



# ECMCC Board of Director's Meeting

January 27, 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  
JANUARY 27, 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 JANUARY 27, 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) **Buildings and Grounds Committee** (Ronald Bennett)
  - D) **HR Committee** (Michael Seaman)
  - E) **Quality Improvement and Patient Safety Committee** (by Michael Hoffert)
- VI. EXECUTIVE SESSION
- VII ADJOURN

ERIE COUNTY MEDICAL CENTER CORPORATION  
DECEMBER 2, 2025 MINUTES OF THE  
BOARD OF DIRECTORS MEETING  
HYBRID MEETING HELD

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

Excused: Jonathan Dandes, Jennifer Persico

Also

Present: Donna Brown\*, Julie Berrigan, Samuel Cloud, MD, John Cumbo, Peter Cutler, Andrew Davis, Cassandra Davis, Joseph Giglia, Julie Kline, Charlene Ludlow, Michael Manka, MD, Jonathan Swiatkowski

\*virtual

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**I. Call to Order**

Having a quorum, the meeting was called to order at 4:32 pm by Chair, Eugenio Russi.

**II. Minutes**

Upon a motion made by Reverend Kinzer Pointer and seconded by Reverend Mark Blue, the minutes of the October 28, 2025 regular meeting of the Board of Directors were unanimously approved.

**III. Action Items**

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

**IV. Reports from the Corporation’s Leadership Team**

**Chief Executive Officer and President**

Dr. Thomas Quatroche reported that the hospital received the Commission on Cancer reaccreditation and had a follow-up visit with the Joint Commission which went very well. The hospital also received Healthgrades 2026 Leader in Total Hip Replacements Award for the fourth (4<sup>th</sup>) year. Dr. Quatroche then reported on Patient Safety Indicators, stating that monthly statistics remain low. Human Experience scores remain at or above the NY State benchmark. Dr. Quatroche acknowledged Dr. Michael Manka who was names the 2025 NYS Emergency Medicine Unsung Hero aAnd several individuals who were honored during the month for outstanding performance and briefly touched on the many healthcare distinctions celebrated during the month of November. ECMC participated in the 2<sup>nd</sup> Annual Career Development Day at the Health Sciences Charter School. ECMC has hired 841 new

employees since the beginning of the year, of which, 200 RNs and 77 LPNs. A review of MWBE Utilization between September 2024 and Mark 2025 reflects 48%. The SNUG program was refunded \$2,864,635 by the NYS Division of Criminal Justice Services (DCJS). The ECMC Breast Health Center has screen 221 women, of which 72% were minority women.

### **Chief Financial Officer**

Jonathan Swiatkowski presented key statistics and performance drivers for October. Discharges were slightly lower than budget but slightly higher than last year with a similar trend in outpatient visits. Acute length of stay has continued to improve from August to October, dropping from 8.0 to 7.8 to 7.5 days. ALC patients rose to 50 from 46/day. Acute Case Mix Index was higher than budget. October financial performance showed a net operating loss of \$2.5M. Mr. Swiatkowski reported days operating cash on hand at 11 to 20 and summarized the latest updates from New York State. In early October, ECMC received the additional payment for Terrace View Upper Payment Limit (UPL). The remaining 2025 initial IGT payment is expected in December and January. Discussion followed regarding ALC patients, nursing home staffing and the budget.

### **V. Standing Committees**

- a. **Executive Committee:** Mr. Russi reported that the information covered in the December Executive Committee meeting had been include in Board meeting.
- b. **Finance Committee:** Michael Seaman stated that the finance committee information was covered by the reporting of Mr. Swiatkowski
- c. **Human Resources Committee:** Michael Seaman gave a summary on the last HR Comittee meeting.
- d. **Quality Improvement and Patient Safety Committee:** Michael Hoffert reported on the dietary, Chemical dependency, respiratory services and employee health presentations given at the last QI Committee meeting.

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

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

Moved by Reverend Kinzer Pointer and seconded by Sharon Hanson to enter into Executive Session at 5:04p.m. to discuss strategy matters made confidential by law. Motion approved unanimously

### **Reconvene in Open Session**

Moved by Reverend Kinzer Pointer and seconded by Reverend Mark Blue to reconvene in Open Session at 5:25 p.m. No action was taken by the Board of Directors in Executive Session  
Motion approved unanimously

**VIII. Adjournment**

Moved by Reverend Kinzer Pointer to adjourn the Board of Directors meeting at 5:28pm.



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Sharon L. Hanson  
Corporation Secretary

Present: Dr. Yogesh Bakhai, Dr. Samuel Cloud, Dr. Mandip Panesar, Dr. Siva Yedlapati, Dr. Richard Hall (via video conference), Dr. Ashvin Tadakamalla and Christopher Resetarits, CRNA

Excused: Dr. Lakshpaul Chauhan, Dr. Victor Vacanti and Dr. Thamer Qaqish

| Agenda Item                                    | Discussion/Recommendation   | Action   | Follow-up   |
|--|---|--|---|
| <b>I. CALL TO ORDER</b>                        | Dr. Bakhai called the meeting to order at 3:02 pm   |  |   |
| <b>II. ADMINISTRATIVE</b>                      |   |  |   |
| A. Minutes                                     | Minutes from the October 3, 2024 meeting were presented for review.   | A motion was made by Dr. Panesar, seconded by Dr. Tadakamalla and unanimously carried: | RESOLVED, that the Credentials Committee approve the minutes of the October 3, 2024 meeting as presented and recommend same to the Medical Executive Committee. |
| B. Deceased                                    | None  | None   | None  |
| C. Applications Withdrawn/Processing Cessation | None  | None   | None  |
| D. Automatic Conclusion (Initial Appointment)  | None  | None   | None  |
| E. Name Changes (2)                            | <p><b><u>Family Medicine</u></b></p> <ul style="list-style-type: none"> <li>Changed name from Ryane Parson, PA-C to <b>Ryane Schupp, PA-C</b></li> </ul> <p><b><u>Surgery</u></b></p> <ul style="list-style-type: none"> <li>Marielle Ferstenberg, DO to <b>Mariella Ferstenberg-Osygian, DO</b></li> </ul> | None   | None  |
| F. Leave of Absence (6)                        | <p><b><u>Anesthesiology</u></b></p> <ul style="list-style-type: none"> <li>Danielle Doherty, CRNA-maternity; RTW 12/01/24</li> </ul> <p><b><u>Internal Medicine</u></b></p>   | None   | Informational purposes only   |

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|                            | <ul style="list-style-type: none"> <li>Pradeep Srikanthan, MD-paternity; RTW 01/28/25</li> </ul> <p><b>Neurology</b></p> <ul style="list-style-type: none"> <li>Rebecca Buttaccio, PA-C-maternity; RTW 11/18/24</li> </ul> <p><b>Obstetrics and Gynecology</b></p> <ul style="list-style-type: none"> <li>Elana Tal, MD-maternity; RTW 02/03/25</li> </ul> <p><b>Plastics &amp; Reconstructive Surgery</b></p> <ul style="list-style-type: none"> <li>Rachel Harris, FNP-maternity; RTW 11/19/24</li> </ul> <p><b>Psychiatry</b></p> <ul style="list-style-type: none"> <li>Hannah Lapidés, NP- maternity; RTW 12/31/24</li> </ul> |  |                                    |   |              |
|----------------------------|--|--|------------------------------------|---|--------------|
| <b>G. Resignations (8)</b> |  | Files are updated and resignation protocol followed. The Committee discussed retention rates and Wellness Committee initiatives to investigate and manage. |                                    | Notification via these minutes to MEC, Board of Directors, Revenue Management, Decision Support |              |
| NAME                       | DEPARTMENT   | PRACTICE PLAN/REASON   | COVERING/COLLABORATING/SUPERVISING | RESIGN DATE   | INITIAL DATE |
| Kerryann Broderick, MD     | Emergency Medicine   | <ul style="list-style-type: none"> <li>UEMS</li> <li>Retiring</li> <li>Confirmed via email</li> </ul>  | N/A                                | 11/07/24  | 02/25/20     |
| William Dice, MD           | Emergency Medicine   | <ul style="list-style-type: none"> <li>UEMS</li> <li>Retiring</li> <li>Confirmed via email</li> </ul>  | N/A                                | 10/22/24  | 02/01/02     |
| Margaret Eberl, MD         | Family Medicine  | <ul style="list-style-type: none"> <li>GPPC</li> <li>No longer at ECMC</li> <li>Confirmed via email</li> </ul>   | 2 NP- GPPC working on              | 11/2/24   | 11/29/22     |
| Sarah Abdelsayed, MD       | Internal Medicine  | <ul style="list-style-type: none"> <li>UBMD</li> <li>CRF</li> <li>Confirmed via email</li> </ul>   | N/A                                | 11/07/24  | 07/25/17     |
| Mayada Ismail, MD          | Internal Medicine  | <ul style="list-style-type: none"> <li>UBMD</li> <li>Left practice plan</li> <li>Confirmed via email</li> </ul>  | N/A                                | 11/01/24  | 09/28/21     |

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|--|---------------------------|--|---|----------|---|
| Marcus Romanowski, MD                                    | Orthopaedic Surgery       | <ul style="list-style-type: none"> <li>• GPPC</li> <li>• Retiring</li> <li>• Confirmed via email</li> </ul>  | N/A   | 11/01/24 | 11/27/18  |
| Ekrem Maloku, MD   | Pathology                 | <ul style="list-style-type: none"> <li>• UBMD</li> <li>• Personal and Family issues</li> <li>• Confirmed via email</li> </ul>  | N/A   | 11/01/24 | 02/28/23  |
| Kamalpreet Parmar, MD                                    | Pathology                 | <ul style="list-style-type: none"> <li>• GPPC</li> <li>• Leaving GPPC</li> <li>• Confirmed via email</li> </ul>  | N/A   | 10/15/24 | 09/26/23  |
| <b>III. CHANGE IN STAFF CATEGORY (1)</b>                 |                           |  |   |          |   |
| A. Elie Nehme, MD  | <b>Internal Medicine</b>  | <ul style="list-style-type: none"> <li>• Changing from Active to <b>Courtesy, Refer and Follow</b></li> </ul>  | The Committee voted, all in favor, to approve the changes as requested. |          | Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support |
| <b>IV. CHANGE/ADD DEPARTMENT (1)</b>                     |                           |  |   |          |   |
| A. Carly Gerretsen, FNP                                  | <b>Internal Medicine</b>  | <ul style="list-style-type: none"> <li>• Removing Rehabilitation Medicine privileges</li> <li>• Adding Internal Medicine- Level 1 Core</li> <li>• Collaborating Physician: Dr. Naheed Alam (4NP/1PA)</li> <li>• Temporary privileges granted 10/16/2024</li> </ul> | The Committee voted, all in favor, to approve the changes as requested. |          | Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support |
| <b>V. CHANGE/ADDITION Collaborating/Supervising (14)</b> |                           |  |   |          |   |
| A. Alexandra Peters, PA-C                                | <b>Emergency Medicine</b> | <ul style="list-style-type: none"> <li>• Changing from Dr. Dice to <b>Dr. E. Shaw (1PA)</b></li> </ul>   | The Committee voted, all in favor, to approve the changes as requested. |          | Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue                                 |

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|                             |  |   | Management and Decision Support.   |
| B. Lucinda Kilbury, PA-C    | <p><b><u>Family Medicine</u></b></p> <ul style="list-style-type: none"> <li>Changing from Dr. Wilkins to Dr. Wilber (2NP/2PA)</li> </ul> | The Committee voted, all in favor, to approve the changes as requested. | Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support. |
| C. Syuzanna Leigh, PA-C     | <p><b><u>Family Medicine</u></b></p> <ul style="list-style-type: none"> <li>Changing from Dr. Lin to Dr. Wilkins (2NP/3PA)</li> </ul>    | The Committee voted, all in favor, to approve the changes as requested. | Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support. |
| D. Jennifer Murtha, FNP     | <p><b><u>Family Medicine</u></b></p> <ul style="list-style-type: none"> <li>Changing from Dr. Wilkins to Dr. Wilber (3NP/2PA)</li> </ul> | The Committee voted, all in favor, to approve the changes as requested. | Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support. |
| E. Kyle Switzer, PA-C       | <p><b><u>Family Medicine</u></b></p> <ul style="list-style-type: none"> <li>Changing from Dr. Lin to Dr. Wilber (3NP/3PA)</li> </ul>     | The Committee voted, all in favor, to approve the changes as requested. | Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support. |
| F. Joseph Quackenbush, PA-C | <p><b><u>Family Medicine</u></b></p> <ul style="list-style-type: none"> <li>Changing from Dr. Wilkins to Dr. Wilber (3NP/4PA)</li> </ul> | The Committee voted, all in favor, to approve the changes as requested. | Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support. |

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| G. Pia Musielak, PA-C      | <u><b>Internal Medicine</b></u> <ul style="list-style-type: none"> <li>• <b>Adding Dr. Ellen Rich (1NP/3PA)</b></li> </ul> Also has Dr. Glover Jr. (3PA) | The Committee voted, all in favor, to approve the changes as requested. | Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support. |
| H. Rebecca Buttaccio, PA-C | <u><b>Neurology</b></u> <ul style="list-style-type: none"> <li>• Changing from Dr. Ferguson <b>to Dr. Cheng (3NP/3PA)</b></li> </ul>                     | The Committee voted, all in favor, to approve the changes as requested. | Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support. |
| I. Mercedes Cline, ACNP    | <u><b>Neurology</b></u> <ul style="list-style-type: none"> <li>• Changing from Dr. Ferguson <b>to Dr. Cheng (3NP/3PA)</b></li> </ul>                     | The Committee voted, all in favor, to approve the changes as requested. | Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support. |
| J. Morgan Fowler, PA-C     | <u><b>Neurology</b></u> <ul style="list-style-type: none"> <li>• Changing from Dr. Ferguson <b>to Dr. Cheng (3NP/3PA)</b></li> </ul>                     | The Committee voted, all in favor, to approve the changes as requested. | Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support. |
| K. Nicole Ksiazek, PA-C    | <u><b>Neurology</b></u> <ul style="list-style-type: none"> <li>• Changing from Dr. Ferguson <b>to Dr. Cheng (3NP/3PA)</b></li> </ul>                     | The Committee voted, all in favor, to approve the changes as requested. | Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support. |

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| L. Joseph Rasnick, ANP                  | <u>Neurology</u> <ul style="list-style-type: none"> <li>Changing from Dr. Ferguson to Dr. Cheng (3NP/3PA)</li> </ul> | The Committee voted, all in favor, to approve the changes as requested. | Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support. |
| M. Marc Siebert, ANP                    | <u>Neurology</u> <ul style="list-style-type: none"> <li>Changing from Dr. Ferguson to Dr. Cheng (3NP/3PA)</li> </ul> | The Committee voted, all in favor, to approve the changes as requested. | Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support. |
| N. Lauren Gugino, PA-C                  | <u>Neurosurgery</u> <ul style="list-style-type: none"> <li>Changing from Dr. Spiro to Dr. Algattas (1PA)</li> </ul>  | The Committee voted, all in favor, to approve the changes as requested. | Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support. |
| <b>VI. PRIVILEGE ADDITION/ REVISION</b> |  |   |  |
|   | None   |   |  |
| <b>VII. PRIVILEGE WITHDRAWAL (2)</b>    |  |   |  |
| A. Nicole Ksiazek, PA-C                 | <u>Orthopaedic Surgery</u> <ul style="list-style-type: none"> <li>Resign privileges</li> </ul>                       | The Committee voted, all in favor, to approve the changes as requested. | Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support. |

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|--|--|---|--|
| B. Joseph Rasnick, ANP                       | <p><b>Orthopaedic Surgery</b></p> <ul style="list-style-type: none"> <li>Resign privileges</li> </ul>  | The Committee voted, all in favor, to approve the changes as requested.                             | Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support. |
| <b>VIII. UNACCREDITED FELLOWSHIPS</b>        |  |   |  |
|  | <ul style="list-style-type: none"> <li>No updates at this time</li> </ul>  | None  | Informational purposes only  |
| <b>IX. INITIAL APPOINTMENTS (12)</b>         |  |   |  |
| Lauren Ewell, PA-C<br>Cardiothoracic Surgery | <ul style="list-style-type: none"> <li>Seton Hill University Master of Science in Physician Assistant May 2022</li> <li>Time gap May 2022 to October 2022 waiting to start Surgical Assistant Residency Program</li> <li>The John's Hopkin's Hospital Physician Assistant Surgical Residency October 2022 to October 2023</li> <li>Cardiothoracic Physician Assistant General Physician, PC at Buffalo Medical Center October 2023 to present</li> <li>Supervising Physician – Dr. Awad El-Ashry (2)</li> <li>NCCPA certified</li> </ul> | The Committee voted, all in favor, to approve the appointment with privileges granted as requested. | Recommendation, via these minutes, to the Medical Executive Committee for approval.  |
| Brendan Gavin, PA-C<br>Internal Medicine     | <ul style="list-style-type: none"> <li>Gannon University Master of Physician Assistant Science August 2024</li> <li>Time gap August 2024 to December 2024 obtaining medical license, DEA and board certification</li> </ul>  | The Committee voted, all in favor, to approve the appointment with privileges granted as requested. | Recommendation, via these minutes, to the Medical Executive Committee for approval.  |

