ECMCC Board of Director's Meeting

October 28, 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
OCTOBER 28, 2025

I. CALL TO ORDER: EUGENIO RUSSI, CHAIR

II. APPROVAL OF MINUTES FROM SEPTEMBER 23RD MEETING

III. RESOLUTIONS MAY BE DISTRIBUTED TO THE BOARD OF DIRECTORS DURING THE MEETING ON OCTOBER 28, 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) **HR Committee** (by Michael Seaman)

D) **Quality Improvement and Patient Safety Committee** (by Michael Hoffert)

VII. EXECUTIVE SESSION

VIII. ADJOURN

ERIE COUNTY MEDICAL CENTER CORPORATION
SEPTEMBER 23, 2025 MINUTES OF THE
BOARD OF DIRECTORS MEETING
HYBRID MEETING HELD

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

*virtual

I. Call to Order

Having a quorum, the meeting was called to order at 4:30 pm by Chair, Eugenio Russi.

II. Minutes

Upon a motion made by Reverend Kinzer Pointer and seconded by Reverend Mark Blue, the minutes of the July 22, 2025 regular meeting of the Board of Directors were unanimously approved.

III. Board Presentation

Jonathan Swiatkowski presented a draft operating and capital plan overview for the proposed 2026 budget and stated that the Finance Committee had met and voted unanimously to recommend the 2026 operating and capital budgets for approval by the Board.

IV. Action Items

Resolution Approving the 2026 Operating and Capital Budgets of the Corporation
Moved by Michael Seaman and seconded by Reverend Pointer Kinzer
Motion approved unanimously

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

IV. Reports from the Corporation's Leadership Team

Chief Executive Officer and President

Dr. Quatroche reported that the hospital endured a 4-day survey with the Joint Commission. The results were positive and any errors found were minor. Dr. Quatroche thanked the team and and acknowledged those who led the survey. The hospital also received aabb certificiation from the Association for the advancement of Blood and Biotherapies. He then reported on Patient Safety Indicators, stating that monthly statistics remain low. Human Experience scores remain at or above the NY State benchmark. Dr. Quatroche acknowledged several individuals who were honored during the month for outstanding performance. Quatroche congratulated Cindy Bass, Rev. Blue, Pam Lee and Andy Davis for their recognition in Business First. The hospital participated in the Puerto Rican Hispanic Day Parade. The ECMC Breast Health Center opened during August. ECMC has hired 640 new employees since the beginning of the year, of which, 149 RNs and 63 LPNs. Dr. Matthew Kabalan, an ENT specialist began working in September. And, Quatroche announced that Terrace View will be listed (for the 5th year) as one of America's Best Nursing Homes in 2026; ECMC will be awarded $10.9 M State Grant for Behavioral Health Services; ECMC ranks 1st place for the second year amongst 15 Buffalo purchasing initiative organizations; and, EPIC will go-live at ECMC on 10/24/26.

Chief Financial Officer

Jonathan Swiatkowski presented key statistics and performance drivers for August. The financial performance in August was driven by volume. There was a decrease in discharges, surgeries and outpatient visits. ALC patients increase leading to a higher length of stay than budget and last year. Acute Case Mix Index was higher than planned, up 9%. The number of observation patients was also higher than budgeted. August financial performance showed a net loss of $4.6M. Mr. Swiatkowski reported days operating cash on hand between 4 and 11 and summarized the latest updates from NYS. A brief presentation was given on the 2026 Operating and Capital Budget. Discussion followed regarding performance improvement initiatives and emerging issues and risk areas.

V. Standing Committees

a. **Executive Committee:** Mr. Russi reported on the Executive Committee meetings which met in August and September

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

c. **Audit Committee:** Darby Fishkin gave a summary on the last Audit Comittee meeting.

d. **Quality Improvement and Patient Safety Committee:** Michael Hoffert reported on the Wound Care Center, HIS and EPIC and Surgical Services.

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 5:47p.m. to consider legal contractual matters made confidential by law.
Motion approved unanimously

Reconvene in Open Session

Moved by Reverend Kinzer Pointer and seconded by Reverend Mark Blue to reconvene in Open Session at 6:03 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 6:11pm.

Sharon L. Hanson
Corporation Secretary

Resolution Approving the
2026 Operating and Capital Budgets of the Corporation

Approved September 23, 2025

WHEREAS, the Corporation is required by New York Public Authorities Law to prepare and submit an operating and capital budget annually no later than ninety (90) days before the commencement of the Corporation's fiscal year, on January 1; and

WHEREAS, New York law and regulations set forth the various elements of an acceptable budget process and require that an approved budget be publicly filed no later than September 30, 2025 this year; and

WHEREAS, the Corporation's management team has prepared operating and capital budgets for the year 2026 in accord with regulatory requirements, has presented those budgets, and the assumptions upon which they are based, to the Finance Committee of the Board of Directors on September 16, 2025 and the Finance Committee is recommending approval of the budgets as presented; and

WHEREAS, the Corporation Board of Directors received the operating and capital budgets in advance of the September 23, 2025 regular meeting and a presentation on these budgets was completed at the Corporation's regular meeting of the Board of Directors on September 23, 2025;

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

1. The 2026 Operating and Capital budgets of the Corporation as presented to the Board of Directors on September 23, 2025 are approved.

2. The Corporation is directed to timely file these budgets in accordance with applicable law and regulation.

3. This resolution shall take effect immediately.

Sharon L. Hanson
Corporation Secretary

Erie County Medical Center Corporation
Executive Conference Room/Teams Meeting

MINUTES

Credentials Committee Meeting
August 7, 2025

Present: Dr. Yogesh Bakhai, Chairman, Dr. Siva Yedlapati, Dr. Samuel Cloud, Dr. Mandip Panesar, Dr. Richard Hall, Dr. Victor Vacanti (via Teams), Rebecca Buttaccio, PA, Chris Resetarits, CRNA

Excused: Dr. Thamer Qaqish, Dr. Lakshpaul Chauhan, Dr. Ashvin Tadakamalla

Guests: Dr. Kimberly Wilkins

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 July 3, 2025 meeting were reviewed and approved.	A motion was made by Dr. Mandip Panesar and unanimously carried to approve the minutes of the July 3, 2025 meeting as submitted.	Via these minutes, the Credentials Committee recommends same to the Medical Staff Executive Committee.
B. Deceased	**Orthopedic Surgery** Christopher Zielinski, PA-C passed away May 26, 2025.	There will be a moment of silence at the Medical Executive Committee to recognize him.	None
C. Applications Withdrawn/Processing Cessation	None	None	None
D. Automatic Conclusion (Initial Appointment)	None	None	None
E. Name Changes	None	None	None

F. Leave of Absence (6)	**<u>Anesthesiology:</u>** Douglas Brundin, CRNA – medical leave – RTW 10/22/2025 Jessica Kazmierczak, CRNA – maternity – RTW 10/17/2025 **<u>Internal Medicine:</u>** Syed Abdullah, MD – Visa – RTW TBD Mahmoud Fenire, MD – FMLA – RTW 09/01/2025 Mayram Saleemi, MD – maternity – RTW 10/06/2025 **<u>Orthopedic Surgery:</u>** Andrea Castonguay, PA – maternity – RTW 09/29/2025	Noted	Informational purposes only
G. Resignations (7)	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
Asmah Shalfie, PA-C	Emergency Medicine	• UEMS • Working at KH & VA only • Confirmed via email	N/A	07/14/2025	04/23/2024
Kimberly Fedkiw, FNP	Internal Medicine	• S&K • Left practice • Confirmed via email	N/A	06/30/2025	10/26/2006
Gurmat Gill, DO	Internal Medicine	• UBMD • Leaving practice plan • Confirmed via email	N/A	06/30/2025	09/28/2021

Daniel Miori, PA-C	Internal Medicine – Palliative Care	• ECMC • Retired • Confirmed via email	N/A	08/01/2025	04/26/2022
Kaitlyn Tytka, PA-C	Internal Medicine	• GPPC • No longer at ECMC • Confirmed via email	N/A	07/17/2025	02/27/2024
Tammas Kelly, MD	Psychiatry	• UPP • Retiring • Confirmed via email	N/A	07/31/2025	05/05/2021
Wendy Zimmer, MD	Radiology	• GLMI • Leaving practice plan • Confirmed via email	N/A	07/31/2025	10/29/2019
III. CHANGE IN STAFF CATEGORY					
	None				
IV. CHANGE/ADDITION Collaborating/Supervising (2)					
A. Meghan Ballou, PA-C	<u>Emergency Medicine:</u> • Changing from Dr. Kruse to Dr. Tanaka		Noted	For informational purpose only	
B. Sunghoon Jung, NP	<u>Family Medicine/Chemical Dependency:</u> • Changing from Dr. Wilkins to Dr. Wilber. Will be per diem moving forward		Noted	For informational purposes only	
V. CHANGE DEPARTMENT/ PRIVILEGE ADDITION/ REVISION (1)					
A. Natasha Petersen, PA-C	<u>Emergency Medicine</u> • Adding Family Medicine/Chemical Dependency • Supervising MD: Dr. Wilber		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 Staff Executive Committee.	

			Notification to Revenue Cycle & Decision Support upon approval of the Board.
VI. PRIVILEGE WITHDRAWAL			
	None	None	None
VII. UNACCREDITED FELLOWSHIPS (2)			
	<u>Surgery</u> *Holly Johnson, MD*: Endoscopy unaccredited Fellowship. Application is complete and start date was 08/01/2025. **<u>Bariatric Surgery</u>** *Caitlin McGee, MD:* Unaccredited Fellow for bariatric surgery. Unaccredited Fellow application is complete and the start date was 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. Full application or active status anticipated to go the September meeting for General Surgery.	Noted Noted	Noted Noted
VIII. INITIAL APPOINTMENTS (12)			
Deixy Nasrin, CRNA Anesthesiology	• Saint Mary's University of Minnesota Master of Science October 2010 • Time gap – primary care giver for sick family member and studied for boards October 2010 to April 2012	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.

	• CRNA – Buffalo General April 2012 to May 2017, Sister's of Charity June 2017 to March 2020, Mercy Hospital of Buffalo April 2020 to May 2023, Strong Memorial June 2023 to September 2023, Mercy Hospital of Buffalo (per diem) October 2023 to present and Unity Hospital/Rochester General (per diem) January 2024 to present. • Joining ECMC as Locum Tenen Trusted Talent NBCRNA certified		Notification to Revenue Cycle and Decision Support upon approval of the Board.
Evbuosa (Hanny) Ogebor, CRNA Anesthesiology	• State University of New York at Buffalo Doctor of Nursing Practice Nurse Anesthetist June 2023 • Time gap – got married and relocated to Peekskill, NY, spearheaded a non-governmental organization (NGO) in Nigera which involved a lot of travel, research and coordination with local entities July 2023 to present • NBCRNA certified	There is a gap in her clinical history. She graduated from her training program, but has never practiced. If the Committee is to consider this applicant, the Department of Anesthesia will need to develop a comprehensive on-boarding plan featuring a period of direct supervision with appropriate competency assessments.	TABLED. Will await decision as to whether the Department has the capacity to appropriately onboard this applicant at this time.

Daren Grabowski, PA-C Emergency Medicine	• Canisius University Master of Science Physician Assistant Studies May 2025 • Time gap – sat for boards, applied for license and credentialing May 2025 to August 2025 • Joining UEMS August 15, 2025 • Supervising Physician – Dr. Marta Plonka (1PA) NCCPA 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.
Jessica Kuhn, PA-C Emergency Medicine	• Daemen University Physician Assistant Studies May 2025 • Time gap - sat for boards, applied for license and credentialing May 2025 to August 2025 • Joining UEMS August 15, 2025 • Supervising Physician – Dr. Marta Plonka (2PA) • NCCPA 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.
Emily MacFarlane, AGNP Emergency Medicine	• Daemen College Master of Science Nurse Practitioner January 2021 • Critical Care Registered Nurse Kenmore Mercy June 2015 to March 2021 • Emergency Medicine Nurse Practitioner UEMS at Erie County Medical Center April 2021 to June 2024 • Orthopaedic Nurse Practitioner Complete Care Spine Office Tampa, FL, August 2024 to present	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.

	• Returning to Buffalo September 20, 2025 rejoining UEMS • Collaborating Physician – Dr. Kaori Tanaka (2PA) • ANCC certified		
Charlyn Meredith, PA-C Family Medicine - Addictions	• D'Youville College Bachelor and Master of Science Physician Assistant December 2016 • IRA Specialist (non-clinical) with Southeast Community Works/People Inc July 2014 to March 2017 • Physician Assistant – Infinity Medical/GPPC Hospitalist March2019 to present, UBMD Internal Medicine Buffalo General Hospital March 2017 to present, ECMC Rental Transplant August 2018 to March 2019, Bryant & Stratton Adjunct Instructor January 2019 to February 2020, Buffalo Medical Group January 2019 to February 2020 and MASH Urgent Care (per diem) August 2017 to November 2018 • Joining UBMD Family Medicine Addictions (per diem) August 25, 2025, temporary privileges for immediate patient need • Supervising Physician – Dr. Kimberly Wilkins (3PA/1NP) • NCCPA 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.

Xiaolong Wang, MD Family Medicine	• State University of New York at Buffalo MD June 2022 • Jacobs School of Medicine Family Medicine Residency June 2022 to June 2025 • Hired by Apogee Physicians July 2025 • American Board of Family Medicine eligible, sitting spring 2025	After significant discussion, it was determined that Dr. Wang will be invited to the September 2025 Credentials Committee meeting to answer any questions or concerns that may have arisen after review of his application.	This application is TABLED until the September meeting when Dr. Wang will be interviewed by the Credentials Committee.
Mahmoud Elamin, MD Internal Medicine	• University of Khartoum MBBS April 2018 • Time gap – seeking employment and waiting for internship to start April 2018 to September 2018 • University of Khartoum Clinical Tutor October 2018 to February 2022 • Federal Ministry of Health – Sudan, Clinical Intern November 2019 to December 2020 and Medical Officer December 2020 to November 2021 • ECFMG certified June 2021 • Senior House Officer Cork University Hospital – General Surgery January 2022 to June 2022 • Jacobs School of Medicine Internal Medicine Resident June 2022 to June 2025 • Joining Apogee Physicians August 13, 2025 temporary privileges to be granted 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. Notification to Revenue Cycle and Decision Support upon approval of the Board.

	• American Board of Internal Medicine eligible, sitting August 2025		
Kelsey Won, DDS Oral & Maxillofacial Surgery	• University of Alberta DDS June 2020 and General Practice Residency July 2020 to May 2021 • University of Toronto Oral & Maxillofacial surgery Residency July 2021 to June 2025 • Joining UB Oral & Maxillofacial Surgery, temporary privileges granted July 31, 2025 for immediate patient need • American Board of Oral & Maxillofacial Surgery eligible, sitting February 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.
Dustin Morgan, MD Orthopedic Surgery	• Mercer University School of Medicine MD May 2018 • Time gap standard break between medical school and residency May 2018 to June 2018 • Orlando Health Program General Surgery Internship July 2018 to June 2019 • Jacobs School of Medicine Orthopaedic Surgery Residency June 2019 to June 2024 • Time gap standard break between residency and fellowship July 2024 to August 2024 • Rutgers New Jersey Medical School Orthopaedic Trauma	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.

	Fellowship August 2024 to July 2025 • Joining UB Orthopaedics September 2025 • American Board of Orthopedic Surgery eligible		
Matthew Kabalan, MD Otolaryngology	• State University of New York at Buffalo MD June 2019 • Jacobs School of Medicine Otolaryngology Residency June 2019 to June 2024 • Cleveland Clinic Advanced Rhinology and Skull Base Fellowship July 2024 to June 2025 • Time gap – vacation and credentialing process with UBMD and ECMC July 2025 to September 2025 • Joining UBMD Otolaryngology September 1, 2025 American Board of Otolaryngology – Head and Neck Surgery 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.
Dylan Tanzer, MD Surgery	• Sackler School of Medicine MD May 2018 • ECFMG certified May 2018 • Time gap standard break between medical school and residency May 2018 to June 2018 • Jacobs School of Medicine Surgery Residency June 2018 to 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.

