Home Peritoneal & Home Hemodialysis): YTD Budget **630** treatments, favorable to the budget, Variance **(307)**
- Total: **239** treatments for the year

#### **Census Volume:**

- Outpatient (in-center treatments): May = **1,950** treatments, YTD 2025 total = **9,411**
- Home Program: (Home Peritoneal & Home Hemodialysis): May = **259** treatments, 2025 total = **937**, favorable to budget, significant growth.

Dialysis			2024			2025							
			YTD	Budget	Variance	Jan	Feb	Mar	Apr	May	YTD	Budget	Variance
4555	AKI	Hemodialysis - AKI	413	-	-	14	8	28	41	57	148	-	-
	DIALNON	Hemodialysis - Non-ESRD	0	-	-	0	0	0	0	0	0	-	-
	DIALTRAN	Hemodialysis - Transient	1,085	-	-	106	114	93	117	67	497	-	-
	HD	Hemodialysis - Chronic	22,743	-	-	1,873	1,742	1,907	1,939	1,950	9,411	-	-
	4555 Totals		24,241	24,293	-52	1,993	1,864	2,028	2,097	2,074	10,056	10,124	-68
5660	HOMEHD	Hemodialysis - Home	0	-	-	0	0	0	0	0	0	-	-
	PD	Hemodialysis - Peritoneal	1,573	-	-	156	129	178	215	259	937	-	-
	5660 Totals		1,573	1,976	-403	156	129	178	215	259	937	630	307
Totals			25,814	26,269	-455	2,149	1,993	2,206	2,312	2,333	10,993	10,754	239

### **ENVIRONMENTAL SERVICES**

- Overall labor expenses were 5% under budget for April. YTD 3.6% over budget.
- Overall supply expenses were under budget for April. YTD in line with budget.

### **FOOD & NUTRITIONAL SERVICES**

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

April 2025 Actual \$158,608

April 2025 Budget \$181,566

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

May 2025 Actual \$131,728

May 2025 Budget \$183,921

Variance (\$52,193) = 28% below target

- 2025 sales targets are aggressive and will need adjustment for FY26.

### **LABORATORY SERVICES**

- The department budget volumes for May YTD were positive 1.3% to budget target and 1.8% ahead of FY24. The personnel expense May YTD had a positive variance of 0.1% to budget target and a negative variance of 7% to FY24 actual. The non-personnel expense demonstrated a negative variance of 2.2% to budget target and a negative variance of 12.2% to FY24. The department will continue to monitor expenses in alignment with laboratory volumes and test utilization.
- VAT Initiative:** Negotiated reduced LabCorp test fees for targeted assays. May YTD savings are **\$26,029** with projected annual savings of \$60K.

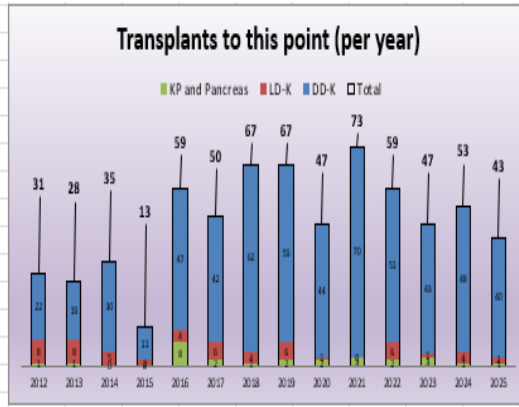
### **SURGICAL SERVICES**

- Ready-Set billing on track for go-live this summer.
- Reviewing revenue created from PAT billing opportunities.
- Monthly meetings with Purchasing to review contracts and savings opportunities.
- Monthly meetings reviewing high implant costs and reimbursement.

### **TRANSPLANT**

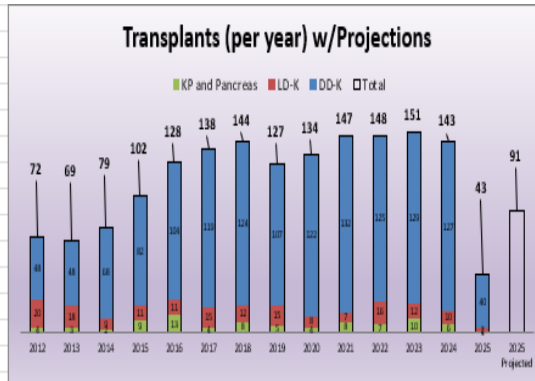
- As of June 3, 2025, we have performed (43) transplants, which is (-10) transplant than this time last year (2024). Based on current volume, we have projected (91) transplants for 2025.
- Pre-Transplant Clinic is below budget by (-68). We have increased our community outreach to increase referral and increased the number of evaluations scheduled per day with nephrology fully staffed.
- Post-Transplant clinic is below budget by (-292) visits.
- Total clinic variance is below budget (-360).

