ECMCC Board of Director's Meeting

September 23, 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
SEPTEMBER 23, 2025

I. CALL TO ORDER: EUGENIO RUSSI, CHAIR

II. APPROVAL OF MINUTES FROM JULY 22ND MEETING

III. BOARD PRESENTATION: 2026 BUDGET PRESENTATION
JONATHAN SWIATKOWSKI, CPA
CHIEF FINANCIAL OFFICER

IV. RESOLUTIONS MAY BE DISTRIBUTED TO THE BOARD OF DIRECTORS DURING THE MEETING ON SEPTEMBER 23, 2025

V. REPORTS FROM THE CORPORATION'S LEADERSHIP TEAM

A) Chief Executive Officer & President

B) Chief Financial Officer

C) All other reports from leadership are received and filed

VI. REPORTS FROM STANDING COMMITTEE CHAIRS

A) Executive Committee (by Eugenio Russi)

B) Finance Committee (by Michael Seaman)

C) Audit Committee (by Darby Fishkin)

D) Human Resources Committee (by Michael Seaman)

E) MWBE Committee (by Rev. Mark Blue)

F) Quality Improvement and Patient Safety Committee (by Michael Hoffert)

VII. EXECUTIVE SESSION

VIII. ADJOURN

ERIE COUNTY MEDICAL CENTER CORPORATION
JULY 22, 2025 MINUTES OF THE
BOARD OF DIRECTORS MEETING
HYBRID MEETING HELD

Present:	Ronald Bennett*, Reverend Mark Blue, Jonathan Dandes, Darby Fishkin, Sharon Hanson, Christopher O'Brien, Hon. John O'Donnell, Reverend Kinzer Pointer, Thomas J. Quatroche, Eugenio Russi, Michael Seaman, Philip Stegemann, MD, Benjamin Swanekamp*
Excused:	Michael Hoffert, Christian Johnson, James Lawicki, Jennifer Persico,
Also Present:	Julie Berrigan, Donna Brown*, Samuel Cloud, MD, John Cumbo*, Peter Cutler*, Andrew Davis, Cassandra Davis, Joseph Giglia, Pamela Lee, Charlene Ludlow, Phyllis Murawski, Jonathan Swiatkowski

*virtual

I. Call to Order

Having a quorum, the meeting was called to order at 5:00 pm by Chair, Eugenio Russi.

II. Minutes

Upon a motion made by Reverend Kinzer Pointer and seconded by Reverend Mark Blue, the minutes of the June 24, 2025 regular meeting of the Board of Directors were unanimously approved.

III. Action Items

Resolution of the Board of Directors of Erie County Medical Center Corporation Approving Service Contracts in Excess of One Year
Moved by Sharon Hanson and seconded by Reverend Kinzer Pointer
Motion approved unanimously

Resolution Receiving and Filing Medical-Dental Staff Meeting Minutes for May
Moved by Reverend Kinzer Pointer and seconded by Sharon Hanson
Motion approved unanimously

IV. Reports from the Corporation's Leadership Team

Chief Executive Officer and President

Dr. Quatroche reported that the hospital experienced the CMS Hemodialysis Survey, a NYS DOH Tissue Survey and an Infection Control Survey. He then reported on Patient Safety Indicators, stating that monthly statistics remain low. Human Experience remain at or above the NY State benchmark. Quatroche acknowledged several individuals who were honored during the month for outstanding performance. Quatroche congratulated Darby Fishkin, Charlene Ludlow and Pam Lee for being on

the Buffalo Business First Top 200 Power Women. The hospital hosted the Employee Picnic, and the 5th Annual Community Vendor Fair. The ECMC Foundation presented it's Annual Tent Sale selling over $100.000 worth of ECMC attire. The Foundation received a check from Tim Horton's for the Smile Cookie Campaign. ECMC's Office of Diversity presented its 5th Annual Community Vendor Fair which included 70 local vendors. ECMC has hired 488 new employees since the beginning of the year, of which, 102 RNs and 53 LPNs. PHP opened on Monday, July 21, 2025. ECMC Women's Breast Health Center is scheduled to open in August. The Retail/Specialty Pharmacy is now open during expanded hours. Quatroche announced that length of stay has reached 7.0 days.

Chief Financial Officer

Jonathan Swiatkowski reviewed the June 2025 Key Statistics. June was a financially positive month. Discharges were down 3.6 %; observation cases were up 8.9%; surgeries down 13.0% overall. On the plus side, length of stay is at 7.0 which is the lowest number of days since 2020. Mr. Swiatkowski reported an operating loss of $2.9M and examined the June 2025 Financial Performance. A full set of these materials are received and filed.

Mr. Swiatkowski presented a summary of the Federal Spending Bill and the major healthcare provisions timeline.

V. Standing Committees

a. **Executive Committee:** Mr. Russi reported on the Executive Committee meeting which met on Tuesday, July 15, 2025..

b. **Finance Committee:** Michael Seaman stated that the information was covered by the reporting of Dr. Quateroche and Mr. Swiatkowski.

c. **Human Resources Committee:** Mr. Seaman gave a very brief summary on the last HR committee meeting.

d. **Quality Improvement and Patient Safety Committee:** Michael Hoffert was not available to give a report.

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 5:20 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 5:21 p.m.

Sharon L. Hanson
Corporation Secretary

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

Approved July 29, 2025

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

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

WHEREAS, on July 16, 2025, the Contracts Committee met and approved the Applicable Contracts during the period between April 1, 2025 through June 30, 2025, and reviewed contracts previously approved; and

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

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

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

1. The Board of Directors of Erie County Medical Center Corporation hereby approves and ratifies the Applicable Contracts described in the attachment to this Resolution.

2. This resolution shall take effect immediately.

Sharon L. Hanson
Corporation Secretary

Contracts Committee
New Contracts: April 1, 2025 - June 30, 2025

Vendor	Contract Type	Department	Effective Date	Expiration Date	Description	Annual Estimated Value
Abbott Laboratories, Inc.	Services Agreement (Amendments 2 and 3)	Laboratory	4/28/2025	4/30/2035	Addition of Insight Management System; later amended again to reduce price to $54,126.	$54,126
Arc Building Partners, LLC	Professional Services Agreement (Amendment)	Plant Operations	5/12/2025	2/18/2029	Addition of valve repair and maintenance.	$1,287,021
bizWin Strategies, Inc. d/b/a Triad Healthcare Recruiting	Services Agreement	Administration	5/20/2025	5/19/2030	Physician recruitment services under a contingent service model.	No associated cost unless a candidate is found
Buffalo Pharmacies, Inc.	Services Agreement	Terrace View	10/1/2025	7/30/2028	Pharmaceutical, prescription and consulting pharmacist services for Terrace View.	$1,250,000
Calyx Corporation	Maintenance Agreement	Bio Med	1/1/2025	12/31/2025	On-site and off-site calibrations of ECMC Biomedical Test Equipment for 2025.	$16,724
Camille Wicher, Esq.	Services Agreement	Legal	4/10/2025	4/9/2028	Legal consulting services related to clinical research studies including protocol documents, informed consent documents and research related agreements.	$12,500
Carestream Health, Inc.	Services Agreement	Radiology	9/17/2025	9/16/2028	Maintenance and repairs on two pieces of radiology equipment.	$104,622
Cedar Bus Company, LLC	Services Agreement	Safety & Security	7/31/2025	7/30/2030	Vendor to provide on-campus shuttle service.	$1,759,500
Cerida Investment Corporation	Services Agreement (Amendment 2)	Ambulatory Services	4/14/2025	5/10/2026	After hours call service for GI call center.	$5,250
Cielo, Inc.	Services Agreement	Administration	7/31/2025	7/30/2030	Physician recruitment services under retained service model.	No associated cost unless vendor is chosen to begin search
Dental Imaging Technologies Corporation	Maintenance Agreement	Dental	7/1/2025	6/30/2026	Maintain of protection plan on the dental x-ray machines.	$3,736
Doximity Talent Solutions	Services Agreement	Administration	7/31/2025	7/30/2030	Physician recruitment services under the retained service model.	No associated cost unless Vendor is chosen to begin search
Evoqua Water Technologies, LLC	Services Agreement	Laboratory	5/1/2025	5/31/2026	Water filtration system maintenance agreement.	$2,888
First Connect Center, LLC	Services Agreement	Administration	7/31/2025	7/30/2030	Physician recruitment services under the contingent service model.	No associated cost unless a candidate is found
GE Healthcare Technologies, Inc.	Services Agreement	I.T.	6/1/2025	12/1/2028	Integration of Muse with EPIC including MRN conversion.	$56,835
Health Mart Atlas, LLC	Services Agreement (Amendment 5)	Pharmacy	4/1/2025	Evergreen	Service that will allow for direct ERA remittance to provider pay for Mckesson RX Crossroads.	$2,400
HTC Global Services, Inc.	Services Agreement (Amendments 1 and 2)	I.T.	1/1/2025	12/31/2026	Reduction in recurring costs for electronic medical record system legacy support from $1,645,098 to $1,451,396.	$1,451,396
Hybridge Solutions, Inc.	Services Agreement	I.T.	5/2/2025	12/31/2026	Implementation services pertaining to Infor ERP project. (Note: Cost reflects total implementation costs, not annual.)	$2,372,720
Infor (US), LLC	Services Agreement	I.T.	5/28/2025	12/31/2029	Joint Services Agreement with Kaleida for Infor, a cloud-based enterprise resource planning system used largely in finance and materials management.	Through 2029: $594,084 2030: $623,788 2031: $645,978
International Medical Placement, Ltd.	Services Agreement	Administration	5/1/2025	4/30/2030	Vendor to provide physician recruitment services on a contigency and/or retained services model.	No associated cost unless Vendor is chosen to begin search
Karl Storz Endoscopy-America, Inc.	Maintenance Agreement	Operating Room	7/31/2025	7/30/2028	Service and repair all new Karl Storz equipment.	$796,970
Kurt VonFricken, M.D., P.C.	Professional Services Agreement	Physician Contracting	5/1/2025	4/30/2028	Clinical and administrative related to thoracic surgery and cardiac surgery.	(Redacted)
LaBella Associates, DPC	Professional Services Agreement (Amendment)	Plant Operations	5/12/2025	12/30/2025	Architectural services related to renovation of Behavior Health Sensory Rooms.	$16,000
LaBella Associates, DPC	Professional Services Agreement (Amendment)	Plant Operations	3/20/2025	12/30/2025	Architectural services related to Fire Door Corrections project.	$4,840

LeChase Construction Service, LLC	Professional Services Agreement	Plant Operations	7/30/2025	12/30/2026	Construction services under the FEMA grant.	$500,000
Managed Health Care Associates d/b/a Net-Rx	Master Participation Agreement	Pharmacy	11/1/2026	10/31/2028	Conversion of 835 files from payers into the new Epic system for payment reconciliation.	$1,320
MedLab, Inc.	Services Agreement	Behavioral Health	7/30/2025	7/29/2030	Lab services for alcohol and drug screening and medication monitoring.	(Redacted)
Meridian IT, Inc.	Services Agreement	Purchasing	7/31/2025	7/30/2026	Advanced threat prevention subscription for device in an HA pair renewal.	$41,403
Monterey Consultants, Inc.	Services Agreement	Administration	5/8/2025	5/7/2030	Physician recruitment services under the contingent service model.	No associated cost unless a candidate is found
Red River, LLC	Software Agreement	I.T.	6/24/2025	6/23/2028	Provides mobile device management solution with professional services for implementation. Required for Epic implementation.	$422,210
Respitech Medical, Inc.	Maintenance Agreement	Clinical	7/24/2025	7/24/2026	Preventative and routine maintenance of clinical equipment.	$8,088
Shawn E. Cunningham	Services Agreement	Finance	7/30/2025	7/29/2026	Consultant to prepare 2022 Revised and 2024 CFR Cost Report for ECMCC. This agreement is typically renewed each year.	Not to exceed $20k
Siemens Industry, Inc.	Services Agreement	Plant Operations	3/1/2025	2/28/2028	Software updates and troubleshooting for Insight services.	$338,300
StaffDNA, LLC	Services Agreement	Administration	7/31/2025	7/30/2030	Physician recruitment services under the contingent service model.	No associated cost unless a candidate is found
Steris Corporation	Maintenance Agreement	Operating Room	4/3/2025	Evergreen	Repairs and maintenance of Olympus Scopes.	$82,140
Steris Corporation	Maintenance Agreement	Bio Med	7/1/2025	6/30/2028	Maintenance on various pieces of equipment throughout the OR and Bio Med.	$399,491
Steris Corporation	Maintenance Agreement	Laboratory	7/1/2025	6/30/2026	Service and repair of Steris equipment. This agreement is limited to one year at a time due to equipment type and age, but is likely to renew.	$5,410
Talent Catalyst Group, LLC	Services Agreement	Administration	7/31/2025	7/30/2030	Physician recruitment services under the contingent service model.	No associated cost unless a candidate is found
TEKsystems, Inc.	Services Agreement	I.T.	7/31/2025	7/30/2027	IT augmentation services to provide support to ECMC during the Epic project.	$240,000
Tri-Delta Resources Corporation	Professional Services Agreement	I.T.	6/2/2025	4/30/2026	Extending the term of the master agreement.	$54,000
UB Family Medicine, Inc.	Recruitment Agreement	Physician Contracting	2/1/2025	1/31/2026	Dr. Moore has been recruited to work for ECMC upon finishing residency.	(Redacted)
UB Surgeons, Inc.	Professional Services Agreement	Physician Contracting	2/1/2025	1/30/2027	Marcy Jordan, Ph.D. to perform research services on behalf of ECMCC.	(Redacted)
University Neurology, Inc.	Professional Services Agreement	Clinical	6/2/2025	6/1/2028	New neurology services agreement establishing clincal and adminstrative roles with new rates.	$380,000 plus collections for EEG interpretive services.
University Orthopaedic Services, Inc.	Professional Services Agreement	Clinical	1/1/2025	12/31/2025	Dr. McGrath to provide admin services related to Highmark Ortho Bundle Payment Program.	(Redacted)
University Psychiatric Practices, Inc.	Recruitment Agreement	Physician Contracting	12/1/2024	12/31/2025	Dr. Burke has been recruited to work for ECMC upon finishing residency.	(Redacted)
University Psychiatric Practices, Inc.	Professional Services Agreement	Physician Contracting	5/18/2023	5/17/2026	Clinical and administrative services APIC Program.	$241,031
University Psychiatric Practices, Inc.	Professional Services Agreement	Physician Contracting	1/1/2025	12/31/2027	Provides physicians, APPs to perform administrative and clinical services related to ECMCC's Department of Psychiatry.	$974,700
William Belles, M.D., P.C.	Professional Services Agreement	Physician Contracting	4/1/2025	3/31/2028	Dr. Belles to provide ENT clincal services as well as chief of service administrative services and call.	(Redacted)

Annual Review

Previously approved agreements: April 1, 2024 - June 30, 2024; approved July 2024

Vendor	Contract Type	Department	Effective Date	Expiration Date	Description	Annual Estimated Value
Academic Medicine Services, Inc. d/b/a UBMD Internal Medicine	Professional Services Agreement	Clinical	3/1/2023	2/28/2026	Physician group to provide Dr. Alam for 1.0 FTE oncology services.	(Redacted)

Academic Medicine Services, Inc. d/b/a UBMD Internal Medicine	Professional Services Agreement (Amendment 1)	Clinical	7/1/2024	6/30/2026	Increases oncology physician Dr. Randhawa to 1.0 FTE.	(Redacted)
Academic Medicine Services, Inc. d/b/a UBMD Internal Medicine	Professional Services Agreement	Clinical	5/6/2024	5/5/2027	Physician group to provide Dr. Maison for 1.0 FTE oncology services.	(Redacted)
Apogee Medical Group, New York, P.C.	Amended & Restated Professional Services Agreement	Clinical	7/1/2024	6/30/2029	Group to provide clinical hospitalist services.	$12,500,000
Arc Building Partners LLC	Professional Services Agreement	Plant Ops	4/15/2024	4/14/2029	Construction Manager services for small- to medium-sized projects on ECMCC's campus. Projects to be bid by CM, which is compensated in percentage-based arrangement.	Estimated $6-7M; percentage-based contract capped at 4% as highest rate.
Centurion Medical Products	Services Agreement	Education	7/31/2024	7/30/2027	Vendor to resell old equipment from ECMCC and provide percentage of resell value (in compliance with ECMCC property disposal policy).	N/A; concessions-based.
Cushman & Wakefield U.S., Inc.	Professional Services Agreement (Amendment 3)	Administration	2/22/2024	2/28/2027	Extension of existing lease administration services agreement.	$2,000
DCB Elevator Co Inc.	Services Agreement	Plant Operations	7/31/2024	7/30/2026	Passenger and service elevator response and repair services; included because likely to renew.	$300,000
Deep Seas LLC (fka Greycastle Security LLC)	Assignment and Assumption	I.T.	5/2/2024	10/31/2025	Managed security services including incident response and IT Security risk assessments; contract assumed by Deep Seas.	(Redacted)
Eaton Corporation	Maintenance Agreement	I.T.	6/26/2024	6/25/2027	Battery maintenance for IT servers.	(Redacted)
ePlus Technology, Inc.	Maintenance Agreement	I.T.	7/31/2024	7/31/2026	Information technology consulting services and resources agreement for engineering design and support.	$27,000
Haemonetics Corporation	Maintenance Agreement	Bio Med	6/2/2024	6/1/2027	Service coverage of dialysis equipment.	Year 1: $15,636; Years 2 and 3: $16,380
Hybridge Solutions, Inc.	Services Agreement	Human Resources	5/31/2024	5/31/2026	Support services related to UKG Pro.	(Redacted)
Hybridge Solutions, Inc.	Services Agreement	Human Resources	6/3/2024	6/2/2027	Additional support services related to UKG Pro.	(Redacted)
JD Paletine, LLC d/b/a JDP	Professional Service Agreement	Human Resources	7/10/2024	7/9/2027	Vendor to provide employee background checks.	$7,000
Kideney Architects P.C.	Professional Services Agreement	Plant Operations	7/31/2024	7/30/2029	New architectural services agreement for various projects. Going forward, services to be split among three firms (other agreements forthcoming).	TBD; percentage-based compensation based on ECMCC needs.
Medsleuth	Services Agreement	Transplant Services	6/17/2024	6/16/2026	Agreement for utilization of national IT platform to aid in organ procurement. Vendor to assist in procuring organs from other medical facilities.	$15,000 plus usage-based fees
MP Care Solutions LLC	Professional Services Agreement	Plant Ops	5/1/2024	4/30/2029	Venor to perform Health Equity Impact Assessments as needed for Certificates of Need on an as-needed basis.	$35,000
Philips Healthcare North America Company (Philips Electronics North America Corporation)	Maintenance Agreement	Radiology	4/1/2024	3/31/2029	Service contract for EOS scanners	Year 1: $303,652; Year 2: $288,189; Year 3: $226,513; Years 4 and 5: $180,653
Philips Healthcare North America Company (Philips Electronics North America Corporation)	Maintenance Agreement (Addendum)	Radiology	4/1/2024	3/31/2029	Addendum to the original maintenance contract to include mobile detector coverage.	$87,918; increase of $3,000
Terumo Cardiovascular Systems Corporation	Maintenance Agreement (Amendment 2)	Bio Med	7/31/2024	7/31/2025	Maintenance agreement for biomed equipment.	$8,480
The Martin Group	Professional Services Agreement (Amendment 5)	Marketing/Public Relations	6/9/2024	12/31/2025	Extension of joint marketing services agreement with Kaleida.	$126,311
Trellis Rx, LLC	Professional Services Agreement	Pharmacy	8/1/2024	7/31/2031	Extension of pharmacy services agreement.	$10,000,000
UB Family Medicine, Inc.	Professional Services Agreement	Clinical	6/1/2023	5/31/2026	Group to provide clinical and administrative services related to Department of Family Medicine.	$315,750 plus collections for inpatient services, RVU productivity incentive.
UB Oral and Maxillofacial Surgery, Inc.	Professional Services Agreement	Clinical	6/16/2024	6/15/2027	Group to provide clinical and administrative services related to Department of OMFS.	$212,775 plus $675 per clinic session (variable).

