



ECMCC Board of Director's Meeting

December 2, 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 OCTOBER 28TH MEETING
- III. RESOLUTIONS MAY BE DISTRIBUTED TO THE BOARD OF DIRECTORS DURING THE MEETING ON DECEMBER 2, 2025
- V. REPORTS FROM THE CORPORATION'S LEADERSHIP TEAM
 - A) **Chief Executive Officer & President**
 - B) **Chief Financial Officer**
 - C) All other reports from leadership are received and filed
- VI. REPORTS FROM STANDING COMMITTEE CHAIRS
 - A) **Executive Committee** (by Eugenio Russi)
 - B) **Finance Committee** (by Michael Seaman)
 - C) **Buildings and Grounds Committee** (by Ronald Bennett)
 - D) **HR Committee** (by Michael Seaman)
 - E) **Quality Improvement and Patient Safety Committee** (by Michael Hoffert)
- VII. EXECUTIVE SESSION
- VIII. ADJOURN

ERIE COUNTY MEDICAL CENTER CORPORATION
OCTOBER 28, 2025 MINUTES OF THE
BOARD OF DIRECTORS MEETING
HYBRID MEETING HELD

Present: Ronald Bennett*, Reverend Mark Blue, Darby Fishkin, Sharon Hanson, James Lawicki*, Christopher O'Brien, Hon. John O'Donnell, Reverend Kinzer Pointer, Thomas J. Quatroche, Eugenio Russi, Michael Seaman, Philip Stegemann, MD, Benjamin Swanekamp

Excused: Jonathan Dandes, Michael Hoffert, Christian Johnson, Jennifer Persico

Also Present: Julie Berrigan, Samuel Cloud, MD, John Cumbo, Peter Cutler, Andrew Davis, Cassandra Davis, Joseph Giglia, Julie Kline, Charlene Ludlow, Michael Manka, MD, 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 September 23, 2025 regular meeting of the Board of Directors were unanimously approved.

III. Action Items

Resolution Receiving and Filing Medical-Dental Staff Meeting Minutes

Moved by Reverend Kinzer Pointer and seconded by Reverend Mark Blue

Motion approved unanimously

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

Moved by Michael Seaman and seconded by Reverend Pointer Kinzer

Motion approved unanimously

Dr. Cloud put for the Medical Executive Committee's recommendation that Dr. Robert Qaqish be appointed the Chief of Thoracic Surgery.

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. Thomas Quatroche reported that the hospital received official notice from the American College of Surgeons to be certified as a Verified Trauma Center. The

hospital also received the Taget BP Silver+ Award from The American Medical Association/American Heart Association, CPEP Recertification for OMH and Verification for Accreditation for Behavioral Health from the Joint Commission. Additionally, the Commission on Cancer survey took place. Dr. Quatroche 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 and briefly touched on the many healthcare distinctions celebrated during the month of October. National Breast Health Awareness was celebrated with 66 Mammograms being scheduled. Foundation events highlighted the Annual Fund with 50% employee participation and the announcement of upcoming events. ECMC has hired 711 new employees since the beginning of the year, of which, 166 RNs and 63 LPNs. A review of employee elective turnover for the year indicated Erie County Medical Center at 9% and Terrace View at 8.2%; both are much lower than the National Average. New physicians were listed and the announcement of the new Symani Robot was discussed.

Chief Financial Officer

Jonathan Swiatkowski presented key statistics and performance drivers for September. There was a steady number of discharges month to month and a growth of 5.3% from last year with a similar trend in outpatient visits. Length of stay has improved from August to September, dropping from 8.0 to 7.8. ALC patients dropped from 61/day to 46/day. Acute Case Mix Index was higher than budget. September financial performance showed a net loss of \$1.7M. Mr. Swiatkowski reported days operating cash on hand at 11 to 15 and summarized the latest updates from NYS. ECMC received a FEMA grant of \$795K. Discussion followed regarding performance improvement initiatives and emerging issues and risk areas. Dr. Quatroche announced that the hospital has received word of being awarded a Safety Net Transformation grant from NY State.

V. Standing Committees

- a. **Executive Committee:** Mr. Russi reported that the information covered in the October Executive Committee meeting had been included in Board meeting.
- b. **Finance Committee:** Michael Seaman stated that the information was covered by the reporting of Mr. Swiatkowski
- c. **Human Resources Committee:** Michael Seaman gave a summary on the last HR Committee meeting. Julie Kline reported on events being held to build partnerships and program development for employees.
- d. **Quality Improvement and Patient Safety Committee:** Benjamin Swanekamp reported on the presentations given at the last QI Committee meeting.

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

VII. Recess to Executive Session – Matters Made Confidential by Law

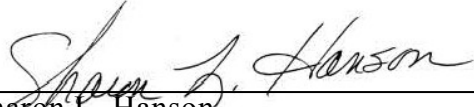
Moved by Reverend Kinzer Pointer and seconded by Sharon Hanson to enter into Executive Session at 5:01p.m. to discuss strategy matters made confidential by law.
Motion approved unanimously

Reconvene in Open Session

Moved by Reverend Kinzer Pointer and seconded by Reverend Mark Blue to reconvene in Open Session at 5:14 p.m. No action was taken by the Board of Directors in Executive Session
Motion approved unanimously

VIII. Adjournment

Moved by Reverend Kinzer Pointer to adjourn the Board of Directors meeting at 5:21pm.



Sharon L. Hanson
Corporation Secretary

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

Approved October 28, 2025

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

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

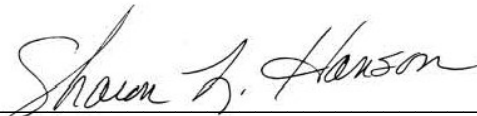
WHEREAS, on October 15, 2025, the Contracts Committee met and approved the Applicable Contracts during the period between July 1, 2025 through September 30, 2025, and reviewed contracts previously approved; and

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

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

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

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



Sharon L. Hanson
Corporation Secretary

New Contracts
July 1, 2025 - September 30, 2025

Vendor	Contract Type	Department	Effective Date	Expiration Date	Description	Annual Estimated Value
Academic Medicine Services, Inc. d/b/a UBMD Internal Medicine	Professional Services Agreement	Physician Contracting	7/1/2025	7/15/2028	Professional Services agreement for Dr. Rich to provide primary care services to ECMCC. This replaces the prior expired agreement.	[Redacted]
Academic Medicine Services, Inc. d/b/a UBMD Internal Medicine	Professional Services Agreement	Physician Contracting	7/1/2025	7/15/2028	New professional services agreement for Dr. Kapoor to provide clinical services to ECMCC.	[Redacted]
Academic Medicine Services, Inc. d/b/a UBMD Internal Medicine	Professional Services Agreement (3rd Amendment)	Physician Contracting	9/1/2025	5/31/2026	Amendment adjusts clinical coverage and rates of various care providers throughout the hospital.	\$661,656
Arc Building Partners, LLC	Services Agreement (Amendment)	Plant Operations	2/18/2025	2/18/2029	Amends hourly rates for certain CM roles.	No specific annual cost
Arc Building Partners, LLC	Services Agreement (Amendment)	Plant Operations	8/25/2025	Project completion	Construction manager to provide CM services for the lab building's analytical specimen processing instrumentation replacement.	\$577,746
Arjo, Inc.	Maintenance Agreement	Diagnostic	10/1/2025	9/30/2028	Renewal of Arjo Flex Solutions Service for resident tub inspections, preventive maintenance, and repairs.	\$62,709
Atlantic Testing Laboratories, Ltd.	Services Agreement (1st Amendment)	Plant Operations	8/27/2025	2/18/2029	Amendment to provide special inspections in the lab building.	\$3,000
Bio-Rad Laboratories, Inc.	Maintenance Agreement	Laboratory	11/19/2025	11/18/2026	Renewal of Bio-Rad Depot Service for HIV Geenius Reader in lab services.	\$1,100
BTE Technologies, Inc.	Maintenance Agreement (1st Amendment)	Rehabilitation	10/1/2025	10/1/2027	Extension of BTE PRO service warranty.	\$19,000
Change Healthcare Solutions, LLC	Services Agreement	Pharmacy	11/1/2025	10/31/2028	Agreement to establish a secondary "switch" for the retail/specialty pharmacy.	\$8,700
Comprehensive Occupational Medical Services, PC	Professional Services Agreement	Physician Contracting	11/1/2025	10/31/2028	New agreement to replace prior expired agreement covering COEM physician support for occupational medicine.	\$130,000
Evoqua Water Technologies, LLC	Services Agreement	Laboratory	8/31/2025	8/31/2026	Agreement to replace expired maintenance agreement of Evoqua water system.	\$8,545
Great Lakes Physicians, d/b/a Western New York Urology Associates	Professional Services Agreement	Physician Contracting	9/19/2025	9/18/2028	Renewal of prior agreement. Group will provide clinical urology services at ECMC.	\$629,947
Healthcare Laundry Services LLC d/b/a Ecotex	Services Agreement	Administration	3/1/2026	2/29/2036	New agreement to replace expired agreement, providing general linen and laundry services for both ECMCC and Terrace View.	[Redacted]
Infor (US), LLC	Services Agreement	I.T.	7/3/2025	12/31/2031	Implementation and subscription to Infor Financials & Supply Management System.	\$625,000
ISECURE, LLC	Services Agreement	I.T.	8/18/2025	7/23/2028	Epic connector for privacy intelligence connection testing.	\$9,850
LaBella Associates, DPC	Professional Services Agreement (10th Amendment)	Plant Operations	8/18/2025	11/14/2029	Engineering/design services to repair the carpenter shop trench drain and garage floor.	\$11,400
Launch Leadership LLC	Services Agreement	Human Resources	6/26/2025	6/25/2028	Vendor to provide coaching services to leadership as-needed.	\$5,000
Leading Edge Design Group	Services Agreement	Plant Operations	11/1/2025	10/31/2030	Preventative maintenance and repairs of back up systems at ECMC and Terrace View.	\$189,319

New York State Industries for Disabled	Services Agreement	Plant Operations	1/19/2025	1/18/2027	Vendor to provide janitorial services.	\$10,419
O'Connell Electric Co., Inc.	Maintenance Agreement (2nd Amendment)	Plant Operations	10/1/2025	9/30/2030	Renewal Amendment to continue electrical services with O'Connell Electric.	\$68,266
Siemens Healthcare Diagnostics, Inc.	Services Agreement (1st Amendment)	Laboratory	6/3/2025	6/2/2028	Amendment for the Addition of Haemonetics TEG65 UNIPOC Drivers for information exchange between analyzers and future EPIC connection.	\$27,601
Stansberry and Knight, Physician Assistants, PLLC	Professional Services Agreement	Physician Contracting	1/1/2025	12/31/2027	Vendor to provide qualified midlevel clinical staff to ECMCC.	\$436,420
Steris Corporation	Maintenance Agreement (1st Amendment)	Bio Med	9/5/2025	6/30/2028	Modification to current agreement, removal of seven pieces of equipment no longer used.	\$4,372.15
Terumo Cardiovascular Systems Corporation	Maintenance Agreement (3rd Amendment)	Bio Med	8/1/2025	7/31/2027	Extends contract for preventive maintenance and addition of diagnostics and replacement parts.	\$18,062
The Chartis Group, LLC	Professional Services Agreement	Quality Assurance	11/1/2025	10/31/2028	Vendor to provide Quality Assurance consultation services.	[Redacted]
UBMD Family Medicine, Inc.	Professional Services Agreement (1st Amendment)	Physician Contracting	7/21/2025	5/31/2026	Amendment adds administrative role, Director of Health Equity.	\$34,825
University at Buffalo Surgeons, Inc.	Professional Services Agreement	Physician Contracting	8/1/2025	7/31/2028	Replaces prior expired agreement for surgery fellowship support in bariatrics.	\$188,248
University Gynecologists and Obstetricians, Inc.	Professional Services Agreement	Physician Contracting	7/1/2025	6/30/2028	Replaces previous agreement for clinical OB/GYN services and appoints chief of service, on-call services, and consults.	\$513,641
University Otolaryngology, Inc.	Professional Services Agreement	Physician Contracting	9/1/2025	8/31/2028	Group to furnish Matthew Kabalan, M.D. to provide clinical otolaryngology services at ECMCC.	[Redacted]
Vital Tech Dental Laboratory	Services Agreement (1st Amendment)	Dental	9/26/2025	5/21/2027	Amendment to upgrade existing equipment from Vital Tech Dental Laboratory.	No cost associated
Western New York Rural Area Health Education Center, Inc	Services Agreement (3rd Amendment)	I.T.	7/1/2024	6/30/2027	Amendment to allow R-AHEC to submit funding request to FCC on behalf of ECMCC.	No cost associated

**Annual review of previously approved contracts
July 1, 2024 - September 30, 2024 (approved October 2024)**

Vendor	Contract Type	Department	Effective Date	Expiration Date	Description	Annual Estimated Value
Academic Medicine Services, Inc. d/b/a UBMD Internal Medicine	Professional Services Agreement	Clinical	5/6/2024	5/5/2027	AMS to furnish oncologist to provide clinical oncology services.	[Redacted]
Buffalo City Mission BCM (City Mission Society, Inc.)	Services Agreement (4th Amendment)	Administration	9/1/2024	8/31/2029	Amendment extending term of arrangement for patient discharges, increasing compensation, along with minor revisions to processes.	\$62,050, plus \$335 per day for RCU beds when utilized
Drager Medical, Inc.	Maintenance Agreement	Biomed	8/1/2024	8/31/2027	Maintenance services on equipment.	\$232,095
Evergreen Medical Services, Inc	Services Agreement (1st Amendment)	Plant Operations	11/28/2024	11/30/2026	Extension of existing medical gas and vacuum inspection agreement.	No change; amount remains \$21,334
Foundation Medicine, Inc.	Services Agreement	Laboratory	11/1/2024	12/31/2025	Reference laboratory agreement for instances where third party payer cannot be billed directly by lab.	\$7,400
Freed Maxick CPAs, PC	Professional Services Agreement (1st Amendment)	Administration	1/1/2024	1/1/2026	Amendment to extend reimbursement services (cost report, Medicaid/Medicare, etc.) through 2026.	[Redacted]