## To this point



	DD-K	LD-K	KP	Pancreas	Total
2009	23	14	0	0	37
2010	24	21	0	0	45
2011	16	6	2	1	25
2012	22	8	0	1	31
2013	19	8	1	0	28
2014	30	5	0	0	35
2015	11	2	0	0	13
2016	47	4	5	3	59
2017	42	6	2	0	50
2018	62	4	1	0	67
2019	59	6	2	0	67
2020	44	1	2	0	47
2021	70	0	2	1	73
2022	51	6	2	0	59
2023	43	1	3	0	47
2024	48	4	1	0	53
2025	40	2	1	0	43

## 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	40	2	1	0	43
2025 Projected					91

Transplant / Vascular			2024			2025							
			YTD	Budget	Variance	Jan	Feb	Mar	Apr	May	YTD	Budget	Variance
6430	TRANPRE	Transplant Clinic	558	-	-	34	33	37	49	51	204	-	-
	TRANPREPRC	Transplant Clinic	1	-	-	0	0	0	0	0	0	-	-
	6430 Totals		559	997	-438	34	33	37	49	51	204	272	-68
6431	TRANPOSPPRC	Transplant Clinic	0	-	-	0	0	0	0	0	0	-	-
	TRANPOST	Transplant Clinic	4,164	-	-	321	308	291	314	305	1,539	-	-
	6431 Totals		4,164	4,000	164	321	308	291	314	305	1,539	1,831	-292
Totals			4,723	4,997	-274	355	341	328	363	356	1,743	2,103	-360

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

# Erie County Medical Center Corporation

## Financial Dashboard May 31, 2025

### Statement of Operations:

	Month	Year-to-Date (YTD)	YTD Budget
Net patient revenue	\$ 56,715	\$ 289,264	\$ 294,142
Other	18,461	90,475	88,096
Total revenue	75,176	379,739	382,238
Salary & benefits	43,227	210,143	206,540
Physician fees	10,524	51,926	51,247
Purchased services	5,915	33,671	34,456
Supplies & other	15,963	82,207	81,659
Depreciation and amortization	3,847	19,251	19,245
Interest	905	4,613	4,827
Total expenses	80,381	401,811	397,974
Operating Income/(Loss) Before Other Items	(5,205)	(22,072)	(15,736)
Grant revenue	9,081	9,081	-
Income/(Loss) from Operations With Other Items	3,876	(12,991)	(15,736)
Other Non-operating gain/(loss)	1,272	4,498	1,556
Change in net assets	\$ 5,148	\$ (8,493)	\$ (14,180)
Operating margin	5.2%	-3.4%	-4.1%

### Balance Sheet:

#### Assets:

Cash & short-term investments	\$ 44,251
Patient receivables	99,709
Assets whose use is limited	195,324
Other assets	477,623
	<u>\$ 816,907</u>

#### Liabilities & Net Assets:

Accounts payable & accrued expenses	\$ 321,059
Estimate self-insurance reserves	53,712
Other liabilities	493,088
Long-term debt, including current portion	188,770
Lease liability, including current portion	19,598
Subscription liability, including current portion	20,326
Line of credit	10,000
Net assets	(289,646)
	<u>\$ 816,907</u>

### Cash Flow Summary:

	Month	YTD
Net cash provided by (used in):		
- Operating activities	\$ 2,850	\$ (2,355)
- Investing activities	(3,714)	(17,973)
- Financing activities	(1,374)	(6,386)
Increase/(decrease) in cash and cash equivalents	(2,238)	(26,714)
Cash and cash equivalents - beginning	9,040	33,516
Cash and cash equivalents - ending	<u>\$ 6,802</u>	<u>\$ 6,802</u>

### Key Statistics:

	Month	YTD	YTD Budget
Discharges:			
- Acute	1,078	5,264	5,370
- Exempt units	403	2,057	2,166
Observation Cases:	392	1,674	1,245
Patient days:			
- Acute	8,096	41,240	40,788
- Exempt units	4,791	23,231	24,587
Average length of stay, acute	7.5	7.8	7.6
Case mix index	Blended	1.99	2.00
Average daily census:			
Medical Center	416	427	433
Terrace View LTC	376	376	377
Emergency room visits, including admissions	5,865	27,496	26,850
Outpatient Visits	27,069	128,290	131,048
Days in patient receivables		52.0	

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# Erie County Medical Center Corporation

## Management Discussion and Analysis

### For the month ended May 31, 2025

(Amounts in Thousands)

#### **May 2025 Operating Performance**

During the month of May, ECMCC was faced with operational challenges related to volume shortfalls and throughput challenges leading to operating performance which fell below the operating target for the month. Despite improvements in ECMCC's length of stay, alternative level of care patients continues to exceed targets significantly for the month leading to shortfalls to the budget most notably in inpatient cases, inpatient and outpatient surgeries and a continued increase in observation cases (paid at a lower rate) 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 May resulted in overall net patient service revenue which fell behind budgeted expectations and were accompanied by additional staffing and agency personnel expenses to accommodate the in-house volume. The overall result drove an operating loss before grant funding for the month of (\$5,205). This operating loss is unfavorable when compared to the month's budgeted loss of (\$3,153).

