



ECMCC Board of Director's Meeting

February 24, 2026

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
FEBRUARY 24, 2026

- I. CALL TO ORDER: EUGENIO RUSSI, CHAIR
- II. APPROVAL OF MINUTES:
- III. RESOLUTIONS MAY BE DISTRIBUTED TO THE BOARD OF DIRECTORS DURING THE MEETING ON FEBRUARY 24, 2026
- IV. REPORTS FROM THE CORPORATION'S LEADERSHIP TEAM
 - A) **Chief Executive Officer & President**
 - B) **Chief Financial Officer**
 - C) All other reports from leadership are received and filed.
- V. REPORTS FROM STANDING COMMITTEE CHAIRS
 - A) **Executive Committee** (by Eugenio Russi)
 - B) **Finance Committee** (by Michael Seaman)
 - C) **MWBE Committee** (Reverend Mark Blue)
 - D) **Quality Improvement and Patient Safety Committee** (by Michael Hoffert)
- VI. EXECUTIVE SESSION
- VII ADJOURN

ERIE COUNTY MEDICAL CENTER CORPORATION

**JANUARY 27, 2026 MINUTES OF THE
BOARD OF DIRECTORS MEETING**

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

Excused: Jonathan Dandes, Christian Johnson, James Lawicki, Jennifer Persico, Philip Stegemann

Also

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

*virtual

I. Call to Order

The meeting was called to order at 4:53 pm by Chair, Eugenio Russi.

II. Minutes

Upon a motion made by Reverend Kinzer Pointer and seconded by Michael Seaman, the minutes of the December 2, 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 Michael Seaman

Motion approved unanimously

Mr. Russi asked for a motion to approve the 2026 Board meeting dates as presented in the board packet. Moved by Reverend Mark Blue and seconded by Reverend Kinzer Pointer

Motion approved unanimously

VI. Reports from the Corporation's Leadership Team

Chief Executive Officer and President

Dr. Thomas Quatroche, having given the yearly hospital review at the Annual meeting, stated that the hospital continues efforts to reduce costs in light of external challenges facing the hospital.

Chief Financial Officer

Jonathan Swiatkowski reviewed the December 2025 Key Statistics. December was a challenging month for several reasons: operating performance improved over November for both inpatients and outpatients however, still significantly impacted by the increase in ALC patients and in the number of observation patients. ALC cases and their impact are significant. Discharges and revenues are directly effected by ALC patients. Acute Case Mix Index is 1.93. Acute length of stay was reduced to 8.0 Mr. Swiatkowski reported an operating

loss of \$6.9M. Mr. Swiatkowski reviewed the impact that volume and other key statistics had from 2019 to 2025. Year to date key operational variances included A summary of the preliminary financial results through December 31, 2025 was reviewed and the full set of these materials are received and filed. Range of 18-25 days operating cash on hand during the month.

V. Standing Committees

- a. **Executive Committee:** Mr. Russi reported that the Executive Committee discussed financial challenges
- b. **Finance Committee:** Mr. Seaman had nothing to report from the Finance Committee.
- c. **Audit Committee:** Mrs. Darby Fishkin reported on the meeting with the external auditors and risk management/corporate compliance plan for the year.
- d. **Buildings and Grounds:** Ronald Bennett gave an update on ongoing projects.
- e. **HR Committee:** No Update was given for the HR Committee chair.
- f. **Investment Committee:** Mr. Russi gave brief report on the investments made.
- g. **Quality Improvement and Patient Safety Committee:** Michael Hoffert updated the group on the December and January committee meetings.

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

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

Moved by Chair Russi at 5:31 pm to enter into Executive Session pursuant to Public Officer's Law to discuss strategies related to business development and legal arrangements regarding the project Glenview Height.
Motion approved unanimously

VII. Reconvene in Open Session

Moved by Michael Seaman and seconded Reverend Kinzer Pointer to reconvene in Open Session at 6:06 p.m. No action was taken by the Board of Directors in Executive Session
Motion approved unanimously

VIII. Adjournment

Moved by Reverend Kinzer Pointer to adjourn the Board of Directors meeting at 6:07 p.m.



Sharon L. Hanson
Corporation Secretary

MINUTES

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

Excused: Dr. Thamer Qaqish, Rebecca Buttaccio, PA

Agenda Item	Discussion	Action	Follow-up
<p>I. CALL TO ORDER</p>	<p>Dr. Bakhai called the meeting to order at 3:04 pm.</p> <p>It is noted that Dr. Richard Hall has resigned from his position as Chief Service for Oral Maxillofacial Surgery as of December 31, 2025. The Committee would like to thank him for his years of service to the community and ECMC. He will be retaining his privileges in the department until June 2026. It was recommended that Dr. Richard Hall be nominated to the Emeritus Staff at that time.</p>		
<p>II. ADMINISTRATIVE</p>			
<p>A. Minutes</p>	<p>Minutes from the December 3, 2025 meeting were reviewed and approved.</p>	<p>A motion was made by Dr. Mandip Panesar and unanimously carried to approve the minutes of the December 3, 2025 meeting as submitted.</p>	<p>Via these minutes, the Credentials Committee recommends same to the Medical Staff Executive Committee.</p>
<p>B. Deceased</p>	<p>None</p>	<p>None</p>	<p>None</p>

C. Applications Withdrawn/Processing Cessation	Internal Medicine Leigh-Anne DiOrio, FNP <ul style="list-style-type: none"> rescinded offer to join GSS COEM 	Noted	None		
D. Automatic Conclusion (Initial Appointment)	None	None	None		
E. Name Changes (1)	None	None	None		
F. Leave of Absence (4)	Emergency Medicine <ul style="list-style-type: none"> Natasha Petersen, PA-C Maternity; RTW 04/18/26 Marta Plonka, MD Maternity; RTW 02/01/26 Internal Medicine <ul style="list-style-type: none"> Julia Hitchcock, MD Maternity; RTW 03/23/26 Lynnette Luksch, PA Medical; RTW 05/30/26 	Noted	Informational purposes only		
G. Resignations (12)		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
Bret Biersbach, MD	Anesthesiology	<ul style="list-style-type: none"> ECMC Left ECMC Confirmed via email 	N/A	12/09/2025	05/26/2020
Lisa Furlani, CRNA	Anesthesiology	<ul style="list-style-type: none"> ECMC Retirement Confirmed via email 	N/A	01/04/2025	07/30/2013
Lynne Hunmphey, MD	Family Medicine	<ul style="list-style-type: none"> Leaving ECMC 	N/A	01/01/2026	07/26/2022

		<ul style="list-style-type: none"> • Terrace View • Confirmed via email 			
Catherine Almeter, PA-C	Family Medicine	<ul style="list-style-type: none"> • GPPC • New position does not require hospital privileges • Confirmed via email 	N/A	01/01/2026	04/29/2025
Dilafroz ElNaser, ANP	Family Medicine	<ul style="list-style-type: none"> • GPPC • Leaving ECMC • Confirmed via email 	N/A	12/31/2025	03/22/2022
Jamie Interlichia, PA-C	Family Medicine	<ul style="list-style-type: none"> • GPPC • Leaving ECMC • Confirmed via email 	N/A	12/31/2025	09/27/2022
Kristen Ritter, ANP	Family Medicine	<ul style="list-style-type: none"> • GPPC • Position eliminated • Confirmed via email 	N/A	12/31/2025	07/25/2023
Mohammad Ansari, MD	Internal Medicine	<ul style="list-style-type: none"> • Apogee • Leaving ECMC • Confirmed via email 	N/A	12/10/2025	09/20/2020
Emily Neu, PA-C	Internal Medicine	<ul style="list-style-type: none"> • S&K • Leaving ECMC • Confirmed via email 	N/A	10/28/2025	01/25/2022
Sarah Sadek, MD	Internal Medicine	<ul style="list-style-type: none"> • UBMD • Left practice plan • Confirmed via email 	N/A	09/30/2025	09/27/2022
James Farrell, MD	Orthopaedic Surgery	<ul style="list-style-type: none"> • UBMD • Moved out of state • Confirmed via email 	N/A	12/12/2025	09/27/2022
Rafiq Fazili, MD	Pathology	<ul style="list-style-type: none"> • UBMD • Retirement • Confirmed via email 	N/A	12/31/2025	07/28/2020
Ranjan Ragulojan, MD	Radiology	<ul style="list-style-type: none"> • GLMI • Left practice plan 	N/A	12/31/2025	07/23/2024

		• Confirmed via email		
III. CHANGE IN STAFF CATEGORY				
	None			
IV. CHANGE/ADDITION Collaborating/Supervising (4)				
A. Jessica Bielawa, ANP	<u>Internal Medicine:</u> • Changing from Dr. Naheed Alam to Dr. Devinderpal Randhawa	Noted	For informational purposes only	
B. Matthew Hodgson, ANP	<u>Internal Medicine:</u> • Changing from Dr. Naheed Alam to Dr. Anne Grand'Maison			
V. CHANGE DEPARTMENT/ PRIVILEGE ADDITION/ REVISION (2)				
A. Mark Burke, MD	<u>Plastic & Reconstructive Surgery</u> • Microvascular robotic surgery (current platform: Symani) • Lymphatic reconstruction robotic surgery (current platform: Symani)	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Via these minutes, the Credentials Committee recommends approval to the Medical Staff Executive Committee. Notification to Revenue Cycle & Decision Support upon approval of the Board.	
B. Thom Loree, MD	<u>Plastic & Reconstructive Surgery</u> • Microvascular robotic surgery (current platform: Symani) • Lymphatic reconstruction robotic surgery (current platform: Symani)			
VI. PRIVILEGE WITHDRAWAL (2)				
A. Jessica Bielawa, NP	<u>Internal Medicine – Hematology:</u> • Level II Bone Marrow Aspiration & Biopsy	Noted	None	
B. Matthew Hodgson, ANP	<u>Internal Medicine – Hematology:</u>			

	<ul style="list-style-type: none"> Level II Bone Marrow Aspiration & Biopsy 		
VII. UNACCREDITED FELLOWSHIPS			
	None	None	None
VIII. INITIAL APPOINTMENTS (11)			
Hassan Ali Al Saleh, DO Internal Medicine	<ul style="list-style-type: none"> Rowan University School of Osteopathic Medicine DO May 2021 Jacobs School of Medicine Internal Medicine Residency June 2021 to July 2024 Time gap – obtaining license and credentialing August 2024 to September 2024 Hospitalist Physician UBMD September 2024 to present American Board of Internal Medicine 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>
Edwin Anand, MD Internal Medicine	<ul style="list-style-type: none"> Coimbatore Medical College MD March 2001 Time gap – Transition from Medical School to Residency March 2001 to May 2001 Madras Medical College Internal Medicine Residency May 2001 to August 2004 ECFMG certification January 2004 Hospitalist Physician – Scudder Memorial Hospital Tamil Nadu, India August 2004 to May 2005 Rochester General Hospital Internal Medicine Residency June 2005 to June 2008 	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"> • Attending Physician – Buffalo General Medical Center July 2008 to June 2013 • Jacobs School of Medicine Nephrology Fellowship July 2013 to June 2015 and Clinical Informatics Fellowship February 2015 to March 2017 • Nephrology Consultant – Roswell Park Cancer Center, Buffalo General Medical Center, and Erie County Medical Center July 2015 to December 2020 • Medical Director, WCCHS Dialysis Center and Nephrologist Wyoming County Community Health System January 2021 to March 2025 • Nephrologist – Nephrology Practice of Niagara April 2025 to present • Program Director Nephrology Fellowship Jacobs School of Medicine – requesting clinical privileges for educational rounds • American Board of Internal Medicine and Nephrology certified 		
Michael Farrell, MD	<ul style="list-style-type: none"> • Albany Medical College MD May 2019 • Time gap- Transition from Medical School to Residency May 2019 to June 2019 • Albany Medical College Internal Medicine Residency July 2019 to June 2022 	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

	<ul style="list-style-type: none"> • Jacobs School of Medicine Gastroenterology Fellowship July 2022 to June 2025 • Time gap – Vacation June 2025 to January 2026 • Joining UBMD Gastroenterology January 2026 • American Board of Internal Medicine certified and Gastroenterology eligible 		Support upon approval of the Board.
Audrey Kopot, MD Internal Medicine	<ul style="list-style-type: none"> • State University of New York at Buffalo MD June 2020 • Cleveland Clinic Foundation Internal Medicine Residency July 2020 to June 2023 • Time gap – graduated Residency program, spent several months studying for boards prior to starting new job July 2023 to September 2023 • UBMD Hospitalist September 2023 to present American Board of Internal Medicine certified 	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee. Notification to Revenue Cycle and Decision Support upon approval of the Board.
Maria Morgan, MD OB/GYN	<ul style="list-style-type: none"> • State University of New York at Buffalo MD June 2020 • Westchester Medical Center at New York College Obstetrics and Gynecology Residency July 2020 to June 2024 • Time gap – Transition from Residency to Fellowship July 2024 • The Hospital for Sick Children Clinical Fellowship in Pediatric 	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.

	<p>and Adolescent Gynecology August 2024 to November 2025</p> <ul style="list-style-type: none"> • Joining UBMD OB/GYN January 2026 • American Board of Obstetrics and Gynecology eligible 		
Emily Hartford, PA-C Orthopaedic Surgery	<ul style="list-style-type: none"> • Daemen University Physician Assistant May 2019 • Time gap – job search following graduation May 2019 to December 2019 • Orthopaedic Trauma Physician Assistant Desert Regional Medical Center January 2020 to July 2025 • Time gap -planned family leave to move back to WNY to care for ill parents July 2025 to February 2026 • Joining Grider Support Services February 2026 • Supervising Physician – Dr. Christopher Ritter (3) • 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>
Troy Woodard, MD Otolaryngology	<ul style="list-style-type: none"> • Johns Hopkins University School of Medicine MD May 2003 • Time gap- Transition from Medical School to Residency May 2003 to June 2003 • Loyola University Medical Center Otolaryngology Residency July 2003 to June 2008 • Medical College of Georgia Rhinology and Skull Base 	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>Fellowship July 2008 to June 2009</p> <ul style="list-style-type: none"> • Staff Surgeon Otolaryngology, Head and Neck Institute Cleveland Clinic July 2009 to present, Director Rhinology Endoscopic Skull Base Surgery Fellowship July 2015 to present and Surgical Director – Beachwood Ambulatory Surgical Center Cleveland Clinic Foundation June 2021 to present • Joining UB as Chair of Otolaryngology and staff Otolaryngologist • American Board of Otolaryngology certified 		
<p>Odeyuwa Izekor, MD Psychiatry</p>	<ul style="list-style-type: none"> • American University of the Caribbean School of Medicine MD October 2020 and Clinical Medical Fellow January 2021 to June 2021 • ECFMG certified December 2020 • Time gap – Transition from Medical School to Clinical Medical Fellowship November 2020 to January 2021 • Jacobs School of Medicine Psychiatry Residency June 2021 to June 2024 and Child Psychiatry Fellowship July 2024 to present • Attending Psychiatrist – Children’s Psychiatric Center July 2025 to present • Joining UPP February 2025 	<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>

	<ul style="list-style-type: none"> American Board of Psychiatry and Neurology certified 		
Samuel Bone, MD Radiology-Teleradiology	<ul style="list-style-type: none"> Duke University MD May 1987 Time gap – waiting to start Internship May 1987 to June 1987 Georgia Baptist Medical Center Transitional Internship July 1987 to June 1988 University of Washington Diagnostic Radiology Residency July 1988 to June 1992 The University of Alabama at Birmingham Body Computed Tomography, Ultrasonography and MRI Fellowship July 1992 to June 1993 and Nuclear Medicine Fellowship July 1993 to December 1993 Radiologist – Quantum Radiology January 1994 to August 2003, Durham Radiology Associates August 2003 to present, VA Palo Alto Health Care System February 2020 to January 2022 and Virtual Radiologic Services February 2023 American Board of Diagnostic Radiology and Nuclear Radiology 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>
Carina Butler, MD Radiology - Teleradiology	<ul style="list-style-type: none"> University of Kentucky MD May 1999 University of Texas at Austin Transitional Internship June 1999 to June 2000 	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.