	• Time gap standard break between residency and fellowship July 2023 to August 2023 • University of Miami Jackson Memorial Hospital Surgical Critical Care August 2023 to July 2024 and Trauma & Surgical Critical Care August 2024 to July 2025 • Joining USI September 2025 American Board of Surgery and Surgical Critical Care certified		
X. Temporary Privileges (1)	<u>Oral & Maxillofacial Surgery</u> Dr. Kelsey Won Issued 07/31/2025	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 (38)	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
Garfoot, John MD	**Anesthesia**	Active	
Canallatos, Paul DDS, MD	**Dentistry**	Active	
Colebeck, Amanda DDS	Dentistry	Active	
McLean, Terrence, DDS	Dentistry	Active	
Sullivan, Maureen DDS	Dentistry	Active	
Krolczyk, Steven PA-C Supervising MD: Manka	**Emergency Medicine**	AHP	
Montgomery, John PA-C Supervising MD: Kaisler	Emergency Medicine	AHP	
Pugh, Jennifer MD	Emergency Medicine	Active	
Jung, Sunghoon NP Collaborating MD: Wilkins	**Family Medicine**	AHP	**Privilege Addition:** Family Medicine Chemical Depdendency Privileges Level II *Routine Management of Substance Abuse & Chemical Dependence* • Basic Substance Intoxication • Basic Substance Withdrawal • Basic Individual & Group Treatment Modalities *Management of Complex Substance Abuse & Chemical Dependence* • Advanced Substance Intoxication • Advanced Substance Withdrawal • Advanced Individual & Group Treatment Modalities
Kor, Carolyn MD	Family Medicine	Active	
Lynch, Derek PA-C Supervising MD: Barkowski	Family Medicine	AHP	
Marzullo, Shannon ANP Collaborating MD: Evans	Family Medicine	Active	
Besseghini, Lara ANP Collaborating MD: Sridhar	**Internal Medicine**	AHP	
Dunn, Bethany PA-C Supervising MD: M. Kahn	Internal Medicine	Active	
Duve, Robert MD	Internal Medicine	Active	
Glover, Robert MD	Internal Medicine	Active	

Steinagle, Gordon DO MPH	Internal Medicine	Active	
Stephenson, Amy FNP Collaborating MD: Achakzai	Internal Medicine	AHP	
Block, Sandra MD	**Neurology**	Active	
Jancevski, Alicia PA-C Supervising MD: Castiglia	**Neurosurgery**	AHP	
Varer, Margarita DDS MD	**Oral & Maxillofacial Surgery**	Active	
Bradley, Steven PA-C Supervising MD: Cole	**Orthopedic Surgery**	AHP	
Kowalski, Joseph MD	Orthopedic Surgery	Active	
Hussain, Nusrat MD	**Pathology**	Active	
Amin, Shaily MD	**Psych & Behavioral Medicine**	Active	
Camp, Charles MD	Psych & Behavioral Medicine	Active	
Fleming, Stacy PMHNP Collaborating MD: Leo	Psych & Behavioral Medicine	AHP	
Devinalini, Misir MD	Psych & Behavioral Medicine	Active	
Yu, Hong MD	Psych & Behavioral Medicine	Active	
Baum, Phillip MD	**Radiology**	Active	
Hare, Jeffrey MD	Radiology	Active	
Krakowski, David MD	Radiology	Active	
Paul, David MD	Radiology	CR&F	
King, Shannon PSYD	**Rehab Medicine**	Active	
Miller, Paula PA-C Supervising MD: Pell	**Surgery**	AHP	
Koenig, Claudia PA-C Supervising MD: El-Ashry	**Thoracic/Cardiovascular Surgery**	AHP	
Chevli, K. Kent MD	**Urology**	Active	
Bold highlighted names are reappointment dates that will be changed to align with Kaleida			

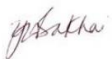
X. AUTOMATIC CONCLUSION	Reappointment Expiration		
1st Notice (2)	**Internal Medicine** • Celene Cannon-Tinder, FNP – letting privileges expire 10/31/2025 **Radiology – VRAD** Mark Lanoue, MD – letting privileges expire 10/31/2025 per VRAD	For informational purposes.	None necessary.
2nd Notice (1)	None	For informational purposes.	None necessary.
3rd Notice (1)	**Phys Medicine & Rehab Medicine:** • Daniel Salcedo, MD - letting privileges expire 08/31/2025	For informational purposes.	None necessary.
XI. PROFESSIONAL PRACTICE EVALUATIONS			
OPPE	Completed: Surgery	54 providers, no opportunities identified	Will continue to monitor.
FPPE	13 FPPEs were completed.	One (1) opportunity in Internal Medicine was noted.	FPPEs will be re-evaluated in 3 months
Tracking/Trending	None	None	None
XII. OLD BUSINESS			
Expirables	Expirables were reviewed and discussed with the Credentials Committee. There are no outstanding documents at the present time. Some items become due over the next week.	Follow-up continues to obtain the outstanding documents.	For informational purposes

DEA, License, Boards	**August 2025:** DEA: 11 License: 11 Boards: 0 **September 2025:** DEA: 19 License: 30 Boards: 1 (ANCC – online says in process)	No action is necessary at this time.	For informational purposes
Hannah Lapides, PMHNP	It was recommended by both 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 (AHP) Staff at ECMC. This issue was forwarded to the Medical Executive Committee, which agreed with this opinion.	An official letter was mailed via Certified/Return Receipt to Ms. Lapides on 07/28/2025.	None.
MD Staff Update	This project is slowly moving forward. Currently, there has been an issue with ECMC accessing the program. It is an SSO issue and MD Staff is trying to help them deal with it. A presentation was provided at a recent meeting on what the application will look like from the provider end and how we process it going forward. It is very user friendly and will be a great improvement for efficiency for us once it is up and running.	None.	Cheryl will continue to update the Credentials Committee as more information becomes available.
Boards	Dr. Michael Manka and Cheryl Carpenter met with Dr. Gokhale regarding his lapse in Board Certification. Dr. Manka was very clear on what was expected in this situation. Dr. Gokhale promised an update for last Friday, but it was not received. He should have received a response from them to be sent to us prior to this meeting – but no response has been received. He is under the impression that the Board will reinstate him without him being required to sit for the Board exam again. He does not want to lose his privileges here at ECMC. It was suggested that Dr. Beth Smith be contacted so she is aware of the situation with Dr. Gokhale and his privileges.	Drs. Bakhai and Cloud will reach out to Dr. Smith to bring her up to speed on the situation.	An update will be provided to the Committee as soon as new information is available.

	Dr. Yedlapati noted that Dr. Ercan Sozen has not yet taken his Boards. He is sitting this August, which is not quite 4 years. If he passes, we will be all set.	Tara to reach out to Dr. Sozen to get the actual sitting date for his Board exam.	Dr. Yedlapati will update the Committee if Dr. Sozen passes his Boards.
XIII. NEW BUSINESS			
Expired DEA	Dr. Amy Bryan allowed her DEA to expire as of 07/31/2025. It was noted that she works in the student clinic and does not prescribe controlled substances. She will be at the Clinic next Tuesday, Dr. Hall will connect with her there.	As per Medical Staff Bylaws, on 08/01/2025 Dr. Bryan was notified that she will be given 60 days to rectify this situation or voluntarily resign.	Dr. Hall will update the Committee after he sees her at the student clinic next week.
Bylaws Revision	We are going to be looking at our current Bylaws. We have realized as we have been working with MDStaff that Kaleida and Alleganey use the actual Board dates in their Bylaws, i.e. if the American Board of Orthopedic Surgery says 7 years to get Boarded, their Bylaws say 7 years. Our current Bylaws say 4 years – no matter what the Boards say. It has been suggested that we follow whatever timeframe the Boards do.	This topic will be brought to MEC and it would be a Bylaws change.	Cheryl Carpenter will add to the agenda for discussion with Horty Springer Mattern during our Bylaws Review.
Rehab Medicine AHP Privilege Form Update	Form has been updated & was provided to the Committee for review and endorsement.	Form was approved by the Credentials Committee and recommend same to Medical Executive Committee.	**Form will be distribution to the MEC for review prior to the meeting.**

Otolaryngology Physician DOP	Form has been updated & was provided to the Committee for review and endorsement.	Form was approved by the Credentials Committee and recommend same to Medical Executive Committee.	**Form will be distributed to the MEC for review prior to the meeting.**
XIV. ADJOURNMENT	There being no further business to discuss, the meeting was adjourned at 3:38 pm.		

Respectfully submitted,



Yogesh Bakhai, MD
Chair, Credentials Committee

Erie County Medical Center Corporation
Executive Conference Room/Teams Meeting

MINUTES

Credentials Committee Meeting
September 4, 2025

Present: Dr. Yogesh Bakhai, Chairman, Dr. Siva Yedlapati (via Teams), Dr. Samuel Cloud, Dr. Mandip Panesar, Dr. Richard Hall, Dr. Victor Vacanti, Dr. Lakshpaul Chauhan, Dr. Ashvin Tadakamalla, MD, Dr. Thamer Qaqish (via Teams), Rebecca Buttaccio, PA, Chris Resetarits, CRNA

Agenda Item	Discussion	Action	Follow-up
I. CALL TO ORDER	Dr. Bakhai called the meeting to order at 3:05 pm.		
II. ADMINISTRATIVE			
A. Minutes	Minutes from the August 7, 2025 meeting were reviewed and approved.	A motion was made by Dr. Richard Hall and unanimously carried to approve the minutes of the August 7, 2025 meeting as submitted.	Via these minutes, the Credentials Committee recommends same to the Medical Staff Executive Committee.
B. Deceased	None		None
C. Applications Withdrawn/Processing Cessation	None	None	None
D. Automatic Conclusion (Initial Appointment)	None	None	None
E. Name Changes	None	None	None
F. Leave of Absence (8)	**Anesthesiology:** Jessica Kazmierczak, CRNA – maternity – RTW 10/17/2025 Raymond Masters, CRNA – paternity – RTW 11/13/2025	Noted	Informational purposes only

	<u>Internal Medicine:</u> Mahmoud Fenire, MD – FMLA – RTW 09/30/2025 Meghan Rochester, MD - maternity – RTW 10/21/2025 Sarah Sadek, MD – maternity – RTW 01/15/2026 Maryam Saleemi, MD – maternity – RTW 10/06/2025 **<u>Orthopedic Surgery:</u>** Andrea Castonguay, PA – maternity – RTW 09/29/2025 **<u>Psych & Behavioral Health:</u>** Joan Canzoneri, PMHNP – medical – RTW 09/09/2025		
G. Resignations (10)	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
Caitlin Lafferty, ANP	Family Medicine	• Family Choice • Took position as traveling NP • Confirmed via email	N/A	08/29/2025	09/26/2023
Erin Davis, FNP	Internal Medicine	• GSS • Leaving practice plan • Confirmed via email	N/A	08/12/2025	10/22/2024
Peter Elkin, MD	Internal Medicine	• CR&F • Confirmed via email	N/A	08/18/2025	02/25/2014

Uri Goldberg, MD	Internal Medicine	• Apogee • No longer with ECMC • Confirmed via email	N/A	09/02/2025	12/03/2024
M. Reza Samie, MD	Neurology	• UBMD • Retiring • Confirmed in email	Joined staff in 1982. Asking for Emeritus status	08/31/2025	03/25/1982
James Egnatchik, MD	Neurosurgery	• Buffalo Neurosurgery • Was Associate staff – "never comes here" • Confirmed in email	N/A	09/02/2025	06/05/86
Fred Rodems, DDS	Oral & Maxillofacial Surgery	• Grider Dental Services • Retiring • Confirmed via email	N/A	09/01/2025	05/28/1984
Hannah Lapides, PMHNP	Psychiatry	• UPP • Letter sent; confirmed in phone call with Cheryl Carpenter	N/A	07/25/2025	09/26/2017
Patricia MacFarlane, MD	Radiology	• VRAD • No longer reading for ECMC • Confirmed via email	N/A	08/20/2025	05/25/2021
Laim Knott, MD	Surgery	• USI • Going to CHS • Confirmed in email	N/A	08/31/2025	10/26/2021
III. CHANGE IN STAFF CATEGORY (1)					
A. Remon Bebawee, MD	**<u>Internal Medicine:</u>** • Changing from Active Staff to Courtesy, Refer & Follow				
IV. CHANGE/ADDITION Collaborating/Supervising (3)					
A. Nicole Haseley, ANP	<u>Internal Medicine:</u> • Changing from Dr. Von Visger to Dr. Farry		Noted	For informational purpose only	

B. Jenna Walden, ANP	<u>Internal Medicine:</u> • Changing from Dr. Von Visger to Dr. Kareem	Noted	For informational purposes only
C. David Joslyn, PA-C	<u>Orthopedic Surgery:</u> Changing from Dr. Ritter to Dr. Falcone	Noted	For informational purposes only
V. CHANGE DEPARTMENT/ PRIVILEGE ADDITION/ REVISION (3)			
A. Francesca Linde, FNP	<u>Emergency Medicine</u> • Adding Family Medicine Chemical Dependency • Adding Chemical Dependency Privileges & Level 1 Core Privileges • Supervising MD: Dr. Wilkins	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 Staff Executive Committee. Notification to Revenue Cycle & Decision Support upon approval of the Board.
B. Christopher Zent, FNP	<u>Emergency Medicine</u> • Adding Family Medicine Chemical Dependency • Adding Chemical Dependency Privileges & Level 1 Core Privileges • Supervising MD: Dr. Wilkins	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 Staff Executive Committee. Notification to Revenue Cycle & Decision Support upon approval of the Board.

C. Alexander Hrycko, MD	Internal Medicine – Apogee • Adding Infectious Disease • Level 1 Core & Consultation • Boarded in Infectious Disease	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 Staff Executive Committee. Notification to Revenue Cycle & Decision Support upon approval of the Board.
VI. PRIVILEGE WITHDRAWAL (1)			
A. Alexandra Peters, PA-C	**Emergency Medicine** • Withdrawing moderate sedation • Only works per diem • Approved by Dr. Pugh	Noted	Noted
VII. UNACCREDITED FELLOWSHIPS (1)			
	Rehab Medicine Steven Pierpaoli, PsyD Start date: 09/01/2025 Dr. Keenan-Uschold will supervise Dr. Pierpaoli during the Unaccredited Fellowship. A new policy is being developed to allow for this program.	Noted	Noted
VIII. INITIAL APPOINTMENTS (14)			
Joanna Aiken, DO Anesthesiology	• Lake Erie College of Osteopathic Medicine May 2015 • Jacobs School of Medicine Anesthesiology Residency June 2015 to June 2019 • Brigham and Women's Hospital Harvard Medical School Clinical Fellow in Critical Care Medicine July 2019 to July 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.

	• Attending Anesthesiologist – Brigham & Women's Hospital August 2019 to June 2020, NYU Langone health August 2020 to May 2024, Surgical Intensivist November 2024 to present, and Mercy Hospital of Buffalo May 2024 to present • Trusted Talent Locum • Temporary privileges granted September 1, 2025 American Board of Anesthesiology certified		Notification to Revenue Cycle and Decision Support upon approval of the Board.
Travis Blanton, MD Anesthesiology	• Northeast Ohio Medical University May 2019 • Jacobs School of Medicine Anesthesiology Residency June 2019 to June 2023 • Case Western Reserve University Fellowship in Pain Management July 2023 to June 2024 • Jacobs School of Medicine Adult Cardiothoracic Anesthesiology August 2024 to July 2025 • Per Diem Anesthesiologist – Kaleida Health and VA of WNY October 2023 to present • Trusted Talent Locum • Temporary privileges granted September 1, 2025 • American Board of Anesthesiology 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.