Great Lakes Medical Imaging, LLC	Professional Services Agreement (5th Amendment)	Clinical	8/6/2024	7/31/2026	Amendment to existing agreement extending term and adjusting compensation.	Increases compensation from \$7.0M to \$8.75M annually
Kideney Architects P.C.	Services Agreement (33rd Amendment)	Property & Plant Operations	6/3/2024	8/31/2026	33rd Amendment for Generator Replacement project.	\$774,959
LaBella Associates, DPC	Professional Services Agreement	Property & Plant Operations	11/1/2024	10/31/2029	Vendor to provide architectural services in rotation with other architects.	\$500,000
LaBella Associates, DPC	Professional Services Agreement	Property & Plant Operations	12/1/2024	11/30/2029	Vendor to provide engineering services	\$100,000
Nalco Company, LLC	Maintenance Agreement (2nd Amendment)	Plant Operations	8/16/2024	8/15/2027	Extension of supplemental water disinfection program.	[Redacted]
Sellers Dorsey & Associates LLC	Services Agreement	Administration	5/1/2024	12/31/2028	Consulting service for Medicaid Directed Payment Programs.	\$48,500
Siemens Medical Solutions USA, Inc.	Maintenance Agreement	Radiology	10/28/2024	12/31/2026	Maintenance agreement for repairs and upkeep on various Siemens manufactured equipment.	\$196,199
SpendMend LLC	Services Agreement	Compliance	10/1/2024	10/2/2029	Vendor to complete required annual audits, education and training for the 340B program.	[Redacted]
Trellis RX, LLC	Services Agreement (1st Amendment)	Pharmacy	9/1/2024	4/30/2034	Amendment extending pharmacy services.	\$7,500,000
UB Oral & Maxillofacial Surgery, Inc.	Professional Services Agreement	Clinical	6/16/2024	6/15/2027	Administrative and clinical oral and maxillofacial surgery services.	\$212,775
UB Surgeons, Inc.	Professional Services Agreement	Clinical	7/1/2024	6/30/2027	USI to provide physician for clinical transplant services.	[Redacted]
Vantage Point Logistics, Inc.	Services Agreement (1st Amendment)	Purchasing	7/31/2024	2/19/2027	Amendment confirming VPL's pricing commitment while exploring joint venture.	\$250,000
Watts Architecture & Engineering, DPC	Professional Services Agreement	Property & Plant Operations	11/1/2024	10/31/2029	Vendor to provide architectural services in rotation with other architects.	\$500,000

**Annual review of previously approved contracts
July 1, 2023 - September 30, 2023 (approved October 2023; reviewed October 2024)**

Vendor	Contract Type	Department	Effective Date	Expiration Date	Description	Annual Estimated Value
American National Red Cross	Blood Services Agreement (Second Amendment)	Clinical	7/19/2023	7/18/2026	Extension of agreement under which ECMCC purchases blood products and associated services from the Red Cross.	No change; estimated annual spend remains \$250,000
Ferguson Electric Service Co., Inc.	Services Agreement (First Amendment)	Plant Operations	8/1/2023	9/30/2025	Extension into 2025 of high voltage and switchgear services and emergency electrical work and inspections.	\$200,000
Greycastle Security, LLC	Managed Security Services Agreement (First Amendment)	IT	11/1/2023	10/31/2025	Vendor provides IT security assessments and cyber security services.	[Redacted]
HP Inc. (Hewlett Packard)	Managed Print Services Agreement (Third Amendment)	Public Relations	10/1/2023	9/30/2027	Renewal agreement of managed print services with HP.	\$281,412
Maxim Healthcare Services, Inc.	Services Agreement	HIM	8/23/2023	8/22/2026	Vendor to provide coding services on as-needed basis to ECMCC. (Anticipate renewal beyond 1-year term.)	\$400,000
Medtronic USA, Inc.	Maintenance Agreement	Operating Room	9/29/2023	9/28/2026	Maintenance on eighteen pieces of OR equipment.	\$63,000
OEC Medical Systems, Inc. (a GE Healthcare business)	Maintenance Agreement	Imaging	4/8/2024	4/7/2029	Maintenance of various pieces of GE imaging equipment.	\$7,593
Pentax Medical	Maintenance Agreement	Operating Room	10/1/2023	2/29/2027	Maintenance of various pieces of OR equipment.	\$79,996
Philips Healthcare, a division of Philips North America LLC	Maintenance Agreement	Imaging	4/1/2024	3/31/2029	Maintenance of various pieces of Imaging equipment.	Year 1: \$303,652 Year 2: \$288,189 Year 3: \$226,513 Years 4-5: \$180,653

Press Ganey Associates, Inc.	Survey Agreement (Amendment)	Administration	8/1/2023	12/31/2025	Short-term extension to patient satisfaction survey engagement while RFP pending.	[Redacted]
UB Family Medicine, Inc.	Professional Services Agreement (First Amendment)	Clinical	11/15/2022	11/15/2025	Extends term of chemical dependency agreement into 2025; increases to chief of services, inpatient services, and consultations vs. original 2019 agreement.	Increase from \$1,421,119 to \$1,480,060 (2022-23), \$1,507,971 (2023-24), & \$1,536,439 (2024-25)
University at Buffalo Surgeons, Inc.	Professional Services Agreement	Clinical	1/9/2023	1/8/2026	Assigns physician to provide surgical transplant services to ECMCC.	[Redacted]

**Annual review of previously approved contracts
July 1, 2022 - September 30, 2022 (approved October 2022; reviewed October 2023 and 2024)**

Vendor	Contract Type	Department	Effective Date	Expiration Date	Description	Annual Estimated Value
AllPro Parking, LLC	Valet Services Agreement	Administration	12/6/2022	12/5/2025	Valet parking services for hospital visitors and patients.	[Redacted]
Bond, Schoeneck & King	Engagement Letter	Legal	11/1/2022	10/31/2025	Firm to provide primary counsel regarding payer matters and secondary regarding physician, real estate, and regulatory matters.	\$5,000
Change Healthcare Technology Enabled Services, LLC	Master Relationship Agreement	Revenue Cycle	11/1/2022	10/31/2025	Vendor to provide third party billing services for professional billing component.	\$1,100,000
Carestream Health, Inc.	Service Agreement	Imaging	12/26/2022	12/25/2027	Servicing on various pieces of imaging equipment.	\$199,004
Gering USA Sales, LLC	Maintenance Agreement	Biomed	9/14/2022	9/13/2027	Service plan for biomed equipment.	\$2,496
Goldberg Segalla, LLP	Engagement Letter	Legal	11/1/2022	10/31/2025	Firm to provide secondary counsel regarding general liability matters.	\$5,000
Magavern, Magavern, & Grimm LLP	Engagement Letter	Legal	11/1/2022	10/31/2025	Firm to provide primary counsel regarding estate/surrogate, guardianship, trespass, and mental health matters, and secondary regarding collection matters.	\$550,000
SpendMend, LLC	Services Agreement (Fourth Amendment)	Purchasing	3/3/2020	Evergreen	Adjusts fees for audit to 22% of benefit resulting from audit; allows for termination on 60 days' notice.	\$5,000
UB Family Medicine, Inc.	Professional Services Agreement (First Amendment)	Medical	9/6/2021	9/13/2027	Adds pediatric on-call services.	Adds \$20,000/year to existing agreement

**Annual review of previously approved contracts
July 1, 2021 - September 30, 2021 (approved October 2021; reviewed October 2022, 2023, and 2024)**

Vendor	Contract Type	Department	Effective Date	Expiration Date	Description	Annual Estimated Value
Cardinal Health 200, LLC	Inventory Storage Services Agreement	Purchasing	9/15/2021	Evergreen	Cardinal to provide storage for state-mandated 90-day PPE supply.	\$31,680
Favorite Healthcare Staffing	Staffing Services Agreement	Human Resources	7/22/2021	Evergreen	Staffing agency providing clinical staff to ECMCC and Terrace View.	Varies based on need
Fortus Travel Group, Inc.	Staffing Services Agreement	Human Resources	6/17/2021	Evergreen	Staffing agency providing clinical staff to ECMCC and Terrace View.	Varies based on need
Select Actuarial Services	Vending Services Agreement	Finance	7/1/2021	12/31/2025	Provision of actuarial services related to medical professional liability.	[Redacted]

Annual review of previously approved contracts

July 1, 2020 - September 30, 2020 (approved October 2020; reviewed October 2021, 2022, 2023, and 2024)

Vendor	Contract Type	Department	Effective Date	Expiration	Description	Annual Estimated Value
				Date		
GE Precision Healthcare, LLC	Servicing Agreement	Biomed	7/15/2020	7/14/2027	Servicing for biomed equipment.	\$66,471

MINUTES

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

Excused: Dr. Lakshpaul Chauhan

Agenda Item	Discussion	Action	Follow-up
I. CALL TO ORDER	Dr. Bakhai called the meeting to order at 3:04 pm.		
II. ADMINISTRATIVE			
A. Minutes	Minutes from the September 4, 2025 meeting were reviewed and approved.	A motion was made by Dr. Mandip Panesar and unanimously carried to approve the minutes of the September 4, 2025 meeting as submitted.	Via these minutes, the Credentials Committee recommends same to the Medical Staff Executive Committee.
B. Deceased	None	None	None
C. Applications Withdrawn/Processing Cessation (2)	<u>Orthopaedic Surgery:</u> Collin Krasowski, PA-C withdrew application. He no longer wants the position. <u>Neurology – Remote Neuro Monitoring:</u> Breyanna Grays, MD withdrew application. Contract states they are only allowed to have 5 staff members. This application would exceed that number.	Noted	Informational purposes only
D. Automatic Conclusion (Initial Appointment)	None	None	None
E. Name Changes (2)	<u>Emergency Medicine:</u> Samanntha Smith, PA-C to Samanntha Mitchell, PA-C	Noted	Informational purposes only

		Madison Keogan, PA-C to Madison Fox, PA-C			
F. Leave of Absence (5)		<p>Anesthesiology: Jessica Kazmierczak, CRNA – maternity – RTW 10/17/2025</p> <p>Internal Medicine: 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</p>	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
Elizabeth Koch, MD	Anesthesia	<ul style="list-style-type: none"> • ECMC • Leaving ECMC • Confirmed via email 	N/A	10/13/2025	04/28/2020
Kevin Nowak, MD	Anesthesia	<ul style="list-style-type: none"> • ECMC • Leaving ECMC • Confirmed via email 	N/A	08/29/2025	01/25/2022
Sara Remillard, CRNA	Anesthesia	<ul style="list-style-type: none"> • ECMC • Leaving ECMC • Confirmed via email 	N/A	09/27/2025	03/26/2024
Alexandra Peters, PA-C	Emergency Medicine	<ul style="list-style-type: none"> • UEMS • Leaving ECMC • Confirmed via email 	N/A	09/16/2025	10/31/2017
Tegbeer Singh, MD	Internal Medicine	<ul style="list-style-type: none"> • Apogee 	N/A	09/29/2025	11/23/2021

		<ul style="list-style-type: none"> Leaving practice plan Confirmed via email 			
Akash Bhatnagar, MD	Radiology	<ul style="list-style-type: none"> GLMI Leaving GLMI Confirmed via email 	N/A	09/25/2025	06/25/2024
Mitchell Edquist, MD	Radiology	<ul style="list-style-type: none"> GLMI Left GLMI Confirmed via email 	N/A	08/25/2025	07/22/2025
III. CHANGE IN STAFF CATEGORY					
		None			
IV. CHANGE/ADDITION Collaborating/Supervising (1)					
A. Kayla Nieswiadomy, ANP	<u>Internal Medicine:</u> <ul style="list-style-type: none"> Changing from Dr. Von Visger to Dr. Hasan Fattah 		Noted	For informational purposes only	
V. CHANGE DEPARTMENT/ PRIVILEGE ADDITION/ REVISION (1)					
A. Graham Skelhorne-Gross, MD	<u>Surgery/Critical Care</u> <ul style="list-style-type: none"> Adding ECMO Cannulation & Management <p>Drs. Brewer and Flynn have requested adding criteria for ECMO to the Surgery Privilege form. Dr. Skelhorne-Gross trained for ECMO during fellowship. Competency was confirmed with the program director. We will add documented Fellowship Training as the only current pathway to securing these privileges, but will work to identify training and competencies to expand.</p>		The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	<p>Via these minutes, the Credentials Committee recommends approval to the Medical Staff Executive Committee.</p> <p>Notification to Revenue Cycle & Decision Support upon approval of the Board.</p>	
VI. PRIVILEGE WITHDRAWAL					
VII. UNACCREDITED FELLOWSHIPS					
		None	None	None	