University Ophthalmology Services, Inc.	Professional Services Agreement	Clinical	3/1/2024	2/28/2029	Group to provide clinical and administrative services related to Department of Ophthalmology.	$395,118 plus collections for EEG interpretive services.
Western New York Thoracic Surgery, LLC	Professional Services Agreement	Clinical	1/1/2024	12/31/2027	Call coverage for thoracic surgery.	$136,875
WNY Transportation Services	Transportation Services Agreement	Administration	4/10/2025	4/9/2026	Ambulatory, wheelchair, and taxi transportion services for ED and CPEP Patients.	$250,000

Annual Review
Previously approved agreements: April 1, 2023 - June 30, 2023; approved July 2023; reviewed July 2024

Vendor	Contract Type	Department	Effective Date	Expiration Date	Description	Annual Estimated Value
Advanced Medical Physics, PLLC	Professional Services Agreement (Extension)	Imaging	2/12/2021	12/31/2025	This amenemdnet extends the agreement for diagnostic physics and medical nuclear physics services.	$60,280
B J Muirhead Co., Inc.	Services Agreement	Plant Operations	6/1/2023	5/31/2026	One of a number of plumbing services companies ECMCC is executing formal agreements with.	$30,000
Floyd Lee Locums, Inc.	Locum Tenens Staffing Agreement	Clinical	1/12/2023	Evergreen	Staffing company to provide locum tenens services on as-needed basis.	$30,000
FreeupMD, LLC	Locum Tenens Staffing Agreement	Clinical	1/12/2023	Evergreen	Staffing company to provide locum tenens services on as-needed basis.	$30,000
GE Healthcare	Maintenance Agreement	Imaging	5/23/2023	5/22/2028	Maintenance on various pieces of GE equipment.	$13,040
GE Healthcare	Maintenance Agreement	Imaging	4/20/2023	4/19/2028	Maintenance on various pieces of GE equipment.	$7,593
Kandey Company Inc.	Services Agreement	Plant Operations	6/1/2023	5/31/2026	One of a number of plumbing services companies ECMCC is executing formal agreements with.	$30,000
MLP Plumbing and Mechanical, Inc.	Services Agreement	Plant Operations	6/1/2023	5/31/2026	One of a number of plumbing services companies ECMCC is executing formal agreements with.	$30,000
NCH Corporation d/b/a Chemsearch	Services Agreement	Plant Operations	6/1/2023	5/31/2026	One of a number of plumbing services companies ECMCC is executing formal agreements with.	$30,000
Neogenomics Laboratories, Inc.	Laboratory Testing Services Agreement	Lab	7/1/2023	Evergreen	Reference laboratory services.	$15,000
Optum Pharmacy 702, LLC	340B Pharmacy Services Agreement	Pharmacy	7/1/2023	Evergreen	Pharmacy to provide 340B contract pharmacy services.	$10,000
Root Neal and Company	Services Agreement	Plant Operations	6/1/2023	5/31/2026	One of a number of plumbing services companies ECMCC is executing formal agreements with.	$30,000
University at Buffalo Pathologists, Inc.	Professional Services Agreement	Clinical	2/14/2022	2/13/2026	UB to provide clinical and administrative pathology services.	$1,333,295

Annual Review
Previously approved agreements: April 1, 2022 - June 30, 2022; approved July 2022; reviewed July 2023 and 2024

Vendor	Contract Type	Department	Effective Date	Expiration Date	Description	Annual Estimated Value
Archer Medical Diagnostic Testing Inc.	Diagnostic Services Agreement	Clinical	7/5/2022	7/4/2027	Vendor to provide EEG tests and monitoring services on behalf of ECMCC.	$50,000
Cerida Investment Corp. (AnswerNet)	Telephone Answering Service Agreement	Administration	5/11/2022	Evergreen	Vendor to provide after hours call service for ECMCC outpatient physician practices.	$50,400
Kathryn Eberle Cohen	PEDS Services Agreement	PEDS	6/13/2022	6/12/2026	Independent contractor to provide various PEDS-related services on an as-needed basis.	$20,000
Rupp Baase Pfalzgraf Cunningham LLC	Engagement Letter	Legal	4/19/2022	4/18/2027	Law firm retained to represent ECMCC in connection with: bankruptcy and foreclosure, collections, corporate, environmental, general litigation, general liability litigation, & real estate and leasing.	$250,000
Sheppard Mullin	Engagement Letter	Legal	4/26/2022	Evergreen	Specialized law firm to provide counsel to ECMCC and Kaleida regarding Great Lakes Integrated Network.	$40,000

Annual Review
Previously approved agreements: April 1, 2021 - June 30, 2021; approved July 2021; reviewed July 2022, 2023, and 2024

Vendor	Contract Type	Department	Effective Date	Expiration Date	Description	Annual Estimated Value
Crickler Vending Company, Inc.	Vending Services Agreement	Administration	4/1/2021	3/31/2026	Placement of snack and drink vending machines throughout ECMCC campus and clinics.	ECMC receives 53% of gross profits (approximately $85,000 annually).
Fortus Group Travel, Inc.	Clinical Staffing Services	Nursing	6/17/2021	Evergreen	Staffing company to provide as-needed nursing staffing services.	$62,500
Stanley Access Technologies	Services and Maintenance Agreement	Emergency	4/1/2021	3/31/2026	Annual maintenance on emergency room doors.	(Redacted)

Annual Review
Previously approved agreements: April 1, 2020 - June 30, 2020; approved July 2020; reviewed July 2021, 2022, 2023, and 2024

Vendor	Contract Type	Department	Effective Date	Expiration Date	Description	Annual Estimated Value
Assignment America, LLC d/b/a Cross Country Staffing (formerly Cross Country Staffing, Inc. d/b/a Cross Country Healthcare Services)	Staffing Services Agreement	Human Resources	12/8/2016	Evergreen	Permits for assignment of agreement to "Assignment America, LLC d/b/a Cross Country Staffing" and extends as evergreen.	Varies based on staff placed at ECMCC

Erie County Medical Center Corporation
Executive Conference Room/Teams Meeting

MINUTES

Credentials Committee Meeting
July 3, 2025

Present: Dr. Yogesh Bakhai, Chairman, Dr. Siva Yedlapati, Dr. Ashvin Tadakamalla, Rebecca Buttaccio, PA (via Teams), Dr. Richard Hall (via Teams), Dr. Victor Vacanti

Excused: Dr. Thamer Qaqish, Dr. Samuel Cloud, Dr. Mandip Panesar, Dr. Lakshpaul Chauhan, Chris Resetarits, CRNA

Agenda Item	Discussion	Action	Follow-up
I. CALL TO ORDER	Dr. Bakhai called the meeting to order at 3:00 pm.		
II. ADMINISTRATIVE			
A. Minutes	Minutes from the June 5, 2025 meeting were reviewed and approved.	A motion was made by Dr. Yogesh Bakai and unanimously carried to approve the minutes of the June 5, 2025 meeting as submitted.	Via these minutes, the Credentials Committee recommends same to the Medical Staff Executive Committee.
B. Deceased	None	None	None
C. Applications Withdrawn/Processing Cessation	None	None	None
D. Automatic Conclusion (Initial Appointment)	None	None	None
E. Name Changes (1)	**<u>Plastic and Reconstructive Surgery</u>** • Bridget Fitzgerald, PA-C **changed her name to Bridget Stegemann, PA-C** All required documentation was submitted and verified.	Noted	None

F. Leave of Absence (5)	**Anesthesiology** • Jessica Kazmierczak, CRNA Maternity; RTW 10/17/25 **Family Medicine** • Sunhoon Jung, NP Paternity; RTW 07/28/2025 **Internal Medicine** • Syed Abdullah, MD VISA; RTW TBD • Mahmoud Fenire, MD FMLA; RTW 09/01/25 **Orthopedic Surgery** • Andrea Castonguay, PA Maternity; RTW 09/29/2025	Noted	Informational purposes only
G. Resignations (6)	Files are updated and resignation protocol followed. The Committee discussed retention rates and Wellness Committee initiatives to investigate and manage.		Notification via these minutes to MEC, Board of Directors, Revenue Management, Decision Support

NAME	DEPARTMENT	PRACTICE PLAN/REASON	COVERING/COLLABORATING/ SUPERVISING	RESIGN DATE	INITIAL DATE
Karen Schwanekamp, CRNA	Anesthesia	• ECMC • Retiring • Confirmed in email	N/A	07/04/2025	06/10/1992
Elizabeth Smith, PA-C	Anesthesia/Pain Management	• GSS • Leaving ECMC • Confirmed in email	N/A	06/20/2025	09/24/2024
John Kruse, DO	Emergency Medicine	• UEMS • Leaving UEMS • Confirmed in resignation email	N/A	07/01/2025	07/28/2020
Shafiq Cheema, MD	Internal Medicine	• FreeUp MD • No longer working with ECMC • Confirmed in letter	N/A	05/08/2025	10/24/2023

Jessica Li, DDS MD	Oral & Maxillofacial Surgery	• Completed Fellowship • Moving out of WNY • Confirmed in email	N/A	07/31/2025	07/23/2024
Uzma Alam, MD	Radiology	• GLMI • Leaving practice • Confirmed in email	N/A	06/30/2025	07/25/2023
III. CHANGE IN STAFF CATEGORY					
	None				
IV. CHANGE/ADDITION Collaborating/Supervising (1)					
A. Audrey Hoerner, ANP	<u>Surgery:</u> • Changing from Dr. William Flynn to Dr. James Lukan (1PA)		Noted	For informational purpose only	
V. CHANGE DEPARTMENT/ PRIVILEGE ADDITION/ REVISION (2)					
A. Michael Farrell, II MD	<u>Rehab/Pain Management</u> • SI Joint Fusion with Proctor • Training documentation was submitted		Noted	Via these minutes, the Credentials Committee recommends approval to the Medical Staff Executive Committee. Notification to Revenue Cycle & Decision Support upon approval of the Board.	
B. James Lukan, MD	<u>Surgery</u> • Debridement, Chemical • Application of compression dressing (including total contact cast & profore) • Application of silver nitrate			Via these minutes, the Credentials Committee recommends approval to the Medical Staff Executive Committee.	

			Notification to Revenue Cycle & Decision Support upon approval of the Board.
VI. PRIVILEGE WITHDRAWAL (1)			
A. Gerald Jeyapalan, MD	**<u>Otolaryngology</u>** • Withdrawing KTP & Carbon Dioxide	The Committee voted, all in favor, to approve the changes as requested.	Via these minutes, the Credentials Committee recommends approval to the Medical Staff Executive Committee. Notification to Revenue Cycle & Decision Support upon approval of the Board.
VII. UNACCREDITED FELLOWSHIPS (2)			
	<u>Surgery</u> *Holly Johnson, MD*: Endoscopy unaccredited Fellowship. Anticipated start date is 08/01/2025. Application is complete. **<u>Bariatric Surgery</u>** *Caitlin McGee, MD:* Unaccredited Fellow for bariatric surgery. Anticipated start date of 08/01/2025. Will be unaccredited Fellow to Bariatric, but moonlight in General Surgery. All bariatric privileges will be performed under the direct supervision of Dr. Sanders.	Noted Noted	Noted Noted

VIII. INITIAL APPOINTMENTS (16)			
Yuri Bychkov, DO Anesthesia – Pain Management	• Touro College of Osteopathic Medicine June 2020 • Albany Medical Center Anesthesiology Residency July 2020 to June 2024 • University of Rochester Pain Medicine Fellowship July 2024 to June 2025 • Hired by ECMC Pain Management effective August 2025 American Board of Anesthesiology eligible, sitting September 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.
Madison Billings, DMD Dentistry	• Midwestern University College of Dental Medicine DMD May 2023 • Time gap – moved from Chicago to Buffalo for Residency June 2023 to July 2023 • Erie County Medical Center Dental Residency July 2023 to June 2024 and optional PGY-2 July 2024 to June 2025 • Hired by ECMC Dentistry Department July 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.
Gregory May, DO Emergency Medicine	• Touro College of Osteopathic Medicine June 2022 • Jacobs School of Medicine Emergency Medicine Residency June 2022 to June 2025 • Hired by UEMS July 7, 2025, temporary privileges for immediate patient need	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.

	• American Board of Emergency Medicine eligible, sitting November 2025		Notification to Revenue Cycle and Decision Support upon approval of the Board.
Jeremy Michalski, MD Emergency Medicine	• State University of New York at Buffalo MD June 2022 • Jacobs School of Medicine Emergency Medicine Residency June 2022 to June 2025 • Hired by UEMS August 2025 • American Board of Emergency Medicine eligible, sitting 2026	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.
Conor Young, MD Emergency Medicine	• State University of New York Upstate Medical University MD May 2020, Emergency Medicine Residency July 2020 to June 2023, and Medical Toxicology Fellowship July 2023 to June 2025 • Time gap – break between medical school and residency June 2020 to July 2020 • Hired by UEMs July 7, 2025, temporary privileges for immediate patient need • American Board of Emergency Medicine certified	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.

Ankita Kapoor, MD Internal Medicine	• Maulana Azad Medical College MBBS November 2017 • House Officer Medical College and Hospital, Faridabad India November 2017 to June 2019 • Rochester General Hospital Internal Medicine Residency June 2019 to June 2022 • University at Buffalo/Roswell Park Cancer Center Hematology and Medical Oncology Fellowship July 2022 to June 2025 • Hired by UBMD Internal Medicine July 2025, temporary privileges 7/7/2025 for immediate patient need • American Board of Internal Medicine certified, Hematology and Oncology eligible	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.
Ernesto Leon Velarde Carreno, MD Internal Medicine	• Universidad de San Martin de Porres Facultad de Medicina Humana MD April 2011 • Time gap – job search, researching residency programs in the US, studied for USMLE April 2011 to April 2012 • Attending Physician British American Hospital Peru April 2012 to October 2016 • Time gap – beginning of match process, traveled to US for interviews and prepared for move October 2016 to July 2017 • Jacobs School of Medicine Internal Medicine Residency June	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.

	2017 to June 2020 and Nephrology Fellowship July 2020 to June 2022 • Attending Nephrologist Arizona Kidney Disease and Hypertension Center July 2022 to present • Hired by UBMD IM August/September 2025 • American Board of Internal Medicine certified and Nephrology eligible, sitting 2026		
Aurangzeb Memon, MD Neurology	• Baqai Medical University MBBS April 2009 • Time gap – prepared and sat for USMLE, prepared residency applications and interviewed May 2009 to June 2012 • ECFMG certified June 2011 • Jacobs School of Medicine Internal Medicine Internship July 2012 to June 2013 and Neurology Residency July 2013 to June 2016 • The University of Texas Health and Science Center at Houston Vascular Neurology Fellowship July 2016 to June 2017 • Time gap – awaited processing and approval for J1 waiver July 2017 to October 2017 • Neuro-Hospitalist Providence Hospital November 2017 to November 2020 and Emory St. Joseph and Johns Creek Hospital's December 2020 to June 2024	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.

	• Neurology Site Director at Emory St. Joseph Hospital September 2022 to June 2024 • Staff Neurologist Buffalo Veteran's Affairs Medical Center June 2024 to present • Hired by ECMC August 2025 • American Board of Psychiatry & Neurology and Vascular Neurology certified		
Christian Binns, MD Psychiatry	• State University of New York at Buffalo MD June 2021 • Jacobs School of Medicine Psychiatry Residency June 2021 to June 2025 • Hired by University Psychiatric Practice August 2025 • American Board of Psychiatry & Neurology eligible, sitting September 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.
David Burke, MD Psychiatry	• George Washington University MD May 2020 Jacobs School of Medicine Psychiatry Residency June 2020 to June 2023 and Child and Adolescent Psychiatry Fellowship July 2023 to June 2025 • Hired by University Psychiatric Practice August 2025 American Board of Psychiatry & Neurology certified	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.

Justine Forrest, MD Psychiatry	• State University of New York at Buffalo MD June 2020 • Jacobs School of Medicine Psychiatry Residency June 2020 to June 2023 and Child and Adolescent Psychiatry Fellowship July 2023 to June 2025 • Hired by University Psychiatric Practice July 18, 2025, temporary privileges for immediate patient need • American Board of Psychiatry & Neurology certified	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.
Jacob Chenez, DO Radiology	• Lake Erie College of Osteopathic Medicine DO May 2019 • Riverside Methodist Hospital Preliminary Medicine Internship June 2019 to June 2020 • Jacobs School of Medicine Diagnostic Radiology Residency July 2020 to June 2024 • University of Pittsburgh Medical Center Musculoskeletal Imaging Fellowship July 2024 to June 2025 • Hired by GLMI August 2025 • American Board of Radiology eligible, sitting October 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.
Mitchell Edquist, MD Radiology	• St. Georges University MD May 2019 • Gundersen Health System Transitional Year Residency June 2019 to June 2020	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.

	• Jacobs School of Medicine Diagnostic Radiology Residency July 2020 to June 2024 • Duke University Medical Center Cardiothoracic Imaging Fellowship July 2024 to June 2025 • Hired by GLMI Teleradiologist August 2025 • American Board of Radiology eligible, sitting June 2026		Notification to Revenue Cycle and Decision Support upon approval of the Board.
Mudassir Syed, DO Radiology	• New York Institute of Technology College of Osteopathic Medicine DO May 2019 • Time gap – moved to Florida to begin internship • Mayo Clinic College of Medicine and Science Internal Medicine Internship July 2019 to June 2020 and Diagnostic Radiology Residency July 2020 to June 2024 • Medical College of Wisconsin Vascular and Interventional Radiology Fellowship July 2024 to June 2025 • American Board of Radiology eligible, sitting July 2026. Passed core June 2023	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.
Emilie Fadale, PA-C Rehabilitation Medicine	• Chatham College Physician Assistant September 2001 • Time gap – studied for PA boards, relocated to Pittsburgh and started job search September 2001 to October 2002	The Committee reviewed & endorsed a training/on-boarding plan for Ms. Fadale, as she has never worked in chronic pain or physiatry.	Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.

	• Physician Assistant – Pittsburgh Cardiac and Vascular October 2002 to January 2006 • Time gap – credentialing for new job January 2006 to March 2006 • Physician Assistant – University of Pittsburgh Medical Center March 2006 to May 2014 and Catholic Health System June 2014 to January 2020 • Time gap – career break during COVID pandemic, raised infant son, maintained/gained clinical knowledge with online CME courses and journal articles February 2020 to October 2022 • Physician Assistant – Independent Contractor New York Department of Health, New York Independent Assessors project – Telehealth visits to NY Medicaid members November 2022 to August 2023 • Time gap – career break, stay at home mother, maintained/gained clinical knowledge with online CME courses and journal articles September 2023 to present • Hired by Grider Support Services Rehabilitation Medicine August 2025 • Supervising Physician – Dr. Amrit Singh (1 PA) • NCCPA certified	It is noted that Dr. Bakhai will bring the Fadale appointment to Med Exec for review because she does not have the required number of professional peer references. The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Notification to Revenue Cycle and Decision Support upon approval of the Board. **EXTRACT FOR MEC**

Eric Chevli, MD Urology	• State University of New York at Buffalo MD June 2020 • Jacobs School of Medicine Urology Residency June 2020 to June 2025 • Hired by WNY Urology July 4, 2025, temporary privileges requested for immediate patient need • American Board of Urology eligible, sitting July 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.
X. Temporary Privileges (1)	<u>Family Medicine – Terrace View</u> Christina Meyers, FNP Issued 06/06/2025	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.
IX. REAPPOINTMENTS (41)	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
Brown, Dana CRNA	**Anesthesia**	AHP	
Koch, Elizabeth, MD	Anesthesia	Active	
VanSteenburg, Monica CRNA	Anesthesia	AHP	
Hinchy, Nicole DDS	**Dentistry**	CR&F	
Manka, Michael MD	**Emergency Medicine**	Active	
McCaul, Jennifer PA-C Collaborating MD: Bart	Emergency Medicine	AHP	
Peters, Alexandra PA-C Collaborating MD: Shaw	Emergency Medicine	AHP	
Smith, Samantha PA-C Collaborating MD: Pugh	Emergency Medicine	AHP	
Thompson, Sarah PA-C Collaborating MD: Igoe	Emergency Medicine	AHP	
Ilahi, Maira DO	**Family Medicine**	Active	
Krystofik, Grant PA-C Collaborating MD: Wilkins	Family Medicine	AHP	**Addition of Privileges:** **Chemical Dependency** • Basic substance intoxication • Basic substance withdrawal • Basic individual & group treatment modalities • Advanced substance intoxication • Advanced substance withdrawal • Advanced individual & group treatment modalities **Level II** • Pre-Natal/Maternal/Fetal Care
Raugh, Shanelle DO	Family Medicine	Active	
Slisz, Madeine PA-C Collaborating MD: Shields	Family Medicine	AHP	
Gruarin, Scott DO	Family Medicine	Active	
Haq, Mohammad MD	Family Medicine	Active	**Addition of Privileges:** • Interventional Nephrology Level II Procedural Privileges: Thrombolytic Management of Vascular Access

Ksiazek, Nicole PA-C Collaborating MD: Brockman, Perry, Kayler, Cheng	**Internal Medicine**, Neurology, Surgery, Cardiothoracic	AHP	**Privilege Withdrawal:** • Department of Surgery, General Department Privileges: Removal of Chest Tubes • Department of Surgery, Basic Procedures: Endotracheal Intubation • Department of Surgery, Advanced Wound Care Procedures: Negative Pressure Therapy, including Wound Vac
Lawler, Nelda MD	Internal Medicine	Active	
Rich, Ellen MD	Internal Medicine	Active	
Springer, Scott PA-C Collaborating MD: Martinez	Internal Medicine	AHP	
Wren, Sarah FNP Collaborating MD: Desai	Internal Medicine	AHP	
Stevens, Rebecca MD	**OB/GYN**	Active	
Goodloe, Samuel DDS MD	**Oral & Maxillofacial Surgery**	Active	
Anders, Mark MD	**Orthopedic Surgery**	Active	
Donaldson, Jessie PA Supervising MD: Ritter	Orthopedic Surgery	AHP	
Kuechle, Joseph MD	Orthopedic Surgery	Active	
Ritter, Christopher MD	Orthopedic Surgery	Active	
Yeo, Joseph DPM	Orthopedic Surgery	Active	
Fazili, Rafiqa MD	**Pathology**	Active	
Kandel-Amatya, Sirisa MBBS	Pathology	Active	
Bakhai, Yogesh MD	**Psych & Behavioral Med**	Active	
Thompson, James MD	Psych & Behavioral Med	Active	
Coleman, Clarence MD	**Radiology**	Active	
Connolly, John MD	Radiology	Active	
Giyanani, Ravi MD	Radiology	Active	
Jacobson, Daniel MD	Radiology	Active	
Liou, Lee-Ming MD	Radiology	Active	
Mitchell, Richard MD	Radiology	Active	
Cooper, Clairice MD	**Surgery**	Active	

Fernandez, Hoylan MD	Surgery	Active	**Addition of Privileges:** • Department of Surgery, Genito-Urinary Tract: Kidney – open nephrectomy for trauma • Department of Surgery, Genito-Urinary Tract – Kidney – or partial complete resection • Department of Surgery, Genito-Urinary Tract: Ureter – elective surgery other than transplantation • Department of Surgery, Laparoscopic Procedures: Laparoscopic: Nephrectomy
Perry, Yaron MD	**Thoracic/Cardiovascular Surgery**	Active	
Rutkowski, John MD	**Urology**	Active	
Bold highlighted names are reappointment dates that will be changed to align with Kaleida			

X. AUTOMATIC CONCLUSION	Reappointment Expiration		
1st Notice	None	For informational purposes.	None necessary.
2nd Notice (1)	Phys Med & Rehab Medicine • Daniel Salcedo, MD – letting privileges run out per practice plan • Privileges expire 08/31/2025	For informational purposes.	None necessary.
3rd Notice (4)	**Surgery:** • Andrea Zucchiatti, MD – letting privileges expire 07/31/2025 **Internal Med/Cardiothoracic Surgery:** • Lucas Speak, FNP – letting privileges expire 07/31/2025 **Ortho Surgery:** • Jascha Teibel, DPM – relocating out of state, letting privileges expire 07/31/2025	For informational purposes.	None necessary.