Highlight: Initiate FPPE

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|                                       | <ul style="list-style-type: none"> <li>• Joining Grider Support Services in December to work in Cardiology</li> <li>• Supervising Physician – Dr. Victor Vacanti (3)</li> <li>• NCCPA certified</li> </ul>  |   |   |
| Uri Goldberg, MD<br>Internal Medicine | <ul style="list-style-type: none"> <li>• St. George’s University School of Medicine MD June 2013</li> <li>• Clinical Research Coordinator Montefiore Medical Center Department of Internal Medicine June 2013 to November 2013</li> <li>• Kingsbrook Jewish Medical Center Internal Medicine Residency November 2013 to November 2016</li> <li>• Time gap – November 2016 to January 2017 credentialing/on-boarding</li> <li>• Hospitalist – Our Lady of Belfont Hospital January 2017 to May 2017, Lake Cumberland Regional Hospital February 2017 to November 2017, Pikeville Medical Center August 2017 to November 2017, Parkview Hospital October 2019 to November 2023, and Our Lady of Lourdes Hospital April 2018 to present</li> <li>• Sickle Cell Research Fellow King’s County Hospital September 2017 to April 2018</li> <li>• Dartmouth Hitchcock Medical Center Hospice &amp; Palliative Medicine Fellowship July 2022 to July 2023</li> <li>• Joining Apogee Physicians as Independent Contractor</li> </ul> | The Committee voted, all in favor, to approve the appointment with privileges granted as requested. | Recommendation, via these minutes, to the Medical Executive Committee for approval. |

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|   | <ul style="list-style-type: none"> <li>American Board of Internal Medicine certified</li> </ul>  |   |   |
| Colleen Klos, PA-C<br>Internal Medicine | <ul style="list-style-type: none"> <li>University of Pittsburgh Master of Physician Assistant Studies December 2021</li> <li>Time gap December 2021 to March 2022 graduated PA school pending license and credentialing</li> <li>Physician Assistant – Infinity Medical of WNY Hospitalist Service at Buffalo General March 2022 to present</li> <li>Joining Grider Support Services Gastroenterology January 2025</li> <li>Supervising Physician – Dr. Navpreet Rana (1)</li> <li>NCCPA certified</li> </ul>  | The Committee voted, all in favor, to approve the appointment with privileges granted as requested. | Recommendation, via these minutes, to the Medical Executive Committee for approval. |
| Mulham Ombada, MD<br>Internal Medicine  | <ul style="list-style-type: none"> <li>Khartoum College of Medical Sciences MBBS July 2016</li> <li>Time gap August 2016 to December 2016 Vacation</li> <li>Rotating House Officer/Resident Training Al-Faisal Specialized Clinic, Khartoum, Sudan December 2016 to January 2019</li> <li>Time gap February 2019 to March 2019 Vacation</li> <li>Internal Medicine House Officer/Resident Training, King Abdul-Aziz University Hospital, Jeddah, KSA March 2019 to August 2019</li> <li>Time gap September 2019 to January 2020 Vacation</li> <li>Certified Donor Ambassador with the American Red Cross, Johns</li> </ul> | The Committee voted, all in favor, to approve the appointment with privileges granted as requested. | Recommendation, via these minutes, to the Medical Executive Committee for approval. |

Highlight: Initiate FPPE

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|                                      | <p>Hopkins University, Baltimore, MD<br/>January 2020 to December 2020</p> <ul style="list-style-type: none"> <li>• Academic Medical Advisor/Group Facilitator at Kaplan Institution, NYC, NY January 2021 to May 2021</li> <li>• Clinical Assistant at Essen Healthcare Hematology/Oncology January 2021 to May 2021</li> <li>• Tele-Research Fellow at Michigan State University in Geriatric Medicine July 2020 to June 2021</li> <li>• SUNY Upstate Medical University Internal Medicine Residency June 2021 to June 2024</li> <li>• USMLE Mentor &amp; Residency Guider at Michigan State University Department of Geriatric – Virtual July 2021 to present</li> <li>• Jacobs School of Medicine Palliative Medicine Fellowship July 2024 to present</li> <li>• Joining Apogee Physicians as Independent Contractor</li> <li>• American Board of Internal Medicine certified</li> </ul> |   |  |
| <p>Marcos Cruz, MD<br/>Neurology</p> | <ul style="list-style-type: none"> <li>• Universidad Autonoma De Guadalajara, Mexico, MD June 2002</li> <li>• New York Medical College 5<sup>th</sup> Pathway MD July 2002 to June 2003</li> <li>• University Pediatric Hospital, University of Puerto Rico Pediatric Internship July 2003 to June 2004</li> </ul>   | <p>Flag was reviewed and application endorsed by the Chief of Service.</p> <p>The Committee voted, all in favor, to approve the appointment with privileges granted as requested.</p> | <p>Recommendation, via these minutes, to the Medical Executive Committee for approval.</p> |

Highlight: Initiate FPPE

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|                                    | <p>and Residency July 2004 to June 2005</p> <ul style="list-style-type: none"> <li>• St. Christopher’s Hospital for Children, Philadelphia, PA Neurology Fellowship July 2005 to June 2008</li> <li>• Vanderbilt Medical Center Neurophysiology Fellowship July 2008 to June 2009</li> <li>• Time gap June 2009 to August 2009 Fellowship ended, waited for employment</li> <li>• Neurophysiologist – Tristar Hendersonville August 2009 to present, C&amp;C Neurological Associates, PLLC August 2009 to present, Real Time Neuromonitoring Associates January 2011 to present and Neurophysiologic Interpretative Specialists &amp; Medicine January 2010 to present</li> <li>• American Board of Psychiatry and Neurology and Clinical Neurophysiology certified</li> </ul> |  |  |
| <p>Thai Dang, DO<br/>Neurology</p> | <ul style="list-style-type: none"> <li>• Lake Erie College of Osteopathic Medicine June 2018</li> <li>• Desert Regional Medical Center Neurology Residency July 2018 to June 2021</li> <li>• Loma Linda University Health Education Neurology Residency July 2021 to June 2022</li> <li>• University of California School of Medicine Clinical Neurophysiology July 2022 to June 2023</li> </ul>   | <p>The Committee voted, all in favor, to approve the appointment with privileges granted as requested.</p> | <p>Recommendation, via these minutes, to the Medical Executive Committee for approval.</p> |

Highlight: Initiate FPPE

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|-------------------------------|---|---|---|
|                               | <ul style="list-style-type: none"> <li>• IONM Interpreting Physician - Neurophysiologic Interpretative Specialists &amp; Medicine July 2023 to present</li> <li>• American Board of Psychiatry and Neurology and Clinical Neurophysiology certified</li> </ul>  |   |   |
| Sarah Zubkov, MD<br>Neurology | <ul style="list-style-type: none"> <li>• New York University School of Medicine MD June 2009</li> <li>• New York Medical College Internal Medicine Internship June 2009 to June 2010</li> <li>• Mount Sinai Medical Center Neurology Residency July 2010 to June 2013 and Neurophysiology Fellowship July 2013 to June 2014</li> <li>• New York University School of Medicine Epilepsy Fellowship July 2014 to June 2015</li> <li>• Time gap June 2015 to August 2015 Fellowship ended, waited for employment</li> <li>• Assistant Professor of Neurology Temple University School of Medicine August 2015 to June 2018 and Associate Program Director Neurology Residency September 2016 to June 2018</li> <li>• Staff Neurologist – Jeanes Hospital November 2015 to June 2018 and Holy Redeemer Hospital March 2016 to June 2018</li> <li>• IONM Interpreting Physician - Neurophysiologic Interpretative Specialists &amp; Medicine July 2018 to present</li> </ul> | The Committee voted, all in favor, to approve the appointment with privileges granted as requested. | Recommendation, via these minutes, to the Medical Executive Committee for approval. |

Highlight: Initiate FPPE

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|   | <ul style="list-style-type: none"> <li>American Board of Psychiatry and Neurology and Clinical Neurophysiology and Epilepsy certified</li> </ul>  |   |   |
| Anthony Tirabassi, PA-C<br>Neurosurgery | <ul style="list-style-type: none"> <li>Daemen University Master of Science Physician Assistant May 2024</li> <li>Time gap June 2024 to August 2024 sat for boards, waited for employment with UBNS</li> <li>Physician Assistant Neurosurgery – UBNS August 2024 to present</li> <li>Supervising Physician – Dr. Gregory Castiglia (3)</li> <li>NCCPA certified</li> </ul>   | The Committee voted, all in favor, to approve the appointment with privileges granted as requested. | Recommendation, via these minutes, to the Medical Executive Committee for approval. |
| Robert Pasquini, PA-C<br>Radiology      | <ul style="list-style-type: none"> <li>SUNY Upstate Medical University Master of Science Physician Assistant August 2019</li> <li>Time gap August 2019 to October 2020– completed school, applied for jobs, resigned from working as a radiographer and moved to TX</li> <li>Physician Assistant – Radiology Associates of North Texas October 2020 to December 2021</li> <li>Time gap December 2021 to May 2022 exceptionally long time to obtain Indiana PA license (COVID related delays), followed by multiple credentialing delays</li> <li>Physician Assistant – Radiology Partners, Terre Haute, IN May 2022 to July 2024 and Southtowns Radiology Associates, West Seneca, NY August 2024 to November 2024</li> </ul> | The Committee voted, all in favor, to approve the appointment with privileges granted as requested. | Recommendation, via these minutes, to the Medical Executive Committee for approval. |

Highlight: Initiate FPPE

|  |   |   |   |
|--|---|---|---|
|  | <ul style="list-style-type: none"> <li>• Joining Great Lakes Medical Imaging December 2024</li> <li>• Supervising Physician – Dr. John McGrath (8)</li> <li>• NCCPA certified</li> </ul>  |   |   |
| Nadare Alwan, FNP<br>Rehabilitation Medicine | <ul style="list-style-type: none"> <li>• D’Youville University Master of Science Family Nurse Practitioner May 2020</li> <li>• Registered Nurse – Mercy Hospital of Buffalo January 2015 to February 2016 and Erie County Medical Center Burn ICU March 2016 to August 2018 and Medical ICU August 2018 to January 2021</li> <li>• WellNow Urgent Care Fellowship Program February 2021 to February 2022</li> <li>• Advanced Practicing Provider WellNow Urgent Care of WNY Region &amp; Telemedicine Services February 2022 to present</li> <li>• Nursing Inservice Instructor for Medical Surgical Nursing Staff – ECMC February 2024 to present</li> <li>• Joining Rehabilitation Medicine November 4, 2024 temporary privileges for immediate patient need</li> <li>• Collaborating Physician – Dr. Mary Welch (2)</li> <li>• ANCC certified</li> </ul> | The Committee voted, all in favor, to approve the appointment with privileges granted as requested. | Recommendation, via these minutes, to the Medical Executive Committee for approval. |
| Jenna Bork, PA-C<br>Surgery                  | <ul style="list-style-type: none"> <li>• Daemen University Master of Science Physician Assistant May 2023</li> <li>• Time gap June 2023 to July 2023 sat for boards, pending employment</li> </ul>  | The Committee voted, all in favor, to approve the appointment with privileges granted as requested. | Recommendation, via these minutes, to the Medical Executive Committee for approval. |

Highlight: Initiate FPPE

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|--------------------------------|--|--|--|
|                                | <ul style="list-style-type: none"> <li>• Buffalo Medical Group – Medical Assistant July 2023 to October 2023 and Physician Assistant October 2023 to present</li> <li>• Joining USI January 2025</li> <li>• Supervising Physician – Dr. Jeffrey Brewer (3)</li> <li>• NCCPA certified</li> </ul> |  |  |
| <b>X. Temporary Privileges</b> | <ul style="list-style-type: none"> <li>• Carly Gerretsen, FNP Internal Medicine October 16, 2024</li> <li>• Erin Davis, FNP Internal Medicine October 16, 2024</li> <li>• Nadare Alwan, FNP Rehabilitation Medicine November 4, 2024</li> </ul>  | For informational purposes.  | None   |
| <b>XI. REAPPOINTMENTS (38)</b> | See reappointment summary below  | The Committee voted, all in favor, to recommend approval of the re-appointments listed with privileges as requested. | Via these minutes, recommendation to Medical Executive Committee for approval. |

| NAME   | DEPARTMENT                | CATEGORY  | PRIVILEGES  |
|--|---------------------------|-----------|---|
| Coniglio, Julia CRNA                                     | <b>Anesthesia</b>         | AHP       |   |
| Haws, Brianna CRNA                                       | Anesthesia                | AHP       |   |
| Kocz, Remek MD   | Anesthesia                | Active    |   |
| Ring, Alan CRNA  | Anesthesia                | AHP       |   |
| Majka, Kylie PA-C<br>Supervising MD: Doane               | <b>Emergency Medicine</b> | AHP       |   |
| Plonka, Marta MD   | Emergency Medicine        | Active    |   |
| Pokoj, Nicholas MD                                       | Emergency Medicine        | Active    |   |
| Tanaka, Kaori DO   | Emergency Medicine        | Active    |   |
| Walsh, Evan DO   | Emergency Medicine        | Active    |   |
| Barkowski, Rakhi MD                                      | <b>Family Medicine</b>    | Active    |   |
| Battista, Olivia ANP, DNP<br>Collaborating MD: Garbarino | Family Medicine           | AHP       |   |
| Leigh, Syuzanna PA-C<br>Supervising MD: Wilkins          | Family Medicine           | AHP       | <b>Privilege Addition:</b><br>Pre-Natal/Maternal/Fetal Care |
| Berenji, Farid MD  | <b>Internal Medicine</b>  | Associate |   |

Highlight: Initiate FPPE

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|--|---|--------|--|
| Chang, Shirley MD                                      | Internal Medicine   | Active |  |
| Chaudhuri, Ajay MD                                     | Internal Medicine   | Active |  |
| Nieswiadomy, Kayla ANP<br>Collaborating MD: Von Visger | Internal Medicine   | AHP    |  |
| Shah, Dhiren MD  | Internal Medicine   | Active |  |
| Walden, Jenna ANP<br>Collaborating MD: Von Visger      | Internal Medicine   | AHP    |  |
| Yacoub, Rabi MD  | Internal Medicine   | Active |  |
| Zahid, Usman MD  | Internal Medicine   | Active |  |
| Benedict, Ralph PhD                                    | <b>Neurology</b>  | AHP    |  |
| Buttaccio, Rebecca PA-C<br>Supervising MD: Cheng       | Neurology   | AHP    |  |
| Gugino, Lauren PA-C<br>Supervising MD: Algattas        | <b>Neurosurgery</b>   | AHP    | <b>Privilege Addition:</b><br>Maintenance of open airway in non-intubated,<br>unconscious patient with ventilation by bag or mask. |
| Tal, Elana MD  | <b>OB/GYN</b>   | Active |  |
| Lillvis, John MD                                       | <b>Ophthalmology</b>  | Active |  |
| <b>Nagai, Michael DDS MD – 3<br/>Depts.</b>            | <b>Oral &amp; Maxillofacial Surgery<br/>Otolaryngology<br/>Plastic &amp; Reconstructive Surgery</b> | Active |  |
| Bernas, Geoffrey MD                                    | <b>Orthopaedic Surgery</b>  | Active |  |
| Freeland, Erik DO                                      | Orthopaedic Surgery   | Active |  |
| Stegemann, Philip MD                                   | Orthopaedic Surgery   | Active |  |
| Mazgaj, Shana FNP<br>Collaborating MD: Loree           | <b>Plastic &amp; Reconstructive Surgery</b>   | AHP    |  |
| Leo, Raphael MD  | <b>Psych &amp; Behavioral Medicine</b>  | Active |  |
| Smith, Beth MD   | Psych & Behavioral Medicine   | Active |  |
| Breslau, Jonathan MD                                   | <b>Radiology</b>  | Active |  |
| Chengazi, Harris MD                                    | Radiology   | Active |  |
| Mitchell, Charles MD                                   | Radiology   | Active |  |
| Shaw, Sharjeel PA-C<br>Supervising MD: Zions           | <b>Rehab Medicine</b>   | AHP    |  |
| El-Ashry, Awad MD                                      | <b>Thoracic/Cardiovascular Surgery</b>  | Active |  |
| Guseth, Jennifer PA-C<br>Supervising MD: Rutkowski     | <b>Urology</b>  | AHP    |  |

**Bold highlighted names are  
reappointment dates that will**

Highlight: Initiate FPPE

be changed to align with Kaleida

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|--|--|--|----------------------|
| <b>XII. AUTOMATIC CONCLUSION</b>               | Reappointment Expiration   |  |                      |
| <b>1<sup>st</sup> Notice (1)</b>               | <b><u>Internal Medicine</u></b> <ul style="list-style-type: none"> <li>Thomas Edd, MD - Apogee</li> </ul> Letting privileges run out 1-31-2025 Per Apogee  | For informational purposes.  | None necessary.      |
| <b>2<sup>nd</sup> Notice (1)</b>               | <b><u>Internal Medicine</u></b> <ul style="list-style-type: none"> <li>Ashleigh Walker, FNP-Apogee</li> </ul> Letting privileges run out 12-31-2024 Per Apogee   | For informational purposes.  | None necessary.      |
| <b>3<sup>rd</sup> Notice (2)</b>               | <b><u>Family Medicine</u></b> <ul style="list-style-type: none"> <li>Rhonda Francis, FNP - Apogee</li> </ul> Letting privileges run out 11-30-2024. Has not worked here in 2 years. Per Apogee<br><br><b><u>Ophthalmology</u></b> <ul style="list-style-type: none"> <li>Charles Niles, MD – C,R&amp;F</li> </ul> Letting privileges run out 11-30-2024. Per email | For informational purposes.  | None necessary.      |
| <b>XIII. PROFESSIONAL PRACTICE EVALUATIONS</b> | Internal Medicine has been completed – 240 providers. Opportunities have been identified, as well as items to be tracked & trended. Dr. Murray suggested some new measures that we would like to use for Ambulatory.<br><br>It is noted that going forward, VIP and FPPE for causes items will be brought to the Credentials Committee for review.                 | All reviewed by the Chief of Service. There were no FPPE’s necessary for the providers who did not meet one or more measures. The providers were notified and metrics will be tracked. | Continue to monitor. |
| <b>XIV. OLD BUSINESS</b>                       |  |  |                      |
| A. Expirables                                  | Expirables will be reviewed and discussed with the Credentials Committee.  | For informational purposes. Practice Plans and Chiefs of Service have all been notified multiple times.  | Continue to monitor. |