Inpatient discharges during the month of 1,481 were less than the planned discharges of 1,556 (4.8%) driven by unfavorable variances across all service lines. Within the total, acute discharges of 1,078 were below plan by 3.3%, behavioral health discharges of 228 were below plan by 9.0%, chemical dependency discharges of 157 were below plan by 8.7%, and medical rehabilitation discharges of 18 were below plan by 3.1%. 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 combined with an increasing trend in cases being classified as outpatient observation has driven the decrease in discharges thus maintaining the acute average length of stay at 7.51 days during May, this reflects an improvement from prior months and is slightly favorable to budget of 7.57 days by .9%. 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 35 patients, which is an improvement from April 2025 of 41, but still 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 May were higher than budgeted targets for the month by 70 FTEs. As a result of in-house volumes and higher patient acuity, 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 May 31, 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 \$727. The favorable variance during the month was related primarily to volume shortfalls in inpatient cases and total inpatient surgeries.

Grant revenue of \$9,081 recognized in May 2025 relates to FEMA reimbursements for COVID-19-related incremental expenses. These funds represent a significant portion of the remaining outstanding payments for eligible pandemic-related costs under the program.

#### **Balance Sheet**

ECMCC saw a decrease in cash from December 2024 due to operating losses, required payments during the first 5 months, and timing of cash payments around the month-end. The net changes resulted in 17 days operating cash at May 31, 2025 as compared to 33 days operating cash at the end of 2024 and 22 days operating cash on April 30, 2025. Note that this includes short-term unrestricted/undesignated investments but excludes designated and other restricted assets/investments.

Patient receivables increased approximately \$6.0 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 52.0 days at May 31, 2025.

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 3<sup>rd</sup> quarter.

## Erie County Medical Center Corporation

### Balance Sheet May 31, 2025 and December 31, 2024

(Dollars in Thousands)

	May 31, 2025	December 31, 2024	Change from December 31st
<b>Assets</b>			
Current Assets:			
Cash and cash equivalents	\$ 6,802	\$ 33,516	\$ (26,714)
Investments	37,449	42,826	(5,377)
Patient receivables, net	99,709	93,708	6,001
Prepaid expenses, inventories and other receivables	37,720	38,753	(1,033)
Total Current Assets	181,680	208,803	(27,123)
Assets Whose Use is Limited	195,324	191,600	3,724
Property and equipment, net	278,335	277,043	1,292
Other assets	161,568	161,656	(88)
<b>Total Assets</b>	<b>\$ 816,907</b>	<b>\$ 839,102</b>	<b>\$ (22,195)</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	6,449	6,264	185
Current portion of subscription liability	9,301	8,118	1,183
Line of credit	10,000	10,000	-
Accounts payable	63,981	64,553	(572)
Accrued salaries and benefits	82,902	85,393	(2,491)
Other accrued expenses	168,763	146,172	22,591
Estimated third party payer settlements	5,413	5,643	(230)
Total Current Liabilities	359,564	339,663	19,901
Long-term debt	176,015	179,574	(3,559)
Long-term lease liability	13,149	14,394	(1,245)
Long-term subscription liability	11,025	13,210	(2,185)
Estimated self-insurance reserves	53,712	50,424	3,288
Other liabilities	493,088	522,990	(29,902)
<b>Total Liabilities</b>	<b>1,106,553</b>	<b>1,120,255</b>	<b>(13,702)</b>
<b>Total Net Position</b>	<b>(289,646)</b>	<b>(281,153)</b>	<b>(8,493)</b>
<b>Total Liabilities and Net Position</b>	<b>\$ 816,907</b>	<b>\$ 839,102</b>	<b>\$ (22,195)</b>

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# Erie County Medical Center Corporation

## Statement of Operations

For the month ended May 31, 2025

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
<b>Operating Revenue:</b>				
Net patient revenue	58,023	61,963	(3,940)	60,172
Less: Provision for uncollectable accounts	(1,308)	(1,335)	27	(965)
Adjusted Net Patient Revenue	56,715	60,628	(3,913)	59,207
Disproportionate share / IGT revenue	11,018	11,018	-	10,273
Other revenue	7,443	6,779	664	5,586
<b>Total Operating Revenue</b>	<b>75,176</b>	<b>78,425</b>	<b>(3,249)</b>	<b>75,066</b>
<b>Operating Expenses:</b>				
Salaries & wages	32,809	31,555	(1,254)	29,975
Employee benefits	10,418	11,032	614	8,233
Physician fees	10,524	10,249	(275)	9,277
Purchased services	5,915	7,033	1,118	6,551
Supplies	13,538	14,265	727	14,029
Other expenses	2,020	2,213	193	1,937
Utilities	405	421	16	411
Depreciation & amortization	3,847	3,846	(1)	3,871
Interest	905	964	59	1,004
<b>Total Operating Expenses</b>	<b>80,381</b>	<b>81,578</b>	<b>1,197</b>	<b>75,288</b>
<b>Operating Income/(Loss) Before Other Items</b>	<b>(5,205)</b>	<b>(3,153)</b>	<b>(2,052)</b>	<b>(222)</b>
<b>Other Gains/(Losses)</b>				
Grant revenue	9,081	-	9,081	-
<b>Income/(Loss) from Operations</b>	<b>3,876</b>	<b>(3,153)</b>	<b>7,029</b>	<b>(222)</b>
<b>Other Non-operating Gain/(Loss):</b>				
Interest and dividends	687	292	395	422
Unrealized gain/(loss) on investments	585	19	566	1,434
Non-operating Gain/(Loss)	1,272	311	961	1,856
<b>Excess of Revenue/(Deficiency) Over Expenses</b>	<b>\$ 5,148</b>	<b>\$ (2,842)</b>	<b>\$ 7,990</b>	<b>\$ 1,634</b>