	<u>UBMD – Internal Medicine</u> • Gurmat Gill, DO – not renewing contract, privileges expire 07/31/2025		
XI. PROFESSIONAL PRACTICE EVALUATIONS			
OPPE	<u>Completed:</u> Chemical Dependency, Family Medicine, Radiology, Teleradiology Dr. Yedlapati noted that if any Family Medicine Boarded Apogee provider were to come up in both places, he and Dr. Wilkins would discuss together.	Three (3) individual opportunities were identified. Providers were notified identified.	Will continue to monitor.
FPPE	Six (6) FPPEs were completed in June 2025. Three (3) Neurology FPPEs were extended by 3 months, as they are remotely contracted intraoperative monitoring neurologists.	Extension of FPPEs accepted.	FPPEs will be re-evaluated in 3 months
Tracking/Trending:	Marcos Cruz, MD – Extended Thai Dang, DO- Extended Sarah Zubkov, MD – Extended Elizabeth Smith, PA – FPPE Concluded.	For tracking purposes	Noted
XII. OLD BUSINESS			
Expirables	Expirables were reviewed and discussed with the Credentials Committee. There were 2 Infection Control and 1 DOJ Code of Conduct. Dr. Yedlapati stated that he had already spoken with his providers and those owing items would be removed from the schedule until the training is completed.	Follow-up continues to obtain the outstanding documents.	For informational purposes
DEA, License, Boards	**<u>July 2025:</u>** DEA: 22 License: 29 Boards: 0 **<u>August 2025:</u>** DEA: 24 License: 44 Boards: 2 (1 NP, 1 MD)	No action is necessary at this time.	For informational purposes

Hannah Lapides, PMHNP	Hannah Lapides is no longer with UPP and had no collaborating MD. Dr. Dori Marshall agreed to be her Collaborating MD. Hannah felt she could provide continuum of care to patients in the community. When this was presented to ECMC General Counsel, they agreed this arrangement does not meet the current Bylaws. She would be able to review medical records of her community patients through Health-E-Link. She cannot become a member of the ECMC Allied Health Professional Staff as in accordance with current Bylaws, she would need to have a role in patient care and contact on-site. She does not meet these criteria.	It is recommended by the Credentials Committee and ECMC Legal Counsel that Hannah Lapides, PMHNP does not meet the criteria to be a member of the Allied Health Professional Staff at ECMC.	**EXTRACT TO MEC**
Radiology Privilege Form	Cheryl Carpenter met with both Dr. Brewer and Dr. Drumsta. Drumsta has requested that the entire Radiology privilege form be reworked, as things in Interventional Radiology have changed significantly since the last review of these privileges. Once this is completed. Dr. Brewer will provide an opinion on the shared Interventional Radiology privileges.	Item was placed on hold.	Cheryl will update the Committee when applicable.
MD Staff Update	Due to the EPIC Implementation, Kaleida Health has rolled back the MD Staff go-live date to mic-December 2025 from March of 2026. Cheryl noted that this significantly impacts the build and training timeframes, as well as the creation of an information-sharing agreement.	Dr. Cloud has asked for a risk summary of this situation. Dr. Bakhai has also asked to be copied on this summary once completed.	Cheryl will create the risk summary, distribute as requested, and continue to update the Committee.
Boards	Dr. Bakhai noted that there has still been no concrete answer from Dr. Gokhale as to his status with his Board certification. In December 2015, sanction was rendered and he lost his Board status. He was unable to sit for his Boards until the OPMC sanction was cleared in December 2018. He received a 4-year extension from the Medial Executive Committee for Board completion, due by August 2022. He again requested and received a 2-year extension by the Medical Executive Committee, completion of Boards due August 2024.	It was suggested that Dr. Gokhale meet with the President of the Medical Staff, who will in turn determine if this issue be brought directly to MEC or if it should be presented to Leadership Council first. Dr. Gokhale	**EXTRACT FOR MEC**

	Since that time, we have not received any response from Dr. Gokhale as to his status. He currently does not have an MEC-approved extension, as his previous extension has expired.	would be requested to appear and present his case as to why he has not yet taken his Boards at whichever meeting is deemed most appropriate.	
XIII. NEW BUSINESS			
	None		
XIV. ADJOURNMENT	There being no further business to discuss, the meeting was adjourned at 3:45 pm.		

Respectfully submitted,

Yogesh Bakhai, MD
Chair, Credentials Committee

ERIE COUNTY MEDICAL CENTER CORPORATION
AUGUST 19, 2025 MEETING MINUTES
EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS
VIRTUAL MEETING

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

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

I. Call to Order
The meeting was called to order at 4:00 p.m. by Board Vice Chair Darby Fishkin.

II. Minutes
Motion made by Sharon Hanson, seconded by Jon Dandes and unanimously passed to approve the minutes of the Executive Committee meeting of July 15, 2025.

III. Hospital Update
General Overview
Dr. Thomas Quatroche deferred his hospital update to the Finance Report.

Finances Report
Jonathan Swiatkowski presented key statistics and performance drivers for July. There were decreases in inpatient discharges and increases in observations coupled with an increase in ALC days affecting the operating performance. ALC days increased to 47 cases up from 41 which is creating a challenge for the hospital. Acute Case Mix Index was higher than planned. Length of stay increased to 7.7. There has been some recovery in inpatient and outpatient surgeries. Several new surgeons are expected to begin work in September which will increase the number of surgeries being performed. July showed a net gain of $475,000 which included a refund from New York State.

IV. VAPAP Request
Dr. Quatroche reported that contact with New York State remains ongoing and regular. Discussion followed at length.

V. Adjourn
There being no other business, the meeting was adjourned at 4:59 p.m.

ERIE COUNTY MEDICAL CENTER CORPORATION
JULY 15, 2025 MEETING MINUTES
EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS
HYBRID MEETING

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

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

I. Call to Order

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

II. Minutes

Motion made by Darby Fishkin, seconded by Sharon Hanson and unanimously passed to approve the minutes of the Executive Committee meeting of June 17, 2025.

III. Hospital Update

General Overview

Dr. Thomas Quatroche reported that the hospital had a recent successful hemodialysis survey. Additionally, New York State Department of Health conducted a tissue survey and CMS is due to hold an infection control survey. Dr. Quatroche announced that the Women's Breast Health Center would be opening soon. Specialty Pharmacy hours will be expanding to accommodate a greater number of patients. Dr. Quatroche also announced that the hospital has finally achieved a 7-day length-of-stay.

Finances Report

Jonathan Swiatkowski presented key statistics and performance drivers for June. Financially, overall, the hospital had a better month. However, ALC patients remain a challenge and there has been an increase in observation patients. Discharges are down 3.6% from budget but up 8.6% from last year. Outpatient visits are almost at budget and 9.8% higher than last year. Overall, surgeries are down 13% from budget but up 2% from last year. Acute Case Mix Index hit budget and matched last year. June showed a net loss of $1.3M.

Mr. Swiatkowski gave a brief summary of the Federal Spending Bill.

IV. VAPAP Request

ECMC has communicated with the state regarding VAPAP and what kind of timing might be expected for assistance. The hospital remains in discussions with NYS.

V. Premier Health Partners

Erie County Medical Center now has an organization named Premier Health Partners.

VI. Adjourn

There being no other business, the meeting was adjourned at 4:43 p.m.

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS
MINUTES OF THE FINANCE COMMITTEE MEETING

TUESDAY, AUGUST 19, 2025 8:30 AM

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
BOARD MEMBERS EXCUSED:		
ALSO PRESENT:	JONATHAN SWIATKOWSKI ANDREW DAVIS VANESSA HINDERLITER	

I. CALL TO ORDER

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

II. REVIEW AND APPROVAL OF MINUTES

Motion was made by Benjamin Swanekamp, seconded by Reverand Blue, and unanimously passed to approve the minutes of the Finance Committee meeting of July 15, 2025.

III. JULY 2025 OPERATING PERFORMANCE

Mr. Swiatkowski began his presentation with a review of key statistics. He noted that higher ALCs and observation cases continue to drive down discharges. Inpatient and outpatient surgeries were both noted to be higher than last year but continue to be below what was budgeted. This was related to expanded OR hours that were budgeted but not realized yet.

Mr. Swiatkowski noted that the case mix index was higher than planned by 6%, however the additional revenue was offset by lower revenue per case related to the increase in lower revenue producing ALC and observation cases. He stated that the month was similar to the previous month's performance.

Mr. Swiatkowski noted that average length of stay increased over last month given the increase in ALCs, challenges in the nursing home community and the complexity of patients ready for discharge. He stated that both outpatient and ED visits were higher during the month. Behind on discharges by about 6.2% cases, and higher in observation cases by 26%.

Mr. Swiatkowski confirmed that both inpatient and outpatient surgeries are expected to increase, as new surgeons have been recruited and are expected to begin clinics in September which will lead to additional surgeries.

Mr. Swiatkowski noted that despite the operating revenue and expense unfavorable variances from plan there was a net gain for July. ECMC received a refund from New York State of $5.7 million related to certain matching payments made during 2020, resulting from a calculation error made by the state. FTEs continued to be higher than planned, effecting salary variances, but overall, the month showed a net gain of approximately $479,000. He noted that cash on hand was low, but this was due in part to the timing of payments received and payroll at month end.

Mr. Swiatkowski noted that average length of stay continues to be higher due in large part to a lack of resources for patients who need continuing care, and finding accommodations for these patients is ongoing.

Mr. Swiatkowski reviewed the July Financial Performance. He noted that the revenue did include the refund received from New York State. If that refund was not considered, revenue would be behind plan by approximately $500,000. Operating revenue was slightly behind on overall net patient service revenue. Specialty pharmacy continues to be over plan due to volume and infusion patients.

Mr. Swiatkowski noted that DSH and IGT are recorded to budget and will be reviewed and reconciled in September. Given the ongoing audits of prior year DSH calculations and estimates for the current year, the current revenue will most likely change.

Mr. Swiatkowski reviewed operating expenses for July. FTEs and salaries continue to be over plan. Employee benefits continued to be slightly under budget. Mr. Swiatkowski noted that the transition from GPPC to ECMC's new captive PC, Premier Health Partners, took place July 21, 2025. Supplies and other expenses were both noted to be in excess of budget. Mr. Swiatkowski informed the committee that contract nurses are continuing to be phased out as more nurses are retained and that will assist salary related costs.

Mr. Swiatkowski reviewed the 2025 Year to Date operating performance which was noted to be approximately a $25 million loss which includes the refund payment discussed earlier recently received thus driving a $4.7 million unfavorable variance from plan After adding in FEMA grant payments received ECMC's performance reflects a $15.5 million loss as compared to a $19.8 budgeted loss. Strong non-operating investment income partially

offsets the total operating losses noted above, resulting in a net overall $9.2 million loss compared to $17.7 million.

During his discussion of the year-to-date performance, Mr. Swiatkowski noted that net patient service revenue is driving much of the overall variance reported. Inpatient case volume shortfalls and lower revenue per case on inpatient continue to be the driving forces behind the variances in revenue. Other revenue was noted to include specialty pharmacy and the NYS reimbursement and significantly exceeds the operating plan for the month.

Mr. Swiatkowski reviewed the year-to-date expenses noting that FTEs were again over budget and the resident contract continues to drive physician fees over budget. Employee health insurance costs were under budget in large part due to a $1.3 million dollar claim liability refund received resulting from the transition from Highmark to Univera received and recorded in a prior month.

IV. OTHER UPDATES

Mr. Swiatkowski reported that the days operating cash on hand is 11 days, which is being monitored daily. Management noted that it is utilizing all cash conservation tactics which are available to them, including managing accounts payable days outstanding. Additionally, all new FTEs are being scrutinized diligently to make sure patient care is prioritized. Capital has been restricted to critical clinic needs and joint commission survey immediate needs and is being monitored extremely closely. Mr. Swiatkowski noted upcoming capital projects that will be necessary for operations due to obsolescence, including a new monitoring system.

Mr. Swiatkowski reported that an additional reconciliation payment and recoupment was expected for September but that management has not yet been notified of the official timing. UPL for 2024 is expected during late 2025 but has not been received yet.

Mr. Swiatkowski noted that ECMC was awarded a grant from New York State of approximately $12 million dollars to reconstruct beds for trauma behavioral health adult units. A renovation to the CPEP unit is also included in this construction project. ECMC will also be pursuing additional operating dollars.

Mr. Seaman asked for clarification on how grants are being tracked and applied for and Mr. Swiatkowski noted that the ECMC Foundation has expanded outside of private grants to pursue government funding. He also noted that management engaged a consulting firm over a year ago who works in close communication to both identify and monitor available federal and state grants and applications for funding. He offered to prepare and present an overview of the grant revenue history over the last several years for an upcoming Finance committee meeting.

Lastly, Mr. Swiatkowski reported that there are continued ongoing efforts to work with New York State on operational support funding given cash flow needs. He noted that

conversations have been positive and that he and Dr. Quatroche are in constant contact with state representatives related to the timing of the cash needs and opportunities for New York State to provide funding through their VAPAP program or through grant award funding for other pending applications.

V. ADJOURNMENT

There being no further business, the meeting was adjourned at 9:30 AM by Chair Michael Seaman.

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS
MINUTES OF THE FINANCE COMMITTEE MEETING

TUESDAY, JULY 15, 2025 - 8:30 AM

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

I. CALL TO ORDER

The meeting was called to order at 8:34 AM by Chair Michael Seaman.

II. REVIEW AND APPROVAL OF MINUTES

Motion was made by Ms. Darby Fishkin, seconded by Dr. Philip Stegemann, and unanimously passed to approve the minutes of the Finance Committee meeting of June 17, 2025.

III. JUNE 2025 OPERATING PERFORMANCE

Mr. Swiatkowski reviewed key statistics for the month of June. He noted that observation cases were up about 20 cases and average daily census for alternative level of care was up to 41 patients a day. He noted that the result overall was fewer discharges.

Mr. Swiatkowski noted that payers have changed policies and criteria, thereby adjusting the algorithms used for inpatient care, and that has affected the way they analyze denials. Payers continue to be aggressive in their analysis regarding inpatient versus outpatient care.

Mr. Swiatkowski reported a positive trend towards a better average length of stay, closer to 7 days. He noted this as a significant improvement over earlier in 2025, and lower than budget. CMI was noted to be slightly higher than planned. Mr. Swiatkowski noted that Emergency Room visits were over plan, due in part to improvement in the weather and increased summer activities. While surgery exceeded prior year volume, numbers fell short

of the anticipated growth. Mr. Swiatkowski noted that this is due to the retirement of some key surgeons, and some delays to the physician adoption of extended operating room hours.

Dr. Quatroche noted that for 2025 these numbers were budgeted higher than the prior year, and year to year the numbers remain the same on inpatient surgeries and grew on outpatient surgeries.

Mr. Swiatkowski noted that two surgeons are being credentialled and are expected to begin in September. A discussion was had generally about the incoming physicians and new practice areas.

Dr. Stegemann asked about length of stay, specifically in relation to national averages. Mr. Swiatkowski confirmed that length of stay is higher than the national average, and there continues to be a lack of alternative and long-term care options for patients who are ready to be discharged but require rehabilitation. A conversation was had generally about same.

Mr. Swiatkowski reported that operating income was unfavorable to plan, but an improvement over last year and compared to the trends in the beginning of this year. Average length of stay was again noted to have improved; the lowest monthly average since 2020. Financial performance for 2025 was noted to have slightly improved from prior years. Mr. Swiatkowski noted that revenue trends have continued to reflect the same pattern as the last few months. He stated that for the month of June, there was not any non-operating grant revenue to report.

Mr. Swiatkowski next reviewed net revenue. Patient service revenue was reported to be down $2.8 million. Mr. Swiatkowski discussed in further detail the way ECMC is being impacted by the increase in observation cases versus inpatient cases, and how that distinction by payers has created a significant loss. A conversation was had generally regarding the reimbursement rates for observation versus inpatient cases and the loss of revenue that results from extended observation stays. Mr. Swiatkowski noted that these calculations had been provided to New York State.

A conversation was had generally regarding long term patients that may be affecting the average length of stay numbers being reported. It was discussed how comparing current data to pre-pandemic data may be beneficial.

Specialty pharmacy was noted to be outperforming on revenue which it has done consistently since the service was started.

Mr. Swiatkowski next reviewed overall expenses. He reported that expenses were slightly better than budget. He noted the continued salary variance, as FTEs are approximately 100 over plan. Dr. Quatroche noted, and Mr. Andy Davis confirmed, that agency employees at ECMC have been reduced to nine, and Terrace View is seeing decline in agency employees as well although they still have slightly over 20-30.

Mr. Swiatkowski reported a positive trend in employee benefits. He also noted that supplies were better than planned although this is due to surgeries being down.

Mr. Swiatkowski reported on the year-to-date financial performance. He noted in summary a $25.1 million loss versus the $17.1 million loss budgeted. He stated that grant revenue and non-operating revenue, including investments, bring the year to date actual from the $15.1 million budgeted to an all inclusive number closer to $9.8 million.

Mr. Swiatkowski reviewed the year-to-date operating revenue. He noted the major factors impacting these numbers are surgery volumes and the ALC policy changes, creating a monthly trend of an approximately $2 million unbudgeted shortfall when assuming additional admissions in the absence of ALC days. Specialty pharmacy was again noted to be a driving force in revenue.

Mr. Swiatkowski reviewed the year-to-date operating expenses. He noted that salaries and employee benefits, including health insurance and pension costs, were significantly higher than 2024 but that was anticipated in the budget. It was also noted that physician fees were greater than anticipated mostly due to transitional costs and the resident contracts finalized after the budget was finalized.

IV. OTHER UPDATES

Mr. Swiatkowski provided updates regarding days operating cash on hand, which was currently noted to be 16, down from 17 the previous month. He discussed some cash preservation measures taking place and changes to vendor payment schedules. He reported positive conversations with VAPAP and New York State.

A conversation was had generally amongst the committee regarding the need for assistance from New York State, and what management has been doing already with New York State.

Dr. Stegemann asked about the 16 days cash on hand number and what it has been historically. Dr. Quatroche noted that before the pandemic, it was closer to 100 days. Mr. Swiatkowski noted that the budget goal is 50 days.

Mr. Seaman asked about the current heat wave and if that had been impacting ER numbers. Dr. Quatroche noted some respiratory admissions but that traumas continued to be high this year. Mr. Davis noted the ER was doing significantly well, especially in consideration of the challenges and increased volume due to the closures of other area and rural hospitals.

Mr. Swiatkowski reported that a miscalculation from New York State during Covid resulted in an ECMC overpayment of matching funds in 2020, and an unexpected refund of approximately $5.8 million was received and will be recognized in July.

Mr. Swiatkowski addressed the recently passed H.R 1 Bill, and the impact it will have on ECMC, Medicaid and New York State Essential Plans. He noted that the changes to Medicaid eligibility could result in more individuals moving to an uninsured category, and the changes to regulations and reporting requirements will affect uninsured rates due to people in the community opting out or missing deadlines.

Mr. Swiatkowski discussed the cash receipts assessment and provider tax process and how that will be significantly reduced by H.R. 1 from 6% to 3.5%. He also addressed the Rural Transformation Fund to help assist rural hospitals which will be significantly impacted by reductions in Medicaid.

Mr. Swiatkowski explained that the bill imposed limitations on directed payments. He also noted that H.R. 1 delayed CMS minimum staffing requirements for nursing homes to 2034. He noted that historically threatened and pending DSH cuts were not addressed in the bill.