VIII. INITIAL APPOINTMENTS (11)			
Sean DaSilva, MD Anesthesiology & Pain Management	<ul style="list-style-type: none"> • St. George's University School of Medicine MD December 2004 • Time gap – Residency interviews/match, J1 Visa process January 2005 to July 2005 • ECFMG certification March 2005 • University of Arkansas for Medical Sciences Anesthesiology Residency July 2005 to June 2009 • Western University Anesthesiology Clinical Fellow July 2009 to June 2010 • Time gap – registration to practice in Ontario Canada, hospital credentialing, July 2010 to September 2010 • Anesthesiologist – Chatham-Kent Health Alliance Hospital September 2010 to June 2012 • Time gap – completion of Anesthesia employment in Ontario, planning return to USA, volunteered in West Africa as Anesthesiologist July 2012 to October 2012 • Private practice Acupuncture & Pain Management, Windsor, ONT October 2012 to December 2013 • Anesthesiologist – United Memorial Medical Center, Batavia, NY December 2012 to July 2013 • Time gap - processing of green card and permanent residency 	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	<p>Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.</p> <p>Notification to Revenue Cycle and Decision Support upon approval of the Board.</p>

	<p>status January 2014 to March 2014</p> <ul style="list-style-type: none"> • Locum Anesthesiologist – Vestal, NY March 2014 to December 2014, Buffalo, NY July 2014 to December 2018, and East Lansing, MI May 2017 to July 2017 • Parkside Medical Anesthesia Associates December 2014 to August 2023 • Locum Anesthesia, Anesthesia Medical Consultants September 2023 to present • Jacobs School of Medicine Anesthesiology Pain Medicine Fellowship July 2024 to June 2025 • Joining ECMC Anesthesiology and Pain Management November 2025 <p>American Board of Anesthesiology certified and Pain Management eligible</p>		
Jouzif Ibrahim, MD Anesthesiology	<ul style="list-style-type: none"> • Medical University of Americas MD January 2014 • McGraw Hill Higher Education – composing, editing, and proofreading First Aid for the USMLE Step 1: the premiere text for medical students preparing for the USMLE Step 1 exam May 2013 to December 2018 • Time gap – prepare USMLE Step 3, pending VISA for Residency January 2014 to June 2014 	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	<p>Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.</p> <p>Notification to Revenue Cycle and Decision Support upon approval of the Board.</p>

	<ul style="list-style-type: none"> • Jacobs School of Medicine Anesthesiology Residency June 2014 to June 2018 • Time gap – pending VISA for Fellowship July 2018 to December 2018 • Henry Ford Hospital Pain Medicine Fellowship January 2019 to December 2019 • Time gap – preparing for ABA Pain Management board and awaiting ONT medical license January 2020 to April 2020 • Staff Anesthesiologist, Quinte Health May 2020 to March 2022 and Interventional Pain Management Physician Kingston Orthopaedic Institute May 2020 to February 2020 • Time gap – US job interviews, applied for NY license and hospital credentials April 2022 to November 2022 • Staff Anesthesiologist, Parkside Medical Anesthesia Associates December 2022 to present • Joining ECMC Anesthesiology November 2025 • American Board of Anesthesiology and Pain Management certified 		
Peter Todoro, PA-C Anesthesiology & Pain Management	<ul style="list-style-type: none"> • D'Youville College Master of Science Physician Assistant December 2019 • Time gap – studied for boards, surgery and start of COVID December 2019 to April 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.

	<p>worked as Consultant for Health and Wellness Programs for Individuals with Disabilities June 2014 to March 2020</p> <ul style="list-style-type: none"> • Physician Assistant Interventional Pain Management – GPPC at ECMC April 2020 to September 2020 • Physician Assistant in Neurosurgery – Axis Neurosurgery ad Spine September 2020 to present • Hired by Grider Support Services as Physician Assistant Interventional Pain Management November 2025 • Supervising Physician Dr. Thomas Suchy, III • NCCPA certified 		Notification to Revenue Cycle and Decision Support upon approval of the Board.
Anthony Yarussi, MD Anesthesiology	<ul style="list-style-type: none"> • University of Miami MD May 1989 • Jacobs School of Medicine Internal Medicine Residency June 1989 to June 1990 and Anesthesiology Residency July 1990 to June 1993 • Roswell Park Cancer Institute Anesthesiology Fellowship July 1993 to June 1994 • Staff Anesthesiologist Roswell Park Cancer Institute March 1994 to present • Joining Preferred Physician Care, PC American Board of Anesthesiology certified 	<p>His current DEA is restricted for use only at RPCI. He has applied for an unrestricted DEA.</p> <p>The Committee voted, all in favor, to approve the appointment with privileges granted as requested.</p>	<p>Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.</p> <p>Notification to Revenue Cycle and Decision Support upon approval of the Board.</p>

Sarah Bovo, PA-C Emergency Medicine	<ul style="list-style-type: none"> • Daemen University Master of Science Physician Assistant May 2025 • Time gap – preparing for PANCE, obtain license, credentialing May 2025 to October 2025 • Joining UEMS • Supervising Physician Dr. Evan Shaw • NCCPA certified • Flag reviewed. Documentation plan in place with UEMS. 	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	<p>Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.</p> <p>Notification to Revenue Cycle and Decision Support upon approval of the Board.</p>
Arynn Horne, PA-C Emergency Medicine	<ul style="list-style-type: none"> • Stony Brook University Master of Science Physician Assistant June 2025 • Time gap - preparing for PANCE, obtain license, credentialing June 2025 to October 2025 • Joining UEMS • Supervising Physician Dr. Kaori Tanaka • NCCPA certified 	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	<p>Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.</p> <p>Notification to Revenue Cycle and Decision Support upon approval of the Board.</p>
Bradley Rush, NP Family Medicine	<ul style="list-style-type: none"> • St. John Fisher University Master of Science Nurse Practitioner May 2024 • Registered Nurse URMH Strong Memorial Hospital Orthopaedics March 2015 to January 2022, RRH Unity Hospital January 2022 to September 2024, and Novant Health New Hanover Regional Medical Center Traveling Nurse September 2024 to February 2025 • Nurse Practitioner UBMD Primary Care February 2025 to present 	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	<p>Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.</p> <p>Notification to Revenue Cycle and Decision Support upon approval of the Board.</p>

	<ul style="list-style-type: none"> • Joining UBMD Addiction Medicine at ECMC • Collaborating Physician Dr. Kimberly Wilkins • AANP certified 		
Jordyn Edwards, NP Internal Medicine	<ul style="list-style-type: none"> • Daemen University Master of Science Adult Gerontology Primary Care Nurse Practitioner January 2025 • Registered Nurse McGuire Group May 2015 to present and Elite Home Health Care Field RN October 2022 to present • Joining GPPC Palliative Care • Collaborating Physician Dr. Anne Banas • AANP certified 	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	<p>Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.</p> <p>Notification to Revenue Cycle and Decision Support upon approval of the Board.</p>
Leanna Ortolano, NP Internal Medicine	<ul style="list-style-type: none"> • D'Youville College May 2012 • Registered Nurse Roswell Park Cancer Institute June 2007 to July 2012 • Family Nurse Practitioner – Division of Gastroenterology Roswell Park Cancer Institute July 2012 to present • Joining ECMC Gastroenterology • Collaborating Physician Dr. Navpreet Rana • ANCC certified 	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	<p>Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.</p> <p>Notification to Revenue Cycle and Decision Support upon approval of the Board.</p>
Dean Salem, MD Internal Medicine	<ul style="list-style-type: none"> • State University of New York at Buffalo MD June 2020 • University of Rochester Internal Medicine Residency June 2020 to June 2023 • Time gap – Vacation, credentialing and enrollment June 2023 to September 2023 	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	<p>Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.</p> <p>Notification to Revenue Cycle and Decision</p>

	<ul style="list-style-type: none"> • UBMB Internal Medicine Hospitalist September 2023 to present American Board of Internal Medicine certified 		Support upon approval of the Board.
Michael Pirics, MD OB/GYN	<ul style="list-style-type: none"> • Baylor College of Medicine MD May 2009 • Time gap – awaiting start of Residency May 2009 to July 2009 • Houston Methodist Hospital Obstetrics and Gynecology Residency July 2009 to June 2013 • Time gap – awaiting start of employment following graduation June 2013 to August 2013 • Private practice Pasadena OB/GYN Associates August 2013 to June 2015 • Academic practice Houston Methodist Obstetrics and Gynecology Associates July 2015 to August 2025, St. Joseph Medical Center Women’s Outpatient Clinic July 2015 to May 2024, Director, Raymond H. Kaufman Dysplasia Clinic November 2016 to April 2025 • UB OB/GYN August 2025 to present American Board of Obstetrics and Gynecology 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.
X. Temporary Privileges (3)	<ul style="list-style-type: none"> • Christine Oliveri, PA-C Internal Medicine Granted 09/08/2025 • Joshua Burk, MD Surgery 	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.

	Granted 09/09/2025 • Dylan Tanzer, MD Surgery Granted 09/16/2025		Notification to Revenue Cycle and Decision Support upon approval of the Board.
IX. REAPPOINTMENTS (35)	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
Cantie, Shawn MD	Anesthesia	Active	
Marso, Lisa CRNA	Anesthesia	AHP	
Resitarits, Christopher CRNA	Anesthesia	AHP	
Conley, Evan DDS	Dentistry	Active	
Emerson, Kelly PA Supervising MD: Kaisler	Emergency Medicine	AHP	
Akkinepally, Sita MD	Family Medicine	Active	
Murtha, Jennifer FNP Collaborating MD: Wilber	Family Medicine	AHP	
Shields, Paul DO	Family Medicine	Active	
Banas, Michael MD	Internal Medicine	Active	<u>Privilege Withdrawal:</u> <ul style="list-style-type: none"> Internal Medicine, Cardiology – Level I Procedural Privilege: Cardioversion: Elective Internal Medicine, Cardiology – Level I Procedural Privilege: Stress Testing, all forms – exercise, pharmacologic
Hitchcock, Julia MD	Internal Medicine	Active	

McDaniel Timothy MD	Internal Medicine	Active	
Mian, Mohsin MD	Internal Medicine	Active	
Pansar, Mandip MD	Internal Medicine	Active	<u>Privilege Withdrawal:</u> Internal Medicine, Level II Nephrology: Thrombolytic Management of Vascular Access
Sarquiz, Ashley MD	Internal Medicine	Active	<u>Privilege Addition:</u> Internal Medicine Level II Privileges: Intraosseous Vascular Access
Tadakamalla, Ashvin MD	Internal Medicine	Active	<u>Privilege Addition:</u> Internal Medicine Level II Privileges: Intraosseous Vascular Access
Cruz, Marco MD	Neurology	Active	
Fahrbach, John MD	Neurosurgery	Active	
Flihan, Donald DDS	Oral & Maxillofacial Surgery	CR&F	
Daoust, Jeffrey PA-C Supervising MD: Falcone	Orthopedic Surgery	AHP	
Reed, Kory MD	Orthopedic Surgery	Active	
Harris, Rachel FNP Collaborating MD: Loree	Plastic & Reconstructive Surgery	AHP	
Mikowski, Annemarie DO	Psych & Behavioral Medicine	Active	
Singh, Joshna MBBS	Psych & Behavioral Medicine	Active	
Ciabattoni, Steven MD	Radiology	Active	
Kulkarni, Kedar MD	Radiology	Active	
Pasquini, Robert PA-C Supervising MD: J. McGrath	Radiology	AHP	
Pericak, Jason MD	Radiology	Active	
Radich, George MD	Radiology	Active	
Runyan, Stephanie DO	Radiology	Active	
Singh, Amrit MD	Rehab Medicine	Active	
Harris, Linda MD	Surgery	Active	
Jordan, Jeffrey MD	Surgery	Active	
Dugan, Rynane PA-C Supervising MD: Perry	Thoracic/Cardiovascular Surgery	AHP	
Dinerman, Brian MD	Urology	Active	
Hanzly, Michael DO	Urology	Active	

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

X. AUTOMATIC CONCLUSION	Reappointment Expiration		
1st Notice	<u>Internal Medicine - Nephrology</u> Laura Spyche, ANP: Reappointment application not returned. Certified letter was sent. No response received. Insurance expires 11/01/2025.	For informational purposes.	None necessary.
2nd Notice	<u>Family Medicine</u> <ul style="list-style-type: none"> Charles Yates, MD: Letting privileges expire 11/30/2025 per email from Partners Medical 	For informational purposes.	None necessary.
3rd Notice	<u>Internal Medicine</u> Celene Cannon-Tinder, FNP: Letting privileges expire 10/30/2025 <u>Radiology – VRAD</u> Mark Lanoue, MD: Letting privileges expire 10/31/2025 per VRAD	For informational purposes.	None necessary.
XI. PROFESSIONAL PRACTICE EVALUATIONS			
OPPE	No OPPEs conducted this month. The Departments of the Medical Staff are divided into groups A through H, and each “round” is a complete OPPE cycle. Round 14 is complete. Round 15 begins in November 2025.	Noted	Noted
FPPE	6 FPPEs were distributed	No issues identified.	FPPEs will be re-evaluated in 3 months
Tracking/Trending	One (1) VIP or documentation (Internal Medicine)	None	Noted

XII. OLD BUSINESS			
Expirables	No expirables are past, everything is up to date. One COI expires 10/05/2025. Notices have been sent & phone calls have been made.	Follow-up is on-going to maintain compliance	For informational purposes
DEA, License, Boards	<u>October 2025</u> <ul style="list-style-type: none"> • DEA-7 • License- 9 • Boards-1NP <u>November 2025</u> <ul style="list-style-type: none"> • DEA- 16 • License – 31 • Boards-2 NP/1CRNA 	No action is necessary at this time.	For informational purposes
MD Staff Update	We are moving forward pretty quickly now. We will have some really good efficiencies & the build is going well.	None.	Updates will continue as more progress is made.
XIII. NEW BUSINESS			
Privilege Form Updates	<ul style="list-style-type: none"> • Neurology Physician • Neurology NP • Neurology PA • Dentistry Physician • OBGYN Physician • Urology Physician • Plastic & Reconstructive Surgery (Robotic Microvascular Surgery) • Surgery – addition of ECMO if trained in Fellowship/Residency. <p>The modification to the Plastic & Reconstructive Surgery privileges involves the addition of a new robot for approved for microsurgery. Criteria was reviewed and approved.</p>	Forms reviewed and approved.	Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.
Late Fee	Dr. Fiyinfolu Odemuyiwa has requested that the \$250 late fee for not returning her reappointment application on time be waived. The reappointment packet was sent out in mid-May 2025. Follow-up reminders were sent throughout June & July 2025.	Dr. Odemuyiwa will be notified of the Committee's decision.	For informational purposes only.