	<ul style="list-style-type: none"> • University of Kentucky Diagnostic Radiology Residency July 2000 to June 2004 • Brigham and Women’s Hospital Abdominal and Interventional Imaging Fellowship July 2004 to December 2004 • Assistant Professor University of Kentucky July 2004 to June 2010 • Radiologist – Kentucky Metabolic Imaging July 2006 to May 2007, Kentucky Imaging Group June 2007 to October 2011, Specialty Teleradiology November 2010 to December 2011, Central Kentucky Radiology, PLLC November 2011 to present and Virtual Radiologic Professionals, LLC September 2025 to present • American Board of Diagnostic Radiology certified 		<p>Notification to Revenue Cycle and Decision Support upon approval of the Board.</p>
<p>Oren Jaspen, MD Radiology - Teleradiology</p>	<ul style="list-style-type: none"> • Yeshiva University MD May 2017 • Memorial Sloan Kettering Cancer Center Transitional Internship June 2017 to June 2018 • New York Presbyterian Hospital Diagnostic Radiology Residency July 2018 to June 2022 and Neuroradiology Fellowship July 2022 to June 2023 • Radiologist – Hudson Valley Radiologists, PC July 2023 to present and Virtual Radiologic Services, LLC August 2025 to present 	<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>

	<ul style="list-style-type: none"> American Board of Diagnostic Radiology and Nuclear Radiology certified 		
X. Temporary Privileges (7)	<ul style="list-style-type: none"> Erin Paone, PA-C Anesthesia 1/5/2026 Sandeep Sabhlok, MD Anesthesia 12/9/2025 Michele Winsor, NP Family Medicine 12/5/2025 Elinor Markowski, NP Family Medicine 12/5/2025 Christopher Shanahan, PA-C Orthopaedic Surgery 12/5/2025 Michael Paolini, PA-C Orthopaedic Surgery 12/15/2025 Marisa Lisinski, PA-C Otolaryngology 1/5/2026 		
IX. REAPPOINTMENTS (32)	See reappointment summary (Attachment B)		

NAME	DEPARTMENT	CATEGORY	PRIVILEGES
DeNisco, Dawn CRNA	Anesthesia	AHP	
Senchoway, Laura CRNA	Anesthesia	AHP	
Welka, Andrew MD	Anesthesia	Active	
DeFreitas, Danielle MD	Emergency Medicine	Active	
Seth, Lauren PA-C Supervising MD: Innes	Emergency Medicine	AHP	
Sonenberg, Sarah MD	Emergency Medicine	Active	
Flower, Katherine, ANP Collaborating MD: Wilkins	Family Medicine	AHP	
Mai, Jenny PA Supervising MD: Wilkins	Family Medicine	AHP	<u>New privileges: (7)</u> -Level II <ul style="list-style-type: none"> Pre-Natal/Maternal/Fetal care -Chemical Dependency Privileges Routine Management of Substance Abuse & Chem. Dep.

			<ul style="list-style-type: none"> • Basic substance Intoxication • Basic substance Withdrawal • Basic Individual & Group Treatment Modalities Management of Complex Substance Abuse & Chem. Dep. <ul style="list-style-type: none"> • Advanced Substance Intoxication • Advanced Substance Withdrawal • Advanced Individual & Group Treatment Modalities
Morris, Pamela MD	Family Medicine	AHP	<u>New privileges: (4)</u> -Level II <ul style="list-style-type: none"> • Pap Smear Screening -Substance Abuse & Chemical Dependency <ul style="list-style-type: none"> • BASIC management of substance • COMPLEX management of substance • Suboxone treatment
Thandla, Sushama MD	Family Medicine	Active	<u>New privileges: (1)</u> -Level II Pap Smear Screening
Anson, Erika MD	Internal Medicine	Active	
Fernandez, Stanley MD	Internal Medicine	Active	
Goudarzi, Atta MD	Internal Medicine	Active	
Machernis, Nolan MD	Internal Medicine	Active	<u>Privilege withdrawal:</u> Level II -Peripheral Vascular Procedures: Diagnostic & Interventional
Venuto, Lisa PA-C Supervising MD: Yacoub	Internal Medicine	AHP	
Wayne, Faith ANP Collaborating MD: Desai/Evans	Internal Medicine	AHP	<u>New privileges: (3)</u> -Level II <ul style="list-style-type: none"> • Abdominal Paracentesis • Lumbar Puncture • Thoracentesis
Wiede, Marielle PA-C Supervising MD: Rich	Internal Medicine	AHP	

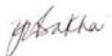
Walsh, Evelyn MBBS	Neurology	Active	Privilege Addition: • Vagus Nerve Stimulation Monitoring
Deans, Samantha MD	OB/GYN	Active	Privilege Addition: Department of OB/GYN: Sedation Procedures - Moderate Sedation
Everett, Sandra MD	Ophthalmology	Active	
Au, Justin DMD	Oral & Maxillofacial Surgery	Active	
Cipriani, Sonia PA-C Supervising MD: Daoust	Orthopaedic Surgery	AHP	
Duquin, Thomas MD	Orthopaedic Surgery	Active	
Chima, Mary MD	Psych & Behavioral Medicine	Active	Privilege Addition: Department of Psychiatry, Level II Privileges: Management of Complex Substance Dependence & Withdrawal, Intoxication
Leidenfrost, Corey PhD	Psych & Behavioral Medicine	AHP	
Marshall, Dori MD	Psych & Behavioral Medicine	Active	
Cipolla, David MD	Radiology	Active	
Dudziak, Joshua FNP Collaborating MD: J. McGrath	Radiology	AHP	
Howard, Daniel DO	Radiology	Active	
Welch, Mary MD	Rehab Medicine	Active	
Tambar, Stuti MD	Surgery	Active	
Roehmholdt, Max MD	Urology	Active	
Bold highlighted names are reappointment dates that will be changed to align with Kaleida			

X. AUTOMATIC CONCLUSION	Reappointment Expiration		
1st Notice	None	None	None

2nd Notice	Internal Medicine Elie Nehme, MD – Courtesy, Refer and Follow Resigning 3-31-2026 per Apogee and Dr. Nehme email	None	None
3rd Notice	None	None	None
XI. PROFESSIONAL PRACTICE EVALUATIONS			
OPPE	Completed: Rehab Medicine and Urology	No individual opportunities were identified	None required
FPPE	15 FPPEs were completed December 2025	No issues identified.	FPPEs will be re-evaluated in 3 months
Tracking/Trending	None	None	None
XII. OLD BUSINESS			
Expirables	No expirables are past due, everything is up to date.	Follow-up is on-going to maintain compliance	For informational purposes
DEA, License, Boards	<u>January 2026</u> <ul style="list-style-type: none"> • DEA - 18 • License - 8 • Boards – 5 (Pathology notified) <u>February 2026</u> <ul style="list-style-type: none"> • DEA - 27 • License – 37 • Boards – 5 (1 ANNP, 2 FM, 2 Urology – all notified) 	No action is necessary at this time.	For informational purposes
APP Emergency Medicine & Otolaryngology Forms	Privilege forms are being worked on. It was asked if PAs can sign an updated H&P. In accordance with JCAHO standards, a PA can do this.	Form review & modification will continue.	Once completed, the revised forms will be presented

	Some of the privilege forms in use here specifically include this privilege, some do not. These need to be standardized across the board.		to the Credentials Committee for review.
MD Staff Update	<p>We anticipate our “dark period” to commence on 02/02/2026. This is the time when we cannot work with IntelliCred, but also cannot work with MDStaff as data is being transferred. Credentialing work will need to be done on paper and then transferred over. The updating will need to be done by hand. Then testing will need to be done before it can be distributed system-wide. Much education will be required by our community and physicians.</p> <p>Dr. Cloud extended his appreciation to the Medical Staff Office staff for their hard work in making this transition to MDStaff happen.</p>	None.	Updates will continue as more progress is made.
XIII. NEW BUSINESS			
Pain Management Procedure Addition Percutaneous Tenotomy (TENEX) Procedure.	Requested privilege addition to the Pain Management Physician DOP: Percutaneous Tenotomy (TENEX) Procedure. Criteria reviewed. Complications and coverage discussed. Noted that procedure crosses specialty lines and was discussed and approved by orthopedics.	Recommend approval of the addition.	Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.
XIV. ADJOURNMENT			
	There being no further business to discuss, the meeting was adjourned at 3:45 pm.		

Respectfully submitted,



Yogesh Bakhai, MD
Chair, Credentials Committee

MINUTES

Present: Dr. Yogesh Bakhai, Chairman, Dr. Siva Yedlapati (via Teams), Dr. Samuel Cloud (via Teams), Dr. Lakshpaul Chauhan, Dr. Mandip Panesar, Dr. Ashvin Tadakamalla, MD, Rebecca Buttaccio, PA

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

Agenda Item	Discussion	Action	Follow-up
I. CALL TO ORDER	Dr. Bakhai called the meeting to order at 3:05 pm.		
II. ADMINISTRATIVE			
A. Minutes	Minutes from the November 6, 2025 meeting were reviewed and approved. It is noted that in these minutes, the initial application of Knika Sethi, DDS was tabled. Shortly after the meeting Dr. Richard Hall, Chief of Service, reviewed her application in depth. There were no flags or items of concern and he was comfortable with her appointment. Her appointment was presented at Medical Executive Committee and the Board of Directors and her appointment was approved.	A motion was made by Dr. Ashvin Tadakamalla and unanimously carried to approve the minutes of the November 6, 2025 meeting as submitted.	Via these minutes, the Credentials Committee recommends same to the Medical Staff Executive Committee.
B. Deceased	None	None	None
C. Applications Withdrawn/Processing Cessation	None	Noted	
D. Automatic Conclusion (Initial Appointment)	None	None	None

E. Name Changes (1)		Emergency Medicine Stefany Stempien, DO changed her name to Stefany Vinokur, DO	Noted	None	
F. Leave of Absence (5)		Emergency Medicine <ul style="list-style-type: none"> Natasha Petersen, PA-C Maternity; RTW 04/18/26 Marta Plonka, MD Maternity; RTW 02/01/26 Internal Medicine <ul style="list-style-type: none"> Julia Hitchcock, MD Maternity; RTW 03/23/26 Sarah Sadek, MD Maternity; RTW 01/15/26 Psychiatry <ul style="list-style-type: none"> Justine Forrest, MD Maternity; RTW 01/01/26 	Noted	Informational purposes only	
G. Resignations (10)		Files are updated and resignation protocol followed. The Committee discussed retention rates and Wellness Committee initiatives to investigate and manage.		Notification via these minutes to MEC, Board of Directors, Revenue Management, Decision Support	
NAME	DEPARTMENT	PRACTICE PLAN/REASON	COVERING/COLLABORATING/SUPERVISING	RESIGN DATE	INITIAL DATE
James Russillio, CRNA	Anesthesiology	<ul style="list-style-type: none"> Locum Was a locum Confirmed via email 	N/A	11/17/2025	09/23/2025
Joseph Quackenbush, PA-C	Family Medicine	<ul style="list-style-type: none"> GPPC/UBMD Was per diem Confirmed via email 	N/A	11/13/2025	11/28/2023
Mohsin Mian, MD	Internal Medicine	<ul style="list-style-type: none"> Apogee VISA expired Confirmed via email 	N/A	11/14/2025	03/22/2022

Edward Rutkowski, PA-C	Internal Medicine	<ul style="list-style-type: none"> • S&K • Has not worked for them in months • Confirmed via email 	N/A	11/17/2025	06/23/2020
Mark Shehata, MD	Internal Medicine	<ul style="list-style-type: none"> • UBMD • Confirmed via email 	N/A	08/31/2025	07/26/2022
Kara Woods, PA-C	Internal Medicine	<ul style="list-style-type: none"> • ECMC • Confirmed with HR 	N/A	11/13/2025	05/29/2018
John Pollina, MD	Neurosurgery	<ul style="list-style-type: none"> • UBNS • Wished to resign • Confirmed via email 	N/A	11/21/2025	08/20/2002
Stephen Grande, DC	Rehab Medicine	<ul style="list-style-type: none"> • D'Youville • Does not come to ECMC • Confirmed via email 		11/05/2025	04/06/2001
Claudia Koenig, PA-C	CardioThoracic Surgery	<ul style="list-style-type: none"> • GPPC • Left practice plan • Confirmed via email 	N/A	12/08/2025	09/25/2018
III. CHANGE IN STAFF CATEGORY					
		None			
IV. CHANGE/ADDITION Collaborating/Supervising (4)					
A. Casey Cole, ANP	<u>CardioThoracic Surgery:</u>	<ul style="list-style-type: none"> • Changing from Dr. Yaron Perry to Dr. Thamer Qaqish, MD 	Noted		For informational purposes only
B. Elizabeth Eaton, PA-C	<u>CardioThoracic Surgery:</u>	<ul style="list-style-type: none"> • Changing from Dr. Yaron Perry to Dr. Thamer Qaqish, MD 			
C. Nicole Ksiazek, PA-C	<u>CardioThoracic Surgery:</u>	<ul style="list-style-type: none"> • Changing from Dr. Yaron Perry to Dr. Thamer Qaqish, MD 			
D. Marc Siebert, ANP					

	<u>CardioThoracic Surgery:</u> <ul style="list-style-type: none"> Changing from Dr. Yaron Perry to Dr. Thamer Qaqish, MD 		
V. CHANGE DEPARTMENT/ PRIVILEGE ADDITION/ REVISION (1)			
A. Jordan Frey, MD	<u>Plastic & Reconstructive Surgery</u> <ul style="list-style-type: none"> Microvascular robotic surgery (current platform: Symani) Lymphatic reconstruction robotic surgery (current platform: Symani) Temps granted 11/21/2025 	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Via these minutes, the Credentials Committee recommends approval to the Medical Staff Executive Committee. Notification to Revenue Cycle & Decision Support upon approval of the Board.
VI. PRIVILEGE WITHDRAWAL (1)			
A. Morgan Rachko, PA-C	<u>Orthopaedic Surgery</u> <ul style="list-style-type: none"> First assist with Bone graft harvesting Provider has never used this privileges; identified in the FPPE process. Supervising MD, Dr. Geoffrey Bernas, confirmed withdrawal 	Noted	None.
VII. UNACCREDITED FELLOWSHIPS			
	None	None	None
VIII. INITIAL APPOINTMENTS (7)			
Erin Paone, PA-C Anesthesiology – Pain Management	<ul style="list-style-type: none"> Daemen College Physician Assistant May 2017 	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Via these minutes, the Credentials Committee recommends approval to