Evbuosa (Hanny) Ogebor, CRNA Anesthesiology	• State University of New York at Buffalo Doctor of Nursing Practice Nurse Anesthetist June 2023 • Time gap – got married and relocated to Peekskill, NY, spearheaded a non-governmental organization (NGO) in Nigera which involved a lot of travel, research and coordination with local entities July 2023 to present • NBCRNA certified	The on-boarding plan for Ms. Ogebor was presented to the Committee. She will be treated like a "student" CRNA initially – with all the supervision, training, and hands-on experience that requires. For the first month, she will be working with a veteran CRNA & supervised by an Anesthesiologist as needed. It was noted that if a student evaluation is being used, FPPE is required and is no less than 3 months. If she is displaying consistency, then she will be deployed as a regular CRNA. If she is doing well, that update should be brought back to this Committee. 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. **EXTRACT FOR MEC**
Eric Pelkey, CRNA Anesthesiology	• State University of New York at Buffalo Doctor or Nursing Practice Nurse Anesthetist June 2023 • Time gap – sat for boards and credentialing process June 2023 to August 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.

	• CRNA – VA of WNY August 2023 to present and Southtowns Surgery Center per diem April 2025 to present • Trusted Talent Locum • Temporary privileges granted September 1, 2025 NBCRNA certified		Notification to Revenue Cycle and Decision Support upon approval of the Board.
James Russillio, CRNA Anesthesiology	• State University of New York at Buffalo Doctor or Nursing Practice Nurse Anesthetist June 2021 • Time gap – worked as ICU RN at VA of WNY May 2012 to July 2021 • CRNA – VA of WNY July 2021 to present, Eye Health Associates March 2023 to November 2023, and 716 Northtown Ambulatory Surgery Center December 2024 to present • Trusted Talent Locum • Temporary privileges granted September 1, 2025 • NBCRNA 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.
Shikhar Soni, MD Anesthesiology	• Ross University February 2000 • ECFMG certified February 2000 • Time gap – vacation February 2000 to June 2000 • Prince George's Hospital Center Internal Medicine Residency July 2000 to June 2001 • The George Washington University Anesthesiology Residency July 2001 to June 2004	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.

	• Staff Physician Washington Hospital Center June 2004 to June 2005 • University of Florida College of Medicine Critical Care Medicine Fellowship July 2005 to June 2006 • Locum Tenen and Staff Physician July 2006 to August 2010 • Assistant Professor and Anesthesiologist Bethesda Naval Hospital September 2010 to March 2013 • Anesthesiologist Baltimore VA Maryland Health Care System March 2013 to September 2014 and Syracuse VA Medical Center September 2014 to August 2024 • Quest Locum Tenens January 2022 to present • American Board of Anesthesiology certified		
Masroor Syed, MD Anesthesiology	• King Edward Medical University November 1976 • House Surgeon – Mayo hospital Lahore Pakistan November 1976 to July 1977 • Medical Officer – Ministry of Health, Iran August 1977 to March 1981 • Trainee Appointments in General Surgery in Great Britain April 1981 to December 1989 • Bronx Lebanon Hospital Center Surgery Residency January 1990 to December 1990	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.

	• The Brookdale Hospital Medical Center Anesthesiology Residency January 1991 to June 1991 • Jacobs School of Medicine Anesthesiology Residency July 1991 to December 1993 and Advanced Training in Cardiovascular Anesthesiology Fellowship January 1994 to December 1994 • Anesthesiology – Bluefield Regional Medical Center (WV) January 1995 to December 1995, Northside Hospital (FL) January 1996 to August 2000, Erie County Medical Center (NY) August 2000 to September 2020, Kingston Hospital (NY) November 2020 to December 2020, Rochester General Hospital (NY) January 2021 to September 2021, Suburban Hospital (NY) September 2021 to July 2023 • Time gap credentialing September 2020 to November 2020 • Per-Diem Suburban Hospital and Niagara Falls Memorial July 2023 to present • Hired by Preferred Physician Care, PC August 2025 • Temporary privileges granted August 8, 2025 • American Board of Anesthesiology certified		

Alexander Carlson, DO Family Medicine	• Lake Erie College of Osteopathic Medicine May 2022 • Jacobs School of Medicine Internal Medicine Residency June 2022 to June 2025 • Time gap – vacation July 2025 to September 2025 • Hired by GPPC Sub Acute Care will work at TerraceView • American Board of Internal 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.
Xiaolong Wang, MD Family Medicine	• State University of New York at Buffalo MD June 2022 • Jacobs School of Medicine Family Medicine Residency June 2022 to June 2025 • Hired by Apogee Physicians July 2025 • American Board of Family Medicine eligible, sitting spring 2025	Dr. Wang attended the Credentials Committee meeting to answer any questions/concerns the Committee may have relative to red flags noted in his initial appointment. There was significant discussion. He will be employed by Apogee and be under a 90 day probation. A 360 evaluation will be conducted continually – looping in RNs, unit managers, discharge planners, etc. to ensure that all facets of his work and personal interactions are being reviewed in an on-going basis during this time. If any similar behavior repeats itself, it will result in termination.	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. **EXTRACT FOR MEC**

		The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	
Raad Alhaj Tahtouh, MD Internal Medicine	• University of Damascus Faculty of Medicine June 2015 • Time gap applying for Residency program June 2015 to August 2015 • Red Crescent Hospital Internal Medicine Residency August 2015 to January 2018 • Damascus Hospital Al-Bassel Heart Institute Cardiology Fellowship January 2018 to February 2019 • ECFMG certified August 2022 • Hamad Medical Corporation Internal Medicine Residency February 2019 to June 2023 • Time gap – visa delay, stayed at Hamad Medical Corp two months working June 2023 to September 2023 • Jacobs School of Medicine Nephrology Fellowship September 2023 to August 2025 • Hired by UBMD Nephrology American Board of Internal Medicine – ineligible until accepted into International Pathway	An application to ABIM was submitted for special consideration to Pathway A. Dr. Murray will present this at MEC. 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. **EXTRACT FOR MEC**

Christine Oliveri, PA-C Internal Medicine	• Daemen College Master of Science Physician Assistant May 2020 • Time gap – vacation, traveling June 2020 to November 2020 • Physician Assistant Primary Care November 2020 to November 2022 and Emergency Medicine December 2022 to present • Joining Grider Support Services Internal Medicine Palliative Care September 2025 • Supervising Physician – Dr. Anne Banas NCCPA 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.
Kim Dobson-Callahan, MD Psychiatry	• State University of New York at Buffalo MD June 1988 • Children's Hospital of Buffalo Pediatric Residency July 1988 to June 1990 • University of Pennsylvania Medical Center Psychiatry Residency June 1990 to June 1992 • Jacobs School of Medicine Child and Adolescent Psychiatry Fellowship July 1992 to June 1994 • Staff Psychiatrist at multiple locations in Buffalo, NY July 1994 to June 2014 including ECMC January 1998 to January 2013 • Staff Psychiatrist at multiple locations in Atlanta, GA January	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.

	2014 to current, private practice January 2018 to present • Hired by UPP to work as a consulting liaison 3 days a week with Dr. Leo for 1 year and then transition to child psychiatry • Temporary privileges granted September 2, 2025 • American Board of Child and Adolescent Psychiatry certified		
Joshua Burk, MD Surgery	• University of Missouri May 2015 and General Surgery Internship July 2015 to June 2016 • Time gap – end of medical school waiting for internship to start, May 2015 to June 2015 • Jacobs School of Medicine General Surgery Residency June 2016 to June 20022 • Time gap – end of residency waiting for fellowship to start, June 2022 to July 2022 • Case Western Reserve University School of Medicine Vascular Surgery Fellowship August 2022 to July 2024 • Hospital Marie-Lannelongue Paris, France, Advanced Aortic Surgery and Complex Endovascular Therapy Fellowship sponsored by University at Buffalo January 2025 to June 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.

	• Jacobs School of Medicine Clinical Assistant Professor August 2024 to present • Joining USI temporary privileges being requested based on pendency to assist in the Wound Care Center September 9, 2025 American Board of General Surgery and Vascular Surgery certified		
Caitlyn McGee, MD Surgery	• State University of New York at Buffalo MD June 2019 • Jacobs School of Medicine General Surgery Internship and Residency June 2019-June 2025 • Hired by USI and an Unaccredited Fellow for Bariatric Surgery American Board of Surgery 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.
X. Temporary Privileges (8)	• Joanna Aiken, MD Anesthesiology 9/1/2025 • Travis Blanton, MD Anesthesiology 9/1/2025 • Eric Pelkey, CRNA Anesthesiology 9/1/2025 • James Russillio, CRNA Anesthesiology 9/1/2025 • Deixy Nasrin, CRNA Anesthesiology 9/1/2025 • Dustin Morgan, MD Orthopaedic Surgery 9/1/2025 • Matthew Kabalan, MD Otolaryngology 9/1/2025	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.

	Kim Dobson-Callahan, MD Psychiatry 9/2/2025		
IX. REAPPOINTMENTS (45)	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
Phillips, Kristen CRNA	**Anesthesia**	AHP	
Henessey, Kevin ANP Collaborating MD: Evans	**Family Medicine**	AHP	
Joyce, Kelly PA-C Supervising MD: Holmes	Family Medicine	AHP	**Privilege Addition:** Family Medicine: Level II Privileges - Care in the Ambulatory setting, including but not limited to pediatrics
Mann, Kuldeep FNP Collaborating MD: Yedlapati	Family Medicine	AHP	
Mikac, Ryan DO	Family Medicine	Active	
Rana, Shreyas MD	Family Medicine	Active	
Sacks, Dawn ANP Collaborating MD: Evans	Family Medicine	AHP	
Slisz, John PA-C Supervising MD: Williams	Family Medicine	AHP	
Symons, Andrew MD MS	Family Medicine	Active	
Williams, Cassandra MD	Family Medicine	Active	
Abdullah, Syed Maaz MD	**Internal Medicine**	Active	
Achakzai, Muhammad MD	Internal Medicine	Active	**Privilege Addition**: • Internal Medicine Critical Care Level III Advanced Privileges: Gastroesophageal Balloon Tamponade

			• Internal Medicine Critical Care Level III Advanced Privileges: Intracranial Pressure Monitoring
Banas, Anne MD	Internal Medicine	Active	
Bebawee, Remon MD	Internal Medicine	Active	
Craig, Ethan MD	Internal Medicine	Active	
Gould, Erin MD	Internal Medicine	Active	
Jack, Dennis FNP Collaborating MD: Yacoub	Internal Medicine	AHP	
Kuettel, Michael MD PhD	Internal Medicine	Active	
Musielak, Pia PA-C Supervising MD: Glover	Internal Medicine	AHP	Removing Thoracic Cardiovascular Privileges
Noworyta, Joel PA-C Supervising MD: Ly	Internal Medicine	AHP	
Odemuyiwa, Fiyinfolu MD	Internal Medicine	Active	**<u>Withdraw 1 privilege</u>**: Level II: Needle Biopsy, Lymph Nodes
Pittinger, Alexis PSYD	Internal Medicine	AHP	
Shoaib, Bilal MD	Internal Medicine	Active	
Von Visger, Jon MD	Internal Medicine	Active	
Yalamanchili, Sandeep FPN Collaborating MD: Yedlapati	Internal Medicine	AHP	
Ablove, Tova MD	**OB/GYN**	Active	
Gautam, Natasha MD	**Opthalmology**	Active	**<u>Privilege Addition:</u>** • Department of Opthalmology, Posterior Segment: Endophthalmitis Management, injection of intraocular antibiotics & vitreous biopsy • Department of Opthalmology, Oculoplastics: Enucleation, evisceration
Briggs, Evan PA-C Supervising MD: Gurske-Deperio	**Orthopedic Surgery**	AHP	
Clark, Lindsey MD	Orthopedic Surgery	Active	
Daoust, Susan MD	Orthopedic Surgery	Active	
Smolinski, Robert MD	Orthopedic Surgery	Active	
Stegemann, Andrew DO	Orthopedic Surgery	Active	
Thompson, Owen PA-C Supervising MD: Rauh	Orthopedic Surgery	AHP	

Korangy, Elizabeth MD	**Pathology**	Active	
Ondracek, Theodore MD	Pathology	Active	
Lowmaster, Sarah PhD	**Psych & Behavioral Med**	AHP	
Stanislawski, Aimee MD	Psych & Behavioral Med	Active	
Bhatnagar, Akash MD	**Radiology**	Active	
Chong, Kenneth MD	Radiology	Active	
Iqbal, Azher MD	Radiology	Active	
Jednacz, Jeffrey MD	Radiology	Active	
Ragulojan, Ranjan MD	Radiology	Active	**Adding 1 new privilege:** Level 2: Vascular Access
Guo, Weidun MD	**Surgery**	Active	
Harvey, Bethany MD	Surgery	Active	
Scovazzo, Nicole PA-C Supervising MD: Sanders	Surgery	AHP	

Bold highlighted names are reappointment dates that will be changed to align with Kaleida

X. AUTOMATIC CONCLUSION	Reappointment Expiration		
1st Notice	**Family Medicine** Charles Yates, MD – Letting privileges expire 11-30-2025 per email from Partners Medical.	For informational purposes.	None necessary.
2nd Notice	**Internal Medicine** • Celene Cannon-Tinder, FNP – letting privileges expire 10/31/2025 **Radiology – VRAD** Mark Lanoue, MD – letting privileges expire 10/31/2025 per VRAD	For informational purposes.	None necessary.
3rd Notice	None	For informational purposes.	None necessary.

XI. PROFESSIONAL PRACTICE EVALUATIONS			
OPPE	Completed: Internal Medicine	234 providers, 8 opportunities identified	Action taken by COS. Will continue to monitor.
FPPE	21 FPPEs were completed.	No opportunities identified	FPPEs will be re-evaluated in 3 months
Tracking/Trending	One (1) VIP or documentation (Internal Medicine)	None	Noted
XII. OLD BUSINESS			
Expirables	Expirables were reviewed and discussed with the Credentials Committee. Three (3) health assessments for VRAD providers are missing – but they do not physically come into the building. One (1) Apogee Code of Conduct document expired 09/02/2025 and we are awaiting an updated document from that provider.	Follow-up is on-going to maintain compliance	For informational purposes
DEA, License, Boards	**September 2025:** DEA: 8 License: 9 Boards: 0 October 2025 DEA: 12 License: 15 Boards: 1 It is noted that Dr. Eric Sozen sat 08/26/2025. He has until October 2025 to complete within his allotted 4 year timeframe.	No action is necessary at this time.	For informational purposes
MD Staff Update	The MD Staff project is going well for the most part. There have been some issues with mapping privileges over. That is being addressed. Our GoLive date has been moved up 3 months. In that amount of time, we cannot address the CVO concept at this time. Physicians will still only have to complete one (1) application for ECMC and Kaleida and dates will be aligned to the best of our ability. The efficiencies will outweigh the pitfalls we are seeing.	None.	Cheryl will continue to update the Credentials Committee as more information

			becomes available.
Boards	Dr. Gokhale met with the Medical Staff Executive Committee. The Committee decided to allow him to sit for the Boards, but no additional extensions will be granted.	Noted.	Noted.
XIII. NEW BUSINESS			
Family Medicine Privilege Forms	Family Medicine Privilege Forms were reviewed with Dr. Wilkins. Separate NP, PA & MD forms were developed. The core and scope of practice are now the same with NPs and PAs. The forms are in alignment with Kaleida and will be added into the new system.	Forms reviewed and approved.	Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.
ALS vs. ACLS	The Medical Staff Office has been asked if ALS certification can be accepted in place of ACLS. The point of ACLS is to familiarize people who are not doing codes every day. ALS does not include a core competency of ACLS. It is noted that ACLS is required in order for staff to start resuscitation immediately and not wait for the Code Team to arrive. ACLS is the standard for all facilities.	The Committee endorsed keeping ACLS as the standard requirement.	Noted.
Stripe	This payment platform will allow credit card payments, in MD Staff, for reappointments, initial applications and dues. The cost is 2.9% of every total transaction amount, PLUS .30 Loss per transaction: • Reappt- $100- $3.20 pd • Initials- $250- $7.50 pd • Active dues- $300- $9.00 pd • CRF/Associate dues- $170- $5.23 pd • AHP dues- $150- $4.65 pd • Late fee - $250- $7.50 pd	These costs will come out of the charge for reappointments. It will not cost the providers any addition monies. We are turning to a 3 year reappointment cycle once the new system is up and running.	Noted

DocuSign	This will allow Providers to electronically sign documents coming from MD Staff. KH and ECMC received a quote for 2000 envelopes. ($7,360.00) Every document sent out of the system is counted as an envelope. BUT there is no limit to how many documents can go in one envelope. Therefore, we can send directly to practice plans in batches. This will keep the number and cost down slightly.	Noted	Noted
ABMS	This is an automated system that will run Board certification verifications from MD Staff. The MDSO will use the ABMS Direct Connect Select plan. If want to provide efficiencies to the medial staff, we need to pay for them. In order to get this software, we have to comply with the tech specs.	Noted	Noted
Rehab Privilege Form	This rehab privileges form allows for Internal Medicine physicians to function in Rehab Med. These are qualifications & competencies you bring if you are PM&R (Physical Medicine & Rehabilitation) Boarded. There has been a change in the CMS guidelines. There were not enough physicians going to IRF (Inpatient Rehab Facility) so the rules were changed to allow more doctors to pursue this path.	The Committee endorsed the revised Rehab Medicine forms as presented.	Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.
XIV. ADJOURNMENT	There being no further business to discuss, the meeting was adjourned at 4:20 pm.		

