



# ECMCC Board of Director's Meeting

July 22, 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  
JULY 22, 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 JULY 22, 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) **Human Resources Committee** (by Michael Seaman)
  - D) **Quality Improvement and Patient Safety Committee** (by Michael Hoffert)
- VI. EXECUTIVE SESSION
- VII. ADJOURN

ERIE COUNTY MEDICAL CENTER CORPORATION

JUNE 24, 2025 MINUTES OF THE  
BOARD OF DIRECTORS MEETING  
HYBRID MEETING HELD

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Present: Ronald Bennett\*, Reverend Mark Blue, Jonathan Dandes, Sharon Hanson, Michael Hoffert\*, James Lawicki\*, Christopher O'Brien, Hon. John O'Donnell, Reverend Kinzer Pointer, Thomas J. Quatroche, Eugenio Russi, Benjamin Swanekamp\*

Excused: Darby Fishkin, Christian Johnson, Jennifer Persico, Michael Seaman, Philip Stegemann, MD

Also

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

\*virtual

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

**Chief Executive Officer and President**

Lacking a quorum and covering no official business, Dr. Quatroche began the meeting by reporting on Patient Safety Indicators, stating that monthly statistics remain low. Hospital acquired infections were discussed and Human Experience scores were presented. American College of Surgeons awarded ECMC with a three-year Comprehensive Center with Obesity Medicine Qualification Accreditation. Quatroche acknowledged the individuals who were honored during the month for outstanding performance. Charlene Ludlow presented at the NYSDOH Stakeholder Summit on New York State's Nursing Workforce and Emily Beauchamp and Erin Conley presented at AEH's VITAL 2025. The hospital participated in Juneteenth, Pride month, Corporate Challenge and other departmental celebrations during the month. The Foundation hosted its annual golf tournament. Hiring continues have strong numbers and note was made indicating the upcoming Joint Commission Survey. Quatroche announced the upcoming opening of the Breast Health Center.

Andrew Davis announced that Tom Quatroche was awarded the AHA 2025 Grassroots Champion Award.

**Chief Financial Officer**

Jonathan Swiatkowski reviewed the May 2025 Key Statistics. May was another challenging month. Discharges were down 4.8 %, surgeries down 13.1% overall; and length of stay is at 7.5 days which is down 0.9%.. On the plus side, case mix index was 1.99 which is 7.7% higher than budget and 3% higher than last year. Mr. Swiatkowski reported an operating loss of \$5.2M and reviewed the acute length of

stay month over month. A summary of the preliminary financial results through May 31, 2025 was reviewed and the full set of these materials are received and filed.

**II. Call to Order**

Having a quorum, the meeting was called to order at 5:01 pm by Chair, Eugenio Russi.

**III. Minutes**

Upon a motion made by Reverend Kinzer Pointer and seconded by Reverend Mark Blue, the minutes of the May 27, 2025 regular meeting of the Board of Directors were unanimously approved.

**IV. Action Items**

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

Moved by Sharon Hanson and seconded by Reverend Kinzer Pointer

**Motion approved unanimously**

Dr.Cloud called for a motion to approve Dr. Christopher Ritter replacing Dr. Philip Stegemann as the Chief of Orthopedics.

Moved by Sharon Hanson and seconded by Reverend Kinzer Pointer

**Motion approved unanimously**

**V. Standing Committees**

- a. **Executive Committee:** Mr. Russi reported on the most recent Executive Committee meeting.
- b. **Finance Committee:** Reverend Kinzer Pointer reported from the Finance Committee.
- c. **Quality Improvement and Patient Safety Committee:** Michael Hoffert reported that the committee met on June 10<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 Sharon Hanson to enter into Executive Session at 5:07 p.m. to consider legal contractual matters made confidential by law.

Motion approved unanimously

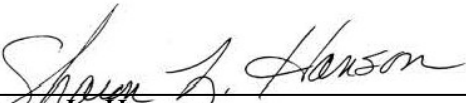
**Reconvene in Open Session**

Moved by Sharon Hanson and seconded Reverend Kinzer Pointer to reconvene in Open Session at 5:23 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 5:24 p.m.

  
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Sharon L. Hanson  
Corporation Secretary

## MINUTES

Present: Dr. Samuel Cloud, Dr. Mandip Panesar, Dr. Siva Yedlapati, Dr. Lakshpaul Chauhan, Dr. Yogesh Bakhai, Dr. Ashvin Tadakamalla, Rebecca Buttaccio, PA

Excused: Dr. Richard Hall, Dr. Thamer Qaqish, Dr. Victor Vacanti, Chris Resitarits, CRNA

Agenda Item	Discussion	Action	Follow-up
<b>I. CALL TO ORDER</b>	Dr. Bakhai called the meeting to order at 3:00 pm.	Dr. Bakhai welcomed Ms. Buttaccio to the Credentials Committee.	
<b>II. ADMINISTRATIVE</b>			
A. Minutes	Minutes from the May 1, 2025 meeting were reviewed and approved.	A motion was made by Dr. Yedlapati and unanimously carried to approve the minutes of the May 1, 2025 meeting as submitted.	Via these minutes, the Credentials Committee recommends same to the Medical Staff Executive Committee.
B. Deceased	None	None	None
C. Applications Withdrawn/Processing Cessation	None	None	None
D. Automatic Conclusion (Initial Appointment)	None	None	None
E. Name Changes	None	None	None

F. Leave of Absence (3)		<p><b><u>Family Medicine</u></b></p> <ul style="list-style-type: none"> <li>Sunhoon Jung, NP - paternity RTW 07/28/2025</li> </ul> <p><b><u>Internal Medicine</u></b></p> <ul style="list-style-type: none"> <li>Mahmoud Fenire, MD - FMLA RTW 06/01/2025</li> </ul> <p><b><u>Orthopedic Surgery</u></b></p> <ul style="list-style-type: none"> <li>Andrea Castonguay, PA – maternity RTW 09/29/2025</li> </ul>	Noted	Informational purposes only	
Question raised by a member of the Committee.		It was noted that Dr. Syed Abdullah has been in Canada for the last 2 months as his Visa is still being processed. The Committee member questioned whether this would need a LOA on file.	It was recommended that the Chief Medical Officer send a letter to the Canadian embassy requesting an expedited processing of Dr. Abdullah's Visa as his services are needed here at ECMC. The Committee noted that the physician, pursuant to the Credentials Procedure Manual may request a Voluntary Leave of Absence.	Dr. Cloud will review his files to determine if a letter of support has already been sent. If not, then a letter will be drafted immediately and sent off.	
<b>G. Resignations (5)</b>		Files are updated and resignation protocol followed. The Committee discussed retention rates and Wellness Committee initiatives to investigate and manage.		Notification via these minutes to MEC, Board of Directors, Revenue Management, Decision Support	
<b>NAME</b>	<b>DEPARTMENT</b>	<b>PRACTICE PLAN/REASON</b>	<b>COVERING/COLLABORATING / SUPERVISING</b>	<b>RESIGN DATE</b>	<b>INITIAL DATE</b>
Alexandra Doane, DO	Emergency Medicine	<ul style="list-style-type: none"> <li>UEMS</li> <li>Moving out of state</li> <li>Confirmed in email</li> </ul>	N/A	05/31/2025	09/24/2019

Farhan Dadani, MD	Internal Medicine	<ul style="list-style-type: none"> <li>• Apogee</li> <li>• Was only IC</li> <li>• Confirmed in email</li> </ul>	N/A	05/08/2025	02/26/2019
Leigh-Anne DiOrio, FNP	Internal Medicine	<ul style="list-style-type: none"> <li>• ECMC</li> <li>• Position was laid off</li> <li>• Confirmed in email</li> </ul>	N/A	06/17/2025	10/25/2022
Zhen Wang, MD	Internal Medicine	<ul style="list-style-type: none"> <li>• CR&amp;F</li> <li>• Left position</li> <li>• Confirmed in email</li> </ul>	N/A	06/13/2025	07/28/2020
Andrea Wincowski, PA-C	Neurosurgery	<ul style="list-style-type: none"> <li>• UBNS</li> <li>• Left practice plan</li> <li>• Confirmed in email</li> </ul>	N/A	05/30/2025	10/29/2019
<b>III. CHANGE IN STAFF CATEGORY</b>					
		None			
<b>IV. CHANGE/ADDITION Collaborating/Supervising (3)</b>					
a) Marisa Bradfield, PA-C	<u>Emergency Medicine:</u> <ul style="list-style-type: none"> <li>• Changing from Dr. Doane to Dr. Tanaka</li> </ul>		Noted	For informational purpose only	
b) Madison Keogan, PA-C	<u>Emergency Medicine:</u> <ul style="list-style-type: none"> <li>• Changing from Dr. Doane to Dr. Hlubik</li> </ul>		Noted	For informational purposes only	
c) Kylie Majka, PA-C	<u>Emergency Medicine:</u> <ul style="list-style-type: none"> <li>• Changing from Dr. Doane to Dr. Borton</li> </ul>		Noted	For informational purposes only	
<b>V. CHANGE DEPARTMENT/ PRIVILEGE ADDITION/ REVISION (2)</b>					
A. Michael Rodman, MD	<u>Radiology</u> <ul style="list-style-type: none"> <li>• Changing from Tele-Radiology to Radiology</li> </ul> <u>Adding 3 new privileges:</u> <ul style="list-style-type: none"> <li>• Lumbar puncture</li> <li>• Myelography</li> </ul>		Noted	Via these minutes, the Credentials Committee recommends approval to the Medical Staff Executive Committee.	



	<ul style="list-style-type: none"> <li>Cisternography</li> </ul>		Notification to Revenue Cycle & Decision Support upon approval of the Board.
B. Hoylan Fernandez, MD	<p>Surgery</p> <ul style="list-style-type: none"> <li>Adding needle biopsy of kidney, pancreas under ultrasound localization</li> </ul>	<p>After document &amp; chart review, it was determined by the Committee that an additional 5 proctored cases need to be performed by Dr. Fernandez in order to ensure that she – as well as the staff – are comfortable with the process &amp; the equipment. Criteria previously discussed and approved, pending discussion of coverage issues.</p> <p>The Committee voted, via electronic communication post discussion on coverage issues, to approve the criteria.</p>	<p>The Medical Staff Office will notify Dr. Fernandez that 5 more proctored cases are recommended for this privilege. Proctor forms will be provided.</p> <p>Via these minutes, the Credentials Committee recommends approval to the Medical Staff Executive Committee.</p> <p>Notification to Revenue Cycle &amp; Decision Support upon approval of the Board.</p>
<b>VI. PRIVILEGE WITHDRAWAL (5)</b>			
A. Meghan Ballou, PA-C	<p><b><u>Emergency Medicine</u></b></p> <ul style="list-style-type: none"> <li>Withdrawing Moderate Sedation privilege</li> </ul>	The Committee voted, all in favor, to approve the changes as requested.	<p>Via these minutes, the Credentials Committee recommends approval to the Medical Staff Executive Committee.</p> <p>Notification to Revenue Cycle &amp; Decision Support upon approval of the Board.</p>

B. Paul Young, MD	<u><b>Otolaryngology</b></u> <ul style="list-style-type: none"> <li>Withdrawing Moderate Sedation privilege</li> </ul>	The Committee voted, all in favor, to approve the changes as requested.	<p>Via these minutes, the Credentials Committee recommends approval to the Medical Staff Executive Committee.</p> <p>Notification to Revenue Cycle &amp; Decision Support upon approval of the Board.</p>
C. Joseph Lang, MD	<u><b>Radiology</b></u> <ul style="list-style-type: none"> <li>Withdrawing moderate sedation privilege</li> <li>Withdrawing Angiography. Per GLMI, these are handled by the interventional team</li> </ul>	The Committee voted, all in favor, to approve the changes as requested.	<p>Via these minutes, the Credentials Committee recommends approval to the Medical Staff Executive Committee.</p> <p>Notification to Revenue Cycle &amp; Decision Support upon approval of the Board.</p>
<b>VII. UNACCREDITED FELLOWSHIPS (2)</b>			
	<u><b>Surgery</b></u> <i>Holly Johnson, MD:</i> Endoscopy unaccredited Fellowship. Anticipated start date is 08/01/2025. Application is in process.	Noted	Noted
	<u><b>Bariatric Surgery</b></u> <i>Caitlin McGee, MD:</i> Will be an unaccredited Fellow for bariatric surgery, but moonlight in General Surgery. All Bariatric privileges will be performed under the direct supervision of Dr. Sanders.	Noted	Noted

VIII. INITIAL APPOINTMENTS (9)			
Erin Fisk, CRNA Anesthesiology	<ul style="list-style-type: none"> <li>State University of New York at Buffalo Doctor of Nursing Practice Nurse Anesthetist June 2023</li> <li>Time gap – one year off after graduation to care for immediate family member undergoing treatment for cancer June 2023 to April 2024</li> <li>CRNA TeamHealth April 2024 to present</li> <li>Hired by ECMC with July 14, 2025 start date NBCRNA 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>
Victoria Olsen, DDS Dentistry	<ul style="list-style-type: none"> <li>State University of New York at Buffalo Doctor of Dentistry June 2023</li> <li>Erie County Medical Center Dental Residency PGY 1 June 2023 to June 2024 and Optional 2<sup>nd</sup> year of training June 2024 to June 2025, not tied to privileges Hired by ECMC with July 1, 2025 start date</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>
Stefany Stempein, DO Emergency Medicine	<ul style="list-style-type: none"> <li>Lake Erie College of Osteopathic Medicine DO May 2021</li> <li>New York Presbyterian Brooklyn Methodist Hospital Emergency Medicine Residency July 2021 to June 2024 and Emergency Medicine Administration Fellowship July 2024 to June 2025, not tied to privileges</li> <li>Emergency Medicine Attending Physician – New York</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>

	<p>Presbyterian Brooklyn Methodist Hospital July 2024 to present</p> <ul style="list-style-type: none"> <li>• Joining UEMS July 2025</li> <li>• American Board of Emergency Medicine eligible, sitting December 2025</li> </ul>		
Rebekah Stephen, DO Emergency Medicine	<ul style="list-style-type: none"> <li>• New York Institute of Technology College of Osteopathic Medicine at Arkansas State DO May 2021</li> <li>• Time gap – moved from Arkansas to Nevada to start Residency May 2021 to June 2021</li> <li>• University of Nevada Las Vegas Kirk Kerkorian School of Medicine Emergency Medicine Residency July 2021 to June 2024</li> <li>• Time gap – moved from Nevada to New York, credentialing process for new attending job July 2024 to August 2024</li> <li>• Staff Emergency Medicine Physician Catholic Health System August 2024 to June 2025</li> <li>• Joining UEMS July 7, 2025</li> <li>• American Board of Emergency Medicine eligible, sat April 30, 2025, pending results</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>
Kevin Vinokur, DO Emergency Medicine	<ul style="list-style-type: none"> <li>• New York Institute of Technology College of Osteopathic Medicine DO May 2019</li> <li>• New York Presbyterian Brooklyn Methodist Hospital Emergency Medicine Residency July 2019 to June 2022 and Emergency Medicine Administration Fellowship July 2022 to June 2023</li> </ul>	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.

	<ul style="list-style-type: none"> <li>• Emergency Medicine Physician, Assistant Director of Quality and Clinical Instructor at New York Presbyterian Brooklyn Methodist Hospital June 2022 to present and per diem attending at South Brooklyn Health August 2023 to present</li> <li>• Joining UEMS in July 2025</li> <li>• American Board of Emergency Medicine certified</li> </ul>		Notification to Revenue Cycle and Decision Support upon approval of the Board.
Christine Meyers, NP Family Medicine	<ul style="list-style-type: none"> <li>• St. John Fisher University Master of Science NP December 2022</li> <li>• Registered Nurse - United Memorial Medical Center Medical/Surgical, ICU Nurse August 2017 to April 2021 and Lipson Cancer Infusion Center Oncology/Infusion Nurse February 2021 to August 2023</li> <li>• Family Nurse Practitioner – Family Choice of New York August 2023 to present</li> <li>• Collaborating Physician – Dr. Kenneth Garbarino (#)</li> <li>• American Academy of Nurse Practitioners 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>
Norman Fiorica, MD Internal Medicine	<ul style="list-style-type: none"> <li>• Tufts University School of Medicine May 1981</li> <li>• Maine Medical Center Internal Medicine Internship June 1981 to June 1982 and Residency July 1982 to June 1984</li> <li>• University of Rochester Strong Memorial Hospital Pulmonary</li> </ul>	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.