	After discussion, the Committee felt that Dr. Odemuyiwa had plenty of time to return her reappointment packet prior to the issues she referenced. A motion was made and seconded, all in favor that the \$250 late fee will not be waived.		
Anthony Mazzarulli, MD	The Committee discussed a potential flag, due to wording on the NPDB report. In clarification, the NPDB removed the flag.	A motion was made and carried, all in favor that the flag be cleared to give him temporary privileges if the application can be completed to that point.	Noted.
XIV. ADJOURNMENT	There being no further business to discuss, the meeting was adjourned at 3:53 pm.		

Respectfully submitted,



Yogesh Bakhai, MD
Chair, Credentials Committee

ERIE COUNTY MEDICAL CENTER CORPORATION
OCTOBER 21, 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: ANDREW DAVIS, JOSEPH GIGLIA, JONATHAN SWIATKOWSKI

*VIRTUAL

I. Call to Order

The meeting was called to order at 4:02 p.m. by Board Chair Eugenio Russi.

II. Minutes

Motion made by Darby Fishkin, seconded by Sharon Hanson and unanimously passed to approve the minutes of the Executive Committee meeting of September 16, 2025.

III. Hospital Update

General Overview

Dr. Thomas Quatroche reported on several accreditation visits and also follow-ups to previous surveys. The Joint Commission final report should arrive next week. The hospital has acquired a new robot – the Symani robot. Andy Davis described the many uses for the robot including micro neurosurgery. Discussion followed. Tom Quatroche, Don Boyd and Joyce Markiewicz participated in a Business First panel discussion on the State of Healthcare.

Finances Report

Jonathan Swiatkowski presented key statistics and performance drivers for September. There was some improvement in patient discharges from prior months although short of budget. Surgeries and outpatient visits are still down from budget. Length of stay is lower, from 8 days to 7.8 days. ALC patients decreased slightly. Acute Case Mix Index was higher than planned. FTEs are down. September financial performance showed a net loss of \$3M. Mr. Swiatkowski reported days operating cash on hand between 11 and 15. The hospital received a \$795,000 FEMA payment in September. New York State made a 2024 UPL payment of \$16.4 M in the beginning of October to Terrace View. Additional conversation followed.

IV. 2026 Budget Discussion

The hospital is working on a plan to limit hiring and overtime by January. Additional plans will be made in the new year after an assessment is made of progress. Discussion followed.

V. Safety Net Transformation Award

Dr. Quatroche discussed the submission of the grant application, what was asked for and what he anticipates will be received.

VI. Adjourn

There being no other business, the meeting was adjourned at 4:37 p.m.

ERIE COUNTY MEDICAL CENTER CORPORATION
BOARD OF DIRECTORS
MINUTES OF THE FINANCE COMMITTEE MEETING

TUESDAY, OCTOBER 21, 2025

BOARD MEMBERS PRESENT
OR ATTENDING BY VIDEO
CONFERENCE OR
TELEPHONE:

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

** ATTENDING BY
VIDEO CONFERENCE OR
PHONE

BOARD MEMBERS EXCUSED:

ALSO PRESENT:

JONATHAN SWIATKOWSKI
DR. THOMAS QUATROCHE
VANESSA HINDERLITER
ANDREW DAVIS

I. CALL TO ORDER

The meeting was called to order at 8:32 AM by Chair Michael Seaman.

II. REVIEW AND APPROVAL OF MINUTES

Motion was made by Benjamin Swanekamp, seconded by Darby Fishkin, and unanimously passed to approve the minutes of the Finance Committee meeting of September 16, 2025.

III. SEPTEMBER 2025 OPERATING PERFORMANCE

Mr. Swiatkowski began his presentation with a review of key statistics for the month of September. He noted improved inpatient volume but that it continued to trend under budget. The ALC population also improved but remained high at 45 versus 51 in the previous month. He noted that challenges in overall surgeries continued although improvements were noted, especially in outpatient. New surgeons in orthopedics, ENT and trauma showed significant increases. Average length of stay was noted to have also improved, from 7.8 vs 8.0 in the previous month, however, overall, the length of stay continued to exceed plan.

Mr. Swiatkowski reported a \$3.1 million loss for the month, which exceeded the budgeted loss. FTEs decreased from August levels but remained significantly higher than plan.

September was a positive cash month, but due in part to help from NYS as well as positive AR improvement.

Mr. Swiatkowski reviewed the average length of stay, which was noted to have improved from 8 days to 7.8. He noted that 28 ALC cases were discharged which is significant. Dr. Stegemann asked for details regarding ALC and how it is affecting the average length of stay calculation, and a conversation was had generally among the Committee regarding ALC cases and the continued challenges finding alternative housing for those patients.

Mr. Swiatkowski reported a total operating loss of \$3.1 million; a similar trend to prior months led by salary expenses and shortfalls in revenue. He noted a strong month of non-operating investment income, which led to an overall net loss of \$1.7 million versus the \$1.3 that was budgeted.

Mr. Swiatkowski reported that ALCs continued the trend driving lower revenue per case. Observation was noted to be in line with budget which is a different trend from the beginning of the year. Net patient service revenue was affected by lower numbers in both inpatient and outpatient services. Mr. Swiatkowski noted that higher bad debt expenses affected these numbers as well.

Mr. Swiatkowski reported that surgeries and transplants were significantly underbudget. Mr. Swiatkowski discussed a new CMS payment model related to kidney transplants, which is incentivizing organizations to take more complex patients and is driving the under volume at ECMC. Mr. Davis confirmed that this trend is being monitored and taken into consideration in future budgeting and operating plans.

Mr. Swiatkowski noted surgeries in bariatrics, ENT and neurosurgery are down, but growth is expected in these areas. Mr. Davis clarified the changes to the neurosurgery program as well as the ENT surgeon who was out on leave.

Mr. Swiatkowski reported that Specialty Pharmacy drove other operating revenue, creating an approximate \$500,000 margin for the month in the program. He noted that the specialty pharmacy continues to be a strong source of margin even considering higher fees due to the higher volume.

Mr. Swiatkowski next reviewed DSH and IGT numbers. He informed the Board that a reconciliation based on audits is ongoing, and the revenue will be adjusted to account for changes as they occur. He reported that a 2024 nursing home payment was received in early October and was \$3 million dollars higher than initially anticipated, which will be recorded once all reconciliations take place.

Mr. Swiatkowski presented the month's expenses. He noted, and Dr. Quatroche confirmed, that FTEs continue to present the largest expense, and ECMCC is consistently working to monitor and maintain those costs which will be reviewed and considered in January.

Mr. Swiatkowski reported that employee health insurance claim costs continue to trend positively, and the retiree health benefit costs will be reviewed after the actuarial report is received at year-end. He noted physician fees and costs of mid-level providers continue to be a notable cost within PHP, the captive physician PC, which continues to grow.

Mr. Swiatkowski reported that supplies were in line with budget but due to a decrease in surgery volume. Other expenses were reported to include contracted nursing labor, creating an approximate variance of \$190,000. Additional costs related to joint commission were also noted as the visit occurred during September.

Mr. Swiatkowski reviewed year to date statistics. He reported a \$33 million operating loss before grant revenue versus \$23 million budgeted. Grant revenue was noted to be \$9.9 million, with no additional FEMA grants anticipated for 2025.

Mr. Swiatkowski reported that non-operating income continues to be strong. Due to this, the report for the month shows a \$14.2 million net total loss versus the \$20.1 million that was budgeted.

Mr. Swiatkowski reviewed year to date operating revenue. He reported that inpatient volume, although higher than last year by almost 6%, remained under budget. ALC and Observation cases also contributed to the variance, with specialty pharmacy partially offsetting the variance by exceeding revenue expectations.

Mr. Swiatkowski reviewed year to date operating expenses. He noted that the variance in physician fees continue to be driven by the residency contracts. The transition from GPPC to PHP was noted to have created some additional infrastructure expenses for 2025. Specialty pharmacy fees were noted as a significant operating expense that is being offset by revenue. He noted depreciation and interest is reconciled throughout the year and clarified that reported interest costs are also a function of some additional leases that now must be accounted for under new accounting rules.

IV. OTHER UPDATES

Mr. Swiatkowski provided updates on cash flow, which was noted to be 11-15 days, excluding designated funds. Mr. Swiatkowski noted an increase in payer denials, leading to payment delays, with days in AR currently at 59. He noted that the target is to be below 50 days which would have an impact of approximately \$20 million in revenue. Mr. Swiatkowski noted that there are consistent communications with the payers and regulatory agencies regarding these voluminous denials.

Mr. Swiatkowski reported that in October, ECMCC has been working with New York State and Erie County regarding DSH payments and the recoupments owed to the State. He reported that when the payment is due an IGT payment will be paid as an offset.

Mr. Swiatkowski informed the Committee that a 2024 nursing home payment of \$16.4 million was received in early October, which was not expected until December. Mr. Swiatkowski noted that New York State and Erie County have agreed to move some IGT funding from 2026 to 2025 in order to spread out the cash flow.

Mike Seaman requested clarification regarding New York State grants and funding, and a conversation was had generally regarding the details of Mr. Swiatkowski's presentation.

A conversation was had generally regarding the federal government shutdown, CMS, and how that might affect ECMCC should it continue.

Mr. Swanekamp requested details regarding Premier Health Partners. Mr. Swiatkowski clarified the relationship between ECMCC and the captive PC. Mr. Davis noted that previously, Kaleida and ECMCC had worked together in a similar capacity. Grider Support Services was noted to provide back end, billing and clerical services to the providers in the captive PC.

V. ADJOURNMENT

There being no further business, the meeting was adjourned at 9:13 AM by Chair Michael Seaman.

BOARD OF DIRECTORS
MINUTES OF THE HUMAN RESOURCES COMMITTEE MEETING
TUESDAY, SEPTEMBER 9, 2025
10:00 – 11:00 A.M.
VIA MICROSOFT TEAMS

**VOTING BOARD
MEMBERS PRESENT:**

MICHAEL SEAMAN
MICHAEL HOFFERT

REV. KINZER POINTER

EXCUSED:

ANDREW DAVIS

**ALSO
PRESENT:**

ERIN CONLEY
HEATHER GALLAGHER
SEAN BEITER

JULIE KLINE
LISA HIGHWAY
CYNTHIA BASS

I. CALL TO ORDER

Michael Seaman, Chair, called the meeting to order at 10:00 a.m.

II. APPROVAL OF MINUTES

Motion was moved by Michael Seaman and seconded by Michael Hoffert to approve the minutes from the Human Resources Committee meeting of July 8, 2025.

III. HUMAN RESOURCES UPDATE

Julie Kline, Chief Human Resources Officer, gave an update on her first 100 days. She and the team have been able to reconcile grievances, cutting our numbers in half. The team is being organized and responsive. They are focused on planning ECMC's EPIC implementation. This is Julie's fourth EPIC implementation. Julie has been asking Kaleida what they are doing with their EPIC implementation and how we can learn from them. Julie and the team have been meeting with unions and SUNY Niagara. Community members from the age of twenty-five to fifty-five have the opportunity for free community college. SUNY Niagara will join us face to face in October. We are setting up cohorts giving us a great way to improve employee retention. Michael Hoffert brought up the mass trauma on Hwy 90 within the last few weeks. Michael is proud ECMC's employees stepped up and took care of everyone in this tragic accident. We had patients brought in via ambulatory and helicopter. Michael would like to recognize those who led the effort. Michael Seaman asked Julie and Tom to coordinate speaking to the ECMC Board at the next ECMC Board Meeting. Julie confirmed she is happy to speak on SUNY Niagara and recognizing the leaders of the mass trauma event.

IV. HOSPITAL UPDATE

Andrew Davis, President and Chief Operating Officer, was unable to attend the meeting.

V. EMPLOYEE RECOGNITION – ECMC AND TERRACE VIEW

Erin Conley, Training Coordinator, presented the Employee Recognition Awards for the months of July and August. ECMC was proud to celebrate the honorees for their outstanding achievements and unwavering dedication to excellence.

ECMC Employee of the Month

- July 2025 – Noel Dela Cruz, Emergency Room Technician – ED
- August 2025 – Eva Davis – Medical/Surgical Technician –

Terrace View Employee of the Month

- July 2025 – Brenda Blachowicz – Respiratory Therapist – Terrace View
- August 2025 – Ashley Kraska – Certified Nursing Assistant – Terrace View

Employee Recognition

- Tulip Award – Is Scheduled for September 22nd and will be shared at our next meeting.