	<ul style="list-style-type: none"> • Time gap June 2017 to December 2017 obtained license and boards prior to credentialing for first job • Physician Assistant – Lakeshore Family Medicine December 2017 to April 2019, Buffalo Vascular Care May 2019 to February 2024, and WellNow Urgent Care February 2024 to present • Joining Grider Support Services January 2026 • Supervising MD – Dr. Thomas Suchy NCCPA certified 		<p>the Medical Executive Committee.</p> <p>Notification to Revenue Cycle and Decision Support upon approval of the Board.</p>
Elinor Markowski, NP Family Medicine	<ul style="list-style-type: none"> • Daemen College Master of Science Adult Nurse Practitioner May 2014, NP license issued April 2014 • Nurse Practitioner – Visiting Nursing Association April 2014 to June 2015, Catholic Health Neurocritical Care April 2014 to April 2018, DENT Neurologic Institute May 2018 to August 2020, The IMA Group August 2020 to March 2025 and Family Choice of New York August 2025 to present • Time gap March 2025 to August 2025 surgery • Collaborating MD – Dr. Kenneth Garbarino • 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>
Michele Winsor, NP Family Medicine	<ul style="list-style-type: none"> • Daemen University Master of Science Adult Gerontology Primary Care Nurse Practitioner September 2023 	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Via these minutes, the Credentials Committee recommends approval to

	<ul style="list-style-type: none"> • Resident Care Coordinator Our Lady of Victory July 2015 to July 2024 • Adult Gerontology Primary Care Nurse Practitioner - Family Choice of New York July 2024 to present • Collaborating MD – Dr. Kenneth Garbarino • AANP certified 		<p>the Medical Executive Committee.</p> <p>Notification to Revenue Cycle and Decision Support upon approval of the Board.</p>
Alexus Ludwig, DO Neurology	<ul style="list-style-type: none"> • Touro College of Osteopathic Medicine June 2019 • Jacobs School of Medicine Preliminary Neurology June 2019 to June 2020, Neurology Residency July 2020 to June 2023, and Epilepsy Fellowship July 2023 to June 2024 • UBMD Neurology July 2024 to present American Board of Psychiatry and Neurology and Epilepsy 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>
Michael Paolini, PA-C Orthopaedic Surgery	<ul style="list-style-type: none"> • Daemen College Physician Assistant May 2014 • Physician Assistant – WNY Medical, PC June 2014 to December 2014, South Buffalo Mercy Hospital January 2015 to June 2015, Erie County Medical Center June 2015 to June 2017, United Memorial Medical Center June 2017 to November 2020, Excelsior Orthopaedics November 2020 to February 2024, UB Neurosurgery March 2024 to March 2025, and Dr. Eric 	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>Roger March 2025 to October 2025</p> <ul style="list-style-type: none"> • Time gap November 2025 to December 2025 hospital credentialing • Joining Gider Support Services December 15, 2025 • Supervising MD – Dr. Evgeny Dyskin • NCCPA certified 		
Christopher Shanahan, PA-C Orthopaedic Surgery	<ul style="list-style-type: none"> • D’Youville College Physician Assistant December 2012 • Physician Assistant – Dr. Anthony Leone January 2013 to January 2017, University Orthopaedics January 2017 to April 2025 and October 2025 to present, and Pinnacle Orthopaedic & Spine Specialists April 2025 to October 2025 • Temporary privileges requested for December 4, 2025 • Supervising MD – Dr. Lindsey Clark • 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>
Marisa Lisinski, PA-C Otolaryngology	<ul style="list-style-type: none"> • Daemen University Master of Physician Assistant May 2018 • Physician Assistant – UB Neurosurgery June 2018 to December 2024, GPPC December 2024 to October 2025, and MRG Exams Non-clinical position for VA compensation & pension exams October 2025 • Time gap November 2025 to January 2026 sought clinical 	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>employment, interviewing and hospital credentialing</p> <ul style="list-style-type: none"> • Joining Grider Support Services January 2026 • NCCPA certified • Supervising MD - Dr. Matthew Kabalan 		
X. Temporary Privileges (3)	<ul style="list-style-type: none"> • Nancy Sharma, MD Family Medicine 11/17/25 • Jordan Frey, MD Plastics & Reconstructive Surgery 11/21/2025 • Christopher Shanahan, PA-C Orthopaedic Surgery 12/04/2025 		
IX. REAPPOINTMENTS (36)	<p>See reappointment summary (Attachment B)</p> <p>A question was raised as to the specifics of what “Level II Vascular Access” entails in Radiology. As it is not explained on the privilege form, this form will need to be updated to include a description.</p>	<p>A meeting will be called with Dr. Douglas Drumsta, Chief of Service for Radiology, to clarify this privilege.</p> <p>The Committee voted, all in favor, to recommend approval of the re-appointments listed 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>

NAME	DEPARTMENT	CATEGORY	PRIVILEGES
Fezer, Stephen CRNA	Anesthesiology	AHP	Retiring January 27, 2026 per Chris Resitarits 11/05/2025
Horesh, Fayelyn CRNA	Anesthesiology	AHP	
Schultz, Rachael CRNA	Anesthesiology	AHP	
Davidow, Peter DDS	Dentistry	Active	
Bradfield, Marisa PA-C Supervising MD: Tanaka	Emergency Medicine	AHP	
Caldwell, Jennifer DO	Emergency Medicine	Active	
Lograsso, Angeleah PA-C Supervising MD: Clemency	Emergency Medicine	AHP	

Elliott, Frederick MD	Family Medicine	Active	
ElNasser, Dilafruz ANP Collaborating MD: Akkinepally	Family Medicine	AHP	
Interlichia, Jamie PA-C Collaborating MD: Ilahi	Family Medicine	AHP	
Jurek, Nicole PA-C Supervising MD: Wadhwani/Rich	Family Medicine	AHP	Privilege Addition - Family Medicine: <ul style="list-style-type: none"> • Level II: Care in ambulatory setting including but not limited to pediatrics • Cervical/vaginal PAP tests
Perno, Amy PA-C Supervising MD: Holmes	Family Medicine	AHP	
Chaskes, Michael MD	Internal Medicine	CR&F	
Chauhan, Lakshpaul MD	Internal Medicine/Rehab Medicine	Active	
El-Atoum, Mohammad MD	Internal Medicine	Active	
Ismail, Mahmood MD	Internal Medicine	Active	
Lee, Jihae MD	Internal Medicine	Active	
Luksch, Lynnette PA-C Supervising MD: Wadhwani	Internal Medicine	AHP	
Patterson, Joel PA-C Supervising MD: Glover	Internal Medicine	AHP	
Tunio, Nahel MD	Internal Medicine	Active	
Glover, Robert MD	Neurology	Active	
Tirabassi, Anthony PA-C Supervising MD: Castiglia	Neurosurgery	AHP	
Sieminski, Sandra MD	Ophthalmology	Active	
Aquino, Vincent DDS	Oral & Maxillofacial Surgery	Active	
Donnarumma, Glen DDS	Oral & Maxillofacial Surgery	Active	
Kosinski, Lindsay MD	Orthopaedic Surgery	Active	
Violante, Nicholas DO	Orthopaedic Surgery	Active	
Wind, William MD	Orthopaedic Surgery	Active	
Pidor, Hailee MD	Psych & Behavioral Medicine	Active	
Pristach, Cynthia MD	Psych & Behavioral Medicine	Active	Privilege Addition: <ul style="list-style-type: none"> • Level II Suboxone treatment • Level II Methadone maintenance treatment
Braatz, Timothy MD	Radiology	Active	
Phillippi, Amber PA-C	Radiology	AHP	Privilege Addition:

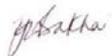
Supervising MD: J. McGrath			• Level II Vascular Access
Sohal, Ravinder MD	Radiology	Active	
Alwan, Nadare FNP Collaborating MD: Welch	Rehab Medicine	AHP	Privilege Withdrawal: Department of Rehab Medicine, Level II Privileges: Consultations on patients referred for evaluation by the Rehabilitation Medicine Department
Anain, Shirley MD	Surgery	Active	
Lukan, James MD	Surgery	Active	
Bold highlighted names are reappointment dates that will be changed to align with Kaleida			

X. AUTOMATIC CONCLUSION	Reappointment Expiration		
1st Notice	Internal Medicine Elie Nehme, MD – Courtesy, Refer and Follow Resigning 3-31-2026 per Apogee and Dr. Nehme email		
2nd Notice	None	None	None
3rd Notice	Internal Medicine - Nephrology Laura Spyche, ANP: Reappointment application not returned. Multiple emails and phone calls were made to Laura. A Certified letter was sent and signed for by Laura. She did provide an updated COI, but without an application, she cannot be processed. There is no Medical Executive Committee or Board of Directors meeting in December. As her reappointment expires 12/31/2025, her privileges will be concluded at that point as well. Dr. Panesar noted that this may be an issue for the dialysis unit. Laura is who they call for Dr. Pendyala’s patients. Dr. Panesar asked for the email messages sent to Laura asking for her to submit her reappointment paperwork. He will contact the dialysis unit and ensure that they are aware as of 12/31/2025 that Laura cannot be contacted for those patients.	For informational purposes.	Dr. Panesar will reach out to her collaborating physician to determine a workflow for outpatient dialysis.

XI. PROFESSIONAL PRACTICE EVALUATIONS			
OPPE	Completed: CardioThoracic, OB/GYN, Oral & Maxillofacial Surgery, Otolaryngology Cheryl met with Drs. Perry and Qaqish to ensure a smooth transition. Also discussed were current metrics, what they meant, and some new metrics that could be implemented if they chose.	No individual opportunities were identified	None required
FPPE	7 FPPEs were completed November 2025	No issues identified.	FPPEs will be re-evaluated in 3 months
Tracking/Trending	None	None	None
XII. OLD BUSINESS			
Expirables	No expirables are past due, everything is up to date.	Follow-up is on-going to maintain compliance	For informational purposes
DEA, License, Boards	<u>December 2025</u> <ul style="list-style-type: none"> • DEA - 7 • License - 11 • Boards – 31 NCCPA <u>January 2026</u> <ul style="list-style-type: none"> • DEA - 35 • License – 34 • Boards - 0 	No action is necessary at this time.	For informational purposes
MD Staff Update	The original “go live” date was December 15, 2025. This deadline will not be met. We are now looking at a 1.Q.26 start date.	None.	Updates will continue as more progress is made.
VRAD Health Assessments	There are several VRAD providers that will have expired Health Assessments due to setting up their annual appointments with their primary care physicians. VRAD asked if we can adopt a policy that allows the provider to complete the health assessment by the end of the expiring	For informational purposes only	None needed

	month. We explained that with proper communication to the MDSO, providers do have some time to complete their health assessments.		
XIII. NEW BUSINESS			
APP Emergency Medicine & APP Otolaryngology Privilege Forms	The Medical Dental Staff worked closely with the Chiefs of Service for Emergency Medicine and Otolaryngology to develop these revised NP & PA privilege forms. After Committee discussion and review, it appears that there needs to be some additional standardization and clarification to these forms before they can be endorsed by the Credentials Committee. These items were tabled until the January 2026 meeting to allow for the review/revision process.	Tabled until the January 2026 meeting.	This item will be carried on to the January 2026 meeting agenda.
XIV. ADJOURNMENT	There being no further business to discuss, the meeting was adjourned at 3:50 pm.		

Respectfully submitted,



Yogesh Bakhai, MD

Chair, Credentials Committee

ERIE COUNTY MEDICAL CENTER CORPORATION
JANUARY 20, 2026 MEETING MINUTES
EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS
VIRTUAL DUE TO SEVERE WEATHER

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

ABSENT: JONATHAN DANDES

ALSO

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

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 December 23, 2025.

III. Hospital Update

General Overview

Dr. Thomas Quatroche reported that as of January 1, 2026, the hospital has zero (0) agency staff in the building. ECMC continues to work toward EPIC implementation. The Joint Commission is set to make a 120-day follow-up visit to Erie County Medical Center. The New York State Department of Health conducted a survey on staffing programs within medical units. ECMC's Specialty Pharmacy received reaccreditation.

Finances Report

Jonathan Swiatkowski presented key statistics and performance drivers for December. Discharges, length-of-stay and case mix index improved from November. Outpatient surgeries and outpatient visits increased from last month. Overall, results were mixed for the month. December's net income reflected a net loss of \$6.8 M, which exceeded the overall budget for the month. Days cash on hand improved resulting from the payment of the second IGT payment for January. Review of the acute length of stay showed overall improvement compared to the last two years. Mr. Swiatkowski then reported on Key Performance Drivers from 2019 – 2025. Total discharges and surgeries are down while Emergency Department encounters and Outpatient visits are higher. Other key statistics include an improvement in acute length of stay and Terrace View numbers. Case mix index is down slightly while the number of ALC patients has increased significantly. A draft of the year-to-date financial performance shows a better-than budget result. Current days operating cash on hand ranges between 18 and 25 days.

Payer denial activity and payment delays continue to impact cash flow. Days in accounts receivable at 54.6 days. The second accelerated 2025 IGT payment was received on December 24th, with the third and final payment expected by the end of January. RSM is expected to begin the 2025 audit by the end of January. Discussion followed including updates regarding payer negotiations and New York State grants.

IV. 2026 Budget Initiatives Update

Updates in the process of regulating the 2026 budget were reviewed. Committee questions and discussion followed.

V. Safety Net Transformation Funding Update

Jon Swiatkowski updated the Executive committee on the grant award and the steps taken by ECMC, UB and NYS to oversee the distribution and appropriate spending of the funds.

VI. Great Lakes Cancer

ECMC and Kaleida are no longer using “Great Lakes” Cancer Care.

VII. UB, Kaleida, ECMC Discussions

Dr. Quatroche reported on possible discussions with Kaleida and the University.

VIII. Glenview Heights

The principals of Glenview Heights are ready to file their plans with the City of Buffalo and will make a presentation to the board at the January meeting.

IX. Other

Chair Eugenio Russi announced his choice of Michael Seaman to be Board Treasurer.

X. Adjourn

There being no other business, the meeting was adjourned at 4:55 p.m.

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

TUESDAY, JANUARY 20, 2026

BOARD MEMBERS PRESENT
OR ATTENDING BY VIDEO
CONFERENCE OR
TELEPHONE:

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

* ATTENDING BY VIDEO
CONFERENCE OR PHONE

BOARD MEMBERS EXCUSED:

ALSO PRESENT:

JONATHAN SWIATKOWSKI
ANDREW DAVIS
THOMAS QUATROCHE
VANESSA HINDERLITER

I. CALL TO ORDER

The meeting was called to order at 8:29 by Chair Michael Seaman.

II. REVIEW AND APPROVAL OF MINUTES

Motion was made by Darby Fishkin, seconded by Reverand Blue, and unanimously passed to approve the minutes of the Finance Committee meeting of December 16, 2025.