Dr. Stegemann raised the issue of administrative costs due to the increased regulation. Mr. Swanekamp stated that Erie County anticipates a need to significantly increase the county workforce to help the public navigate the new regulations. Mr. Swanekamp stated that the county will likely absorb the cost of these regulations. Mr. Swiatkowski noted that the hospital also anticipates a potential need for hospital staff to assist and advocate for and support patient eligibility approvals.

Ms. Fishkin asked which of the new regulations will have the greatest impact on ECMC, and Mr. Swiatkowski opined that this would be the limits to the provider tax, and how the State reacts to overall funding reductions to the State Medicaid program.

ADJOURNMENT

There being no further business, the meeting was adjourned at 9:29 AM by Chair Michael Seaman.

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS
MINUTES OF THE AUDIT COMMITTEE MEETING

TUESDAY, AUGUST 12, 2025, 2:00 PM

BOARD MEMBERS PRESENT OR ATTENDING BY VIDEO CONFERENCE OR TELEPHONE:	REV. KINZER POINTER * CHRISTOPHER O'BRIEN*	* ATTENDING VIA VIDEO CONFERENCE OR PHONE
BOARD MEMBERS EXCUSED:	DARBY FISHKIN JAMES LAWICKI	
ALSO PRESENT:	THOMAS J. QUATROCHE ANDREW DAVIS JOSEPH GIGLIA, ESQ, EX-OFFICIO JONATHAN SWIATKOWSKI	
GUESTS	DAVID L. NESBITT, ESQ RONALD JEFFERSON	

I. CALL TO ORDER

Chair Darby Fishkin being excused, The Audit Committee meeting was called to order at 2:07 PM by Mr. Christopher O'Brien.

II. REVIEW AND APPROVAL OF MINUTES

Motion was made by Reverand Pointer, seconded by Christopher O'Brien, and unanimously passed to approve the minutes of the Audit Committee meeting of March 13, 2025.

III. QUARTERLY COMPLIANCE & ETHICS REPORT

Mr. Nesbitt began the meeting with a compliance presentation and offered general updates to the Committee. He noted that ECMC's Privacy Officer recently left for another position, and ECMC is in in the process of reorganizing the role of Privacy Officer, with the position to be ideally filled by a compliance officer who would take on the Privacy role. In the meantime, the day-to-day work is being performed by Mr. Nesbitt and Nadine Mund, with assistance from medical records and a paralegal.

Mr. Nesbitt notified the Committee that a significant HIPAA violation did take place with numerous records reviewed unnecessarily by a staff member. Fifty patients were notified of the privacy breach. Mr. O'Brien asked, and Mr. Nesbitt confirmed, that the "snooping"

was benign interest with no third-party gain. The employee was terminated for this violation and the union was notified.

Mr. Nesbitt next informed the Committee that ECMC and Kaleida were working on a joint HIPAA policy as part of the EPIC setup. He noted that discussions about this topic are currently ongoing.

Mr. Nesbitt updated the Board regarding work plan items that are ongoing for 2025. He confirmed that ECMC has launched a captive PC, Preferred Physician Care P.C. d/b/a Premier Health Partners. The PC will be supported by Grider Support Services, a wholly-owned subsidiary of ECMC . Mr. Nesbitt explained that ECMC will be taking on compliance services previously provided by Kaleida through GPPC, and that many new compliance procedures would need to be established for these affiliates. He noted that these projects are delayed but ongoing.

Mr. Nesbitt provided general updates regarding audits and other work plan items. He noted that CMS would be conducting audits regarding behavioral health medications and some billing guidelines. He further noted that ECMC was undergoing an audit from the New York State Medicaid Inspector General into the outpatient behavioral health program. He noted that due to the nature of the audit and the need to find archived paper files the task is ongoing.

Mr. Nesbitt concluded by providing brief updates on changes to compliance and ethics orientation, physician contracting, and expiring agreements.

IV. ACTION ITEMS

A conversation was had generally amongst the Board regarding the dates of the Third and Fourth Quarter meetings.

VI. INTERNAL AUDIT UPDATE

At the conclusion of Mr. Nesbitt's presentation, Mr. Ron Jefferson, CFE presented his Internal Audit Status Report for the Quarter.

Mr. Jefferson began his presentation with an overview of the audit projects that took place in Q2. He offered a brief overview of evaluations of employee time and attendance, and denials management and appeals processes. He noted that both processes have opportunities for improvement and new system is being introduced in January 2026 which will automate a lot of the processes that currently done manually.

There being no further questions on the topic, Mr. Jefferson addressed the audit of denials and appeals. Again, he noted that a lot of the issues stem from manual labor, and the introduction of Epic will automate a lot of these processes. He noted that payers often have strict deadlines regarding appeals.

Mr. Jefferson next addressed his audit of Terrace View for regulatory risks. He noted that internal controls are in place, however the New York State screening website is inefficient and slows down the process.

Mr. Jefferson noted that during his audit of Q2 he reviewed the lab on 1Flr Suite 13 is over capacity. He opined that expansion would be more efficient and potential renovations to improve this are being discussed. Again, Epic automation was noted.

In conclusion, Mr. Jefferson informed the Board that he intended to focus this quarter on patient property and third-party risk assessments and report on those topics at the Q3 meeting.

VII. ADJOURN

There being no further business, Reverend Pointer moved to adjourn, which was seconded by Joe Giglia, Esq. The meeting was then adjourned at 2:38 PM by Mr. Christopher O'Brien.

ERIE COUNTY MEDICAL CENTER CORPORATION

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

TUESDAY, AUGUST 12, 2025
MICROSOFT TEAMS PLATFORM

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

PRESENTERS: ASHLEY HALLORAN, DIRECTOR, JIHAE LEE, MD, SANDRA LAUER, RN, CHRISTINA SANDERS, MD

SERGIO ANILLO, MD
CHARLES CAVARETTA
SAM CLOUD, DO
PETER CUTLER
ANDY DAVIS
CASSIE DAVIS
BECKY DELPRINCE, RN
MARC LABELLE, RN
PAM LEE, RN
CHARLENE LUDLOW, RN
PHYLLIS MURAWSKI, RN
TOM QUATROCHE, CEO
JOANN WOLF, RN
KATIE DAOHEUANG

Call to Order

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

I. Minutes

The July 8, 2025, meeting minutes were distributed for review. A motion was made and seconded to approve the minutes. They will be forwarded to the Board of Directors for filing.

II. Bariatrics – Christina Sanders, MD

Dr. Sanders shared a full agenda on the department of Bariatrics. She shared a department update which consisted of receiving their MBSAQIP reaccreditation in April 2025 which certified the department as a comprehensive center with Obesity Medicine. The Bariatrics fellowship received extended accreditation through 2026 and they had three fellows graduate from the program.

Dr. Sanders reviewed office visits from 2022 through July of 2025 showing a steady increase in visits through the past four years. Case volumes were reviewed along with a review on MBSAQIP data.

Some of the QAPI/MBSAQIP projects include increasing new patient referrals, specialty pharmacy engagement and incentive spirometry utilization.

Department goals include filling an open full-time position for PASR and a RD. They would like to add a per diem PA to assist with patient volumes and pilot a program with Apogee to initiate outpatient weight management consults prior to discharge.

III. Pharmacy – Ashley Halloran, Director

Ashley shared a presentation on the Department of Pharmacy. She dove right in reviewing the staffing of the department and the specialty pharmacy area along with volumes and staff accomplishments. A review of patient falls took place as well.

Ashley spoke on the UB School of Pharmacy Collaboration. ECMC and UB collaborated to create a first of its kind in the region agreement to support both ECMC and UB's mission. It has been overwhelmingly successful thus far.

A review of the ECMC Specialty Pharmacy services took place as well. The Specialty Pharmacy has expanded their hours to support our community and patients as well as staff at ECMC.

IV. Palliative Care – Jihae Lee, MD and Sandra Lauer RN

Dr. Lee along with Sandra Lauer, RN gave a full report on Palliative care. They introduced the Palliative care team and reviewed department accomplishments along with sharing a department update. Daniel Miori, PA retired August 1st and a new hire will begin September 8th. Kate Sullivan, MSW received Palliative Certification, and the department had a poster presentation

accepted at Center to Advance Palliative Caregiver Connections Program in September 2025.

Dr. Lee and Sandra reviewed department volumes, consults, average length of stays before consults and the average time between consult and discharges.

QAPI projects for 2025 include patient experience, equity and engagement, along with outcomes and alignments. Quality Improvement goals include expanding caregivers' connection program to include the geriatric service and geriatric psychiatry, hospital wide goal by 2028 and to participate in weekly wellness activities to improve team health.

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

Phyllis reported on Quality/Patient Safety and the Regulatory report. Phyllis reviewed the last Quality/Patient Safety meeting which had reports from the Code Committee, Pharmacy, Medication HOT team, Rehab, and Transplant. The year-to-date event reporting was also shared in the meeting.

Regulatory Report – We are still waiting for the arrival of the Joint Commission. We recently had a NYS lab survey (a planned survey) and we are waiting for the final report. There were minor findings in the preliminary report.

VI. Adjourn

There being no further business, the motion was made and seconded to adjourn the meeting. The next meeting will be held on September 9, 2025.

ERIE COUNTY MEDICAL CENTER CORPORATION

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

TUESDAY, JULY 8, 2025
MICROSOFT TEAMS PLATFORM

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

PRESENTERS: JENNIFER PUGH, MD BECKY DELPRINCE, RN, AND MARTHA METZ, RN

SERGIO ANILLO, MD
WILLIAM BELLES, MD
CHARLES CAVARETTA
SAM CLOUD, DO
JOHN CUMBO
PETER CUTLER
ANDY DAVIS
CASSIE DAVIS
KEITH KRABILL, MD
PAM LEE, RN
CHARLENE LUDLOW, RN
PHYLLIS MURAWSKI, RN
YARON PERRY, MD
TOM QUATROCHE, CEO
MEG RILEY, RN
ASHVIN TADAKAMALLA, MD
JOANN WOLF, RN

Call to Order

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

I. Minutes

The June 10, 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. Emergency Medicine – Jennifer Pugh, MD

Dr. Pugh shared a robust report on Emergency Medicine. She shared a department update which consisted of six new attending physicians reflecting in a significant decrease in LWOBS (left without being seen) numbers for the past six months.

Dr. Pugh shared the current year's quality improvement goals which include a decrease in ambulance off load time and to identify sicker patients earlier. A graph of ED arrivals by hour was reviewed showing the busier times for the ED. Dr. Pugh also reviewed the reasons and numbers for patients leaving without being seen, AMA patients along with elopement patients.

III. Care Management – Becky DelPrince, RN

Becky DelPrince, RN along with Dr. Tadakamalla reported on the Care Management team. Beckly shared Department updates which included the focus of the entire department on transitions of care and driving down the length of stay numbers. Staffing levels have remained stable.

Length of stay initiatives are in place along with working on appeals and denials by improving communication with payers.

Care Management QIPS goals were reviewed along with an Incident report. Becky also spoke on the BRAVE Program (Buffalo Rising Against Violence).

IV. Rapid Response Team/Code Committee – Martha Metz, RN

Martha shared her report on the Rapid Response Team and Code Committee. Martha reviewed Department data which consisted of rapid response, adult medical emergencies and campus medical emergencies along with QAPI projects and 2025 goals. Some of the rapid response causes included cardiac, respiratory, neurological, behavioral and Narcan.

Martha reviewed graphs on rapid response transfers, totals for 2024 responses, rapid responses per shift, adult medical emergencies, and adult medical emergencies by shift.

A review of 2024 QIPS goals took place along with 2025 goals.

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

Phyllis reported on Quality/Patient Safety and the Regulatory report. Phyllis reviewed Adverse Events during the 2nd quarter of 2025 along with Adverse Events reportable year to date. A review of RCA driven improvements for 2025 along with a quality and patient safety meeting update from June 2025 took place as well.

Regulatory Report included the final report from our DEA Survey in the Pharmacy department. It was an excellent review with one minor finding related to the layout of a report. The Department of Health is here this week for an anticipated CMS Hemo Dialysis survey.

VII. Adjourn

There being no further business, the motion was made and seconded to adjourn the meeting. The next meeting will be held on August 12, 2025.

Dear ECMC Board Members,

Prior to the last Board meeting in July, we informed the Board of several accreditation surveys that had occurred in the weeks preceding that meeting, while anticipating that ECMC's unannounced, triennial Joint Commission survey could take place in the coming months. On Monday, September 15th, the Joint Commission surveyors arrived at ECMC and commenced their comprehensive five-day accreditation survey. While the formal outcome of the survey is impending, we were encouraged with the surveyors' repeated praise of ECMC's culture, the clear dedication and commitment of our caregivers, and the overall clinical excellence of the institution. The surveyors added that while their actions during surveys often provide an educational benefit to the hospitals they review, their time at ECMC actually provided them with an educational benefit on various clinical best practices. We will, of course, inform the Board as soon as we receive formal notification from the Joint Commission on our new three-year accreditation.

Following the tragic August 22nd tour bus accident on the NYS Thruway, 21 of the 54 injured occupants on the bus were transported to ECMC, four of them via Mercy Flight. Sadly, five individuals died at the scene of the accident. Within minutes of the news of the crash, we activated our Incident Command Center and called an external Code Triage for all staff in the hospital. Having trained routinely for Mass Casualty Incidents, most recently this past July, all of the necessary measures were activated, so that our caregivers would be ready to receive the injured tourists. As the day progressed and the patients were being cared for in various areas of the hospital, a press briefing featuring Chief of Emergency Medicine Dr. Jennifer Pugh, Chief Medical Officer Sam Cloud and Chief of Surgery Dr. Jeffrey Brewer was held to help convey to the broader community that the patients were receiving the highest level of care at ECMC. Our ECMC Family proved through this tragic event how vitally important ECMC is to our community, particularly responding to a Mass Casualty Incident.

On August 11th, Governor Kathy Hochul announced ECMC would receive a $10.9 million grant for our Behavioral Health service via the NYS DOH's Statewide Health Care Facility Transformation Program IV. This critically important, state funding will support our planned expansion of ECMC's inpatient psychiatric service and upgrading our Comprehensive Psychiatric Emergency Program (CPEP). The grant supports our continuing efforts to expand services to meet the increasing demand for care and continue our efforts to provide appropriate care as the needs of the community evolve. The expansion of the inpatient psychiatric service will include a new 24-bed unit and

include renovations to CPEP to better serve patients dealing with various levels of Behavioral Healthcare needs

Also in August, ECMC was selected as a pilot site for the Caring for Caregivers (C4C) initiative, led by HANYS and Rush University Medical Center with generous support from the Health Foundation for Western and Central New York. As part of this opportunity, we also received $25,000 in funding to support this important work. ECMC's application was recognized for demonstrating strong organizational readiness, a clear commitment to Age-Friendly care, and a thoughtful approach to supporting caregivers. This initiative will allow us to advance our efforts in caregiver identification, assessment, and referral, further strengthening the care we provide to our community.

As we continue our efforts at both the federal and state levels of government to secure funding to support our mission, we are grateful to the support the Board continues to provide through a complex process. We are equally thankful of the Board's confidence in our management of ECMC, ensuring that the initiatives and programs we develop continue to strengthen and fortify our institution.

Best,

Tom

Erie County Medical Center
Board Report
President & Chief Operating Officer
September 23, 2025

Submitted by Andrew Davis

OPERATIONS

Center of Cancer Care Research
July/August 2025
Monthly Oncology Research Report – Dr. Jennifer Frustino
Research Updates

- Second patient started use of Lipella LP-10 rinse under FDA compassionate use.
- Third application for Lipella LP-10 rinse for compassionate use was approved by FDA.
- Site initiation visit was completed for a Merck chemotherapy clinical trial for patients with Diffuse Large B-Cell Non- Hodgkins Lymphoma.
- The research team met with the UB Microbiome lab to discuss the first batch of results for the NIH grant study assessing HPV in patients living with HIV.
- The research team attended a meeting with Quality Control to provide suggested edits to the record retention policy, which was modified.
- Monthly Oncology Multidisciplinary Research Meeting and Monthly UB CRO meetings were attended.
- The research met with AMGEN to discuss pipeline research for Hematology, Thoracic and GI Oncology.
- Site Initiation visit with MT Group occurred and the company shipped study start up supplies.
- Close out visit for Lipella LP-10 occurred and there were no significant findings.
- Site Monitoring visit for Meira GTx occurred and there were no significant findings.

Center of Occupational and Environmental Medicine (COEM)

- August was a busy and impactful month for the Center for Occupational and Environmental Medicine (COEM), marked by high patient volume, extensive community outreach, and collaborative public health efforts across the region.
- The COEM team saw a total of 1,063 patients, exceeding the monthly budgeted amount of 367 by 696 patients. This significant overage reflects not only the growing need for occupational and environmental health services but also the team's commitment to accessibility and community engagement.
    - August 4: As part of its support for the Opioid Grant program, COEM participated in the Erie County Overdose Prevention Task Force Quarterly Meeting, contributing to strategic planning discussions focused on harm reduction, overdose prevention, and improved service coordination. This ongoing collaboration remains a critical component of COEM's work in addressing substance use and its broader health impacts in the region.
    - August 13: COEM's Industrial Hygienist presented at a community education event hosted by the Clean Air Coalition at the Frank E. Merriweather Jr. Library. Her presentation, titled "Green Cleaning in the Home," focused on safe and environmentally friendly cleaning practices. Attendees learned about everyday household chemicals, their potential health and environmental risks, and safer alternatives. The event was part of the American Axle Brownfield

Redevelopment Project and aimed to empower residents with practical knowledge for healthier living environments.

- August 16: COEM had a visible presence at the Puerto Rican Day Parade held in Niagara Square, Buffalo. In the days leading up to the parade, COEM supported preparations by providing outreach materials and giveaways, including branded koozies, through a collaboration with Population Health. On the day of the parade, the team hosted an informational table to engage the public, distribute educational resources, and promote awareness of occupational and environmental health services. This event allowed COEM to connect directly with the community in a festive and culturally significant setting.
- Also on August 16, COEM played a supporting role in the DC 37 Statewide Health & Wellness Day, an event that brought together union members and their families from across New York State. The COEM team contributed to the planning and execution of the event and provided on-site support and educational materials. The event emphasized holistic health, workplace safety, and preventive care, aligning closely with COEM's mission.
- August 19: The COEM team was invited to present to the Chautauqua County Work Group, a regional collaborative focused on improving public health in rural areas. During the session, COEM shared its service model, highlighted recent outreach successes, and discussed opportunities to expand access to occupational and environmental health resources in Chautauqua County. Topics included health risks in rural work environments, strategies for engaging underserved populations, and potential partnerships with local health and community organizations. The meeting laid the groundwork for future collaboration and extended COEM's regional impact.

Laboratory Services

Equipment Upgrades/Replacements/Contracts:

- Chemistry/IA Specimen Processing Technology upgrade: Two (2) Abbott Alinity cl and two (2) Abbott Architect analyzers were delivered and installed in June 2025. Equipment validation is on-going. Final facility sign-off completed for the Abbott Track system. Go-live date for analyzer in use is scheduled for September 23, 2025. GLP track delivery scheduled for October 27, 2025. Facility work is on-going to support phased implementation.

Outpatient Behavioral Health

Programs/Initiatives

- Outpatient Behavioral Health/SUTS & Help Center Adolescent Service Expansion
  - Continued planning around the Mental Health Outpatient Treatment & Rehabilitative Services (MHOTRS) grant issued by NYS OMH.
  - Meeting with Buffalo Public Schools (BPS) and plans for fall 2025 collaboration between Help Center and BPS Student Support Services to initiate referrals as part of the Adolescent Services Expansion.
  - Help Center Supervisor, Jessica Burger developed and implemented 2025 goal regular and consistent outreach plans within the community to promote Help Center.
    - 26 medical programs received outreach communication in August 2025.

- Adult & Family Clinic – Perinatal Mental Health
  - Final Stage of curriculum development, with completion expected in September 2025.
  - Grant purchases for reference library, program amenities, and community promotion to be finalized in the fall of 2025.
- 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.
    - Receipt and submission of required Project plan was delayed by NYS OMH and did not occur in August 2025, expected to receive in September and due in October 2025.
    - Targets:
      - Expand clinic treatment capacity
      - Increase Group Treatment
      - Monitor and manage caseloads and productivity
      - Improve intake efficiency and treatment initiation

- On Track
  - An On Track participant was selected to attend an On Track networking event in NYC due to success within the On Track program.
  - On Track returned to full staffing after recent staff changes, and NYS OMH has reopened On Track census again and will permit a return to accept 55 total patients.

Outpatient Rehabilitation Services

- Acute PT staff continues Journal Club every three weeks on Friday to review current evidence. This month the focus was on case study reviews of complicated ECMC therapy inpatients and discussions around the challenges associated with throughput and discharge planning for these individuals.

Plant Operations / Capital Projects

Plant Operations/Facility project updates include the following:

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

- Work completed: Additional millwork cabinets in dressing rooms, investigating several warranty items, pending correction.
- Work anticipated: Corridor door work (awaiting delivery late-October), continuing project final closeout.

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.

Dental Clinic – 1st Floor – In Progress (Contractor - concurrent with Mammography Suite project)

- Work completed: Continuing project final closeout, no change.
- Work anticipated: Project closeout.

Main Kitchen Freezer/Cooler Replacement – In Progress (Contractor)

- Work completed: Demo and infill of recessed floor slab; chilled water connections to condensers, running line sets.

- Work anticipated: F/C panels to be delivered and installed, adjacent ceiling install, substantial completion of mechanical, electrical, and plumbing work.