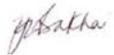
Highlight: Initiate FPPE

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| B. DEA, License, Boards                     | <p><b>November 2024</b></p> <ul style="list-style-type: none"> <li>• DEA- 3</li> <li>• License- 8</li> <li>• Boards- 0</li> </ul> <p><b>December 2024</b></p> <ul style="list-style-type: none"> <li>• DEA- 28</li> <li>• License- 34</li> <li>• Boards- 26 MD/28 PA</li> </ul>  | For informational purposes.  | None necessary.               |
| C. Moderate sedation criteria               | <p>After significant discussion by the Credentials Committee and approval by Dr. Anthony DePlato, Anesthesiology Chief of Service, it was recommended that anyone performing Moderate/Deep Sedation will be required to maintain ACLS certification; excluding Emergency Department as they meet criteria through Board certification/eligibility. If approved by the Medical Executive Committee and BOD, privilege forms will be modified to reflect the criteria change.</p> <p>The second part of the ACLS discussion included a criteria change for Hospitalists. Due to their scope of practice including code calls, it has been recommended that all Hospitalists maintain ACLS certification.</p> | <b>The Credentials Committee recommends that anyone with moderate sedation privileges as well as all Internal Medicine Hospitalist maintain current ACLS training. Med Exec extraction</b>             | Follow up at December meeting |
| D. Policy regarding Expirables              | This policy was presented to the Annual Medical Staff Meeting. Committee agreed to send to Medical Executive Committee for vote/approval   | <b>The Credentials Committee recommends the attached process for maintenance of expirables. The policy will be presented to the Board of Directors in January following vote by the Medical Staff.</b> | Follow up at December meeting |
| E. Terrace View/Buffalo Ultrasound Contract | Lindy Nesbitt is working on separating the credentialing portion from the rest. This will allow us to start credentialing the Providers in a timelier fashion.   | For informational purposes.  | None necessary.               |
| F. Pain Management addition                 | No follow up at this time  | For informational purposes.  | None necessary.               |
| <b>XIIV. NEW BUSINESS</b>                   |  |  |                               |
| A. MD Staff Update                          | <ul style="list-style-type: none"> <li>• Ongoing updates will be shared at monthly meeting</li> </ul>  | For informational purposes.  | None necessary.               |

Highlight: Initiate FPPE

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|--|--|-------------------------------|-----------------|
| B. 2025 Credentials Committee schedule | <ul style="list-style-type: none"> <li>Committee voted to keep same day of the week and same time for 2025</li> </ul>  | For informational purposes.   | None necessary. |
| C. Dr. Parmar                          | <ul style="list-style-type: none"> <li>The Committee had several questions concerning Dr. Parmar's resignation.</li> <li>It was decided that a meeting will be held with Dr. Tomaszewski, Dr. Cloud, Dr. Bakhai and Cheryl Carpenter for further discussion</li> </ul> | For Credentials Report to MEC |                 |
| <b>XIIII. ADJOURNMENT</b>              | There being no further business to discuss, the meeting was adjourned at 4:10 pm   |                               |                 |

Respectfully submitted,



Yogesh Bakhai, MD  
 Chair, Credentials Committee

ERIE COUNTY MEDICAL CENTER CORPORATION  
DECEMBER 23, 2025 MEETING MINUTES  
EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS  
CHIEF MEDICAL OFFICER CONFERENCE ROOM

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

ABSENT: JONATHAN DANDES

ALSO

PRESENT: ANDREW DAVIS\*, JOSEPH GIGLIA, JONATHAN SWIATKOWSKI

\*VIRTUAL

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I. Call to Order

The meeting was called to order at 4:03 p.m. by Board Chair Eugenio Russi.

II. Minutes

Motion made by Sharon Hanson, seconded by Darby Fishkin and unanimously passed to approve the minutes of the Executive Committee meeting of November 18, 2025.

III. Hospital Update

General Overview

Dr. Thomas Quatroche reported that the hospital received the award letter for the New York State Safety Net Transformation Grant of \$110 M between ECMC and the University of Buffalo. There was a kickoff meeting with the State to discuss the projects for which the money will be used. Implementation of the 2026 budget initiatives will commence January 1. Joint Commission will be returning in the coming months for their final reaccreditation visit.

Finances Report

Jonathan Swiatkowski presented key statistics and performance drivers for November. Volume is down but observation cases are up. Both Acute Average and Total Average Length of stay are higher than budget and last year. Surgeries are below budget and lower than in 2024. The statistics show the drivers of the November numbers, which was an operating loss more than the loss that was budgeted, where the holiday fell, the month-end falling on the weekend, which led to a decrease in the number of discharges by 164, and an increase in the number of ALC patients. November financial performance showed a net loss of \$7.6M. Mr. Swiatkowski reported days operating cash on hand between 14 and 20 days. Payer denial activity and payment delays continue to impact cash flow. Days in accounts receivable at 56.5 days. The second accelerated 2025 IGT payment expected by December 24th, with the third and final payment expected in January. Discussion followed including updates regarding payer negotiations and New York State grants.

- IV. 2026 Budget Initiatives Update  
Progress in the process of regulating the 2026 budget were reviewed. Committee questions and discussion followed.
- V. Safety Net Transformation Funding Update  
A proposed schedule for the 2026 meetings for the ECMC Board of Directors and the Executive Committee was distributed and reviewed.
- VI. Legal Matters  
Andrew Davis discussed a legal matter with the Committee.
- VII. Adjourn  
There being no other business, the meeting was adjourned at 4:32 p.m.

ERIE COUNTY MEDICAL CENTER CORPORATION

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

TUESDAY, NOVEMBER 18, 2025 AT 8:30 AM

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BOARD MEMBERS PRESENT  
OR ATTENDING BY VIDEO  
CONFERENCE OR  
TELEPHONE:

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

\* ATTENDING BY VIDEO  
CONFERENCE OR PHONE

BOARD MEMBERS EXCUSED:

DARBY FISHKIN

ALSO PRESENT:

JONATHAN SWIATKOWSKI  
ANDREW DAVIS  
VANESSA HINDERLITER  
THOMAS QUATROCHE

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**I. CALL TO ORDER**

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

**II. REVIEW AND APPROVAL OF MINUTES**

Motion was made by Benjamin Swanekamp, seconded by Reverend Mark Blue, and unanimously passed to approve the minutes of the Finance Committee meeting of October 21, 2025.

**III. OCTOBER 2025 OPERATING PERFORMANCE**

Mr. Swiatkowski began his presentation with a review of key statistics. He noted October showed improvement over previous months, with better inpatient volume as compared to prior months reflecting a lower variance from budget. He also reported strong case severity and a decreased average length of stay of 7.5 days, against a budget of 7.4. These improvements in length of stay were achieved despite having an average daily census of 50 ALC patients. Mr. Swiatkowski informed the Committee that in October 35 ALC patients were discharged in comparison to 28 in September.

Mr. Swiatkowski reported that the month saw positive revenue, however revenue was partially offset by surgical volume remaining under budget. Case mix index, investment revenue and specialty pharmacy were noted to be positive contributions to operating performance.

Mr. Swiatkowski noted for the Committee that October was a high volume budget month, as the budget predicted higher cases of surgeries later in the year. ENT, transplant and oral surgeries were noted to be under budget and outpatient surgeries were similar to the trends of 2024. Observation cases did increase but remained close to budget this month.

Mr. Swiatkowski reviewed the October financial performance. He noted that October overall reflected a positive variance, with a \$2.5 million dollar loss compared to a budgeted \$2.7 million loss. ECMCC's performance exceeded the operating plan after including investment income. FTEs were high in October, however given there were no holidays, overtime was used. Although they were higher than plan in October, FTEs are being monitored and managed.

Mr. Swiatkowski reported that daily operating cash on hand ranged in October from 11-20 days, ending the month at 14, an improvement over the previous month but still under budget. He noted a payment that was received early in October, which was expected in December, was reflected in the cash on hand.

Mr. Swiatkowski reviewed acute average length of stay in further detail, noting significant improvement over the beginning of the year, but that it still remains over budget. He noted that ECMCC is preparing for flu season.

Mr. Swiatkowski reviewed the October 2025 financial performance. Revenue was over plan due to specialty pharmacy and net patient services revenue which was higher by 3%. Higher revenue was however offset by higher expenses. The month reflected a \$2 million dollar loss compared to the \$2.4 million budgeted loss.

Mr. Swiatkowski reviewed revenue. Revenue was impacted by net patient services revenue favorable variances including lower bad debt expenses. He noted this was due to increased collections. ECMCC had received two Medicare settlements based on cost report audits; however, this amount was not significant. Specialty pharmacy growth continues to drive both additional revenue and expense.

Mr. Swiatkowski reviewed expenses and noted that FTEs continue to be over plan although OT was noted to have declined. He reported that a panel of staff including Charlene Ludlow, Senior Vice President of Nursing, were consistently reviewing the New York State minimum staffing guidelines to be sure staffing is appropriate. New software upgrades to the timekeeping and billing systems implemented in October are expected to help monitor scheduling and improve efficiency in staffing while continuing to meet the obligations provided by New York State.

Mr. Swiatkowski reported that there was an unfavorable variance in employee health insurance costs. He noted that ECMCC has seen positive variances in prior months, and overall, a \$2.2 million favorable variance year to date.

Physician fees were noted to be over budget, mostly related to investments and costs related to the new captive PC, Premier Health Partners. Mr. Swiatkowski noted that when the 2025 budget was considered, the costs of creating and transitioning to the new captive PC were not anticipated, creating a variance.

Mr. Swiatkowski reported that supply costs were over budget. Costs related to the specialty pharmacy were noted, as well as the price of the drugs used for oncology treatment. Additional expenses, including agency costs, utilities, and dietary, were overbudget.

Mr. Swiatkowski reviewed the Year-to-Date Financial Performance. He reported higher revenues but that they were offset by higher expenses. An overall operating loss of \$35.5 million was noted, compared to a budget of \$25.8 million. When considering non-operating revenue including FEMA payments ECMCC is reflecting a loss that remains close to plan for 2025.

Mr. Swiatkowski reported a strong year in non-operating income, due in large part to FEMA grants received and positive investment income. He noted an upcoming reconciliation for GLIN, the integrated network that ECMCC participates in.

Mr. Swiatkowski informed the Committee that, considering the non-operating revenue including both FEMA payments and investment income, ECMCC saw a loss of \$16.2 million, compared to a budgeted \$22.7 million, reflecting a \$6.5 million positive variance.

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

Mr. Swiatkowski provided updates to the Committee regarding cash flow. Some positive cashflow was noted, however payer denial activity remains high and days in AR are at 56 days as of October 31, 2025.

Mr. Swiatkowski informed the committee that FEMA performed an audit of ECMCC's historical FEMA grant receipts and concluded that there were no disallowances and therefore no amounts to be refunded.

Mr. Swiatkowski informed the Committee that an accelerated DSH payment was received in November to offset a \$22 million balance recoupment due to New York State. Another payment is anticipated for December. The DSH audit for 2023 is set to conclude at the end of 2025 and reconciliation payments as a result are anticipated to take place in early 2026.

Mr. Swiatkowski reported on active payer negotiations taking place. He noted that ECMCC has extended some contracts while negotiations continue, and the goal is to have negotiations concluded by the end of the year.

Dr. Stegemann asked about any upcoming changes to rates, and a conversation was had generally regarding payer reimbursement and how it is negotiated.

Mr. Swiatkowski provided an update to the Committee on three major grants for ECMCC. Two with New York State, for the 11<sup>th</sup> floor CPEP project and the Safety Net Transformation Fund Project, as well as one from the Division of Homeland Security for generator improvements as part of a hazard mitigation grant. While these are being funded by grants from New York State and the DHS, Mr. Swiatkowski noted that related costs internally were also being monitored and considered.

A conversation was had generally about the reopening of the federal government and the provisions that delayed some of the significant cuts to reimbursements.

#### **ADJOURNMENT**

There being no further business, the meeting was adjourned at 9:01 AM by chair Michael Seaman.

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

TUESDAY, DECEMBER 16, 2025

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BOARD MEMBERS PRESENT  
OR ATTENDING BY VIDEO  
CONFERENCE OR  
TELEPHONE:

MICHAEL SEAMAN  
PHILIP STEGEMANN, MD  
DARBY FISHKIN\*  
BENJAMIN SWANEKAMP\*

\* ATTENDING BY VIDEO  
CONFERENCE OR PHONE

BOARD MEMBERS EXCUSED:

REV. MARK BLUE

ALSO PRESENT:

JONATHAN SWIATKOWSKI  
ANDREW DAVIS  
THOMAS QUATROCHE\*

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**I. CALL TO ORDER**

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

**II. REVIEW AND APPROVAL OF MINUTES**

Motion was made by Dr. Stegemann, seconded by Darby Fishkin, and unanimously passed to approve the minutes of the Finance Committee meeting of November 18, 2025.

**III. NOVEMBER 2025 OPERATING PERFORMANCE**

Mr. Swiatkowski began his presentation with a review of key statistics. He summarized that November was again a challenging month, more so than prior months. He noted that inpatient volumes were down by 10.7%. The low volume of inpatient cases, especially in inpatient surgical cases, created a significant variance of approximately \$3.7 million to revenue. Outpatient surgeries were below budget which has been a trend for 2025. The case mix index was noted to be below budget for the first time in the fiscal year. Lower surgery cases complex tracheotomy cases drove the reduction in case mix. Average Length of Stay and ALC case numbers were unfavorable and had a significant impact on this month's revenue and overall performance

Bad debt expenses exceeded plan by \$1.3 million, due in large part to the difficulty in collecting on ALC cases, especially those that have become self-pay.

Mr. Seaman raised a question regarding billing procedures, and Mr. Swiatkowski clarified to the satisfaction of the Committee.

Dr. Stegemann requested that average length of stay numbers be provided that do not consider the ALC patients, and Mr. Swiatkowski confirmed that those numbers could be provided to the Committee.

Mr. Swiatkowski reviewed the financial dashboard. He noted a net loss for the month of approximately \$7.5 million. FTEs continue to drive the unfavorable variance, with some slight increases to overtime due to the holiday. He informed the Committee that internal discussions regarding overtime and staffing numbers are consistently being held. Cash was noted to be positive, however, that was due in part to an advance of a disproportionate share payment received in November, then paid back to New York state in December as part of a prior period overpayment settlement.

Mr. Swiatkowski reviewed graphs illustrating acute average length of stay. A discussion was led by Dr. Stegemann and had generally regarding average length of stay, hospital capacity and ALC patient numbers.

Mr. Swiatkowski reviewed November financial performance. Net revenue was down \$1.4 million. Expenses continued to trend with previous months, with FTEs higher than budget and supply costs below budget but due in part to low case volumes. No grant revenue or FEMA proceeds were received in November.

Mr. Seaman asked if it is unusual to have a month without any grant revenue, and Mr. Swiatkowski clarified that grant revenue included in the presentation was in reference to additional grants outside of the standing grants such as for the BRAVE program.

Mr. Swiatkowski reviewed operating revenue for November. Net patient service revenue was \$53.1 million versus \$59.4 budgeted, creating a 6.2% variance. He noted that case mix index and ENT surgeries are expected to improve. Three surgeons also attended extended out of town training sessions on the new Symani surgical robot, which brought surgery volumes down for the month. Mr. Davis confirmed that orthopedics, bariatrics, and ENT surgeries were also below budgeted expectations. Specialty Pharmacy continues to exceed budgeted revenue. Mr. Swiatkowski noted that IGT revenues are calculated and recorded at budget and that these will be reconciled with audits and updated calculations at year end. The timing differences within the calculation create volatility.

A conversation was had generally amongst the Committee regarding incoming and departing surgeons.

Mr. Swiatkowski reviewed the operating expenses. In addition to FTEs remaining over budget, health insurance costs showed a positive variance for the month. Physician fees also exceeded budget due to the resident contract negotiated after the 2025 budget, onboarding of new physicians and the costs related to the captive PC. Supplies were under budget, mostly due to the reduced volume for the month and partially offset by the

pharmacy and specialty pharmacy costs. Mr. Swiatkowski informed the Committee that ECMCC is working directly with the dietary provider, Metz, to cut down dietary costs.

Mr. Swiatkowski reported that agency costs were below budget which had been a long-standing goal. Dr. Stegemann asked about the price of agency staff versus in house staff and a discussion was had generally about same. Mr. Davis noted that Terrace View did not have any agency employees, which had not been accomplished since before Covid-19. A conversation was had generally about the positive relationship between ECMCC and Terrace View, as well as the success in recruiting to now avoid temporary staffing.