# Erie County Medical Center Corporation

## Statement of Operations

For the five months ended May 31, 2025

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
<b>Operating Revenue:</b>				
Net patient revenue	295,778	300,475	(4,697)	285,889
Less: Provision for uncollectable accounts	(6,514)	(6,333)	(181)	(6,256)
Adjusted Net Patient Revenue	289,264	294,142	(4,878)	279,633
Disproportionate share / IGT revenue	55,089	55,089	-	51,367
Other revenue	35,386	33,007	2,379	24,722
<b>Total Operating Revenue</b>	<b>379,739</b>	<b>382,238</b>	<b>(2,499)</b>	<b>355,722</b>
<b>Operating Expenses:</b>				
Salaries & wages	156,707	152,264	(4,443)	146,491
Employee benefits	53,436	54,276	840	42,654
Physician fees	51,926	51,247	(679)	47,750
Purchased services	33,671	34,456	785	32,288
Supplies	68,206	68,377	171	60,586
Other expenses	10,767	10,906	139	9,966
Utilities	3,234	2,376	(858)	2,292
Depreciation & amortization	19,251	19,245	(6)	19,870
Interest	4,613	4,827	214	5,019
<b>Total Operating Expenses</b>	<b>401,811</b>	<b>397,974</b>	<b>(3,837)</b>	<b>366,916</b>
<b>Income/(Loss) from Operations</b>	<b>(22,072)</b>	<b>(15,736)</b>	<b>(6,336)</b>	<b>(11,194)</b>
<b>Other Gains/(Losses)</b>				
Grant revenue	9,081	-	9,081	609
<b>Income/(Loss) from Operations</b>	<b>(12,991)</b>	<b>(15,736)</b>	<b>2,745</b>	<b>(10,585)</b>
<b>Other Non-operating Gain/(Loss):</b>				
Interest and dividends	3,669	1,458	2,211	2,216
Unrealized gain/(loss) on investments	829	98	731	118
Non-operating Gain/(Loss)	4,498	1,556	2,942	2,334
<b>Excess of Revenue/(Deficiency) Over Expenses</b>	<b>\$ (8,493)</b>	<b>\$ (14,180)</b>	<b>\$ 5,687</b>	<b>\$ (8,251)</b>

**Erie County Medical Center Corporation**  
**Statement of Changes in Net Position**  
**For the month and five months ended May 31, 2025**

*(Dollars in Thousands)*

	<u>Month</u>	<u>Year-to-Date</u>
<b>Unrestricted Net Assets:</b>		
Excess/(Deficiency) of revenue over expenses	\$ 5,148	\$ (8,493)
Other transfers, net	-	-
Contributions for capital acquisitions	-	-
Change in accounting principle	-	-
Net assets released from restrictions for capital acquisition	-	-
	<u>5,148</u>	<u>(8,493)</u>
Change in Unrestricted Net Assets	<u>5,148</u>	<u>(8,493)</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>5,148</u>	<u>(8,493)</u>
Net Position, beginning of period	<u>(294,794)</u>	<u>(281,153)</u>
<b>Net Position, end of period</b>	<b><u>\$ (289,646)</u></b>	<b><u>\$ (289,646)</u></b>

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# Erie County Medical Center Corporation

## Statistical and Ratio Summary

	May 31, 2025	December 31, 2024	ECMCC 3 Year Avg. 2022 - 2024
<b><u>Liquidity Ratios:</u></b>			
Current Ratio	0.5	0.6	0.7
Days in Operating Cash & Investments	17	33	24.7
Days in Patient Receivables	52.0	52.3	56.4
Days Expenses in Accounts Payable	59.1	53.7	59.1
Days Expenses in Current Liabilities	137.3	145.7	140.5
Cash to Debt	51.9%	67.3%	53.1%
Working Capital Deficit	\$ (177,884)	\$ (130,860)	\$ (105,982)
<b><u>Capital Ratios:</u></b>			
Long-Term Debt to Fixed Assets	63.2%	64.8%	67.3%
Assets Financed by Liabilities	135.5%	133.5%	131.7%
Debt Service Coverage (Covenant > 1.1)	1.6	1.7	1.8
Capital Expense	4.3%	3.0%	2.9%
Average Age of Plant	7.5	8.0	8.6
Debt Service as % of NPSR	3.4%	3.9%	4.0%
Capital as a % of Depreciation	106.7%	35.5%	21.9%
<b><u>Profitability Ratios:</u></b>			
Operating Margin	-5.8%	0.7%	-11.5%
Net Profit Margin	-2.9%	-0.7%	-2.5%
Return on Total Assets	-2.5%	-0.6%	-1.6%
Return on Equity	7.0%	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	\$ 272,970	\$ 266,577	\$ 230,021
Personnel Costs as % of Total Revenue	54.4%	50.0%	56.0%