Fire Damper Corrections – In Progress (Contractor)

- Work Completed: Most locations on the 4th and 5th floors were corrected by contractor. Remaining corrections project bid-out, lowest bidders de-scoped. Bid pricing held into October.
- Work Anticipated: The corrections for the 4th and 5th floors are pending completion and were more complicated than anticipated. Remaining corrections project pending award of lowest bidders. No update.

Lab Analytical Specimen Processing Instrumentation Replacement – In Progress (Contractor)

- Work Completed: Bid opening and de-scope lowest bidder, bid awarded/contract executed, in-house abatement started.
- Work Anticipated: Complete abatement, start Roche removals, start structural reinforcing work.

Specialty Pharmacy – Pending (Contractor)

- Work Completed: 100% Design Documents Phase
- Work Anticipated: Awaiting leadership approval of probable construction cost estimate prior to bidding project.

Campus Grounds – In Progress (In-House Crew)

- Winding down summer operations mode. In late September, we will begin preparing vehicles, plows, etc. for winter operations.

Supportive Care & Palliative Medicine

- Total Inpatient Consults for August: 148
- Transitions of Care: 22
- Discharge with Home Hospice: 4
- Terrace View: 8
- Sloan Comfort Home: 4

Meeting participation includes the following:

- Caregiver Support/Assessment: Twenty-two (22) identified caregivers were screened, with ten (10) full assessments completed and transferred to ECDSS.
- CoC workgroup meetings

Surgical Services

Robotic Volume – August 2025

Bariatrics	2
Cardiovascular/Thoracic	5
Head & Neck	2
Orthopedics	18
Urology	4

- New providers and volume growth from Dr. Matthew Kabalan, Dr. Suzanne Griffth, and Dr. Eric Chevli.
- Arrival of new laparoscopic, ENT, neuro equipment to increase surgical volume.
- PAT expansion plan is in progress, looking to move into new location by years end.
- Collaborating with transplant team to grow hepatobiliary program.

- 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 unit opened in August, working on marketing and physician recruitment.*

Terrace View

Operations

- Census: The average monthly census for August was 381.
- Pharmacy Services RFP: The RFP was awarded to Buffalo Pharmacies, Inc. with a conversion date of completion of October 1, 2025 due to contract extension with PharMerica.
- Facility Operations/Renovations:
    - Servery renovations: Eventually, all serveries will be replaced. MLK neighborhood servery renovations to begin in September.
    - All nursing station countertops will be replaced; computers were mounted underneath which was an ergonomic concern.

Workplace Violence Prevention

- Annual WPV Rounds & Environmental Controls: We have completed the 2025 Annual WPV walkthrough and are actively reviewing findings. Executive Leadership and department heads will be briefed so corrective actions can move forward without delay. In response to 2024 findings, we are currently advancing several environmental and engineering interventions. Brighter lighting has been installed in the 12th floor patient waiting room to enhance safety and comfort for patients, families, and visitors. Safety mirrors are scheduled for installation in Med/Surg and Behavioral Health areas, and planning is underway for panic alarms in high-risk locations.
- WPV Training – Clinical (VITALS): We are continuing the 4-hour VITALS course for frontline clinical staff to maintain consistency ahead of the Joint Commission survey. Unit is closely tracking participation, and manager support remains essential to release staff despite coverage challenges. Once survey readiness is complete, we will reassess program length and format in January.
- WPV Training – Non-Clinical (HealthStream Modules): We are preparing for a phased rollout of tailored HealthStream modules this month for non-clinical staff, with content designed to be directly relevant to each role (e.g., registration, environmental services, transport). By staggering the rollout, we can ensure accuracy in loading staff into the system and provide proper support throughout implementation.
- CISM Support: We are reinforcing the referral process to guarantee that every employee affected by a workplace violence event or near-miss is offered peer support within 24–72 hours. This work ensures staff are not overlooked and receive timely support. Leaders are being reminded to notify the CISM team immediately after any incident to strengthen recovery, resilience, and retention.
- Policy & Messaging: We are actively reinforcing the "No Tolerance" language from the Workplace Violence Prevention policy through multiple channels—entrance signage, visitor/admission paperwork, and staff reminders. This work emphasizes expectations for respectful behavior and supports a culture of safety for staff, patients, and visitors. Managers are encouraged to reference this language during huddles and when addressing visitor concerns.

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:

August 2025

Patient Experience	YTD August 1st, 2025- August 31, 2025 N=29 (est.)	YTD August 1st, 2024- August 31st, 2024 N= 102 (final)	NYS 2025 Benchmark
HCAHPS - Nurses	85 (est.)	73	76
HCAHPS – Doctors	70 (est.)	69	76
Discharge Info	91 (est.)	85	84
Overall Rate	79 (est.)	65	65

Environmental Services

- Continued weekly updates with EVS leadership team and overall Patient Satisfaction scores communicated to frontline staff during Tier 1 shift huddles.
- John Logan, the new interim EVS Director continues to lead patient rounding for new patient admissions with emphasis on strategic units.

Food & Nutrition Services

Quality Improvement Initiatives

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

Laboratory Services

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

- Thromboplasty Technology Review: RFP vendor awarded to Haemonetics for the placement of the TEG 6s system. Final contracting in progress. Technical validation with vendor is on-going. Targeted implementation is end of October.

Supportive Care & Palliative Medicine

Patient Experience ongoing initiatives include:

- Veterans' "Thank You for Your Service" program.
- Chart review of deceased patients using the "Test of Respect Scale," to identify if patients and/or families were engaged in meaningful conversations regarding their

values and goals to measure the quality of those conversations and to ensure patients received goal concordant care and their end-of-life wishes were respected.

- Caregiver Burden Assessment – Arch Angels Project

PEOPLE

Ambulatory Medical Practices & Ambulatory Nursing Professional Development

- Shentelle Bell, RN has transferred to a new position as Assistant Vice President of Medical Surgical Nursing Services. We thank her for her leadership and contributions and wish her continued success in this new role.

Population Health – 2025
Community Outreach / Events

- Population Health participated in 17 community outreach events in July/August 2025, engaging with nearly 1,400 individuals. The events strongly emphasized cancer screening education, mental health resources, and preventive care. Additionally, linkages to dental care, smoking cessation support, and resources for women's health and chronic disease management, particularly for hypertension and diabetes, were provided to ensure a comprehensive approach to community health.
    - → Tabling Event Highlight: World Refuge Day Buffalo 7/19/2025
- World Refugee Day is an annual international observance, designated by the United Nations, held every year on June 20th. It was first established in 2001 to commemorate the 50th anniversary of the 1951 Convention Relating to the Status of Refugees. The day honors the courage, strength, and resilience of refugees; women, men, and children who are forced to flee their home countries due to conflict, violence, or persecution. It is also intended to raise awareness of their plight and to encourage empathy and support for their rights and dreams. Our Population Health Discharge Coordinator, Ali Kadhum, has played a central and foundational role in organizing World Refugee Day events in Western New York, particularly Buffalo: He is founder of World Refugee Day celebrations in Western New York and has helped organize these events since 2009. Ali has helped coordinate gatherings celebrating refugees, bringing together New American communities through food, music, sports(with a focus on soccer) and shared cultural experience.

- Population Health was selected as a pilot site for the Caring for Caregivers (C4C) initiative, led by HANYS and Rush University Medical Center with support from the Health Foundation for Western and Central New York; awarded $25,000 in funding to advance caregiver identification, assessment, and referral, building on our recognized readiness, commitment to Age-Friendly care, and thoughtful approach to supporting caregivers.

CoC / Dental Oral Oncology

Community Outreach

- Tabling event at the Buffalo Police Community Day for D-District.
- The team participated in a community event held at Darien Lake sponsored by the Painters and Allied Health Trades union.

Employee Health

Annual Health Assessments (AHAs)

- Completion Push for 2025: Efforts are underway to complete all required Annual Health Assessments by the end of October 2025. This initiative ensures that staff remain compliant with regulatory and organizational health standards while supporting a safe workplace environment.

Fit Testing

- Regulatory Changes: Due to updated regulatory requirements, all nursing managers, team leads, and charge RNs must be fit-tested. This ensures that qualified personnel are always available to enter patient rooms when airborne isolation precautions are required (e.g., TB-like symptoms).
- Integration into AHA Process: Beginning this year, fit testing will be tied to Annual Health Assessments, streamlining compliance tracking and reinforcing the expectation that respiratory protection readiness is part of the annual cycle. This integration reduces duplication, saves time, and ensures consistency across the organization.

Vaccinations

- Influenza Vaccination: The flu vaccination campaign will launch in October 2025, with extended hours available in Employee Health to maximize access and compliance. This remains a critical component of infection control, protecting both staff and patients during peak flu season.

Wellness & Mental Health

- Mental Health Screening Initiative: Over 400 employees have completed mental health screenings so far this year, reflecting strong engagement in wellness programs and increased awareness of mental health as an essential part of workplace safety.
- Supportive Environment: These screenings serve as both a preventative and supportive measure, helping to identify staff who may benefit from additional resources such as the Employee Assistance Program (EAP), counseling, or referral through the Help Center.
- Culture of Well-Being: The success of this initiative underscores the hospital's commitment to promoting mental health alongside physical health, contributing to resilience, retention, and overall employee satisfaction.

Employee Wellness and Well-Being

Continued to provide a wide range of activities and resources to support staff well-being across ECMC, Terrace View, and our off-site clinics.

- Ongoing Fitness Programs: Yoga and aerobics classes continued and were transitioned into the ECMC Fitness Center, providing a more appropriate and accessible space for participants.
- Wellness Wednesday Walks: Weekly walks were held to encourage movement and team engagement.

- UB Veggie Van: Continued every Thursday, offering staff and visitors fresh produce.
- Chair Massages: Provided on August 20th with three time slots to accommodate all shifts. An additional special session was held specifically for CPEP employees in recognition of the heightened challenges their department has faced.
- Educational Tabling Events (August 20th):
    - LMHF provided resources and information for staff.
    - Univera shared health insurance and pharmacy benefits.
    - A licensed nutritionist was available to answer staff questions.
- Financial Wellness: Corebridge Financial hosted a tabling session on August 12th at Terrace View.
- Educational Presentation: Nellie Brown, CIH, delivered a live and virtual presentation, *Occupational Stress: Sources and Solutions,* on August 29th.
- National Wellness Month – Hydration Challenge: A two-week hydration challenge was held across ECMC, Terrace View, and off-site clinics. Three winners were selected and awarded prizes.
- The *Wellness Warriors* you have come to know is getting a fresh new identity! We are proud to introduce our new name: The Care Crew.
- We will be officially announcing this new name later this month, and with it, a new name and a renewed focus, we remain dedicated to supporting our employees. The Care Crew Committee will continue to bring you meaningful wellness initiatives, fun activities, and resources that prioritize the health and well-being of our incredible employees.

<u>Safe Patient Handling & Mobility Program (SPHM)</u>

- Yearly Competencies: Annual SPHM competency assessments remain ongoing to ensure staff maintain required knowledge and skills in patient safety and mobility best practices. These competencies continue to reinforce consistent standards of care across all patient units.
- Safety Champion Competency Class: Seven additional staff members successfully completed the Safety Champion Competency Class this month. Since program inception in 2017, 367 employees have been trained, and 259 are currently active Safety Champions, serving as critical advocates for mobility and safe handling practices across the hospital.
- Terrace View Gait Belt Initiative: A focused gait belt initiative was launched on floors 1–3 at Terrace View, emphasizing hands-on training and integration of mobility goals into daily patient care. Early staff feedback indicates improved confidence in mobility techniques.
- New Gait Belts Stocked at ECMC: Updated gait belts have been delivered and stocked in supply rooms, ensuring ready access to safe patient handling tools for all staff.
- Mobility Reporting: A monthly mobility performance report has been distributed to Med/Surg unit managers, providing transparency on progress toward the hospital-wide mobility achievement goal of 55%. The report serves as both a feedback mechanism and accountability tool. A critical care mobility report is also in development.
- Educational Outreach: A gait belt article was submitted to the Med/Surg Newsletter, aiming to raise awareness, reinforce proper techniques, and normalize the use of gait belts as part of everyday mobility practice.
- Incident Trends: July and August recorded the lowest number of SPHM-related incidents in 2025 to date, demonstrating progress in staff competency, equipment use, and cultural adoption of mobility safety practices.

- Equipment Rounding: Monthly SPHM equipment rounding was completed in the Towers. This proactive check ensures equipment availability, condition, and staff feedback are addressed in real time.
- Ergonomic Assessment: One ergonomic assessment was performed to address individualized staff needs, reflecting continued attention to both patient and employee safety.
- Fall Prevention: Missing fall caution signs were identified and replaced throughout the organization, further strengthening the fall-prevention program and reducing patient safety risks.

Professional Contributions & Recognition

- National Bariatric Solutions Conference Poster Abstract: Submitted poster abstract on *"Mobilization of the Bariatric Patient: A Therapist Perspective and the Need for Systemic Change."* Authors: Bethany Colling, PT, DPT; Loretta Miller, PT, DPT, CEAS, CSPHP, CCISM; Jaclyn Coe, OTR.
    - This submission highlights ECMC's leadership in advocating for systemic improvements in bariatric patient care, positioning our therapists as thought leaders in national mobility. Awaiting acceptance.
- ASPHP National Conference Oral Abstract: Submitted oral abstract on *"A Physical Therapist to Nurse Mentorship Model: A Framework for Mobility Program Success."* Author: Loretta Miller, PT, DPT, CEAS, CSPHP, CCISM.
    - This proposed presentation elevates ECMC's innovative mentorship model, showcasing interdisciplinary collaboration as a best practice for achieving mobility success. Awaiting acceptance.

Outpatient Behavioral Health

Outreach/Events

- Outpatient Behavioral Health and SUTS Outreach
    - 8/16/2025 – *Taking it to the Streets* – tabling event
    - 8/16/2025 – Puerto Rican and Hispanic Day Parade of WNY

Outpatient Rehabilitation Services

- MRU therapists along with Acute Care therapists participated in the Health Care Explorer Student program for the entire month of August introducing local students to potential careers in Speech Language Pathology, Occupational and Physical Therapy.
- Acute staff attended a webinar for "Incorporating Safe Patient Handling and Mobility (SPHM) into Acute/Subacute Therapy Treatments," presented by Mark Van Leuven PT, CSPHC from Craigmile Health Solutions, which instructed staff on ways to use SPH equipment to assist patients with a variety of exercises during therapy treatment sessions.
- In Outpatient therapy, (1) FT PT to start 9/7/25, (2) Per Diem OT's started in August and (1) FT clerk started 7/14/25.

Environmental Services

- John Logan was appointed interim EVS Director until a permanent replacement is determined.
- EVS continues to interview and hire candidates for vacant positions. Several openings remain affecting multiple shifts.

Food & Nutrition Services

Staffing/Recruitment:

- Implemented a new weekly Employee Spotlight recognition program.

- Our HR Manager, Robin Martinelli, has collaborated with the General Manager to provide a more consistent experience for employees. Robin spearheaded our employee training and orientation program. She established systems to track vacancies. She has also collaborated with our Assistant General Manager on new and revised policies and set up a monthly HR calendar to cover training and events we plan to host.

Campus Engagement:

- We have a Committee organizing Employee Engagements, Nurse Rounds, and special events we plan on hosting. This committee is meeting on a regular basis to review what is needed for the next month to ensure that we have everything needed and the vital time needed to leave an impression.

Terrace View

- Ramona Gant, DON, is serving as the Acting Administrator. Ayanna Grantham, ADON, is acting DON. *Brittany Dettman, ADON, joined the team in August.* Interviews are underway for a new LTC Administrator.

QUALITY

Ambulatory Nursing

2025 August Nursing Dashboard

YTD INTAKES	Actual	Goal	Var
Family Health	93.6%	90%	3.6%
IMC	97.8%	90%	7.7%
You Center	94.7%	90%	4.7%
Cardiology	98.0%	90%	8.0%
Rheumatology	96.6%	90%	6.6%
GI/HEP	97.1%	90%	7.1%
Specialty	97.4%	90%	7.4%
Ortho	97.0%	90%	7.0%
Floats	94.9%	90%	4.9%
Grider FHC	96.5%	90%	6.5%
Pain	90.1%	90%	0.1%
COEM/EH	95.2%	90%	5.2%
Head & Neck	98.1%	90%	8.1%
Infusion	98.2%	90%	8.2%
Oncology	89.4%	90%	(0.6%)
ALL SITES YTD	95.6%	90%	5.6%

YTD DISCHARGES	Actual	Goal	Var
Family Health	90.0%	90%	(0.0%)
IMC	98.0%	90%	8.0%
You Center	98.4%	90%	8.4%
Cardiology	96.4%	90%	6.4%
Rheumatology	87.5%	90%	(2.5%)
GI/HEP	92.0%	90%	2.0%
Specialty	95.2%	90%	5.2%
Ortho	99.0%	90%	9.0%
Floats	96.4%	90%	6.4%
Grider FHC	95.8%	90%	5.8%
ALL SITES YTD	94.8%	90%	4.8%

Ambulatory - Great Catch

- Amy Robinson received our Ambulatory Great Catch Quality & Safety Award for the month.

Dialysis

- Corrective Action Plans (CAPs) audits commenced this month to satisfy NYSDOH survey findings and will continue through December 31, 2025.
- CMS Dialysis Care Compare (DFC) star rating preview period comments and Total performance score (TPS) comments were submitted August 15, 2025.
- Awaiting In-center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) survey results that will be publicized on CMS Dialysis Care Compare (DFC) in October. Our current star rating is 4 out of 5 stars.

Environmental Services

- ATP Testing for August 2025 at 91%, achieved monthly goal (August 2024 was 83%). Continue increased ATP testing in Main OR with a total score of 91%.

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 >=90% monthly. For July, the Med/Surg, Ambulatory Care, Critical Care, and Inpatient/Outpatient Dialysis areas have all achieved the >90% rate. The OR and Behavioral Health locations have compliance rates between the 81-86%. The long term care facility compliance rate continues to track below 70% compliance.

Regulatory: The ECMC Clinical Laboratory had the routine bi-annual survey from NYSDOH 7/28//25-/7/30/25. The final survey report was received with 14 findings that will require formal submission of corrective action plan to NYS. There were no significant findings that impacted the quality, safety, or reliability of the Clinical Laboratory services. Survey findings were related to isolated findings related to competency, quality control, proficiency testing, and the laboratory quality management program. "

Surgical Services

- Tissue survey successfully completed with no citations.
- 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.
- The Prep & Pack team is working with Sterile Processing (tray tracking system) to improve processes. New reports were developed to track expired trays. Weekly audits are showing marked improvement.
- Go-live transition to electronic consents in GI is September 8, 2025.
- Completed new policy for skull flap storage, approved by NYSDOH.
- Audit results (compliance):
    - Skin Assessment = 84.7%
    - Discharge instructions = 94.3%
    - Hand hygiene = 95%
    - PPE = 74%
- Instrumentation audit:
    - Open and unlocked = 96.5%
    - Free from tape = 100%
    - Expired = 93.7%
    - Confirm accurate expiration dates = 96.1%

Terrace View

- Monitoring and managing NYS reportables.
- Continue to adhere Environmental Round process/written feedback for neighborhoods to ensure adherence to Life Safety Code and Safety and environmental general safety. The new tracking system is working well to ensure all items are corrected/repaired.
- CMS Payroll Based Journaling: The next PBJ report was due and submitted to CMS in August. Terrace View timekeepers were educated to ensure the timecards comply with the PBJ guidelines.

Transplant

- Aetna approved our transplant program as a Center of Excellence valid through December 31, 2025.
- MPSC submission due September 22, 2025 for pre-transplant pancreas program inquiry.

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 Variance (-340)
- Home Program: (Home Peritoneal & Home Hemodialysis): YTD Budget 1,060 treatments, favorable to the budget, Variance (825)
- Total: 485 treatments for the year

Census Volume:

- Outpatient (in-center treatments): August = 1,897 treatments, YTD 2025 total = 16,036
- Home Program: (Home Peritoneal & Home Hemodialysis): August = 293 treatments, 2025 total = 1,845 favorable to budget.