	<p>Disease Fellowship July 1984 to December 1987</p> <ul style="list-style-type: none"> <li>• Attending Physician January 1987 to present and Medical Director Pulmonary Division, Critical Care Unit and Pulmonary Rehabilitation Unit at Mount Saint Mary's Hospital January 1988 to present</li> <li>• Attending Physician September 1988 to present Medical Director Critical Care Unit and Critical Care Training for Family Practice House Staff and Nutrition Support Service at Niagara Falls Memorial Center January 1989 to January 1995</li> <li>• Medical Director Tuberculosis Control Program Niagara County Health Department January 1988 to present</li> <li>• Temporary privileges granted May 22, 2025 for immediate patient need</li> <li>• Dr. Fiorica would like to join the Medical Staff as Associate for future coverage</li> <li>• American Board of Internal Medicine, Critical Care and Pulmonary certified</li> </ul>		Notification to Revenue Cycle and Decision Support upon approval of the Board.
Jacquelyn Wescott, PA-C Plastic Reconstructive Surgery	<ul style="list-style-type: none"> <li>• Daemen College Master of Science Physician Assistant May 2020</li> <li>• Time gap – May 2020 to June 2021 Covid, actively looking for job, moved from NY to MA in</li> </ul>	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.

	<p>November 2020 long credentialing process to start job</p> <ul style="list-style-type: none"> <li>Physician Assistant – Internal Medicine Southcoast Health June 2021 to July 2022, Family Medicine Somerville Family Practice August 2022 to August 2024</li> <li>Time gap – August 2024 to October 2024 moved from MA to NY and completed credentialing process for new job</li> <li>Physician Assistant – Signify Health October 2024 to present</li> <li>Joining Grider Support Services – Plastic &amp; Reconstructive Surgery</li> <li>Supervising Physician – Dr. Thom Loree (4 NP/3 PA-C)</li> <li>NCCPA certified</li> </ul>		<p>Notification to Revenue Cycle and Decision Support upon approval of the Board.</p>
Michael Ryan, PA-C Radiology	<ul style="list-style-type: none"> <li>D’Youville College Bachelor of Science Physician Assistant May 2003</li> <li>Time gap – continued working as a radiology technician at Roswell while seeking employment as a physician assistant</li> <li>Physician Assistant – Dr. Sadashiv Shenoy December 2003 to April 2018 and Roswell Park Cancer Institute January 2004 to present</li> <li>Joining GLMI July 2025</li> <li>Supervising Physician – Dr. John McGrath (3 NP/6 PA-C)</li> <li>NCCPA certified</li> </ul>	<p>The Committee voted, all in favor, to approve the appointment with privileges granted as requested.</p>	<p>Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.</p> <p>Notification to Revenue Cycle and Decision Support upon approval of the Board.</p>

<b>X. Temporary Privileges (2)</b>	<u>Orthopedic Surgery</u> Tiffany Card, PA-C issued 05/05/2025  <u>Internal Medicine – Pulmonary</u> Norman Fiorica, MD issued 05/22/2025	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.  Notification to Revenue Cycle and Decision Support upon approval of the Board.
<b>IX. REAPPOINTMENTS (48)</b>	See reappointment summary (Attachment B)	The Committee voted, all in favor, to recommend approval of the re-appointments listed with privileges granted as requested.	Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.  Notification to Revenue Cycle and Decision Support upon approval of the Board.
NAME	DEPARTMENT	CATEGORY	PRIVILEGES
Doherty, Danielle CRNA	<b>Anesthesia</b>	AHP	
Rossitto, Rachael DDS	<b>Dentistry</b>	Active	
Bart, Joseph DO	<b>Emergency Medicine</b>	Active	
Chauncey, Amanda PA-C Collaborating MD: Caldwell	Emergency Medicine	AHP	
Cloud, Samuel DO	Emergency Medicine	Active	
Hayes, Zachary PA-C Collaborating MD: Caldwell	Emergency Medicine	AHP	
Inhelder, Miriam PA-C Collaborating MD: Bart	Emergency Medicine	AHP	
Lalos, Stavros MD	Emergency Medicine	Active	
Costa, Corey PA-C Collaborating MD: Shields	<b>Family Medicine</b>	AHP	
Fickett, Lauren PA-C Collaborating MD: Mikac	Family Medicine	AHP	



Glasgow, Patrick MD	Family Medicine	Active	
Manyon, Andrea MD	Family Medicine	Active	<b>Privilege Addition:</b> <ul style="list-style-type: none"> <li>• Consultation – Family Medicine</li> </ul> <b>Privilege Withdrawal:</b> <ul style="list-style-type: none"> <li>• Level I Core Privileges – Procedural</li> <li>• Level II Core Privileges – Pap Smear Screening</li> </ul>
Scherer, Margaret PA-C Collaborating MD: Mikac	Family Medicine	AHP	
Alam, Naheed MD	<b>Internal Medicine</b>	Active	
Batra, Manav MD	Internal Medicine	Active	<b>Privilege Withdrawal:</b> Internal Medicine Endocrinology Level II Privileges: Thyroid Fine Needle Biopsy
Bhatnagar, Jyotsna MD	Internal Medicine	Active	
Bielinski, Michelle PA-C Collaborating MD: Milling	Internal Medicine	AHP	
Ciraolo, Laura ANP Collaborating MD: Brockman	Internal Medicine	AHP	<b>Privilege Addition:</b> <ul style="list-style-type: none"> <li>• Internal Medicine Level II Privileges: Lumbar Puncture</li> <li>• Internal Medicine Level II Privileges: NG Tube Insertion with Guide Wire</li> <li>• Internal Medicine Level II ICU Providers Only: Chest Tube Placement &amp; Removal</li> </ul>
Gerretsen, Carly FNP Collaborating MD: N Alam	Internal Medicine	AHP	<b>Privilege Withdrawal:</b> <ul style="list-style-type: none"> <li>• Tracheostomy Tube Replacement</li> </ul>
Jafri, Saba MD	Internal Medicine		
Khan, Nasir MD	Internal Medicine		
Mahl, Thomas MD	Internal Medicine		
O’Keeffe, Cale MD	Internal Medicine		
Raptopoulos, Richard FNP Collaborating MD: Claus	Internal Medicine	AHP	
Rashed, Abdulqwai MD	Internal Medicine		
Wener, Greory RPC-C Collaborating MD: Anillo	Internal Medicine	AHP	
Levy, Elad MD	<b>Neurosurgery</b>	Active	
Brownell, Brandon MD	<b>Ortho Surgery</b>	Active	

Jordan, Kelly PA-C Collaborating MD: Bisson	Ortho Surgery	AHP	
Tomaszewski, John MD	<b>Pathology</b>	Active	
Falco, Mark MD	<b>Plastic &amp; Reconstructive Surgery</b>	Active	
Mazgaj, Katelyn FNP Collaborating MD: Loree	Plastic & Reconstructive Surgery	AHP	<b>Privilege Addition:</b> • Surgical First Assist
Pagano, Christina PA-C Collaborating MD: Loree	Plastic & Reconstructive Surgery	AHP	
Popat, Saurin MD	Plastic & Reconstructive Surgery	Active	
Buttar, Kulwant MD	<b>Psych &amp; Behavioral Medicine</b>	Active	
Fox, Brenna PHMNP Collaborating MD: Improta	Psych & Behavioral Medicine	AHP	
Gokhale, Vinayak MD	Psych & Behavioral Medicine	Active	
Hassan, Samad MD	Psych & Behavioral Medicine	Active	
Mashinic, Elisabeth MD	Psych & Behavioral Medicine	Active	
Oei, Merrie MD	<b>Radiology</b>	Active	
Seymour, Michael MD	Radiology	Active	
Talwar, Jasmeet PA-C Collaborating MD: McGrath	Radiology	AHP	<b>Privilege Addition:</b> • Level II: Vascular Access
Valladares Otero, Angela MD	Radiology		<b>Privilege Withdrawal:</b> • In vivo diagnostic interpretation • In vitro diagnostic interpretation
Adams, Timothy MD	<b>Surgery</b>	Active	
Zaaroura, Ahmad MD	Surgery	Active	
Zynda, Elizabeth ANP Collaborating MD: Kayler	Surgery	AHP	
Bodkin, John MD	<b>Urology</b>	Active	
<b>Bold highlighted names are reappointment dates that will be changed to align with Kaleida</b>			

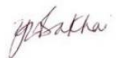
<b>X. AUTOMATIC CONCLUSION</b>	Reappointment Expiration		
<b>1<sup>st</sup> Notice</b>	<b><u>Phys Med &amp; Rehab Med:</u></b> <ul style="list-style-type: none"> <li>Daniel Salcedo, MD – letting privileges expire 08/31/2025</li> </ul>	For informational purposes.	None necessary.
<b>2<sup>nd</sup> Notice</b>	<b><u>Surgery:</u></b> <ul style="list-style-type: none"> <li>Andrea Zucchiatti, MD – letting privileges expire 07/31/2025</li> </ul> <b><u>Internal Med/Cardiothoracic Surgery:</u></b> <ul style="list-style-type: none"> <li>Lucas Speak, FNP – letting privileges expire 07/31/2025</li> </ul> <b><u>Ortho Surgery:</u></b> <ul style="list-style-type: none"> <li>Jascha Teibel, DPM – letting privileges expire 07/31/2025</li> </ul> Relocating out of state	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>	<u>Completed:</u> Neurosurgery, Orthopedics & Pathology were completed.	Four (4) individual opportunities identified. Providers notified.	Will continue to monitor.
<b>FPPE</b>	20 FPPEs were completed in May. One specific case from Pain Management was provided to the Credentials Committee for FPPE review & discussion. In this case, a performance improvement plan (PIP) was created by the employer as opposed to being brought to medical staff leadership for an FPPE process. This is the reverse of the usual procedure but an accepted practice when the medical staff and the employer are working together. The PIP is structured that the physician leadership of Pain Management would be working 1:1 with this provider. The PIP was also brought to Dr. DePlato as the COS. In addition to the FPPE, he reviewed the privileges, CV, experience, and perceived cognitive knowledge of the provider. Dr. DePlato supported the recommendations of the PIP. Drs. Suchy & Farrell met with the provider at the end of April 2025.	One (1) opportunity for improvement was identified.  It was requested that both Dr. Suchy & Dr. Farrell be invited to the next Credentials Committee meeting to discuss the outcome of the PIP.	Dr. Thomas Suchy & Dr. Michel Farrell will be invited to the July 3, 2025 Credentials Committee meeting.

Tracking/Trending:	Colin Morrissey, CRNA	For tracking purposes	Noted
<b>XII. OLD BUSINESS</b>			
Expirables	Expirables were reviewed and discussed with the Credentials Committee. There were 5 outstanding: 3 health assessments, 1 infection control & 1 moderate sedation. It is noted that the provider with the expired moderate sedation is not authorized to do any procedures requiring moderate sedation until the recertification information is received by the medical staff. He was notified of this prior to the date of the expiration of that certificate.	Going forward, any privileges that would need to be relinquished due to an expirable will be noted on this agenda.	For informational purposes
DEA, License, Boards	<p><b><u>June 2025:</u></b>  DEA: 8  License: 10  Boards: 1 (AHP)</p> <p><b><u>July 2025:</u></b>  DEA: 24  License: 31  Boards: 11 (AHP)</p>	No action is necessary at this time.	For informational purposes
MD Staff Update	ECMC has a new implementation manager, the original manager assigned was not robust enough with project development. We are still testing data. We are moving forward with the Legal Team to create a CVO and allow us to build the application & see what verifications will be done on what level. Go Live date is still March 2026, though we are trying to complete this project faster due to the upcoming EPIC installation.	Noted.	Cheryl will update the Committee with next steps when available.
Boards	The Committee is awaiting response from Dr. Vinayak Gokhale, MD, relative to his Board status. In August 2024, Dr. Gokhale forwarded a letter from the American Board of Psychiatry & Neurology indicating he needed to submit his PIP for completion of Board requirements. The Committee asked if Dr. Beth Smith, Chair of Department of Psychiatry at Jacobs School of Medicine, has been brought up to date on this situation. Dr. Bakhai indicated that she has been appraised on the situation from the beginning.	Dr. Smith is out of town for several weeks, but upon her return Dr. Bakhai will reach out to speak with her about Dr. Gokhale's situation.	Dr. Bakhai will update the Committee once he speaks with Dr. Smith.

ACLS Update	<p>Internal Medicine:</p> <ul style="list-style-type: none"> <li>• Mohsin Mian, MD – Apogee: scheduled for June 2025 class</li> <li>• Mahmoud Fenire, MD – UBMD: on LOA, will schedule upon return</li> <li>• Sarah Sadek, MD – UBMD: scheduled for June 2025 class</li> </ul>	Noted.	Tara will update the Committee at the July 3, 2025 meeting.
Dues	<p>There are three (3) providers who have still not paid their dues:</p> <ul style="list-style-type: none"> <li>• Anne Banas, MD – Active Staff, GPPC</li> <li>• Richard Jenkins, MD – Active Staff, Trinity Medical</li> <li>• Shreyas Rana, MD – CR&amp;F, Focus Urgent Care</li> </ul>	In speaking with the involved practice plans, all have stated checks were already mailed. It is noted that there are newly hired associates in the Mail Room, so internal mail delivery has been spotty as these associates are on-boarded. We will wait to see if checks are brought up to the MSO for processing.	Tara will update the Committee at the July 3, 2025 meeting.
Reappointment: Jesse Donaldson, PA Orthopedics	Upon further investigation, it was determined that although the reappointment date for Mr. Donaldson was missed , the appointment did not go past 2 years. We bring providers on staff in accordance with their birth dates. As such, we have until November 2025 to bring him through the reappointment process. The Committee was asked to recommend extension of his reappointment until November 27, 2025, recognizing that all pertinent verifications and expirable documents were appropriate to the situation.	The Committee, voted, all in favor to extend the reappointment of Jesse Donaldson, PA to November 27, 2025 and have it go through the reappointment process as usual.	<b>FOR MEC EXTRACTION</b>

<b>XIII. NEW BUSINESS</b>			
Hannah Lapides, PMHNP	<p>The MDSO was made aware that UPP will be terminating Ms. Lapides in good standing, effective 6/30/2025. Ms. Lapides has indicated a desire to remain on the Medical/Dental Staff in order to “provide continuity of care” to patients she may see in the community. She has submitted a change in collaborating physician (to Dr. Dory Marshall, a UPP employee) and has submitted update malpractice insurance.</p> <p>The ECMC Bylaws, Rules and Regulations section 2.2.2 defines the Qualifications for Membership on the Allied Health Professional Staff to include “A professional role which includes patient care and contact.”</p> <p>The Committee requested legal clarification pertaining to Ms. Lapides role as well as confirmation of the exclusivity of UPP’s contract.</p>	Table pending legal review.	Cheryl will follow-up with legal and advise.
Radiology Privilege Form	Changes were recommended to the radiology privilege form by the COS. Upon review, it was noted that the privileges in question cross specialty lines, necessitating further review by the Credentials Committee.	Cheryl will review the criteria for each Department with the respective COS and provide that data to the credentials committee pursuant to the Credentials Procedure Manual.	Cheryl will bring the outcome of these discussions back to the Credentials Committee.
<b>XIV. ADJOURNMENT</b>	There being no further business to discuss, the meeting was adjourned at 4:10 pm.		

Respectfully submitted,



Yogesh Bakhai, MD  
Chair, Credentials Committee

# CMO Memorandum

**To:** BOARD OF DIRECTORS / MEDICAL DENTAL STAFF / CHIEFS OF SERVICE

**CC:** MEDICAL EXECUTIVE COMMITTEE

**From:** SAMUEL D. CLOUD, DO - CHIEF MEDICAL OFFICER

**Date:** Effective July 1, 2025

**Re:** APPOINTMENTS/REAPPOINTMENTS CHIEF OF SERVICE AND ASSOCIATE CHIEF OF SERVICE

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## APPOINTMENT OF CHIEF OF SERVICE AND ASSOCIATE CHIEF OF SERVICE

Each Chief of Service shall be and remain physician members in good standing of the Active Staff, shall have demonstrated ability in at least one of the clinical areas covered by the department, and shall be willing and able to faithfully discharge the functions of his/her office. Each Chief of Service shall be certified by an appropriate specialty board or affirmatively establish comparable competence through the credentialing process.

1. **Appointment:** Each Chief of Service and Associate Chief of Service shall be appointed by the Board for a one to three (1-3) year term.
2. **Term of Office:** The Chief of Service and Associate Chief of Service shall serve the appointment term defined by the Board and be eligible to succeed himself.
3. **Removal:** Removal of a Chief of Service from office may be made by the Board acting upon its own recommendation or a petition signed by fifty percent (50%) of the Active department members with ratification by the Medical Executive Committee and the Board as outlined in Section 4.1.6 for Removal of Medical Staff Officers within the Medical/Dental Staff Bylaws.
4. **Vacancy:** Upon a vacancy in the office of Chief of Service, the Associate or Assistant Director, or division chief of the department shall become Chief of Service, or other such practitioner named by the Board until a successor is named by the Board.