VI. DIVERSITY, EQUITY, AND INCLUSION

Cindy Bass, Chief Diversity Officer, shared an update on the key departmental events and initiatives, which included the following highlights:

- 5th Annual Community Vendor Fair
 - July 23: We had 68 vendors' making over \$25,000 without taking payroll deductions into account. We had seven food trucks and the Chief Diversity Officer for the City of Buffalo.
- 23rd Annual Puerto Rican and Hispanic Day Parade of WNY
 - August 16: This is our fourth year participating in this parade. We had a float in the parade, and the ambulatory services team participated giving out information on the service offered at ECMC.
- Summer Food Truck Festival at Terrace View
 - August 22: Terrace View had their first ever Food Truck Fair with great attendance. This year we started a diversity committee at Terrace View beginning with their Juneteenth celebration.
- Office of Diversity Oversees Language Access Services
 - Working with Patient Services
 - Came together for the mas trauma incident we had within the last few weeks
 - Used language translators to help patients from trauma incident

VII. RECRUITMENT AND RETENTION

Lisa Highway, Director of Recruitment and Retention, reported the recruitment team has been actively hiring Registered Nurse positions. Recruitment is going well with twenty-eight nurses in

our last New Hire Orientation. The recruitment team has been utilizing a texting program for resignations and employee feedback. They are working with NYSNA to move employees to another location if they are unhappy with their role.

The recruitment team participated in a few job fairs over the summer. With school back in session, the recruitment team has been able to get involved with more job fairs. The next upcoming are at the Buffalo Library and in Williamsville. Cindy Bass, Chief Diversity Officer, and Dr. Duckworth, Training Manager, are starting a leadership training program soon.

Mary, ECMC's new civil service liaison, has been working toward possible changes on civil service testing. Mary has also been looking at categorizing different roles as full-time or continuous.

Michael Seaman asked, do we have agency nurses currently working at Terrace View? Lisa shared that we are down to a handful of agency nurses at ECMC, and we have nineteen remaining at Terrace View. Michael Hoffert asked, For the employee retirement and exit interviews, generally, why are people leaving ECMC? Lisa shared a few of those who have recently left ECMC said it was due to shift availability. Lisa said she and her team will pull some data together to share at the next meeting.

VIII. COMPENSATION, BENEFITS, AND HRIS

Heather Gallagher, Sr. Director of Compensation, Benefits, and HRIS, summarized the key highlights and initiatives.

- HRIS
 - The HRIS Project, focusing on implementing UKG Workforce is on target to go live on November 2nd. The team has been training the appropriate employees across ECMC to ensure the switch in timekeeping goes well.
- Benefits Update
 - The Open House for Benefits is coming soon, this October/November.

IX. LABOR RELATIONS DEPARTMENT UPDATE

Sean Beiter, Sr. Director of Labor and Employee Relations summarized the key highlights and initiatives.

- Julie Kline 's first one-hundred days have brought out tremendous positive change.
 - Union grievances have gone down to sixty-eight active and seven arbitrary cases. They have started one arbitrary case and have scheduled the remaining six.
 - HRBP's are working to find solutions with employee issues, including dealing with unions.
 - We have some very zealous advocates among our union representatives, and we are meeting them with equal zealousness. This works out best for our employees, patients, and community. Thank you to Amanda Wright, Andy Rouse, Antwanette Polk, and Laura Tesch for all their hard work.

Michael Seaman brought up how important it is to celebrate what we do, but what are the common issues with employees?

Sean Beiter replied, the employees tend to calm down with the HRBP's intervention. There is some quiet quitting, or job abandonment, usually among the younger generations. Common issues are potential misconduct, leading to performance implementation plans.

X. CLOSING REMARKS

Julie Kline shared our next meeting is scheduled for Tuesday, November 11th, which is Veteran's Day. Kassie will reach out to reschedule our meeting to a time that works well with the group.

Michael asked, can you comment on the zealousness between unions and ECMC? We continue to try to work with the unions before this gets to the level of grievance. Can we partner with department managers and other executives to reach a solution before these issues reach the grievance level. Beiter replied, a fair number of grievances deal with employee discipline, we don't get there without the items being reviewed multiple times.

A follow-up question for Julie, after experiencing your first one-hundred days at ECMC, are a Bills Mafia Member, what's your birds eye view? Julie replied with some issues including, premium pay and overtime influencing NYSNA to change hours to scheduled. Some of the things we have negotiated into union contracts are not normal within most hospital systems. We want our employees to be compensated fairly and have a work life balance. We need to manage our stewardship to the hospital and community in the way we staff, create work life balance, and pay employees.

The next meeting is scheduled for November 18, 2025.

XI. ADJOURNMENT

Moved to adjourn the meeting at 10:38a.m.

ERIE COUNTY MEDICAL CENTER CORPORATION

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

TUESDAY, OCTOBER 14, 2025

MICROSOFT TEAMS PLATFORM

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

PRESENTERS: FRANK CHEN, MD AND CHARLENE LUDLOW, MS, RN, CIC

SERGIO ANILLO, MD

SAM CLOUD, DO

ANDY DAVIS

CASSIE DAVIS

KEITH KRABILL, MD

MARC LABELLE, RN

PHYLLIS MURAWSKI, RN

YARON PERRY, MD

TOM QUATROCHE

MEG REILLY, RN

HEATHER LOOMIS

KIZZI HUNLEY, RN

Call to Order

On behalf of Michael Hoffert, Chair, Benjamin Swanekamp called the meeting to order at 8:00 am.

I. Minutes

September 9, 2025, meeting minutes were distributed for review. They will be reviewed and approved at our November meeting.

II. Pathology – Frank Chen, MD

Dr. Chen shared a presentation on the department of Pathology. He began with a department update which included a recent NYSDOH certification renewal. Department staffing update consists of a pathologist assist, a full-time clinical laboratory technician, and a senior medical secretary. They currently have active resident rotations each month as well.

Dr. Chen went on to review abbreviation keys, pathology volumes, additional pathology testing, along with turnaround time for performance of frozen section diagnosis, and frozen section TAT.

2025 QIPS projects include non-gyn cytology case turnaround time, reference testing turnaround time (TAT), and monitoring cytology non-gyn electronic ordering.

Dr. Chen also reviewed the 2025 Quality Assurance Plan. Some items in this plan include providing the highest quality pathology services, providing optimum frozen section coverage with quick turnaround time, along with statistic coverage of internal monitors and daily huddle review.

III. Nursing Department – Charlene Ludlow, RN, CIC

Charlene Ludlow shared an update on the Nursing Department. The presentation began with recruitment and retention. Over 181 nurses have been hired over the past year and NDNQI numbers were reviewed regarding RN turnovers.

The department has reorganized and expanded the education team across the organization to provide support and evidence-based practice to frontline staff on all shifts throughout the facility. Staffing includes 13 nursing in service instructors with 4 off shift, 10 clinical resource nurses with 8 off shift, 2 informatic managers and there is now a collaboration with education teams in Ambulatory, Employee Health, HR and Surgical Services.

Early mobility and safe patient handling were reviewed. Some 100 chairs have been delivered to patient rooms to encourage patients to be out of bed, gait belts have been replaced, and they have created an external catheter algorithm to reduce over-usage and increase ambulation opportunities for toileting to name a few.

Some goals for the Nursing department include retention and growth of nurses to elevate the practice, and to focus on sustainment of QAPI project outcomes.

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

Phyllis shared a quarterly events review. A review of events year to date for 2025 took place along with a review of RCA driven improvements for 2025.

Phyllis reviewed the September 30, 2025 Quality meeting and noted the following departments that submitted committee reports: Environment of Care Committee, Infection Control, Health Information Management, Population Health & Health Equity, Laboratory & Transfusion Quality, and Behavioral Health.

A Survey Activity report was shared. Joint Commission has a follow up visit October 17th - October 31st. There will also be a Joint Commission Lab Survey coming up.

V. Adjourn

There being no further business, the motion was made and seconded to adjourn the meeting. The next meeting will be held on November 18, 2025.

ERIE COUNTY MEDICAL CENTER CORPORATION

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

TUESDAY, SEPTEMBER 9, 2025

MICROSOFT TEAMS PLATFORM

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

PRESENTERS: JEFFREY JORDAN, MD, JOHN CUMBO, CIO, MARC LABELLE, RN

SERGIO ANILLO, MD
WILLIAM BELLES, MD
DONNA BROWN
CHARLES CAVARETTA
SAM CLOUD, DO
ANDY DAVIS
CASSIE DAVIS
BECKY DELPRINCE, RN
PAM LEE, RN
PHYLLIS MURAWSKI, RN
YARON PERRY, MD
MEG REILLY, RN
JOANN WOLF, RN

Call to Order

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

I. Minutes

The August 12, 2025, meeting minutes were distributed for review. A motion was made and seconded to approve the minutes. They will be forwarded to the Board of Directors for filing.

II. Wound Care Center – Jeffrey Jordan, MD

Dr. Jordan shared a full agenda on the Wound Care Center. He began with a department update which included resignations, hires and one existing vacancy.

Department volumes were reviewed showing 2024 volumes and 2025 trending volumes. Opportunities for improvement included having full provider coverage to increase wound care encounters and new patient numbers.

Prior year goals and accomplishments were reviewed along with current QAPI projects. Current year's quality improvement goals were discussed, and several positive patient comments were shared.

III. Health Information Systems – John Cumbo, CIO

John Cumbo shared an update on Information Technology and Cybersecurity. He began with a review of patient centered topics on the future Epic platform. John also spoke on the department's status of the Epic upgrade.

A review of key clinical IT accomplishments were discussed including added functionality for e-sign during patient registration and bedside consent.

2026 initiatives include Epic integrated enterprise resource planning system, new payroll system replacing Kronos and an integrated new HRIS system modernizing payroll. John also reviewed the upcoming 2025/2026 technology projects for the department.

IV. Surgical Services – Marc Labelle, RN

Marc Labelle shared an updated on Surgical Services. A department update included items that were recently purchased for the department with some additional items needed going into 2026.

A review of department volumes took place along with an update on robotics surgeries that have taken place. Marc welcomed some recently new physicians that have joined surgical services.

Quality projects include tracking and trending surgical site infections by specialty and by physician, SPM expansion efforts, and continued Joint Commission preparedness. Marc reviewed 2026 department goals as well.

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

Phyllis reported on the Quality/Patient Safety meeting held on August 26, 2025. Committee reports were submitted by the following: Surgical & Perioperative Services Committee, Radiation Safety Committee, Commission on Cancer (Ambulatory), Utilization Management Committee and Hemodialysis.

Regulatory Report –

There was an unannounced CMS audit of our Specialty Pharmacy with no findings. We are waiting for a final report from the NYSDOH for our recent Lab Survey along with waiting for our hospital wide Joint Commission Survey.

VI. Adjourn

There being no further business, the motion was made and seconded to adjourn the meeting. The next meeting will be held on October 14, 2025.

Dear ECMC Board Members,

As the Board knows well, 2025 has been a very busy year for hospital accreditation surveys. As always, our ECMC Family has repeatedly demonstrated their excellent skill and professionalism throughout these very detailed and demanding processes, ensuring that each team of surveyors are presented with accurate, reliable documentation that reflects the excellence in our organization. Recently, the Commission on Cancer (CoC), a quality program of the American College of Surgeons (ACS) granted another Three-Year Accreditation to the cancer program at ECMC. To earn CoC accreditation, a cancer program must meet 34 CoC quality care standards, be evaluated every three years through a survey process, and maintain levels of excellence in the delivery of comprehensive patient-centered care. The CoC Accreditation Program demonstrates our caregivers' focus on their patients through various cancer-related programs that focus on the full spectrum of cancer care including prevention, early diagnosis, cancer staging, optimal treatment, rehabilitation, life-long follow-up for recurrent disease, and end-of-life care. This is yet another significant national third-party affirmation of the national class cancer care being delivered at ECMC and we are very proud of our team that coordinated the successful survey.

Also, as the Board knows, we recently hosted a surveyor from the Joint Commission for a follow-up to the initial survey that was held in September. We have one more validation visit and then we will be soon looking forward to receiving their official reaccreditation for ECMC.

We were very pleased to achieve distinction for exceptional clinical performance from Healthgrades, the #1 site Americans use when searching for a doctor or hospital. ECMC was recognized again as a Five-Star Recipient for Total Hip Replacement for 4 Years in a Row (2023-2026). This highly regarded national survey affirms that some of the best orthopedic care for patients in the nation is available here at ECMC. We are extremely proud of our physicians, nurses and support staff who provide exceptional, high-quality care for our orthopedic patients.

On November 14th, we received official notification that ECMC's SNUG grant has been refunded for \$2,864,635 by the NYS Division of Criminal Justice Services (DCJS) for the period January 1, 2026 to December 31, 2026. This is a testament to the excellent work of the members of this state-funded program who work closely with our anti-violence BRAVE program and our clinical teams in the KeyBank Trauma and Emergency Department.

Operationally, we saw improvement in October in various areas, including Acute Average Length of Stay (achieving a 2.5% decrease in October versus October 2024), as well as improving volumes in inpatient visits and a 3.2% increase in Outpatient visits versus October 2024.

We are very thankful and deeply appreciative of the Board's continuing support and confidence as we work tirelessly to maintain the high level of clinical excellence that has characterized ECMC throughout our history. There is no doubt the current environment in healthcare, across the country, is challenging and uncertain, but we are undeterred in our commitment to fulfilling ECMC's mission and ensuring that the residents of our region receive the high-quality healthcare services they expect and deserve.