Dialysis			2024			2025			
			YTD	Budget	Variance	Aug	YTD	Budget	Variance
4555	AKI	Hemodialysis - AKI	**413**	-	-	19	**247**	-	-
	DIALNON	Hemodialysis - Non-ESRD	**0**	-	-	0	**0**	-	-
	DIALTRAN	Hemodialysis - Transient	**1,085**	-	-	57	**649**	-	-
	HD	Hemodialysis - Chronic	**22,743**	-	-	1,897	**15,140**	-	-
	4555 Totals		**24,241**	24,293	-52	1,973	**16,036**	16,376	-340
5660	HOMEHD	Hemodialysis - Home	**0**	-	-	0	**0**	-	-
	PD	Hemodialysis - Peritoneal	**1,573**	-	-	293	**1,845**	-	-
	5660 Totals		**1,573**	1,976	-403	293	**1,845**	1,020	825
Totals			**25,814**	**26,269**	**-455**	**2,266**	**17,881**	**17,396**	**485**

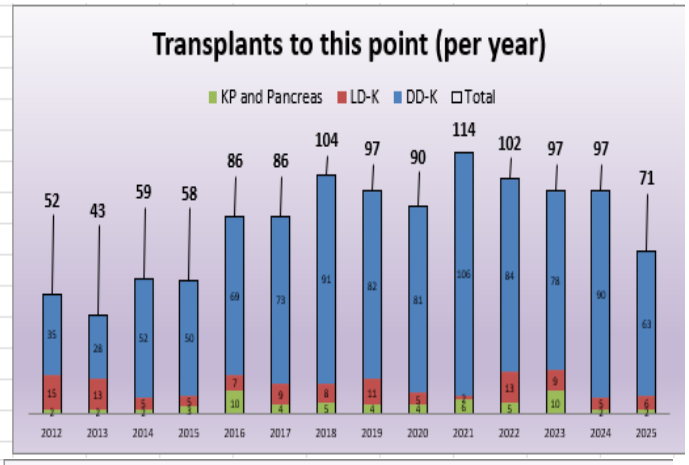
Laboratory Services

- The department budget volumes for July YTD were positive 6.3% to budget target and 8.1% ahead of FY24. The overall operating budget was even to target. The personnel expense July YTD had a positive variance of 1.2% to budget target and a negative variance of 5.8% to FY24 actual. The non-personnel expense is 0.15% to budget target and a negative variance of 11.4% 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. *August YTD savings are $54,100.72 with projected annual savings of $60K.*

Transplant

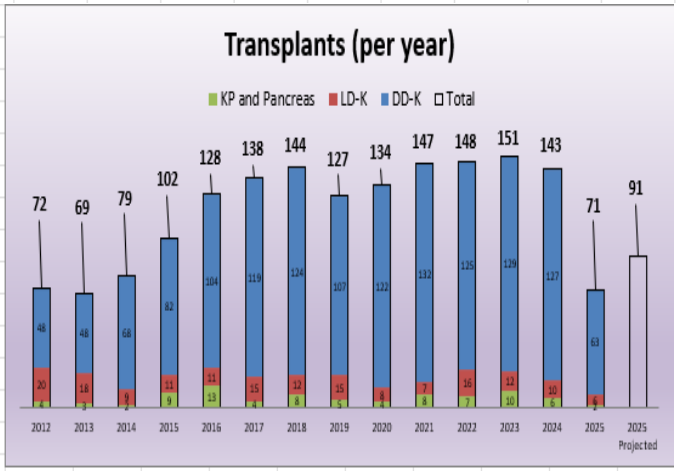
- As of September 1, 2025, we have performed (71) transplants, which is (-26) transplants than this time last year (2024). Based on current volume, we have projected (91) transplants for 2025.
- Pre-Transplant Clinic is below budget by (-71). We have increased our community outreach to increase referral and increased the number of evaluations scheduled per day with nephrology fully staffed.
- Post-Transplant clinic is below budget by (-503) visits.
- Total clinic variance is below budget (-574).
- There has been a drop in volume due to changes in the kidney allocation system. Organ offers have decreased over this past year. The IOTA incentive rollout has largely impacted organ offer acceptance across the country resulting in fewer offers to our center. We have increased the number of evaluations in the clinic in an effort to increase list volume. We are actively working on decreasing the time from referral to evaluation and subsequently listing.

To this point



	DD-K	LD-K	KP	Pancreas	Total
2009	41	27	0	0	68
2010	42	25	1	0	68
2011	30	11	4	2	47
2012	35	15	0	2	52
2013	28	13	1	1	43
2014	52	5	1	1	59
2015	50	5	0	3	58
2016	69	7	7	3	86
2017	73	9	4	0	86
2018	91	8	5	0	104
2019	82	11	4	0	97
2020	81	5	4	0	90
2021	106	2	5	1	114
2022	84	13	5	0	102
2023	78	9	10	0	97
2024	90	5	2	0	97
2025	63	6	2	0	71

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	63	6	2	0	71
2025 Projected					91

Transplant / Vascular			2024			2025			
			YTD	Budget	Variance	Aug	YTD	Budget	Variance
6430	TRANPRE	Transplant Clinic	558	-	-	51	369	-	-
	TRANPREPRC	Transplant Clinic	1	-	-	0	0	-	-
	6430 Totals		559	997	-438	51	369	440	-71
6431	TRANPOSPRC	Transplant Clinic	0	-	-	0	0	-	-
	TRANPOST	Transplant Clinic	4,163	-	-	288	2,459	-	-
	6431 Totals		4,163	4,000	163	288	2,459	2,962	-503
Totals			4,722	4,997	-275	339	2,828	3,402	-574

Other

Joint Commission

The Joint Commission surveyors arrived for a five-day triennial hospital accreditation survey on September 15, 2025. There was a total of 9 surveyors focusing on departments such as, critical care, emergency department, inpatient medical surgical floors, ambulatory medical practices, procedural departments, ancillary services, and all behavioral health services. The surveyors reviewed clinical documentation, infection prevention, the environment of care, life safety, emergency preparedness, and more. The ECMC team pulled together to show them what a great organization we have, and we received many compliments from the surveyors. In the next few weeks, the Joint Commission will send us a final report of the opportunities for improvement. We will use the report to become an even stronger organization.

Behavioral Health Services Grant

ECMC has been notified that it received a $10.9 million grant for its Behavioral Health service via the NYS DOH's Statewide Health Care Facility Transformation Program IV, which was announced recently by Governor Kathy Hochul.

The expansion of the inpatient psychiatric service will include a new 24-bed unit and include renovations to CPEP to better serve patients dealing with various levels of Behavioral Healthcare needs. We will be working on developing construction timelines soon.

Epic Update

OneEpic, will have a transformative impact on healthcare delivery in our region. A joint endeavor of ECMC, Kaleida Health and the practice plans of the University at Buffalo, OneEpic will create a single longitudinal record across all three partners and will allow for better health records sharing among every major health system in our region, improving patient care, access, and safety, as well as improving workflows and data access to our employees and clinicians, and streamlining referrals.

As of September 2025, the project is on track for Kaleida Health's Wave 1 go-live on 5/30/26, and ECMC & UBMD's Wave 2 go-live roughly 5-6 months later in 2026. The project team is busy working to finish the final build phase, after which major configuration work will be completed. A major final component of the build phase is order set validation. Testing will then begin in earnest, followed by superuser and readiness activities. In parallel, ECMC staff is

working to complete network and system upgrades, as well as end-user-device assessments and gap remediation.

The difference between healthcare and true care™

Internal Financial Reports

For the month ended August 31, 2025

Erie County Medical Center Corporation

Financial Dashboard
August 31, 2025

Statement of Operations:

	Month	Year-to-Date (YTD)	YTD Budget
Net patient revenue	$ 61,890	$ 469,091	$ 479,699
Other	18,368	152,175	141,722
Total revenue	80,258	621,266	621,421
Salary & benefits	43,641	339,389	333,493
Physician fees	10,628	83,149	82,129
Purchased services	7,376	55,348	55,576
Supplies & other	18,477	134,395	133,357
Depreciation and amortization	3,747	30,646	30,636
Interest	962	7,500	7,701
Total expenses	84,831	650,427	642,892
Operating Income/(Loss) Before Other Items	(4,573)	(29,161)	(21,471)
Grant revenue	-	9,081	-
Income/(Loss) from Operations With Other Items	(4,573)	(20,080)	(21,471)
Other Non-operating gain/(loss)	1,256	7,587	2,489
Change in net assets	$ (3,317)	$ (12,493)	$ (18,982)
Operating margin	-5.7%	-3.2%	-3.5%

Cash Flow Summary:

	Month	YTD
Net cash provided by (used in):		
- Operating activities	$ (14,541)	$ (25,626)
- Investing activities	11,588	6,479
- Financing activities	(155)	(7,666)
Increase/(decrease) in cash and cash equivalents	(3,108)	(26,813)
Cash and cash equivalents - beginning	9,811	33,516
Cash and cash equivalents - ending	$ 6,703	$ 6,703

Balance Sheet:

Assets:	
Cash & short-term investments	$ 9,628
Patient receivables	109,368
Assets whose use is limited	191,761
Other assets	473,286
	$ 784,043
Liabilities & Net Assets:	
Accounts payable & accrued expenses	$ 285,598
Estimate self-insurance reserves	55,225
Other liabilities	499,452
Long-term debt, including current portion	186,735
Lease liability, including current portion	20,663
Subscription liability, including current portion	20,016
Line of credit	10,000
Net assets	(293,646)
	$ 784,043

Key Statistics:

		Month	YTD	YTD Budget
Discharges:	- Acute	1,106	8,580	8,915
	- Exempt units	435	3,362	3,517
Observation Cases:		337	2,707	2,169
Patient days:	- Acute	8,849	66,417	67,413
	- Exempt units	5,057	37,858	39,488
Average length of stay, acute		8.0	7.7	7.6
Case mix index	Blended	2.01	1.98	1.87
Average daily census:	Medical Center	449	429	440
	Terrace View LTC	381	378	379
Emergency room visits, including admissions		5,852	45,360	44,179
Outpatient Visits		24,312	204,854	206,699
Days in patient receivables			56.7	

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Erie County Medical Center Corporation
Management Discussion and Analysis
For the month ended August 31, 2025
(Amounts in Thousands)

August 2025 Operating Performance

During the month of August, 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 case designations from the prior year, inpatient discharge shortfalls have been the result. The case severity in medical and surgical cases this month trended much higher than the budgeted level during August. The revenue variances derived from these trends during August resulted in overall net patient service revenue which fell well behind budgeted expectations and was accompanied by additional staffing needed to fill gaps to meet NYS minimum staffing levels. The overall result drove an operating loss for the month of ($4,573). This operating loss is unfavorable when compared to the month's budgeted loss of ($1,589).

Inpatient discharges during the month of 1,541 were less than the planned discharges of 1,658 (7.1% or 117 cases), driven by unfavorable variances across all service lines, except within medical rehab. Within the total, acute discharges of 1,106 were below plan by 8.4%, behavioral health discharges of 218 were below plan by 5.5%, chemical dependency discharges of 181 were below plan by 9.4%, and medical rehabilitation discharges of 36 were above plan by 80.4%. August is typically a very busy month, and while the overall inpatient discharges are higher than those during August of 2024, they fell below budgeted expectations. 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 5 cases (1.5%) for the month, and accounts for more than three-quarters of the shortfall in inpatient discharges. This is the result of CMS and payer changes in the criteria to meet inpatient status. In conjunction with the increase in alternative level of care (ALC) and observation patient census, the acute average length of stay increased to 8.0 days during August and is unfavorable to budget of 7.5 days by 6.2%. As noted above, the average daily census of the ALC patients within the facility during the month was 50 patients, which is an increase from July 2025 of 46, and higher than averages in the low 35 over the first and second quarters of 2025. 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 August were higher than budgeted targets for the month by 174 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 above the operating plan primarily due to unfavorable prescription costs. 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 above the operating plan during the month by $1,247. The unfavorable variance during the month was related to growth within the specialty pharmacy service line, infusion therapy and oncology pharmaceutical costs which have been partially offset by volume shortfalls in inpatient cases including a drop in inpatient surgeries.

Balance Sheet

ECMCC saw significant decreases in cash throughout 2025 due to operating losses, required payments during the first eight months, and timing of cash payments around the month-end. The net changes resulted in a calculated four days operating cash on August 31, 2025, as compared to 33 days operating cash at the end of 2024 and 11 days operating cash on July 31, 2025. Note that this includes short-term unrestricted/undesignated investments but excludes designated and other restricted assets/investments, some of which are designated for capital including the EPIC project. 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. ECMC also has various grant applications in with New York State to bolster and enhance operations.

Patient receivables increased approximately $15.6 million from December 31, 2024. The increase in accounts receivable is due to expected increases due to higher reimbursement rates placed into effect January 1st, as well as typical ramp up time in collections during the beginning of the year. Aas a result, the Days in Accounts Receivable (average number of days a bill is outstanding) increased from 52.3 days to 56.7 days on August 31, 2025, which has also unfavorably impacted cash on hand. One significant driver of this increase has been the consistent increased aggressiveness by the insurance plans and delays in payment, increases in denial activity with payment resolution months later, and downgrading of billed diagnoses based upon their internal reviews.

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 is 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 month of September.

Erie County Medical Center Corporation

Balance Sheet
August 31, 2025 and December 31, 2024

(Dollars in Thousands)

	August 31, 2025	December 31, 2024	Change from December 31st
Assets			
Current Assets:			
Cash and cash equivalents	$ 6,703	$ 33,516	$ (26,813)
Investments	2,925	42,826	(39,901)
Patient receivables, net	109,368	93,708	15,660
Prepaid expenses, inventories and other receivables	30,083	38,753	(8,670)
Total Current Assets	149,079	208,803	(59,724)
Assets Whose Use is Limited	191,761	191,600	161
Property and equipment, net	282,799	277,043	5,756
Other assets	160,404	161,656	(1,252)
Total Assets	$ 784,043	$ 839,102	$ (55,059)
Liabilities & Net Position			
Current Liabilities:			
Current portion of long-term debt	$ 12,755	$ 13,520	$ (765)
Current portion of lease liability	6,076	6,264	(188)
Current portion of subscription liability	9,636	8,118	1,518
Line of credit	10,000	10,000	-
Accounts payable	70,220	64,553	5,667
Accrued salaries and benefits	76,504	85,393	(8,889)
Other accrued expenses	133,386	146,172	(12,786)
Estimated third party payer settlements	5,488	5,643	(155)
Total Current Liabilities	324,065	339,663	(15,598)
Long-term debt	173,980	179,574	(5,594)
Long-term lease liability	14,587	14,394	193
Long-term subscription liability	10,380	13,210	(2,830)
Estimated self-insurance reserves	55,225	50,424	4,801
Other liabilities	499,452	522,990	(23,538)
Total Liabilities	1,077,689	1,120,255	(42,566)
Total Net Position	(293,646)	(281,153)	(12,493)
Total Liabilities and Net Position	$ 784,043	$ 839,102	$ (55,059)

Erie County Medical Center Corporation

Statement of Operations

For the month ended August 31, 2025

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net patient revenue	63,105	64,301	(1,196)	56,126
Less: Provision for uncollectable accounts	(1,215)	(1,357)	142	(252)
Adjusted Net Patient Revenue	61,890	62,944	(1,054)	55,874
Disproportionate share / IGT revenue	11,018	11,018	-	10,273
Other revenue	7,350	6,976	374	5,784
Total Operating Revenue	80,258	80,938	(680)	71,931
Operating Expenses:				
Salaries & wages	32,860	31,762	(1,098)	29,638
Employee benefits	10,781	11,037	256	8,019
Physician fees	10,628	10,316	(312)	9,920
Purchased services	7,376	7,107	(269)	6,391
Supplies	15,947	14,700	(1,247)	13,473
Other expenses	1,910	2,243	333	2,226
Utilities	620	659	39	648
Depreciation & amortization	3,747	3,746	(1)	3,871
Interest	962	957	(5)	973
Total Operating Expenses	84,831	82,527	(2,304)	75,159
Operating Income/(Loss) Before Other Items	**(4,573)**	**(1,589)**	**(2,984)**	**(3,228)**
Other Gains/(Losses)				
Grant revenue	-	-	-	-
Income/(Loss) from Operations	**(4,573)**	**(1,589)**	**(2,984)**	**(3,228)**
Other Non-operating Gain/(Loss):				
Interest and dividends	593	292	301	654
Unrealized gain/(loss) on investments	663	19	644	883
Non-operating Gain/(Loss)	1,256	311	945	1,537
Excess of Revenue/(Deficiency) Over Expenses	$ (3,317)	$ (1,278)	$ (2,039)	$ (1,691)

Erie County Medical Center Corporation

Statement of Operations

For the eight months ended August 31, 2025

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net patient revenue	480,950	490,042	(9,092)	454,910
Less: Provision for uncollectable accounts	(11,859)	(10,343)	(1,516)	(10,324)
Adjusted Net Patient Revenue	469,091	479,699	(10,608)	444,586
Disproportionate share / IGT revenue	88,143	88,143	-	82,208
Other revenue	64,032	53,579	10,453	41,918
Total Operating Revenue	621,266	621,421	(155)	568,712
Operating Expenses:				
Salaries & wages	254,752	246,326	(8,426)	235,660
Employee benefits	84,637	87,167	2,530	64,916
Physician fees	83,149	82,129	(1,020)	77,177
Purchased services	55,348	55,576	228	51,215
Supplies	112,062	111,669	(393)	99,175
Other expenses	17,256	17,571	315	16,182
Utilities	5,077	4,117	(960)	4,015
Depreciation & amortization	30,646	30,636	(10)	31,484
Interest	7,500	7,701	201	8,015
Total Operating Expenses	650,427	642,892	(7,535)	587,839
Income/(Loss) from Operations	**(29,161)**	**(21,471)**	**(7,690)**	**(19,127)**
Other Gains/(Losses)				
Grant revenue	9,081	-	9,081	16,005
Income/(Loss) from Operations	**(20,080)**	**(21,471)**	**1,391**	**(3,122)**
Other Non-operating Gain/(Loss):				
Interest and dividends	5,698	2,333	3,365	4,190
Unrealized gain/(loss) on investments	1,889	156	1,733	2,683
Non-operating Gain/(Loss)	7,587	2,489	5,098	6,873
Excess of Revenue/(Deficiency) Over Expenses	$ (12,493)	$ (18,982)	$ 6,489	$ 3,751

Erie County Medical Center Corporation

Statement of Changes in Net Position

For the month and eight months ended August 31, 2025

(Dollars in Thousands)

	Month	Year-to-Date
Unrestricted Net Assets:		
Excess/(Deficiency) of revenue over expenses	$ (3,317)	$ (12,493)
Other transfers, net	-	
Contributions for capital acquisitions	-	-
Change in accounting principle	-	-
Net assets released from restrictions for capital acquisition	-	-
Change in Unrestricted Net Assets	(3,317)	(12,493)
Temporarily Restricted Net Assets:		
Contributions, bequests, and grants	-	-
Other transfers, net	-	-
Net assets released from restrictions for operations	-	-
Net assets released from restrictions for capital acquisition	-	-
Change in Temporarily Restricted Net Assets	-	-
Change in Net Position	(3,317)	(12,493)
Net Position, beginning of period	(290,329)	(281,153)
Net Position, end of period	**$ (293,646)**	**$ (293,646)**

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Erie County Medical Center Corporation

Statement of Cash Flows

For the month and eight months ended August 31, 2025

(Dollars in Thousands)

	Month	Year-to-Date
Cash Flows from Operating Activities:		
Change in net assets	$ (3,317)	$ (12,493)
Adjustments to Reconcile Changes in Net Assets to Net Cash Provided by/(Used in) Operating Activities:		
Depreciation and amortization	3,747	30,646
Provision for bad debt expense	1,215	11,859
Net change in unrealized (gain)/loss on Investments	(663)	(1,889)
Changes in Operating Assets and Liabilities:		
Patient receivables	(4,773)	(27,519)
Prepaid expenses, inventories and other receivables	6,862	8,670
Accounts payable	782	5,667
Accrued salaries and benefits	(5,953)	(8,889)
Estimated third party payer settlements	93	(155)
Other accrued expenses	(14,802)	(12,786)
Self Insurance reserves	111	4,801
Other liabilities	2,157	(23,538)
Net Cash Provided by/(Used in) Operating Activities	(14,541)	(25,626)
Cash Flows from Investing Activities:		
Additions to Property and Equipment, net	(4,838)	(36,402)
Decrease/(increase) in assets whose use is limited	1,200	(161)
Sale/(Purchase) of investments, net	14,874	41,790
Change in other assets	352	1,252
Net Cash Provided by/(Used in) Investing Activities	11,588	6,479
Cash Flows from Financing Activities:		
Principal payments on / proceeds from long-term debt, net	(650)	(6,359)
Principal payments on / additions to long-term lease liability, net	(454)	5
Principal payments on / additions to long-term subscription, net	949	(1,312)
Increase/(Decrease) in Cash and Cash Equivalents	(3,108)	(26,813)
Cash and Cash Equivalents, beginning of period	9,811	33,516
Cash and Cash Equivalents, end of period	$ 6,703	$ 6,703

Erie County Medical Center Corporation

Statistical and Ratio Summary

	August 31, 2025	December 31, 2024	ECMCC 3 Year Avg. 2022 - 2024
Liquidity Ratios:			
Current Ratio	0.5	0.6	0.7
Days in Operating Cash & Investments	4	33	24.7
Days in Patient Receivables	56.7	52.3	56.4
Days Expenses in Accounts Payable	58.5	53.7	59.1
Days Expenses in Current Liabilities	124.5	145.7	140.5
Cash to Debt	33.9%	67.3%	53.1%
Working Capital Deficit	$ (174,986)	$ (130,860)	$ (105,982)
Capital Ratios:			
Long-Term Debt to Fixed Assets	61.5%	64.8%	67.3%
Assets Financed by Liabilities	137.5%	133.5%	131.7%
Debt Service Coverage (Covenant > 1.1)	0.9	1.7	1.8
Capital Expense	3.1%	3.0%	2.9%
Average Age of Plant	7.8	8.0	8.6
Debt Service as % of NPSR	3.4%	3.9%	4.0%
Capital as a % of Depreciation	118.8%	35.5%	21.9%
Profitability Ratios:			
Operating Margin	-4.7%	0.7%	-11.5%
Net Profit Margin	-2.6%	-0.7%	-2.5%
Return on Total Assets	-2.4%	-0.6%	-1.6%
Return on Equity	6.4%	1.8%	5.4%
Productivity and Cost Ratios:			
Total Asset Turnover	1.2	1.1	0.9
Total Operating Revenue per FTE	$ 279,649	$ 266,577	$ 230,021
Personnel Costs as % of Total Revenue	53.6%	50.0%	56.0%