*The following physician members are current members in good standing of our Active Medical/Dental Staff and are recommended for the position of Chief of Service within their departments:*

DEPARTMENT	NAME	ORIG APPT	CURRENT TERM	MEC REVIEW DATE
Anesthesiology	Anthony DePlato, MD	SEP 2020	3 YRS	AUG 2027
Cardiothoracic Surgery	Yaron Perry, MD	NOV 2021	3 YRS	AUG 2025
Dentistry	Rachael Rossitto, DDS	Nov 2024	3 YRS	DEC 2026
Emergency Medicine	Jennifer Pugh, MD	JAN 2025	1 YRS	JAN 2026
Family Medicine	Kimberly Wilkins, MD	AUG 2024	1 YRS	AUG 2025
Internal Medicine	Brian Murray, MD	MAY 2024	3 YRS	DEC 2027
Laboratory Medicine	Keith Krabill, MD	JUN 2021	3 YRS	JAN 2028
Neurology	Yi Shun Cheng, MD	OCT 2024	1 YRS	OCT 2025
Neurosurgery	Richard Spiro, MD	OCT 2019	3 YRS	DEC 2026
Obstetrics & Gynecology	Suzanne Griffith, MD	JAN 2020	3 YRS	DEC 2027
Ophthalmology	Sandra Sieminski, MD	JAN 2016	3 YRS	DEC 2026
Oral & Maxillofacial Surgery	Richard Hall, DDS, PhD, MD	JAN 2013	3 YRS	DEC 2026
Orthopaedic Surgery	Christopher Ritter, MD	JUL 2025	1 YRS	JUL 2026
Otolaryngology	William Belles, MD	JAN 2013	3 YRS	DEC 2026
Pathology	Frank Chen, MD	APR 2025	1 YRS	JAN 2026
Plastics & Reconstructive Surgery	Thom Loree, MD	JAN 2013	3 YRS	DEC 2026

DEPARTMENT	NAME	ORIG APPT	CURRENT TERM	MEC REVIEW DATE
Psychiatry	Yogesh Bakhai, MD	JAN 2013	3 YRS	DEC 2026
Radiology	Douglas Drumsta, MD	FEB 2020	3 YRS	JAN 2027
Rehabilitation Medicine	Mary Welch, MD	JAN 2024	3 YRS	DEC 2027
Surgery	Jeffrey Brewer, MD	JUL 2023	3 YRS	DEC 2026
Urology	Kent Chevli, MD	NOV 2018	3 YRS	DEC 2026

*The following physician members are current members in good standing of our Active Medical/Dental Staff and are recommended for the position of **ASSOCIATE** Chief of Service within their departments:*

*Associate Chiefs with vote:*

DEPARTMENT	NAME	ORIG. APPT DATE	APPT
Internal Medicine	Sergio Anillo, MD	JAN 2020	BY CHIEF OF SERVICE
Internal Medicine	Siva Yedlapati, MD	AUG 2023	BY CHIEF OF SERVICE
Internal Medicine, Specialty Med.	Ellen Rich, MD	JAN 2020	BY CHIEF OF SERVICE

*The following physician members are current members in good standing of our Active Medical/Dental Staff and are recommended for the position of **ASSOCIATE** Chief of Service within their departments:*

*Associate Chiefs without vote (except when substituting for Chief):*

DEPARTMENT	NAME	ORIG. APPT DATE	APPT
Anesthesia	VACANT		BY CHIEF OF SERVICE
Dentistry	Jennifer Frustino, DDS	JAN 2025	BY CHIEF OF SERVICE
Emergency Services	Kaori Tanaka, DO	JAN 2025	BY CHIEF OF SERVICE
Orthopaedics	VACANT		BY CHIEF OF SERVICE
Radiology	Thomas LoStracco, MD	FEB 2022	BY CHIEF OF SERVICE
Surgery	VACANT		BY CHIEF OF SERVICE
Urology	John Bodkin, III, MD	OCT 2018	BY CHIEF OF SERVICE



ERIE COUNTY MEDICAL CENTER CORPORATION  
JUNE 17, 2025 MEETING MINUTES  
EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS  
HYBRID MEETING

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

ALSO

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

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I. Call to Order

The meeting was called to order at 4:00 p.m. by Board Chair Eugenio Russi.

II. Minutes

Motion made by Jonathan Dandes, seconded by Darby Fishkin and unanimously passed to approve the minutes of the Executive Committee meeting of May 20, 2025.

III. Hospital Update

General Overview

Dr. Thomas Quatroche reported that the team continues to work toward a lower length of stay and that, currently, LOS is on budget. Joint Commission is due to survey us in the next couple of months. Dr. Quatroche discussed the current cash needs of the hospital and the possible solutions,

Finances Report

Jonathan Swiatkowski presented key statistics and performance drivers for June. 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 11.4% from last year. Outpatient visits are up 1.3% from budget and 2.1% lower than last year. Overall, surgeries are down 13.1% from budget, 15.2% from last year. Acute Case Mix Index was higher than budget and last year. May showed a net loss of \$8.5M; The hospital has 17 operating days cash on-hand. Discussion followed. Federal budget update – the Senate has provided back to the house their proposed changes to the bill. The State passed

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.

IV. Other

Joseph Giglia reported on an ongoing legal case.

V. Adjourn

There being no other business, the meeting was adjourned at 5:24 p.m.

ERIE COUNTY MEDICAL CENTER CORPORATION

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

TUESDAY, JUNE 17, 2025 - 8:30 AM

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BOARD MEMBERS PRESENT OR  
ATTENDING BY VIDEO  
CONFERENCE OR TELEPHONE:

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

\* ATTENDING BY VIDEO  
CONFERENCE OR PHONE

ALSO PRESENT:

THOMAS QUATROCHE  
JONATHAN SWIATKOWSKI  
VANESSA HINDERLITER

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**I. CALL TO ORDER**

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

**II. REVIEW AND APPROVAL OF MINUTES**

Motion was made by Reverend Mark Blue, seconded by Darby Fishkin, and unanimously passed to approve the minutes of the Finance Committee meeting of May 20, 2025.

**III. MAY 2025 OPERATING PERFORMANCE**

Mr. Swiatkowski began his presentation with a review of key statistics. He noted that May was a challenging month due in large part to low volumes, including a discharge variance of 75, with 71 being surgical cases. Dr. Stegemann asked if this was a common trend for May and the spring season, and Mr. Swiatkowski clarified that it is not a common trend for the month. Dr. Quatroche noted the ER numbers were down which contributed to this number.

Mr. Swiatkowski also noted that outpatient visits and specifically surgeries are down and that the addition of new physicians in July should be helpful in improving that volume.

Mr. Swiatkowski noted improvements to length of stay, down to 7.5 days. Acute case mix index also continued to have a positive impact but not enough to overcome the volume variances on the revenue side.

Mr. Swiatkowski next reviewed overall net income and clarified that the numbers are positive due in part to FEMA payments that were received and recorded in the month of May. He noted FTEs are holding steady but with slight decline in overtime hours. He noted that the ALC patient average daily census was 35 patients, which is an improvement over April but still a significant number.

Mr. Swiatkowski next reviewed the May 2025 monthly financial performance. Operating expenses were down due to volume, however, not enough to counterbalance the underperformance of revenue. It is anticipated that increases in surgeries will have a positive effect.

Mr. Swiatkowski then clarified the details of the FEMA payment that was received, totaling \$9 million for the 2020-2022 periods related to contract labor costs which ECMC applied for, as well as reimbursements for the Covid testing site that was on the ECMC campus. There is a remaining payment application outstanding from FEMA, however there isn't a prediction on when that could occur at this point. He also reported that it was a positive month for investments.

Mr. Swiatkowski reviewed operating revenue. May saw the continuing trend of less revenue per case, as observation cases increased, surgeries declined, and the length of stay of behavioral health patients declined. Specialty Pharmacy continues to grow and be a consistent source of other operating revenue for ECMC.

Mr. Swiatkowski reviewed operating expenses. Salaries continue to be over budget with an estimated 70 FTEs over plan which is expected to continue as New York State minimum staffing levels need to be met. He reported that ECMC is communicating directly with department leadership to work on lowering the overtime hours where possible while still meeting the required minimums. Dr. Quatroche clarified that preparations for the Joint Commission visit and negotiations with unions have contributed to some of the overtime hours.

Dr. Stegemann asked if additional FTEs are necessary and a conversation was had generally about staffing with particular attention to the costs and benefits of full time, part time, and per diem staff to meet needs.

Mr. Swiatkowski reported that employee benefit expenses were down. He noted that private health insurance payers have adjusted their policies around GLP-1 drug criteria which will need to be monitored. Mr. Swiatkowski reviewed other expenses, including supplies which were down due to the decreased surgeries and costs related to certain pharmaceuticals.

Mr. Swiatkowski reviewed the year-to-date financial performance, which reflect a net loss. Dr. Stegemann asked what pre-covid numbers were like as far as public hospitals like ECMC, and it was discussed generally by Dr. Stegemann and Dr. Quatroche.

Mr. Swiatkowski reviewed the year-to-date operating revenue, with total operating revenue growth over 2024. Year-to-date operating expenses were also reviewed, which were consistent with expectations.

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

Mr. Swiatkowski discussed ECMC's cashflow projection and current cash on hand, and that management is in constant communication with New York State on ECMC's cash flow projections and the future potential financial needs. Contingency plans are being discussed as cash on hand challenges are expected. Dr. Quatroche discussed his communications with New York State regarding ECMC's need for financial assistance, and a conversation was had generally between the attendees regarding how ECMC will approach mitigating these issues. A conversation was had generally regarding NYS and Federal funding for public hospitals and the current challenges being faced by medical institutions.

Mr. Swiatkowski discussed the Federal budget currently being debated in the Senate, and how the hospital intends to prepare for Medicaid changes, despite the unknown surrounding how the State will react to federal funding reductions.

Mr. Swiatkowski noted that a three-year contract was finalized with Fidelis. Benjamin Swanekamp asked, and Mr. Swiatkowski confirmed, that ECMC was recently notified of a refund due to ECMC from New York State of approximately \$5.8 million related to a New York State error in calculating prior IGT matching funds.

Mike Seaman congratulated Dr. Quatroche on his newly appointed position as Chairman of America's Essential Hospitals' Board of Directors.

#### **V. ADJOURNMENT**

There being no further business, the meeting was adjourned at 9:20 AM by Chair Michael Seaman.

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS  
MINUTES OF THE CONTRACTS COMMITTEE MEETING  
WEDNESDAY, APRIL 16, 2025  
VIA ZOOM

VOTING COMMITTEE  
MEMBERS PRESENT

JENNIFER PERSICO, ESQ.  
RONALD BENNETT, ESQ.

EXCUSED:

CHRISTOPHER O'BRIEN, ESQ., CHAIR  
JOSEPH T. GIGLIA, II, ESQ

ALSO PRESENT:

.  
LORI HOFFMAN  
LINDY NESBITT, ESQ.

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**I. CALL TO ORDER**

Acting Chair, Jennifer Persico called the Contracts Committee meeting to order at 9:00 a.m.

**II. MINUTES – JANUARY 15, 2025**

Minutes from the January 15, 2025 meeting were distributed as part of the meeting materials for review and approval.

**Motion made by Jennifer Persico, to approve January 15, 2025 minutes as presented, seconded by Ronald Bennett. Motion approved unanimously.**

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

A list of unredacted contracts for the periods of January 1, 2025 – March 31, 2025 that require board-level review and approval were distributed to committee members before this meeting.

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

ERIE COUNTY MEDICAL CENTER CORPORATION

**Motion made by Jennifer Persico to recommend to the ECMCC Board of Directors approve contracts for the time-period(s) of January 1, 2025 – March 31, 2025, seconded by Ronald Bennett. Motion approved unanimously.**

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

**V. ADJOURN**

No further business to discuss.

**Motion made by Jennifer Persico, to adjourn, seconded by Ronald Bennett, Motion approved unanimously.**

Meeting adjourned at 9:29 a.m.

**ERIE COUNTY MEDICAL CENTER CORPORATION**

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

TUESDAY, JUNE 10, 2025  
MICROSOFT TEAMS PLATFORM

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

**PRESENTERS:** KENT CHEVLI, MD, FELIX CHENG, MD, MARTHA METZ, RN

WILLIAM BELLES, MD  
DONNA BROWN  
CHARLES CAVARETTA  
SAM CLOUD, DO  
JOHN CUMBO  
PETER CUTLER  
ANDY DAVIS  
CASSIE DAVIS  
BECKY DELPRINCE, RN  
MARC LABELLE, RN  
PAM LEE, RN  
PHYLLIS MURAWSKI, RN  
JENNIFER PUGH, MD  
TOM QUATROCHE, CEO  
JOANNE WOLF, RN

**Call to Order**

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



## **I. Minutes**

The May 13, 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. Urology – Kent Chevli, MD**

Dr. Chevli shared a department update on the department of Urology. Dr. Chevli shared an overview of the department which reflected 20 physicians on staff, 9 of which are fellowship trained.

Dr. Chevli shared recognitions and activities that included research publications and community events consisting of a radio talk show and a recent webinar for prostate cancer patients.

A full review of annual urology volumes and urology surgical case volumes took place.

Dr. Chevli shared an update on the previous year quality improvement projects along with a 2025 quality assurance performance improvement plan. An incident reporting summary was discussed as well.

## **III. Neurology – Felix Cheng, MD**

Dr. Cheng shared an update on the Neurology department. Staffing consists of Neurologists, APP's, EEG readers, EEG techs and a medical office assistant. Several compliments from patients were reviewed including "very pleasant and accommodating", and "my appointments are always on time".

Department volumes were reviewed both inpatient and outpatient along with EEG volumes.

Previous year goals and accomplishments included a change in leadership with Dr. Cheng becoming the new Chief of Service started back in October of 2024 along with the attainment of 24/7 EEG service availability. QAPI projects include skin lesions prevention during EEG monitoring. There were two incidents in 2024 and two in 2025. The department is working diligently to eliminate these incidents completely.

Current year quality improvement goals include zero EEG monitoring related skin breakdown, provide injectable treatments and prevention for patients with migraines and the availability of telemedicine follow ups.

#### **IV. Organ Donation – Martha Metz, RN**

Martha shared her report on Organ Donation. The agenda included donation trends, CMS organ donation rates, organ donation referral rates, timely notification, effective request process and total death referral compliance.

Martha shared information on 2024 donation trends, an increase in CMS organ donation rates, and discussed a hospital overview chart. This chart is referenced as a scorecard breaking down several categories of interest.

The total death referral compliance numbers reflected a goal which was met at 100% compliance.

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

Phyllis reported on Quality/Patient Safety. Committee report offs were submitted by Population Health & Health Equity Committee, Radiation Safety Committee, Commission on Cancer (Ambulatory), Utilization Management Committee, and Dialysis.

Regulatory Report –

Phyllis stated the American Association of Blood Banks were recently here for a survey. Their report was received with two minor findings that have been addressed. A final report from the American College of Surgeons Bariatric Program was received with zero citations. NYSDOH/CMS had an onsite visit and their report is pending. The two day mock Joint Commissions Survey follow up visit disclosed great improvements within the hospital.

#### **VI. Adjourn**

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

Dear ECMC Board Members,

As we have reported previously to the Board, the reimbursement challenges for the high-quality healthcare services we provide to our patients – no matter their condition or circumstance – is a continuing issue for ECMC as well as other healthcare institutions across the state and country, particularly public safety net hospitals. Added to that dynamic is the high level of uncertainty that has emerged nationally with the enactment of HR 1, which will have long-term ramifications for the nation's healthcare industry. We have been and will continue to be assertive and proactive in our efforts at both the state and national levels to ensure that we receive the resources and support that are necessary to maintain the best-in-class healthcare services that ECMC is known for throughout our region and beyond. In June, operationally, we have seen improvements that reflect our commitment to maintain the high-quality services we are known for. While we cared for sicker patients, our Total Length of Stay improved significantly from last year. That is a testament to our dedicated caregivers and their collaborative and cooperative efforts in safely discharging patients, despite the lack of available long term care beds and alternative settings outside of ECMC.

We have had many surveys and reaccreditations in recent weeks, including recent surveys for Infection Control, a CMS Hemodialysis survey and a NYS DOH Tissue survey. We will inform the Board of the outcomes of each of those surveys as soon as we hear from them. And we anticipate that the Joint Commission hospital survey will take place here very soon.