III. DECEMBER 2025 OPERATING PERFORMANCE

Mr. Swiatkowski began his presentation with a review of key statistics. He noted that December showed improvement in volume. Inpatient cases improved but remained under budget by approximately 29 cases. ALC cases averaged 53, an increase from 49 in the prior month. Case mix was noted to be 1.93, slightly over the 1.9 budget outpatient surgery variance also improved revenue but did not fully offset expenses for the month.

Mr. Swiatkowski noted a \$6.85 million loss for the month, with a \$5 million loss budgeted. FTEs dropped to 3,956, which is still over the 3,806 budgeted, but an improvement over prior months levels. Cash on hand improved to 20 days, partly due to the advanced payment of DSH/IGT that was received on December 24th, 2025. Payments were made at the end of December related to Epic and Infor costs that decreased cash on hand.

Length of stay remained higher than plan but improved to 8 days over the previous month's 8.7. When removing the ALC patients from the calculation, length of stay averaged 5.8.

Mr. Swiatkowski summarized the December financial performance. Revenue was favorable overall, with specialty pharmacy activity leading the positive variance. Non-operating income was favorable; however, total expenses were over budget, and when combined with revenue variances, total net losses showed an unfavorable variance to budget of \$1.2 million.

Mr. Swiatkowski reviewed overall operating revenue. Net patient service revenue was under budget with other revenue, led by specialty pharmacy, exceeded budget, creating an overall positive operating revenue for December.

Mr. Swiatkowski reviewed the operating expenses. He noted FTEs continued to remain over budget, but agency costs have been eliminated on the clinical side. Physician fees exceeded budget, due to the resident contract and investments in the captive PC Premier Health Partners. Supply costs were higher than previous months, related to specialty pharmacy expenses. Infusion and oncology clinics continue to increase in volume. Kidney acquisition costs also contributed to higher supply costs, with 11 additional kidney transplants than budgeted in December.

Dr. Stegemann inquired about the costs and profits of the kidney transplants, and a conversation was had generally between Mr. Davis, Mr. Swiatkowski and Dr. Stegemann regarding kidney and pancreas transplants at ECMCC.

Mr. Seaman asked about the ECMCC ALC issue compared to other hospitals in the area, and Mr. Swiatkowski and Dr. Quatroche discussed that while those specific numbers are not available it is a statewide concern.

Mr. Swiatkowski reported on volume impacts from 2019 to 2025. He noted a decline in higher revenue statistics and increases in lower revenue cases. Inpatient discharges and surgeries showed a slight decline from 2024 – 2025 overall, driven in part by length of stay challenges and ALC challenges. Observation cases continue to increase, driven by payers' reclassification of admissions. A conversation was had generally by Dr. Quatroche, Dr. Stegemann and Mr. Swiatkowski regarding same.

Mr. Swiatkowski noted that surgeries showed a decrease year over year. He noted that while surgeries continue to be a challenge, new surgeons were added during the year, partially offsetting the declines from surgeon losses. ED and outpatient visits both showed an increase, with increases to outpatient clinics and oncology services as well as the ED expansion that was completed in June 2020. Dr. Stegemann inquired about the ED numbers and a conversation was had generally amongst the Board regarding expected trends.

Mr. Swiatkowski reviewed key statistics from 2019 to 2025. Length of stay was noted to have stayed relatively fixed from 2024 to 2025. Case mix declined to 1.94. Longer average lengths of stay, high numbers of ALC patients and observation cases were noted to have

significantly impacted revenue, with ALC average lengths of stay increasing from 33.5 to 46.7.

The Terrace View census continued an upward trend from 2022 and there is no agency staff remaining. Dr. Stegemann asked about the profitability of Terrace View, and Mr. Swiatkowski noted that while as a predominantly Medicaid facility it is not profitable, the value of Terrace View is its ability to accept tough to place patients from ECMCC. A conversation was had generally amongst the Committee regarding the costs associated with long term care and nursing home facilities throughout New York State.

Mr. Swiatkowski reviewed FTEs from 2022 – 2025. He noted an increase in overtime, but a significant decrease in agency employees. Growth in clinic volume necessitated additional FTEs, as well as the Joint Commission survey which led to an increase in overtime hours. New York State minimum staffing requirements continue to be the primary driver of FTE increases. FTEs and overtime hours are being closely monitored.

Mr. Swiatkowski reviewed year to date performance for 2025. He noted that the numbers presented were preliminary drafts as the auditors are beginning the audit process at the end of January. Overall, considering diverse factors and typical year-end adjustments, 2025 saw a \$65 million loss from operations compared to the \$35 million loss budgeted. Favorable grant revenue reduced the overall loss to \$25 million. All factors considered, ECMCC saw a \$16.8 million loss for 2025 compared to the \$31.2 million budgeted loss. When considering the non-cash income related to benefits, the actual loss approximates \$29.0 million if those were removed.

Mr. Swiatkowski presented year to date operating revenue for 2025. Total operating revenue for 2025 was noted to be \$906 million without considering grant revenue, and \$940 million with grant revenue considered. ALC and observation cases reduced net patient service revenue for the year, as well as fewer surgeries than budgeted. IGT and disproportionate share payments were noted to be decreasing, thus normalizing versus prior years. Specialty pharmacy was noted to have contributed a net positive of approximately \$11 million.

Mr. Swiatkowski presented year to date operating expenses. FTEs remained over plan in 2025, averaging 113 over plan, which drove salary costs. Overtime also contributed to the salary variance. Employee benefits were noted to be favorable, in both health insurance and workers' compensation insurance. A variance in physician fees was driven by the acquisition of new physicians, the costs associated with the captive PC, and resident contract negotiated after budget. Supplies exceeded budget, and Mr. Swiatkowski noted that these costs were partially offset by the revenue associated with the surgeries and pharmaceuticals that required the additional supplies.

Mr. Swiatkowski presented the 2025 key operational variances to the Committee and further discussions with the Committee occurred to address questions. All questions were answered to the satisfaction of the Committee.

IV. OTHER UPDATES

Mr. Swiatkowski reported cash to be at 20 days, with a range of 18 – 25 days operating cash throughout the month. A DSH payment was received on December 24, and another payment is expected by the end of January 2026.

Mr. Swiatkowski informed the Committee that contract negotiations have concluded with Independent Health and Univera to the satisfaction of the parties. A conversation was had generally regarding the process of negotiations and rates. The RSM audit will begin at the end of January 2026.

Mr. Seaman asked about the effort to find an administrator for Terrace View and Mr. Davis confirmed that the search to fill the position is ongoing.

Ms. Fishkin raised concerns regarding the negative variance in net patient revenue and questioned what could potentially be done to improve it. Dr. Quatroche noted that the volume of ALC patients and the significant increase in observation cases were primary factors which were expected to stabilize when establishing the 2025 budget. He noted that ECMCC would be expanding the effort to recruit surgeons to improve that volume.

V. ACTION ITEMS

Mr. Swiatkowski presented the draft investment policy that was reviewed and approved by the Investment Committee for consideration by the Finance Committee. Motion was made by Darby Fishkin, seconded by Reverand Blue, and unanimously passed to recommend approval of the Investment Policy to the Board of Directors.

VI. ADJOURNMENT

There being no further business, the meeting was adjourned at 9:24 AM by Chair Michael Seaman.

**M/WBE Quarterly Sub-Committee
Meeting Minutes 08/13/2025
12:00-12:30**

Members Present: Diane Artieri, Rev. Mark Blue, Donna Brown, Andy Davis, Nicholas Long, Sarina Rohloff, Jonathan Swiatkowski, Peter Cutler, Christian Johnson, Kinzer Pointer
Excused: Joe Giglia, Lindy Nesbitt

Topic	Discussion
Call to order	Rev. Mark Blue called the meeting to order at 12:00
Approval of Minutes	Approval of the May 20, 2025, meeting minutes 1 st Motion – Christian Johnson 2 nd Motion – Rev. Kinzer Pointer All in favor
New Business	
MWBE Utilization	<p>MWBE Utilization by NYS Fiscal Year – April 2025-June 2025 at 40.34%.</p> <p>MWBE Utilization Breakdown by Industry April 2025-June 2025 (three months) Non-construction -\$1million and 81.49% total utilization Construction Based \$227k and 18.51% total utilization Total Utilization – \$1.227million</p> <p>MWBE Utilization Breakdown by Category (April 2025-June 2025) MBE Utilization \$715k WBE Utilization \$512k Total Utilization \$1.227million</p> <p>MWBE Utilization by Region – April 2025-June 2025 Buffalo – 25.53% \$313k WNY outside of Buffalo – 33.15% \$407k NYS outside of WNY – 40.32% \$495k Outside of NYS – 0.99% \$12k</p>

<p>Buffalo Purchasing Initiative</p>	<p>As of the 2025 calendar year, we currently have \$456,056. The BPI is in the process of revamping its program, and it is anticipated that in 2026, the focus will shift toward supporting small businesses in the Erie-Niagara counties and Native American territories. For this initiative, small businesses are defined as those with fewer than 100 employees.</p> <p>Spend in East Buffalo</p> <p>To date, we have reached \$177,585. At present, our efforts cover seven ZIP codes, but the BPI is planning to expand to 17 ZIP codes, incorporating Native American territories and distressed areas as defined by HUD methodology, which is reviewed every five years. This expansion is currently in the development stage, with the goal of consolidating all 17 ZIP codes under the new framework.</p>
<p>SDVOB Utilization</p>	<p>SDVOB Utilization by Fiscal Year</p> <p>Current utilization stands at 16.22%. Over the past three months, 77 new entities have become certified. Of these, 16 indicated they would not conduct business in WNY, and most of those are typically in the construction field. Potential opportunities within environment work, IT staff augmentation and safety consulting.</p>
<p>ECMC's MWBE/SDVOB Program in the Community</p>	<p>*Attended the June 2025 – NYS MWBE Agency Retreat MWBE Discretionary Authority increased to \$1.5M</p> <p>*ECMC's 5th Annual Community Vendor Fair with total sales of \$25K</p>

Questions	
Adjourn	Rev. Blue adjourned the meeting at 12:15pm: Next meeting is November 25, 2025, at 11:00am

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS

MINUTES OF THE QUALITY IMPROVEMENT/

PATIENT SAFETY COMMITTEE MEETING

TUESDAY, JANUARY 13, 2026

MICROSOFT TEAMS PLATFORM

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

PRESENTERS: RAMONA GANT, LISE KAYLER, MD, JESSICA MONDOUX, MBA, BSN, CHARLENE LUDLOW, RN, CIC

SERGIO ANILLO, MD

WILLIAM BELLES, MD

FELIX CHENG, MD

SAM CLOUD, DO

JOHN CUMBO

PETER CUTLER

ANDY DAVIS

CASSIE DAVIS

BECKY DELPRINCE, RN

KEITH KRABILL, MD

MARC LABELLE, RN

PHYLLIS MURAWSKI, RN

BRIAN MURRAY, MD

ASHVIN TADAKAMALLA, MD

JOANN WOLF, RN

Call to Order

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

I. Minutes

December 9, 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. Long Term Care – Ramona Gant

Ramona Gant presented on Terrace View Long Term Care. Ramona shared a department update which included driving excellence through strategic focus. Department volumes consisted of 858 admissions in 2025 which represented an increase of 22 admissions over 2024. The facility showed a dramatic improvement in incident reporting as well.

The facility received national recognition for quality from CMS and they were ranked #45 among Newsweek's top 100 best nursing homes.

Strategic goals include the reduction of in-house pressure injuries, reduce staff turnover and reduce staff overtime.

III. Renal Transplant – Liise Kayler, MD and Jessica Mondoux, MBA, BSN

Dr. Kayler and Jessica Mondoux presented on the Transplant Department. They shared department volume updates which included transplants per year, along with department volumes of deceased donors (kidney only). Transplant outcomes compared to similar size programs were shared as well.

They reviewed department surveys that recently took place in the department along with 2025 goals and accomplishments. 2026 QIPS plan include improved care, increasing living donations, and timely waitlisting.

IV. Joint Commission Update 360 – Phyllis Murawski, MS, RN

Phyllis Murawski presented an update on the Joint Commission. Beginning January 1, 2026 the Joint Commission made a transformative approach to Healthcare Accreditation. They have streamlined and simplified their processes and have a new model for future surveys. They have increased the number of National Performance Goals from 7 to 14. Phyllis reviewed all fourteen goals for the hospital.

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

Phyllis shared a recent survey update. CMS survey in December 2025 showed us compliant with no citations and CPEP received full recertification until 2028.

We are still waiting for the Joint Commission Lab Survey as well as the NYSDOH Radiology survey. The transplant UNOS survey is expected in 2026 along with the Joint Commission follow up hospital survey prior to March 14th.

VI. Adjourn

There being no further business, the motion was made and seconded to adjourn the meeting. The next meeting will be held on February 10, 2026.

Dear ECMC Board Members,

As with many hospitals across the State and nationally, we began January with taking unusual and unfortunate steps to reduce the workforce to bring spending in line with reimbursements. We were careful not to close much needed services for our community and avoid cuts of caregivers by the bedside. This decision was not made lightly. It came after exploring multiple alternatives and reflected the significant financial and operational challenges ECMC and other healthcare institutions in our community are facing.

Operationally, in January we experienced challenges throughout ECMC that reflect the current healthcare landscape locally, statewide and throughout the nation. We are working to address these challenges. We are currently working with our hospital partners in Western New York and we are investing in technology such as the new Symani Surgical System robot to enhance and strengthen our surgical services. We now feature six robotic surgical systems that are broadening our surgeons' capabilities to provide their patients the most advanced surgical systems for their respective procedures.

U.S. Senator Chuck Schumer recently came to ECMC's BRAVE Trauma Center to announce federal legislation he has introduced - Virginia's Law - to eliminate the federal statute of limitations barriers that have kept too many survivors of sexual abuse and human trafficking from pursuing justice. BRAVE TRC Director Paula Kovanic Spiro Participated in the announcement and thanked Senator Schumer saying, "By removing time limits for certain civil claims related to sexual abuse and human trafficking, this legislation acknowledges what trauma science and lived experience have long shown: survivors should not lose the opportunity to seek justice simply because their healing did not occur within an arbitrary window of time."

As the Board knows well, ECMC's unique and diverse culture is central to our year-round celebration of special events and commemorations that support every member of our ECMC Family. In February, we annually celebrate Black History Month and this year our ECMC's Black and African American Resource Network and the Office of Diversity, Equity and Inclusion scheduled a broad range of events and activities highlighting the significant contributions Black citizens have made throughout American history. From an opening ceremony featuring ECMC Board Member Rev. Mark Blue as keynote speaker to illuminating ECMC's iconic tower lights in Pan African colors for the entire month to excellent musical entertainment and health and well-being sessions, this year's Black History Month again has been a tremendous success.

As we continue to navigate through the very fluid state and national healthcare landscape, we are very thankful and deeply appreciative of the Board's continuing support and guidance. Despite these external challenges, our dedicated caregivers continue to demonstrate their nationally recognized excellence and skill, fortified by their unflagging compassion and kindness.