Best,

Tom

**Erie County Medical Center
Board Report
President & Chief Operating Officer
December 2, 2025**

Submitted by Andrew Davis

OPERATIONS

Center of Cancer Care Research

October 2025

Monthly Oncology Research Report – Dr. Jennifer Frustino

Research Updates

- Commission on Cancer research quota met for 2025 calendar year (4% of oncology patients enrolled in clinical trials).
- CoC site visit completed October 24, 2025.
- Team presented at Head and Neck Tumor Board for CoC site visit.
- Second application for Lipella LP-10 rinse for compassionate use completed.
- Team met with her MERCK to discuss pipeline research for Breast and GI.
- The research team attended a meeting with the UB Bioinformatics Department to discuss a proposed Head and Neck project led by Dr. Loree and the procedures required.

Food & Nutritional Services

▪ Operations

- The freezer/cooler replacement project in the main kitchen is complete.
- Pepsi Refresh: Pepsi has partnered with our Retail Manager to refresh all Pepsi products offered in retail. In addition, a double cooler was introduced to expand the product selection and highlight top-selling items.
- Budget: We are collaborating with ECMC to identify cost reduction opportunities on par stocks, School 84 and other services throughout the hospital.

▪ Catering

- The catering team has been busy with several department recognition, DEI and holiday events.
 - The annual “Around the World” event featured savory and sweet culinary samplings, from over 15 different countries. Over 1,000 guests attended the event.
 - There were also a few Halloween themed events.



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 and continue through 1/2/26. Validation of track will occur Q1 2026 with productive use of the automation Q2 2026.

Outpatient Rehabilitation Services

- Acute Therapy Department is continuing the Weekend Therapy “SAR vs. Home” Pilot, by continuing to add one extra PT on Saturdays and Sundays, to treat patients pending discharge to subacute rehab, aiming to improve discharge-to-home rates. Since February, 367 patients have been treated, with 198 patients discharged home (54%), showing that the increased weekend mobility supports more discharges to home.
- 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.
- Senior OT is leading an inter-discipline committee to update available patient resources for MRU patients in order to make it more user friendly for staff and patients. At this point the information is complete, and work is being done to make the information accessible in the patient lounge as well as draw attention to the information with a highly visible poster being created by ECMC’s graphic designer. Staff training has been completed and engagement facilitated by the implementation of a second staff engagement activity pertaining to facts found in the resource information. A winner will be selected from quizzes returned for an Amazon gift card.
- The OP Rehab psychology service in collaboration with billing and clerical is completing a complete audit of all current open accounts to facilitate financial reconciliation and discharge as appropriate.

Plant Operations / Capital Projects

Plant Operations/Facility project updates include the following:

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

- **Work completed:** Project closeout.
- **Work anticipated:** Corridor door work (awaiting delivery of all materials), continuing project final closeout/final invoicing after above work is complete.

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

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

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

- **Work Completed:** Design phase 100% with reduced scope. DMyers quoting project.
- **Work Anticipated:** Final quote.

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

- **Work in progress:** Obtained/obtaining several quotes for various projects/tasks identified, all varying status.
- **Pending projects:**
 - *Grounds Garage Floor Repairs/Trench Train Replacement* – awaiting design contract approval. Meanwhile, quoting temporary measures to be put in place.
 - *Trash Compactor Concrete Pad* – concrete design reviewed by A/E. Quote to be revised/updated. **No update.**
 - *1st Floor Internal Medicine Millwork and/or Room Refresh* – on hold for additional capital funding approval. **No update.**
 - *Patient Restroom Renovations - 8th Floor* – Continuing work phase #1.

HMGP Generators Replacement (Grant) – (Contractor)

- **Work Completed:** Design development requires reduced scope. Generator and switchgear cost comparison vs. original project estimate.
- **Work Anticipated:** Finalize generator selection for pre-procurement bid package.

Campus Grounds – In Progress (In-House Crew)

- Winter preparations are underway.
 - All plows have been checked and are ready for operation.
 - Truck inspections completed.
 - First delivery of rock salt arrived – 150 tons on site.
 - We have 18 pallets (40 bags/pallets) of ice melter on site.
 - Red salt bins have been distributed throughout the campus.

Supportive Care & Palliative Medicine

- Total Inpatient Consults for **October**: 122
- Transitions of Care: 18
- Discharge with Home Hospice: 4
- Terrace View: 11

Meeting participation includes the following:

- Caregiver Support/Assessment: Thirty-five (35) identified caregivers were screened, with nineteen (19) full assessments completed and transferred to ECDSS.
- CoC workgroup meetings

Terrace View

Operations

- **Census:** The average monthly census for **October** was **380** from 384 last month.
- **Pharmacy Services:** The conversion to Buffalo Pharmacies, Inc. occurred on October 1, 2025. Overall pharmacy change was successful with the exception of the interface with IMAR. IMAR is our electronic medication orders system. IMAR has not been responsive to our requests to convert the interface to Buffalo Pharmacies.
- **Facility Operations/Renovations:**
 - Servery renovations: MLK neighborhood servery renovations continue with expected completion in December.
 - All nursing station countertops will be replaced; computers were mounted underneath which was an ergonomic concern. The vendor identified a cost-effective alternative. We are awaiting capital committee approval to proceed.
 - Received water samples report indicating all negative for Legionella.

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:

October 2025

Patient Experience	MTD October 1st, 2025- October 31st, 2025 N=31 (est.)	MTD October 1st, 2024- October 31st, 2024 N=107 (final)	NYS 2025 Benchmark
HCAHPS - Nurses	84 (est)	77	76
HCAHPS – Doctors	79 (est)	74	76
Discharge Info	88 (est)	90	84
Overall Rate	69 (est)	65	65

Dialysis

- The fall in-center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) survey started on 10/17/25 and ends 1/9/26. Results will be publicized on CMS Dialysis Care Compare (DFC). Current patient survey rating is 4 out of 5 stars.
- Developing a holiday newsletter to supplement patient education.

Environmental Services

- Continued weekly updates with EVS leadership team and overall Patient Satisfaction scores communicated to frontline staff during Tier 1 shift huddles.
- Strategic units and staff member alignment continue to be emphasized.
- Implementing Tent Cards and Welcome Kits to improve scores.
- Patient Experience partnership with Donna Brown, Associate Hospital Administrator, has shown positive results. There is an eight (8) point improvement from Q1 to Q2 from 60% to 68%.

Food & Nutritional Services

- **Press Ganey Training:** Our team completed official Press Ganey training. It became evident that improving our scores will require going above and beyond. Our Assistant General Manager (AGM) and Patient Advocate are developing new talking points for our Hospitality Associates. The most significant change we are implementing is shifting our supervisors focus away from the tray line, where performance has been consistently strong, and redirecting their efforts to the patient floors. The AGM introduced a new SOP for Torchworks Audits. This update gives supervisors full responsibility for their assigned galleys, positions them as the primary contact for Hospitality Associates on their floors, making them accountable for any case calls within their zones.

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.

Outpatient Rehabilitation Services

- Buffalo Bill's Joe Andreeson or Buffalo Joe visited the MRU on October 2nd and brightened the day for patients and staff alike. He signed autographs, took pictures and talked individually with each patient in the therapy gym during his visit.

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.

Transplant

- We completed three "Lobby Days" at local Davita dialysis centers focusing on educating staff vs. patients on transplant criteria and outstanding testing needed for patients in evaluation.

PEOPLE

Food & Nutritional Services

- A weekly employee recognition program was implemented to honor our outstanding team members. The Internal Spotlight awards recognizes Metz team members demonstrating our core values.

Staff Development

- *Section Chief/Sr. CLT Communication Improvement Initiative*: The forum for efforts to improve communication across leadership lines began in September with the Sr. CLT staff members and dr. Kiera Duckworth. Initial debrief meetings completed, and this initiative has moved into a monthly forum focusing on efforts to improve communication and working relationships.

Oncology Outreach Updates

- The team participated in an outreach event at the Gloria J. Parks Community Center.
- The team tabled at the Making Strides Event for Breast Cancer.
- The team tabled at the Jacobs School of Medicine Halloween Night.

Outpatient Rehabilitation Services

- Along with the wound care therapists, a majority of the speech pathologists and Rehab Leadership attended the ECMC Infection Control Class provided by Charlene Ludlow.
- Occupational Therapist, Julie Fischer, along with outpatient physical therapist, Julie Buono and Inpatient Rehab Director, Lori Jellinick, attended the Lancaster High School opening soccer game honoring and fundraising for ECMC in recognition of the great care provided to a former MRU patient.



- The OP Rehab team completed lunch-and-learn with Oro Sport, an innovative cooling system originally designed for elite athletes with effective cross over benefit to our patients with Multiple Sclerosis, Postural Orthostatic Tachycardia Syndrome (POTS), higher level spinal cord injuries and other patients who suffer from temperature dysregulation.
- The OP Rehab Driver Rehabilitation Team completed two community outreach events at Kenmore Mercy Hospital and The Lancaster Elder Adult Fair.

QUALITY

Dialysis

- Corrective Action Plans (CAPs) audits continue to satisfy NYSDOH survey findings and will continue through December 31, 2025.
- The fall in-center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) survey started on 10/17/25 and ends 1/9/26. Results will be publicized on CMS Dialysis Care Compare (DFC). Current patient survey rating is 4 out of 5 stars.

Laboratory Services

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

- Outcomes and Alignment: Evaluate the effectiveness of the implementation of the Whole Blood MTP pathway for improved timeliness of release of product compared to Component MTP, with targeted reduction in release time of 2 minutes when compared to Component MTP. Evaluate the stability of the Whole Blood (WB) inventory with the ability to maintain WB inventory monitored monthly greater than five units 95% of the time. 100% of MTP packs are released in less than 10 minutes from the Blood Bank.
- Safety and Resiliency: Improve the Glucometer cleaning documentation rate across all POCT locations to $\geq 90\%$ monthly. Through Q2, 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.

Terrace View

- CMS 5-Star Report (remains the same as previous month):
 - Facility Overall Quality: 3 stars
 - Quality Measures: 4 stars
 - Staffing: 5 stars
 - Health Inspections: 2 stars
- No DOH visits during the month of October.

Transplant

- MPSC to meet in November 2025 to review our pancreas pre-transplant mortality submission from 9/22/25.
- 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 **(-772)**
- Home Program: (Home Peritoneal & Home Hemodialysis): YTD Budget **1,290** treatments, favorable to the budget, Variance **(1,181)**
- Total: **409** treatments for the year, PD volume has doubled after the QI, demonstrating tremendous growth in Q2 and Q3.

Census Volume:

- Outpatient (in-center treatments): **October = 1,897** treatments, YTD 2025 total = **18,930**
- Home Program: (Home Peritoneal & Home Hemodialysis): **October = 324** treatments, 2025 total = **2,471** favorable to budget.

Dialysis			2024			2025			
			YTD	Budget	Variance	Oct	YTD	Budget	Variance
4555	AKI	Hemodialysis - AKI	413	-	-	29	301	-	-
	DIALNON	Hemodialysis - Non-ESRD	0	-	-	0	3	-	-
	DIALTRAN	Hemodialysis - Transient	1,085	-	-	37	735	-	-
	HD	Hemodialysis - Chronic	22,743	-	-	1,897	18,930	-	-
	4555 Totals		24,241	24,293	-52 🟡	1,963	19,969	20,741	-772 🟡
5660	HOMEHD	Hemodialysis - Home	0	-	-	0	0	-	-
	PD	Hemodialysis - Peritoneal	1,573	-	-	324	2,471	-	-
	5660 Totals		1,573	1,976	-403 🔴	324	2,471	1,290	1,181 🟢
Totals			25,814	26,269	-455 🟡	2,287	22,440	22,031	409 🟢

Laboratory Services

- The department budget volumes for September YTD were positive 4.8% to budget target and 7.5% over FY24. The overall operating budget September YTD is negative to budget target by 2.1%. The personnel expense September YTD had a positive variance of 3.0% to budget target. The non-personnel September YTD expense is -3.2% to budget target and in alignment with increased volume to budget. The department will continue to monitor expenses in alignment with volume and test utilization.
- VAT Initiative: Negotiated reduced LabCorp test fees for targeted assays. **October YTD savings are \$79, 338.41, which exceeds the original projected annual savings of \$60K.**

Outpatient Rehabilitation Services

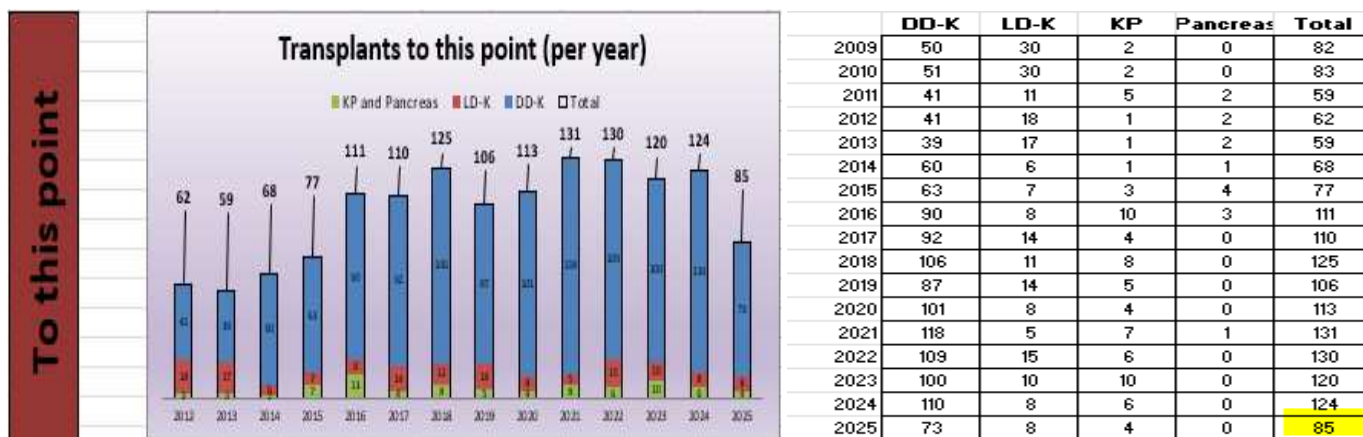
- Acute PT productivity overall was 3723 against a budget of 3493 units, for a positive variance of 6.2%, while still positive is a decline from previous months likely due to a

decrease in the amount of assistance from the MRU staff providing additional treatments to this service area.