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# Erie County Medical Center Corporation

## Statement of Cash Flows

For the month and five months ended May 31, 2025

(Dollars in Thousands)

	Month	Year-to-Date
<b>Cash Flows from Operating Activities:</b>		
Change in net assets	\$ 5,148	\$ (8,493)
Adjustments to Reconcile Changes in Net Assets to Net Cash Provided by/(Used in) Operating Activities:		
Depreciation and amortization	3,847	19,251
Provision for bad debt expense	1,308	6,514
Net change in unrealized (gain)/loss on Investments	(585)	(829)
<u>Changes in Operating Assets and Liabilities:</u>		
Patient receivables	(3,184)	(12,515)
Prepaid expenses, inventories and other receivables	2,785	1,033
Accounts payable	(1,417)	(572)
Accrued salaries and benefits	4,080	(2,491)
Estimated third party payer settlements	52	(230)
Other accrued expenses	(12,110)	22,591
Self Insurance reserves	673	3,288
Other liabilities	2,253	(29,902)
<b>Net Cash Provided by/(Used in) Operating Activities</b>	<u>2,850</u>	<u>(2,355)</u>
<b>Cash Flows from Investing Activities:</b>		
Additions to Property and Equipment, net	(7,319)	(20,543)
Decrease/(increase) in assets whose use is limited	(5,580)	(3,724)
Sale/(Purchase) of investments, net	9,020	6,206
Change in other assets	165	88
<b>Net Cash Provided by/(Used in) Investing Activities</b>	<u>(3,714)</u>	<u>(17,973)</u>
<b>Cash Flows from Financing Activities:</b>		
Principal payments on / proceeds from long-term debt, net	(686)	(4,324)
Principal payments on / additions to long-term lease liability, net	(533)	(1,060)
Principal payments on / additions to long-term subscription, net	(155)	(1,002)
<b>Increase/(Decrease) in Cash and Cash Equivalents</b>	<u>(2,238)</u>	<u>(26,714)</u>
Cash and Cash Equivalents, beginning of period	<u>9,040</u>	<u>33,516</u>
Cash and Cash Equivalents, end of period	<u><u>\$ 6,802</u></u>	<u><u>\$ 6,802</u></u>