Mr. Swiatkowski reviewed the Year-to-Date financial performance. He noted an overall loss of \$33.2 million versus a budgeted amount of \$30 million. He noted a positive year with regard to non-operating revenue, which includes market investments as well as investments in joint ventures such as GLIN and CCV. Operating revenue showed a negative variance of \$16.8 million, which was positive compared to prior year but below budget. He informed the Board that a year end IGT reconciliation would be taking place. The specialty pharmacy was noted to have a very positive impact on revenue with a 42% increase over prior year.

Mr. Swiatkowski briefly reviewed the Year-to-Date expenses, which had previously been discussed during the review of the key statistics. He again noted that utility costs, dietary costs and FTEs drove the variance.

Dr. Stegemann asked about the salary percentage of net patient revenue, noted to be 55%, and if that was comparable to other hospitals. Mr. Swiatkowski opined that they are higher than industry standard, with safety net hospitals landing around 50% and voluntary hospitals in the 40-45% range. A conversation was had generally between Mr. Davis, Mr. Swiatkowski and Dr. Stegemann about how both FTEs and payer mix have a significant impact on this percentage. Mr. Davis noted that FTE per adjusted occupied bed was another metric that was being monitored.

Dr. Stegemann led a conversation regarding the number of employees at ECMCC compared to other local healthcare providers. Mr. Davis noted that ECMCC's status as a public benefit corporation creates additional economic challenges for ECMCC, as it requires fulfilling pension obligations and providing higher cost benefits in addition to market wages. Mr. Swiatkowski clarified that balancing offering compensation that is enough to retain employees, while providing service to a payer mix that is approximately 72% Medicaid, Medicare and Uninsured – significantly effects the percentage of salary costs to net patient revenue..

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

Mr. Swiatkowski reported that due to growth of the services, ECMCC is working to relocate and expand the specialty pharmacy within the hospital, and Mr. Davis offered additional details on the pharmacy's positive performance and potential growth. Mr.

Seaman raised a question regarding the pricing of drugs for the specialty pharmacy with relation to other pharmaceutical providers and Mr. Swiatkowski confirmed that they are comparable.

Mr. Swiatkowski provided updates regarding DSH/IGT/ICP payments received from the state by ECMCC. An IGT payment was received on November 28<sup>th</sup>, and the offsetting recoupment payment was made December 1<sup>st</sup>. An additional IGT payment is anticipated to be received before the end of the year and another payment is anticipated for January 2026.

Mr. Swiatkowski provided updates on payer contract negotiations. Negotiations are ongoing, with extensions to February for any which won't be completed before December 31, 2025.

Mr. Swiatkowski confirmed that the next Finance Committee meeting would include a review of December's performance as well as the preliminary close for Year-End. Actuarial reports for medical malpractice, workers compensation and retirement plans will be considered and reconciled, along with other balance sheet reserves.

Mr. Seaman requested an update from Dr. Quatroche regarding Albany and lobbying. Dr. Quatroche summarized the challenges that are currently faced by New York and recommendations that are being considered. A conversation was had generally between Dr. Quatroche and Dr. Stegemann regarding how the hospital can react to the significant and diverse financial challenges presented by HR-1.

**V. ADJOURNMENT**

There being no further business, the meeting was adjourned at 9:45 AM by Chair Michael Seaman.

ERIE COUNTY MEDICAL CENTER CORPORATION

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

THURSDAY, MARCH 13, 2025 – 3:00 PM

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| BOARD MEMBERS PRESENT OR ATTENDING BY VIDEO CONFERENCE OR TELEPHONE: | DARBY FISHKIN *<br>JAMES LAWICKI *<br>CHRISTOPHER O'BRIEN *<br>REV. KINZER POINTER *                                  | * ATTENDING VIA VIDEO CONFERENCE OR PHONE |
| BOARD MEMBERS EXCUSED:   |   |   |
| ALSO PRESENT:  | THOMAS J. QUATROCHE<br>JOSEPH GIGLIA, EX-OFFICIO<br>JONATHAN SWIATKOWSKI  |   |
| GUESTS   | MATTHEW GARVEY, CPA *<br>- RSM US, LLP<br><br>VANESSA HINDERLITER<br>DAVID L. NESBITT<br>NADINE MUND<br>RON JEFFERSON |   |

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**I. CALL TO ORDER**

Chair Darby Fishkin called the Audit Committee meeting to order at 3:00 PM.

**II. REVIEW AND APPROVAL OF MINUTES**

Motion was made by Christopher O'Brien, seconded by James Lawicki and unanimously passed to approve the minutes of the Audit Committee meeting of November 12, 2024.

**III. 2024 INDEPENDENT EXTERNAL AUDIT REPORT OF RSM, LLP**

Mr. Matthey Garvey, CPA, Audit Partner from RSM, US, LLP presented the independent audit report for the calendar year ended December 31, 2024.

Mr. Garvey presented required audit communications and reported that the draft audited financial statements and independent audit report for calendar year 2024 were prepared in accordance with generally accepted auditing standards and government auditing standards. Additionally, pursuant to Uniform Guidance audit requirements, RSM is required to perform a single audit of federal awards received by ECMCC.

Mr. Garvey reported that no significant changes to RSM's planned audit scope were required during the audit. Mr. Garvey noted that ECMCC did not adopt any significant new accounting policies, as none were required, and no significant changes to existing accounting policies were made by the Corporation during the 2024 calendar year.

Mr. Garvey discussed ECMCC's accounting policies and practices and advised that it is RSM's opinion that ECMCC's Management has selected the preferable accounting practice.

Mr. Garvey led a detailed discussion regarding significant accounting estimates including net receivables, third party payor reserves, and actuarial liabilities and reserves. Mr. Garvey discussed RSM's audit procedures relating to significant accounting estimates and advised that RSM utilizes third party subject area specialists to assist with specific areas of the audit.

Mr. Garvey reviewed significant accounting estimates related to actuarial assumptions for the Corporation's Net Pension Liabilities and Other Post-Employment Benefits (OPEB) obligations. Mr. Garvey noted that ECMCC is required to report the Corporation's proportionate share of actuarial pension obligations associated with the New York State Retirement System plan. Mr. Garvey discussed the change in the Corporation's net pension obligations in the current year (2024) based upon the New York State Retirement System pension valuation for plan years ending March 31, 2024 and March 31, 2023 and advised that the change in 2024 is largely driven by rate of return on investments and Plan assumption changes for the New York State Retirement System plan as a whole.

Mr. Garvey advised the Committee that ECMCC's liabilities decreased at December 31, 2024 relating to actuarial expense associated with Net Pension Liabilities and Other Post-Employment Benefits (OPEB) obligations. Mr. Garvey provided additional information relating to the decreased liabilities and changes in assumptions for the Net Pension and Other Post-Employment benefit obligations to the satisfaction of the Committee.

RSM also performed audit work related to the fair value of investments, subscription-based information technology arrangements and self-insured professional liability. RSM reported that all estimates are fairly stated and reasonable.

Mr. Garvey discussed audit standards and RSM's audit responsibilities related to the Corporation's annual report. RSM did not identify inconsistencies with the annual report and audited financial statements.

Upon approval by ECMCC's Board of Directors, RSM will issue an unmodified "clean" opinion with respect to the annual financial statement audit and the Federal Compliance audit. Mr. Garvey reported that no audit adjustments, unadjusted audit differences or management letter comments were made, and no significant deficiencies in internal controls or compliance matters were identified during the audit.

Mr. Garvey advised that RSM was required to perform additional control and documentation testing work during the audit in compliance with AICPA audit guidance requirements and government auditing standards. Mr. Garvey further discussed the additional control and documentation testing work conducted by RSM during the audit.

Mr. Garvey invited questions from Committee members. In response to a question from Chair Fishkin related to the additional work RSM was required to conduct this year, Mr. Garvey noted that RSM's expectations were met throughout the audit process and stated that ECMCC staff members were well prepared to meet the additional depth of work required during the audit.

Chair Fishkin invited questions from other Committee members. General comments regarding the annual audit were offered by Reverend Pointer. Chair Fishkin extended her thanks to Mr. Swiatkowski, Ms. Vanessa Hinderliter and the entire Finance team for their efforts and dedication in leading the annual audit effort.

#### **IV. EXECUTIVE SESSION WITH RSM**

After final review and discussion, Chair Fishkin addressed the Committee to offer an opportunity to discuss any matters with RSM in executive session. The Committee determined that executive session with RSM is not required.

#### **V. ACTION ITEMS**

Chair Fishkin requested a motion to recommend approval of the 2024 audited financial statements and external audit report to the ECMCC Board of Directors. Upon motion by Christopher O'Brien and seconded by Reverend Pointer, the Committee voted unanimously to recommend approval to the ECMCC Board.

Mr. Swiatkowski extended his sincere thanks to Ms. Vanessa Hinderliter and Mr. Eric Reeners for their efforts throughout the annual audit and for their guidance to build and improve processes throughout each calendar year to the benefit of the organization. Dr. Quatroche offered his gratitude to Mr. Swiatkowski, Ms. Hinderliter and Mr. Reeners for their commitment and efforts.

With no further questions from Committee members, Mr. Garvey of RSM was excused at 3:30 PM.

#### **VI. COMPLIANCE UPDATE**

Mr. David Nesbitt and Ms. Nadine Mund presented the draft 2025 – 2026 Compliance Plan, a copy of which was provided to Committee members for review and consideration in advance of today's meeting. The Compliance Department completed a formal risk assessment and conducted interviews with key stakeholders to guide development of the Compliance Plan and provide insight pertaining to compliance and internal audit matters. Mr. Nesbitt and Ms. Mund reviewed new topics included in the Compliance Plan, including updated Compliance training for ECMCC Board members, the Epic electronic medical record (EMR) project, contract renewals and compliance, physician compensation reviews,

as well as several other topics. Mr. Nesbitt presented detailed information regarding each area of Compliance focus and the outlined the actions taken by Compliance department staff members for current and ongoing areas of focus.

Upon final review, Chair Darby Fishkin called for a motion to approve the 2025 – 2026 Compliance Plan. Upon Motion by Christopher O’Brien and seconded by James Lawicki, the Committee voted unanimously to approve the 2025 – 2026 Compliance Plan as presented.

Mr. Nesbitt advised the Committee that the Compliance Department received an update informing of audits that are being conducted by the New York State Office of the Medicaid Inspector General (OMIG). No official confirmation of an audit being conducted at ECMCC has been received.

## **VII. INTERNAL AUDIT UPDATE**

Mr. Nesbitt introduced Mr. Ron Jefferson who recently joined ECMCC as Director of Internal Audit.

Mr. Jefferson reviewed the draft 2025 internal audit plan and discussed development of the audit plan and areas of audit focus. Mr. Jefferson reviewed active projects including work time utilization, Revenue Cycle denials management, invoicing controls and patient property management and detailed internal audit work relating to each area of focus.

Mr. Jefferson briefly discussed the upcoming transitions to the Epic and Infor information technology platforms and future areas of internal audit focus.

Upon final review, Chair Darby Fishkin called for a motion to approve the Internal Audit Plan for 2025. Upon motion by Reverend Kinzer Pointer and seconded by James Lawicki, the Committee voted unanimously to approve the Internal Audit Plan as presented.

## **VIII. ADJOURN**

There being no further business, the meeting was adjourned at 3:56 PM by Chair Darby Fishkin.

ERIE COUNTY MEDICAL CENTER CORPORATION

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

TUESDAY, AUGUST 12, 2025, 2:00 PM

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

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**I. CALL TO ORDER**

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

**II. REVIEW AND APPROVAL OF MINUTES**

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

**III. QUARTERLY COMPLIANCE & ETHICS REPORT**

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

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

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

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

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

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

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

#### **IV. ACTION ITEMS**

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

#### **VI. INTERNAL AUDIT UPDATE**

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

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

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

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

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

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

## **VII. ADJOURN**

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

ERIE COUNTY MEDICAL CENTER CORPORATION

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

WEDNESDAY, SEPTEMBER 17<sup>TH</sup> AT 9:30 AM

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| BOARD MEMBERS PRESENT OR ATTENDING BY VIDEO CONFERENCE OR TELEPHONE: | <b>DARBY FISHKIN *</b><br><b>REV. KINZER POINTER *</b><br><b>JOSEPH GIGLIA *</b>    | * ATTENDING VIA VIDEO CONFERENCE OR PHONE |
| BOARD MEMBERS EXCUSED:   | CHRISTOPHER O'BRIEN<br>JAMES LAWICKI  |   |
| ALSO PRESENT:  | <b>THOMAS J. QUATROCHE*</b><br><b>ANDREW DAVIS*</b><br><b>JONATHAN SWIATKOWSKI*</b> |   |
| GUESTS   | <b>DAVID L. NESBITT*</b><br><b>NADINE MUND*</b><br><b>RON JEFFERSON*</b>            |   |

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**I. CALL TO ORDER**

Chair Darby Fishkin called the Audit Committee meeting to order at 9:32 am.

**II. REVIEW AND APPROVAL OF MINUTES**

Motion was made by Reverend Pointer, seconded by Joe Giglia, and unanimously passed to approve the minutes of the Audit Committee meeting of August 12, 2025.

**III. QUARTERLY COMPLIANCE & ETHICS REPORT**

Ms. Nadine Mund, in her capacity as Director of Corporate Compliance, provided the Committee with an overview of the regulatory bodies currently enforcing healthcare compliance in New York State and nationally. These were noted to include the Office of Inspector General, Centers for Medicaid/Medicare Services, the Food and Drug Administration, Health Resources and Services Administration, and Department of Justice.

Ms. Mund reported on Compliance Audits for ECMCC. She noted the Office of Medicaid Inspector General Audit (OMIG) would be conducting the Terrace View Medicaid Long-Term Care Payment Integrity Review. The Committee was informed that the deadline for completion and document submission would be October 1, 2025.

Ms. Mund reported that the Health Resources and Services Administration (HRSA) would be performing an audit related to the 340B Drug Pricing Program.

Ms. Mund informed the board of a CMS targeted Probe and Education SNF pre-payment review, certain expensive medications, and psychotherapy.

The Committee was provided with hospital department compliance updates. Ms. Mund noted that departments are reporting out at regularly held compliance meetings. She reported that an annual workplan for 2026 will focus on high-risk areas which are being identified.

**IV. ACTION ITEMS**

It was noted for the members present that the next quarterly meeting of the Committee is set to be held on December 9<sup>th</sup>, 2025, at 2:30 PM.

**VII. ADJOURN**

There being no further business, the meeting was adjourned at 9:56 AM by Chair Darby Fishkin.



### Terrace View Employee of the Month

- September 2025 – Sashaya Fancis – Certified Nursing Assistant
- October 2025 – Lisa Ruiz – Certified Nursing Assistant

## **VI. DIVERSITY, EQUITY, AND INCLUSION**

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

- 2<sup>nd</sup> Annual Career Development Day
  - October 2025: Held at the Health Sciences Charter School. Will be teaching the kids how to dress for success in the business world. Teaching important social norms and conventions to teens who may have not encountered these topics to prepare them to join the workforce.
- National Hispanic Heritage Month Celebration
  - September 15 – October 15: We lit up the ECMC letters on the building, we had some musical bands come in with dancers as well. Terrace View also has a diversity committee, and they had some dancing in recognition of Hispanic Heritage Month.
- Global Diversity Awareness Month
  - October 2025: For the last six years we have been doing “The Taste of Diversity,” and this year we changed the name per Tom Quatroche’s suggestion to “Foods Around the World.” We look at the languages that are used most here at ECMC by patients and used that come up with five entrées and five desserts from those cultures to share with the entire organization to come try. This year we did something different, where we had everyone sign in and we had over 800 employees visit and try the selection of items.
- Italian American Heritage Month Celebration
  - October 2025: This is the first year we invited Gary Quatrani to sing in the cafeteria to celebrate Italian American Heritage Month while there was an Italian dish being served.
- Learning and Organizational Development
  - Workplace Violence for Non-Clinical Employees: This year we have four HealthStream online modules, which take approximately 30-minutes to complete. All non-clinical employees have until December 31<sup>st</sup> to complete. To date twenty-six percent of employees have completed these requirements.
  - Trainings: We are continuing to work with CPEP, the Lab, Risk Management, Clinics, and Revenue Cycle on conflict resolution, DEI subjects, team building, and communication topics.
  - Leadership Academy: A nearly full cohort of the Supervisor Development program was successfully completed the five-week course. The current cohort in the six-week Manager Enhancement Program will graduate next week.

Michael Seaman asked, “How often do we have a problem with workplace violence?” Sena Beiter replied, we review it every month at a Workplace Violence Committee Meeting. Mr. Beiter would say there is anywhere between four to eight incidents’, including patient on staff, staff on staff, or visitor on staff. Our definition of Workplace Violence includes threatening or harassing behavior. These are not all necessarily physical.

## **VII. RECRUITMENT AND RETENTION**

Lisa Highway, Director of Recruitment and Retention, summarized the key highlights and initiatives.

- Retention
  - Reported for agency contract we are down to seven total. We are hoping not to resign them for 2026. In civil service, we are participating in the NY State Helps Program where we have turned several competitive titles into non-competitive titles, these employees do not have to take the civil-service test.
    - Michael Hoffert asked, did our civil service board make this decision or what is made by the State? Ms. Highway answered, this decision was made by the State. Mr. Hoffert asked, if we know if this is related to titles or labor as well? Ms. Highway replied this is based on title and there are a few options listed. This is the time to get those titles filled. There was a formal presentation submitted by ECMC to the county and they submit to the State. This will be reviewed again in June.
  