On August 4<sup>th</sup>, we will celebrate the opening of the new ECMC Women's Breast Health Center, which is located on the first floor of the hospital close to the former Emergency Department. This is the first mammography center to ever be located in the City of Buffalo's Delavan Grider area and, with generous support from an Independent Health grant and a grant from the City of Buffalo, it will provide a level of vitally important healthcare services to women in our community.

The community continues to support ECMC, and we recently celebrated the very successful 2025 Tim Hortons Smile Cookie campaign, which raised \$107,931 thanks to strong support from WNY Tim Hortons restaurant owners and their guests. Since the Smile Cookie campaign was first launched in 2018, the annual one-week effort has raised \$921,522.68, which supports programs and initiatives that benefit ECMC's frontline caregivers. The 43rd Running of the Subaru Buffalo 4-Mile Chase took place on Friday, July 18th. The Chase has drawn over 33,000 participants from 30 foreign countries and every state since its inception and is now recognized as a USATF 4-Mile Championship course. As the Board knows well, proceeds from this very

popular annual sporting event support the ECMC Foundation and the great work they do in turn supporting our caregivers.

On Monday, July 21<sup>st</sup>, Premier Health Partners, PC, (PHP) was launched. PHP is a new physician-led venture designed to extend high-quality healthcare services closer to where patients live, better connecting ECMC with our footprint in the City of Buffalo to provide better access for patients across the continuum of care.

We are also proud of three of our dynamic leaders who are included in Buffalo Business First's 2025 200 Power Women listing! Congratulations to: Charlene Ludlow, MS, RN, CIC, Senior Vice President of Nursing; Pamela Lee, MBA, MS, RN, FACHE, Senior Vice President of Operations; and Darby Fishkin, CPA, Vice Chair, ECMC Corporation Board of Directors. Darby, Charlene and Pam are excellent representatives of our ECMC Family and we are very happy for this well-deserved recognition.

As we have shared with the Board previously and discussed again briefly at the beginning of this monthly report, the dynamic of the national healthcare landscape is very fluid and unpredictable. We are working very hard to do everything we can to mitigate the impact of potential federal funding cuts particularly to Medicaid. We are thankful and very appreciative of the Board's continuing support and guidance during this particularly challenging time.

Best,

Tom

**Erie County Medical Center  
Board Report  
President & Chief Operating Officer  
July 22, 2025**

**Submitted by Andrew Davis**

## **OPERATIONS**

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

**June 2025**

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

##### **Research Updates**

- One patient completed their 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 submitted to FDA.
- Our team was selected to participate in a new chemotherapy clinical trial for patients with stage IV non-small cell lung cancer sponsored by AstraZeneca.
- The research team attended an investigator meeting in Philadelphia for sponsor Meira GTx.
- The research team attended a meeting with AMGEB to discuss studies in their Hem/Onc portfolio pipeline.
- Monthly Oncology Multidisciplinary Research Meeting and monthly UB CRO meetings were attended.
- 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.

### **Food & Nutrition Services**

#### **Retail Operations**

- Catering continues to consistently increase in volume. During June, we supported the Corporate Challenge event at Delaware Park. Metz team members from the Kaleida hospitals also supported the event. We continue to collaborate with the Diversity, Equity and Inclusion (DEI) team to celebrate events in the Café and Overflow Café. Dale Lynk, Sous Chef, is taking the lead in retail and catering.
- A new retail menu was introduced in June featuring new options. At the end of June, we highlighted our “Street Eats” brand. We will continue to implement new spotlighted items weekly throughout the café.

### **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 first component of the equipment was delivered 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. The equipment was installed February 2025 and instrument validation is ongoing. The system went live in June 2025.
- **EPIC Project:** Laboratory leadership engaged in advisory and workgroup capacity. Efforts initiated providing legacy DCW elements for EPIC build. There are six active workgroups ongoing in support of the EPIC conversion.

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

Plant Operations/Facility project updates include the following:

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

- **Work completed:** Remaining doors and hardware installations, access control, furniture, lighting, Mammography/DEXA/Ultrasound equipment and patient lift installation, room signage, final testing, DOH inspection conducted on June 30<sup>th</sup>, punchlist.
- **Work anticipated:** DOH approval to occupy space/soft opening of suite, final fixture installations, equipment live patient training, additional millwork and door in corridor work.

#### ***Mammography Registration Area and Corridor Upgrades – Complete (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:** Change order work to correct dental air and vacuum line fittings.
- **Work anticipated:** Project closeout.

#### ***Lab Analytical Specimen Processing Instrumentation Replacement***

- **Work Completed:** Phase 1 temporary work installation, setup, and validation are complete. Phase 2 construction documents are under final design review. Construction Manager preparing project to be bid out.
- **Work Anticipated:** Phase 2 project out for bid. Bid opening and de-scope lowest bidder.

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

- **Work in progress:** Obtained/obtaining several quotes for various projects/tasks identified, all varying status.
- **Pending projects:**
  - Grounds Garage Floor Repairs/Trench Train Replacement – awaiting design contract approval
  - Trash Compactor Concrete Pad – requires concrete design review by A/E. Quote to be revised/updated. No update.
  - Main Hospital – 4<sup>th</sup> and 5<sup>th</sup> Floors Behavioral Health Ceiling Access Panels (Re: Fire Damper corrections above)
  - 1<sup>st</sup> Floor Internal Medicine Millwork and/or Room Refresh – on hold for additional capital funding approval. No update.

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

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

## **Outpatient Behavioral Health Programs/Initiatives**

- **Outpatient Behavioral Health and SUTS**
  - Awarded the Erie County Dept of Social Services CASAC (Credentialed Alcoholism and Substance Abuse Counselor) RFP – continued relationship where ECMC provides CASAC services to assist patient assessment and recovery from Substance Use Disorders.
- **Help Center Adolescent Service Expansion**
  - Continued planning around the Mental Health Outpatient Treatment & Rehabilitative Services (MHOTRS) grant issued by NYSOMH.
  - Staff Training related to adolescent assessment, intervention(s), etc. anticipated to occur July/August. It will include four video-based trainings, two in-person sessions, and include evaluation of learning.
  - UPP and ECMC Help Center providers will be coordinating with specific Buffalo Schools to develop communication and referral processes, in support of a Fall 2025 stage 1 roll out for Help Center access for adolescents in need.
- **Adult & Family Clinic and 1285 Main Street Behavioral Health**
  - Continued monthly meetings and participation with NYS OMH related to the NYS OMH MHOTRS Quality Improvement Collaborative with efforts. Submission of required Project Plan to occur in coming month.
    - Expand clinic treatment capacity
    - Increase Group Treatment
    - Monitor and manage caseloads and productivity
    - Improve intake efficiency and treatment initiation

## **Outpatient Rehabilitation Services**

- 7z4 began transition over to a “geriatrics” OBS unit, and Therapy began to attend 7z4 interdisciplinary rounds at 10:45am Monday – Friday to assist with expediting discharges.
- The weekend mobility initiative has demonstrated that greater than 50% of this group of patients who had increased mobility over the weekend were able to be cleared for home either by the time of medical clearance or prior to being deemed medically ready and avoided going to SAR. Other than a few social/miscellaneous issues, once the patient was cleared for home by PT, the primary reason discharges were delayed was that the patients were not medically ready.
- The OP Driver Rehab Program and The Alzheimer’s Association Western New York Chapter partnered on October 11, 2018 to provide no cost driver evaluations for people living with dementia through funding by the NYSDOH. These evaluations were a vital tool for helping families make difficult decisions on driving safety when facing disease progression. Due to changes in funding this collaboration will need to end due to lack of funding. Our OP Driver Program has used the knowledge gained in providing services to this population for these seven years to enhance the Alzheimer’s Association screening process related to IADL and driving safety to empower their staff to make effective decisions without the input for a formal driver assessment. Next steps will be to ensure that our stakeholders in the community are aware of this change.
- On MRU, the service access goal of increasing the average daily census to greater than or equal to 11.5 days was exceeded for the month of June at 15.3 patients (2024 baseline was 11.5 patients).

- The efficiency goal on MRU is to decrease the onset days to MRU admission to less than 16.3 days and was met in June at 14.7 days.

### **Supportive Care & Palliative Medicine**

- Total Inpatient Consults for June: 110
- Transitions of Care: 15
- Discharge with Home Hospice: 5
- Terrace View: 4
- Sloan Comfort Home: 1

Meeting participation includes the following:

- Caregiver Support/Assessment: Fifteen (15) identified caregivers were screened, with four (4) full assessments completed and transferred to ECDSS.
- Monthly Advancing Palliative Synergy meetings.
- CoC workgroup meetings

### **Surgical Services**

#### **Robotic Volume – June 2025**

Bariatrics	10
Cardiovascular/Thoracic	9
General Surgery	0
Head & Neck	2
Orthopedics	26
Urology	1

- SEC Committee to meet with low utilization surgeons to maximize and realign block time.
- 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, near completion. First DEXA and mammography patients are scheduled for July 15<sup>th</sup> and July 17<sup>th</sup>.

### **Terrace View**

#### **Operations**

- Census: The average monthly census for June was **382**, which is an increase from (376) 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.
- Facility Operations/Renovations:
  - Servery renovations: Eventually, all serveries will be replaced. Started servery renovations in MLK neighborhood.
  - All nursing station countertops will be replaced; computers were mounted underneath which was an ergonomic concern.



## **PATIENT EXPERIENCE**

### **Press Ganey Scores**

We continue to perform at a high level within our organization as it relates to Patient Experience. Our patient experience scores are listed below:

#### **June 2025**

<b>Patient Experience</b>	<b>YTD June 1st, 2025- June 30th, 2025 N= 29 (est.)</b>	<b>YTD June 1st, 2024- June 30th, 2024 N=302 (final)</b>	<b>NYS 2025 Benchmark</b>
HCAHPS - Nurses	80 (est)	81	76
HCAHPS – Doctors	75 (est)	75	76
Discharge Info	90 (est)	91	84
Overall Rate	76 (est)	70	65

### **Ambulatory Medical / Outpatient Practices**

#### **Environmental Services**

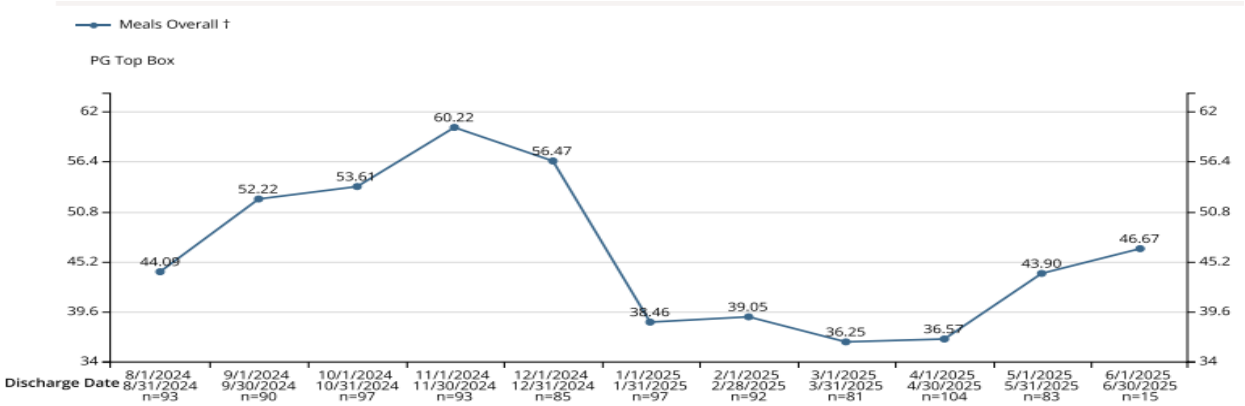
- Strategic units and staff member alignment continue to be emphasized.
- Implementing Tent Cards and Welcome Kits to improve scores.
- Partnership with Donna Brown, Associate Hospital Administrator, has shown positive results. There is an eight (8) point improvement from Q1 to Q2 from 60% to 68%.

#### **Food & Nutrition Services**

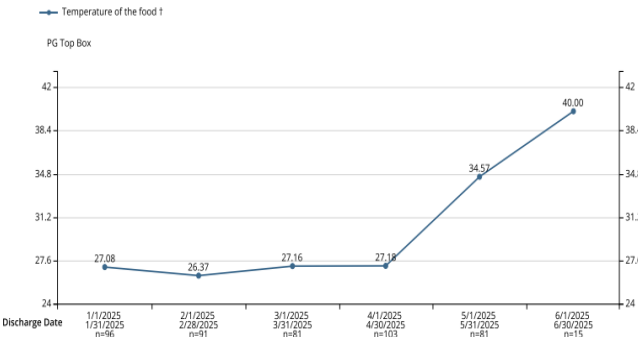
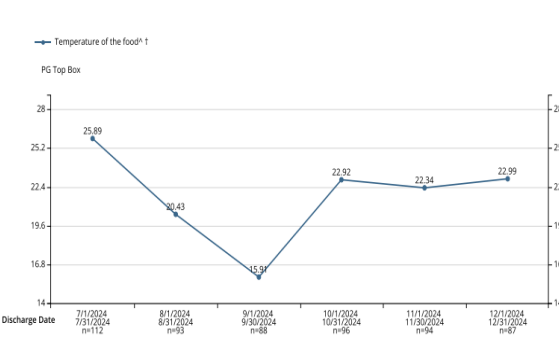
##### **Press Ganey – Patient Satisfaction Top Box Scores (Goal – 50%)**

- The graphs include Press Ganey patient satisfaction scores for the past 12 months. Initiatives have been showing improvement since August 2024, although we experienced a dip in December and January. The “n” for June is still low for the month, as we have not received all surveys at the time of the report.
- We refocused our efforts with Metz support personnel to evaluate our patient services program and recommend actions and tools to improve our scores. Using our own rounding tool and Press Ganey comments we created an action plan with the goal of improving overall patient satisfaction. We continue to focus heavily on our tray accuracy, timeliness of late tray delivery, pars delivery and our hospitality associates training program. We were pleased to see an improvement in our Press Ganey scores which coincided with our increased attention to patient rounding, nursing rounds, and tray accuracy audits.
- 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.

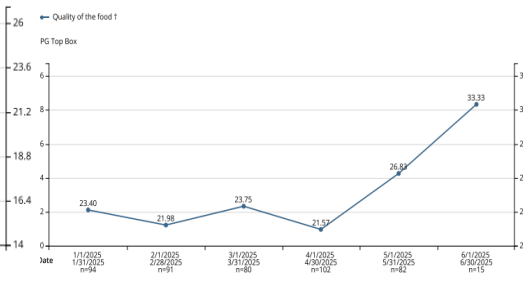
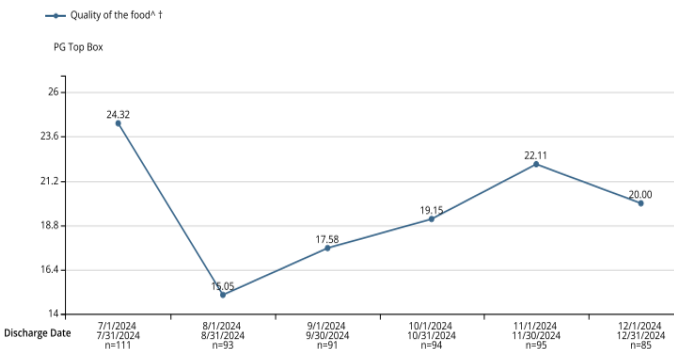
Meals Overall



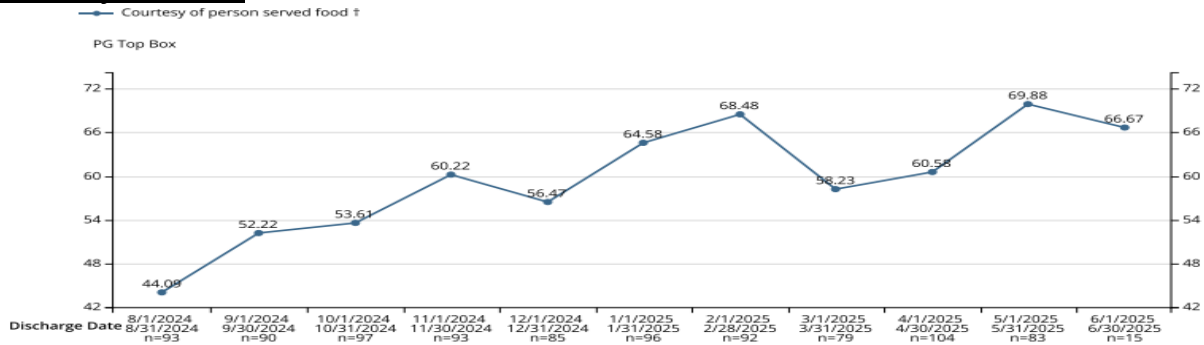
Temperature of Food



Quality of Food



## Courtesy of Server



## Quality Improvement Initiatives

- **Floor stock delivery:** The Floor Stock delivery program was revamped. All hospitality associates are responsible for delivering their own floor stock in the acute zones. We have a smaller dedicated floor stock team responsible for the first floor and behavioral health zones. We have received positive feedback from nursing staff.
  - Assistant General Manager (AGM), Anthony Ciotuszynski, and our Patient Services Manager have finished organizing all the galleys with new and uniform storage bins. The utilization of similar bins throughout the hospital assists our floor stock delivery team. Food Service Supervisors are assigned to tour galleys to verify delivery of stock, cleanliness and temperature monitoring.