**Erie County Medical Center Corporation**

**Key Statistics**  
**Period Ended May 31, 2025**

Current Period				Year to Date			
Actual	Budget	% to Budget	Prior Year	Actual	Budget	% to Budget	Prior Year
<b>Discharges:</b>							
1,078	1,115	-3.3%	1,198	5,264	5,370	-2.0%	5,521
228	251	-9.0%	251	1,157	1,169	-1.0%	1,143
157	172	-8.7%	203	802	906	-11.5%	904
18	19	-3.1%	20	98	91	7.8%	86
1,481	1,556	-4.8%	1,672	7,321	7,535	-2.8%	7,654
<b>Total Discharges</b>				<b>Total Discharges</b>			
<b>Patient Days:</b>							
8,096	8,450	-4.2%	8,468	41,240	40,788	1.1%	42,237
3,814	4,166	-8.4%	4,088	18,598	19,381	-4.0%	19,194
610	623	-2.1%	741	3,032	3,354	-9.6%	3,406
367	365	0.5%	312	1,601	1,852	-13.6%	1,908
12,887	13,604	-5.3%	13,609	64,471	65,375	-1.4%	66,745
<b>Total Patient Days</b>				<b>Total Patient Days</b>			
<b>Average Daily Census (ADC):</b>							
261	273	-4.2%	273	273	270	1.1%	278
123	134	-8.4%	132	123	128	-4.0%	126
20	20	-2.1%	24	20	22	-9.6%	22
12	12	0.5%	10	11	12	-13.6%	13
416	439	-5.3%	439	427	433	-1.4%	439
<b>Total ADC</b>				<b>Total ADC</b>			
<b>Average Length of Stay:</b>							
7.5	7.6	-0.9%	7.1	7.8	7.6	3.1%	7.7
16.7	16.6	0.6%	16.3	16.1	16.6	-3.1%	16.8
3.9	3.6	7.2%	3.7	3.8	3.7	2.1%	3.8
20.4	19.6	3.8%	15.6	16.3	20.4	-19.8%	22.2
8.7	8.7	-0.5%	8.1	8.8	8.7	1.5%	8.7
<b>Average Length of Stay</b>				<b>Average Length of Stay</b>			
<b>Occupancy:</b>							
76.6%	85.4%	-10.3%	80.8%	76.6%	85.4%	-10.3%	80.8%
<b>% of M/S Acute staffed beds</b>				<b>% of M/S Acute staffed beds</b>			
<b>Case Mix Index:</b>							
1.99	1.85	7.7%	1.93	2.00	1.89	6.1%	1.89
392	307	27.7%	269	1,674	1,245	34.5%	1,396
422	493	-14.4%	492	2,038	2,375	-14.2%	2,166
614	699	-12.2%	729	3,252	3,339	-2.6%	3,255
32	21	52.4%	34	133	105	26.7%	131
46	40	15.0%	32	203	189	7.4%	168
27,069	27,412	-1.3%	27,647	128,290	131,048	-2.1%	125,880
5,865	6,036	-2.8%	5,634	27,496	26,850	2.4%	26,768
52.0	44.2	17.6%	59.0	52.0	44.2	17.6%	59.0
2.3%	2.2%	5.0%	1.5%	2.0%	2.1%	-3.7%	2.2%
3,399	3,298	3.1%	3,274	3,371	3,276	2.9%	3,264
4.29	4.18	2.7%	4.11	4.27	4.23	1.0%	4.16
\$ 18,532	\$ 20,079	-7.7%	\$ 18,250	\$ 19,775	\$ 20,224	-2.2%	\$ 19,120
\$ 26,129	\$ 26,747	-2.3%	\$ 22,975	\$ 27,307	\$ 27,079	0.8%	\$ 25,020
<b>Net Revenue per Adjusted Discharge</b>				<b>Net Revenue per Adjusted Discharge</b>			
<b>Cost per Adjusted Discharge</b>				<b>Cost per Adjusted Discharge</b>			
<b>Terrace View Long Term Care:</b>							
11,652	11,708	-0.5%	11,323	56,803	56,980	-0.3%	56,124
376	378	-0.5%	365	376	377	-0.3%	369
96.4%	96.8%	-0.5%	93.7%	96.5%	96.8%	-0.3%	94.7%
481	512	-6.1%	463	471	512	-8.0%	461
6.6	7.0	-5.7%	6.5	-	-	#DIV/0!	-
<b>Patient Days</b>				<b>Patient Days</b>			
<b>Average Daily Census</b>				<b>Average Daily Census</b>			
<b>Occupancy - % of Staffed beds</b>				<b>Occupancy - % of Staffed beds</b>			
<b>FTE's</b>				<b>FTE's</b>			
<b>Hours Paid per Patient Day</b>				<b>Hours Paid per Patient Day</b>			

**Medical Executive Committee**  
**CMO Report to the ECMC Board of Directors**  
**June 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: 5,587
- ED visits YTD: 25,015
- CPEP visits: 4,429
- Observation: 1,780
- Inpatient Surgeries: 2,195
- Outpatient Surgeries: 3,454
- ALC days YTD: 5,760

The average length of stay MTD 7.8    CMI 1.98836

**CMO Update**

- Reminder: The Foundation Golf Tournament will take place on June 23, 2025
- Thank you to Dr. Philip Stegemann for his dedicated years of service as Chief of Orthopaedics.

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

*Department of Nursing Report June 2025*

June did start our summer surge in patient volumes for this year. In June we also experienced many new hires starting their orientation to our ECMC Nursing team. Some of the new Nurses were previous interns that successfully graduated and passed their Nursing boards.

In June, I participated in the NYS Nursing Workforce Summit hosted by the Dr James McDonald, NYS Health Commissioner to address innovative solutions to address the current states of Nursing in New York State. Nurse leaders from various levels of patient care as well as university educators met to focus on recruitment and retention as well as nurse burn out and changes to support the patient care environments. My presentation focused on the success of our Nurse Intern program. The early opportunity for nursing students to work along side a registered nurse while they are still in school has enhanced the growth of future nurses with critical thinking skills and teamwork. The nurse interns are also able to experience various areas of patient care to decide on the unit they want to be hired to.

One again ECMC was well represented at the Western New York professional Nurses association in June. Martha Metz RN is a PNA Board member for the organization and Shentelle Bell was elected to the Board as well.

ECMC Nurses that were recognized at the event included:

- Meghan Mullen MSN,RN, CCRN- Nurse of Distinction nominee
- Matthew Bailen DNP, MSN, RN, CCRN – Nurse of Distinction for Education nominee
- Mabel Bobeck RN – Outstanding Med Surg Staff Nurse nominee
- Richard Doetterl RN, CCRN – Outstanding Critical Care Staff Nurse nominee

The dedication of our Nursing team to implement best practice as well as to define best practices for patients, continues to be identified as a culture of caring for our patients, our community and to care for each other.



**Communications and External Affairs Report**  
**Submitted by Peter K. Cutler**  
**Senior Vice President of Communications and External Affairs**  
**June 24, 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.

**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 & June: Pedestrian Safety (Dr. Cooper), Motorcycle Safety (Corey Reigle, CCRN), Fracture Care (Dr. Mutty), Kidney Transplant (Dr. Kayler) and HIV Testing (Dr. Claus).