Respectfully submitted,

Yogesh Bakhai, MD
Chair, Credentials Committee

ERIE COUNTY MEDICAL CENTER CORPORATION
SEPTEMBER 16, 2025 MEETING MINUTES
EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS
CHIEF MEDICAL OFFICER CONFERENCE ROOM

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

ALSO PRESENT: JOSEPH GIGLIA, JONATHAN SWIATKOWSKI

*VIRTUAL

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

II. Minutes
Motion made by Sharon Hanson, seconded by Darby Fishkin and unanimously passed to approve the minutes of the Executive Committee meeting of August 19, 2025.

III. Hospital Update
General Overview
Dr. Thomas Quatroche reported that the Joint Commission is on-site administering a hospital-wide survey for a three (3) year accreditation. NYS is currently reviewing the hospital's Safety Net Transformation Grant. Discussion followed.

Finances Report
Jonathan Swiatkowski presented key statistics and performance drivers for August. The financial performance in August was driven by volume. There was a decrease in discharges, surgeries and outpatient visits. ALC patients increase leading to a higher length of stay than budget and last year. Acute Case Mix Index was higher than planned, up 9%. The number of observation patients was also higher than budgeted. August financial performance showed a net loss of $4.6M. Mr. Swiatkowski reported days operating cash on hand between 4 and 11 and summarized the latest updates from NYS. A brief presentation was given on the 2026 Operating and Capital Budget. Discussion followed regarding performance improvement initiatives and emerging issues and risk areas.

IV. Adjourn
There being no other business, the meeting was adjourned at 5:11 p.m.

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS
MINUTES OF THE FINANCE COMMITTEE MEETING

TUESDAY, SEPTEMBER 16, 2025 8:30 AM

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

I. CALL TO ORDER

The meeting was called to order at 8:27 AM by Chair Michael Seaman.

II. REVIEW AND APPROVAL OF MINUTES

Motion was made by Darby Fishkin, seconded by Reverand Blue, and unanimously passed to approve the minutes of the Finance Committee meeting of August 19, 2025.

III. AUGUST 2025 OPERATING PERFORMANCE

Mr. Swiatkowski began his presentation by noting that inpatient and outpatient volume variances drove the unfavorable performance during August. He noted an increase in length of stay over last month, and over budget, also continues to contribute, in part due to an increase in ALC patients. Mr. Swiatkowski reported that inpatient and outpatient surgeries continue to be less than budgeted. As a result of these factors combined with ongoing expense variances within FTEs and overtime costs, ECMC recorded an operating loss for the month of approximately $4.6 million as compared to a budgeted loss of $1.6 million.

He noted that while FTEs remain over plan, it is anticipated that the last agency employees within the hospital will have completed their contracts by the end of the year. Hiring efforts have been very positive with well executed nurse recruitment.

ECMC did benefit from some positive investment income during the month, however it was not enough to offset the unfavorable revenue and expense variances and thus there was a deficiency of revenue over expenses after non-operating income.

Mr. Swiatkowski reviewed the overall Year-To-Date performance. While operating revenue over expenses continues to show an unfavorable variance, nonoperating income has exceed expectations. Mr. Swiatkowski noted that after considering all operating losses along with non-operating gains including FEMA payments and investment income, the year-to-date loss of ($12.5) million is better than the budgeted loss of ($18.9) million.

IV. OTHER UPDATES

Mr. Swiatkowski reported that during the month, ECMC's days of operating cash on hand ranged from 4 to 11 days, excluding designated funds. He notified the Committee that ECMC continues to work with New York State on obtaining funding assistance through multiple avenues including grants and the distressed hospital program's VAPAP funding program. He reported that a FEMA payment was received in early September of $795,000, which will be recorded during the month of September.

Mr. Swiatkowski reported that the recoupment related to a DSH/IGT overpayment was expected by September 30, 2025, but had not yet been demanded by NYS. Additionally, the annual 2024 UPL payment is expected to occur in Q4 of 2025.

A conversation was had generally by the Committee regarding ECMC's need for funding, and Mr. Swiatkowski reported that management is cautiously optimistic as there have been continued frequent communications with New York State regarding this issue and Dr. Quatroche emphasized the efforts being undertaken to avoid any major changes to the hospital services provided to the community at ECMC.

V. REVIEW OF 2026 BUDGET

Mr. Swiatkowski presented an introduction to the Corporation's 2026 Draft Operating and Capital budgets. He noted that as ECMC entered the budget process for 2026, the organization continues to be challenged by a growth in observation, high levels of ALC patients, capacity constraints and inflation. 2026 will be the second consecutive year where we will see significant growth in costs specifically related to benefits such as the NYS pension expense and the retiree health program. Additionally, with the implementation of the Epic and Infor systems in 2026, there will be additional investments necessary in those areas. Under these circumstances the 2026 budget includes similar trends but will also include targeted areas of revenue growth from volume and rates and will be rooted in improving operating results through increased efficiencies and interrupting the cost inflation. He noted that the 2026 operating plan target has been set at a ($35) million loss which will maintain a breakeven cash flow year and will need more aggressive initiatives than in years past given the significant financial challenges. These will need to be achieved

in order to continue to provide the mission critical services currently being provided to the community.

Mr. Swiatkowski summarized the steps remaining to complete the 2026 budget process; the proposed 2026 Operating and Capital budgets will be presented to the Board of Directors for formal consideration on September 23, 2025, and upon approval, the approved budget will be filed, certified and posted to the New York State Public Authorities Reporting Information System (PARIS) on or before September 30, 2025.

Mr. Swiatkowski reviewed historical revenue and operating loss trends from 2020 through 2025 and then for the budget for 2026 noting significant growth in revenue over these years as well as overall net improvement in the operating loss over the period. Mr. Swiatkowski also summarized the Key Financial Ratios for the same periods, noting that while cash stays steady during 2026 there is very little margin for cash degradation and ultimately discussions with the NYS VAPAP program will be continuing into and throughout 2026. He noted the other significant changes within the key metrics were that the salaries as a percentage of net patient service revenue have decreased and benefits as a percentage of salaries has increased. He noted that the 2026 budget includes significant increases in benefit costs related to retirement plans but also recognizes a decline in total salary expense as a result of a reduction of approximately 200 full time equivalents.

Mr. Swiatkowski presented the projected and budgeted Statements of Revenues and Expenses for 2025 and 2026, respectively. He noted that as a baseline, a conservative projection was used which reflects a $63 million loss for 2025. He also noted that the 2026 budget anticipates continued growth in revenue both in rate per case as well as volume which brings the total revenue for ECMC to nearly $1 billion for 2026. Also included within the plan is growth in expenses partially offset by a decline in total salary expenses. The budgeted loss for 2026 reflects an operating loss of ($35) million which excludes any NYS or federal support funding.

Mr. Swiatkowski provided a brief overview of ECMC's Statement of Net Position (balance sheet) and noted that cash and investments are expected to remain steady and long term debt was budgeted to remain steady as well, despite the annual debt payments, because of the addition of the Epic related leases and accounting treatment of those leases within that line item.

Mr. Swiatkowski reviewed the volume summary. He noted that the 2026 budget anticipates increases in both inpatient and outpatient surgeries within ENT, general surgery, orthopedics, and medical rehabilitation programs. Growth within outpatient clinics, as a result of new providers and fully staffed hours of operation, was expected, while dialysis services are expected to decrease because of the movement of a prisoner contract to another provider. Mr. Andrew Davis expanded on the discussion surrounding the case mix index,

which will remain steady with the baseline projections. Management expects that this is achievable given where the case mix index is at the end of August 2025.

Mr. Swiatkowski summarized revenue. He noted a modest rate increase for 2026 of approximately 3.5% for all payers with volume increasing within both inpatient discharges and outpatient visits by 3.5% and 2.7%, respectively. Most notably, volume increases are the result of an increase in specialty clinic visits and surgeries from the addition of new providers, increased capacity and efficiency within the operating rooms and the expansion of certain services. Lastly, he noted that included within the operating plan are ongoing revenue increases for revenue cycle improvements related to contract underpayments, denials, and bad debt expense reductions. Upon completion of the implementation of Epic, he noted that total revenue is expected to increase due to improved functionality and interoperability within the revenue cycle.

Mr. Swiatkowski provided information regarding expenses. He noted that salary costs drive approximately 37 percent of our total expense, and an even higher percentage of our total controllable expenses. Additionally, benefit costs are budgeted to increase by $14.4 million in 2026, of which approximately $11.8 million is specifically related to retirement benefits. He informed the Committee that the budget includes a reduction of 200 FTEs from the projected FTEs which will primarily result through the management of vacancies and reduction of overtime FTEs. He also noted that the 2026 budget anticipates increases in salary costs related to contracted rate and step increases for employees including those for residents and physicians, cost increases related to the implementation of the Epic and Infor systems set to both be live by October 2026, as well as increased administrative costs for the specialty pharmacy which has seen significant growth in 2025. Expenses related to supplies generally were also anticipated to increase due to the additional volume in the plan and inflation.

Mr. Swiatkowski reviewed the cash flow assumptions. He noted that pension payments are expected to have a significant impact with a budgeted increase of $8.8 million. The 2026 budget assumes improvement in days in accounts receivable while accounts payable days outstanding are expected to hold at the current rate.

Mr. Swiatkowski reported on performance improvement initiatives. Initiatives were reported to include FTE management including a reduction in overtime, reducing supply cost inflation, supply cost value analysis initiatives, throughput management, and optimizing the use of the OR.

Mr. Swiatkowski reviewed risk areas. He noted that risk is very difficult to predict, especially given the unknown financial impacts and delayed timing of the impacts of the latest bill passed related to Medicaid reform (H.R.1). Epic is also predicted to provide automation that could significantly improve the efficiency in revenue cycle, however, nothing significant is anticipated within 2026 given the October 2026 implementation date.

Mr. Swiatkowski provided a summary of the 2026 Capital budget. He noted the $8 million routine capital spend is consistent with 2025 and is necessary to keep at that level to maintain breakeven cash flow. He presented the 3-year financial projections reflecting the projected statements of revenues and expenses which are required and noted that they were prepared using similar process to the prior year, which used trended forecast assumptions.

A question was raised by Ms. Fishkin regarding the Epic program. Mr. Swanekamp inquired about the DSH cashflow changes and if they were considered in the current numbers. Mr. Swiatkowski and Dr. Quatroche answered the questions to the Committee's satisfaction.

Upon final review, Chair Michael Seaman called for a motion to recommend approval of the 2026 proposed Operating and Capital budgets to the ECMC Board of Directors. Upon motion by Darby Fishkin and seconded by Reverand Blue, the Committee voted unanimously to recommend approval to the ECMC Board.

VI. ADJOURNMENT

There being no further business, the meeting was adjourned at 9:39 AM by Chair Michael Seaman.

ERIE COUNTY MEDICAL CENTER CORPORATION

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

VOTING COMMITTEE MEMBERS PRESENT	CHRISTOPHER O'BRIEN, ESQ., CHAIR JOSEPH GIGLIA, GENERAL COUNSEL JENNIFER PERSICO, ESQ. RONALD BENNETT, ESQ.
ALSO PRESENT:	. LORI HOFFMAN LINDY NESBITT, ESQ. AMANDA YOUNG, ESQ.

I. CALL TO ORDER

Chair, Christopher O'Brien called the Contracts Committee meeting to order at 9:02 a.m.

II. MINUTES – APRIL 16, 2025

Minutes from the April 16, 2025 meeting were distributed as part of the meeting materials for review and approval.

Motion made by Jenifer Persico, to approve April 16, 2025 minutes as presented, seconded by Ronald Bennett. Motion approved unanimously.

III. CONTRACT(S) REVIEW AND APPROVAL

A list of unredacted contracts for the periods of April 1, 2025 – June 30, 2025 that require board-level review and approval were distributed to committee members before this meeting.

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

Motion made by Jennifer Persico to recommend to the ECMCC Board of Directors approve contracts for the time-period(s) of April 1, 2025 – June 30, 2025, seconded by Ronald Bennett. Motion approved unanimously.

IV. Next Meeting – October 15, 2025 @ 9:00 a.m.

V. ADJOURN

No further business to discuss.

Motion made by Jennifer Persico, to adjourn. Motion approved unanimously.

Meeting adjourned at 9:07 a.m.

Dear ECMC Board Members,

Continuing the information we shared with the Board last month regarding accreditation surveys, we were pleased to learn that the American College of Surgeons has reverified ECMC for three years as a Level 1 Trauma Center. By receiving the ACS's reverification, ECMC is deemed a Surgical Quality Partner of the ACS and approved through its dedication to surgical quality and is committed to maintaining the highest standards in surgical care. Also, ECMC's Internal Medicine & Family Health Centers both achieved "Silver +" for Target Blood Pressure, and both centers also achieved participants status awards for diabetes, for the work completed in 2024 by the American Heart Association/American Medical Association. These actions highlight the continuing strong, high-quality healthcare services our caregivers deliver consistently on a daily basis.

Members of ECMC's Department of Dentistry, Oral Oncology and Maxillofacial Prosthetics participated recently in the American Academy of Maxillofacial Prosthetics Annual Meeting in New Orleans. ECMC's Maxillofacial Prosthetics Fellowship Program Director Dr. Amanda Colebeck, DDS, MS, FACP was invited by the meeting organizers to speak to the attendees on the workflows used at ECMC for the fabrication of speech aid and palatal lift prosthetics for the restoration of speech, swallowing and patients' improved quality of life.

Terrace View Long-Term Care Facility was recognized on Newsweek's Best Nursing Homes 2026 list. This prestigious award is presented by Newsweek and Statista Inc., the world-leading statistics portal and industry ranking provider. Only four percent of nursing homes nationwide received this distinction. Of the 600 skilled nursing facilities state-wide that operate, 69 received this recognition. It is a distinct honor to be ranked amongst the best nursing homes within both the state and the nation. This is the sixth consecutive year Terrace View has received this recognition.