- Recruitment
  - In postings we are still having our rep committee every other week. The committee is being more selective on the different positions that are being listed. We had a recruiter that finished her last day Friday, and we will not be filling her role. In outside recruitment we partnered with Cindy Bass and the DEI team for the Health Sciences Charter School doing workshops on resume writing, filling out an application, how to interview, and civil service. At the rest of the schools, we are doing formal job fairs and have set up our own tables. We partner with several of our nurses here who are adjunct professors and do clinical rotations so our current employee will follow when her students will be here. We will likely do a formal intern program in the spring for people in their last year of Nursing School. We have partnered with ECC and Trocaire to have employees who are interested in getting higher education.

## **VIII. COMPENSATION, BENEFITS, AND HRIS**

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

- Benefits Update
  - Held a Benefits and Safety Fair for 2026 on October 22<sup>nd</sup> with 557 employees in attendance. The benefits rates went up about 6.5% from last year, which is good compared to what is out there right now.
  
- HRIS
  - The HRIS Project, UKG Pro Workforce Management is a system we have had, and we got the end of life for the old Kronos program at the end of 2025. This

gives us the ability to get rid of most of our paper use and gives us a digital trail. This program has two scheduling systems, based on department need. This makes the call out system and replacing new employees in missing shift much more efficient.

## **IX. LABOR RELATIONS DEPARTMENT UPDATE**

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

- Changes have been made to our “Labor Relations Business Partners” job description and they are now called “Human Resources Business Partners.” Where they are partnering with the management in the department’s they are responsible for with a variety of HR related issues.
- We have initiated an update to clarify and simplify policies we own in Labor Relations regarding employee policy about the way we administer drug and alcohol testing, oral swaps vs urine tests. We currently have three different policies, and we want to consolidate to one.
- We have taken a big initiative to reduce grievances across unions. We currently have twenty-four active grievances with NYSNA, with twenty-eight less than we had at the start of 2025, with a number in arbitration. We currently have fifty-one grievances with CSEA, with eighty-five less than the start of 2025, with most arbitrations settled with CSEA. We have ten arbitrations to be scheduled with the unions. Four total cases went forward to award, we won two and they won two. Six were settled after the arbitrations were filed. We currently have thirty-four grievances with AFCSME, with fourteen less than 2025, they withdrew thirty-three grievances and with the help of the HRBP’s tensions are down.

## **X. CLOSING REMARKS**

The next meeting is scheduled for January 13, 2026.

## **XI. ADJOURNMENT**

Moved to adjourn the meeting at 12:01p.m.

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

TUESDAY, OCTOBER 29, 2024 – 11:00 AM

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| BOARD MEMBERS PRESENT OR ATTENDING BY VIDEO CONFERENCE OR TELEPHONE: | EUGENIO RUSSI<br>SHARON HANSON *<br>HON. JOHN O'DONNELL *<br>MICHAEL SEAMAN *       | * ATTENDING BY VIDEO CONFERENCE OR PHONE |
| BOARD MEMBERS EXCUSED:   |   |  |
| ALSO PRESENT:  | THOMAS QUATROCHE<br>ANDREW DAVIS *<br>JONATHAN SWIATKOWSKI<br>VANESSA HINDERLITER * |  |
| GUESTS:  | DANIEL HOLMES *<br>KYLE ZOTTA *<br>- MERCER INVESTMENT ADVISORS                     |  |

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**I. CALL TO ORDER**

The meeting was called to order at 11:03 AM by Chair Eugenio Russi.

**II. REVIEW AND APPROVAL OF MINUTES**

Motion was made by Sharon Hanson, seconded by Michael Seaman and unanimously passed to approve the minutes of the Investment Committee meeting of November 7, 2023.

**III. REPORT FROM MERCER INVESTMENT CONSULTING**

Mr. Kyle Zotta and Mr. Daniel Holmes presented a comprehensive review of the investment market environment for the month of September and 2024 calendar year through the end of the third quarter. Mr. Holmes discussed market performance in all sectors and noted that U.S. equity market returns for the year-to-date are strong.

Mr. Zotta discussed Mercer's ongoing reviews of the ECMCC portfolio and advised that Mercer is recommending that current overall allocations be maintained given the state of the markets and market outlooks, however, they noted they are recommending slight changes to the asset mix within the Retiree Health and WC/PL portfolios. Mr. Holmes and

Mr. Zotta held a discussion regarding the current inflationary environment and labor market, and effects of the election and international events on the global economy which are driving their recommendation.

Mr. Zotta presented a review of the ECMCC portfolio and discussed one year performance for each fund. Mr. Zotta noted that a Capital Reserve Fund was reinstated in 2023 and designated in 2024 for IT Capital purchases (EPIC and Infor). One year returns for ECMCC investments currently range from 5.3% for the General Operating Reserves to 17.3% for the Retiree Health Reserve.

Mr. Zotta led detailed discussion relating to ECMCC manager performance for all portfolios. Mr. Zotta reported that aside from one manager which is being monitored, all managers have performed within expectations and noted that Mercer performs an annual manager fee estimate and reported that average manager fees were estimated at 0.16% for the ECMCC portfolio, down from 0.18%. In response to a question from Mr. Swiatkowski regarding ECMCC's manager fees, Mr. Zotta noted that the fees are low and competitive with other similar institutional portfolios.

Mercer presented a comparison of annual returns for each fund in the ECMCC portfolio for the period of 2018 through 2024 year to date. Mr. Zotta noted that market volatility continues to the present date.

A summary of asset allocations for each of the ECMCC portfolios was presented and reviewed by Mr. Zotta. Portfolio A includes the Retiree Health Reserve and Workers' Compensation Professional Liability Funds with asset allocations in stocks and bonds and Portfolio C includes the General Operating (DSRIP), General Operating (ECMCC) and GNMA Bond Reserve Funds with asset allocations in cash equivalents. Mr. Zotta then reviewed Portfolio B, which noted recommended asset mix changes within the Retiree Health and WC/PL portfolios while retaining the overall 35%/65% split. Those recommended changes will be addressed in the Investment Policy Statement Review.

Mr. Swiatkowski invited questions from Committee members. In response to a question from Ms. Hanson regarding a topic discussed at today's meeting, Mr. Swiatkowski provided additional information to the satisfaction of the Committee.

#### **IV. INVESTMENT POLICY STATEMENT REVIEW**

Mr. Swiatkowski advised that Mercer conducted a periodic review of the Corporation's Investment Policy Statement (IPS). Mr. Zotta reviewed the draft IPS and discussed Mercer's recommendations specific to the Retiree Health and WC/PL portfolios. Mr. Zotta noted that these revisions are recommended to be approved by the committee and that only minor other updates to the Appendixes are necessary.

Mr. Swiatkowski invited questions from the Committee. A brief discussion was held by the Committee.

**V. ACTION ITEM**

After review and discussion, Chair Eugenio Russi called for a motion to approve the proposed revisions to the Investment Policy Statement and to recommend adoption by the ECMCC Board of Directors. Upon motion by Ms. Hanson and seconded by Mr. Seaman, the Committee voted unanimously to approve the draft Investment Policy Statement and to recommend adoption by the ECMCC Board.

**VI. ADJOURN**

There being no further business, the meeting was adjourned at 12:00 PM by Chair Eugenio Russi.

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS

MINUTES OF THE QUALITY IMPROVEMENT/

PATIENT SAFETY COMMITTEE MEETING

TUESDAY, NOVEMBER 18, 2025

MICROSOFT TEAMS PLATFORM

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

PRESENTERS: DARYL CRONK, BROOKE ECK, RT, KIMBERLY WILKINS, MD, THAMEENA HUNTER, RN AND LUCIA GIOLI

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

Call to Order

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

I. Minutes

The September 9, 2025 and October 14, 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. Dietary – Daryl Cronk

Daryl Cronk, General Manager of Dining, shared a full review of the department. Daryl reviewed staffing levels, Press Ganey scores and results of their most recent Joint Commission survey for Food and Nutrition. A review of department volumes regarding employee retention and retail sales took place as well.

Previous year goals and accomplishments included the freezer project, boost system to improve quality and temperature of food delivered to the patients and a new diet office ticket system. A few of the QAPI projects included a high-risk tray program for patients' food trays, an employee training room along with a TempPal program that shows real time data transmitted to leadership when cooling units fail.

Current year's quality improvement goals will include menu changes, staff retention and reduction of overall costs.

## III. Respiratory Services – Brooke Eck, RT

Brooke Eck Director of Respiratory Therapy presented on Respiratory Services. Brooke shared a department update which included national workforce outlook, ECMC recruitment and workforce strategy, and strategic outlook. Current year quality improvement goals consist of a reduction in total unplanned extubations, decrease the average length of ventilator days in the Trauma ICU, maintain average length of ventilator days and progress and impact.

Brooke reviewed several charts and graphs which included information on annual unplanned extubations, median LOS on vent in TIUC, median LOS on vent in MICU and COPD patient education to reduce readmissions.

## IV. Chemical Dependency – Kimberly Wilkins, MD

Kimberly Wilkins, MD shared a presentation on Inpatient Substance Use Treatment Services. Dr. Wilkins shared a department update which included information on admissions, substance use counselors, and the withdrawal and stabilization program.

Dr. Wilkins reviewed volumes and outcomes for 2024 along with a 2024 incident summary for the program.

Dr. Wilkins shared that 95% of patients who successfully complete the program and are willing to link with aftercare will have an aftercare appointment scheduled within 7 days of discharge from the program.

V. Employee Health– Thameena Hunter, RN

Thameena Hunter, Director, System Health and Safety presented on the Employee Health department. Thameena spoke on the department's approach and their focus on prevention, wellness and compliance. A review of annual health assessments, vaccination and disease prevention highlights, mental health and well-being screening overview, workplace violence prevention highlights and safe patient handling/ mobility overview took place.

Thameena spoke on the wellness committee initiatives and the impact they can have.

Next steps for the department are to expand CISM peer team and provide advanced debriefing training in 2026 and to recognize departments that demonstrate strong participation and commitment to CISM and Care Crew initiatives.

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

Phyllis reported on the QPSC meeting from October 28, 2025. Committee reports reviewed were from the Code Committee, Pharmacy & Therapeutics/ HOT Team, Sepsis Committee, and Transplant.

A survey activity review took place. Joint Commission had a follow up visit on October 30<sup>th</sup>, Joint Commission final response was submitted and we are waiting for their acceptance, we are waiting for the Commission on Cancer Survey's final report, the Joint Commission Lab Survey is pending and the Specialty Pharmacy (URAC) will take place on November 20<sup>th</sup>.

VII. Adjourn

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

ERIE COUNTY MEDICAL CENTER CORPORATION

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

TUESDAY, DECEMBER 9, 2025

MICROSOFT TEAMS PLATFORM

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

PRESENTERS: ANTHONY DEPLATO, MD, RACHAEL ROSSITTO, DDS, THAMER QAQISH, MD

SERGIO ANILLO, MD

WILLIAM BELLES, MD

CHARLES CAVARETTA

JOHN CUMBO

PETER CUTLER

ANDY DAVIS

CASSIE DAVIS

ANTHONY DEPLATO, MD

BECKY DELPRINCE, RN

KEITH KRABILL, MD

MARC LABELLE, RN

CHARLENE LUDLOW, RN

THAMER QAQISH, MD

THOMAS QUATROCHE, PHD.

MEG REILLY, RN

RACHAEL ROSSITTO, DDS

Call to Order

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

I. Minutes

The November 18, 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. Thoracic Surgery – Thamer Qaqish, MD

Dr. Qaqish presented on the department of Thoracic Surgery. His agenda included department updates, volumes/ outcomes and department goals. The department is fully staffed with three Thoracic surgeons.

The spectrum of services in this department include lung nodule diagnosis, lung cancer staging, treatment, endoscopic procedures, esophageal cancer diagnosis and treatment along with pacemaker implantation.

Dr. Qaqish shared a robust update on the department as well as an update on the established lung cancer screening program. He reviewed previous year goals and accomplishments and 2026 quality improvement goals.

## III. Anesthesia – Anthony DePlato, MD

Dr. DePlato presented on the department of Anesthesia. He shared a full review of department staffing as well as an update on the flow of the department.

Past QAPI projects were reviewed and an incident reporting update indicated no reported disruptive physician events.

Goals for the department of Anesthesiology include the recruitment of physician and CRNA staffing along with regional expansion of ultrasound procedures.

## IV. Dental & Oral Oncology – Rachael Rossitto, DDS

Dr. Rossitto presented Dental & Oral Oncology. A department update included the hiring for the role of Director of Special Needs Dentistry. A program coordinator has been hired as well.

Previous year goals and accomplishments included a successful visit from the Joint Commission during the survey to all three dental clinics, the significant growth of oncology research along with the growth of the fellowship program.

Dr. Rossitto reviewed departmental volumes, OR case volumes and clinical research accruals.

Future 2026 goals for the department include continued community outreach initiatives, training programs for residents and fellows and to continue to move forward with digital workflow in all dental departments.

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

Charlene Ludlow presented on behalf of Phyllis today. Charlene reported on the November 25, 2025 QPSC meeting and highlighted the recent survey activity that has taken place. We are still waiting for the arrival of the Joint Commission for a Lab Survey. Improvement audits are underway for expected Joint Commission 1<sup>st</sup> quarter 2026 sustainment survey.

VI. Adjourn

There being no further business, the motion was made and seconded to adjourn the meeting. The next meeting will be held on January 13, 2026.

**Erie County Medical Center  
Board Report  
President & Chief Operating Officer  
January 27, 2026**

**Submitted by Andrew Davis**

## **OPERATIONS**

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

December 2025

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

##### **Research Updates**

- For year end, a total of 96 individuals were consented to research studies in Head and Neck, Oral, and Medical Oncology and Plastic and Reconstructive Surgery. Of those, 40 participants fulfilled the Commission on Cancer (CoC) Clinical Research Standard which is specific to prospective oncology studies.
- The CoC Clinical Research Standard goal was met with 6% of all Oncology patients enrolled in a research study. This exceeded the CoC Standard goal which is 4%.
- Final report for NIH R21 grant was completed and the grant was closed out.
- Team met with Population Health to discuss workflow for new Smoking Cessation CoC standard.
- Team met with Boston University to discuss potential project collaboration for oral tissue collection and involvement in an NIH grant proposal.
- The research team attended a meeting with the UB Bioinformatics Department to discuss a proposed Head & Neck project and plan for the RHEC Grant application.

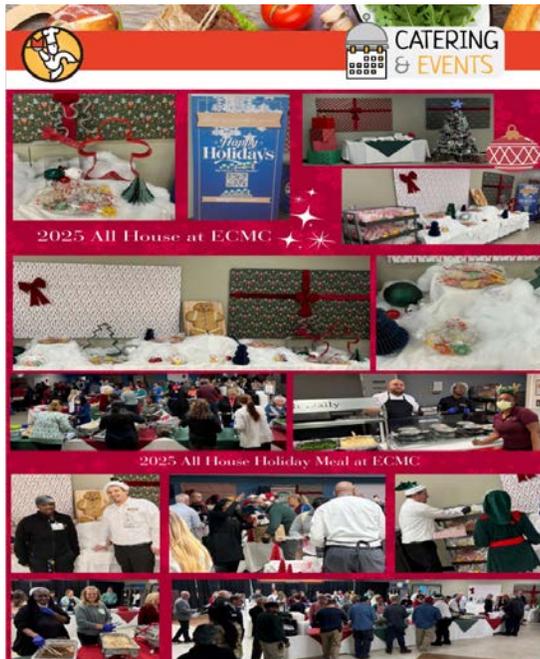
### **Environmental Services**

- Linen Transition:
  - In progress from Clean Care to EcoTex
  - Terrace View & outpatient clinics will transition linen February 27, 2026
  - Hospital will transition linen February 28, 2026
  - 1<sup>st</sup> round of key stakeholders communications on linen transition completed.

### **Food & Nutritional Services**

- **Operations**
  - The freezer/cooler replacement project in the main kitchen is complete.
  - Pepsi Refresh: Pepsi has partnered with our Retail Manager to refresh all Pepsi products offered in retail. In addition, a double cooler was introduced to expand the product selection and highlight top-selling items.
  - Budget: 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.
- **Catering**
  - The catering team has been busy with several department recognition, DEI and holiday events.

- Metz hosted the hospital-wide annual "Holiday" event serving over 4,600 people over a 24-hour period. This event would not have been possible without the dedication of our teammates, especially the culinary team, working non-stop preparing meals. ECMC leadership and several board members served meals through three shifts.
- In addition, Metz catered the Annual Medical/Dental Staff dinner and hosted a "Gingerbread House" decorating day for the long-term rehabilitation patients.





Due to the team's outstanding achievements this year—particularly in fostering strong relationships and revitalizing the Catering team—we were invited to host the Annual Medical Dinner. During the event, Chef Brandon and Darren were featured at the carving station, while Andrew supported the evening by serving as bartender during the cocktail hour.

## Annual Staff Dinner



## Holiday Festivities

In addition to the All-House event, we supported the holiday season by hosting a Gingerbread House decorating day for our Long-Term Rehabilitation patients. We also provided cookies and hot cocoa for the nursing staff, followed by the same for our employees, with the added distribution of Christmas gifts from our leadership team as well as an additional gift provided by the hospital.



## Laboratory Services

Equipment Upgrades/Replacements/Contracts:

- Chemistry/IA Specimen Processing Technology upgrade: Facility renovation and GLP track installation completed December 2025. Validation of the automated processing track ongoing with targeted go-live end of Q1 2026.
- Organizational evaluation continues.