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Erie County Medical Center Corporation

Key Statistics

Period Ended August 31, 2025

Current Period					Year to Date			
Actual	**Budget**	**% to Budget**	**Prior Year**		**Actual**	**Budget**	**% to Budget**	**Prior Year**
				Discharges:				
1,106	1,208	-8.4%	1,063	Med/Surg (M/S) - Acute	8,580	8,915	-3.8%	8,760
218	231	-5.5%	222	Behavioral Health	1,844	1,849	-0.3%	1,851
181	200	-9.4%	172	Chemical Dependency (CD) - Detox	1,322	1,517	-12.9%	1,423
36	20	80.4%	21	Medical Rehab	196	151	30.2%	144
1,541	1,658	-7.1%	1,478	Total Discharges	11,942	12,432	-3.9%	12,178
				Patient Days:				
8,849	9,098	-2.7%	9,018	M/S - Acute	66,417	67,413	-1.5%	68,801
3,837	3,877	-1.0%	3,612	Behavioral Health	29,710	30,809	-3.6%	30,174
717	762	-5.9%	647	CD - Detox	5,030	5,595	-10.1%	5,290
503	403	24.8%	290	Medical Rehab	3,118	3,084	1.1%	2,876
13,906	14,140	-1.7%	13,567	Total Patient Days	104,275	106,901	-2.5%	107,141
				Average Daily Census (ADC):				
285	293	-2.7%	291	M/S - Acute	273	277	-1.5%	282
124	125	-1.0%	117	Behavioral Health	122	127	-3.6%	124
23	25	-5.9%	21	CD - Detox	21	23	-10.1%	22
16	13	24.8%	9	Medical Rehab	13	13	1.1%	12
449	456	-1.7%	438	Total ADC	429	440	-2.5%	439
				Average Length of Stay:				
8.0	7.5	6.2%	8.5	M/S - Acute	7.7	7.6	2.4%	7.9
17.6	16.8	4.7%	16.3	Behavioral Health	16.1	16.7	-3.3%	16.3
4.0	3.8	3.9%	3.8	CD - Detox	3.8	3.7	3.2%	3.7
14.0	20.2	-30.8%	13.8	Medical Rehab	15.9	20.5	-22.3%	20.0
9.0	8.5	5.8%	9.2	Average Length of Stay	8.7	8.6	1.5%	8.8
				Occupancy:				
93.3%	88.7%	5.1%	91.0%	% of M/S Acute staffed beds	93.3%	88.7%	5.1%	91.0%
				Case Mix Index:				
2.01	1.84	9.2%	2.02	Blended (Acute)	1.98	1.87	5.9%	1.92
337	332	1.5%	318	Observation Status	2,707	2,169	24.8%	2,319
437	529	-17.4%	476	Inpatient General Surgeries	3,421	3,930	-13.0%	3,562
589	701	-16.0%	612	Outpatient General Surgeries	5,027	5,410	-7.1%	5,026
54	23	134.8%	21	Inpatient Ancillary Surgeries	228	172	32.6%	265
48	40	20.0%	23	Outpatient Ancillary Surgeries	352	307	14.7%	261
24,312	25,624	-5.1%	25,101	Outpatient Visits	204,854	206,699	-0.9%	199,741
5,852	5,808	0.8%	5,455	Emergency Visits Including Admits	45,360	44,179	2.7%	43,010
56.7	44.2	28.3%	59.7	Days in A/R	56.7	44.2	28.3%	59.7
1.6%	2.1%	-23.9%	0.0%	Bad Debt as a % of Net Revenue	2.3%	2.1%	9.4%	2.4%
3,488	3,310	5.4%	3,300	FTE's	3,404	3,288	3.5%	3,279
4.28	4.08	4.8%	4.24	FTE's per Adjusted Occupied Bed	4.29	4.18	2.6%	3.72
$ 20,590	$ 19,802	4.0%	$ 19,692	Net Revenue per Adjusted Discharge	$ 19,697	$ 20,020	-1.6%	$ 16,934
$ 27,929	$ 25,677	8.8%	$ 26,453	Cost per Adjusted Discharge	$ 27,098	$ 26,545	2.1%	$ 22,304
Terrace View Long Term Care:								
11,810	11,908	-0.8%	11,408	Patient Days	91,804	92,047	-0.3%	89,998
381	384	-0.8%	368	Average Daily Census	378	379	-0.3%	369
97.7%	98.5%	-0.8%	94.4%	Occupancy - % of Staffed beds	96.9%	97.1%	-0.3%	94.6%
507	511	-0.8%	460	FTE's	479	511	-6.1%	461
6.9	6.9	0.1%	6.5	Hours Paid per Patient Day	7.5	8.0	-5.8%	7.4

The difference between healthcare and true care™

Internal Financial Reports

For the month ended July 31, 2025

Erie County Medical Center Corporation

Financial Dashboard
July 31, 2025

Statement of Operations:

	Month	Year-to-Date (YTD)	YTD Budget
Net patient revenue	$ 59,685	$ 407,202	$ 416,755
Other	24,901	133,806	123,728
Total revenue	84,586	541,008	540,483
Salary & benefits	44,481	295,748	290,694
Physician fees	9,905	72,522	71,813
Purchased services	7,225	47,972	48,470
Supplies & other	17,686	115,917	115,753
Depreciation and amortization	3,801	26,899	26,891
Interest	1,009	6,538	6,744
Total expenses	84,107	565,596	560,365
Operating Income/(Loss) Before Other Items	479	(24,588)	(19,882)
Grant revenue	-	9,081	-
Income/(Loss) from Operations With Other Items	479	(15,507)	(19,882)
Other Non-operating gain/(loss)	147	6,331	2,178
Change in net assets	$ 626	$ (9,176)	$ (17,704)
Operating margin	0.6%	-2.9%	-3.7%

Cash Flow Summary:

	Month	YTD
Net cash provided by (used in):		
- Operating activities	$ (7,493)	$ (11,085)
- Investing activities	4,861	(5,109)
- Financing activities	1,437	(7,511)
Increase/(decrease) in cash and cash equivalents	(1,195)	(23,705)
Cash and cash equivalents - beginning	11,006	33,516
Cash and cash equivalents - ending	$ 9,811	$ 9,811

Balance Sheet:

Assets:	
Cash & short-term investments	$ 26,947
Patient receivables	105,810
Assets whose use is limited	192,961
Other assets	479,409
	$ 805,127
Liabilities & Net Assets:	
Accounts payable & accrued expenses	$ 305,478
Estimate self-insurance reserves	55,114
Other liabilities	497,295
Long-term debt, including current portion	187,385
Lease liability, including current portion	21,117
Subscription liability, including current portion	19,067
Line of credit	10,000
Net assets	(290,329)
	$ 805,127

Key Statistics:

		Month	YTD	YTD Budget
Discharges:	- Acute	1,108	7,474	7,708
	- Exempt units	425	2,927	3,066
Observation Cases:		378	2,370	1,837
Patient days:	- Acute	8,561	57,568	58,315
	- Exempt units	4,564	32,801	34,446
Average length of stay, acute		7.7	7.7	7.6
Case mix index	Blended	1.93	1.98	1.87
Average daily census:	Medical Center	423	426	438
	Terrace View LTC	378	377	378
Emergency room visits, including admissions		6,135	39,508	38,372
Outpatient Visits		25,907	180,542	183,075
Days in patient receivables			55.1	

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July 2025 Operating Performance

During the month of July, 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 case designations, 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 exceeded the expected level in July. The revenue variances derived from these trends during July resulted in overall net patient service revenue which fell behind budgeted expectations and was accompanied by additional staffing needed to fill gaps due to both the holiday and to meet NYS minimum staffing levels. The overall result drove an operating gain for the month of $479. This operating gain includes an unexpected refund of COVID related eFMAP matching funds from 2020 of approximately $5.7 million, thus is favorable when compared to the month's budgeted loss of ($2,817).

Inpatient discharges during the month of 1,533 were less than the planned discharges of 1,634 (6.2% or 101 cases). Within the total, acute discharges of 1,108, and chemical dependency – detox discharges of 151 were below plan by 5.3% and 31.2% respectively, while partially offset by favorable behavioral health discharges, 7.8%, and medical rehabilitation discharges, 58.0%. 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 78 cases (26.0%) accounts for more than three-quarters of the shortfall in inpatient discharges. This is the result of CMS and payer changes in the criteria to meet inpatient status. In conjunction with the increase in alternative level of care (ALC) and observation patient census, the acute average length of stay increased to 7.7 days during July and is unfavorable to budget of 7.4 days by 4.1%. As noted above, the average daily census of the ALC patients within our facility during the month was 46 patients, which is an increase from June 2025 of 41, and higher than averages in the low 30's over the first quarter of 2025. 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 July were higher than budgeted targets for the month by 142 FTEs. Thile this variance fluctuates based upon the need and usage of overtime hours, which during the month of July was significant. This was in part due to the July 4th holiday coupled with the need 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 in line with the operating plan. 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 above the operating plan during the month by $516. The unfavorable variance during the month was related to growth within the specialty pharmacy service line and infusion therapy being partially offset by volume shortfalls in inpatient cases and total inpatient surgeries.

Balance Sheet

ECMCC saw a decrease in cash from December 2024 due to operating losses, required payments during the first seven months, and timing of cash payments around the month-end. The net changes resulted in a calculated 11 days operating cash on July 31, 2025, as compared to 33 days operating cash at the end of 2024 and 16 days operating cash on June 30, 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. ECMC also has various grant applications in with New York State to bolster and enhance operations.

Patient receivables increased approximately $12.1 million from December 31, 2024. The increase in accounts receivable is due to the expected increases due to higher reimbursement rates placed into effect January 1st 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 55.1 days on July 31, 2025.

The change in other accrued expenses reflects the recognition of the deferred revenue related to the amounts received for DSH/IGT during February. The revenue for this payment will be recognized ratably over the course of the year in the income statement. A significant portion of the DSH payment received during 2024 resulted in an amount which is expected to be recouped by New York State and CMS during the 3rd quarter.

Erie County Medical Center Corporation

Balance Sheet
July 31, 2025 and December 31, 2024

(Dollars in Thousands)

	July 31, 2025	December 31, 2024	Change from December 31st
Assets			
Current Assets:			
Cash and cash equivalents	$ 9,811	$ 33,516	$ (23,705)
Investments	17,136	42,826	(25,690)
Patient receivables, net	105,810	93,708	12,102
Prepaid expenses, inventories and other receivables	36,945	38,753	(1,808)
Total Current Assets	169,702	208,803	(39,101)
Assets Whose Use is Limited	192,961	191,600	1,361
Property and equipment, net	281,708	277,043	4,665
Other assets	160,756	161,656	(900)
Total Assets	$ 805,127	$ 839,102	$ (33,975)
Liabilities & Net Position			
Current Liabilities:			
Current portion of long-term debt	$ 12,755	$ 13,520	$ (765)
Current portion of lease liability	6,218	6,264	(46)
Current portion of subscription liability	9,312	8,118	1,194
Line of credit	10,000	10,000	-
Accounts payable	69,438	64,553	4,885
Accrued salaries and benefits	82,457	85,393	(2,936)
Other accrued expenses	148,188	146,172	2,016
Estimated third party payer settlements	5,395	5,643	(248)
Total Current Liabilities	343,763	339,663	4,100
Long-term debt	174,630	179,574	(4,944)
Long-term lease liability	14,899	14,394	505
Long-term subscription liability	9,755	13,210	(3,455)
Estimated self-insurance reserves	55,114	50,424	4,690
Other liabilities	497,295	522,990	(25,695)
Total Liabilities	1,095,456	1,120,255	(24,799)
Total Net Position	(290,329)	(281,153)	(9,176)
Total Liabilities and Net Position	$ 805,127	$ 839,102	$ (33,975)

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Erie County Medical Center Corporation

Statement of Operations

For the month ended July 31, 2025

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net patient revenue	61,783	62,848	(1,065)	58,450
Less: Provision for uncollectable accounts	(2,098)	(1,343)	(755)	(1,912)
Adjusted Net Patient Revenue	59,685	61,505	(1,820)	56,538
Disproportionate share / IGT revenue	11,018	11,018	-	10,273
Other revenue	13,883	6,804	7,079	6,165
Total Operating Revenue	84,586	79,327	5,259	72,976
Operating Expenses:				
Salaries & wages	33,444	31,847	(1,597)	30,323
Employee benefits	11,037	11,043	6	6,661
Physician fees	9,905	10,316	411	10,087
Purchased services	7,225	7,046	(179)	6,398
Supplies	14,911	14,395	(516)	13,401
Other expenses	2,159	2,159	-	2,172
Utilities	616	580	(36)	573
Depreciation & amortization	3,801	3,800	(1)	3,871
Interest	1,009	958	(51)	1,022
Total Operating Expenses	84,107	82,144	(1,963)	74,508
Operating Income/(Loss) Before Other Items	**479**	**(2,817)**	**3,296**	**(1,532)**
Other Gains/(Losses)				
Grant revenue	-	-	-	15,395
Income/(Loss) from Operations	**479**	**(2,817)**	**3,296**	**13,863**
Other Non-operating Gain/(Loss):				
Interest and dividends	714	292	422	706
Unrealized gain/(loss) on investments	(567)	19	(586)	1,375
Non-operating Gain/(Loss)	147	311	(164)	2,081
Excess of Revenue/(Deficiency) Over Expenses	$ 626	$ (2,506)	$ 3,132	$ 15,944

Erie County Medical Center Corporation

Statement of Operations

For the seven months ended July 31, 2025

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net patient revenue	417,846	425,741	(7,895)	399,357
Less: Provision for uncollectable accounts	(10,644)	(8,986)	(1,658)	(10,644)
Adjusted Net Patient Revenue	407,202	416,755	(9,553)	388,713
Disproportionate share / IGT revenue	77,125	77,125	-	71,934
Other revenue	56,681	46,603	10,078	36,134
Total Operating Revenue	541,008	540,483	525	496,781
Operating Expenses:				
Salaries & wages	221,892	214,564	(7,328)	206,022
Employee benefits	73,856	76,130	2,274	56,896
Physician fees	72,522	71,813	(709)	67,257
Purchased services	47,972	48,470	498	44,824
Supplies	96,115	96,968	853	85,703
Other expenses	15,345	15,327	(18)	13,956
Utilities	4,457	3,458	(999)	3,367
Depreciation & amortization	26,899	26,891	(8)	27,612
Interest	6,538	6,744	206	7,043
Total Operating Expenses	565,596	560,365	(5,231)	512,680
Income/(Loss) from Operations	**(24,588)**	**(19,882)**	**(4,706)**	**(15,899)**
Other Gains/(Losses)				
Grant revenue	9,081	-	9,081	16,005
Income/(Loss) from Operations	**(15,507)**	**(19,882)**	**4,375**	**106**
Other Non-operating Gain/(Loss):				
Interest and dividends	5,105	2,041	3,064	3,534
Unrealized gain/(loss) on investments	1,226	137	1,089	1,802
Non-operating Gain/(Loss)	6,331	2,178	4,153	5,336
Excess of Revenue/(Deficiency) Over Expenses	$ (9,176)	$ (17,704)	$ 8,528	$ 5,442

Erie County Medical Center Corporation

Statement of Changes in Net Position

For the month and seven months ended July 31, 2025

(Dollars in Thousands)

	Month	Year-to-Date
Unrestricted Net Assets:		
Excess/(Deficiency) of revenue over expenses	$ 626	$ (9,176)
Other transfers, net	-	
Contributions for capital acquisitions	-	-
Change in accounting principle	-	-
Net assets released from restrictions for capital acquisition	-	-
Change in Unrestricted Net Assets	626	(9,176)
Temporarily Restricted Net Assets:		
Contributions, bequests, and grants	-	-
Other transfers, net	-	-
Net assets released from restrictions for operations	-	-
Net assets released from restrictions for capital acquisition	-	-
Change in Temporarily Restricted Net Assets	-	-
Change in Net Position	626	(9,176)
Net Position, beginning of period	(290,955)	(281,153)
Net Position, end of period	**$ (290,329)**	**$ (290,329)**

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Erie County Medical Center Corporation

Statement of Cash Flows

For the month and seven months ended July 31, 2025

(Dollars in Thousands)

	Month	Year-to-Date
Cash Flows from Operating Activities:		
Change in net assets	$ 626	$ (9,176)
Adjustments to Reconcile Changes in Net Assets to Net Cash Provided by/(Used in) Operating Activities:		
Depreciation and amortization	3,801	26,899
Provision for bad debt expense	2,098	10,644
Net change in unrealized (gain)/loss on Investments	567	(1,226)
Changes in Operating Assets and Liabilities:		
Patient receivables	(5,667)	(22,746)
Prepaid expenses, inventories and other receivables	3,974	1,808
Accounts payable	1,606	4,885
Accrued salaries and benefits	(1,445)	(2,936)
Estimated third party payer settlements	12	(248)
Other accrued expenses	(15,934)	2,016
Self Insurance reserves	918	4,690
Other liabilities	1,951	(25,695)
Net Cash Provided by/(Used in) Operating Activities	(7,493)	(11,085)
Cash Flows from Investing Activities:		
Additions to Property and Equipment, net	(9,798)	(31,564)
Decrease/(increase) in assets whose use is limited	1,180	(1,361)
Sale/(Purchase) of investments, net	12,933	26,916
Change in other assets	546	900
Net Cash Provided by/(Used in) Investing Activities	4,861	(5,109)
Cash Flows from Financing Activities:		
Principal payments on / proceeds from long-term debt, net	(709)	(5,709)
Principal payments on / additions to long-term lease liability, net	2,647	459
Principal payments on / additions to long-term subscription, net	(501)	(2,261)
Increase/(Decrease) in Cash and Cash Equivalents	(1,195)	(23,705)
Cash and Cash Equivalents, beginning of period	11,006	33,516
Cash and Cash Equivalents, end of period	$ 9,811	$ 9,811

Erie County Medical Center Corporation

Statistical and Ratio Summary

	July 31, 2025	December 31, 2024	ECMCC 3 Year Avg. 2022 - 2024
Liquidity Ratios:			
Current Ratio	0.5	0.6	0.7
Days in Operating Cash & Investments	11	33	24.7
Days in Patient Receivables	55.1	52.3	56.4
Days Expenses in Accounts Payable	60.3	53.7	59.1
Days Expenses in Current Liabilities	132.2	145.7	140.5
Cash to Debt	43.0%	67.3%	53.1%
Working Capital Deficit	$ (174,061)	$ (130,860)	$ (105,982)
Capital Ratios:			
Long-Term Debt to Fixed Assets	62.0%	64.8%	67.3%
Assets Financed by Liabilities	136.1%	133.5%	131.7%
Debt Service Coverage (Covenant > 1.1)	0.9	1.7	1.8
Capital Expense	3.4%	3.0%	2.9%
Average Age of Plant	7.7	8.0	8.6
Debt Service as % of NPSR	3.4%	3.9%	4.0%
Capital as a % of Depreciation	117.3%	35.5%	21.9%
Profitability Ratios:			
Operating Margin	-4.5%	0.7%	-11.5%
Net Profit Margin	-2.2%	-0.7%	-2.5%
Return on Total Assets	-2.0%	-0.6%	-1.6%
Return on Equity	5.4%	1.8%	5.4%
Productivity and Cost Ratios:			
Total Asset Turnover	1.2	1.1	0.9
Total Operating Revenue per FTE	$ 278,471	$ 266,577	$ 230,021
Personnel Costs as % of Total Revenue	53.6%	50.0%	56.0%

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Erie County Medical Center Corporation

Key Statistics

Period Ended July 31, 2025

Current Period					Year to Date			
Actual	**Budget**	**% to Budget**	**Prior Year**		**Actual**	**Budget**	**% to Budget**	**Prior Year**
				Discharges:				
1,108	1,170	-5.3%	1,159	Med/Surg (M/S) - Acute	7,474	7,708	-3.0%	7,697
242	224	7.8%	253	Behavioral Health	1,626	1,618	0.5%	1,629
151	220	-31.2%	188	Chemical Dependency (CD) - Detox	1,141	1,317	-13.4%	1,251
32	20	58.0%	21	Medical Rehab	160	131	22.5%	123
1,533	1,634	-6.2%	1,621	Total Discharges	10,401	10,774	-3.5%	10,700
				Patient Days:				
8,561	8,686	-1.4%	9,280	M/S - Acute	57,568	58,315	-1.3%	59,783
3,445	3,811	-9.6%	3,433	Behavioral Health	25,873	26,932	-3.9%	26,562
563	782	-28.0%	656	CD - Detox	4,313	4,833	-10.8%	4,643
556	422	31.8%	378	Medical Rehab	2,615	2,681	-2.5%	2,586
13,125	13,701	-4.2%	13,747	Total Patient Days	90,369	92,761	-2.6%	93,574
				Average Daily Census (ADC):				
276	280	-1.4%	299	M/S - Acute	272	275	-1.3%	281
111	123	-9.6%	111	Behavioral Health	122	127	-3.9%	125
18	25	-28.0%	21	CD - Detox	20	23	-10.8%	22
18	14	31.8%	12	Medical Rehab	12	13	-2.5%	12
423	442	-4.2%	443	Total ADC	426	438	-2.6%	439
				Average Length of Stay:				
7.7	7.4	4.1%	8.0	M/S - Acute	7.7	7.6	1.8%	7.8
14.2	17.0	-16.2%	13.6	Behavioral Health	15.9	16.6	-4.4%	16.3
3.7	3.6	4.7%	3.5	CD - Detox	3.8	3.7	3.0%	3.7
17.4	20.8	-16.6%	18.0	Medical Rehab	16.3	20.5	-20.4%	21.0
8.6	8.4	2.1%	8.5	Average Length of Stay	8.7	8.6	0.9%	8.7
				Occupancy:				
78.3%	86.0%	-9.0%	82.0%	% of M/S Acute staffed beds	78.3%	86.0%	-9.0%	82.0%
				Case Mix Index:				
1.93	1.83	5.8%	2.03	Blended (Acute)	1.98	1.87	5.8%	1.91
378	300	26.0%	274	Observation Status	2,370	1,837	29.0%	2,001
497	515	-3.4%	471	Inpatient General Surgeries	2,985	3,401	-12.2%	3,086
608	702	-13.4%	601	Outpatient General Surgeries	4,437	4,709	-5.8%	4,414
23	22	4.5%	59	Inpatient Ancillary Surgeries	174	149	16.8%	244
52	40	30.0%	36	Outpatient Ancillary Surgeries	304	267	13.9%	238
25,907	25,601	1.2%	24,771	Outpatient Visits	180,542	183,075	-1.4%	174,640
6,135	6,026	1.8%	5,497	Emergency Visits Including Admits	39,508	38,372	3.0%	37,555
55.1	44.2	24.7%	58.8	Days in A/R	55.1	44.2	24.7%	58.8
3.3%	2.1%	53.5%	3.5%	Bad Debt as a % of Net Revenue	2.4%	2.1%	14.7%	2.8%
3,481	3,320	4.8%	3,309	FTE's	3,393	3,285	3.3%	3,276
4.42	4.19	5.7%	4.30	FTE's per Adjusted Occupied Bed	4.30	4.20	2.3%	4.19
$ 19,253	$ 19,449	-1.0%	$ 18,654	Net Revenue per Adjusted Discharge	$ 19,533	$ 20,054	-2.6%	$ 19,017
$ 27,181	$ 25,707	5.7%	$ 23,990	Cost per Adjusted Discharge	$ 26,982	$ 26,678	1.1%	$ 24,976
Terrace View Long Term Care:								
11,719	11,765	-0.4%	11,391	Patient Days	79,994	80,139	-0.2%	78,590
378	380	-0.4%	367	Average Daily Census	377	378	-0.2%	369
96.9%	97.3%	-0.4%	94.2%	Occupancy - % of Staffed beds	96.8%	96.9%	-0.2%	94.6%
492	511	-3.7%	458	FTE's	476	511	-6.9%	461
6.7	6.9	-3.3%	6.4	Hours Paid per Patient Day	-	-	#DIV/0!	-

Medical Executive Committee

CMO Report to the ECMC Board of Directors

September 2025

University at Buffalo Update

- There is an ongoing search for Chair of ENT, Pathology and Ophthalmology.