As the Board is aware, we were very happy to learn that Governor Kathy Hochul announced on October 16th that ECMC and UB will receive funding from our joint application in the state's Healthcare Safety Net Transformation Program. Our joint application to the state was predicated on our shared commitment between ECMC and UB to provide a health care model that can achieve more integrated care, better workforce recruitment and retention, and enhanced financial sustainability. We are very thankful that New York State will support ECMC's and UB's collaborative efforts, which are focused on three areas:

- Improve patient experience through a new state-of-the-art electronic medical record system, which has been coordinated in collaboration with UB, ECMC and Kaleida Health to implement a community-wide shared electronic medical record system.
- Develop a Community Healthcare Pavilion and Learning Center on ECMC's Grider Street health campus that will bring together primary care, outpatient care, and diagnostic care in a patient-centered community environment in addition to new clinical learning and care simulation space. Care will be delivered by physicians who are part of the UBMD Physicians' Group, working in alignment with ECMC's mission to expand access to care for the community of Buffalo's East Side. The collaborative learning center will provide state-of-the-art space for training and educating physicians, residents, nurses, and other clinicians, linked to the current training assets provided through UB.
- Strengthen the primary care workforce by investing in physician training, recruitment and retention efforts to address the primary care needs of patients who live in Buffalo to create a physician pipeline to improve access to primary care on the ECMC campus and surrounding community.

Thanks to the Board's strong support and guidance, we continue to make progress in strengthening ECMC's healthcare services and overall operations, working through challenges that are affecting healthcare institutions across the country and laying the groundwork for a sustainable future that is built on partnerships and collaborative efforts for the benefit of the patients who need our care.

Best,

Tom

Erie County Medical Center
Board Report
President & Chief Operating Officer
October 28, 2025

Submitted by Andrew Davis

OPERATIONS

Center of Cancer Care Research
September 2025
Monthly Oncology Research Report – Dr. Jennifer Frustino
Research Updates

- Third application for Lipella LP-10 rinse for compassionate use was initiated.
- Oncology clinics and research staff conducted 10 study visits in September.
- Site Monitoring visit for Meira GTx occurred, no significant findings.
- Site monitoring visit for Merck2140 occurred, no significant findings.
- Close out visit for Merck689 occurred, no significant findings.
- The research team met with the UB Microbiome lab to discuss the second batch results for the NIH R21 grant study assessing HPV in patients living with HIV.
- The research team attended a meeting with UB Bioinformatics department to discuss a proposed Head and Neck project led by Dr. Thom Loree.

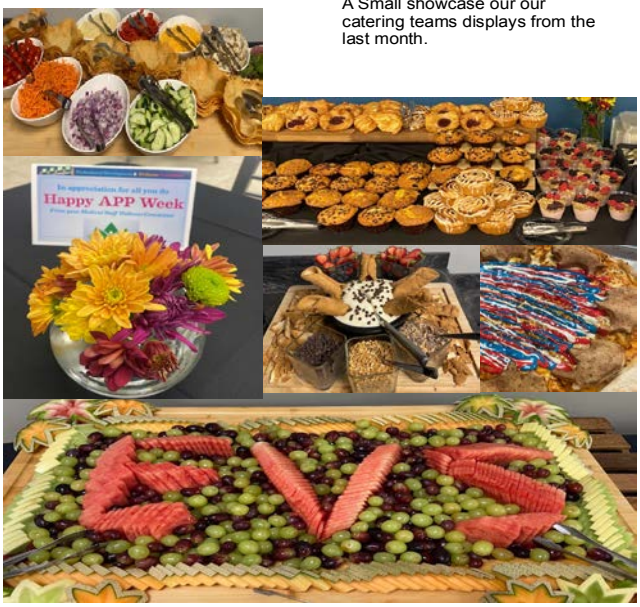
Food & Nutritional Services

- **New Equipment**
  - New freezer will be installed on October 9th.
  - Mashgin system now includes lights to speed up line during peak rush hours. The lights illuminate green for available and red for in use or error.

- **Catering**
  - The catering team has been busy with several Department Recognition Week events.
  - The season is strong with "Bills Fever" theme throughout the kitchen and retail spaces preparing for game days.

Catering Corner

A Small showcase our our catering teams displays from the last month.



Laboratory Services

Equipment Upgrades/Replacements/Contracts:

- Chemistry/IA Specimen Processing Technology upgrade: Phase 1 go-live for the (2) Abbott Alinity CI analyzers occurred September 23, 2025. Facility renovation and preparation for the delivery of the automated track is on-going. Track installation will begin 10/27/25-1/2/26. Validation of track will occur Q1 2026 with productive use of the automation Q2 2026.

Outpatient Rehabilitation Services

- Additional acute therapy staff were trained to perform the Functional Capacity Assessments for pre-transplant patients. This assessment provides key information about the patient's physical readiness, helps to predict post-transplant recovery, and helps to determine if a patient would benefit from prehabilitation to optimize their surgical outcomes.
- OP OT created a new process with UBMD to complete *scheduled* pre-operative splints to minimize walk in appointments and to provide more patient centered care.

Plant Operations / Capital Projects

Plant Operations/Facility project updates include the following:

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

- **Work completed:** All warranty items corrected.
- **Work anticipated:** Corridor door work (awaiting delivery late-October), continuing project final closeout/final invoicing after above work is complete.

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

- **Work Completed:** Construction kick-off meeting, removal of Roche equipment, structural steel reinforcement work, and started portion of cleaning/waxing floor.
- **Work Anticipated:** Additional abatement, 3rd party inspection and structural steel fire-proofing patching, electrical and demo of utilities from old equipment and rough-in prepping for new Abbott equipment.

Behavioral Health Sensory Rooms (grant-funded) – **In Progress (Contractor)**

- **Work Completed:** Design phase continuing, cost estimate was submitted over budget. Behavioral Health leadership met to edit/delete scope.
- **Work Anticipated:** Awaiting updated estimate and final drawings based off cuts.

Specialty Pharmacy – **Pending (Contractor)**

- **Work Completed:** 100% design cost estimate submitted and reviewed and comments addressed (pharmacy staff clarified FF&E).
- **Work Anticipated:** Final design comments being addressed on project drawings. Updated estimate requested – waiting on submission, confirm bid readiness.

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

- Winter preparations are underway.
    - All plows have been checked and are ready for operation.
    - Truck inspections are in progress.
    - Rock salt contract (Erie County bid) is in place with delivery of 100 tons expected by the end of October. There is currently 50 tons of salt and 18 pallets (40 bags/pallet) of ice melter on site.
    - Red salt bins have been distributed throughout the campus.
    - Hydroseeding is complete.

- Additional roadway striping is complete.
- Exterior lights and parking lots are being checked (by vendor) and replaced if found inoperative.

Supportive Care & Palliative Medicine

- Total Inpatient Consults for **September**: 126
- Transitions of Care: 19
- Discharge with Home Hospice: 3
- Terrace View: 1

Meeting participation includes the following:

- Caregiver Support/Assessment: Twenty-eight (28) identified caregivers were screened, with twelve (12) full assessments completed and transferred to ECDSS.
- CoC workgroup meetings

Surgical Services

Robotic Volume – September 2025

Bariatrics	3
Cardiovascular/Thoracic	6
Head & Neck	2
Orthopedics	24
Urology	3

- New providers and volume growth from Dr. Matthew Kabalan, Dr. Suzanne Griffith, and Dr. Eric Chevli.
- Purchased new robot and microscope for super microsurgeries.
- 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.
- The new Mammography Suite opened in August; marketing and physician recruitment is underway.
  - ***Mammography Screening Event – October 16th***
  - ***Employee Outreach Event – October 27th***

Terrace View

Operations

- Census: The average monthly census for **September** was **384** from 381 last month.
- 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 began in September.
  - All nursing station countertops will be replaced; computers were mounted underneath which was an ergonomic concern.
  - Completed wall repairs, painting and added wall protection to the trash room.
  - Interior entrance doors: The wiring is complete to lock the entrance door. Installation of buzzer/intercom system for increased safety and control flow in and out of the facility.

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:

September 2025

Patient Experience	**YTD S**eptember 1st, **2025- S**eptember 30, **2025 N= 43 (est.)**	**YTD S**eptember **t 1st, 2024- August 31st, 2024 N= 97 (final)**	**NYS 2025 Benchmark**
HCAHPS - Nurses	84 (est)	70	76
HCAHPS – Doctors	74 (est)	65	76
Discharge Info	84 (est)	81	84
Overall Rate	70 (est)	64	65

Dialysis

- We are awaiting the 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 patient survey rating is 4 out of 5 stars.

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. The assay validation is complete and information system remote viewing configuration is underway. Target implementation tracking for November.

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

Transplant

- We completed two "Lobby Days" at local dialysis centers focusing on educating staff vs. patients on transplant criteria and outstanding testing needed for patients in evaluation.
- Continue to increase transplantation awareness and continued partnerships growth with community dialysis centers.
- Participated in Rochester General's dialysis health fair held annually.

PEOPLE

Environmental Services

- Celebrated EVS Week with awards, drawings, raffles, chair massages, meals and a team photo.
- John Logan was appointed interim department leader until a permanent replacement is determined.

Outpatient Rehabilitation Services

- The PEDS Rehab Universal Preschool (UPK) Support team reviewed and revised Tier 1 support materials to share with classrooms. Visits were made to all UPK Classrooms in Clarence, Amherst and Ken-ton school districts with positive feedback. Expansion of this program was welcomed by districts, teachers and program directors.
- The MRU had a visit from Buffalo Bill's, Joe Andreeson, which brought joy to patients and staff alike!

- PEDS Rehab participated in many local community group meetings to promote advocacy for the early childhood education community. PEDS Supervisor was asked to join a small group as part of Strategic Planning for local group, Liftoff of WNY. PEDS Supervisor and Coordinator were also part of the Erie County Preschool Task Force meeting. PEDS Supervisor joined "Building the Future – a Convening on EI and CPSE workforce" at Buffalo State University sponsored by Liftoff WNY, the Children's Guild and Buffalo State University.
- PEDS Rehab completed speech screening for all Universal Preschool Student in the Hamburg School District.

Staff Updates

- The week of September 15th was Rehab Awareness Week spent celebrating our valuable rehabilitation staff.

- Erin McBundy, OTR, has passed her Certified Driver Rehabilitation Exam. This is required and best practice for the leadership of our Driver Rehab Program
- Rachael Ponichtera completed 57 hours of advanced training in vision rehab for neurologically impaired patients and is now a Certified Functional Vision Rehabilitation Specialist
- Sartu Abdukadir completed a 20-hour Concussion Management for OTs, SLPs, and Cognitive Rehab Professionals course.
- Rehab Directors and Supervisors participated in Mock Interviews for UB Physical Therapy students and provided feedback to improve performance.
- The MRU had a CARF related staff education session regarding Clinical Practice Guidelines for Rehabilitation of Individuals with Lower Limb Amputation presented by Brittney Mazzone Gunterstockman, DPT. In addition to the MRU staff, four Outpatient PTs were also able to attend.
- Theresa Liffiton led the Safe Patient training and competency completion for all OP clinical staff for 2025

Population Health

Dr. Pamela Morris

Population Health is proud to announce Dr. Pam Morris as our Health Equity Medical Director.

- Dr. Morris is a graduate of the Jacobs School of Medicine and Biomedical Sciences at the University at Buffalo and completed residency training in the ECMC track of the UB Family Medicine Residency Program in 2024. She currently provides comprehensive care to patients of all ages and genders in ECMC's Family Health Center and has a strong commitment to advancing equity in healthcare.

Community Outreach / Events

- Population Health participated in four community outreach events in September 2025, engaging with nearly 300 individuals and connecting 14 community members with primary care providers. This month, the team implemented a proactive approach to engage with the underserved homeless population, focusing on meeting their needs in a safe and familiar environment. 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.

- Lucia Gioeli and Amanda Farrell were invited to serve as moderators for the American Diabetes Association's *State of Diabetes* event, scheduled for November 14, 2025, at Seneca One.

Terrace View

- A new Social Work Director, Deana Arent, will begin in October.
- Interviews are underway for a new LTC Administrator.
- Nursing agencies continue to be utilized to provide temporary supplemental staffing for the Nursing department. Currently, we have (4) CNAs and (1) RRT agency staff. Overall, agency use continues to decrease. The facility goal for 2025 is to increase the average census while continuing to improve staffing and limiting nursing supplemental agency use to the evening shift.

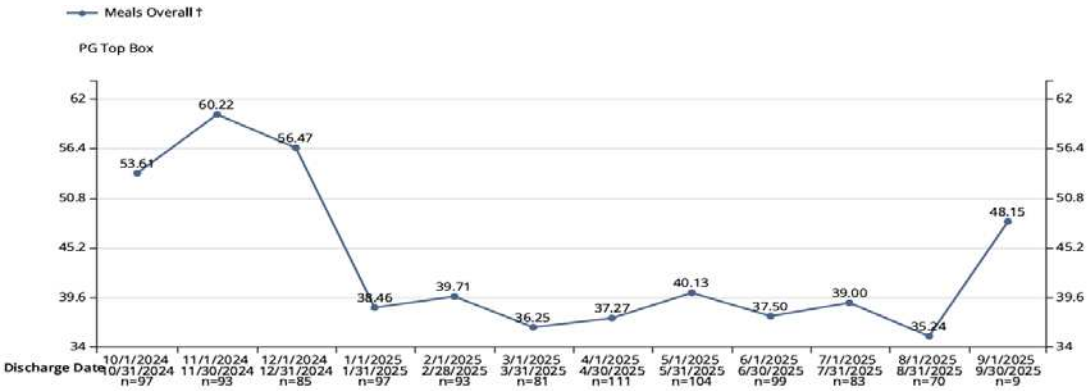
QUALITY

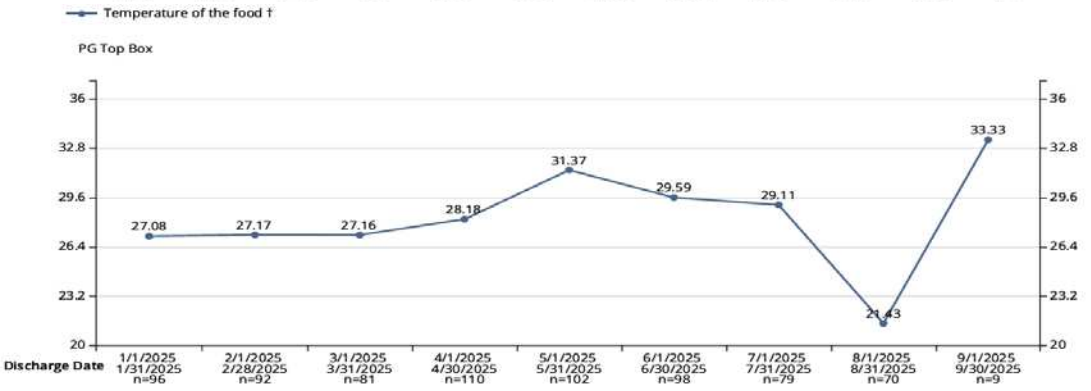
Dialysis

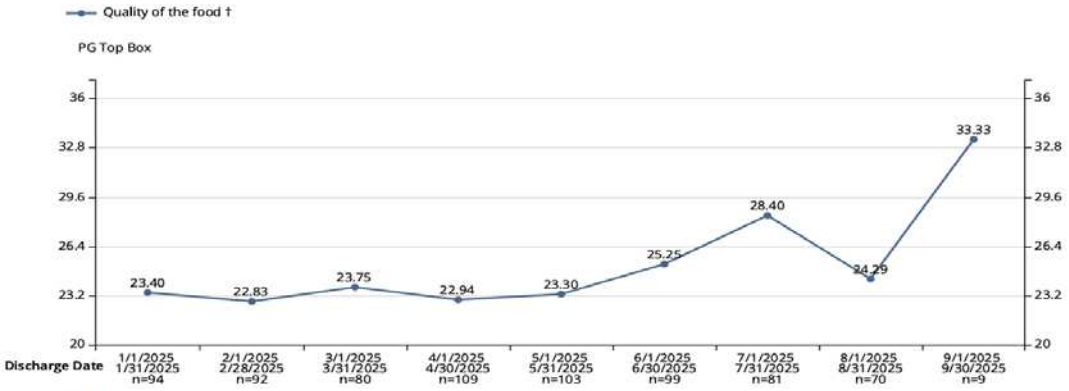
- Corrective Action Plans (CAPs) audits continue to satisfy NYSDOH survey findings and will continue through December 31, 2025.
- Awaiting In-center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) survey results that will be publicized on CMS Dialysis Care Compare (DFC) in October. Our current patient survey rating is 4 out of 5 stars.