## Laboratory Services

The following initiative is underway or completed for improvement of testing turnaround time and patient experience.

- **Thromboplasty Technology Review:** RFP vendor responses are under review.

## Transplant

Lobby days conducted at DaVita to increase transplantation awareness and continue to grow partnerships with community dialysis centers.

## PEOPLE

### Ambulatory Medical Practices & Ambulatory Nursing

#### Professional Development

- We are proud to recognize several members of our ambulatory nursing team who have recently advanced through ECMC's Clinical Ladder program.
- The Clinical Ladder is a structured professional development and career advancement program designed specifically for ECMC's nursing staff. It promotes ongoing growth, enhances job satisfaction and retention, and fosters leadership and mentorship within our organization.
- Please join us in congratulating the following ambulatory department nurses for successfully completing a level of the Clinical Ladder: Lisa Firestone, Abby Hansgen, Heather Fox, Michelle Mooney.

## Staff Morale

- Introducing the **Ambulatory Post** – Our New Department Newsletter!

- We are excited to announce the debut of the Ambulatory Post, a new newsletter created to keep everyone informed and connected. This publication is designed to highlight important updates, share department news, and celebrate the great work happening across our ambulatory teams.
- It is a way for all staff to stay engaged and in the know—because what happens in ambulatory care matters to all of us.



#### Ambulatory's Great Catch Submission Form

Recognize. Report. Prevent.

Date: 5/25/25

- Name: Steve Holcomb and De' Shantel Grey
- Department/Clinic Location: You Center of Wellness

#### Description of the Great Catch

##### What was the issue you noticed?

(Briefly describe the situation or potential safety concern you identified.)

The patient was scheduled to receive **Rebyota** at their appointment on Friday. During pre-planning on Wednesday, the nursing staff noted that the patient was currently on antibiotics. **Rebyota** cannot be administered while a patient is taking antibiotics.

##### What action did you take?

(Describe how you responded or intervened to prevent harm or improve the process.)

- the treatment was deferred, and the appointment was canceled

##### Impact of the Catch?

(Example: Patient harm, medication error, delay in care, miscommunication, etc.)

- This proactive review prevented the administration of medication outside of clinical guidelines. **Rebyota** is a high-cost medication that must be mixed prior to use, and once mixed, it cannot be returned to the pharmacy. Identifying the issue in advance helped avoid unnecessary waste and save the department money. Additionally, it supported patient satisfaction by preventing the patient from arriving for the appointment only to have it canceled.

**Thank you for your commitment to safety and excellence in ambulatory care!**

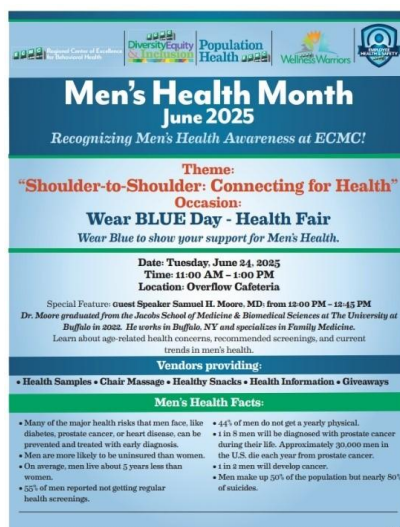
## Recognition

- A Great Catch is the proactive identification and reporting of a potential safety issue or error before it reaches the patient or causes harm. These actions are essential to maintaining a culture of safety and excellence in patient care.
- We are proud to recognize Steve Holcomb, RN, and DeShantel Grey, LPN, for their outstanding vigilance and commitment to patient safety as June's Great Catch honorees. Thank you both for going above and beyond to keep our patients safe!

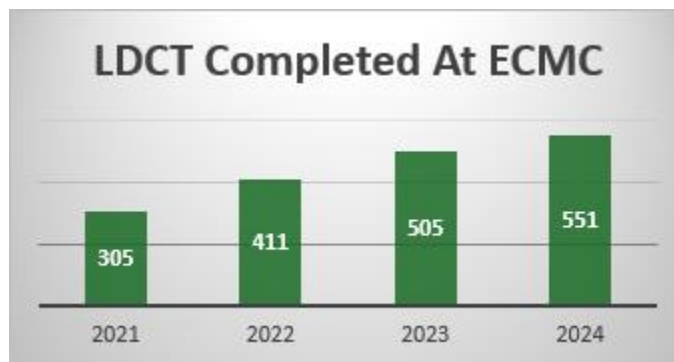
## Population Health – June 2025

### Community Outreach / Events

- In recognition of Men's Health Month, Population Health actively participated in six community outreach events and a radio show throughout June 2025, engaging nearly 700 individuals. These events focused on raising awareness of key men's health issues, including cancer screening education, mental health support, and preventive care. Attendees received information and resources designed to encourage early detection, reduce stigma around mental health, and promote healthier lifestyles for men. To support a holistic approach to wellness, the events also offered connections to primary care, specialty care, dental care, smoking cessation programs, and education surrounding chronic conditions like hypertension and diabetes.



- Lung cancer screenings completed at ECMC have increased year over year, driven by our focus on early detection in high-risk populations. Through targeted outreach and a screening hotline (898-LUNG), we have worked to reduce barriers and expand access. Now, in partnership with HANYS and the WITNESS Project, who secured \$10,000 to support community engagement, we aim to increase lung cancer screening through LDCT further and reach underserved communities where late-stage diagnosis remains a significant concern.



- Team members attended Power 96.5FM/WUFO 1080AM Black Music Month Conference Awards (BMMCA) and The 12<sup>th</sup> Annual Hispanic Heritage Community Breakfast.



### **Recognition**

- America's Essential Hospitals (AEH) recognized ECMC for its *Remote Patient Monitoring Program*, which helps mitigate barriers to treatment for patients with hypertension. AEH awarded ECMC a 2025 Gage Award honorable mention for Population Health at a luncheon during VITAL2025, the Washington-DC-based organization's annual conference in Atlanta. Emily Beauchamp, Assistant Director of Population Health, accepted the award on behalf of ECMC.



### **CoC / Dental Oral Oncology**

#### **Community Outreach**

- Oral Cancer screenings and Dental Outreach were offered at the Juneteenth Festival on Saturday, June 14. The dentists screened 16 individuals.
- The team was approached to participated in the following community events:
  - *Jefferson Avenue Friday Night* organized by Marnetta Malcom.
  - Painters Union event at Darien Lake.

### **Outpatient Behavioral Health**

#### **Outreach/Events**

- Outpatient Behavioral Health and SUTS Outreach
  - 6/6/2025 – Outreach with ECMC Hepatology Clinic
  - 6/14/2025 – Juneteenth Festival – Tabling and Informational effort attended by Carl Carter – Counselor OPSUTS



- 6/24/2025 – Outreach Presentation with Horizon Health Services
- 6/26/2025 – Outreach Presentation with Brylin Hospital
- 7/2/2025 - Behavioral Health Initiative – Presentation for Highmark related to Help Center and all other ECMC OTPT BH and SUTS services – Presented by Michelle Marshall, MS, CASAC and Chelsie Kuzdzal MS, LMHC-

### **Outpatient Rehabilitation Services**

- The Acute Therapy Department is assisting Loretta Miller, SPH, in working with the new hire orientees on the progressive mobility initiative. Additionally, therapy will partner with SPH to complete competencies on nursing staff related to progressive mobility.
- One OP OT and one SLP received Tulip Award nominations.
- Heather D’Errico, SLP and Erin McBundy, MS OTR attended the 2<sup>nd</sup> Annual Aphasia Fair at UB to provide information on Driver Rehab and Cognitive Therapy.
- PEDS Rehab hired a special education teacher who will attend orientation and begin providing services in July 2025. Recruiting for all disciplines is ongoing with interviews scheduled for July.

### **Food & Nutrition Services**

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

- We welcomed several new staff members to our department during June. Our new Executive Chef, Brandon Benitez, started on June 30<sup>th</sup>.
- We are currently focusing on hiring part-time staff to reduce the need for overtime. During June, overall hourly staffing levels improved in Patient Services, Culinary, and Retail.
- Implemented a new weekly Employee Spotlight recognition program.

### **Terrace View**

- Ramona Gant, DON, is serving as the Acting Administrator. Ayanna Grantham, ADON, is acting DON.
- Nursing agencies continue to be utilized to provide temporary supplemental staffing on the evening shift and minimally on the night shift for RNs, LPNs, and CNAs. Currently, we have (12) aides, (2) RN, and (2) LPN, (1) nursing supervisor, and (2) RRT agency staff. There has been an increase in RN agency staff usage. The facility goal for 2025 is to increase the average census while continuing to improve staffing and limiting nursing supplemental agency use to the evening shift.
- Juneteenth celebration was enjoyed by for residents and staff.

### **Transplant**

- The Transplant team participated in the Kidney Walk to increase kidney health awareness.

## **QUALITY**

### **Dialysis**

- There was a NYSDOH onsite survey July 7-9, 2025 with no significant findings. A Plan of Correction (POC) is being developed to address any outstanding issues.

- In-center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) surveys are being conducted through the beginning of July. Staff and leadership are engaged with patients to achieve a minimum of 30 surveys are completed to receive a patient star rating on CMS Dialysis Care Compare (DFC). Our current star rating is 4 out of 5 stars.

### **Environmental Services**

- HCAHPS (cleanliness of the hospital environment) discharge date  
*June 2025 Top box score: 68%, N=93 (2% increase from prior month)*
- ATP Testing for June 2025 at 91%, achieved monthly goal. Continue increased ATP testing in Main OR with a total score of 100%.

### **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 June, 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. There were two non-conformances identified during the review. A corrective action plan was submitted to AABB on July 3, 2025.

### **Surgical Services**

- Tracking and trending surgical site infections by month, specialty and physician. Developing a strategy to mitigate the infections. Two predominant areas are orthopedic spine and flap procedures.
  - EVS terminal cleaning to be completed as required within 24 hours for every OR.
  - Turnover packs to move towards disposable mop heads and improve the cleaning efficiency time between cases.
  - Implementation of vendor scrubs in the operating room.
  - Addition of disposable tray on Ortho Spine cases.
- Transition to electronic consents is ongoing.
- Developing new policies for skull flap, awaiting NYSDOH approval.
- Audit results (compliance):
  - Skin Assessment = 78.2%
  - Discharge instructions = 92.1%



- Hand hygiene = 97%
- PPE = 91%
- Instrumentation audit:
  - Open and unlocked = 99.0%
  - Free from tape = 100%
  - Expired = 91.5%
  - Confirm accurate expiration dates = 100%
  - Expired = 100%

### **Terrace View**

- Continue to adhere Environmental Round process/written feedback for neighborhoods to ensure adherence to Life Safety Code and Safety and environmental general safety. Created a new tracking system to hold departments accountable for any follow up items from the rounding.
- Nursing Administration: ADON's continue to monitor the neighborhoods that they maintain administrative responsibility for, to ensure units are in a state of regulatory compliance.
- CMS Payroll Based Journaling: The next PBJ report was due to CMS by mid-August. Terrace View timekeepers were educated to ensure the timecards comply with the PBJ guidelines.
- Additional Regulatory Audits: There was a scheduled Social Security representative payee audit in April 2025; awaiting results.

## **FINANCIAL**

### **Ambulatory Medical Practices**

#### **Dental**

- ECMC was awarded a grant through HRSA for the Special Needs Dental Program. This is the second grant ECMC has received under the Post-Doctoral Dental Training Program and is vital in the support of our Special Needs Dental Clinic. **\$450,000 per year for 5 years**
- This project focuses on improving post-graduate dental learners' experience with patients with intellectual and developmental disabilities (IDD) and complex medical conditions. Improvements will be made to the didactic and clinical curricula using grant funds to support our mission. Through these program updates, we intend to relieve not only the barriers that our underserved patients experience, but also the barriers that dental residents experience.

#### **Dialysis**

Budget and Variance:

- Outpatient (in-center treatments): 2025 Budget 12,208; Variance **(-211)**
- Home Program: (Home Peritoneal & Home Hemodialysis): YTD Budget **760** treatments, favorable to the budget, Variance **(479)**
- Total: **268** treatments for the year

Census Volume:

- Outpatient (in-center treatments): **June = 1,842** treatments, YTD 2025 total = **11,997**

- Home Program: (Home Peritoneal & Home Hemodialysis): **June = 302** treatments, 2025 total = **1,239** favorable to budget.

Dialysis			2024			2025									
			YTD	Budget	Variance	Jan	Feb	Mar	Apr	May	Jun	YTD	Budget	Variance	
4555	AKI	Hemodialysis - AKI	413	-	-	14	8	28	41	57	49	197	-	-	
	DIALNON	Hemodialysis - Non-ESRD	0	-	-	0	0	0	0	0	0	0	-	-	
	DIALTRAN	Hemodialysis - Transient	1,085	-	-	106	114	93	117	67	50	547	-	-	
	HD	Hemodialysis - Chronic	22,743	-	-	1,873	1,742	1,907	1,939	1,950	1,842	11,253	-	-	
	4555 Totals		24,241	24,293	-52 🟡	1,993	1,864	2,028	2,097	2,074	1,941	11,997	12,208	-211 🟡	
5660	HOMEHD	Hemodialysis - Home	0	-	-	0	0	0	0	0	0	0	-	-	
	PD	Hemodialysis - Peritoneal	1,573	-	-	156	129	178	215	259	302	1,239	-	-	
	5660 Totals		1,573	1,976	-403 📉	156	129	178	215	259	302	1,239	760	479 📈	
Totals			25,814	26,269	-455 🟡	2,149	1,993	2,206	2,312	2,333	2,243	13,236	12,968	268 🟢	

### Environmental Services

- Overall labor expenses were 3% under budget for May.
- Overall supply expenses were 2% under budget for May.

### Food & Nutritional Services

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

June 2025 Actual	\$162,112	May 2025 Actual	\$131,728
June 2025 Budget	\$229,902	May 2025 Budget	\$183,921
Variance (\$67,790) = 28% below target		Variance (\$52,193) = 28% below target	
2025 sales targets are aggressive and will need adjustment for FY26.			