Best,

Tom

**Erie County Medical Center
Board Report
President & Chief Operating Officer
February 24, 2026**

Submitted by Andrew Davis

OPERATIONS

Center of Cancer Care Research

January 2026

Monthly Oncology Research Report – Dr. Jennifer Frustino

Research Updates

- Nine (9) new subjects consented for studies in January.
- Monitoring visit for Meira GTx Gene Therapy Study conducted with no findings.
- Site Qualification Visit conducted with Symani for PRECISE study and ECMC selected as a site with PI, Dr. Mark Falco.
- Two studies submitted to Research for Health in Erie County Grant applications.

Environmental Services

- Linen Transition:
 - In progress from Clean Care to EcoTex
 - Terrace View implementing transition on February 27, 2026
 - Main Hospital and Outpatient will transition linen on February 28, 2026
 - Key stakeholders communication completed.
- OR collaboration to enhance quality, safety, and efficiencies in progress.
- EOC Projects:
 - Securing EVS tools in Behavioral Health areas – implemented restraining bars and combination locking system
 - Wet floor sign usage in Behavioral Health areas – implemented EVS cart with wet floor signs attached to carts
 - Continue to follow corrective action plans and weekly auditing

Food & Nutritional Services

- Operations
 - The freezer/cooler replacement project in the main kitchen is complete.
 - Budget: In collaboration with ECMC Finance, we have discovered several areas for improvement. Tracking spends and product analysis will be the focus moving into 2026 to provide accurate spending moving forward.

Laboratory Services

Equipment Upgrades/Replacements/Contracts:

- Chemistry/IA Specimen Processing Technology upgrade: Validation of the automated processing track ongoing with targeted go-live end of Q1 2026.
- EPIC Project: The EPIC implementation involves the development of three specific applications for the laboratory operation. They include the EPIC Lab Beaker module, Haemonetic Safe Trace Tx, and Haemonetics Blood Track Manager. Laboratory team

members are extensively involved in the validation of all three systems. There will be significant operational workflow changes across Phlebotomy, General Lab, Blood Bank, Reference, and Outreach workflows with the conversion. The upgrade of the Haemonetics Blood Track Manager Phase 1 was completed on January 27, 2026. Phase 2 will be the integration with the EPIC environment at ECMC EPIC go-live.

Plant Operations / Capital Projects

Plant Operations/Facility project updates include the following:

Specialty Pharmacy – In Progress (Contractor)

- **Work Completed:** Construction bids received, awarded, and CM contract amendment fully executed. Pre-construction activities continued/ongoing.
- **Work Anticipated:** Mobilization will begin February 17, 2026 on ground floor.

HMGP Generators Replacement (Grant) – In Progress (Contractor)

- **Work Completed:** 100% design development received. Itemized project cost estimate comparison revisions/updates. Bid packages were created.
- **Work Anticipated:** FEMA granted time extension with proof generators were purchased. ECMCC purchased six (6) generators for \$1.8M. Construction Manager firm (CM) releasing for open bids on February 20, 2026.

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. Bid packages will be out the week of February 16th.
- **Pending projects:**
 - *Grounds Garage Floor Repairs/Trench Train Replacement* – temporary protection enacted. A/E is finalizing design.
 - *Trash Compactor Concrete Pad* – Work quoted and on hold until spring.
 - *1st Floor Internal Medicine Millwork and/or Room Refresh* – on hold for additional capital funding approval. No update.

Fuel Oil Tank Replacements – Pending (Contractor)

- The removal of underground fuel tanks will proceed independently of the generator replacement initiative. A project-specific design contract was approved for diesel tank #13 (DEC urgent) for removal/replacement timeline planned this year. Contract is currently under legal review.

CPEP & 11th Floor – Pending (Contractor)

- **Work in progress:** Construction Manager RFP package review on February 5, 2026.

Behavioral Health Bathroom Floor Replacement – In Progress (In-House)

- Bathroom floor replacements for the 4th, 5th and 9th floors will include demo existing floors, asbestos abatement and floor pan replacement if needed, install epoxy coated (slip resistant) flooring system. The work is scheduled as rooms become available. Completed: Room 902; In progress: Room 903. Completed (18) bathrooms to date.

Snyder Building 3rd Floor Renovations – In Progress (In-House)

- Install new countertops and paint/patch several areas. Awaiting material to fabricate countertops.
In progress with 10% complete.

Campus Buildings – In Progress (In-House)

- Install exterior wall packs (building mounted light fixtures) on various campus buildings to improve nighttime lighting and overall campus safety. In progress with 10% complete.

Main Hospital January Emergency Flood Restoration – In Progress (Contractor and In-House)

- Reconstruct walls and floors in various locations damaged by flood (sewer backup) water. In progress with Pharmacy, the On-Call Suite is complete. The walls were completed by contractor.

Campus Grounds – In Progress (In-House)

- Winter preparations are underway.
 - All plows and trucks are operational.
 - Rock salt – 70 tons on site.
 - Seven (7) pallets (40 bags/pallet) of ice melt on site. Additional salt was ordered based on the potential salt shortage due to shipping issues.

Radiology

Mammography Suite – 2025 YTD Volume

- 1,124 procedures performed on 803 patients

Rehabilitation Services

- PEDS Rehab signed contract agreement with Maryvale school district to provide special education support to the universal preschool program. Contract services will be initiated in February 2026.
- PEDS Rehab Supervisor participated in Thrive by 5 Coalition meeting – bringing together Erie County agencies working with and supporting the 2 – 5-year-old population. Current focus includes transportation issues for staff, families, and children; overall health equity; and federal cuts impacting local agencies.

Supportive Care & Palliative Medicine

Metrics:

- Total Inpatient Consults for **January**: 138
- Transitions of Care: 16
- Discharge with Home Hospice: 0
- Terrace View: 5

Surgical Services

- New providers and volume growth from Dr. Kabalan, Dr. Griffith, Dr. Chevli
- New Robot Symani Robot and Microscope for super microsurgeries, volume increasing
- PAT expansion plan in progress, looking to move into new location by years end
- Working with transplant team to grow hepatobiliary program
- SEC committee to meet with low utilization surgeons to maximize and realign block time. Meetings with surgeons have begun
- Continue to work towards opening a daily Universal Trauma Room

- Robotic Volume
 - Ortho 23
 - Bariatrics 6
 - Urology 4
 - Cardiovascular 6
 - HAN 7

PATIENT EXPERIENCE

Press Ganey Scores

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

Human Experience Domain	MTD Jan 1st, 2026- Jan 31st, 2026 N=24 (est)	MTD Jan 1st 2025- Jan 31st, 2025 N=100 (final)	NYS 2026 Benchmark
HCAHPS - Nurses	84 (est)	76	76
HCAHPS – Doctors	79 (est)	72	77
Discharge Info	88 (est)	87	85
Overall Rate	75 (est)	63	66

Dialysis

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

Population Health

- **Patient-Centered Medical Home (PCMH)**
 - Submitted 2026 PCMH applications for the Internal Medicine Center and Family Medicine Center on February 5, 2026, supporting continued advancement in coordinated, high quality primary care.

Supportive Care & Palliative Medicine

Patient Experience ongoing initiatives include:

- Veterans’ “Thank You for Your Service” program.
- Chart review of deceased patients using the “Test of Respect Scale,” to identify if patients and/or families were engaged in meaningful conversations regarding their values and goals to measure the quality of those conversations and to ensure patients received goal concordant care and their end-of-life wishes were respected.
- Caregiver Burden Assessment – Arch Angels Project

Transplant

- Three (3) lobby days continued at local dialysis centers focusing on educating staff vs. patients on transplant criteria and outstanding testing needed for patients in evaluation. Transplantinfo.com is being shared to help educate dialysis patients and dialysis centers.

PEOPLE

Biomedical Services

Training

- In February, the IP dialysis tech will attend training for the new ROs.

Environmental Services

- Several openings remain vacant affecting multiple shifts – 15 current EVS HHA vacancies
- Critical leadership roles vacant. Senior Coordinator, Senior Supervisor, Manager of Training

Laboratory Services

There are four (4) active job postings: (1) FT CLT, (1) Sr. CLT, and (2) Lab Assistant

- Extension of the current MOA for shift differential: extension has been approved through 12/31/26.
- Cross-training initiatives continue with full cross-training of new staff and expanded cross-training of Sr. CLTs and evening/night shift staff.
- Replacement of vacant positions is necessary to support clinical operations during significant equipment upgrades and the staffing demands related to the validation of the EPIC and the Haemonetics SafeTrace Tx laboratory information systems.

Population Health

Community Outreach / Events

- **American Lung Association “Project Breathe” Partnership** – Secured a \$5,000 stipend and completed staff training on January 22, 2026, at the Family Health Center to strengthen respiratory health outreach and education. Project BREATHE NY aims to improve health outcomes and quality of life for children with asthma and their families and reduce asthma related emergency visits and hospitalizations among children.



- **National Conference Presentations** – Two abstracts were accepted for national presentation. One at VITAL 2026 (June 2026) and another at AAACN 2026 (April 2026),

highlighting ECMC Population Health initiatives and showcasing our work and outcomes nationally.

- **Community Outreach & Engagement** – In recognition of Alcohol Awareness Month and Cervical Cancer Awareness Month, a tabling event was held in the ECMC lobby on January 20, 2026, to promote prevention and early detection. Educational materials on alcohol use, cervical cancer, chronic disease management (hypertension, diabetes), routine cancer screenings, and health care proxy completion were distributed. Primary care referrals and specialty care resources were also provided to support care access and follow-up.

Rehabilitation Services

- The Weekend “SAR vs Home” pilot successfully ended in 2025 and has been adopted as practice moving forward. Based on data demonstrating consistent clearance of over 50% of the target population for home, staffing of four PTs on Saturdays and Sundays has occurred to support this workflow utilizing four ten-hour day staff with an occasional per diem therapist on Saturday.
- PEDS Rehab onboarded a new PT who is working to help support in UPK programs, daycares, and with an integrated classroom contract in Ken-Ton.

QUALITY

Dialysis

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

Environmental Services

- ATP testing in December of 2025 was at 86% with an overall improvement of 1% over previous month.
- Continue weekly CPEP rounding with Plant Operations and Nursing leadership. Monitor census for opportunities for deep cleaning and floor scrub.
- Continue process improvements for Mock Survey result sustainment.
- Continue First Line Escape Room Infection Control training for front line staff.
- Continue DOT Hazardous Waste Training for all staff.

Food & Nutrition Services

Press Ganey Scores

Meals Overall

October Score: 38.52 (dropped 1.41 points)

88 responses of 47,895 meals served

Action Taken:

- Exploring different ways to deliver the meals quicker to patients after the cart is ready
- Looking at the menu to provide changes
- Visiting as many patients as possible to receive in the moment feedback

Temperature of Food

October Score: 25.58 (dropped 5.73 points)

86 responses of 47,895 meals served

Action Taken:

- Patient rounding has increased to over 500 patients visited using Touchworks.
- Changing menu items to protein dense items so heat will retain longer.
- Delivery times are very good, we will look to increase speed from kitchen to zones
- Outdated carts continue causing temperature issues.

Quality of Food

October Score: 25 (neutral score)

88 responses of 47,895 meals served

Action Taken:

- Eliminating poorly received menu items from our menu.
- Delivering food items as quickly as possible from tray line to patient
- Rounding with as many patients as possible (daily) to explore real time solutions or food options while they are here.

Courtesy of Person Serving

October Score: 66.27 (improved 2.63 points)

Action Taken:

- Holding daily huddles before meal service to educate proper bedside behavior.
- Supervisors have been issued floor assignments to follow meal delivery.
- Patient rounding to make patient hospital stay as pleasant as possible.

Laboratory Services

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

Regulatory:

- Joint Commission: Routine survey was conducted February 3-6, 2026 with minimal findings.

Radiology

Diagnostic Imaging Center of Excellence accredited until January 2028.

- All modalities are ACR accredited until 2027.
- Mammography has strict guidelines and compliance with the American College of Radiology (ACR) and the Food and Drug Administration (FDA). The following are tracked and monitored to ensure compliance:
 - Incomplete imaging
 - Suspicious findings
 - Short-term follow up
 - Breast ultrasound
- MRI Scanning of pacemaker patients
 - A comprehensive policy was developed to decrease patient transfers to BGH. Patients are monitored to ensure diligent screening, vendor device make/model compliance and nursing staff to be present for all patients place in safe mode.

Rehabilitation Services

- For 2026, Acute Therapy Department will be addressing a quality goal focuses on efficiency to decrease “turnaround time” (TAT) for therapy referrals in the ED by 30 minutes compared to the average TAT from 2025 for both PT and OT.
- In January, PT began to study the use of PT-PENCIL (Physical Therapy Clinical Decision Support Tool) w/patients on 7-2 (step down trauma unit) to gauge reliability and use as a clinical decision tool in the acute Hospital.
- New CARF 2026 goals established for the MRU pertain to the required domains of Business Function and Service Delivery which are further divided into effectiveness, efficiency, service access, patient satisfaction, and stakeholder satisfaction. The MRU is expecting CARF re-survey in May or June of 2026.
- The OP clerical team has initiated a quality project for 2026 to improve performance, decrease claim denials and rework efforts, support clinical services, and improve patient experience. This will be achieved via the following key performance indicators: Pre-Reg eligibility/insurance check timeliness and accuracy, registration experience and accuracy, re-authorization success.

Surgical Services

- Joint Commission 30-45 day visit completed to review conditional findings. No deficiencies found during survey. Continue to prepare for next visit in March
- Epic transition in full swing. Data collection and several workgroups weekly. Go live in October 2026
- Class I SSI’s hospital wide for **1Q 2025** = 21 infections
- Class I SSI’s hospital wide for **2Q 2025** = 15 infections
- Class I SSI’s hospital wide for **3Q 2025** = 12 infections
- Class I SSI’s hospital wide for **4Q 2025** = 8 infections
- Colon = 0 for 2025
- Spinal Fusion = 25 for 2025
- Knee = 1 for 2025
- Hip = 2 for 2025
- Early indications show a decrease in Spine SSIs since December
- P&P team working with SPM (tray tracking system) to improve processes. New reports developed to track expired trays, weekly audits are showing marked improvement
- Skull flap storage, policy completed, Freezer installed. Staff education and implementation in the next weeks
- Electronic consents, now live in GI, Urology, IR and Surgical Center. Next will be in the Main OR
- Audit Results:
 - Skin Assessment, 89.3% compliant
 - Discharge Instructions, 94.2% compliant
 - Hand Hygiene 96% compliant
 - PPE 86% compliant
 - Timeouts 100%
- Instrumentation Audits
 - Open and Unlocked: 98.5%
 - Free from Tape: 100%
 - Expired: 99.0%
 - Confirm Accurate Exp dates: 100%
- Through December 2025 – 0 premature release of implants from quarantine for both Surgical Center and Main OR.

- Through December 2025 – 11 immediate release cycles for main OR and 1 for Surgical Center.

Transplant

- MPSC met and reviewed updated quality improvement plan for pancreas pre-transplant mortality rates submitted December 22, 2025. Awaiting MPSC feedback. describing our updated quality improvement plan for pancreas pre-transplant mortality rates.
- Implemented monthly meeting reviewing patients with long evaluation times to increase transplantation.