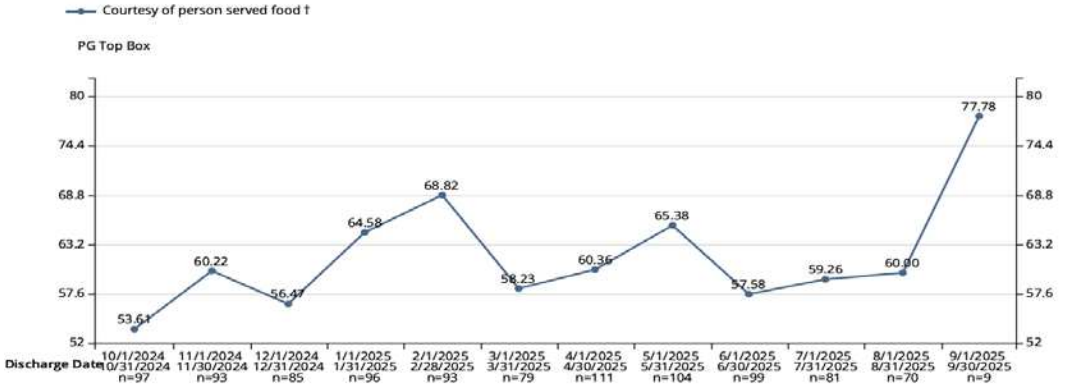
Food & Nutrition Services

Press Ganey Scores









Laboratory Services

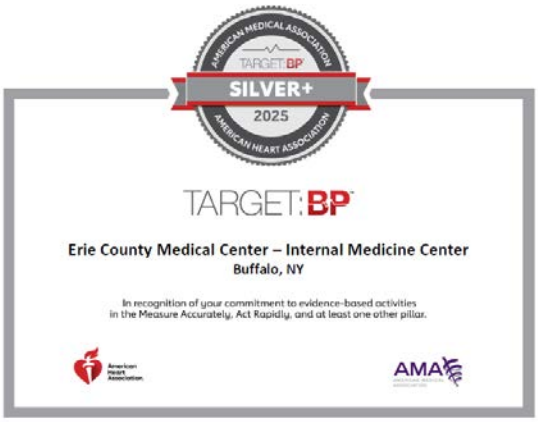
The Laboratory Medicine department continues to focus on 2025 QIPS Plan Initiatives.

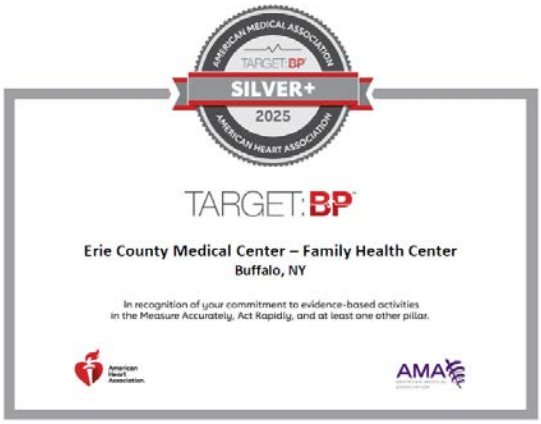
- Outcomes and Alignment: Evaluate the effectiveness of the implementation of the Whole Blood MTP pathway for improved timeliness of release of product compared to Component MTP, with targeted reduction in release time of 2 minutes when compared to Component MTP. Evaluate the stability of the Whole Blood (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 August, 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: AABB accreditation site visit was completed June 4-5. Full accreditation status was received in July. NYSDOH site visit completed July 28-30, 2025. Plan of correction was submitted for survey findings.

Population Health

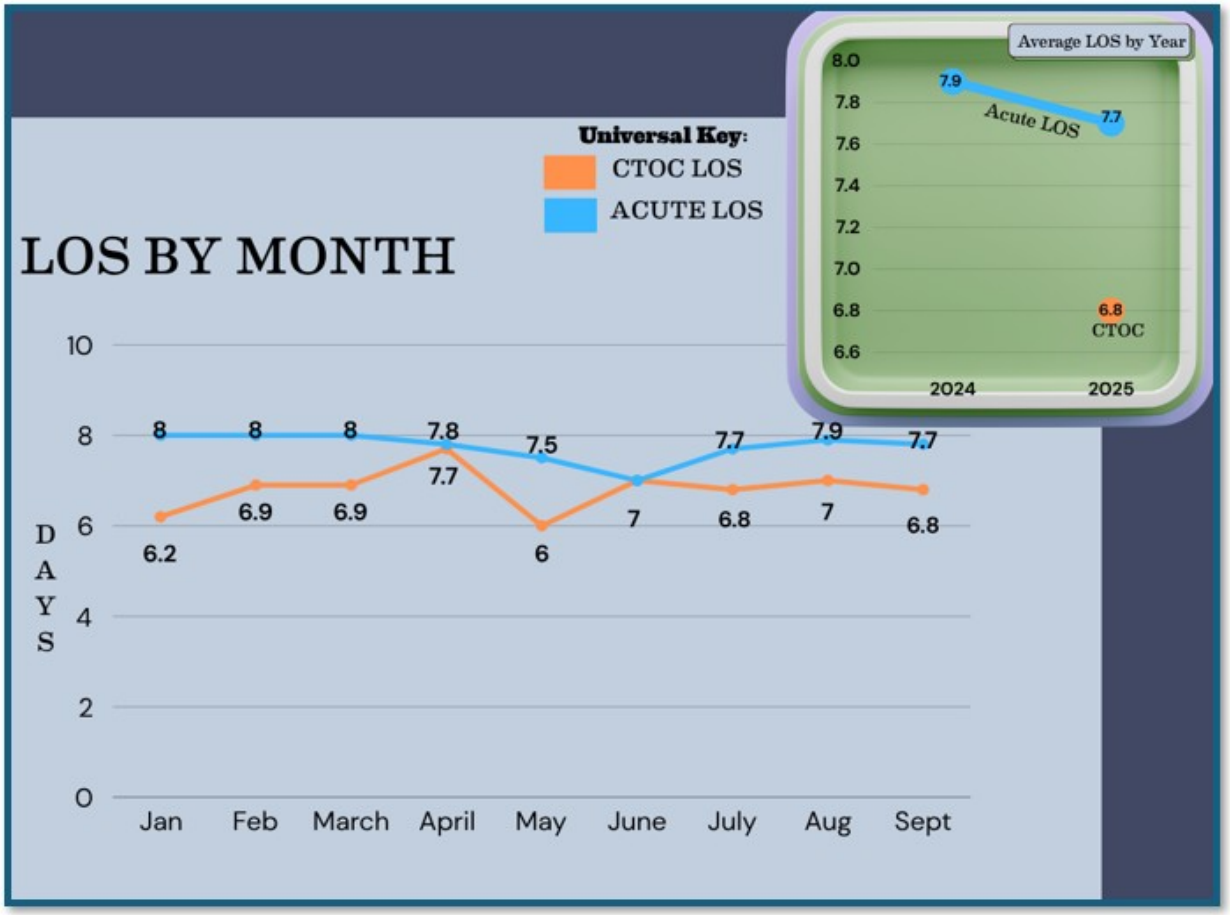
ECMC's Family Health Center and Internal Medicine Center were awarded Silver + Status in the AHA/AMA Target: BP Program, recognizing their commitment to improving blood pressure control. Target: BP is a national initiative from the AHA and AMA that supports healthcare organizations in meeting or exceeding national blood pressure control targets, encouraging best practices in hypertension management.

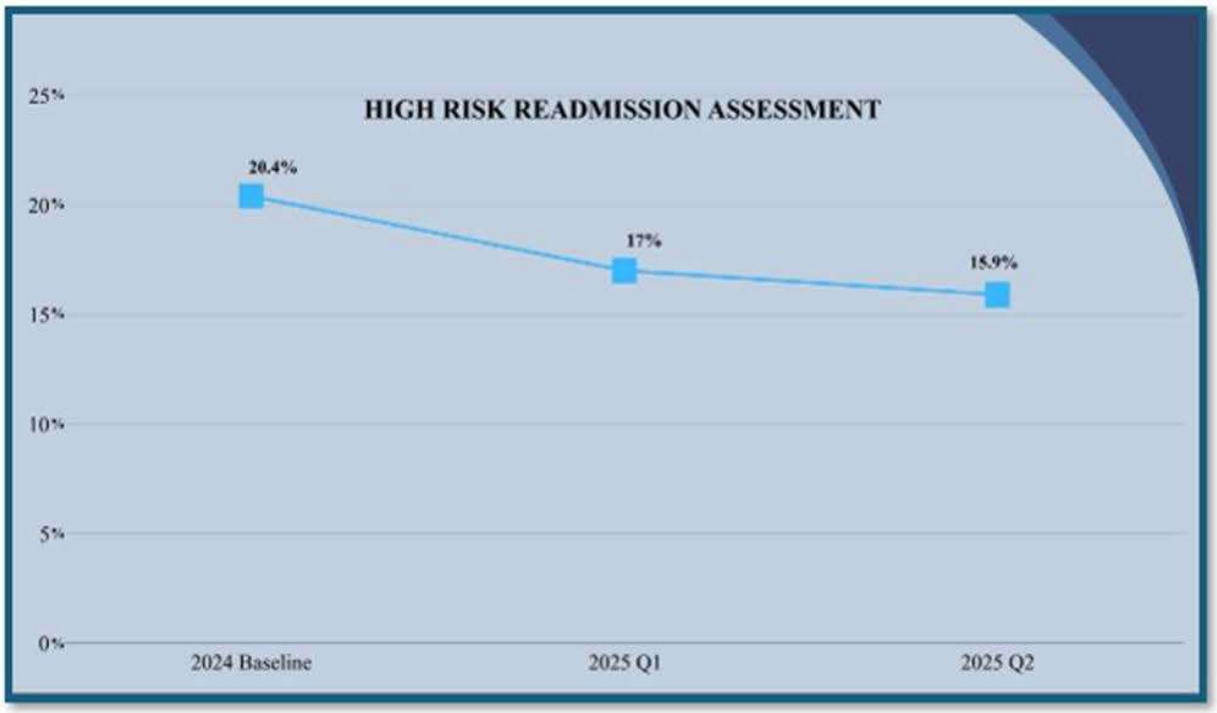




- ECMC's Internal Medicine Center and Family Health Center both received "Participant" status recognition for their commitment to improving the care for patients with type 2 diabetes and cardiovascular risk factors in 2024.

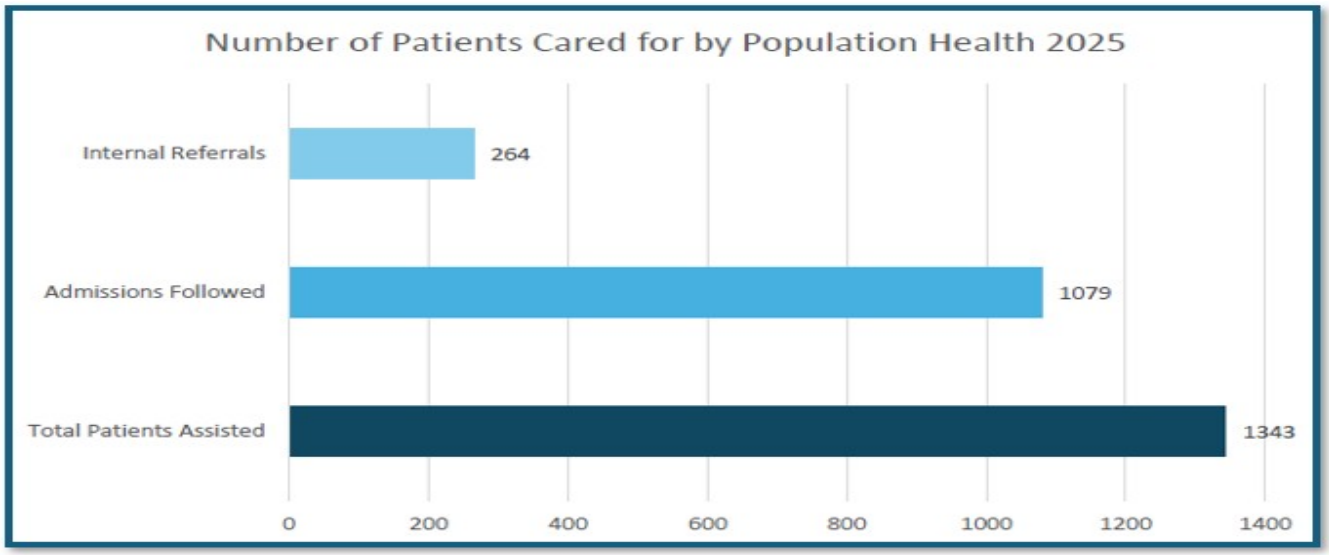
The Comprehensive Transition of Care (CTOC) Program is driving measurable improvements in readmission rates and length of for high-risk patients admitted to ECMC.

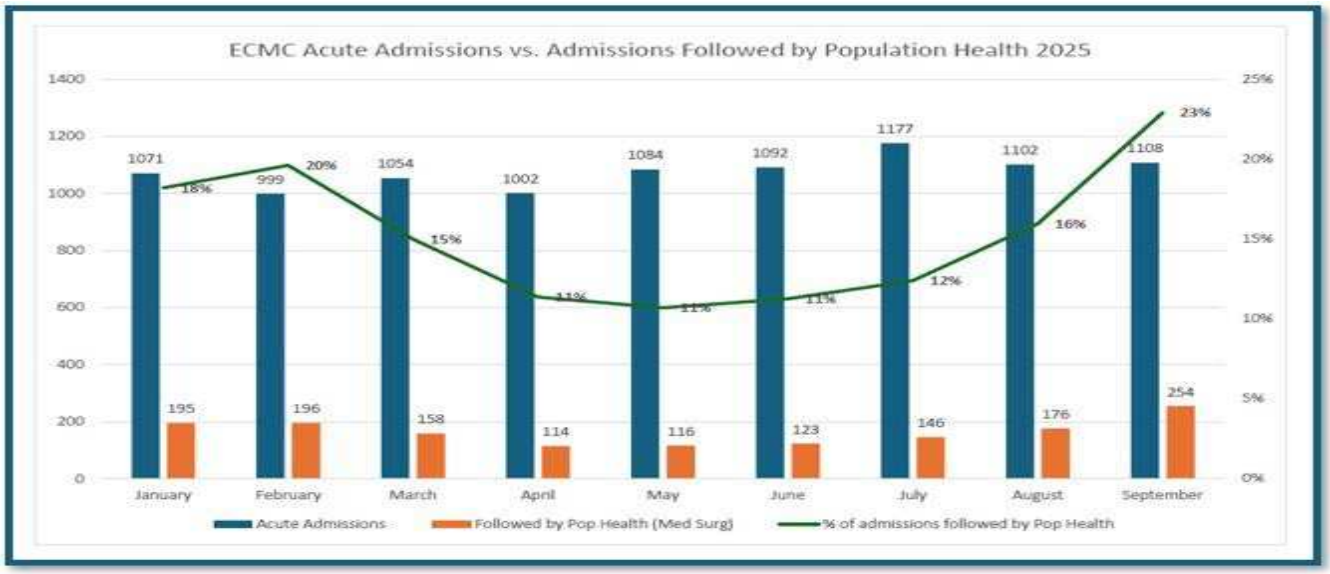




Key Interventions Driving Results:

- Attending multidisciplinary rounds with Apogee team on the 6th and 7th floor, and observation unit
- Direct referrals for assistance from ED/Apogee & multidisciplinary team





Surgical Services

- Joint Commission survey was completed in September. The team is working on conditional findings and preparing for the follow up visit in 30-45 days.
- 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 approved by NYSDOH for skull flap storage, which will include a dedicated freezer.