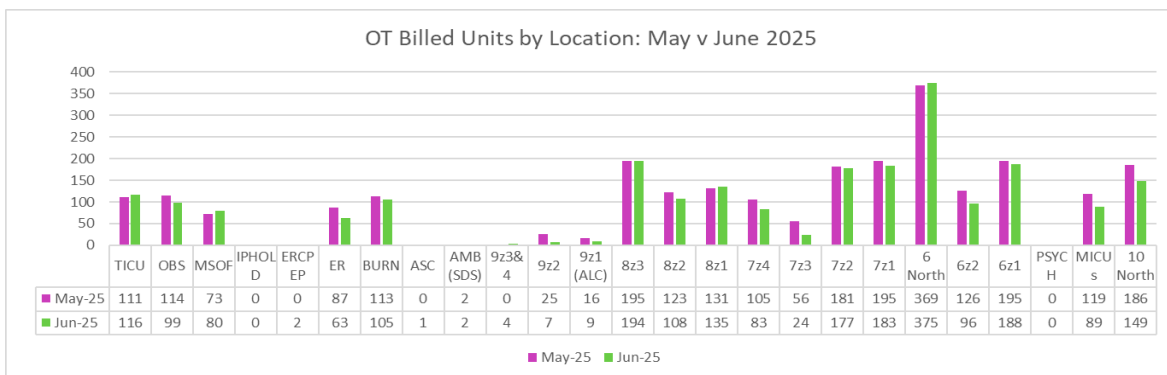
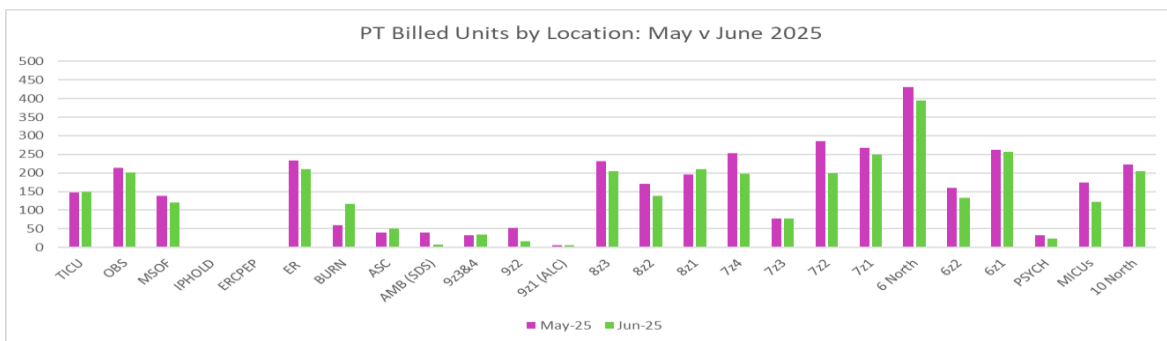
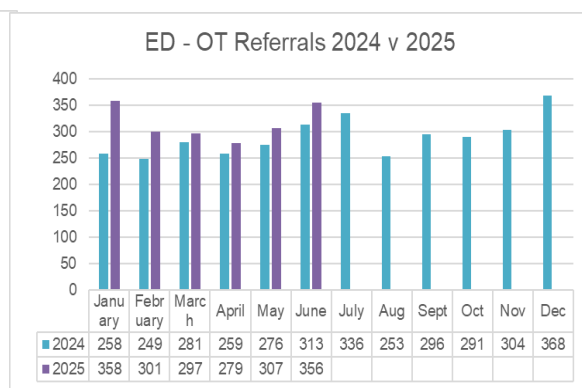
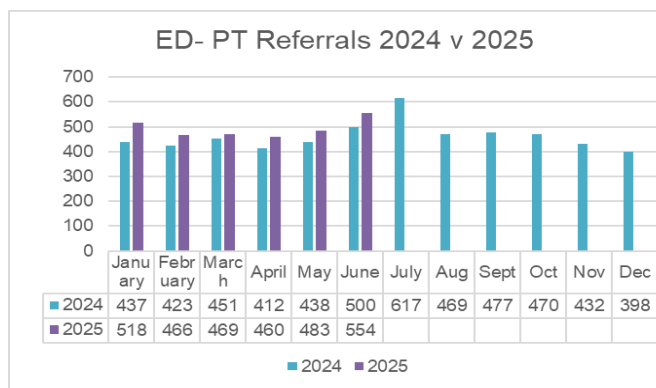
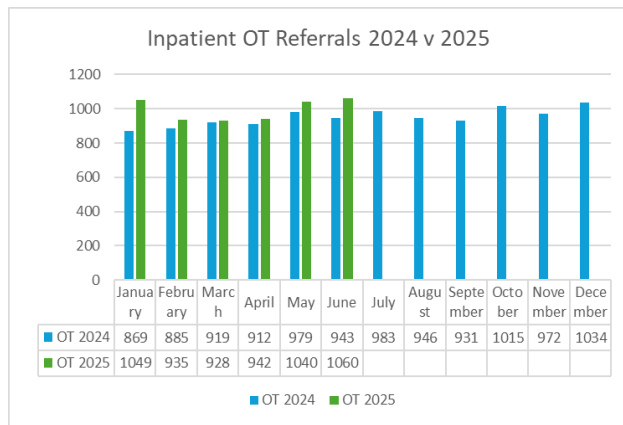
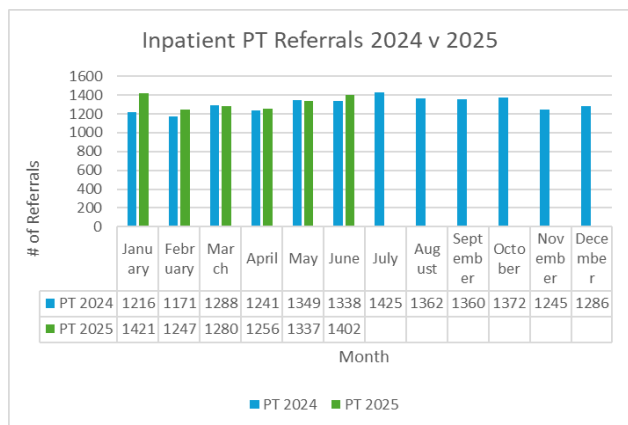
### Laboratory Services

- The department budget volumes for June YTD were positive 7.3% to budget target and 7.2% ahead of FY24. The personnel expense May YTD had a positive variance of 1.4% to budget target and a negative variance of 6.1% to FY24 actual. The non-personnel expense is 0.1% to budget target and a negative variance of 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. June YTD savings are **\$32,218** with projected annual savings of \$60K.

### Rehabilitation Services

- Acute PT productivity overall was 3620 against a budget of 3486 units, for a positive variance of 3.7%, while still positive is a decline from previous months likely due to a decrease in the amount of assistance from the MRU staff providing additional treatments to this service area.
- Acute OT productivity overall was 2501 against a budget of 2655 units, for a negative variance of 5.8%, which likely correlates with a decreased amount of assistance from the MRU staff providing additional treatments to this service area.

*Trends noted below:*



- The MRU Medicine H began a pilot program in May utilizing Inpatient Rehab Facility (IRF) trained medicine H physicians and has continued to produce favorable numbers for the MRU as seen below.
- The MRU monthly therapy statistics combined PT and OT for units of service were 3661 against a budget of 3533 for a *positive variance* of 3.5%. SLP services combined for MRU and Acute care services were 491 against a budget of 475 with a *positive variance* of 3.3%.
- The MRU had 32 admissions and 30 discharges with 367 patient days (20% increase from May and a 31% increase from April) and a LOS of 20.4 days, **ADC 15.3 days** (23% increase from May and a 30.7% increase from April).
- The OP Rehab Services (OT, PT, ST and Rehab psych) combined are exceeding YTD volume budget 16% or 1,766 visits collectively. Rehab Physiatry finished the month at 13% below budget MTD or 18 visits.
- All outpatient services outside of physiatry exceeded MTD and YTD volume budget. Wait lists continue for all therapy areas.

MTD	Jun	Jun		%
	Actual	Budget	Variance	Variance
Speech	92	74	18	24
Occupational Therapy	560	496	64	13
Physical Therapy	1231	1106	125	11
	1883	1676	207	12
Monthly Performance				
	Jun	Jun		%
	Actual	Budget	Variance	Variance
Rehab Psych	299	254	45	18

- PEDS Rehab increased the number of service coordination cases by 9 %. Based on statistics provided to Erie County, when compared to previous month: CPSE related services increased by 24%, CPSE Special Education Services by 25%, Early intervention services by 7%, and ongoing service coordination services by 5%.

### Surgical Services

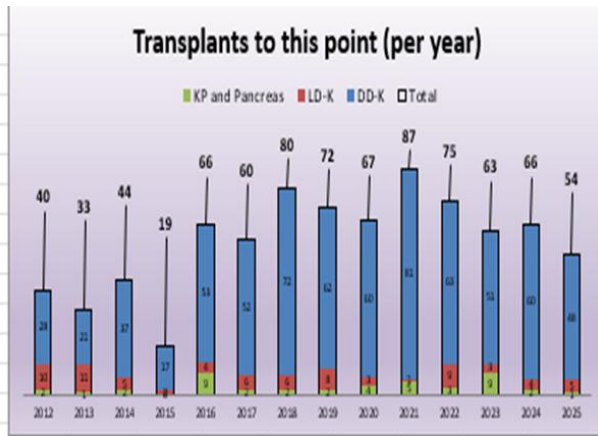
- Ready-Set billing go-live is complete.
- Increase daily volume with extended surgery hours past 3:00pm, Monday-Friday.
- Reviewing revenue created from PAT billing opportunities.
- Monthly meetings with Purchasing to review contracts and savings opportunities.
- Monthly meetings reviewing high implant costs and reimbursement.

### Transplant

As of July 2, 2025, we have performed (54) transplants, which is (-12) transplant than this time last year (2024). Based on current volume, we have projected (96) transplants for 2025.

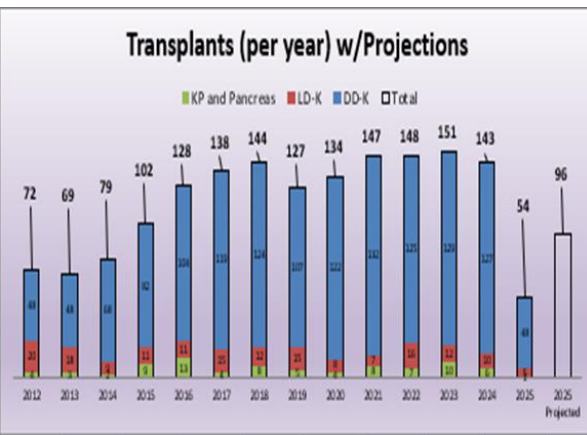
- Pre-Transplant Clinic is below budget by (-72). We have increased our community outreach to increase referral and increased the number of evaluations scheduled per day with nephrology fully staffed.
- Post-Transplant clinic is below budget by (-369) visits.
- Total clinic variance is below budget (-441).

## To this point



	DD-K	LD-K	KP	Pancreas	Total
2009	27	20	0	0	47
2010	30	22	1	0	53
2011	20	8	2	1	31
2012	28	10	0	2	40
2013	21	11	1	0	33
2014	37	5	1	1	44
2015	17	2	0	0	19
2016	53	4	6	3	66
2017	52	6	2	0	60
2018	72	6	2	0	80
2019	62	8	2	0	72
2020	60	3	4	0	67
2021	81	1	4	1	87
2022	63	9	3	0	75
2023	51	3	9	0	63
2024	60	4	2	0	66
2025	48	5	1	0	54

## 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	48	5	1	0	54
2025 Projected					96

Transplant / Vascular			2024			2025									
			YTD	Budget	Variance	Jan	Feb	Mar	Apr	May	Jun	YTD	Budget	Variance	
6430	TRANPRE	Transplant Clinic	558	-	-	34	33	37	48	49	55	256	-	-	
	TRANPREPRC	Transplant Clinic	1	-	-	0	0	0	0	0	0	0	-	-	
	6430 Totals		559	997	-438 ↓	34	33	37	48	49	55	256	328	-72 ↓	
6431	TRANPOST	Transplant Clinic	0	-	-	0	0	0	0	0	0	0	-	-	
	TRANPOST	Transplant Clinic	4,164	-	-	321	308	291	313	304	302	1,839	-	-	
	6431 Totals		4,164	4,000	164 ↑	321	308	291	313	304	302	1,839	2,208	-369 ↓	
Totals			4,723	4,997	-274 ↓	355	341	328	361	353	357	2,095	2,536	-441 ↓	

## Epic Update

This year, ECMC, Kaleida Health and UBMD partnered with Epic Systems to begin the OneEpic joint health record project. The OneEpic project is the single largest joint effort in the storied history of WNY healthcare and will have a transformative impact on healthcare delivery in our region. OneEpic will create a single longitudinal record across all three partners, improving patient care, safety, and healthcare access, as well as improving workflows and data access to our employees and clinicians, and streamlining referrals. Currently, ECMC stakeholders are hard at work with their Kaleida Health and UBMD counterparts analyzing workflows, assisting in system build, and interpreting system change impacts. The project is divided into two go-live “waves.” The wave 1 grouping includes most Kaleida Health facilities, and while slightly behind schedule remains on-track for a planned go-live in May of 2026. Wave 2 consists of ECMC and UBMD. ECMC Stakeholders, including representatives from IT, all service areas, and various departments continue to make great progress in this monumental effort, and we are currently on track for our planned go-live in late 2026.

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

# Erie County Medical Center Corporation

## Financial Dashboard June 30, 2025

### Statement of Operations:

	Month	Year-to-Date (YTD)	YTD Budget
Net patient revenue	\$ 58,254	\$ 347,516	\$ 355,251
Other	18,430	108,905	105,906
Total revenue	76,684	456,421	461,157
Salary & benefits	41,125	251,267	247,804
Physician fees	10,690	62,617	61,497
Purchased services	7,076	40,747	41,423
Supplies & other	16,026	98,230	98,621
Depreciation and amortization	3,847	23,099	23,091
Interest	915	5,528	5,786
Total expenses	79,679	481,488	478,222
Operating Income/(Loss) Before Other Items	(2,995)	(25,067)	(17,065)
Grant revenue	-	9,081	-
Income/(Loss) from Operations With Other Items	(2,995)	(15,986)	(17,065)
Other Non-operating gain/(loss)	1,686	6,184	1,867
Change in net assets	\$ (1,309)	\$ (9,802)	\$ (15,198)
Operating margin	-3.9%	-3.5%	-3.7%

### Balance Sheet:

#### Assets:

Cash & short-term investments	\$ 41,642
Patient receivables	102,241
Assets whose use is limited	194,141
Other assets	477,932
	<u>\$ 815,956</u>

#### Liabilities & Net Assets:

Accounts payable & accrued expenses	\$ 321,239
Estimate self-insurance reserves	54,196
Other liabilities	495,344
Long-term debt, including current portion	188,094
Lease liability, including current portion	18,470
Subscription liability, including current portion	19,568
Line of credit	10,000
Net assets	(290,955)
	<u>\$ 815,956</u>

### Cash Flow Summary:

	Month	YTD
Net cash provided by (used in):		
- Operating activities	\$ (1,237)	\$ (3,591)
- Investing activities	8,003	(9,971)
- Financing activities	(2,562)	(8,948)
Increase/(decrease) in cash and cash equivalents	4,204	(22,510)
Cash and cash equivalents - beginning	6,802	33,516
Cash and cash equivalents - ending	<u>\$ 11,006</u>	<u>\$ 11,006</u>

### Key Statistics:

	Month	YTD	YTD Budget
Discharges:			
- Acute	1,102	6,366	6,538
- Exempt units	445	2,502	2,602
Observation Cases:	318	1,992	1,537
Patient days:			
- Acute	7,767	49,007	49,629
- Exempt units	5,006	28,237	29,431
Average length of stay, acute	7.0	7.7	7.6
Case mix index	Blended	1.85	1.96
Average daily census:			
Medical Center	426	427	437
Terrace View LTC	382	377	378
Emergency room visits, including admissions	5,877	33,373	32,346
Outpatient Visits	26,345	154,635	157,474
Days in patient receivables		53.3	

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# Erie County Medical Center Corporation

## Management Discussion and Analysis

### For the month ended June 30, 2025

(Amounts in Thousands)

#### June 2025 Operating Performance

During the month of June, ECMC experienced continued trends related to volume shortfalls, primarily on the inpatient side 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 occupying inpatient beds continue to exceed targets significantly for the month and when coupled with the significant increase in the payer driven observation cases, inpatient discharge shortfalls have been the result. The case severity in medical and surgical cases this month continues to trend higher than prior periods and was in line with budget during June. The revenue variances derived from these trends during June resulted in overall net patient service revenue which fell behind budgeted expectations and were accompanied by additional staffing to meet NYS minimum staffing levels. The overall result drove an operating loss for the month of (\$2,995). This operating loss is unfavorable when compared to the month's budgeted loss of (\$1,329) but was slightly more favorable than the performance during June 2024.

Inpatient discharges during the month of 1,547 were less than the planned discharges of 1,604 (3.6% or 57 cases). Within the total, acute discharges of 1,102, and chemical dependency – detox discharges of 188 were below plan by 5.7% and 2.0% respectively, while offset by favorable behavioral health discharges, 0.8%, and medical rehabilitation discharges, 54.7%. 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 by the payers as outpatient observation has driven the decrease in discharges. The increase in observation cases above the operating plan of 26 cases (8.9%) accounts for nearly half of the shortfall in inpatient discharges. This is the result of CMS and payer changes in the criteria to meet inpatient status. Despite the increase in alternative level of care (ALC) and observation patient census, the acute average length of stay declined to 7.0 days during June which reflects an improvement from prior months and is favorable to budget of 7.6 days by 6.9%. As noted above, the average daily census of the ALC patients within our facility during the month was 41 patients, which is an increase from May 2025 of 35, and higher than averages in the low 30's over the last several months. This increase coupled with the increase in observation cases 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 June were higher than budgeted targets for the month by 109 FTEs. While this variance fluctuates based upon the need and usage of overtime hours, 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 continues to be utilized to fill vacancies and off-shifts, such as the authorization of overtime, shift differential, and additional bonus rates per hour.

Total benefit costs for the month were below the operating plan because 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 has been monitoring the costs and activity closely. Also noteworthy is that 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 \$1,197. The favorable variance during the month was related primarily to volume shortfalls in inpatient cases and total inpatient surgeries.