## Rehabilitation Services

- Rehab VP, Inpatient Director and acute care Supervisor met with Dr. Pugh in the Emergency Department to discuss the ED working towards a Geriatric Silver Accreditation and therapy's role. Opportunities for efficiency with therapy in the ED to include documentation and space for providing therapy services and referrals to outpatient rehab services were discussed.
- Acute Therapy Department is continuing the Weekend Therapy "SAR vs. Home" Pilot, by continuing to add one extra PT on Saturdays and Sundays, to treat patients pending discharge to subacute rehab, aiming to improve discharge-to-home rates. Since February, 367 patients have been treated, with 229 patients discharged home (53%), showing that the increased weekend mobility supports more discharges to home.
- The SonicOne US Debrider cleaning process and equipment was updated to be compliant with the current IFU and is reflected in the policy. An additional cart was purchased to assist with the proper and efficient transport of the probes to SPD.
- OP Occupational Therapy has had two new Vivistim patients begin treatment in December with another patient to start in February 2026. This is a new program for ECMC outpatient therapy offering new technology for patients impacted by Stroke.

## Plant Operations / Capital Projects

Plant Operations/Facility project updates include the following:

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

- **Work completed:** After long awaited delivery of all materials, added wall/door in corridor.
- **Work anticipated:** Project closeout/final change order/final invoicing.

### ***Dental Clinic – 1<sup>st</sup> Floor – In Progress (Contractor - concurrent with Mammography Suite project)***

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

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

- **Work completed:** Final quote by DMyles. PT room (minor finishes work) completed. RT clinic and duct work is complete. 10% of the project is complete.
- **Work anticipated:** Remaining project is scheduled to be completed beginning of March 2026.

### ***Specialty Pharmacy – Pending (Contractor)***

- **Work Completed:** Construction bids received, awarded, and CM contract amendment fully executed. Pre-construction activities continued/ongoing.
- **Work Anticipated:** Start of construction in February.

*Joint Commission 2025 Survey Initiative – Red Receptacles Installation – Complete (In-House Crew)*

- Install red receptacles (electrical outlets backed up by emergency generators) throughout the main hospital.

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

- Winter preparations are underway.
  - All plows and trucks are operational.
  - Rock salt – 70 tons on site.
  - We have 33 pallets (40 bags/pallets) of ice melter on site.

**Radiology**

Mammography Suite - YTD Volume

- 1124 procedures performed on 799 patients

**Supportive Care & Palliative Medicine**

The Palliative Care team hosted (AHA) American Hospital Association for a site visit on December 2, 2025.

Metrics:

- Total Inpatient Consults for **December**: 141
- Transitions of Care: 17
- Discharge with Home Hospice: 6
- Terrace View: 8

**Terrace View**

Operations

- Census: The average monthly census for **December** was **380**.
- Pharmacy Services: The conversion to Buffalo Pharmacies, Inc. occurred on October 1, 2025. Overall pharmacy change was successful with the exception of the interface with IMAR. IMAR is our electronic medication orders system. IMAR has not been responsive to our requests to convert the interface to Buffalo Pharmacies.
- Facility Operations/Renovations:
  - Served renovations: MLK neighborhood served construction is complete, awaiting hot well to finalize project.
  - All nursing station countertops will be replaced; computers were mounted underneath which was an ergonomic concern. The vendor identified a cost-effective alternative. We are awaiting capital committee approval to proceed.

## **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:

| <b>Human Experience Domain</b> | <b>MTD Dec 1<sup>st</sup>, 2025- Dec 31<sup>st</sup>, 2025<br/>N=41 (est)</b> | <b>MTD Dec 1<sup>st</sup>, 2024- Dec 31<sup>st</sup>, 2024<br/>N=87 (final)</b> | <b>NYS 2025 Benchmark</b> |
|--------------------------------|---|---|---------------------------|
| HCAHPS - Nurses                | 80(est)   | 78  | 76                        |
| HCAHPS – Doctors               | 71 (est)  | 78  | 76                        |
| Discharge Info                 | 86 (est)  | 86  | 84                        |
| Overall Rate                   | 71 (est)  | 67  | 65                        |

### **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.
- Holiday newsletter was provided to supplement patient education.

### **Laboratory Services**

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

- **Thromboplasty Technology Review:** The department completed the implementation of the Haemonetics TEG 6s system for Thromboplasty testing with an effective go-live date of December 3, 2025. The live TEG manager has been well received by the clinical team for real time review of patient results. Clinical decision support tools have been built within the application to assist with blood product order management. Seventy (70) patient procedures were completed in December.

### **Rehabilitation Services**

- An anonymous donor provided \$500 which was utilized for a patient pre-Thanksgiving Dinner on the Medical Rehab Unit and towards some Christmas/holiday themed patient activities again this year. Christmas activities included individual cookie decorating and gingerbread building activities with items donated by Metz. Patients received wrapped pajama bottoms as gifts and enjoyed hot chocolate and treats on the morning of Christmas Eve.

## PEOPLE

### Oncology Outreach Updates

- The dental team tabled and provided oral cancer screenings at the Broadway Market Passport to Wellness event on December 5<sup>th</sup>. There were nine (9) oral cancer screenings with one finding referred for biopsy.

### Population Health

- **Community Outreach & Engagement:**  
Population Health participated in two community outreach events in December, engaging with nearly 50 community members. Outreach efforts focused on cancer screening education, mental health resources, and preventive care, with additional linkages to dental services, smoking cessation support, preventive health services, and chronic disease management, including hypertension and diabetes.
- **Caring for Caregivers Initiative:**  
In partnership with RUSH University, the Population Health team launched and implemented the Caring for Caregivers program. The initiative engaged 31 caregivers, with 10 caregivers successfully connected to supportive resources to enhance their ability to care for recipients safely at home.
- **Health Related Social Needs (HRSN) Screening:**  
500 HRSN screenings were entered into the New York State “Find Help” platform, advancing access to essential social supports and reinforcing health equity efforts.

### Rehabilitation Services

- Two of the acute therapy staff (Bethany Colling and Jackie Coe), along with Lori Miller, Safe Patient Handling Coordinator, had their poster abstract, “Mobilization of the Bariatric Patient: A Therapist Perspective and the Need for Systemic Change”, accepted by the National Bariatric Solutions Conference where it will be displayed at the November conference in Fort Worth, Texas.
- Rehab Director has continued to participate in some EPIC preparations to include identification of appropriate therapy orders, superusers and familiarity with some of the workflow with the VP of Rehab Services.
- PEDS Rehab Supervisor co-chairs DDAWNY (Developmental Disabilities Association of Western New York) Education Committee, met and established actionable goals for the 2025 – 2026 school year.
- PEDS Rehab Supervisor attended Help Me Grow Data Dashboard Event in December with focus on obtaining regional data to use for advocacy including reimbursement, workforce recruitment, and retention. Networking to determine how ECMC PEDS can provide training and support to regular education teachers.
- Dr. Keenan-Ushold from the OP Rehab psychology team participated in a Wake-Up Buffalo (Channel 4) interview on Holiday stress and promoting ECMC services.



## QUALITY

### Dialysis

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

### Population Health

#### **Care Gap Closure**

177 gaps in care were identified and submitted to payers, supporting quality improvement efforts and alignment with value based care initiatives.

### Food & Nutrition Services

#### **Press Ganey Scores**

#### Current PressGaney 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.

### **Rehabilitation Services**

- Rehab Acute Care has completed monthly audits for any new wound care equipment as a result of the JC finding for Rehab related to wound care. Audits have been 100% and reported as indicated in plan of correction at departmental QAPI meeting and Infection Control.
- New CARF goals established the MRU for 2025 pertaining to the required domains of Business Function and Service Delivery. Service Delivery is further divided into effectiveness, efficiency, service access, patient satisfaction, and stakeholder satisfaction.

New goals for 2025:

- Business Function = Increase revenue capture of cases identified in Triple check with an increase from 20 to 25 charts to >=75%. Outcome = Identified  
**Q1=6/7 have had revenue capture = 86%.; Q2= 3/5, 60%. Q3 currently under review. Q4 meeting has not yet occurred.**
- Service Access = Average Daily Census Goal >= 11.5 days, based on 2024 avg = 11.5days. **December = 13.6 = meeting goal.**
- Effectiveness Outcomes - Self-Care: Improve Bathing score by 5% from 2024 baseline of 4.0 [4.2]. Mobility: Improve Car Transfer scores by 7% from 2024 baseline of 3.7 [4.0]. **December = Bathing = 4.2, Car Transfers = 4.1; both goals met.**
- Efficiency Goal - Improved via efficiency as evidenced by decreased onset days to MRU admission from baseline of 2024 of 16.3 days, as identified in UDSMR Comprehensive Report to <=16.3 days. **December = 7.6 days - goal met.**
- Patient Satisfaction - Upon 90-day follow up phone call >= 90% of patients surveyed report that they would recommend ECMC's MRU.  
(No hx data to utilize). **100% for Q3.2025.**
- Stakeholder Satisfaction - Survey to Medicine H team seeking > or =75% satisfaction indicating they would make a referral to MRU.  
(No hx data to utilize). **Results = 62.5% goal not met**

**Terrace View**

- CMS 5-Star Report
  - Facility Overall Quality: 4 stars (increased from 3 to 4 stars)
  - Quality Measures: 5 stars (increased from 4 to 5 stars)
  - Staffing: 5 stars
  - Health Inspections: 2 stars
- No DOH visits during the month of December.
- An audit from the Office of the Medicaid Inspector General was received in September to determine the existence of any improper payments made on behalf of Medicaid fee for service recipients. Audit documents were submitted timely before the October 1<sup>st</sup> deadline; currently awaiting results. No update.

**Transplant**

- Submitted response to MPSC describing our updated quality improvement plan for pancreas pre-transplant mortality rates.
- Aetna approved our transplant program as a Center of Excellence valid through December 31, 2025.
- Cigna approved our submission as a designated transplant center.
- We received Kidney Transplant Bonus (KTB) through Comprehensive Kidney Care Contracting Entities (CKCC’s). This is through our partnership with DaVita through 2026, for potential bonus payments for PY2023, 2024, and 2025.

**FINANCIAL**

**Dialysis**

Budget and Variance:

- Outpatient (in-center treatments): 2025 Budget Variance **(-280)**
- Home Program: (Home Peritoneal & Home Hemodialysis): YTD Budget **1,500** treatments, favorable to the budget, Variance **(1,609)**
- Total: **1,329** treatments for the year, PD volume has doubled after the QI, demonstrating tremendous growth in Q2 and Q3.

Census Volume:

- Outpatient (in-center treatments): **December = 1,916** treatments, YTD 2025 total = **19,930**
- Home Program: (Home Peritoneal & Home Hemodialysis): **December = 300** treatments, 2025 total = **3,109**, favorable to budget.

| Dialysis      |             |                           | 2024          |               |             | 2025         |               |               |              |
|---------------|-------------|---------------------------|---------------|---------------|-------------|--------------|---------------|---------------|--------------|
|               |             |                           | YTD           | Budget        | Variance    | Dec          | YTD           | Budget        | Variance     |
| 4555          | AKI         | Hemodialysis - AKI        | 413           | -             | -           | 49           | 378           | -             | -            |
|               | DIALNON     | Hemodialysis - Non-ESRD   | 0             | -             | -           | 0            | 3             | -             | -            |
|               | DIALTRAN    | Hemodialysis - Transient  | 1,085         | -             | -           | 64           | 840           | -             | -            |
|               | HD          | Hemodialysis - Chronic    | 22,743        | -             | -           | 1,916        | 22,618        | -             | -            |
|               | 4555 Totals |                           | 24,241        | 24,293        | -52         | 2,029        | 23,839        | 24,119        | -280         |
| 5660          | HOMEHD      | Hemodialysis - Home       | 0             | -             | -           | 0            | 0             | -             | -            |
|               | PD          | Hemodialysis - Peritoneal | 1,573         | -             | -           | 300          | 3,109         | -             | -            |
|               | 5660 Totals |                           | 1,573         | 1,976         | -403        | 300          | 3,109         | 1,500         | 1,609        |
| <b>Totals</b> |             |                           | <b>25,814</b> | <b>26,269</b> | <b>-455</b> | <b>2,329</b> | <b>26,948</b> | <b>25,619</b> | <b>1,329</b> |

### Environmental Services

- Overall labor expenses 1% over budget for November.
- Overall supply expenses 3% under budget for November.

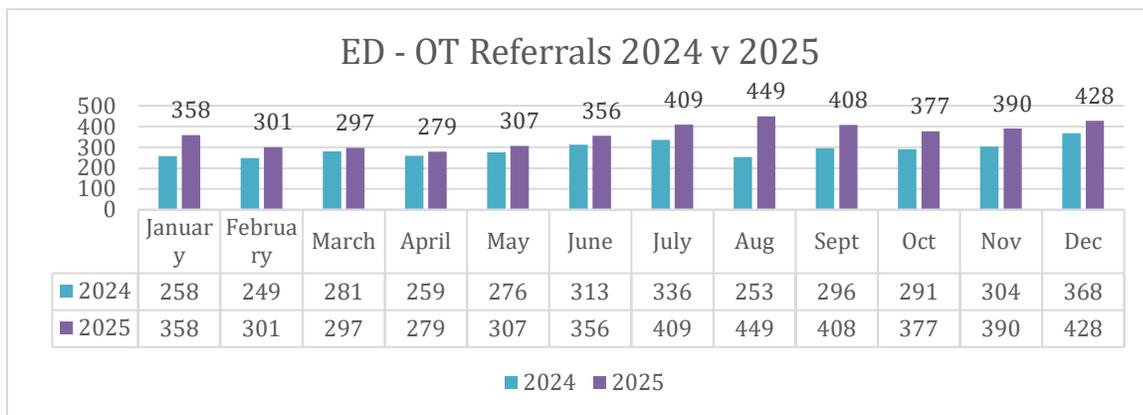
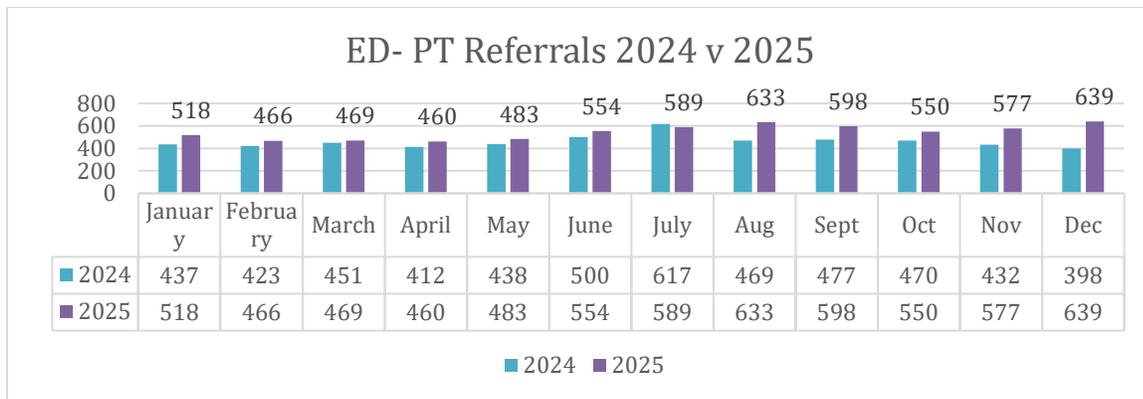
### Laboratory Services

- The department budget volumes for December YTD were positive 3.9% to budget target and 6.5% over FY24. The overall operating budget November YTD is negative to budget target by 2.4%. The personnel expense November YTD had a positive variance of 3.0% to budget target. The non-personnel November YTD expense is -3.8% 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 expense budget target.
- VAT Initiative: Negotiated reduced LabCorp test fees for targeted assays. **November YTD savings are \$87,952, which exceeds the original projected annual savings of \$60K.**

### Rehabilitation Services

Increased purchasing of wound care supplies due to CAP for the Joint Commission survey which included individual containers for transport of the wound care probes, a secondary cart and repair of the existing wound care cart.

- 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:
  - Total PT referrals for the month of December up (7%) from November, and overall, up (4%) compared to 2024
  - Total OT referrals for the month of December were up (12%) from November, and overall, up (8%) compared to 2024.
  - PT ED referrals for the month of December are up (11%) from November, and overall, up (18%) compared to 2024
  - OT ED referrals for the month of December up (10%) from November, and overall, up (25%) compared to 2024
  - PT units billed on 6 North for the month of December down (3%) from November, and overall, up (5%) compared to 2024
  - OT units billed on 6 North for the month of December had no significant change from November, and overall, down slightly (-4%) compared to 2024



The MRU monthly therapy statistics combined PT and OT for units of service were 3589 against a budget of 3353 for a *positive variance* of 6.6%. SLP services combined for MRU and Acute care services were 488 against a budget of 448 with a *positive variance* of 8.2%.

In December, the MRU had 24 admissions and 24 discharges with 421 patient days and a LOS of 17.5 days, **ADC 13.6**. Final ADC for 2025=13.4 vs. budget of 12.8

- The OP Rehab Services as a team (OT, PT, ST, and RP) exceeded YTD volume budget by 18 % or 4,058 visits collectively.
- PEDS Rehab was able to maintain over 50% of cases that aged out of Early Intervention Program, December 31<sup>st</sup>, successfully transitioning them to the CPSE/Preschool Program. Eleven new CPSE cases were accepted in the month of December.