Terrace View

- Terrace View was recognized for the fifth consecutive year in Newsweek's Best Nursing Homes for 2025.

Transplant

- MPSC pancreas pre-transplant mortality response was submitted on September 22, 2025. Our response will be reviewed at their November 2025 meeting.
- Aetna approved our transplant program as a Center of Excellence valid through December 31, 2025.
- Cigna approved our submission as a designated transplant center.
- We received Kidney Transplant Bonus (KTB) through Comprehensive Kidney Care Contracting Entities (CKCC's). This is through our partnership with DaVita through 2026, for potential bonus payments for PY2023, 2024, and 2025.

FINANCIAL

Dialysis

Budget and Variance:

- Outpatient (in-center treatments): 2025 Budget Variance **(-455)**
- Home Program: (Home Peritoneal & Home Hemodialysis): YTD Budget **1,150** treatments, favorable to the budget, Variance **(997)**
- Total: **542** treatments for the year

Census Volume:

- Outpatient (in-center treatments): **September** = **1,893** treatments, YTD 2025 total = **17,033**
- Home Program: (Home Peritoneal & Home Hemodialysis): **September** = **300** treatments, 2025 total = **2,174** favorable to budget.

Dialysis			2024			2025			
			YTD	Budget	Variance	Sep	YTD	Budget	Variance
4555	AKI	Hemodialysis - AKI	413	-	-	25	272	-	-
	DIALNON	Hemodialysis - Non-ESRD	0	-	-	3	3	-	-
	DIALTRAN	Hemodialysis - Transient	1,085	-	-	48	697	-	-
	HD	Hemodialysis - Chronic	22,743	-	-	1,893	17,033	-	-
	4555 Totals		24,241	24,293	-52	1,969	18,005	18,460	-455
5660	HOMEHD	Hemodialysis - Home	0	-	-	0	0	-	-
	PD	Hemodialysis - Peritoneal	1,573	-	-	300	2,147	-	-
	5660 Totals		1,573	1,976	-403	300	2,147	1,150	997
Totals			25,814	26,269	-455	2,269	20,152	19,610	542

Laboratory Services

- The department budget volumes for August YTD were positive 5.1% to budget target and 7.5% over FY24. The overall operating budget August YTD is negative to budget target by 1.3%. The personnel expense August YTD had a positive variance of 2.7% to budget target and a negative variance of 4.9% to FY24 actual. The non-personnel

expense is -1.7% to budget target and a negative variance of 10.4% 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. ***September YTD savings are $65,241.87 which exceeds the original projected annual savings of $60K.***

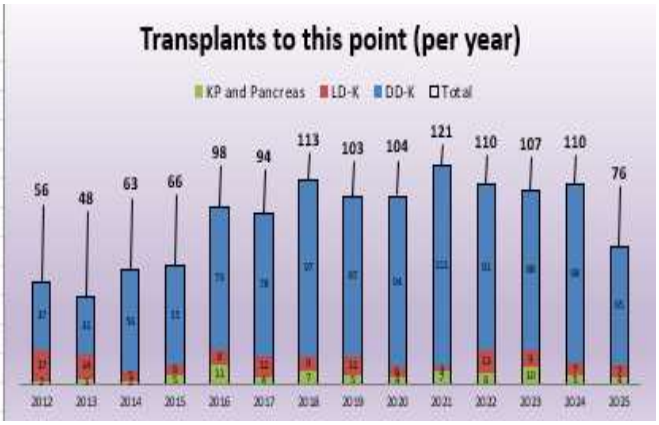
Outpatient Rehabilitation Services

- Acute Care PT productivity overall was 3626 against a budget of 3407 units, for a positive variance of 6%, and OT productivity overall was 2638 against a budget of 2593 units, for a positive variance of 1.7%. While still positive, this is a decline from previous months due to a decrease in the amount of assistance from the MRU staff providing additional treatments to this service area.
- In the Acute Hospital PT ED referrals for the month of September were up (25%) from August, and up (13%) YTD. OT ED referrals for the month of September were up (26%) from August, and up (37%) YTD.
- The MRU monthly therapy statistics combined PT and OT for units of service were 4533 against a budget of 3443 for a *positive variance* of 24%. SLP services combined for MRU and Acute care services were 514 against a budget of 463 with a *positive variance* of 10%.
- The MRU had 27 admissions and 27 discharges with 505 patient days and a LOS of 18.7 days, **ADC 16.8 days**.
- PEDS Rehab began the school year with an increase of 22% in the number of CPSE related service visits in the month of September.
- The OP Rehab Services (OT, PT, ST and Rehab psych) combined are exceeding YTD volume budget by 17% or 2,554 visits collectively.

Transplant

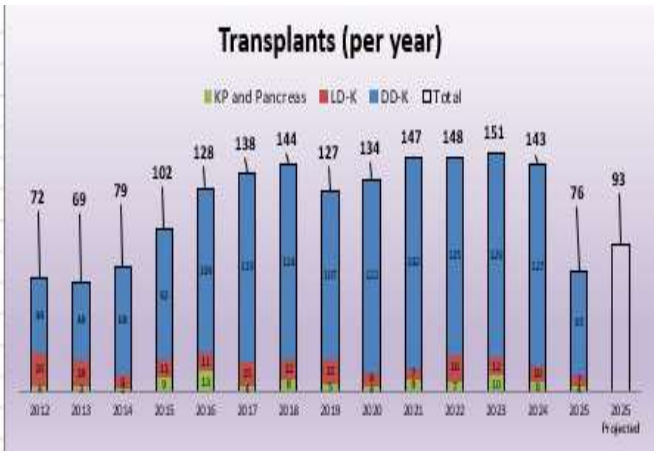
- As of October 1, 2025, we have performed (**76** transplants, which is (-34) transplants than this time last year (2024). Based on current volume, we have projected (93) transplants for 2025.
- Pre-Transplant Clinic is below budget by (-60). We have increased our community outreach to increase referral and increased the number of evaluations scheduled per day with nephrology fully staffed.
- Post-Transplant clinic is below budget by (-576) visits.
- Total clinic variance is below budget (-636). This is expected with deceased overall transplant volume.
- In April, we increased the number of evaluations scheduled per day w/nephrology fully staffed and have seen our volume nearly double from March to September. There has been sustained volume improvements in Q3.

To this point



	DD-K	LD-K	KP	Pancreas	Total
2009	46	28	1	0	75
2010	47	28	2	0	77
2011	39	11	5	2	57
2012	37	17	0	2	56
2013	31	14	1	2	48
2014	56	5	1	1	63
2015	55	6	2	3	66
2016	79	8	8	3	98
2017	78	12	4	0	94
2018	97	9	7	0	113
2019	87	11	5	0	103
2020	94	6	4	0	104
2021	111	3	6	1	121
2022	91	13	6	0	110
2023	88	9	10	0	107
2024	98	7	5	0	110
2025	65	7	4	0	76

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	65	7	4	0	76
2025 Projected					93

Transplant / Vascular			2024			2025			
			YTD	Budget	Variance	Sep	YTD	Budget	Variance
6430	TRANPRE	Transplant Clinic	558	-	-	68	435	-	-
	TRANPREPRC	Transplant Clinic	1	-	-	1	1	-	-
	6430 Totals		559	997	-438 ↓	69	436	496	-60 ↓
6431	TRANPOSPRC	Transplant Clinic	0	-	-	0	0	-	-
	TRANPOST	Transplant Clinic	4,163	-	-	304	2,763	-	-
	6431 Totals		4,163	4,000	163 ↗	304	2,763	3,339	-576 ↓
Totals			4,722	4,997	-275 ↓	373	3,199	3,835	-636 ↓

Other

Joint Commission

The Joint Commission surveyors arrived for a five-day triennial hospital accreditation survey on September 15, 2025. We are anticipating a one-day return to review the mitigation efforts for the September survey findings.

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 developing construction timelines and enabling moves.

Epic Update

OneEpic, the transformative joint healthcare records project between Kaleida Health, ECMC, Kaleida Health and UBMD, continues with steady progress. 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.

Kaleida Health remains on track for their wave 1 go-live of 5/30/26. ECMC and UBMD reached a significant milestone earlier this month with the approval of 10/24/26 as our official wave 2 go-live date. As we advance toward these momentous dates, project activities continue at a rapid pace: the team has now moved into the testing and readiness activities. Readiness activities focus on change management of new workflows that are a significant departure from current state. The clinical teams also continue to work on order set validation. In addition, ECMC has started efforts to recruit Epic Superusers. Superusers will be specially trained in Epic and will help train their peers and provide at-the-elbow support leading up to go-live, as well as post-live support. In parallel, ECMC IT staff continues to work on network and system upgrades, as well as end-user-device assessments and gap remediation.

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Internal Financial Reports

For the month ended September 30, 2025

Erie County Medical Center Corporation

Financial Dashboard
September 30, 2025

Statement of Operations:

	Month	Year-to-Date (YTD)	YTD Budget
Net patient revenue	$ 59,595	$ 528,686	$ 541,359
Other	19,500	171,674	159,421
Total revenue	79,095	700,360	700,780
Salary & benefits	43,526	382,915	375,655
Physician fees	10,840	93,989	92,445
Purchased services	7,312	62,660	62,510
Supplies & other	16,860	151,253	150,253
Depreciation and amortization	3,493	34,140	34,379
Interest	920	8,420	8,655
Total expenses	82,951	733,377	723,897
Operating Income/(Loss) Before Other Items	(3,856)	(33,017)	(23,117)
Grant revenue	795	9,876	-
Income/(Loss) from Operations With Other Items	(3,061)	(23,141)	(23,117)
Other Non-operating gain/(loss)	1,357	8,944	2,800
Change in net assets	$ (1,704)	$ (14,197)	$ (20,317)
Operating margin	-3.9%	-3.3%	-3.3%

Cash Flow Summary:

	Month	YTD
Net cash provided by (used in):		
- Operating activities	$ 19,509	$ (6,116)
- Investing activities	1,873	8,351
- Financing activities	(1,674)	(9,340)
Increase/(decrease) in cash and cash equivalents	19,708	(7,105)
Cash and cash equivalents - beginning	6,703	33,516
Cash and cash equivalents - ending	$ 26,411	$ 26,411

Balance Sheet:

Assets:	
Cash & short-term investments	$ 28,048
Patient receivables	114,888
Assets whose use is limited	190,626
Other assets	485,041
	$ 818,603
Liabilities & Net Assets:	
Accounts payable & accrued expenses	$ 321,607
Estimate self-insurance reserves	55,831
Other liabilities	500,775
Long-term debt, including current portion	186,057
Lease liability, including current portion	20,159
Subscription liability, including current portion	19,524
Line of credit	10,000
Net assets	(295,350)
	$ 818,603

Key Statistics:

		Month	YTD	YTD Budget
Discharges:	- Acute	1,121	9,701	10,051
	- Exempt units	414	3,776	3,959
Observation Cases:		284	2,991	2,457
Patient days:	- Acute	8,695	75,112	75,790
	- Exempt units	4,847	42,705	44,445
Average length of stay, acute		7.8	7.7	7.5
Case mix index	Blended	2.04	1.98	1.87
Average daily census:	Medical Center	451	432	440
	Terrace View LTC	384	378	379
Emergency room visits, including admissions		5,642	51,002	49,861
Outpatient Visits		26,008	230,862	235,190
Days in patient receivables			59.3	

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September 2025 Operating Performance

During the month of September, although the overall inpatient volume improved, ECMC experienced continued trends related to volume budget shortfalls. With inpatient discharges and outpatient visits below budget, revenue shortfalls were not offset by an increased case mix during the month, thus driving unfavorable revenue performance. Despite improvements in ECMCC's length of stay, alternative level of care patients occupying inpatient beds continue to exceed targets significantly for the month which impacts the inpatient cases. The case severity in medical and surgical cases this month trended much higher than the budgeted level during September. The revenue variances derived from these trends during September resulted in overall net patient service revenue which fell well behind budgeted expectations and was accompanied by additional staffing needs to fill gaps to meet NYS minimum staffing levels. The overall result drove an operating loss before grant funding for the month of ($3,856). This operating loss is unfavorable when compared to the month's budgeted loss of ($1,647).

Inpatient discharges during the month of 1,535 were less than the planned discharges of 1,577 (2.7% or 42 cases), driven by unfavorable variances across all service lines, except within medical rehab. Within the total, acute discharges of 1,121 were below plan by 1.2%, behavioral health discharges of 225 were below plan by 0.3%, chemical dependency discharges of 162 were below plan by 18.1%, and medical rehabilitation discharges of 27 were above plan by 43.6%. 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. Although the current month's increase in observation cases above the operating plan was not significant, the ongoing trend year-to-date continues and continues into October. 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 decreased to 7.8 days during September but remains unfavorable to a budget of 7.4 days by 5.1%. The average daily census of the ALC patients within the facility during the month was 45 patients, which is a decrease from August 2025 of 50, but still higher than historical averages of 35 over the first and second quarters of 2025. These statistical volume trends have 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 168 FTEs. While this variance fluctuates based upon the need and usage of overtime hours, FTEs above the plan continue to be necessary in order to meet the New York State minimum staffing standards. To continue to meet those standards, the use of incentives continues to be utilized to fill vacancies and off-shifts, such as the authorization of overtime, shift differential, and additional bonus rates per hour.

Total benefit costs for the month were below the operating plan primarily due to favorable health insurance claims. 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 in line with the operating plan for the month. Unfavorable variances during the month due to growth within the specialty pharmacy service line, infusion therapy and oncology pharmaceutical costs have been offset by volume shortfalls in inpatient and outpatient cases including variances in both inpatient and outpatient 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 11 days operating cash on September 31, 2025, as compared to 33 days operating cash at the end of 2024. 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 $21.1 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. Another significant driver of this increase has been the consistent increased aggressiveness by the insurance plans, delays in payment, increases in denial activity with payment resolution months later and downgrading of billed diagnoses based upon their internal reviews. As a result, the Days in Accounts Receivable (average number of days a bill is outstanding) increased from 52.3 days at December 31, 2024 to 59.3 days on September 30, 2025 which has also unfavorably impacted cash on hand.

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 fourth quarter of 2025.