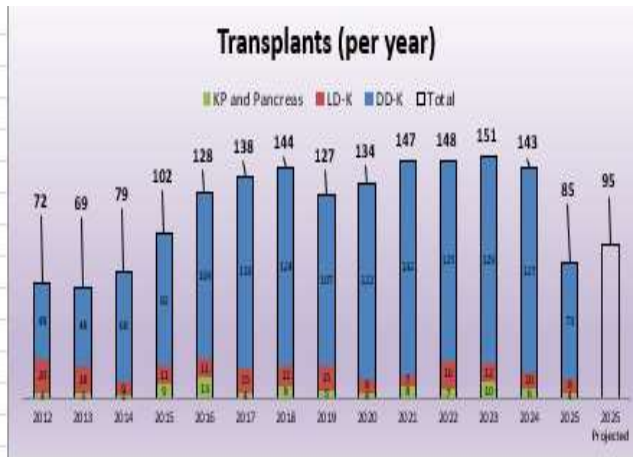
- Acute OT productivity overall was 2691 against a budget of 2652 units, for a negative variance of 1.0%, which likely correlates with a decreased amount of assistance from the MRU staff providing additional treatments to this service area.
- The MRU monthly therapy statistics combined PT and OT for units of service were 4077 against a budget of 3494 for a *positive variance* of 14.3%. SLP services combined for MRU and Acute care services were 523 against a budget of with a *positive variance* of 9.8%.
- The MRU had 27 admissions and 31 discharges with 475 patient days and a LOS of 15.3 days, **ADC 15.3 days**.
- The OP Rehab Services as a team (OT, PT, ST and RP) exceeded YTD volume budget by 16 % or 3,091 visits collectively. The OP Rehab Services as individual service areas (OT, PT, ST and RP) all exceed MTD volumes.
- PEDS Rehab had an increase of 14% in number of EI visits in October compared to September, and a 7% increase in the number of CPSE Related Service visits.

Transplant

- As of October 31, 2025, we have performed (85 transplants, which is (-39) transplants than this time last year (2024). Based on current volume, we have projected (95) transplants for 2025.
- Pre-Transplant Clinic is below budget by (-70). We have increased the number of evaluations scheduled per day with nephrology fully staffed and have seen our volume nearly double from March to October. There has been sustained volume improvement in Q3.
- Post-Transplant clinic is below budget by (-668) visits; this is expected with the decreased overall transplant volume.
- Total clinic variance is below budget (-738).



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	73	8	4	0	85
2025 Projected					95

Transplant / Vascular			2024			2025			
			YTD	Budget	Variance	Oct	YTD	Budget	Variance
6430	TRANPRE	Transplant Clinic	558	-	-	59	488	-	-
	TRANPREPRC	Transplant Clinic	1	-	-	0	0	-	-
	6430 Totals		559	997	-438 ↓	59	488	558	-70 ↓
6431	TRANPOSRC	Transplant Clinic	0	-	-	0	0	-	-
	TRANPOST	Transplant Clinic	4,163	-	-	321	3,084	-	-
	6431 Totals		4,163	4,000	163 ↑	321	3,084	3,752	-668 ↓
Totals			4,722	4,997	-275 ↓	380	3,572	4,310	-738 ↓

OTHER

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 its wave 1 go-live of 5/30/26, and ECMC is on track for its 10/24/26 wave 2 go-live date. Just as it was last month, project activities continue at a rapid pace: the team continues testing and readiness activities, as we prepare the organization for the new system. The clinical teams continue their work to wrap up order set validation. ECMC IT staff continues to work on network and system upgrades, as well as end-user-device assessments and gap remediation. Most recently, IT has kicked off ECMC's campus-wide wireless (WiFi) upgrade, with expected completion by our Epic go-live date.

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Internal Financial Reports
For the month ended October 31, 2025

Erie County Medical Center Corporation

Financial Dashboard
October 31, 2025

Statement of Operations:

	Month	Year-to-Date (YTD)	YTD Budget
Net patient revenue	\$ 64,447	\$ 593,133	\$ 603,758
Other	19,360	191,034	177,200
Total revenue	83,807	784,167	780,958
Salary & benefits	45,126	428,041	419,306
Physician fees	10,919	104,908	102,762
Purchased services	7,525	70,185	69,553
Supplies & other	18,010	169,264	167,408
Depreciation and amortization	3,743	37,883	38,121
Interest	999	9,418	9,610
Total expenses	86,322	819,699	806,760
Operating Income/(Loss) Before Other Items	(2,515)	(35,532)	(25,802)
Grant revenue	-	9,876	-
Income/(Loss) from Operations With Other Items	(2,515)	(25,656)	(25,802)
Other Non-operating gain/(loss)	482	9,426	3,111
Change in net assets	\$ (2,033)	\$ (16,230)	\$ (22,691)
Operating margin	-3.0%	-3.3%	-3.3%

Balance Sheet:

Assets:

Cash & short-term investments	\$ 36,990
Patient receivables	110,084
Assets whose use is limited	195,709
Other assets	489,337
	<u>\$ 832,120</u>

Liabilities & Net Assets:

Accounts payable & accrued expenses	\$ 326,590
Estimate self-insurance reserves	56,629
Other liabilities	502,898
Long-term debt, including current portion	185,375
Lease liability, including current portion	25,309
Subscription liability, including current portion	22,702
Line of credit	10,000
Net assets	(297,383)
	<u>\$ 832,120</u>

Cash Flow Summary:

	Month	YTD
Net cash provided by (used in):		
- Operating activities	\$ 18,536	\$ 12,420
- Investing activities	(18,603)	(10,252)
- Financing activities	7,646	(1,694)
Increase/(decrease) in cash and cash equivalents	7,579	474
Cash and cash equivalents - beginning	26,411	33,516
Cash and cash equivalents - ending	<u>\$ 33,990</u>	<u>\$ 33,990</u>

Key Statistics:

	Month	YTD	YTD Budget
Discharges:			
- Acute	1,122	10,823	11,194
- Exempt units	460	4,236	4,420
Observation Cases:	319	3,310	2,762
Patient days:			
- Acute	8,410	83,522	84,243
- Exempt units	5,188	47,893	49,523
Average length of stay, acute	7.5	7.7	7.5
Case mix index Blended	1.94	1.98	1.87
Average daily census: Medical Center	439	432	440
Terrace View LTC	380	379	380
Emergency room visits, including admissions	5,711	56,713	55,662
Outpatient Visits	29,034	259,896	264,531
Days in patient receivables		56.4	

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Erie County Medical Center Corporation

Management Discussion and Analysis

For the month ended October 31, 2025

(Amounts in Thousands)

October 2025 Operating Performance

During the month of October, although the overall inpatient volume improved, ECMC experienced continued trends related to surgical and outpatient volume budget shortfalls. With inpatient discharges and outpatient visits below budget, revenue shortfalls were offset by an increased case mix during the month and higher specialty pharmacy revenue driving favorable 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 October. The revenue variances derived from these trends during October resulted in overall net patient service revenue which exceeded 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 (\$2,515). This operating loss is favorable when compared to the month's budgeted loss of (\$2,685).

Inpatient discharges during the month of 1,582 were less than the planned discharges of 1,605 (1.4% or 23 cases). Within the total, acute discharges of 1,122 were below plan by 1.9%, chemical dependency discharges of 175 were below plan by 14.5%, behavioral health discharges of 254 were above plan by 7.0%, and medical rehabilitation discharges of 31 were above plan by 57.8%. 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 November. 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 7.5 days during October but remains unfavorable to a budget of 7.4 days by 1.4%. The average daily census of the ALC patients within the facility during the month was 50 patients, which is an increase from September 2025 of 45, and 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 October were higher than budgeted targets for the month by 171 FTEs. While this variance fluctuates based upon the need and usage of overtime hours, FTEs above the plan continue to be necessary in order to meet the New York State minimum staffing standards. To continue to meet those standards, the use of incentives continues to be utilized to fill vacancies and off-shifts, such as the authorization of overtime, shift differential, and additional bonus rates per hour.

Total benefit costs for the month were above the operating plan primarily due to unfavorable 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 above 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 lower supply costs from volume shortfalls in inpatient and outpatient cases including variances in both inpatient and outpatient surgeries.

Erie County Medical Center Corporation

Management Discussion and Analysis

For the month ended October 31, 2025

(Amounts in Thousands)

Balance Sheet

ECMCC saw significant decreases in cash throughout 2025 due to operating losses, required payments during the first ten months, and timing of cash payments around month-end. The net changes resulted in a calculated 14 days operating cash on October 31, 2025, and ranged from 11 – 20 days during the month. 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.

Patient receivables increased approximately \$16.3 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 on December 31, 2024, to 56.5 days on October 31, 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 October 31, 2025 and December 31, 2024

(Dollars in Thousands)

	October 31, 2025	December 31, 2024	Change from December 31st
Assets			
Current Assets:			
Cash and cash equivalents	\$ 33,990	\$ 33,516	\$ 474
Investments	3,000	42,826	(39,826)
Patient receivables, net	110,084	93,708	16,376
Prepaid expenses, inventories and other receivables	40,094	38,753	1,341
Total Current Assets	187,168	208,803	(21,635)
Assets Whose Use is Limited	195,709	191,600	4,109
Property and equipment, net	289,892	277,043	12,849
Other assets	159,351	161,656	(2,305)
Total Assets	\$ 832,120	\$ 839,102	\$ (6,982)
Liabilities & Net Position			
Current Liabilities:			
Current portion of long-term debt	\$ 12,755	\$ 13,520	\$ (765)
Current portion of lease liability	6,934	6,264	670
Current portion of subscription liability	10,418	8,118	2,300
Line of credit	10,000	10,000	-
Accounts payable	67,284	64,553	2,731
Accrued salaries and benefits	82,738	85,393	(2,655)
Other accrued expenses	171,448	146,172	25,276
Estimated third party payer settlements	5,120	5,643	(523)
Total Current Liabilities	366,697	339,663	27,034
Long-term debt	172,620	179,574	(6,954)
Long-term lease liability	18,375	14,394	3,981
Long-term subscription liability	12,284	13,210	(926)
Estimated self-insurance reserves	56,629	50,424	6,205
Other liabilities	502,898	522,990	(20,092)
Total Liabilities	1,129,503	1,120,255	9,248
Total Net Position	(297,383)	(281,153)	(16,230)
Total Liabilities and Net Position	\$ 832,120	\$ 839,102	\$ (6,982)

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Erie County Medical Center Corporation

Statement of Operations

For the month ended October 31, 2025

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net patient revenue	64,362	63,748	614	59,017
Less: Provision for uncollectable accounts	85	(1,351)	1,436	(752)
Adjusted Net Patient Revenue	64,447	62,397	2,050	58,265
Disproportionate share / IGT revenue	11,018	11,018	-	10,273
Other revenue	8,342	6,761	1,581	6,999
Total Operating Revenue	83,807	80,176	3,631	75,537
Operating Expenses:				
Salaries & wages	33,409	32,607	(802)	30,809
Employee benefits	11,717	11,045	(672)	7,889
Physician fees	10,919	10,316	(603)	9,658
Purchased services	7,525	7,043	(482)	6,457
Supplies	15,120	14,489	(631)	14,614
Other expenses	2,202	2,155	(47)	2,151
Utilities	688	510	(178)	506
Depreciation & amortization	3,743	3,742	(1)	3,871
Interest	999	954	(45)	999
Total Operating Expenses	86,322	82,861	(3,461)	76,954
Operating Income/(Loss) Before Other Items	(2,515)	(2,685)	170	(1,417)
Other Gains/(Losses)				
Grant revenue	-	-	-	-
Income/(Loss) from Operations	(2,515)	(2,685)	170	(1,417)
Other Non-operating Gain/(Loss):				
Interest and dividends	623	292	331	581
Unrealized gain/(loss) on investments	(141)	19	(160)	(1,939)
Non-operating Gain/(Loss)	482	311	171	(1,358)
Excess of Revenue/(Deficiency) Over Expenses	\$ (2,033)	\$ (2,374)	\$ 341	\$ (2,775)