FINANCIAL

Dialysis

Budget and Variance:

- Outpatient (in-center treatments): 2026 Budgeted 1,860 treatments, Variance **(-22)**
- Home Program: (Home Peritoneal & Home Hemodialysis): YTD Budget **100** treatments, favorable to the budget, Variance **(229)**
- Total: **207** treatments for the year, PD volume continues to demonstrate tremendous growth from 2025.

Census Volume:

- Outpatient (in-center treatments): **January = 1,725** treatments, YTD 2026 total = **1,838**
- Home Program: (Home Peritoneal & Home Hemodialysis): **January = 329** treatments, 2026 total = **329** favorable to budget.

<u>Dialysis</u>			2025			2026			
			YTD	Budget	Variance	Jan	YTD	Budget	Variance
4555	AKI	Hemodialysis - AKI	378	-	-	23	23	-	-
	DIALNON	Hemodialysis - Non-ESRD	3	-	-	0	0	-	-
	DIALTRAN	Hemodialysis - Transient	840	-	-	90	90	-	-
	HD	Hemodialysis - Chronic	22,618	-	-	1,725	1,725	-	-
	4555 Totals		23,839	24,119	-280 🟡	1,838	1,838	1,860	-22 🟡
5660	HOMEHD	Hemodialysis - Home	0	-	-	0	0	-	-
	PD	Hemodialysis - Peritoneal	3,109	-	-	329	329	-	-
	5660 Totals		3,109	1,500	1,609 🟢	329	329	100	229 🟢
Totals			26,948	25,619	1,329 🟢	2,167	2,167	1,960	207 🟢

Environmental Services

- Overall labor expenses are 4.58% under budget for December.
- Overall supply expenses are 64.2% over budget for December.

Laboratory Services

- The department budget volumes closed FY2025 +3.7% to budget target and +6.7% over FY24. The overall operating budget FY2025 YTD is -2.9% to budget target. The personnel expense FY2025 YTD had a +3.5% variance to budget target. The non-personnel FY2025 YTD expense was -4.9% to budget target and in alignment with increased volume to budget. The department is expected to close FY25 positive to budget volumes and within 5% of ecxxpense budget target.

- **VAT Initiative:** Negotiated reduced LabCorp test fees for targeted assays. **FY2025 YTD savings were \$100,183, which exceeds the original projected annual savings of \$60K.**

Population Health

- **American Cancer Society NFL Grant Application** – Approached to submit an application for \$30,000 in funding to expand cervical cancer screening and early detection efforts.

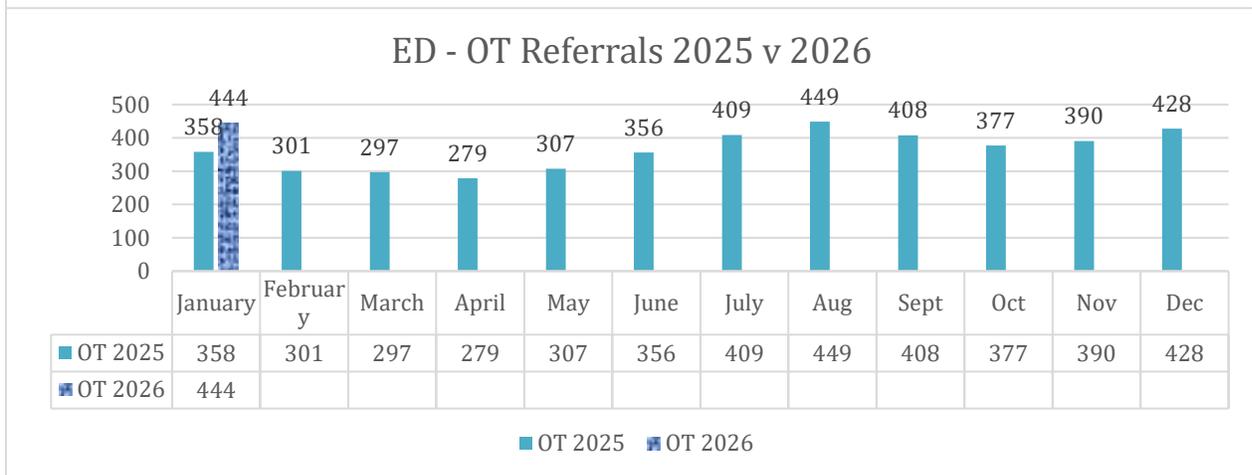
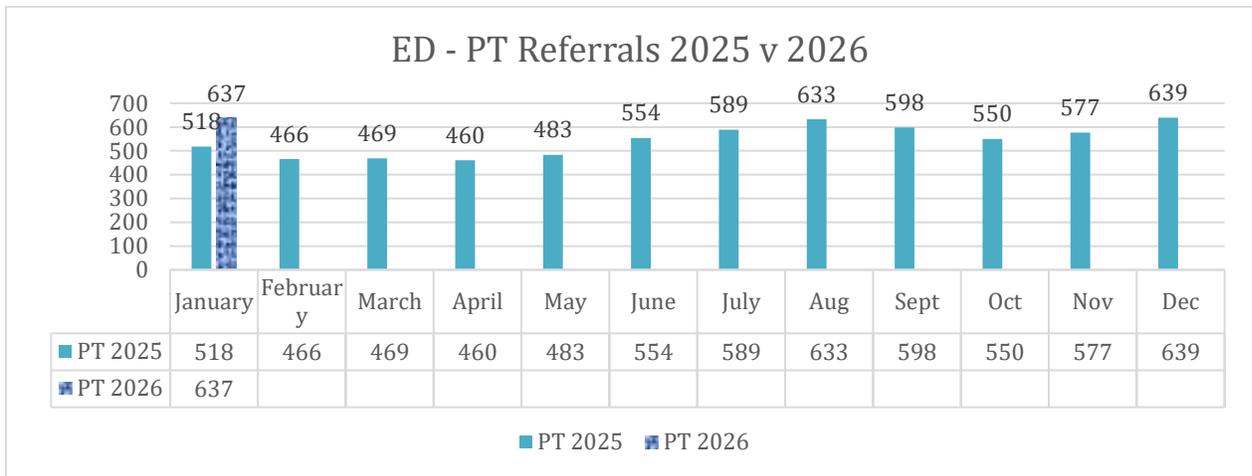
Radiology

Radiology as a whole is up 4.1% over budget for 2026.

- 2025: 210,211 total procedures
- 2024: 207,058 total procedures

Rehabilitation Services

- PT Acute productivity overall was 3692 against a budget of 3228 units, for a positive variance of 12.6%.
- OT Acute productivity overall was 2637 against a budget of 2472 units, for a positive variance of 6.3%.
- Trends noted below:



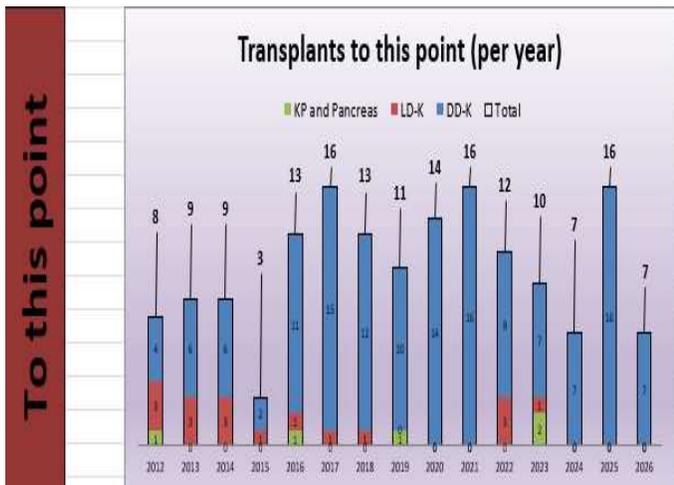
- The MRU had 17 admissions and 19 discharges with 329 patient days and a LOS of 17.3 days, **ADC 10.6**.
- The OP Rehab Services Team (OT, PT, SLP and Rehab Psych) have exceeded their combined MTD budget by 212 visits (11%). The OT and Rehab Psych volume, combined with PT assistance from the MRU, was able to compensate for an anticipated PT loss in volume due to a defined medical leave.
- Outpatient Psychiatry finished January 9% over budget MTD/YTD.
- PEDS Rehab enrolled twenty-six (26) new CPSE cases, seven new EI cases and four cases for service coordination. Evaluation revenue increased 13% in January 2026 compared to December 2025.

Surgical Services

- Looking at revenue created from PAT billing opportunities

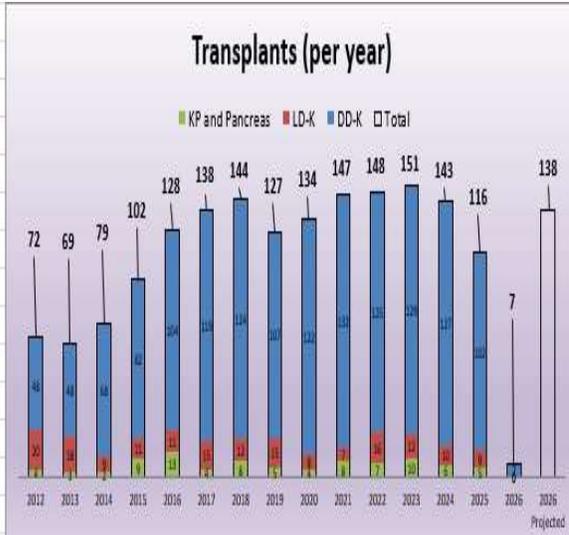
Transplant

- As of February 1, 2026, we performed **(7)** transplants, which is **(-9)** transplants than the same time in 2025. We have projected (138) transplants for 2026.
- Pre-Transplant Clinic is above budget by **(+22)**.
- Post-Transplant clinic is below budget by **(-15)** visits; this is expected with the decreased overall transplant volume.
- Total clinic variance is favorable to budget **(7)**.



	DD-K	LD-K	KP	Pancreas	Total
2009	4	1	0	0	5
2010	4	4	0	0	8
2011	8	2	0	0	10
2012	4	3	0	1	8
2013	6	3	0	0	9
2014	6	3	0	0	9
2015	2	1	0	0	3
2016	11	1	0	1	13
2017	15	1	0	0	16
2018	12	1	0	0	13
2019	10	0	1	0	11
2020	14	0	0	0	14
2021	16	0	0	0	16
2022	9	3	0	0	12
2023	7	1	2	0	10
2024	7	0	0	0	7
2025	16	0	0	0	16
2026	7	0	0	0	7

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	102	9	5	0	116
2026	7	0	0	0	7
2026 Projected					138

Transplant / Vascular			2025			2026			
			YTD	Budget	Variance	Jan	YTD	Budget	Variance
6430	TRANPRE	Transplant Clinic	586	-	-	49	49	-	-
	TRANPREPRC	Transplant Clinic	1	-	-	1	1	-	-
	6430 Totals		587	650	-63 ↓	50	50	28	22 ↑
6431	TRANPOSPRC	Transplant Clinic	0	-	-	0	0	-	-
	TRANPOST	Transplant Clinic	3,594	-	-	306	306	-	-
	6431 Totals		3,594	4,363	-769 ↓	306	306	321	-15 ↘
Totals			4,181	5,013	-832 ↓	356	356	349	7 ↗

The difference between
healthcare and true care™



Internal Financial Reports
For the month ended January 31, 2026

Erie County Medical Center Corporation

**Financial Dashboard
January 31, 2026**

Statement of Operations:

	Month	Year-to-Date (YTD)	YTD Budget
Net patient revenue	\$ 58,601	\$ 58,601	\$ 62,728
Other	18,093	18,093	18,493
Total revenue	<u>76,694</u>	<u>76,694</u>	<u>81,221</u>
Salary & benefits	46,786	46,786	43,813
Physician fees	11,789	11,789	10,860
Purchased services	7,341	7,341	7,860
Supplies & other	17,494	17,494	17,849
Depreciation and amortization	4,188	4,188	4,188
Interest	931	931	981
Total expenses	<u>88,529</u>	<u>88,529</u>	<u>85,551</u>
Operating Income/(Loss) Before Other Items	(11,835)	(11,835)	(4,330)
Grant revenue	-	-	-
Income/(Loss) from Operations With Other Items	<u>(11,835)</u>	<u>(11,835)</u>	<u>(4,330)</u>
Other Non-operating gain/(loss)	1,066	1,066	24
Change in net assets	<u>\$ (10,769)</u>	<u>\$ (10,769)</u>	<u>\$ (4,306)</u>
Operating margin	<u>-15.4%</u>	<u>-15.4%</u>	<u>-5.3%</u>

Balance Sheet:

<u>Assets:</u>	
Cash & short-term investments	\$ 26,008
Patient receivables	112,433
Assets whose use is limited	172,871
Other assets	459,492
	<u>\$ 770,804</u>
<u>Liabilities & Net Assets:</u>	
Accounts payable & accrued expenses	\$ 360,333
Estimate self-insurance reserves	48,426
Other liabilities	431,611
Long-term debt, including current portion	178,686
Lease liability, including current portion	25,614
Subscription liability, including current portion	21,400
Line of credit	10,000
Net assets	<u>(305,266)</u>
	<u>\$ 770,804</u>

Cash Flow Summary:

	Month	YTD
Net cash provided by (used in):		
- Operating activities	\$ (32,021)	\$ (32,021)
- Investing activities	3,576	3,576
- Financing activities	<u>(302)</u>	<u>(302)</u>
Increase/(decrease) in cash and cash equivalents	(28,747)	(28,747)
Cash and cash equivalents - beginning	<u>38,489</u>	<u>38,489</u>
Cash and cash equivalents - ending	<u>\$ 9,742</u>	<u>\$ 9,742</u>

Key Statistics:

	Month	YTD	YTD Budget
Discharges:			
- Acute	1,044	1,044	1,100
- Exempt units	411	411	430
Observation Cases:	269	269	320
Patient days:			
- Acute	9,430	9,430	8,509
- Exempt units	5,175	5,175	4,620
Average length of stay, acute	9.0	9.0	7.7
Case mix index	Blended 2.02	2.02	1.97
Average daily census:			
Medical Center	471	471	424
Terrace View LTC	381	381	382
Emergency room visits, including admissions	5,355	5,355	5,340
Outpatient Visits	23,247	23,247	25,642
Days in patient receivables		59.5	

The difference between healthcare and true care™



Erie County Medical Center Corporation
Management Discussion and Analysis
For the month ended January 31, 2026
(Amounts in Thousands)

January 2026 Operating Performance

During the month of January, operating performance was significantly impacted unfavorably by several factors. For the new year, inpatient discharges fell below the budgeted expectations as Alternative Level of Care (ALC) patients far exceeded the budgeted targets as well as the prior month levels. Total outpatient visits coupled with total surgeries reflect unfavorable deviations from budgeted expectations which also contributed to the net patient service revenue falling below plan. January's acute average length of stay grew to 9.0 days and remains well over the budgeted expectations. ALC patients occupying inpatient beds continue to exceed targets significantly for the month and continue to have an impact on the overall acute length of stay as well as the overall case severity. The revenue variances derived from these trends resulted in overall net patient service revenue which fell below budgeted expectations. As budget initiatives contemplated within the 2026 operating plan continue to be implemented during the first quarter, additional unfavorable variances will continue to be seen, as they were in January. Certain growth initiatives as well as FTE reductions have not yet been realized. As more initiatives are realized they will be recognized within the actual to budget variances. The overall result drove an operating loss for the month of (\$11,835). This operating loss is unfavorable when compared to the month's budgeted loss of (\$4,330).