# Erie County Medical Center Corporation

## Management Discussion and Analysis

### For the month ended June 30, 2025

(Amounts in Thousands)

#### **Balance Sheet**

ECMCC saw a decrease in cash from December 2024 due to operating losses, required payments during the first six months, and timing of cash payments around the month-end. The net changes resulted in 16 days operating cash on June 30, 2025, as compared to 33 days operating cash at the end of 2024 and 17 days operating cash on May 31, 2025. Note that this includes short-term unrestricted/undesignated investments but excludes designated and other restricted assets/investments. Management continues to work closely with the NYS Department of Health and their Financially Distressed Hospital Division's Vital Access Provider Program team to review and discuss cash flow support program opportunities to take advantage of when needed.

Patient receivables increased approximately \$8.5 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) increased from 52.3 days to 53.3 days on June 30, 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

June 30, 2025 and December 31, 2024

(Dollars in Thousands)

	June 30, 2025	December 31, 2024	Change from December 31st
<b>Assets</b>			
Current Assets:			
Cash and cash equivalents	\$ 11,006	\$ 33,516	\$ (22,510)
Investments	30,636	42,826	(12,190)
Patient receivables, net	102,241	93,708	8,533
Prepaid expenses, inventories and other receivables	40,919	38,753	2,166
Total Current Assets	184,802	208,803	(24,001)
Assets Whose Use is Limited	194,141	191,600	2,541
Property and equipment, net	275,711	277,043	(1,332)
Other assets	161,302	161,656	(354)
<b>Total Assets</b>	<b>\$ 815,956</b>	<b>\$ 839,102</b>	<b>\$ (23,146)</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	5,650	6,264	(614)
Current portion of subscription liability	8,909	8,118	791
Line of credit	10,000	10,000	-
Accounts payable	67,832	64,553	3,279
Accrued salaries and benefits	83,902	85,393	(1,491)
Other accrued expenses	164,122	146,172	17,950
Estimated third party payer settlements	5,383	5,643	(260)
Total Current Liabilities	358,553	339,663	18,890
Long-term debt	175,339	179,574	(4,235)
Long-term lease liability	12,820	14,394	(1,574)
Long-term subscription liability	10,659	13,210	(2,551)
Estimated self-insurance reserves	54,196	50,424	3,772
Other liabilities	495,344	522,990	(27,646)
<b>Total Liabilities</b>	<b>1,106,911</b>	<b>1,120,255</b>	<b>(13,344)</b>
<b>Total Net Position</b>	<b>(290,955)</b>	<b>(281,153)</b>	<b>(9,802)</b>
<b>Total Liabilities and Net Position</b>	<b>\$ 815,956</b>	<b>\$ 839,102</b>	<b>\$ (23,146)</b>

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# Erie County Medical Center Corporation

## Statement of Operations

For the month ended June 30, 2025

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
<b>Operating Revenue:</b>				
Net patient revenue	60,287	62,419	(2,132)	54,949
Less: Provision for uncollectable accounts	(2,033)	(1,310)	(723)	(2,408)
Adjusted Net Patient Revenue	58,254	61,109	(2,855)	52,541
Disproportionate share / IGT revenue	11,018	11,018	-	10,294
Other revenue	7,412	6,792	620	5,248
<b>Total Operating Revenue</b>	<b>76,684</b>	<b>78,919</b>	<b>(2,235)</b>	<b>68,083</b>
<b>Operating Expenses:</b>				
Salaries & wages	31,742	30,453	(1,289)	29,208
Employee benefits	9,383	10,810	1,427	7,581
Physician fees	10,690	10,249	(441)	9,419
Purchased services	7,076	6,967	(109)	6,139
Supplies	12,999	14,196	1,197	11,715
Other expenses	2,419	2,266	(153)	1,820
Utilities	608	502	(106)	502
Depreciation & amortization	3,847	3,846	(1)	3,871
Interest	915	959	44	1,002
<b>Total Operating Expenses</b>	<b>79,679</b>	<b>80,248</b>	<b>569</b>	<b>71,257</b>
<b>Operating Income/(Loss) Before Other Items</b>	<b>(2,995)</b>	<b>(1,329)</b>	<b>(1,666)</b>	<b>(3,174)</b>
<b>Other Gains/(Losses)</b>				
Grant revenue	-	-	-	-
<b>Income/(Loss) from Operations</b>	<b>(2,995)</b>	<b>(1,329)</b>	<b>(1,666)</b>	<b>(3,174)</b>
<b>Other Non-operating Gain/(Loss):</b>				
Interest and dividends	722	292	430	613
Unrealized gain/(loss) on investments	964	19	945	309
Non-operating Gain/(Loss)	1,686	311	1,375	922
<b>Excess of Revenue/(Deficiency) Over Expenses</b>	<b>\$ (1,309)</b>	<b>\$ (1,018)</b>	<b>\$ (291)</b>	<b>\$ (2,252)</b>

# Erie County Medical Center Corporation

## Statement of Operations

For the six months ended June 30, 2025

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
<b>Operating Revenue:</b>				
Net patient revenue	356,062	362,894	(6,832)	340,837
Less: Provision for uncollectable accounts	(8,546)	(7,643)	(903)	(8,663)
Adjusted Net Patient Revenue	347,516	355,251	(7,735)	332,174
Disproportionate share / IGT revenue	66,107	66,107	-	61,661
Other revenue	42,798	39,799	2,999	29,969
<b>Total Operating Revenue</b>	<b>456,421</b>	<b>461,157</b>	<b>(4,736)</b>	<b>423,804</b>
<b>Operating Expenses:</b>				
Salaries & wages	188,448	182,717	(5,731)	175,699
Employee benefits	62,819	65,087	2,268	50,236
Physician fees	62,617	61,497	(1,120)	57,170
Purchased services	40,747	41,423	676	38,427
Supplies	81,205	82,574	1,369	72,301
Other expenses	13,184	13,169	(15)	11,783
Utilities	3,841	2,878	(963)	2,794
Depreciation & amortization	23,099	23,091	(8)	23,741
Interest	5,528	5,786	258	6,021
<b>Total Operating Expenses</b>	<b>481,488</b>	<b>478,222</b>	<b>(3,266)</b>	<b>438,172</b>
<b>Income/(Loss) from Operations</b>	<b>(25,067)</b>	<b>(17,065)</b>	<b>(8,002)</b>	<b>(14,368)</b>
<b>Other Gains/(Losses)</b>				
Grant revenue	9,081	-	9,081	609
<b>Income/(Loss) from Operations</b>	<b>(15,986)</b>	<b>(17,065)</b>	<b>1,079</b>	<b>(13,759)</b>
<b>Other Non-operating Gain/(Loss):</b>				
Interest and dividends	4,391	1,750	2,641	2,829
Unrealized gain/(loss) on investments	1,793	117	1,676	427
Non-operating Gain/(Loss)	6,184	1,867	4,317	3,256
<b>Excess of Revenue/(Deficiency) Over Expenses</b>	<b>\$ (9,802)</b>	<b>\$ (15,198)</b>	<b>\$ 5,396</b>	<b>\$ (10,503)</b>

**Erie County Medical Center Corporation**

**Statement of Changes in Net Position**

**For the month and six months ended June 30, 2025**

*(Dollars in Thousands)*

	<u>Month</u>	<u>Year-to-Date</u>
<b>Unrestricted Net Assets:</b>		
Excess/(Deficiency) of revenue over expenses	\$ (1,309)	\$ (9,802)
Other transfers, net	-	-
Contributions for capital acquisitions	-	-
Change in accounting principle	-	-
Net assets released from restrictions for capital acquisition	-	-
	<u>(1,309)</u>	<u>(9,802)</u>
Change in Unrestricted Net Assets	<u>(1,309)</u>	<u>(9,802)</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>(1,309)</u>	<u>(9,802)</u>
Net Position, beginning of period	<u>(289,646)</u>	<u>(281,153)</u>
<b>Net Position, end of period</b>	<u><b>\$ (290,955)</b></u>	<u><b>\$ (290,955)</b></u>

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# Erie County Medical Center Corporation

## Statistical and Ratio Summary

	June 30, 2025	December 31, 2024	ECMCC 3 Year Avg. 2022 - 2024
<b><u>Liquidity Ratios:</u></b>			
Current Ratio	0.5	0.6	0.7
Days in Operating Cash & Investments	16	33	24.7
Days in Patient Receivables	53.3	52.3	56.4
Days Expenses in Accounts Payable	57.7	53.7	59.1
Days Expenses in Current Liabilities	137.7	145.7	140.5
Cash to Debt	50.7%	67.3%	53.1%
Working Capital Deficit	\$ (173,751)	\$ (130,860)	\$ (105,982)
<b><u>Capital Ratios:</u></b>			
Long-Term Debt to Fixed Assets	63.6%	64.8%	67.3%
Assets Financed by Liabilities	135.7%	133.5%	131.7%
Debt Service Coverage (Covenant > 1.1)	1.6	1.7	1.8
Capital Expense	3.8%	3.0%	2.9%
Average Age of Plant	7.6	8.0	8.6
Debt Service as % of NPSR	3.4%	3.9%	4.0%
Capital as a % of Depreciation	94.2%	35.5%	21.9%
<b><u>Profitability Ratios:</u></b>			
Operating Margin	-5.5%	0.7%	-11.5%
Net Profit Margin	-2.8%	-0.7%	-2.5%
Return on Total Assets	-2.4%	-0.6%	-1.6%
Return on Equity	6.7%	1.8%	5.4%
<b><u>Productivity and Cost Ratios:</u></b>			
Total Asset Turnover	1.1	1.1	0.9
Total Operating Revenue per FTE	\$ 273,832	\$ 266,577	\$ 230,021
Personnel Costs as % of Total Revenue	54.0%	50.0%	56.0%

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# Erie County Medical Center Corporation

## Statement of Cash Flows

For the month and six months ended June 30, 2025

(Dollars in Thousands)

	Month	Year-to-Date
<b>Cash Flows from Operating Activities:</b>		
Change in net assets	\$ (1,309)	\$ (9,802)
Adjustments to Reconcile Changes in Net Assets to Net Cash Provided by/(Used in) Operating Activities:		
Depreciation and amortization	3,847	23,099
Provision for bad debt expense	2,033	8,546
Net change in unrealized (gain)/loss on Investments	(964)	(1,793)
<u>Changes in Operating Assets and Liabilities:</u>		
Patient receivables	(4,565)	(17,079)
Prepaid expenses, inventories and other receivables	(3,199)	(2,166)
Accounts payable	3,851	3,279
Accrued salaries and benefits	1,000	(1,491)
Estimated third party payer settlements	(30)	(260)
Other accrued expenses	(4,641)	17,950
Self Insurance reserves	484	3,772
Other liabilities	2,256	(27,646)
<b>Net Cash Provided by/(Used in) Operating Activities</b>	<u>(1,237)</u>	<u>(3,591)</u>
<b>Cash Flows from Investing Activities:</b>		
Additions to Property and Equipment, net	(1,223)	(21,767)
Decrease/(increase) in assets whose use is limited	1,183	(2,541)
Sale/(Purchase) of investments, net	7,777	13,983
Change in other assets	266	354
<b>Net Cash Provided by/(Used in) Investing Activities</b>	<u>8,003</u>	<u>(9,971)</u>
<b>Cash Flows from Financing Activities:</b>		
Principal payments on / proceeds from long-term debt, net	(676)	(5,000)
Principal payments on / additions to long-term lease liability, net	(1,128)	(2,188)
Principal payments on / additions to long-term subscription, net	(758)	(1,760)
<b>Increase/(Decrease) in Cash and Cash Equivalents</b>	4,204	(22,510)
Cash and Cash Equivalents, beginning of period	6,802	33,516
Cash and Cash Equivalents, end of period	<u>\$ 11,006</u>	<u>\$ 11,006</u>

**Erie County Medical Center Corporation**

**Key Statistics**

**Period Ended June 30, 2025**

Current Period				Year to Date			
Actual	Budget	% to Budget	Prior Year	Actual	Budget	% to Budget	Prior Year
<b>Discharges:</b>							
1,102	1,168	-5.7%	1,017	6,366	6,538	-2.6%	6,538
227	225	0.8%	233	1,384	1,394	-0.7%	1,376
188	192	-2.0%	159	990	1,098	-9.8%	1,063
30	19	54.7%	16	128	110	16.0%	102
1,547	1,604	-3.6%	1,425	8,868	9,140	-3.0%	9,079
<b>Patient Days:</b>							
7,767	8,841	-12.1%	8,266	49,007	49,629	-1.3%	50,503
3,830	3,740	2.4%	3,935	22,428	23,121	-3.0%	23,129
718	697	3.0%	581	3,750	4,051	-7.4%	3,987
458	407	12.5%	300	2,059	2,259	-8.9%	2,208
12,773	13,685	-6.7%	13,082	77,244	79,060	-2.3%	79,827
<b>Average Daily Census (ADC):</b>							
259	295	-12.1%	276	271	274	-1.3%	277
128	125	2.4%	131	124	128	-3.0%	127
24	23	3.0%	19	21	22	-7.4%	22
15	14	12.5%	10	11	12	-8.9%	12
426	456	-6.7%	436	427	437	-2.3%	439
<b>Average Length of Stay:</b>							
7.0	7.6	-6.9%	8.1	7.7	7.6	1.4%	7.7
16.9	16.6	1.6%	16.9	16.2	16.6	-2.3%	16.8
3.8	3.6	5.1%	3.7	3.8	3.7	2.7%	3.8
15.3	21.0	-27.3%	18.8	16.1	20.5	-21.4%	21.6
8.3	8.5	-3.2%	9.2	8.7	8.7	0.7%	8.8
<b>Occupancy:</b>							
78.4%	88.7%	-11.6%	80.3%	78.4%	88.7%	-11.6%	80.3%
<b>Case Mix Index:</b>							
1.85	1.85	0.1%	1.92	1.96	1.88	4.5%	1.89
318	292	8.9%	331	1,992	1,537	29.6%	1,727
448	512	-12.5%	449	2,486	2,887	-13.9%	2,615
579	668	-13.3%	558	3,830	4,007	-4.4%	3,813
18	22	-18.2%	54	151	127	18.9%	185
49	38	28.9%	34	252	227	11.0%	202
26,345	26,426	-0.3%	23,990	154,635	157,474	-1.8%	149,870
5,877	5,496	6.9%	5,290	33,373	32,346	3.2%	32,058
53.3	44.2	20.6%	59.3	53.3	44.2	20.6%	59.3
3.5%	2.1%	66.1%	4.9%	2.3%	2.1%	8.0%	2.5%
3,427	3,292	4.1%	3,298	3,380	3,279	3.1%	3,272
4.30	4.05	6.1%	4.24	4.28	4.20	1.8%	4.18
\$ 18,665	\$ 19,874	-6.1%	\$ 18,861	\$ 19,582	\$ 20,162	-2.9%	\$ 20,415
\$ 25,249	\$ 25,787	-2.1%	\$ 25,828	\$ 26,948	\$ 26,852	0.4%	\$ 25,146
<b>Terrace View Long Term Care:</b>							
11,472	11,394	0.7%	11,075	68,275	68,374	-0.1%	67,199
382	380	0.7%	369	377	378	-0.1%	369
98.1%	97.4%	0.7%	94.7%	96.7%	96.9%	-0.1%	94.7%
485	511	-5.1%	460	473	511	-7.4%	461
6.8	7.2	-5.8%	6.6	7.2	7.8	-7.3%	7.1



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

**University at Buffalo Update**

- There is an ongoing search for Chair of ENT, Pathology and Ophthalmology.
- Rabi Yacoub, MD, Associate Professor, Department of Medicine has been named Interim Division Chief of Nephrology for the University @ Buffalo.

**Current hospital operations**

- Admissions YTD: 6,530
- ED visits YTD: 29,406
- CPEP visits: 5,104
- Observation: 2,067
- Inpatient Surgeries: 2,576
- Outpatient Surgeries: 3,914
- ALC days YTD: 6,830

The average length of stay MTD 7.7    CMI 1.9636

**CMO Update**

- Congratulations to Christopher Ritter, MD on his appointment of Chief of Service Orthopaedics.
- Congratulations to Sandra Sieminski, MD has been named Interim Chair of Ophthalmology for the University @ Buffalo.

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

*Department of Nursing Report July 2025*

In July the Nursing department welcomed 29 new Nurses and 28 new Interns as they start their professional growth by joining our ECMC care team. Our internship program has been very successful, and this is helping our recruitment and retention of nurses. At our July Nurse Management meeting we recognized 30 Nurses that demonstrated professional growth and focus on providing high quality care to our patients. We recognized staff through our Clinical Ladder program and for professional certifications that were awarded.