### Radiology

Radiology as a whole is up 7.3% over budget for 2025.

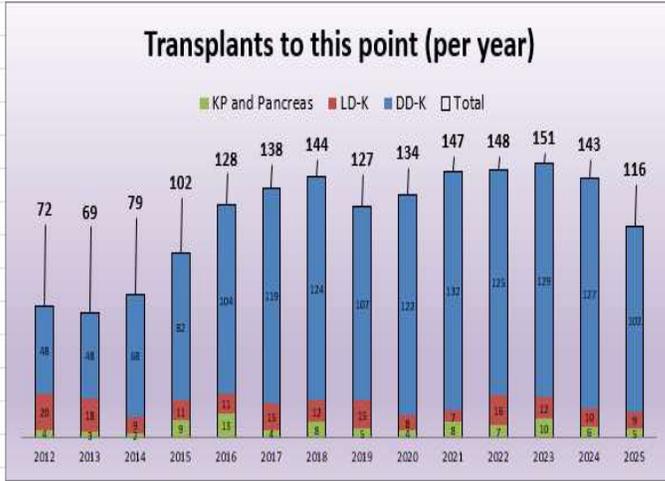
- 2023: 195,394 total procedures
- 2024: 207,058 total procedures

### Transplant

- As of December 31, 2025, we ended the year with **116** transplants, which is (-27) transplants than 2024. Based on current volume, we have projected (95) transplants for 2025.

- Pre-Transplant Clinic is below budget by (-31). We have increased the number of evaluations scheduled per day with nephrology fully staffed and have seen our volume nearly double from March to November. There has been sustained volume improvement in Q3 and Q4.
- Post-Transplant clinic is below budget by (-768) visits; this is expected with the decreased overall transplant volume.
- Total clinic variance is below budget (-829).

**To this point**



|      | 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   |

| Transplant / Vascular |             |                   | 2024         |              |               | 2025       |              |              |               |
|-----------------------|-------------|-------------------|--------------|--------------|---------------|------------|--------------|--------------|---------------|
|                       |             |                   | YTD          | Budget       | Variance      | Dec        | YTD          | Budget       | Variance      |
| 6430                  | TRANPRE     | Transplant Clinic | 558          | -            | -             | 55         | 588          | -            | -             |
|                       | TRANPREPRC  | Transplant Clinic | 1            | -            | -             | 1          | 1            | -            | -             |
|                       | 6430 Totals |                   | 559          | 997          | -438 ↓        | 56         | 589          | 650          | -61 ↓         |
| 6431                  | TRANPOST    | Transplant Clinic | 0            | -            | -             | 0          | 0            | -            | -             |
|                       | TRANPOST    | Transplant Clinic | 4,163        | -            | -             | 291        | 3,595        | -            | -             |
|                       | 6431 Totals |                   | 4,163        | 4,000        | 163 ↑         | 291        | 3,595        | 4,363        | -768 ↓        |
| <b>Totals</b>         |             |                   | <b>4,722</b> | <b>4,997</b> | <b>-275 ↓</b> | <b>347</b> | <b>4,184</b> | <b>5,013</b> | <b>-829 ↓</b> |

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

**Erie County Medical Center Corporation**

**Financial Dashboard  
November 30, 2025**

**Statement of Operations:**

|  | <u>Month</u>      | <u>Year-to-Date (YTD)</u> | <u>YTD Budget</u>  |
|--|-------------------|---------------------------|--------------------|
| Net patient revenue                            | \$ 53,155         | \$ 646,288                | \$ 663,159         |
| Other  | 22,437            | 213,472                   | 194,834            |
| Total revenue                                  | <u>75,592</u>     | <u>859,760</u>            | <u>857,993</u>     |
| Salary & benefits                              | 44,398            | 472,438                   | 462,332            |
| Physician fees                                 | 10,950            | 115,859                   | 113,077            |
| Purchased services                             | 7,478             | 77,663                    | 76,450             |
| Supplies & other                               | 15,680            | 184,944                   | 183,721            |
| Depreciation and amortization                  | 3,743             | 41,627                    | 41,863             |
| Interest                                       | 932               | 10,350                    | 10,561             |
| Total expenses                                 | <u>83,181</u>     | <u>902,881</u>            | <u>888,004</u>     |
| Operating Income/(Loss) Before Other Items     | (7,589)           | (43,121)                  | (30,011)           |
| Grant revenue                                  | -                 | 9,876                     | -                  |
| Income/(Loss) from Operations With Other Items | <u>(7,589)</u>    | <u>(33,245)</u>           | <u>(30,011)</u>    |
| Other Non-operating gain/(loss)                | (318)             | 9,108                     | 3,423              |
| Change in net assets                           | <u>\$ (7,907)</u> | <u>\$ (24,137)</u>        | <u>\$ (26,588)</u> |
| Operating margin                               | <u>-10.0%</u>     | <u>-3.9%</u>              | <u>-3.5%</u>       |

**Balance Sheet:**

|   |                   |
|---|-------------------|
| <b><u>Assets:</u></b>                             |                   |
| Cash & short-term investments                     | \$ 47,202         |
| Patient receivables                               | 109,345           |
| Assets whose use is limited                       | 190,364           |
| Other assets                                      | 484,060           |
|   | <u>\$ 830,971</u> |
| <b><u>Liabilities &amp; Net Assets:</u></b>       |                   |
| Accounts payable & accrued expenses               | \$ 336,735        |
| Estimate self-insurance reserves                  | 56,586            |
| Other liabilities                                 | 505,174           |
| Long-term debt, including current portion         | 180,057           |
| Lease liability, including current portion        | 24,841            |
| Subscription liability, including current portion | 22,868            |
| Line of credit                                    | 10,000            |
| Net assets  | (305,290)         |
|   | <u>\$ 830,971</u> |

**Cash Flow Summary:**

|  | <u>Month</u>     | <u>YTD</u>       |
|--|------------------|------------------|
| Net cash provided by (used in):                  |                  |                  |
| - Operating activities                           | \$ 11,452        | \$ 23,873        |
| - Investing activities                           | 4,178            | (6,075)          |
| - Financing activities                           | <u>(5,620)</u>   | <u>(7,314)</u>   |
| Increase/(decrease) in cash and cash equivalents | 10,010           | 10,484           |
| Cash and cash equivalents - beginning            | <u>33,990</u>    | <u>33,516</u>    |
| Cash and cash equivalents - ending               | <u>\$ 44,000</u> | <u>\$ 44,000</u> |

**Key Statistics:**

|   | <u>Month</u> | <u>YTD</u> | <u>YTD Budget</u> |
|---|--------------|------------|-------------------|
| Discharges:                                 |              |            |                   |
| - Acute                                     | 976          | 11,799     | 12,315            |
| - Exempt units                              | 387          | 4,623      | 4,827             |
| Observation Cases:                          | 326          | 3,636      | 3,024             |
| Patient days:                               |              |            |                   |
| - Acute                                     | 8,482        | 92,004     | 92,611            |
| - Exempt units                              | 5,077        | 52,970     | 54,321            |
| Average length of stay, acute               | 8.7          | 7.8        | 7.5               |
| Case mix index Blended                      | 1.85         | 1.97       | 1.88              |
| Average daily census: Medical Center        | 452          | 434        | 440               |
| Terrace View LTC                            | 383          | 379        | 380               |
| Emergency room visits, including admissions | 5,337        | 62,050     | 60,996            |
| Outpatient Visits                           | 24,030       | 283,926    | 287,812           |
| Days in patient receivables                 |              | 56.5       |                   |

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**Erie County Medical Center Corporation**  
**Management Discussion and Analysis**  
**For the month ended November 30, 2025**  
**(Amounts in Thousands)**

**November 2025 Operating Performance**

During the month of November, operating performance was significantly impacted unfavorably by several factors. Given the timing of the holiday and external community discharge limitations, inpatient discharges fell well below the budgeted expectations, while ECMCC also saw an increase in observation cases and a high level of Alternative Level of Care (ALC) patients. While total outpatient visits slightly exceeded plan, the total outpatient surgeries were significantly under expected levels. Despite improvements in ECMCC's length of stay over the last three months, November's acute average length of stay reflected a marked increase, in part driving the shortfall in admissions from the emergency department and ultimately discharges. ALC patients occupying inpatient beds continue to exceed targets, significantly for the month, and the case severity in medical and surgical cases this month trended slightly below the budgeted level during November. The revenue variances derived from these trends during November resulted in overall net patient service revenue which fell well below budgeted expectations but was accompanied by ongoing additional staffing needs to fill gaps to meet NYS minimum staffing levels. The overall result drove an operating loss before grant funding for the month of (\$7,589). This operating loss is unfavorable when compared to the month's budgeted loss of (\$4,208).

Inpatient discharges during the month were 1,363, less than the planned discharges of 1,527 (10.7% or 164 cases). Within the total, acute discharges of 976 were below plan by 12.9%, behavioral health discharges of 203 were below plan by 9.5%, chemical dependency discharges of 165 were above plan by 0.5%, and medical rehabilitation discharges of 19 were above plan by 7.0%.

With the current month's increase in observation cases above the operating plan being significant, the ongoing trend year-to-date continues, and is continuing into December. This is the result of CMS and payer changes in the criteria to meet inpatient status. In conjunction with the increase in ALC and observation patient census, the acute average length of stay decreased to 8.7 days during November, unfavorable to a budget of 7.5 days by 16.4%. The average daily census of the ALC patients within the facility during the month was 49 patients, which is consistent with October's levels of 50, and still higher than historical averages of 35 over the first and second quarters of 2025. These statistical volume trends have had a direct unfavorable impact on the overall total net revenue per case.

ECMCC received the Terrace View public nursing home Upper Payment Limit (UPL) payment related to 2024 in late October. The favorable variance of \$3.3 million resulting from the amount the payment exceeded the estimated expected amount has been recognized during November and is included within the results presented. It should be noted that New York State is on a one-year lag at this point in paying these UPL payments to the public nursing homes.

ECMCC continues to see consistent growth within the specialty pharmacy service line which provides a convenient onsite option for ECMCC clinic patients to have their specialty drug prescriptions filled. This growth is reflected within the other operating revenue and corresponding additional supply costs.

Total FTEs during November were higher than budgeted targets for the month by 165 FTEs which is consistent with prior months' variances. While this variance fluctuates based upon the need and usage of overtime hours, FTEs above the plan continue to be necessary in order to meet the New York State minimum staffing standards. To continue to meet those standards, the use of incentives continues to be utilized to fill vacancies and off-shifts, such as the authorization of overtime, shift differential, and additional bonus rates per hour. Given the variances, specifically in overtime FTEs and usage, management has begun to implement changes to reduce the usage of premium time in filling the shifts.

**Erie County Medical Center Corporation**  
**Management Discussion and Analysis**  
**For the month ended November 30, 2025**  
**(Amounts in Thousands)**

Total benefit costs for the month were below the operating plan primarily due to favorable health insurance claims. Also noteworthy is that the year-to-date increase in total benefit costs as compared to 2024 levels is the result of anticipated significant increases in actuarial book expenses related to both the pension plan and the retiree health benefit plan.

Supply costs were below the operating plan for the month. Unfavorable variances during the month due to growth within the specialty pharmacy service line, infusion therapy and oncology pharmaceutical costs have been offset by lower supply costs from volume shortfalls in inpatient and outpatient cases including variances in both inpatient and outpatient surgeries, and a slightly lower case severity as compared to the budget.

**Balance Sheet**

ECMCC saw significant decreases in cash throughout 2025 due to operating losses, required payments during the first ten months, and timing of cash payments around month-end. The net changes resulted in a calculated 18 days operating cash on November 30, 2025, and ranged from 14 – 20 days during the month. Note that this includes short-term unrestricted/undesignated investments but excludes designated and other restricted assets/investments, some of which are designated for capital including the EPIC project. Management continues to work closely with the NYS Department of Health and their Financially Distressed Hospital Division's Vital Access Provider Program team to review and discuss cash flow support program opportunities.

Patient receivables increased approximately \$15.6 million from December 31, 2024. The increase in accounts receivable is due to the expected increases due to higher reimbursement rates placed into effect January 1<sup>st</sup>, as well as typical ramp up time in collections during the beginning of the year. Another significant driver of this increase has been the consistent increased aggressiveness by the insurance plans, delays in payment, increases in denial activity with payment resolution months later, and downgrading of billed diagnoses based upon their internal reviews. As a result, the Days in Accounts Receivable (average number of days a bill is outstanding) increased from 52.3 days on December 31, 2024, to 56.5 days on November 31, 2025, which has also unfavorably impacted cash on hand. A 4.2 day increase in outstanding accounts receivable is worth approximately \$8 million in delayed cash flow.

The change in other accrued expenses reflects the recognition of the deferred revenue related to the amounts received for DSH/IGT during February and during November. The revenue for these payments is recognized in income ratably over the course of 2025 and again into 2026 depending upon which state fiscal year the payments relate to. ECMCC received a portion of the 2025-2026 Hospital DSH/IGT payment during November in order to help offset the recoupment of a previous NYS DSH/IGT overpayment. This additional payment represents a portion of the payment originally expected in January of 2026, accelerated by NYS to offset the recoupment, which has occurred in early December.

## Erie County Medical Center Corporation

### Balance Sheet November 30, 2025 and December 31, 2024

(Dollars in Thousands)

|   | November 30, 2025 | December 31, 2024 | Change from<br>December 31st |
|---|-------------------|-------------------|------------------------------|
| <b>Assets</b>                                       |                   |                   |                              |
| Current Assets:                                     |                   |                   |                              |
| Cash and cash equivalents                           | \$ 44,000         | \$ 33,516         | \$ 10,484                    |
| Investments   | 3,202             | 42,826            | (39,624)                     |
| Patient receivables, net                            | 109,345           | 93,708            | 15,637                       |
| Prepaid expenses, inventories and other receivables | 38,494            | 38,753            | (259)                        |
| <b>Total Current Assets</b>                         | <b>195,041</b>    | <b>208,803</b>    | <b>(13,762)</b>              |
| Assets Whose Use is Limited                         | 190,364           | 191,600           | (1,236)                      |
| Property and equipment, net                         | 286,483           | 277,043           | 9,440                        |
| Other assets  | 159,083           | 161,656           | (2,573)                      |
| <b>Total Assets</b>                                 | <b>\$ 830,971</b> | <b>\$ 839,102</b> | <b>\$ (8,131)</b>            |
| <b>Liabilities &amp; Net Position</b>               |                   |                   |                              |
| Current Liabilities:                                |                   |                   |                              |
| Current portion of long-term debt                   | \$ 13,215         | \$ 13,520         | \$ (305)                     |
| Current portion of lease liability                  | 6,824             | 6,264             | 560                          |
| Current portion of subscription liability           | 10,510            | 8,118             | 2,392                        |
| Line of credit                                      | 10,000            | 10,000            | -                            |
| Accounts payable                                    | 66,267            | 64,553            | 1,714                        |
| Accrued salaries and benefits                       | 85,866            | 85,393            | 473                          |
| Other accrued expenses                              | 179,562           | 146,172           | 33,390                       |
| Estimated third party payer settlements             | 5,040             | 5,643             | (603)                        |
| <b>Total Current Liabilities</b>                    | <b>377,284</b>    | <b>339,663</b>    | <b>37,621</b>                |
| Long-term debt                                      | 166,842           | 179,574           | (12,732)                     |
| Long-term lease liability                           | 18,017            | 14,394            | 3,623                        |
| Long-term subscription liability                    | 12,358            | 13,210            | (852)                        |
| Estimated self-insurance reserves                   | 56,586            | 50,424            | 6,162                        |
| Other liabilities                                   | 505,174           | 522,990           | (17,816)                     |
| <b>Total Liabilities</b>                            | <b>1,136,261</b>  | <b>1,120,255</b>  | <b>16,006</b>                |
| <b>Total Net Position</b>                           | <b>(305,290)</b>  | <b>(281,153)</b>  | <b>(24,137)</b>              |
| <b>Total Liabilities and Net Position</b>           | <b>\$ 830,971</b> | <b>\$ 839,102</b> | <b>\$ (8,131)</b>            |

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## Erie County Medical Center Corporation