Inpatient discharges during the month of 1,455 were less than the planned discharges of 1,530 (4.9% or 75 cases). Within the total, acute discharges of 1,044 were below plan by 5.1%, behavioral health discharges of 210 were below plan by 6%, chemical dependency discharges of 182 exceeded plan by 6.8%, and medical rehabilitation discharges of 19 were below plan by 46.6%.

In conjunction with the increase in ALC census, the acute average length of stay was at 9.0 days during January, unfavorable to a budget of 7.7 days by 16.8%. The average daily census of the ALC patients within the facility during the month was 55 patients, which is higher than prior months' levels and budgeted expectations. These statistical volume trends have had a direct unfavorable impact on the overall total net revenue per case for the month.

Total FTEs during January were higher than budgeted targets for the month by 229 FTEs. The initiatives to reduce FTEs which were included within the 2026 operating plan continue to be implemented which includes reduction of overtime hours, management of overall staff vacancies and a reduction in force. While these continue to be implemented, variances from the operating plan will continue to occur as the initiatives were originally expected to be fully in place by January 1st. Management is monitoring the implementation and realization of these initiatives closely while simultaneously working together with labor to ensure the organization continues to meet the NYS minimum staffing requirements.

Total benefit costs for the month were above the operating plan primarily due to unfavorable health insurance claims. The timing of claims fluctuates throughout the year as utilization increases or decreases and new plan benefits or benefit changes occur in the market.

Supply costs were in line with the budgeted expectations despite seeing fewer inpatients and fewer surgeries. Offsetting those favorable variances were unfavorable variances within pharmaceutical costs.

Balance Sheet

ECMCC saw significant decreases in cash during January due to operating losses, higher required payments and prepayments during January, timing of cash payments around year-end, and due to January having three payroll pay dates. ECMCC had also received a large expected IGT/DSH payment in late December, and a full pay period's payroll for the last two weeks of 2025 was paid on January 2nd. The net changes resulted in a range of 10 to 20 days of

Erie County Medical Center Corporation
Management Discussion and Analysis
For the month ended January 31, 2026
(Amounts in Thousands)

operating cash during the month, with 10 days on January 31, 2026. 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.

Patient receivables increased approximately \$7.5 million from December 31, 2025. The increase in accounts receivable is due to the expected increases due to higher reimbursement rates placed into effect January 1st coupled with a delay by the payers to implement the new negotiated rates as well as the typical ramp up time in collections during the beginning of the year. As a result, the Days in Accounts Receivable (average number of days a bill is outstanding) increased from 54.6 days on December 31, 2025, to 59.5 days on January 31, 2026, which has impacted net overall cash on hand.

Assets whose use is limited balances have decreased due to payments from the restricted capital funds to cover implementation costs of the EPIC EHR and Infor projects, used as bridge funding while we work with New York State to finalize grant funding related to these projects under the Safety Net Transformation Fund award.

Erie County Medical Center Corporation

Balance Sheet January 31, 2026 and December 31, 2025

(Dollars in Thousands)

	January 31, 2026	December 31, 2025	Change from December 31st
Assets			
Current Assets:			
Cash and cash equivalents	\$ 9,742	\$ 38,489	\$ (28,747)
Investments	16,266	13,122	3,144
Patient receivables, net	112,433	104,885	7,548
Prepaid expenses, inventories and other receivables	69,460	66,506	2,954
Total Current Assets	207,901	223,002	(15,101)
Assets Whose Use is Limited	172,871	181,665	(8,794)
Property and equipment, net	290,422	291,749	(1,327)
Other assets	99,610	99,827	(217)
Total Assets	\$ 770,804	\$ 796,243	\$ (25,439)
Liabilities & Net Position			
Current Liabilities:			
Current portion of long-term debt	\$ 13,215	\$ 13,215	\$ -
Current portion of lease liability	8,193	6,376	1,817
Current portion of subscription liability	10,511	10,536	(25)
Line of credit	10,000	10,000	-
Accounts payable	67,061	69,643	(2,582)
Accrued salaries and benefits	85,888	92,458	(6,570)
Other accrued expenses	201,484	209,639	(8,155)
Estimated third party payer settlements	5,900	5,983	(83)
Total Current Liabilities	402,252	417,850	(15,598)
Long-term debt	165,471	166,158	(687)
Long-term lease liability	17,421	18,042	(621)
Long-term subscription liability	10,889	11,675	(786)
Estimated self-insurance reserves	48,426	48,118	308
Other liabilities	431,611	428,943	2,668
Total Liabilities	1,076,070	1,090,786	(14,716)
Total Net Position	(305,266)	(294,543)	(10,723)
Total Liabilities and Net Position	\$ 770,804	\$ 796,243	\$ (25,439)

The difference between
healthcare and true care™



Erie County Medical Center Corporation

Statement of Operations

For the month ended January 31, 2026

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net patient revenue	60,082	64,146	(4,064)	62,162
Less: Provision for uncollectable accounts	(1,481)	(1,418)	(63)	(1,767)
Adjusted Net Patient Revenue	<u>58,601</u>	<u>62,728</u>	<u>(4,127)</u>	<u>60,395</u>
Disproportionate share / IGT revenue	10,256	10,256	-	11,018
Other revenue	<u>7,837</u>	<u>8,237</u>	<u>(400)</u>	<u>7,211</u>
Total Operating Revenue	<u>76,694</u>	<u>81,221</u>	<u>(4,527)</u>	<u>78,624</u>
Operating Expenses:				
Salaries & wages	34,744	31,911	(2,833)	32,534
Employee benefits	12,042	11,902	(140)	10,835
Physician fees	11,789	10,860	(929)	10,690
Purchased services	7,341	7,860	519	7,146
Supplies	15,114	15,261	147	14,119
Other expenses	1,447	1,919	472	2,367
Utilities	933	669	(264)	611
Depreciation & amortization	4,188	4,188	-	3,851
Interest	<u>931</u>	<u>981</u>	<u>50</u>	<u>945</u>
Total Operating Expenses	<u>88,529</u>	<u>85,551</u>	<u>(2,978)</u>	<u>83,098</u>
Income/(Loss) from Operations	(11,835)	(4,330)	(7,505)	(4,474)
Other Non-operating Gain/(Loss):				
Interest and dividends	496	208	288	716
Unrealized gain/(loss) on investments	<u>570</u>	<u>(184)</u>	<u>754</u>	<u>775</u>
Non-operating Gain/(Loss)	<u>1,066</u>	<u>24</u>	<u>1,042</u>	<u>1,491</u>
Excess of Revenue/(Deficiency) Over Expenses	<u>\$ (10,769)</u>	<u>\$ (4,306)</u>	<u>\$ (6,463)</u>	<u>\$ (2,983)</u>

Erie County Medical Center Corporation

Statement of Operations

For the one month ended January 31, 2026

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net patient revenue	60,082	64,146	(4,064)	62,162
Less: Provision for uncollectable accounts	(1,481)	(1,418)	(63)	(1,767)
Adjusted Net Patient Revenue	<u>58,601</u>	<u>62,728</u>	(4,127)	60,395
Disproportionate share / IGT revenue	10,256	10,256	-	11,018
Other revenue	<u>7,837</u>	<u>8,237</u>	(400)	7,211
Total Operating Revenue	<u>76,694</u>	<u>81,221</u>	(4,527)	78,624
Operating Expenses:				
Salaries & wages	34,744	31,911	(2,833)	32,534
Employee benefits	12,042	11,902	(140)	10,835
Physician fees	11,789	10,860	(929)	10,690
Purchased services	7,341	7,860	519	7,146
Supplies	15,114	15,261	147	14,119
Other expenses	1,447	1,919	472	2,367
Utilities	933	669	(264)	611
Depreciation & amortization	4,188	4,188	-	3,851
Interest	<u>931</u>	<u>981</u>	50	945
Total Operating Expenses	<u>88,529</u>	<u>85,551</u>	(2,978)	83,098
Income/(Loss) from Operations	(11,835)	(4,330)	(7,505)	(4,474)
Other Non-operating Gain/(Loss):				
Interest and dividends	496	208	288	716
Unrealized gain/(loss) on investments	<u>570</u>	<u>(184)</u>	754	775
Non-operating Gain/(Loss)	<u>1,066</u>	<u>24</u>	1,042	1,491
Excess of Revenue/(Deficiency) Over Expenses	<u>\$ (10,769)</u>	<u>\$ (4,306)</u>	<u>\$ (6,463)</u>	<u>\$ (2,983)</u>

Erie County Medical Center Corporation

Statement of Changes in Net Position

For the month and one months ended January 31, 2026

(Dollars in Thousands)

	<u>Month</u>	<u>Year-to-Date</u>
Unrestricted Net Assets:		
Excess/(Deficiency) of revenue over expenses	\$ (10,769)	\$ (10,769)
Other transfers, net	-	-
Contributions for capital acquisitions	46	46
Change in accounting principle	-	-
Net assets released from restrictions for capital acquisition	-	-
	<hr/>	<hr/>
Change in Unrestricted Net Assets	<u>(10,723)</u>	<u>(10,723)</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	-	-
	<hr/>	<hr/>
Change in Temporarily Restricted Net Assets	<u>-</u>	<u>-</u>
Change in Net Position	<u>(10,723)</u>	<u>(10,723)</u>
Net Position, beginning of period	<u>(294,543)</u>	<u>(294,543)</u>
Net Position, end of period	<u><u>\$ (305,266)</u></u>	<u><u>\$ (305,266)</u></u>

The difference between
healthcare and true care™



Erie County Medical Center Corporation

Statement of Cash Flows

For the month and one months ended January 31, 2026

(Dollars in Thousands)

	Month	Year-to-Date
Cash Flows from Operating Activities:		
Change in net assets	\$ (10,723)	\$ (10,723)
Adjustments to Reconcile Changes in Net Assets to Net Cash Provided by/(Used in) Operating Activities:		
Depreciation and amortization	4,188	4,188
Provision for bad debt expense	1,481	1,481
Net change in unrealized (gain)/loss on Investments	(570)	(570)
<u>Changes in Operating Assets and Liabilities:</u>		
Patient receivables	(9,029)	(9,029)
Prepaid expenses, inventories and other receivables	(2,954)	(2,954)
Accounts payable	(2,582)	(2,582)
Accrued salaries and benefits	(6,570)	(6,570)
Estimated third party payer settlements	(83)	(83)
Other accrued expenses	(8,155)	(8,155)
Self Insurance reserves	308	308
Other liabilities	2,668	2,668
Net Cash Provided by/(Used in) Operating Activities	(32,021)	(32,021)
Cash Flows from Investing Activities:		
Additions to Property and Equipment, net	(2,861)	(2,861)
Decrease/(increase) in assets whose use is limited	8,794	8,794
Sale/(Purchase) of investments, net	(2,574)	(2,574)
Change in other assets	217	217
Net Cash Provided by/(Used in) Investing Activities	3,576	3,576
Cash Flows from Financing Activities:		
Principal payments on / proceeds from long-term debt, net	(687)	(687)
Principal payments on / additions to long-term lease liability, net	1,196	1,196
Principal payments on / additions to long-term subscription, net	(811)	(811)
Increase/(Decrease) in Cash and Cash Equivalents	(28,747)	(28,747)
Cash and Cash Equivalents, beginning of period	38,489	38,489
Cash and Cash Equivalents, end of period	\$ 9,742	\$ 9,742

Erie County Medical Center Corporation

Statistical and Ratio Summary

	January 31, 2026	December 31, 2025	ECMCC 3 Year Avg. 2023 - 2025
<u>Liquidity Ratios:</u>			
Current Ratio	0.5	0.5	0.6
Days in Operating Cash & Investments	10	20	23.2
Days in Patient Receivables	59.5	55.0	56.8
Days Expenses in Accounts Payable	56.4	56.6	54.6
Days Expenses in Current Liabilities	127.8	160.0	145.0
Cash to Debt	43.0%	57.1%	55.8%
Working Capital Deficit	\$ (194,351)	\$ (194,938)	\$ (138,572)
<u>Capital Ratios:</u>			
Long-Term Debt to Fixed Assets	57.0%	57.0%	63.2%
Assets Financed by Liabilities	139.6%	137.0%	134.7%
Debt Service Coverage (Covenant > 1.1)	0.7	1.1	1.7
Capital Expense	14.3%	2.7%	2.9%
Average Age of Plant	6.8	8.2	8.0
Debt Service as % of NPSR	3.5%	3.8%	4.0%
Capital as a % of Depreciation	68.3%	132.2%	60.3%
<u>Profitability Ratios:</u>			
Operating Margin	-15.4%	-8.6%	-7.0%
Net Profit Margin	-17.8%	-1.9%	-1.2%
Return on Total Assets	-16.7%	-1.7%	-1.0%
Return on Equity	42.2%	4.6%	2.9%
<u>Productivity and Cost Ratios:</u>			
Total Asset Turnover	1.2	1.2	1.1
Total Operating Revenue per FTE	\$ 276,237	\$ 273,402	\$ 254,866
Personnel Costs as % of Total Revenue	59.8%	55.3%	54.3%

The difference between
healthcare and true care™



Erie County Medical Center Corporation

Key Statistics			
Period Ended January 31, 2026			

Current Period				Year to Date			
Actual	Budget	% to Budget	Prior Year	Actual	Budget	% to Budget	Prior Year
Discharges:				Discharges:			
1,044	1,100	-5.1%	1,114	1,044	1,100	-5.1%	1,114
210	223	-6.0%	228	210	223	-6.0%	228
182	170	6.8%	165	182	170	6.8%	165
19	36	-46.6%	26	19	36	-46.6%	26
1,455	1,530	-4.9%	1,533	1,455	1,530	-4.9%	1,533
Patient Days:				Patient Days:			
9,430	8,509	10.8%	8,834	9,430	8,509	10.8%	8,834
4,082	3,445	18.5%	3,579	4,082	3,445	18.5%	3,579
764	676	13.0%	658	764	676	13.0%	658
329	499	-34.1%	369	329	499	-34.1%	369
14,605	13,129	11.2%	13,440	14,605	13,129	11.2%	13,440
Average Daily Census (ADC):				Average Daily Census (ADC):			
304	274	10.8%	285	304	274	10.8%	285
132	111	18.5%	115	132	111	18.5%	115
25	22	13.0%	21	25	22	13.0%	21
11	16	-34.1%	12	11	16	-34.1%	12
471	424	11.2%	434	471	424	11.2%	434
Average Length of Stay:				Average Length of Stay:			
9.0	7.7	16.8%	7.9	9.0	7.7	16.8%	7.9
19.4	15.4	26.1%	15.7	19.4	15.4	26.1%	15.7
4.2	4.0	5.9%	4.0	4.2	4.0	5.9%	4.0
17.3	14.0	23.5%	14.2	17.3	14.0	23.5%	14.2
10.0	8.6	17.0%	8.8	10.0	8.6	17.0%	8.8
Occupancy:				Occupancy:			
88.7%	82.4%	7.7%	81.6%	88.7%	82.4%	7.7%	81.6%
Case Mix Index:				Case Mix Index:			
2.02	1.97	2.4%	2.00	2.02	1.97	2.4%	2.00
269	320	-15.9%	330	269	320	-15.9%	330
408	440	-7.3%	405	408	440	-7.3%	405
613	756	-18.9%	720	613	756	-18.9%	720
51	14	264.3%	20	51	14	264.3%	20
38	4	850.0%	42	38	4	850.0%	42
23,247	25,642	-9.3%	24,596	23,247	25,642	-9.3%	24,596
5,355	5,340	0.3%	5,439	5,355	5,340	0.3%	5,439
59.5	44.2	34.6%	49.5	59.5	44.2	34.6%	49.5
2.5%	2.2%	10.8%	2.7%	2.5%	2.2%	10.8%	2.7%
3,431	3,255	5.4%	3,341	3,431	3,255	5.4%	3,341
4.14	4.17	-0.6%	4.24	4.14	4.17	-0.6%	4.24
\$ 21,244	\$ 20,649	2.9%	\$ 20,144	\$ 21,244	\$ 20,649	2.9%	\$ 20,144
\$ 31,812	\$ 28,028	13.5%	\$ 27,447	\$ 31,812	\$ 28,028	13.5%	\$ 27,447
Terrace View Long Term Care:				Terrace View Long Term Care:			
11,812	11,837	-0.2%	11,438	11,812	11,837	-0.2%	11,438
381	382	-0.2%	369	381	382	-0.2%	369
97.7%	97.9%	-0.2%	94.6%	97.7%	97.9%	-0.2%	94.6%
508	456	11.5%	459	508	456	11.5%	459
6.9	6.2	11.7%	6.4	6.9	6.2	11.7%	6.4

Medical Executive Committee
CMO Report to the ECMC Board of Directors
February 2026

University at Buffalo Update

- There is an ongoing search for Chair of Ophthalmology.