Current hospital operations

• Admissions YTD:	8,859
• ED visits YTD:	39,808
• CPEP visits:	6,842
• Observation:	2,772
• Inpatient Surgeries:	3,514
• Outpatient Surgeries:	5,146
• ALC days YTD:	9,897

The average length of stay MTD 7.7 CMI 1.9617

CMO Update

- Joint Commission survey week of September 15th

Communications and External Affairs Report
Submitted by Peter K. Cutler
Senior Vice President of Communications and External Affairs
September 23, 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.
- Following the August 22nd tragic bush crash on the NYS Thruway near Pembroke, coordinated a press briefing featuring Chief of Emergency Medicine Dr. Jennifer Pugh, Chief Medical Officer Sam Cloud and Chief of Surgery Dr. Jeffrey Brewer was held to help convey to the broader community that the patients were receiving the highest level of care at ECMC. The press briefing was covered by all local media outlets and it was streamed live, which extended coverage to major national and international media outlets.
- Minnow Films, a London, England-based award-winning documentary film company contacted ECMC regarding the 2022 Christmas Eve blizzard and indicated that they are developing a feature length documentary on the event and the impact it and on Western New York. One of the film company's producers came to ECMC and interviewed three ECMC employees, including Dr. Jennifer Pugh, who were at ECMC throughout the blizzard. The filmmakers will use footage from these interviews for a preliminary review with a major streaming service to determine if the documentary will go into full production. If the film company gets the greenlight to proceed, they will return to WNY and ECMC to conduct more formal interviews with various individuals, including the three ECMC caregivers they met with last week.
- Dr. Rachael Rossitto, Chief of Dentistry, featured in a September 19th *Business First* feature story, *Meet three up-and-coming leaders at Buffalo's cancer care providers.* In the segment of the story focusing on Dr. Rossitto, it noted that she "…oversees both the general dentistry program and the oral oncology and maxillofacial prosthetics service lines at ECMC."
- ECMC's Medical Minute partnership with WGRZ-TV included the featured following topics in August & September: What is Sciatica? (Dr. Clark), ECMC Help Center (Chelsie Kuzdzal, LMHC), Shoulder Arthritis (Dr. Duquin), Oral Cancer (Dr. Frustino), Special Needs Dentistry Services (Dr. Kapral) and Cancer Survivor's Dental Needs (Dr. Frustino).

Community and Government Relations

- Coordinated inclusion of a quote from CEO Tom Quatroche in a press release distributed by the office of U.S. Senator Kirsten Gillibrand (D-NY) regarding bipartisan legislation she introduced with U.S. Senator Jim Banks (R-IN), Save Our Safety Net Hospitals Act, to prevent massive cuts to hospitals that serve large percentages of low-income patients. The bill would readjust the calculation that determines how Medicaid Disproportionate Share Hospital (DSH) funding is allocated, ensuring that hospitals in rural and low-income communities get the funding they need to provide care. The legislation is endorsed by Healthcare Association of New York State (HANYS), Greater New York Hospital Association (GNYHA), Suburban Hospital Alliance of New York State, America's Essential Hospitals, and the Alliance of Safety-Net Hospitals.

MEDICAL EXECUTIVE COMMITTEE MEETING
MONDAY, AUGUST 25, 2025
MEETING HELD VIA MICROSOFT TEAMS PLATFORM/HYBRID
DR. ZIZZI CONFERENCE ROOM SECOND FLOOR

Attendance (Voting Members):

Dr. Anillo	Dr. Bakhai	Dr. Brewer	Rebecca Buttaccio
Dr. Cummings	Dr. DePlato	Dr. Drumsta	Dr. Chen
Dr. Cheng	Dr. Hall	Dr. Krabill	Dr. Manka
Parveen Minhas	Dr. Murray	Dr. Rich	Dr. Pugh
Dr. Rossitto	Dr. Sieminski	Dr. Wilkins	Dr. Tanaka
Dr. Yedlapati			

Non-Voting Members and Guests:

Sam Cloud, DO	Tom Quatroche, CEO	Jon Swiatkowski	Peter Cutler
Mandip Panesar, MD	Charlene Ludlow	Cheryl Carpenter	Charles Cavaretta
Pam Lee	Andy Davis	John Cumbo	Phyllis Murawski, RN

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 held a moment of silence to recognize the passing of Chrisotpher Zielinski, PA who passed away on May 29, 2025. Chris was a member of the Department of Orthopaedic Surgery, working with Dr. Clark since 2018.

2. Thank you to the entire Medical / Dental staff that responded to Friday's mass casualty incident. It was an impressive response.

3. Ian Donaldson will be offering a special Leadership Session to the members of the MEDC on September 9th. Invitations will be sent out and all are encouraged to attend.

4. The Leadership team will meet on September 10th in the Board of Directors Conference room from 12 – 4:00 pm.

II. ADMINISTRATIVE REPORTS

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

1. <u>CEO – Dr. Tom Quatroche, PhD.</u>
   a. Thank you to all involved in the mass casualty incident last Friday.
   b. Thank you to Dr. Cloud, Dr. Brewer, and Dr. Pugh for representing ECMC.
   c. We continue to be prepared for the arrival of the Joint Commission.

d. We are working with the state for safety net funding.

2. COO Report – Andy Davis
   a. Lab survey took place a few weeks back and we continue to wait for the final report.
   b. The new Women's Breast Health suite has opened.
   c. Budget season is here, and we continue with many meetings.

3. CFO REPORT – Jon Swiatkowski
   a. Mr. Swiatkowski spoke on July 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. The hospital continues to be very busy.
   d. We recently received over payment from New York state from 2020 for over $5 million.
   e. We continue to have conversations with New York State.
   f. The hospital recently received a significant Behavioral Health grant which will be used for CPEP improvements.

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

a. No report

Dr. Gustavo Arrizabalaga, PhD, Senior Associate Dean for Faculty Affairs shared a presentation on Faculty Affairs.

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

a. Summer surge is very high right now.
b. Tomorrow we will hold an MCI debriefing to review the events that took place Friday during the mass casualty incident.
c. September is a large recruitment month for nursing. First class will have 38 new nurses and the second will have approximately 27.
d. There is a waiting list for positions in the ED, Med/Surg units, and Critical Care areas.
e. September 24th we will be recognizing our APP's at breakfast in the Overflow café. Please send nominations to the Nurse Recognition Committee; Marc Labelle, Tara Gregorio or Yvonne DeCarolis.

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

a. Dr. Cloud acknowledged the staff involved in the mass casualty incident that took place last Friday. He thanked Dr. Brewer, Dr. Pugh and all of their colleagues. Everything went very smoothly.
b. Dr. Cloud shared an update on hospital operations.
c. A University update reflected an ongoing search for Chair of Pathology, ENT and Ophthalmology.

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

a. No report

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

a. Dr. Panesar reviewed the EPIC project regarding order sets. You should be receiving tasks for order set validation. If you are not receiving these notifications, please reach out to Dr. Panesar or to the IT department.

VIII. CREDENTIALS COMMITTEE REPORT – Yogesh Bakhai, MD

a. There are no extractions for Executive Session.

IX. CONSENT CALENDAR

	MEETING MINUTES/MOTIONS	PAGE #		
1.	MINUTES of the Previous MEC Meeting: July 21, 2025	6-10	Receive and File	
2.	Credentials Committee: August 7, 2025	12-28	Receive and File	
	Appointments/ Reappointments/ Resignations			
	Dual Reappointment Applications			
	Privilege Delineation Form – Otolaryngology		Review and Approve	
	Nurse Practitioner Core Scope Practice		Review and Approve	
	Physician Assistant Core Scope of Practice		Review and Approve	
	Privilege Delineation Form (Nurse Practitioner)		Review and Approve	
	Privilege Delineation Form (Physician Assistant)		Review and Approve	
3.	HIM – July 2025		Receive and File	
	Consent for Treatment Agreement	50-51	Receive and File	
4.	Graduate Medical Education Committee – No Report			
5.	P & T Committee – No Report for August 2025			
6.	Professional Dev. & Wellness Committee – Minutes of July 17, 2025	53	Receive and File	
7.	Resource Management Committee – Minutes of July 9, 2025	55-58	Receive and File	
8.	SEC Committee – Minutes of July 15, 2025	60-61	Receive and File	
9.	OR Committee – Minutes of July 23, 2025	63-66	Receive and File	
10.	Transfusion Committee – Minutes of May 15, 2025	68-70	Receive and File	
11.	Infection Prevention & Control Committee – Minutes of May, 2025	72-80	Receive and File	
12.	HAI Committee – Minutes of July 15, 2025	82-85	Receive and File	
13.	New Business		Review and Approve	
	Appointments / Reappointments Chiefs of Service	87-88	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

There was no new business to report.

UNANIMOUSLY APPROVED.

XI. EXECUTIVE SESSION

1. A motion was made and carried at 12:06 pm to move to Executive Session.

    a. Dr. Gokhale is scheduled to sit for the Boards in February of 2026. The MEC did not entertain any further extension to Dr. Gokhale.

2. Phyllis Murawski, RN shared the Quality and Patient Safety Report along with the Regulatory Report.
   The Department of Health was here in early August for a Lab survey. We are still waiting for the full report back. We continue to wait for the arrival of the Joint Commission.

XII. ADJOURNMENT

There was no further business conducted. Motion to adjourn the meeting was made and seconded. The next meeting will be on Monday, September 22, 2025, at 11:30 am. via Teams/Hybrid in the Dr. Zizzi conference room at ECMC. The meeting was adjourned at 12:16 pm.

Respectfully submitted,

Siva Yedlapati, MD

Treasurer
Medical Executive Committee

MEDICAL EXECUTIVE COMMITTEE MEETING
MONDAY, JULY 21, 2025
MEETING HELD VIA MICROSOFT TEAMS PLATFORM/HYBRID
DR. ZIZZI CONFERENCE ROOM SECOND FLOOR

Attendance (Voting Members):

Dr. Anillo	Dr. Bakhai	Dr. Hall	Dr. Brewer
Rebecca Buttaccio	Dr. DePlato	Dr. Drumsta	Dr. Cheng
Dr. Chen	Dr. Rich	Dr. Welch	Dr. Kapral
Dr. Manka	Parveen Minhas	Dr. Murray	Dr. Nagai
Dr. Pugh	Dr. Rossitto	Dr. Ruggieri	Dr. Tadakamalla
Dr. Wilkins	Dr. Belles	Dr. Tanaka	
Dr. Cummings	Dr. Flynn	Dr. Krabill	Dr. Ritter

Non-Voting Members and Guests:

Sam Cloud, DO	Tom Quatroche, CEO	Jon Swiatkowski	Peter Cutler
Mandip Panesar, MD	Becky DelPrince	Cheryl Carpenter	Charles Cavaretta
Drew Kwiatkowski	Andy Davis	Michael Ott	Phyllis Murawski, RN
Gregory Cherr, MD			Charlene Ludlow

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 mentioned the change to the process of delinquent medical records will begin August 1, 2025.

2. Contract has been signed so we can move forward with Hordy Springer assisting with the By Laws. We hope to have this completed by our annual meeting in the fall.

3. A reminder that tomorrow is the ECMC picnic and tent sale.

II. ADMINISTRATIVE REPORTS

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

1. CEO – Dr. Tom Quatroche, PhD.

a. Acknowledged the moving of patients throughout the facility improving.
b. ALC numbers are slightly high, teams are working diligently on this.
c. Hiring continues, thank you HR and Nursing Department.
d. Women's Breast Health suite opening very soon.
e. Specialty Pharmacy will be extending its hours.
f. Premier Health Care Partners up and running, kickoff event last week.
g. Financially, we continue working with the state for assistance.

2. COO Report – Andy Davis
   a. Congratulations to Outpatient Dialysis on their recent successful survey.

3. CFO REPORT – Jon Swiatkowski
   a. Mr. Swiatkowski spoke on June 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 mentioned that there will be aggressive budget targets.
   d. We are reviewing the federal landscape and impacts of the new federal bill.

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

a. No report

Dr. Gregory Cherr, Associate Dean for Medical Education shared an updated presentation on Graduate Medical Education.

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

a. The department continues with co-horting.
b. Preceptor programs have been very successful. 99% of the students who participate with a preceptor have accepted positions here.
c. The Department of Health is following a Multidrug-resistant organism that has surfaced and may be onsite more frequently.

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

a. A University update reflected an ongoing search for Chair of Pathology, ENT and Ophthalmology. Congratulations to Dr. Rabi Yacoub, Interim Division Chief of Nephrology and Dr. Sandra Sieminski, Interim Chair of Ophthalmology.
b. Congratulations to Dr. Christopher Ritter, new Chief of Service for Orthopaedics.
c. Thank you to everyone who participated in the Foundation Golf Tournament.

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

a. No report

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

a. Dr. Panesar reviewed information blocking data and looked for endorsement from the Medical Executive Committee for approval to move forward with changes. All approved.
   Dr. Panesar also shared an EPIC update with the Committee.

VIII. CREDENTIALS COMMITTEE REPORT – Yogesh Bakhai, MD

a. Three extractions will be reviewed during Executive Session.

IX. CONSENT CALENDAR

	MEETING MINUTES/MOTIONS	PAGE #		
1.	**MINUTES of the Previous MEC Meeting: June 16, 2025**	7-10	Receive and File	
2.	**Credentials Committee: July 3, 2025**	12-46	Receive and File	
	Appointments/ Reappointments/ Resignations			
	Dual Reappointment Applications			
	Privilege Delineation Form			
	Three Extractions for Executive Session			
3.	**HIM – June 2025**	36	Receive and File	
	Patient Selection for Listing Kidneys	37	Receive and File	
	Consent for Kidney or Pancreas Transplant Recipient Evaluation	38-43	Receive and File	
	Breast Health History Form	44	Receive and File	
	Mammography Consent for Patients With Breast Implants	45	Receive and File	
	Sexual Offense Evidence Collection Kit Not Released to Law Enforcement	46	Receive and File	
4.	**Graduate Medical Education Committee – June 17,2025**	48-53	Receive and File	
5.	**P & T Committee – July 8, 2025**	55-59	Receive and File	
	Informational			
	aPTT Changes	62-64	Receive and File	
	Methadone for Anesthesia	65-66	Receive and File	
	Levocarnitine IV Push	67	Receive and File	
	Additional Formulary			
	Droperidol IV	68-78	Receive and File	
	Policies			
	Nebulized Epoprostenol (Flolan)	79-82	Review and Approve	
	Therapeutic Interchanges	88-90	Review and Approve	
	Pharmacy and Therapeutics Committee	91-94	Review and Approve	
	Monitoring of the Psychiatric Patient Receiving Medication via Intramuscular Injection for Agitation	95-99	Review and Approve	
	Guidelines			
	Toxic Alcohol	100-102	Receive and File	
	Argatroban Update	103-107	Receive and File	
	Heparin Update	108-115	Receive and File	
6.	**Professional Dev. & Wellness Committee – No Report for June**			
7.	**Resource Management Committee – June 11, 2025**	141-145	Receive and File	
8.	**SEC Committee – Minutes of June 17, 2025**	147-148	Receive and File	
9.	**HAI Committee – Minutes of May and June, 2025**	150-156	Receive and File	
10	**New Business**		Review and Approve	
	Appointments/Reappointments Chiefs of Service	158-159	Review and Approve	

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 the following re-appointments with a motion to approve from the Medical Executive Committee:

1. The re-appointment of Dr. Yaron Perry to a 3 – year term as Chief of Service for the Department of Cardiothoracic Surgery.

2. The re-appointment of Dr. Kimberly Wilkins to a 3-year term as Chief of Service for the Department of Family Medicine.

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

UNANIMOUSLY APPROVED.

XI. EXECUTIVE SESSION

1. A motion was made and carried at 12:01 pm to move to the Executive Session. The following items were discussed and motion(s) made:

   Extraction 1 –
   Motion was made and seconded to mandate Dr. Gokhale meet with the Leadership Council to discuss his plan to comply with the Bylaws requirement for Board Certification.

   Motion was made to move out of Executive Session at 12:11 pm back to regular session for presentation by Dr. Gregory Cherr, Associate Dean, Graduate Medical Education.

   Motion was made and carried at 12:26 pm to move back to Executive Session.

   Extraction 2 –
   Motion made and carried to recommend approval of the appointment of Emilie Fadale, a PA being hired by the Department of Rehabilitative Medicine. Ms. Fadale is an experienced PA who did not have much work experience in the past five years. She was unable to provide three peer references in the past 5 years. The Department of Rehabilitative Medicine provided a comprehensive onboarding plan including supervision restrictions and the development of specialty specific knowledge milestones, which will then be evaluated on FPPE.

Extraction 3 –
The MEC reviewed, at the request of the credentials committee, the request of Hannah Lapides, PMHNP to remain on the medical staff following her resignation from UPP (our contracted practice plan for behavioral health). The MEC agrees that her current role does not meet the qualifications for membership on the Allied Health Professional Staff.

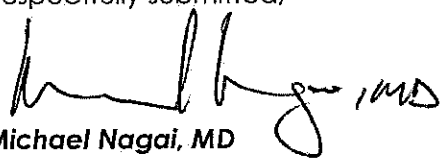
2. **Motion made and carried**, all-in favor to receive and file:
    a. Board Quality P/I meeting minutes of June 10, 2025
    b. Chiefs of Service meeting minutes of June 12, 2025
    c. Leadership Council Report for June 2025

3. Phyllis Murawski, RN shared the Quality and Patient Safety Report. Phyllis reviewed second quarter hospital reportables of Adverse Events and Adverse Events year to date for 2025. A review of RCA driven improvements from 2025 took place along with a recap from the Quality and Patient Safety Meeting from June 24, 2025.
   Phyllis also shared an updated Regulatory report. Final Pharmacy survey report was received with minor findings. Hemo Dialysis CMS survey report will be submitted today. We are expecting the Joint Commission at any time now.

XII. ADJOURNMENT

There was no further business conducted. Motion to adjourn the meeting was made and seconded. The next meeting will be on Monday, August 25, 2025, at 11:30 am. via Teams/Hybrid in the Dr. Zizzi conference room at ECMC. The meeting was adjourned at 12:47 pm.

Respectfully submitted,



Michael Nagai, MD

Secretary
Medical Executive Committee