**Community and Government Relations**

- The New York State Legislature concluded the 2025 Legislative session on June 17, with the customary flurry of legislative activity. The session was marked by another extended budget negotiation cycle, leaving legislators with a shortened timeline to advance policy in the final weeks remaining in session. It is expected that the Legislature will return to session this year to respond to the impacts of the proposed federal budget legislation, the "One Big Beautiful Bill Act," that may pass over the summer. As currently structured, the budget legislation will have a significant and disproportionate impact on New York, with the health care provisions collectively resulting in a projected loss of \$13.5B annually to the State (and potentially as many as 1.5 million New Yorkers losing health insurance coverage). The provisions would lead to substantial changes in how Medicaid and the Essential Plan are funded and administered. Reduced federal funding and insurance coverage changes are expected to place enormous strain on the state's health care system. The Governor and the Senate and Assembly Health Committee chairs have all indicated that New York's health system will be significantly impacted if the federal budget passes as proposed, requiring the State to respond to the impact of the reduction in federal funding and coverage modifications.

Here are a few notable healthcare-related bills passed by the State Legislature:

- **Grieving Families Act** (A6063 Lunsford/S4423 Hoylman-Sigal) This bill expands New York's wrongful death statute to extend the statute of limitations, permit recovery of damages for grief and emotional loss, and permit recovery by close family members. This version of the bill is the same as the version passed in 2024, except that it would apply to all causes of action that accrue on or after January 1, 2022 (the 2024 version applied to claims accruing on or after January 1, 2021). A version of this bill was vetoed by Governor Hochul in each of the last three years.<sup>1</sup> If signed by the Governor, this law will take effect immediately and apply to all causes of action that accrue on or after January 1, 2022, regardless of when filed.
- **Medical Aid in Dying** (A136 Paulin/S138 Hoylman-Sigal) This bill allows terminally ill adults, defined as individuals with irreversible and incurable illnesses or diseases with a prognosis of six months or less to live, who have been found by two doctors to be mentally capable to make an informed decision to obtain a prescription for medication

that the patient may self-administer to end the patient's life. The bill does not require health care providers to participate in the prescribing of such medication to a patient. The bill permits private health care facilities to prohibit the prescribing, dispensing, ordering, or self-administering of medication if such action is contrary to a formally adopted policy of the facility that is expressly based on sincerely held religious beliefs or moral convictions central to the facility's operating principles. In such cases, the bill requires these facilities to promptly transfer a patient to another facility that is willing to prescribe the medication. If signed by the Governor, this law will take effect immediately.

- **Hospital Violence Prevention Program** (A203-B Cruz/S5294-B Sepulveda) This bill requires general hospitals to establish a workplace violence prevention program and have off-duty law enforcement or trained security personnel on site at all times. Hospitals will be required to conduct a workplace safety and security assessment on an annual basis and develop a safety and security plan that addresses identified workplace violence threats or hazards. For hospitals located in New York City, a hospital is required to have at least one off-duty law enforcement officer or trained security personnel present at all times in the hospital's emergency department, subject to emergent circumstances in any hospital that requires an adjustment in personnel. For hospitals located outside of New York City, a hospital is required to have at least one off-duty law enforcement officer or trained security personnel present at all times in a manner that prioritizes physical presence near, or within close proximity to, the emergency department of such hospital. This requirement does not apply to critical access hospitals (CAHs), sole community hospitals, or rural emergency hospitals, unless such hospitals experience increased rates of violence or abuse of emergency department personnel in which the Commissioner shall work with the hospital to come into compliance with these requirements. If signed by the Governor, this law will take effect 280 days after it is signed.
- **Local Input in Community Healthcare (LICH) Act** (S1226 Rivera/A6004 Simon) This bill amends the process for the closure of a general hospital or a unit of a general hospital, requiring that a closure be subject to review by the Public Health and Health Planning Council (PHHPC) and with public input through a community forum. The Legislature passed the LICH Act again in 2025, after it was vetoed by the Governor last year.<sup>2</sup> This version does not contain any substantive amendments to the version that was vetoed. If signed by the Governor, this law will take effect 60 days after it is signed. The law does not apply to any proposed closures on notice to DOH as of the date of enactment.
- **Nursing Home Worker Recruitment and Safety Fund** (S5369 Rivera/A2051 Paulin) This bill provides that all fines and civil penalties collected by the Department of Health related to violations of nursing home staffing requirements are to be deposited into a Nursing Home Worker Recruitment and Safety Fund. The fund will be used to enhance the quality of employment for nursing home facility staff, and funding would be distributed to providers in the form of grants. In addition, the bill increases the amount of allowable equity withdrawals from a nursing home to 5% of the facility's annual revenue for patient care services without prior written notice to the Department, provided the facility has been compliant with the minimum staffing level requirements. If signed by the Governor, this law will take effect immediately.
- **Donate Life Registry Opt-In on Electronic Tax Filings** (A7011-A Tapia/S7331-A Rivera) This bill expands opportunities for New Yorkers to register as organ donors by including electronic personal income tax filings as an approved method for individuals to register as organ, eye and tissue donors, and directs relevant state agencies to ensure that space is provided on electronic tax filings for individuals to opt into the Donate Life Registry. If signed by the Governor, this law will take effect 180 days after it is signed.