Erie County Medical Center Corporation

Statement of Operations

For the ten months ended October 31, 2025

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net patient revenue	606,793	616,762	(9,969)	569,871
Less: Provision for uncollectable accounts	(13,660)	(13,004)	(656)	(12,097)
Adjusted Net Patient Revenue	593,133	603,758	(10,625)	557,774
Disproportionate share / IGT revenue	110,178	110,178	-	102,754
Other revenue	80,856	67,022	13,834	54,905
Total Operating Revenue	784,167	780,958	3,209	715,433
Operating Expenses:				
Salaries & wages	321,196	310,281	(10,915)	296,254
Employee benefits	106,845	109,025	2,180	79,905
Physician fees	104,908	102,762	(2,146)	96,782
Purchased services	70,185	69,553	(632)	63,660
Supplies	141,334	140,296	(1,038)	126,580
Other expenses	21,380	21,969	589	20,667
Utilities	6,550	5,143	(1,407)	5,031
Depreciation & amortization	37,883	38,121	238	39,226
Interest	9,418	9,610	192	10,002
Total Operating Expenses	819,699	806,760	(12,939)	738,107
Income/(Loss) from Operations	(35,532)	(25,802)	(9,730)	(22,674)
Other Gains/(Losses)				
Grant revenue	9,876	-	9,876	16,005
Income/(Loss) from Operations	(25,656)	(25,802)	146	(6,669)
Other Non-operating Gain/(Loss):				
Interest and dividends	6,968	2,917	4,051	5,446
Unrealized gain/(loss) on investments	2,458	194	2,264	1,810
Non-operating Gain/(Loss)	9,426	3,111	6,315	7,256
Excess of Revenue/(Deficiency) Over Expenses	\$ (16,230)	\$ (22,691)	\$ 6,461	\$ 587

Erie County Medical Center Corporation

Statement of Changes in Net Position

For the month and ten months ended October 31, 2025

(Dollars in Thousands)

	<u>Month</u>	<u>Year-to-Date</u>
Unrestricted Net Assets:		
Excess/(Deficiency) of revenue over expenses	\$ (2,033)	\$ (16,230)
Other transfers, net	-	
Contributions for capital acquisitions	-	-
Change in accounting principle	-	-
Net assets released from restrictions for capital acquisition	-	-
	<u>(2,033)</u>	<u>(16,230)</u>
Change in Unrestricted Net Assets	<u>(2,033)</u>	<u>(16,230)</u>
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	-	-
	<u>-</u>	<u>-</u>
Change in Temporarily Restricted Net Assets	<u>-</u>	<u>-</u>
Change in Net Position	<u>(2,033)</u>	<u>(16,230)</u>
Net Position, beginning of period	<u>(295,350)</u>	<u>(281,153)</u>
Net Position, end of period	<u>\$ (297,383)</u>	<u>\$ (297,383)</u>

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Erie County Medical Center Corporation

Statement of Cash Flows

For the month and ten months ended October 31, 2025

(Dollars in Thousands)

	Month	Year-to-Date
Cash Flows from Operating Activities:		
Change in net assets	\$ (2,033)	\$ (16,230)
Adjustments to Reconcile Changes in Net Assets to Net Cash Provided by/(Used in) Operating Activities:		
Depreciation and amortization	3,743	37,883
Provision for bad debt expense	(85)	13,660
Net change in unrealized (gain)/loss on Investments	141	(2,458)
<u>Changes in Operating Assets and Liabilities:</u>		
Patient receivables	4,889	(30,036)
Prepaid expenses, inventories and other receivables	3,977	(1,341)
Accounts payable	(4,561)	2,731
Accrued salaries and benefits	4,428	(2,655)
Estimated third party payer settlements	176	(523)
Other accrued expenses	4,940	25,276
Self Insurance reserves	798	6,205
Other liabilities	2,123	(20,092)
Net Cash Provided by/(Used in) Operating Activities	<u>18,536</u>	<u>12,420</u>
Cash Flows from Investing Activities:		
Additions to Property and Equipment, net	(12,842)	(50,732)
Decrease/(increase) in assets whose use is limited	(5,083)	(4,109)
Sale/(Purchase) of investments, net	(1,504)	42,284
Change in other assets	826	2,305
Net Cash Provided by/(Used in) Investing Activities	<u>(18,603)</u>	<u>(10,252)</u>
Cash Flows from Financing Activities:		
Principal payments on / proceeds from long-term debt, net	(682)	(7,719)
Principal payments on / additions to long-term lease liability, net	5,150	4,651
Principal payments on / additions to long-term subscription, net	3,178	1,374
Increase/(Decrease) in Cash and Cash Equivalents	7,579	474
Cash and Cash Equivalents, beginning of period	<u>26,411</u>	<u>33,516</u>
Cash and Cash Equivalents, end of period	<u>\$ 33,990</u>	<u>\$ 33,990</u>

Erie County Medical Center Corporation

Statistical and Ratio Summary

	October 31, 2025	December 31, 2024	ECMCC 3 Year Avg. 2022 - 2024
<u>Liquidity Ratios:</u>			
Current Ratio	0.5	0.6	0.7
Days in Operating Cash & Investments	14	33	24.7
Days in Patient Receivables	56.4	52.3	56.4
Days Expenses in Accounts Payable	58.2	53.7	59.1
Days Expenses in Current Liabilities	140.3	145.7	140.5
Cash to Debt	48.9%	67.3%	53.1%
Working Capital Deficit	\$ (179,529)	\$ (130,860)	\$ (105,982)
<u>Capital Ratios:</u>			
Long-Term Debt to Fixed Assets	59.5%	64.8%	67.3%
Assets Financed by Liabilities	135.7%	133.5%	131.7%
Debt Service Coverage (Covenant > 1.1)	0.7	1.7	1.8
Capital Expense	2.7%	3.0%	2.9%
Average Age of Plant	8.1	8.0	8.6
Debt Service as % of NPSR	3.4%	3.9%	4.0%
Capital as a % of Depreciation	133.9%	35.5%	21.9%
<u>Profitability Ratios:</u>			
Operating Margin	-4.5%	0.7%	-11.5%
Net Profit Margin	-2.7%	-0.7%	-2.5%
Return on Total Assets	-2.3%	-0.6%	-1.6%
Return on Equity	6.5%	1.8%	5.4%
<u>Productivity and Cost Ratios:</u>			
Total Asset Turnover	1.2	1.1	0.9
Total Operating Revenue per FTE	\$ 281,918	\$ 266,577	\$ 230,021
Personnel Costs as % of Total Revenue	53.7%	50.0%	56.0%

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Erie County Medical Center Corporation

Key Statistics

Period Ended October 31, 2025

Current Period				Year to Date			
Actual	Budget	% to Budget	Prior Year	Actual	Budget	% to Budget	Prior Year
Discharges:							
1,122	1,143	-1.9%	1,102	10,823	11,194	-3.3%	10,889
254	237	7.0%	257	2,323	2,312	0.5%	2,342
175	205	-14.5%	180	1,659	1,920	-13.6%	1,775
31	20	57.8%	20	254	189	34.4%	189
1,582	1,605	-1.4%	1,559	15,059	15,614	-3.6%	15,195
Patient Days:							
8,410	8,453	-0.5%	8,621	83,522	84,243	-0.9%	86,209
4,031	3,872	4.1%	3,755	37,476	38,486	-2.6%	37,748
682	788	-13.5%	691	6,319	7,128	-11.3%	6,661
475	418	13.6%	312	4,098	3,909	4.8%	3,550
13,598	13,531	0.5%	13,379	131,415	133,766	-1.8%	134,168
Average Daily Census (ADC):							
271	273	-0.5%	278	275	277	-0.9%	283
130	125	4.1%	121	123	127	-2.6%	124
22	25	-13.5%	22	21	23	-11.3%	22
15	13	13.6%	10	13	13	4.8%	12
439	436	0.5%	432	432	440	-1.8%	440
Average Length of Stay:							
7.5	7.4	1.4%	7.8	7.7	7.5	2.5%	7.9
15.9	16.3	-2.7%	14.6	16.1	16.6	-3.1%	16.1
3.9	3.9	1.2%	3.8	3.8	3.7	2.6%	3.8
15.3	21.3	-28.0%	15.6	16.1	20.7	-22.0%	18.8
8.6	8.4	2.0%	8.6	8.7	8.6	1.9%	8.8
Occupancy:							
82.6%	84.9%	-2.7%	81.3%	82.6%	84.9%	-2.7%	81.3%
Case Mix Index:							
1.94	1.88	3.1%	2.06	1.98	1.87	5.4%	1.96
319	305	4.6%	293	3,310	2,762	19.8%	2,883
421	506	-16.8%	483	4,246	4,937	-14.0%	4,471
682	732	-6.8%	716	6,307	6,844	-7.8%	6,330
44	22	100.0%	25	302	216	39.8%	330
50	41	22.0%	43	470	388	21.1%	332
29,034	29,340	-1.0%	27,829	259,896	264,531	-1.8%	251,857
5,711	5,801	-1.6%	5,386	56,713	55,662	1.9%	53,576
56.4	44.2	27.6%	60.3	56.4	44.2	27.6%	60.3
-0.6%	2.1%	-128.6%	1.2%	2.0%	2.1%	-3.2%	2.2%
3,485	3,320	5.0%	3,306	3,419	3,293	3.8%	3,283
4.28	4.20	1.9%	4.29	4.28	4.18	2.4%	4.21
\$ 20,340	\$ 19,908	2.2%	\$ 19,465	\$ 19,755	\$ 20,028	-1.4%	\$ 19,062
\$ 27,078	\$ 26,153	3.5%	\$ 25,554	\$ 27,098	\$ 26,475	2.4%	\$ 25,352
Terrace View Long Term Care:							
11,793	11,901	-0.9%	11,415	115,111	115,492	-0.3%	112,492
380	384	-0.9%	368	379	380	-0.3%	369
97.5%	98.4%	-0.9%	94.4%	97.1%	97.4%	-0.3%	94.6%
515	510	1.1%	463	485	510	-4.8%	460
7.0	6.9	2.0%	6.5	6.7	7.1	-4.5%	6.5

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

University at Buffalo Update

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

Current hospital operations

• Admissions YTD:	11,567
• ED visits YTD:	51,831
• CPEP visits:	9,040
• Observation:	3,575
• Inpatient Surgeries:	4,523
• Outpatient Surgeries:	6,771
• ALC days YTD:	13,605

The average length of stay MTD 7.8 CMI 1.9589

CMO Update

- Influenza vaccinations are now available in the Employee Health Office.
- Reminder that the annual Medical Dental Staff meeting will be taking place on Wednesday, December 10, 2026, in the overflow café beginning at 4:30 pm.

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

Department of Nursing Report December 2025

Celebrations of Outstanding Nursing department staff:

On November 2, 2025, ECMC Frontline workers were recognized at the Bills game. The outstanding leaders of our Substance use treatment program, Shaunda Wrights RN, Unit Manager and Jennifer Barry, Program Counselor Manager were recognized for their leadership and team work to support our patients.

Our Nursing team has been very successful with the new hires in the fall as they have completed orientation and are now providing direct care to our patients in Critical care, Behavioral Health and Medical Surgical units.

During the recent follow up Joint Commission visit our ECMC team was very efficient and provided the surveyor with documentation and evidence of our standard compliance initiatives that demonstrate the high quality of care our teams provide every day.

Our Cancer Care survey by the American College of Surgeons was very successful and our Nursing team will be expanding the number of nurses that are oncology certified as we make more inpatient areas available for cancer care patients to receive specialty services.

The NYS Department of Health Staffing team was onsite for a 3 day Staffing standard review in November. The Survey team spoke with our Nurse executive team as well as our Frontline team members to verify our staffing plan. A complete compliance report is expected by the end of the year.

Communications and External Affairs Report
Submitted by Peter K. Cutler
Senior Vice President of Communications and External Affairs
December 2, 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. Further, we are planning to soon launch an integrated marketing communications effort highlighting the Symani Surgical System, the sixth surgical robotic system housed at ECMC and the only location in NYS where this surgical system is available outside of New York City.

Media Report

- Continue coordination of media interviews related to ECMC service lines including coverage of transplantation, orthopedics, behavioral health, surgical services, physical therapy and emergency services.
- Following the 10/21/25 editorial meeting with Business First that included Tom Quatroche, Don Boyd, Joyce Markiewicz and Nancy Nielsen, we have scheduled a similar editorial board meeting with the Buffalo News on December 4th. It will be the same healthcare institution representatives participating with the exception of UB, who will be represented by Dean Allison Brashear (who had a scheduling conflict for the first ed board meeting). The on-the-record meeting will focus on the current state of healthcare in WNY and the impact of external events in both Albany and Washington, DC.
- Amanda Farrell MSN, RN, AMB-BC, Clinical Nurse Specialist-Population Health was interviewed on WGRZ-TV's weekend news magazine broadcast *WNY Living* regarding ECMC's new Breast Health Center. The show aired on Saturday, 11/22/25.
- Dr. Jennifer Pugh, Chief of Emergency Medicine was interviewed live on 11/26/25 on WIVB-TV regarding staying safe and healthy over the holiday.
- ECMC's Medical Minute partnership with WGRZ-TV included the featured following topics in September & October: Breast Reconstruction (Dr. Frey), Hunting Safety (Dr. Jordan), Hip & Knee Arthritis (Dr. Muttly) and Fall Prevention (Theresa Liffiton, Physical Therapist & Julie Buono, Physical Therapist).

Community and Government Relations

- Have been working closely with ELT colleagues and consultants from Sellers Dorsey, along with our counterparts at Westchester Medical Center Health Network, to provide information to Members of Congress supporting our effort to access State Directed Payment funding that is vitally important to ECMC and Westchester Medical Center HN.

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

University at Buffalo Update

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

Current hospital operations

• Admissions YTD:	11,567
• ED visits YTD:	51,831
• CPEP visits:	9,040
• Observation:	3,575
• Inpatient Surgeries:	4,523
• Outpatient Surgeries:	6,771
• ALC days YTD:	13,605

The average length of stay MTD 7.8 CMI 1.9589

CMO Update

- Influenza vaccinations are now available in the Employee Health Office.
- Reminder that the annual Medical Dental Staff meeting will be taking place on Wednesday, December 10, 2026, in the overflow café beginning at 4:30 pm.