Erie County Medical Center Corporation

Balance Sheet
September 30, 2025 and December 31, 2024

(Dollars in Thousands)

	September 30, 2025	December 31, 2024	Change from December 31st
Assets			
Current Assets:			
Cash and cash equivalents	$ 26,411	$ 33,516	$ (7,105)
Investments	1,637	42,826	(41,189)
Patient receivables, net	114,888	93,708	21,180
Prepaid expenses, inventories and other receivables	44,071	38,753	5,318
Total Current Assets	187,007	208,803	(21,796)
Assets Whose Use is Limited	190,626	191,600	(974)
Property and equipment, net	280,793	277,043	3,750
Other assets	160,177	161,656	(1,479)
Total Assets	$ 818,603	$ 839,102	$ (20,499)
Liabilities & Net Position			
Current Liabilities:			
Current portion of long-term debt	$ 12,755	$ 13,520	$ (765)
Current portion of lease liability	5,933	6,264	(331)
Current portion of subscription liability	9,755	8,118	1,637
Line of credit	10,000	10,000	-
Accounts payable	71,845	64,553	7,292
Accrued salaries and benefits	78,310	85,393	(7,083)
Other accrued expenses	166,508	146,172	20,336
Estimated third party payer settlements	4,944	5,643	(699)
Total Current Liabilities	360,050	339,663	20,387
Long-term debt	173,302	179,574	(6,272)
Long-term lease liability	14,226	14,394	(168)
Long-term subscription liability	9,769	13,210	(3,441)
Estimated self-insurance reserves	55,831	50,424	5,407
Other liabilities	500,775	522,990	(22,215)
Total Liabilities	1,113,953	1,120,255	(6,302)
Total Net Position	(295,350)	(281,153)	(14,197)
Total Liabilities and Net Position	$ 818,603	$ 839,102	$ (20,499)

Erie County Medical Center Corporation

Statement of Operations

For the month ended September 30, 2025

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net patient revenue	61,480	62,972	(1,492)	55,943
Less: Provision for uncollectable accounts	(1,885)	(1,310)	(575)	(1,021)
Adjusted Net Patient Revenue	59,595	61,662	(2,067)	54,922
Disproportionate share / IGT revenue	11,018	11,018	-	10,273
Other revenue	8,482	6,682	1,800	5,988
Total Operating Revenue	79,095	79,362	(267)	71,183
Operating Expenses:				
Salaries & wages	33,035	31,348	(1,687)	29,785
Employee benefits	10,491	10,814	323	7,100
Physician fees	10,840	10,316	(524)	9,956
Purchased services	7,312	6,934	(378)	5,988
Supplies	14,152	14,140	(12)	12,791
Other expenses	1,924	2,244	320	2,334
Utilities	784	517	(267)	510
Depreciation & amortization	3,493	3,742	249	3,871
Interest	920	954	34	987
Total Operating Expenses	82,951	81,009	(1,942)	73,322
Operating Income/(Loss) Before Other Items	**(3,856)**	**(1,647)**	**(2,209)**	**(2,139)**
Other Gains/(Losses)				
Grant revenue	795	-	795	-
Income/(Loss) from Operations	**(3,061)**	**(1,647)**	**(1,414)**	**(2,139)**
Other Non-operating Gain/(Loss):				
Interest and dividends	647	292	355	675
Unrealized gain/(loss) on investments	710	19	691	1,066
Non-operating Gain/(Loss)	1,357	311	1,046	1,741
Excess of Revenue/(Deficiency) Over Expenses	$ (1,704)	$ (1,336)	$ (368)	$ (398)

Erie County Medical Center Corporation

Statement of Operations

For the nine months ended September 30, 2025

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net patient revenue	542,430	553,012	(10,582)	510,854
Less: Provision for uncollectable accounts	(13,744)	(11,653)	(2,091)	(11,345)
Adjusted Net Patient Revenue	528,686	541,359	(12,673)	499,509
Disproportionate share / IGT revenue	99,160	99,160	-	92,481
Other revenue	72,514	60,261	12,253	47,906
Total Operating Revenue	700,360	700,780	(420)	639,896
Operating Expenses:				
Salaries & wages	287,787	277,674	(10,113)	265,445
Employee benefits	95,128	97,981	2,853	72,016
Physician fees	93,989	92,445	(1,544)	87,133
Purchased services	62,660	62,510	(150)	57,203
Supplies	126,214	125,809	(405)	111,965
Other expenses	19,178	19,810	632	18,517
Utilities	5,861	4,634	(1,227)	4,526
Depreciation & amortization	34,140	34,379	239	35,354
Interest	8,420	8,655	235	9,003
Total Operating Expenses	733,377	723,897	(9,480)	661,162
Income/(Loss) from Operations	**(33,017)**	**(23,117)**	**(9,900)**	**(21,266)**
Other Gains/(Losses)				
Grant revenue	9,876	-	9,876	16,005
Income/(Loss) from Operations	**(23,141)**	**(23,117)**	**(24)**	**(5,261)**
Other Non-operating Gain/(Loss):				
Interest and dividends	6,345	2,625	3,720	4,865
Unrealized gain/(loss) on investments	2,599	175	2,424	3,749
Non-operating Gain/(Loss)	8,944	2,800	6,144	8,614
Excess of Revenue/(Deficiency) Over Expenses	$ (14,197)	$ (20,317)	$ 6,120	$ 3,353

Erie County Medical Center Corporation

Statement of Changes in Net Position

For the month and nine months ended September 30, 2025

(Dollars in Thousands)

	Month	Year-to-Date
Unrestricted Net Assets:		
Excess/(Deficiency) of revenue over expenses	$ (1,704)	$ (14,197)
Other transfers, net	-	
Contributions for capital acquisitions	-	-
Change in accounting principle	-	-
Net assets released from restrictions for capital acquisition	-	-
Change in Unrestricted Net Assets	(1,704)	(14,197)
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	(1,704)	(14,197)
Net Position, beginning of period	(293,646)	(281,153)
Net Position, end of period	**$ (295,350)**	**$ (295,350)**

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Erie County Medical Center Corporation

Statement of Cash Flows

For the month and nine months ended September 30, 2025

(Dollars in Thousands)

	Month	Year-to-Date
Cash Flows from Operating Activities:		
Change in net assets	$ (1,704)	$ (14,197)
Adjustments to Reconcile Changes in Net Assets to Net Cash Provided by/(Used in) Operating Activities:		
Depreciation and amortization	3,493	34,140
Provision for bad debt expense	1,885	13,744
Net change in unrealized (gain)/loss on Investments	(710)	(2,599)
Changes in Operating Assets and Liabilities:		
Patient receivables	(7,405)	(34,924)
Prepaid expenses, inventories and other receivables	(13,988)	(5,318)
Accounts payable	1,625	7,292
Accrued salaries and benefits	1,806	(7,083)
Estimated third party payer settlements	(544)	(699)
Other accrued expenses	33,122	20,336
Self Insurance reserves	606	5,407
Other liabilities	1,323	(22,215)
Net Cash Provided by/(Used in) Operating Activities	19,509	(6,116)
Cash Flows from Investing Activities:		
Additions to Property and Equipment, net	(1,487)	(37,890)
Decrease/(increase) in assets whose use is limited	1,135	974
Sale/(Purchase) of investments, net	1,998	43,788
Change in other assets	227	1,479
Net Cash Provided by/(Used in) Investing Activities	1,873	8,351
Cash Flows from Financing Activities:		
Principal payments on / proceeds from long-term debt, net	(678)	(7,037)
Principal payments on / additions to long-term lease liability, net	(504)	(499)
Principal payments on / additions to long-term subscription, net	(492)	(1,804)
Increase/(Decrease) in Cash and Cash Equivalents	19,708	(7,105)
Cash and Cash Equivalents, beginning of period	6,703	33,516
Cash and Cash Equivalents, end of period	$ 26,411	$ 26,411

Erie County Medical Center Corporation

Statistical and Ratio Summary

	September 30, 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	59.3	52.3	56.4
Days Expenses in Accounts Payable	60.1	53.7	59.1
Days Expenses in Current Liabilities	138.1	145.7	140.5
Cash to Debt	43.9%	67.3%	53.1%
Working Capital Deficit	$ (173,043)	$ (130,860)	$ (105,982)
Capital Ratios:			
Long-Term Debt to Fixed Assets	61.7%	64.8%	67.3%
Assets Financed by Liabilities	136.1%	133.5%	131.7%
Debt Service Coverage (Covenant > 1.1)	0.8	1.7	1.8
Capital Expense	2.9%	3.0%	2.9%
Average Age of Plant	8.0	8.0	8.6
Debt Service as % of NPSR	3.4%	3.9%	4.0%
Capital as a % of Depreciation	111.0%	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	-2.3%	-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	$ 280,371	$ 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 September 30, 2025

Current Period					Year to Date			
Actual	Budget	% to Budget	Prior Year		Actual	Budget	% to Budget	Prior Year
				Discharges:				
1,121	1,135	-1.2%	1,027	Med/Surg (M/S) - Acute	9,701	10,051	-3.5%	9,787
225	226	-0.3%	234	Behavioral Health	2,069	2,074	-0.3%	2,085
162	198	-18.1%	172	Chemical Dependency (CD) - Detox	1,484	1,715	-13.5%	1,595
27	19	43.6%	25	Medical Rehab	223	169	31.7%	169
1,535	1,577	-2.7%	1,458	Total Discharges	13,477	14,009	-3.8%	13,636
				Patient Days:				
8,695	8,377	3.8%	8,787	M/S - Acute	75,112	75,790	-0.9%	77,588
3,735	3,805	-1.8%	3,819	Behavioral Health	33,445	34,614	-3.4%	33,993
607	745	-18.5%	680	CD - Detox	5,637	6,340	-11.1%	5,970
505	407	24.1%	362	Medical Rehab	3,623	3,491	3.8%	3,238
13,542	13,334	1.6%	13,648	Total Patient Days	117,817	120,235	-2.0%	120,789
				Average Daily Census (ADC):				
290	279	3.8%	293	M/S - Acute	275	278	-0.9%	283
125	127	-1.8%	127	Behavioral Health	123	127	-3.4%	124
20	25	-18.5%	23	CD - Detox	21	23	-11.1%	22
17	14	24.1%	12	Medical Rehab	13	13	3.8%	12
451	444	1.6%	455	Total ADC	432	440	-2.0%	441
				Average Length of Stay:				
7.8	7.4	5.1%	8.6	M/S - Acute	7.7	7.5	2.7%	7.9
16.6	16.9	-1.6%	16.3	Behavioral Health	16.2	16.7	-3.1%	16.3
3.7	3.8	-0.6%	4.0	CD - Detox	3.8	3.7	2.7%	3.7
18.7	21.7	-13.6%	14.5	Medical Rehab	16.2	20.6	-21.2%	19.2
8.8	8.5	4.4%	9.4	Average Length of Stay	8.7	8.6	1.9%	8.9
				Occupancy:				
93.3%	86.5%	7.9%	94.0%	% of M/S Acute staffed beds	93.3%	86.5%	7.9%	94.0%
				Case Mix Index:				
2.04	1.92	6.4%	2.16	Blended (Acute)	1.98	1.87	5.7%	1.95
284	288	-1.4%	271	Observation Status	2,991	2,457	21.7%	2,590
406	501	-18.9%	426	Inpatient General Surgeries	3,825	4,431	-13.7%	3,988
594	702	-15.4%	588	Outpatient General Surgeries	5,623	6,112	-8.0%	5,614
30	22	36.4%	40	Inpatient Ancillary Surgeries	258	194	33.0%	305
41	40	2.5%	28	Outpatient Ancillary Surgeries	393	347	13.3%	289
26,008	26,491	-1.8%	24,287	Outpatient Visits	230,862	235,190	-1.8%	224,028
5,642	5,682	-0.7%	5,180	Emergency Visits Including Admits	51,002	49,861	2.3%	48,190
59.3	44.2	34.2%	60.3	Days in A/R	59.3	44.2	34.2%	60.3
2.8%	2.1%	34.6%	1.8%	Bad Debt as a % of Net Revenue	2.4%	2.1%	12.2%	2.3%
3,478	3,303	5.3%	3,295	FTE's	3,412	3,290	3.7%	3,281
4.21	4.23	-0.5%	4.18	FTE's per Adjusted Occupied Bed	4.28	4.18	2.5%	3.73
$ 19,605	$ 20,672	-5.2%	$ 19,871	Net Revenue per Adjusted Discharge	$ 19,685	$ 20,042	-1.8%	$ 17,028
$ 27,123	$ 26,853	1.0%	$ 26,787	Cost per Adjusted Discharge	$ 25,561	$ 26,513	-3.6%	$ 22,485
Terrace View Long Term Care:								
11,514	11,544	-0.3%	11,079	Patient Days	103,318	103,591	-0.3%	101,077
384	385	-0.3%	369	Average Daily Census	378	379	-0.3%	369
98.4%	98.7%	-0.3%	94.7%	Occupancy - % of Staffed beds	97.0%	97.3%	-0.3%	94.6%
502	510	-1.4%	453	FTE's	482	510	-5.4%	460
7.0	7.1	-1.2%	6.5	Hours Paid per Patient Day	7.5	7.9	-5.2%	7.3

Medical Executive Committee

CMO Report to the ECMC Board of Directors

October 2025

University at Buffalo Update

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

Current hospital operations

- Admissions YTD: 9,926
- ED visits YTD: 44,542
- CPEP visits: 7,735
- Observation: 3,051
- Inpatient Surgeries: 3,927
- Outpatient Surgeries: 5,768
- ALC days YTD: 11,229

The average length of stay MTD 7.7 CMI 1.9684

CMO Update

- Influenza vaccinations now available in the Employee Health Office.
-

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

Department of Nursing Report October 2025

As the summer winds down our Nursing staff continues to focus on providing outstanding care to our patients and our community. We continue to focus on the well being of our nursing staff as well as their professional development with ongoing achievements of best practice education, advanced certifications and further education that supports the advancement in that we provide to our patients. We celebrated several out standing staff member in September and October.

Celebrations of Outstanding Nursing staff:
Karly Klostermann RN, Psychiatric Clinical Resource Nurse - very supportive educator to our Behavioral Health areas
Cynthia Kolbert RN - MICU North - dedicated critical care Night shift RN
Michael Willard RN - Nights in TICU
Domenic Mazziotti RN MICU South - Outstanding critical care Nurse on day shift recognized by patients and families for his caring and calm support.
Nurse Hero of the Month - **Jennifer Jack RN**, works on 8z2 on the day shift and noted for her help and support to coworkers as well as patients.

Daisy Award winner - **Amanda Kiszczak, RN** Critical Care Float Nurse – provides excellent care as defined by several patients and families.

Tulip Award to **Jackline Nabulondela** - Patient support aide in PACU.

Nursing recognized an Outstanding APP for 2025 at a breakfast hosted by the Medical Staff on 9/24/25. **Christina Pagano** is an outstanding Physician Assistant that is a great leader in the Head and Neck Department and was recognized for her dedication to patients, families, and coworkers.

Our ECMC Internship program for Nursing students has continued to be a success by supporting students with extra hands-on clinical time, as well as learning team work.
There are currently 70 RN's on orientation that will be complete by the end of the year.
There are only 23 external positions posted at this time.
We are at a 92% Nurse retention rate (compared to National retention rate of 80%) .

During the recent Joint Commission visit and the Office of Mental Health visit the surveyors acknowledged several best practices that we use as a standard of care to provide high quality and safe care to our patients. They also recognized our ECMC culture as being outstanding and were impressed with our staff's engagement with the surveyors.

At the Safety Fair held on Wednesday October 22nd our staff shared education on policy updates and best practices were shared that were focused on patient and staff safety. Highlights included Infection Control, Quality initiatives, Patient safety, Emergency Preparedness and Employee Health wellness initiatives.

Communications and External Affairs Report
Submitted by Peter K. Cutler
Senior Vice President of Communications and External Affairs
October 28, 2025

Marketing

- While continuing preparations for new advertising/marketing efforts for Fall 2025 focusing on key service lines that generate high patient volume and revenue for ECMC (e.g., Orthopedics; Head and Neck Oncology), we launched an updated :30 TV ad with Jim Kelly. Also, updated ECMC's long secured billboard just east of Grider Street on the outbound side of NYS Route 33 with graphics mirroring the Jim Kelly TV spot, including the new ECMC tagline: My Choice. Better Health.

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.
- Helped coordinate 10/21/25 editorial meeting with Business First that included Tom Quatroche, Don Boyd, Joyce Markiewicz and Nancy Nielsen. The on-the-record meeting focused on the current state of healthcare in WNY and the impact of external events in both Albany and Washington, DC.
- ECMC's Medical Minute partnership with WGRZ-TV included the featured following topics in September & October: Fatty Liver Disease(Amy Foster, NP & Emily Przybyl, PA), Opioid Overdose Awareness(Dr. Martinez & Michelle Marshall, MS, CASAC), Rotator Cuff Disorders (Dr. Duquin), Fracture Care (Dr. Mutty), and PrEP (Dr. Claus).

Community and Government Relations

- Coordinated development and distribution of joint statement on October 17th from ECMC and UB regarding Gov. Kathy Hochul's announcement of new funding for both institutions through the NYS Health Care Safety Net Transformation Program.

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