Current hospital operations

- Admissions YTD: 1,339
- ED visits YTD: 5,608
- CPEP visits: 1,082
- Observation: 352
- Inpatient Surgeries: 515
- Outpatient Surgeries: 780
- ALC days YTD: 2,166

The average length of stay MTD 9.1 CMI 2.0385

CMO Update

- Welcome Troy Woodard, MD, Department Chair Otolaryngology
- Congratulations to Michael Nagai, MD, Chief of Service for Oral & Maxillo-Facial Surgery

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

Department of Nursing Report February 2026

Celebrations of Outstanding Nursing department staff:

Daisy awards were presented to:

Renee Larson, RN – was recognized for her dedication to patients and families. A family provided their experience and described the outstanding care that Renee provided to them and the patient during their stay on 8 zone 3.

Sara Lotempio, RN – was nominated for a Daisy award by a family of an MICU patient. The care and genuine concern for the patient, as well as the family during a very difficult time was extraordinary and was described as very comforting.

Nurse of the Month was awarded to **Krista Nearhoof, RN**. She is an outstanding nurse in the PACU. She was recognized by the Anesthesia team and her coworkers for her efficiency and team work as an outstanding nurse that goes above and beyond expectations for patients.

The Nursing staff, Care management and Providers have been working collaboratively to work on processes to help manage patients that are currently at ECMC as alternate level of care (ALC) patients. The team works diligently to identify safe discharge plans to meet the specific needs of patients as they transition to an appropriate community location. ECMC has hosted several meetings with community partners to establish appropriate discharge locations and services for patient after they complete their needed acute care episode.

As we started 2026 our focus with front line staff is to promote a patient care environment for team communication as well as enhancement of the patient and family experience. This is being supported by our education team around the clock to provide support of our bedside staff including to promote professional expectations and provide tools needed for positive outcomes.

I have called 2026 the year of “Change” which will include our Electronic medical record rollout of EPIC. In preparation for the EMR implementation, this has provided Nursing an opportunity to implement several best practices, proactively through process and policy revisions.

Communications and External Affairs Report
Submitted by Peter K. Cutler
Senior Vice President of Communications and External Affairs
February 24, 2026

Marketing

- Developing 2026 marketing communications efforts that will revolve around a variety of service lines and ECMC achievements, notably orthopedics, head and neck cancer care, the new Breast Health Center and highlighting ECMC's placement on Forbes Magazine's Top Hospital List for 2026.

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.
- Provided updated patient discharge information to media outlets covering the announcement of the indictment of the driver of the tourist bus that crashed on the NYS Thruway in August 2025.
- Coordinating with UBMD and Michael Wooten from WKBW-TV a feature story on Dr. Christina Sanders, Medical Director of Synergy Bariatrics, the Program Director for the Bariatric Surgery Fellowship at ECMC and a member of the Department of Surgery at the Jacobs School of Medicine & Biomedical Sciences who achieved an historic milestone in metabolic and bariatric surgery by becoming the first female surgeon in the United States to perform the Magnetic Duodenal Ileostomy (MagDI™) procedure. Dr. Sanders successfully performed the first MagDI™ procedures in October 2025 at ECMC, marking a significant advancement in minimally invasive weight-loss treatment.
- ECMC's Medical Minute partnership with WGRZ-TV included the featured following topics in February: Sciatica (Dr. Clark), Maxillofacial Prosthetic Care (Dr. Colebeck)

Community and Government Relations

- Attending America's Essential Hospitals' Federal Advocacy Assembly in Washington, DC February 24-25 and will meet with staff and member of our federal delegation during the conference.

MEDICAL EXECUTIVE COMMITTEE MEETING
MONDAY, JANUARY 26, 2026
MEETING HELD VIA MICROSOFT TEAMS PLATFORM/HYBRID
DR. ZIZI CONFERENCE ROOM SECOND FLOOR

Attendance (Voting Members):

Dr. Anillo	Dr. Belles	Dr. Brewer	
Rebecca Buttaccio	Dr. Cummings	Dr. DePlato	Dr. Drumsta
Dr. Chen	Dr. Cheng	Dr. Flynn	Dr. Frustino
Dr. Griffith	Dr. Krabill	Dr. Manka	Parveen Minhas, ANP
Dr. Murray	Dr. Pugh	Dr. Ritter	Dr. Rossitto
Dr. Ruggieri	Dr. Sieminski	Dr. Welch	Dr. Wilkins
Dr. Williams	Dr. Tadakamalla	Dr. Tanaka	Dr. Yedlapati

Non-Voting Members and Guests:

Sam Cloud, DO	Tom Quatroche, CEO	Andy Davis	Cassie Davis
Jon Swiatkowski	Charlene Ludlow, RN	Dr. Panesar	Dean Brashear
Cheryl Carpenter	Cassie Davis	Phyllis Murawski	Charles Cavaretta
Peter Cutler	Michael Ott		

I. CALL TO ORDER

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

B. PRESIDENT'S REPORT:

1. Dr. Manka reminded everyone that the final AAPL meeting will be taking place March 26th. Dinner will follow at Hutch's for the AAPL group.
2. The new Bylaws were approved at the annual meeting and will go to the Board for final approval. Once approved, a copy of the Bylaws will be sent out electronically.
3. Delinquent medical records list is showing improvements.

II. ADMINISTRATIVE REPORTS

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

1. CEO – Dr. Tom Quatroche, PhD.
 - a. Tom wished everyone a Happy New Year.
 - b. Work continues on the budget with talks taking place with the state and the Governor.
 - c. We have received our Joint Commission certification. Thank you everyone for your hard work with this survey.
 - d. As of January 1, 2026, we have eliminated all agency staff members throughout the campus. Thank you to Julie, Charlene and the entire team.

2. COO Report – Andy Davis
 - a. Echo Tech, a new linen vendor, will be taking over at the end of February.
 - b. Thank you all for your patience during our recent flood in the hospital. We are working as fast as possible to reopen the on-call suites and other areas that were affected.
 - c. Thank you to everyone for your dedication during the recent snow events that have taken place.
3. CFO REPORT – Jon Swiatkowski
 - a. Mr. Swiatkowski spoke on December Key Statistics.
 - b. A review of observation cases, case mix discharges, acute average length of stay, case mix adjusted length of stay, acute case mix index numbers along with admissions via the ED and outpatient visits took place.
 - c. Conversations continue with the state for additional funding.
 - d. We continue working on payer contracts.

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

- a. Dean Brashear, President and CEO of UBMD physicians group spoke about the new primary care practice.
- b. On December 17th Dean Brashear attended a meeting at Jacobs School of Medicine with other health system leaders. They spoke about improving length of stay numbers and several other topics. They continue to work on improving efficiency regarding our patients.
- c. The University will be starting a podcast series, and we are looking forward to that.
- d. Welcome Karen Frank, MD, PhD. The new Chair of Pathology.
- e. The search continues for a Chair of Ophthalmology. Thank you to Dr. Sieminski, the interim Chair.
- f. New Curriculum begins for approximately 180 medical students. Neurology now has 7 core programs with several students needing clinical exposure.
- g. Graduation will be May 1, 2026.

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

- a. Hospital remains very full and teams are working great together.
- b. Huddles continue throughout the day.
- c. Nursing/physician relationships are working well to move patients through faster.
- d. We continue to monitor infection control numbers across the country. CAUTI and CLABSI numbers are on the decline.

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

- a. Dr. Cloud reviewed hospital operation updates reviewing volumes, admissions, observations, average length of stay and ALC days, along with inpatient and outpatient surgeries.
- b. Dr. Cloud shared influenza, COVID-19 and RSV case numbers in New York State.
- c. A University update included an ongoing search for Chair of Ophthalmology. Congratulations to Karen Frank, MD, PhD., the new Chair of Pathology.
- d. Dr. Cloud thanked everyone for helping to make the job as CMO so successful.

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

a. No reports

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

a. Dr. Panesar reminded everyone that next month Kaleida will begin end user training. ECMC will begin in July.

VIII. CREDENTIALS COMMITTEE REPORT – Yogesh Bakhai, MD

a. No extractions.

**IX. PROFESSIONAL DEVELOPMENT AND WELLNESS COMMITTEE REPORT –
Matthew Ruggieri, MD**

a. No report

X. CONSENT CALENDAR

MEETING MINUTES/MOTIONS		PAGE #		
1.	MINUTES of the Previous MEC Meeting: November 24, 2025	7-11	Receive and File	
2.	Credentials Committee: December 4, 2025 and January 8, 2026	13-42	Receive and File	
	Appointments/ Reappointments/ Resignations		Review and Approve	
	Dual Reappointment Applications		Review and Approve	
	Criteria for TENEX Percutaneous Tenotomy procedure to be added to Pain Management	42	Review and Approve	
	Extractions			
3..	Graduate Medical Education Committee – Minutes of October 21, 2025 and November 18, 2025	45-50	Receive and File	
4.	P & T Committee – Minutes of December 2, 2025	52-57	Receive and File	
	Addition to Formulary			
	Doravirine	82-87	Receive and File	
	Cisatracurium	88-102	Receive and File	
	Removal from Formulary			
	Bisacodyl Enemas		Receive and File	
	Policy			
	Therapeutic Interchange	128-175	Receive and File	
	Nasal Administration of Medication Level of Care Policy	176-179	Receive and File	
	OmniCell Override List – Ketamine IM only overridable in ED	180-181	Receive and File	
	P & T Committee – Minutes of January 6, 2026	182-185	Receive and File	
	Addition to Formulary			
	Melatonin 3 mg	190	Receive and File	

MEETING MINUTES/MOTIONS

PAGE #

	Deletion from Formulary		
	Melatonin 5 mg		Receive and File
	Andexxa (andexanate alfa)		Receive and File
	Policy Approvals		
	High Alert Medication List	211	Receive and File
	Look Alike Sound Alike (LASA) list	213-218	Receive and File
	Therapeutic Interchange Policy	219-263	Receive and File
	Guideline Updates	274-289	Receive and File
5.	Professional Dev. & Wellness Committee – November 20, 2025 and December 18, 2025	291-292	Receive and File
6.	Resource Management Committee – Minutes of November 12, 2025 and December 10, 2025	294-303	Receive and File
7.	SEC Committee – Minutes of December 16, 2025	305-306	Receive and File
8.	OR Committee – Minutes of December 31, 2025	308-310	Receive and File
9.	HAI Committee – Minutes of November 21, 2025	312-316	Receive and File

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

UNANIMOUSLY APPROVED.

XI. NEW BUSINESS – Michael Manka, MD

Dr. Manka reviewed the following appointment with a motion to approve from the Medical Executive Committee:

1. The appointment of Michael Nagai, MD as Chief of Service for Oral & Maxillo-Facial Surgery.

MOTION TO APPROVE was made and seconded. Motion to approve the appointment was carried.

2. The appointment of Kimberly Wilkins, MD Chief of Service, Family Medicine to the Credentials Committee.

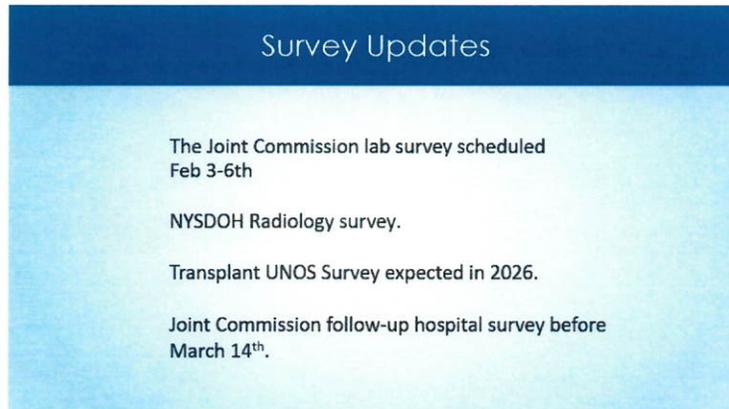
MOTION TO APPROVE was made and seconded. Motion to approve the appointment was carried.

UNANIMOUSLY APPROVED.

XII. EXECUTIVE SESSION

1. **MOTION MADE AND CARRIED** at 12:10 pm to move out of regular session.
At 12:12 pm a motion was made and carried to move to Executive Session.
The following items were discussed and motion(s) made:
2. **MOTION MADE AND CARRIED**, all-in favor to receive and file:
 - a. Board Quality P/I meeting minutes of November 18, 2025 and December 9, 2025
 - b. Chiefs of Service meeting minutes of November 13, 2025
 - c. Leadership Council Report for November/December 2025
3. Phyllis Murawski, RN shared the Quality and Patient Safety Report. Phyllis reviewed Morbidity & Mortality Quality trends, M & M submission trends (2023-2025), Mortality reviews (2025), Morbidity reviews (2025), Morbidity trends (2025) along with the new M&M form.

Phyllis also shared the following survey updates with the addition of a CARF survey taking place this year:



XIII. ADJOURNMENT

There was no further business conducted. Motion to adjourn the meeting was made and seconded. The next meeting will be on Monday, February 23, 2026, at 11:30 am via Teams/Hybrid in the Dr. Zizzi conference room at ECMC. The meeting was adjourned at 12:20 pm.

Respectfully submitted,

Siva Yedlapati, MD
Treasurer
Medical Executive Committee