Our July Nurse Hero was Eun He, RN. She is a nurse that works on 6z1, Med Surg unit. Her co-workers nominated her for the outstanding care she provides to patients and families. She is a great preceptor to new staff and is a true team player always helping others.

A Tulip award was celebrated with Larry Stephens, Patient support Aide in our Transport Department. Larry was recognized by co-workers as well as several letters from patients to identify the care and support Larry has provided to them. He goes above and beyond to help patients whenever he can make their stay better.

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. In July we have focused on review of practices to make sure policies and practices are consistent with best practices. Our Education team and Nurse Managers are helping our new nurses with competencies and providing a growth environment as we welcome students for clinical experiences during summer classes. A focus on Infection Prevention measures to prevent blood stream infections was conducted and we enrolled in an AHRQ program to benchmark our outcomes in 2025 and 2026 for high quality care.

**Communications and External Affairs Report**  
**Submitted by Peter K. Cutler**  
**Senior Vice President of Communications and External Affairs**  
**July 22, 2025**

**Marketing**

- Preparing new advertising/marketing efforts for Fall 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.
- Coordinated roll-out of new Premier Health Partners effort, the new physician-led organization specializing in primary care and specialty care services. It's a new venture designed to extend high-quality healthcare services closer to where patients live, better connecting a hospital such as ECMC with our footprint in the City of Buffalo to provide better access for patients across the continuum of care.
- Supported ECMC Foundation's annual Subaru 4-Mile Chase, including distributing media advisories, press release and coordinated live interview on WIVB-TV's Morning Wake-Up telecast on Wednesday, July 16<sup>th</sup> for Foundation Executive Director Julie Berrigan and Race Coordinator Jim Nowicki.
- ECMC's Medical Minute partnership with WGRZ-TV included the featured following topics in June & July: Fatty Liver Disease (Amy Foster, NP & Emily Przybyl, PA), Swimming Safety (Dr. Guo), Treating Sunburn (Dr. Manka), and Heat Stroke (Dr. Manka).

**Community and Government Relations**

- On July 4<sup>th</sup>, President Trump signed reconciliation legislation, H.R. 1, making sweeping changes to Medicaid and the Marketplaces going forward that are projected to lead to \$1 trillion in federal funding cuts and millions more individuals without health insurance over the next ten years. House Republicans passed the legislation on July 3 by a vote of 218 to 214 following the longest vote in the history of the House of Representatives on the motion teeing-up the bill.

As enacted, the law makes significant changes to the Medicaid program, as in prior versions of the legislation. In particular, the law concentrates cuts to the Affordable Care Act's (ACA) Medicaid expansion population, including by imposing mandatory work requirements, requiring certain Medicaid enrollees to pay copayments, and increasing the frequency of eligibility redeterminations. The law also more strictly limits use of provider taxes and state directed payments (SDPs), constraining the ways states can raise revenue to finance their share of Medicaid program costs and influence provider access through payment policy.

**MEDICAL EXECUTIVE COMMITTEE MEETING**  
**MONDAY, MAY 19, 2025 MEETING HELD VIA MICROSOFT TEAMS**  
**PLATFORM/HYBRID**  
**DR. ZIZI CONFERENCE ROOM SECOND FLOOR**

**Attendance (Voting Members):**

Dr. Anillo	Dr. Bakhai	Dr. Belles	Dr. Brewer
Rebecca Buttaccio	Dr. DePlato	Dr. Drumsta	Dr. Chen
Dr. Chen	Dr. Cheng	Dr. Flynn	Dr. Kapral
Dr. Manka	Parveen Minhas	Dr. Murray	Dr. Nagai
Dr. Pugh	Dr. Rossitto	Dr. Ruggieri	Dr. Stegemann
Dr. Williams	Dr. Tadakamalla	Dr. Tanaka	Dr. Yedlapati

**Non-Voting Members and Guests:**

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

**I. CALL TO ORDER**

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

**B. PRESIDENT'S REPORT:**

1. Dr. Manka commented on the wonderful Spring fest Gala that took place on May 10, 2025.
2. Horthy Springer may be utilized to review our Bylaws this year.
3. Delinquent Reports will be discussed later in this meeting with some upcoming changes to be included in our Bylaws/Rules and Regulations.
4. Cheryl will be reviewing privilege forms with Chiefs of Service

**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 Dr. Pugh for her award at the Springfest Gala.
  - b. We are beginning to see improvements with our length of stay numbers.
  - c. The state budget has passed reflecting funds for safety net institutions.
  - d. At the Federal level, Medicaid cuts are coming which could affect us.
2. COO Report – Andy Davis
  - a. Mr. Davis stated that Julie Kline, has accepted our offer as the new Chief Human Resource Officer.

**3. CFO REPORT – Jon Swiatkowski**

- a. Mr. Swiatkowski spoke on April 2025 Key Statistics.
- b. A review of observation cases, case mix discharges, acute average length of stay, case mix adjusted length of stay, acute case mix index numbers along with admissions via the ED and outpatient visits took place.
- c. Mr. Swiatkowski stated that there were improvements in outpatient surgery numbers.
- d. Early May we received funds from the federal emergency management authority.

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

- a. Graduation ceremonies took place this past weekend.
- b. Ongoing searches taking place for Division Chief of Nephrology, Chair of Pathology, Chair of ENT, and Chair of Ophthalmology.
- c. Several clinical placements at ECMC.
- d. Residents being during the month of June.

Gregory S. Cherr, MD, Senior Associate Dean for Graduate Medical Education shared a presentation on GME Update-Education. Some of the priorities for the spring of this year include ACGME Accreditation letters, annual survey results, and continuous quality improvement.

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

- a. Charlene thanked everyone for celebrating Nurses Week last week.
- b. Length of stay patients are priority right now.
- c. The campus has several students doing clinicals here.
- d. The Nursing department has made upgrades to the education department. Additional night shift support has been added.

**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, along with searches for Chair of Pathology, Chair of ENT, and Chair of Ophthalmology.
- c. Reminder that the Foundation Golf Tournament will be held Monday, June 23, 2025 at the Wanakah Country Club.
- d. Congratulations to Devinderpal Randhawa, MD, Medical Director for Hematology/Oncology Department

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

- a. Dr. Tadakamalla spoke on his Query Financial Impact slide.

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

- a. Dr. Panesar mentioned EPIC is moving ahead with orders sets. Subject matter Experts that have been identified will be contacted if necessary. Please be sure to respond to these calls. If you have any questions or concerns, please reach out to Dr. Panesar.

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

- a. There will be two extractions reviewed.

## IX. CONSENT CALENDAR

MEETING MINUTES/MOTIONS		PAGE #	
1.	<b>MINUTES of the Previous MEC Meeting: February 24, 2025</b>	7-13	Receive and File
2.	<b>CREDENTIALS COMMITTEE: March 6, 2025</b>	14-27	Receive and File
	Appointments/ Reappointments/ Resignations		Review and Approve
	Dual Reappointment Applications		Review and Approve
	New Business		Review and Approve
	Medical Record Delinquency Sign-off form		Review and Approve
	Extractions for Executive Session		
3.	<b>HIM – Minutes of February 2025</b>	29	Receive and File
	Help Center Lockers	30	Review and Approve
	Help Center Registration Form	31	Review and Approve
	Infusion Appointment Policy	32	Review and Approve
	New Wellness Plan	33	Review and Approve
	Retinal Eye Scan Consent Form	34	Review and Approve
4.	<b>Graduate Medical Education Committee – Minutes of February 18, 2025</b>	36-41	Receive and File
5.	<b>P &amp; T Committee – Minutes of March 4, 2025</b>	43-47	Receive and File
	<b>Additions to formulary</b>		
	Desvenlafaxine	49-60	Review and Approve
	<b>Policies</b>		
	Adverse Drug Reactions	61-63	Review and Approve
	Look a like Sound alike (list)	67-72	Review and Approve
	Look a like Sounds alike Policy	64-66	Review and Approve
	<b>Formulary Removal</b>		
	Therapeutic Interchange Desvenlafaxine		Receive and File
	<b>Guideline Update Review</b>		
	Immunosuppression, Prophylaxis, and Infectious Disease	83-90	Review and Approve



## MEETING MINUTES/MOTIONS

PAGE #

	Insulin Therapy and Glycemic Control	91-96	Review and Approve	
6.	Professional Dev. & Wellness Committee – Minutes of February 20, 2025	98	Receive and File	
7.	Resource Management Committee – Minutes of February 12, 2025	99-104	Receive and File	

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

**UNANIMOUSLY APPROVED.**

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

Dr. Manka reviewed two changes to the Medical/Dental Staff Bylaws, Rules and Regulations. The following changes were reviewed and approved:

#### **Proposition #1: Changes in Delinquent Reports**

##### **Rules & Regulations, Part 1, Section IV C (6)**

Providers are routinely notified by Health Information Records of incomplete charts, including, but not limited to electronic signatures, procedure notes, discharge summaries, orders, etc. They are also notified in advance when those charts are about to become delinquent. Providers who have charts more than 30 days old, who have been notified by Health Information Records that they are now delinquent, will receive notification from the office of the CMO that they have 30 days to complete the records that are now delinquent. If those charts are not complete within 30 days, the issue will be referred to the Medical/Dental Staff Leadership Council for adjudication under the Professionalism Policy. Accordingly, the provider may be subject to an appearance and interview or development of a Voluntary Improvement Plan to mediate any identified obstacles to completion. Persistent violation of these Rules & Regulations will result in disciplinary action, including but not limited to an Administrative Time-out, referral to the Medical Executive Committee for disciplinary action, delayed/denied reappointment to the Medical/Dental Staff. Timeframes for completion of specific elements of the medical record are dictated by regulatory authorities, this document as well as ECMC Policy. Failure to complete operative/procedure notes in accordance with policy are also subject to referral to the Medical/Dental Staff Leadership Council and/or the Medical Executive Committee as appropriate.

**MOTION TO APPROVE** was made and seconded. Motion to approve changes to the Medical/Dental Staff Bylaws, Rules & Regulations Delinquent Reporting is carried.

**UNANIMOUSLY APPROVED.**

## Proposition #2: Changes in membership of the Leadership Council as follows:

In support of the Erie County Medical Center Corporation's Medical & Dental Staff Bylaws, this amendment establishes the Leadership Council as a standing committee of the Medical Staff.

October 28, 2020

### Amendment proposed 5/2025:

#### Proposed change to Rules & Regulations, Part II:

##### II-9. LEADERSHIP COUNCIL

- A) **PURPOSE:** ECMCC and its Medical and Dental Staff are committed to providing safe, quality patient care. The Leadership Council is established to further that commitment by providing guidance and assisting in the resolution of complex clinical and administrative issues including practitioner professionalism, health and wellness, quality assurance and performance improvement, education, communication and leadership development. It is the goal of The Leadership Council to act in a collegial manner, utilizing progressive steps continuum in conjunction with the confidential Practice Improvement process. Issues that are disciplinary in nature will be referred to the Medical Executive Committee.
- B) **COMPLIANCE:** The Leadership Council complies with all regulatory requirements for assuring the Medical Dental Staff evaluates the quality of care provided by its members and identifies opportunities to improve the delivery of care, including professionalism and wellness concerns.
- C) **REGULATORY/ACCREDITING REQUIREMENTS RELEVANT TO FUNCTION:**
  - 1. **Joint Commission** Current Accreditation Manual for Hospitals, Medical Staff Standards
  - 2. **CMS, Conditions of Participation for Hospitals: 42 CFR 482.22**
  - 3. **Applicable New York State laws and regulations**
- A) **MEMBERSHIP**
  - 1. **APPOINTMENT:** Membership is determined by leadership role identified in Section D. 2 below and will be appointed as provided for in these Bylaws. Medical Center administrative representatives are appointed by the Chief Executive Officer or his designee.
  - 2. **COMPOSITION:**
    - a. President of the Medical Dental Staff serves as Chair.
    - b. President Elect of the Medical Dental Staff
    - c. Treasurer of the Medical Dental Staff
    - d. Secretary of the Medical Dental Staff
    - e. Chief Medical Officer
    - f. Chair of the Quality Enhancement Committee
    - g. Immediate Past President of the Medical Dental Staff
    - h. Chair of the Credentials Committee

Additional Members may be appointed upon assessment of need by the Council. Members must be active members of the Medical/Dental Staff with demonstrated prior leadership experience.



**TERM LIMITS:** Committee members will serve for the duration of their term as a medical staff officer, CMO or Chair of the Credentials Committee. **Additional members appointed by need serve at the recommendation of the Chair.**

1. **VACANCY:** Vacancies will be filled in the same manner as original appointment is made. If a required member cannot continue to serve, a new member must be elected as provided for in these Bylaws.

A) **RESPONSIBILITIES:**

1. Source of issues for review include but are not limited to: The Practice Improvement (PI) process, including Quantros events, referrals from Service Line Directors and Chiefs of Service, Office of the Chief Medical Officer, Hospital Administration, Professional Development and Wellness Committee, Utilization Review Committee, Credentials Committee.
2. Determines the appropriate avenue of review for all administratively complex issues and can facilitate review itself.
3. Discusses and coordinates quality issues.
4. Recommends and facilitates leadership development for the Medical Dental Staff.
5. Acts as the Nominating Committee (see ECMC Rules & Regulations, Part II, § 11-3.)
6. Practitioner wellness issues shall be addressed by the Leadership Council. The Leadership Council works collegially with the Professional Development and Wellness Committee to address issues arising from the policies related to conduct, professionalism, health or wellness.
7. The Leadership Council may request the assistance of the Professional Development and Wellness Committee or other practitioners to assist, on an ad hoc basis, if additional expertise or experience would be helpful in addressing the wellness concerns that are identified in a particular case.
8. Facilitate external review for clinical issues when necessary.
9. Assists the Quality Executive Committee in the development, facilitation and oversight of Voluntary Improvement Plans.
10. Initiates Voluntary Improvement Plans for conduct when indicated.
11. Assists with or provides collegial counseling when indicated.

A) **MEETINGS**

1. **FREQUENCY:** The Leadership Council meets as often as necessary to fulfill its responsibilities, but at a minimum of six (6) times a year.
2. **ATTENDANCE:** Committee members are expected to attend as many of the meetings as possible. Committee members must attend no less than 75% of the scheduled meetings per year.
3. **QUORUM:** Fifty (50) percent of the members present who are required members of the Committee.
4. **SUPPORT:** Support will be provided by the Director of Medical and Dental Staff Services.

5. **REPORTING RELATIONSHIP:** The Leadership Council reports to the Medical Executive Committee via aggregate report or formal referral.

A) **CONFIDENTIALITY**

Pursuant to N.Y. Education Law, §6527 the information and records of this committee as related to practice improvement (PI) activities are designated as “proceedings, reports and records of a medical peer review committee.”

All members of the Leadership Council will, consistent with the Medical/Dental Staff and Medical Center confidentiality policies, keep in strict confidence all papers, reports and information obtained by virtue of membership on the committee.

**MOTION TO APPROVE** was made and seconded. Motion to approve changes to the Medical/Dental Staff Bylaws, Rules & Regulations is carried.

**UNANIMOUSLY APPROVED.**

Dr. Manka reviewed two appointments with a motion to approve from the Medical Executive Committee:

1. The appointment of Dr. Michael Cummings to the Leadership Council Committee
2. The appointment of Rebecca Butfaccio, PA to the Credentials Committee

**MOTION TO APPROVE** was made and seconded. Motion to approve both appointments are carried.

**UNANIMOUSLY APPROVED.**

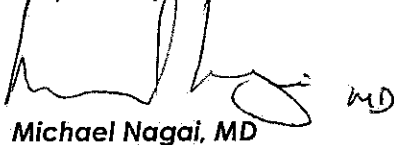
## **XI. EXECUTIVE SESSION**

1. A motion was made and carried at 12:30 pm to move to the 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 April 8, 2025
  - b. Chiefs of Service meeting minutes of April 10, 2025
  - c. Leadership Council Report for April 2025
3. Phyllis Murawski, RN shared the Regulatory Report. The Joint Commission had zero additional findings with their Substance use survey and the ACS Trauma survey showed zero additional findings. We are waiting for the final report back on the recent Joint Commission mock survey.

## **XII. ADJOURNMENT**

There was no further business conducted. Motion to adjourn the meeting was made and seconded. The next meeting will be on Monday, June 16, 2025, at 11:30 am. via Teams/Hybrid in the Dr. Zizzi conference room at ECMC. The meeting was adjourned at 12:42 pm.

Respectfully submitted,



**Michael Nagai, MD**

Secretary  
Medical Executive Committee