**MEDICAL EXECUTIVE COMMITTEE MEETING**  
**MONDAY, APRIL 28, 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. Chen	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	Dr. Hall	Dr. DePlato
Dr. Griffith	Dr. Wilkins	Dr. Tadakamalla	Dr. Tanaka

**Non-Voting Members and Guests:**

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

**I. CALL TO ORDER**

A. Dr. Michael Manka, President, called the meeting to order at 11:33 am.

**B. PRESIDENT'S REPORT:**

1. Dr. Manka reviewed the new medical records process for the Bylaws in the Rules and Regulations section. All Chiefs of Service, please review the weekly delinquent records report and have your providers address any outstanding records.

**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 congratulated the Bariatric team on their recent accreditation survey.
- b. Thank you to the ER team for reducing the number of patients (LWOBS) left without being seen.
- c. Hiring continues, 250 staff members hired YTD.
- d. State and Federal government continue talks regarding Medicaid.
- e. Springfest planning continues with over 1800 guests.

**2. COO Report – Andy Davis**

- a. An offer was made for the position of Chief HR Officer. Start date will be May 19, 2025.
- b. Interviews continue for the position of Sr. VP of Behavioral Health along with

Nurse Administrator at Terrace View.

**3. CFO REPORT – Jon Swiatkowski**

- a. Mr. Swiatkowski spoke on March 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. Specialty Pharmacy continues to grow.
- d. Terrace View is assisting with hospital discharges.
- e. The 2026 budget season has begun.

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

- a. Graduation is this Friday, please reach out if you would like to attend.
- b. Search continues for Chair of Pathology, Ophthalmology, Division Chief of Nephrology and Chair of ENT.
- c. Dean Brashear discussed the importance of the working partnership between UB and ECMC.

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

- a. No Report

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

- a. Dr. Cloud shared an operation update. The report included ED volumes, CPEP volumes, admissions, observation, average length of stay, ALC days, along with inpatient and outpatient surgeries.
- b. A University update reflected an ongoing search for Division Chief of Nephrology, a new search for Chair of ENT and for Ophthalmology.
- c. Welcome to Frank Chen, MD, PhD, MBA, Chair for the Department of Pathology.
- d. Congratulations to Ellen Rich, MD who was recently awarded the Outstanding Physician Award 2025.
- e. Foundation golf classic at Wanakah Country Club June 23, 2025.

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

- a. No reports

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

- a. Dr. Panesar shared two updates regarding Epic. The first is workgroup attendance. Please be sure you are able to attend these meetings. Second, the next task to be discussed with the groups is the sign off process. We need to discuss this with the Chief Residents.

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

- a. There was one extraction to be discussed in Executive session.

## IX. CONSENT CALENDAR

MEETING MINUTES/MOTIONS			PAGE #
1.	MINUTES of the Previous MEC Meeting: March 24, 2025	7-11	Receive and File
2.	CREDENTIALS COMMITTEE: April 3, 2025	13-27	Receive and File
	Appointments/ Reappointments/ Resignations		Review and Approve
	Dual Reappointment Applications		Review and Approve
	New Business		Review and Approve
	New appointment		Review and Approve
	Extraction for Executive Session		Review and Approve
3.	HIM – No report		
4.	Graduate Medical Education Committee – Minutes of March 18, 2025	29-34	Receive and File
5.	P & T Committee – No Report		
6.	Professional Dev. & Wellness Committee – Minutes of March 20, 2025	36-37	Receive and File
7.	Resource Management Committee – Minutes of March 12, 2025	39-44	Receive and File

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

**UNANIMOUSLY APPROVED.**

## X. NEW BUSINESS – Michael Manka, MD

Re-appointment approval(s) include:

1. Approval of Dr. Keith Krabill as Chief of Service for Laboratory Medicine for a 3-year term.

**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 12:04 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 March 11, 2025
  - b. Chiefs of Service meeting minutes of March 10, 2025
  - c. Leadership Council Report for March 2025

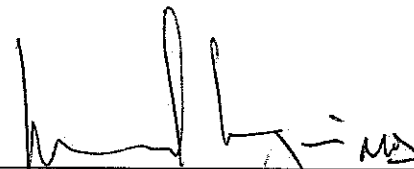
3. An extraction was reviewed regarding a red flag on an application. Credentials Committee recommended approval to the Medical Executive Committee. **MOTION TO APPROVE** was made and seconded.
4. Phyllis Murawski, RN provided a Regulatory report. Bariatrics had their accreditation survey, we are waiting for the official report.

## **XII. ADJOURNMENT**

There was no further business conducted. Motion to adjourn the meeting was made and seconded. The next meeting will be on Monday, May 19, 2025, at 11:30 am. via Teams/Hybrid in the Dr. Zizzi conference room at ECMC. Meeting was adjourned at 12:10 pm.

Respectfully submitted,

**Michael Nagai, MD**  
Secretary  
Medical Executive Committee



Erie County Medical Center - Medical Executive Committee  
April 28, 2025 Minutes of Record

4 | Page