### Statement of Operations

For the month ended November 30, 2025

(Dollars in Thousands)

|   | Actual            | Budget            | Favorable/<br>(Unfavorable) | Prior Year      |
|---|-------------------|-------------------|-----------------------------|-----------------|
| <b>Operating Revenue:</b>                           |                   |                   |                             |                 |
| Net patient revenue                                 | 55,712            | 60,648            | (4,936)                     | 54,772          |
| Less: Provision for uncollectable accounts          | (2,557)           | (1,246)           | (1,311)                     | (299)           |
| Adjusted Net Patient Revenue                        | 53,155            | 59,402            | (6,247)                     | 54,473          |
| Disproportionate share / IGT revenue                | 14,321            | 11,018            | 3,303                       | 10,273          |
| Other revenue                                       | 8,116             | 6,616             | 1,500                       | 7,829           |
| <b>Total Operating Revenue</b>                      | 75,592            | 77,036            | (1,444)                     | 72,575          |
| <b>Operating Expenses:</b>                          |                   |                   |                             |                 |
| Salaries & wages                                    | 34,034            | 32,188            | (1,846)                     | 31,503          |
| Employee benefits                                   | 10,364            | 10,838            | 474                         | 7,858           |
| Physician fees                                      | 10,950            | 10,316            | (634)                       | 10,290          |
| Purchased services                                  | 7,478             | 6,897             | (581)                       | 6,575           |
| Supplies  | 13,057            | 13,670            | 613                         | 12,024          |
| Other expenses                                      | 2,073             | 2,243             | 170                         | 2,270           |
| Utilities   | 550               | 399               | (151)                       | 384             |
| Depreciation & amortization                         | 3,743             | 3,742             | (1)                         | 3,871           |
| Interest  | 932               | 951               | 19                          | 920             |
| <b>Total Operating Expenses</b>                     | 83,181            | 81,244            | (1,937)                     | 75,695          |
| <b>Operating Income/(Loss) Before Other Items</b>   | <b>(7,589)</b>    | <b>(4,208)</b>    | <b>(3,381)</b>              | <b>(3,120)</b>  |
| <b>Other Gains/(Losses)</b>                         |                   |                   |                             |                 |
| Grant revenue                                       | -                 | -                 | -                           | -               |
| <b>Income/(Loss) from Operations</b>                | <b>(7,589)</b>    | <b>(4,208)</b>    | <b>(3,381)</b>              | <b>(3,120)</b>  |
| <b>Other Non-operating Gain/(Loss):</b>             |                   |                   |                             |                 |
| Interest and dividends                              | 581               | 292               | 289                         | 522             |
| Unrealized gain/(loss) on investments               | (899)             | 19                | (918)                       | 1,610           |
| Non-operating Gain/(Loss)                           | (318)             | 311               | (629)                       | 2,132           |
| <b>Excess of Revenue/(Deficiency) Over Expenses</b> | <b>\$ (7,907)</b> | <b>\$ (3,897)</b> | <b>\$ (4,010)</b>           | <b>\$ (988)</b> |

## Erie County Medical Center Corporation

### Statement of Operations

For the eleven months ended November 30, 2025

(Dollars in Thousands)

|   | Actual             | Budget             | Favorable/<br>(Unfavorable) | Prior Year      |
|---|--------------------|--------------------|-----------------------------|-----------------|
| <b>Operating Revenue:</b>                           |                    |                    |                             |                 |
| Net patient revenue                                 | 662,505            | 677,410            | (14,905)                    | 624,643         |
| Less: Provision for uncollectable accounts          | (16,217)           | (14,251)           | (1,966)                     | (12,396)        |
| Adjusted Net Patient Revenue                        | <u>646,288</u>     | <u>663,159</u>     | <u>(16,871)</u>             | <u>612,247</u>  |
| Disproportionate share / IGT revenue                | 124,500            | 121,196            | 3,304                       | 113,028         |
| Other revenue                                       | <u>88,972</u>      | <u>73,638</u>      | <u>15,334</u>               | <u>62,734</u>   |
| <b>Total Operating Revenue</b>                      | <u>859,760</u>     | <u>857,993</u>     | <u>1,767</u>                | <u>788,009</u>  |
| <b>Operating Expenses:</b>                          |                    |                    |                             |                 |
| Salaries & wages                                    | 355,230            | 342,469            | (12,761)                    | 327,757         |
| Employee benefits                                   | 117,208            | 119,863            | 2,655                       | 87,763          |
| Physician fees                                      | 115,859            | 113,077            | (2,782)                     | 107,072         |
| Purchased services                                  | 77,663             | 76,450             | (1,213)                     | 70,235          |
| Supplies  | 154,391            | 153,967            | (424)                       | 138,604         |
| Other expenses                                      | 23,454             | 24,211             | 757                         | 22,938          |
| Utilities   | 7,099              | 5,543              | (1,556)                     | 5,415           |
| Depreciation & amortization                         | 41,627             | 41,863             | 236                         | 43,097          |
| Interest  | <u>10,350</u>      | <u>10,561</u>      | <u>211</u>                  | <u>10,922</u>   |
| <b>Total Operating Expenses</b>                     | <u>902,881</u>     | <u>888,004</u>     | <u>(14,877)</u>             | <u>813,803</u>  |
| <b>Income/(Loss) from Operations</b>                | <b>(43,121)</b>    | <b>(30,011)</b>    | <b>(13,110)</b>             | <b>(25,794)</b> |
| <b>Other Gains/(Losses)</b>                         |                    |                    |                             |                 |
| Grant revenue                                       | <u>9,876</u>       | <u>-</u>           | <u>9,876</u>                | <u>16,005</u>   |
| <b>Income/(Loss) from Operations</b>                | <b>(33,245)</b>    | <b>(30,011)</b>    | <b>(3,234)</b>              | <b>(9,789)</b>  |
| <b>Other Non-operating Gain/(Loss):</b>             |                    |                    |                             |                 |
| Interest and dividends                              | 7,549              | 3,208              | 4,341                       | 5,968           |
| Unrealized gain/(loss) on investments               | <u>1,559</u>       | <u>215</u>         | <u>1,344</u>                | <u>3,420</u>    |
| Non-operating Gain/(Loss)                           | <u>9,108</u>       | <u>3,423</u>       | <u>5,685</u>                | <u>9,388</u>    |
| <b>Excess of Revenue/(Deficiency) Over Expenses</b> | <u>\$ (24,137)</u> | <u>\$ (26,588)</u> | <u>\$ 2,451</u>             | <u>\$ (401)</u> |

**Erie County Medical Center Corporation**

**Statement of Changes in Net Position**

**For the month and eleven months ended November 30, 2025**

*(Dollars in Thousands)*

|   | <u>Month</u>        | <u>Year-to-Date</u> |
|---|---------------------|---------------------|
| <b>Unrestricted Net Assets:</b>                               |                     |                     |
| Excess/(Deficiency) of revenue over expenses                  | \$ (7,907)          | \$ (24,137)         |
| Other transfers, net  | -                   | -                   |
| Contributions for capital acquisitions                        | -                   | -                   |
| Change in accounting principle                                | -                   | -                   |
| Net assets released from restrictions for capital acquisition | -                   | -                   |
|   | <hr/>               | <hr/>               |
| Change in Unrestricted Net Assets                             | (7,907)             | (24,137)            |
|   | <hr/>               | <hr/>               |
| <b>Temporarily Restricted Net Assets:</b>                     |                     |                     |
| Contributions, bequests, and grants                           | -                   | -                   |
| Other transfers, net  | -                   | -                   |
| Net assets released from restrictions for operations          | -                   | -                   |
| Net assets released from restrictions for capital acquisition | -                   | -                   |
|   | <hr/>               | <hr/>               |
| Change in Temporarily Restricted Net Assets                   | -                   | -                   |
|   | <hr/>               | <hr/>               |
| Change in Net Position  | (7,907)             | (24,137)            |
|   | <hr/>               | <hr/>               |
| Net Position, beginning of period                             | (297,383)           | (281,153)           |
|   | <hr/>               | <hr/>               |
| <b>Net Position, end of period</b>                            | <b>\$ (305,290)</b> | <b>\$ (305,290)</b> |
|   | <hr/>               | <hr/>               |

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## Erie County Medical Center Corporation

### Statement of Cash Flows

For the month and eleven months ended November 30, 2025

(Dollars in Thousands)

|   | Month            | Year-to-Date     |
|---|------------------|------------------|
| <b>Cash Flows from Operating Activities:</b>  |                  |                  |
| Change in net assets  | \$ (7,907)       | \$ (24,137)      |
| Adjustments to Reconcile Changes in Net Assets to Net Cash<br>Provided by/(Used in) Operating Activities: |                  |                  |
| Depreciation and amortization   | 3,743            | 41,627           |
| Provision for bad debt expense  | 2,557            | 16,217           |
| Net change in unrealized (gain)/loss on Investments   | 899              | (1,559)          |
| <u>Changes in Operating Assets and Liabilities:</u>   |                  |                  |
| Patient receivables   | (1,818)          | (31,854)         |
| Prepaid expenses, inventories and other receivables   | 1,600            | 259              |
| Accounts payable  | (1,017)          | 1,714            |
| Accrued salaries and benefits   | 3,128            | 473              |
| Estimated third party payer settlements   | (80)             | (603)            |
| Other accrued expenses  | 8,114            | 33,390           |
| Self Insurance reserves   | (43)             | 6,162            |
| Other liabilities   | 2,276            | (17,816)         |
| <b>Net Cash Provided by/(Used in) Operating Activities</b>  | <b>11,452</b>    | <b>23,873</b>    |
| <b>Cash Flows from Investing Activities:</b>  |                  |                  |
| Additions to Property and Equipment, net  | (334)            | (51,067)         |
| Decrease/(increase) in assets whose use is limited  | 5,345            | 1,236            |
| Sale/(Purchase) of investments, net   | (1,101)          | 41,183           |
| Change in other assets  | 268              | 2,573            |
| <b>Net Cash Provided by/(Used in) Investing Activities</b>  | <b>4,178</b>     | <b>(6,075)</b>   |
| <b>Cash Flows from Financing Activities:</b>  |                  |                  |
| Principal payments on / proceeds from long-term debt, net   | (5,318)          | (13,037)         |
| Principal payments on / additions to long-term lease liability, net                                       | (468)            | 4,183            |
| Principal payments on / additions to long-term subscription, net  | 166              | 1,540            |
| <b>Increase/(Decrease) in Cash and Cash Equivalents</b>   | <b>10,010</b>    | <b>10,484</b>    |
| Cash and Cash Equivalents, beginning of period  | 33,990           | 33,516           |
| Cash and Cash Equivalents, end of period  | <b>\$ 44,000</b> | <b>\$ 44,000</b> |

## Erie County Medical Center Corporation

### Statistical and Ratio Summary

|   | November 30, 2025 | December 31, 2024 | ECMCC<br>3 Year Avg.<br>2022 - 2024 |
|---|-------------------|-------------------|-------------------------------------|
| <b><u>Liquidity Ratios:</u></b>             |                   |                   |                                     |
| Current Ratio                               | 0.5               | 0.6               | 0.7                                 |
| Days in Operating Cash & Investments        | 18                | 33                | 24.7                                |
| Days in Patient Receivables                 | 56.5              | 52.3              | 56.4                                |
| Days Expenses in Accounts Payable           | 56.6              | 53.7              | 59.1                                |
| Days Expenses in Current Liabilities        | 144.1             | 145.7             | 140.5                               |
| Cash to Debt                                | 56.0%             | 67.3%             | 53.1%                               |
| Working Capital Deficit                     | \$ (182,243)      | \$ (130,860)      | \$ (105,982)                        |
| <b><u>Capital Ratios:</u></b>               |                   |                   |                                     |
| Long-Term Debt to Fixed Assets              | 58.2%             | 64.8%             | 67.3%                               |
| Assets Financed by Liabilities              | 136.7%            | 133.5%            | 131.7%                              |
| Debt Service Coverage (Covenant > 1.1)      | 0.5               | 1.7               | 1.8                                 |
| Capital Expense                             | 2.6%              | 3.0%              | 2.9%                                |
| Average Age of Plant                        | 8.2               | 8.0               | 8.6                                 |
| Debt Service as % of NPSR                   | 3.5%              | 3.9%              | 4.0%                                |
| Capital as a % of Depreciation              | 122.7%            | 35.5%             | 21.9%                               |
| <b><u>Profitability Ratios:</u></b>         |                   |                   |                                     |
| Operating Margin                            | -5.0%             | 0.7%              | -11.5%                              |
| Net Profit Margin                           | -3.6%             | -0.7%             | -2.5%                               |
| Return on Total Assets                      | -3.2%             | -0.6%             | -1.6%                               |
| Return on Equity                            | 8.6%              | 1.8%              | 5.4%                                |
| <b><u>Productivity and Cost Ratios:</u></b> |                   |                   |                                     |
| Total Asset Turnover                        | 1.1               | 1.1               | 0.9                                 |
| Total Operating Revenue per FTE             | \$ 281,393        | \$ 266,577        | \$ 230,021                          |
| Personnel Costs as % of Total Revenue       | 53.9%             | 50.0%             | 56.0%                               |

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**Erie County Medical Center Corporation**

|                                       |  |  |  |
|---------------------------------------|--|--|--|
| <b>Key Statistics</b>                 |  |  |  |
| <b>Period Ended November 30, 2025</b> |  |  |  |

| Current Period                      |               |               |               | Year to Date                        |                |                |              |                |
|-------------------------------------|---------------|---------------|---------------|-------------------------------------|----------------|----------------|--------------|----------------|
| Actual                              | Budget        | % to Budget   | Prior Year    | Actual                              | Budget         | % to Budget    | Prior Year   |                |
| <b>Discharges:</b>                  |               |               |               | <b>Discharges:</b>                  |                |                |              |                |
| 976                                 | 1,121         | -12.9%        | 1,041         | Med/Surg (M/S) - Acute              | 11,799         | 12,315         | -4.2%        | 11,930         |
| 203                                 | 224           | -9.5%         | 229           | Behavioral Health                   | 2,526          | 2,536          | -0.4%        | 2,571          |
| 165                                 | 164           | 0.5%          | 171           | Chemical Dependency (CD) - Detox    | 1,824          | 2,084          | -12.5%       | 1,946          |
| 19                                  | 18            | 7.0%          | 18            | Medical Rehab                       | 273            | 207            | 32.0%        | 207            |
| <b>1,363</b>                        | <b>1,527</b>  | <b>-10.8%</b> | <b>1,459</b>  | <b>Total Discharges</b>             | <b>16,422</b>  | <b>17,142</b>  | <b>-4.2%</b> | <b>16,654</b>  |
| <b>Patient Days:</b>                |               |               |               | <b>Patient Days:</b>                |                |                |              |                |
| 8,482                               | 8,368         | 1.4%          | 8,238         | M/S - Acute                         | 92,004         | 92,611         | -0.7%        | 94,447         |
| 4,055                               | 3,785         | 7.1%          | 3,584         | Behavioral Health                   | 41,531         | 42,271         | -1.8%        | 41,332         |
| 664                                 | 637           | 4.2%          | 652           | CD - Detox                          | 6,983          | 7,765          | -10.1%       | 7,313          |
| 358                                 | 376           | -4.8%         | 345           | Medical Rehab                       | 4,456          | 4,285          | 4.0%         | 3,895          |
| <b>13,559</b>                       | <b>13,166</b> | <b>3.0%</b>   | <b>12,819</b> | <b>Total Patient Days</b>           | <b>144,974</b> | <b>146,932</b> | <b>-1.3%</b> | <b>146,987</b> |
| <b>Average Daily Census (ADC):</b>  |               |               |               | <b>Average Daily Census (ADC):</b>  |                |                |              |                |
| 283                                 | 279           | 1.4%          | 275           | M/S - Acute                         | 275            | 277            | -0.7%        | 282            |
| 135                                 | 126           | 7.1%          | 119           | Behavioral Health                   | 124            | 127            | -1.8%        | 123            |
| 22                                  | 21            | 4.2%          | 22            | CD - Detox                          | 21             | 23             | -10.1%       | 22             |
| 12                                  | 13            | -4.8%         | 12            | Medical Rehab                       | 13             | 13             | 4.0%         | 12             |
| <b>452</b>                          | <b>439</b>    | <b>3.0%</b>   | <b>427</b>    | <b>Total ADC</b>                    | <b>434</b>     | <b>440</b>     | <b>-1.3%</b> | <b>439</b>     |
| <b>Average Length of Stay:</b>      |               |               |               | <b>Average Length of Stay:</b>      |                |                |              |                |
| 8.7                                 | 7.5           | 16.4%         | 7.9           | M/S - Acute                         | 7.8            | 7.5            | 3.7%         | 7.9            |
| 20.0                                | 16.9          | 18.4%         | 15.7          | Behavioral Health                   | 16.4           | 16.7           | -1.4%        | 16.1           |
| 4.0                                 | 3.9           | 3.7%          | 3.8           | CD - Detox                          | 3.8            | 3.7            | 2.7%         | 3.8            |
| 18.8                                | 21.2          | -11.0%        | 19.2          | Medical Rehab                       | 16.3           | 20.7           | -21.2%       | 18.8           |
| <b>9.9</b>                          | <b>8.6</b>    | <b>15.4%</b>  | <b>8.8</b>    | <b>Average Length of Stay</b>       | <b>8.8</b>     | <b>8.6</b>     | <b>3.0%</b>  | <b>8.8</b>     |
| <b>Occupancy:</b>                   |               |               |               | <b>Occupancy:</b>                   |                |                |              |                |
| 85.1%                               | 85.4%         | -0.3%         | 80.5%         | % of M/S Acute staffed beds         | 85.1%          | 85.4%          | -0.3%        | 80.5%          |
| <b>Case Mix Index:</b>              |               |               |               | <b>Case Mix Index:</b>              |                |                |              |                |
| 1.85                                | 1.91          | -3.1%         | 1.95          | Blended (Acute)                     | 1.97           | 1.88           | 4.7%         | 1.96           |
| 326                                 | 262           | 24.4%         | 284           | Observation Status                  | 3,636          | 3,024          | 20.2%        | 3,167          |
| 378                                 | 509           | -25.7%        | 407           | Inpatient General Surgeries         | 4,624          | 5,445          | -15.1%       | 4,878          |
| 550                                 | 639           | -13.9%        | 671           | Outpatient General Surgeries        | 6,856          | 7,483          | -8.4%        | 7,001          |
| 67                                  | 22            | 204.5%        | 3             | Inpatient Ancillary Surgeries       | 369            | 238            | 55.0%        | 333            |
| 43                                  | 36            | 19.4%         | 20            | Outpatient Ancillary Surgeries      | 513            | 424            | 21.0%        | 352            |
| 24,030                              | 23,281        | 3.2%          | 24,470        | Outpatient Visits                   | 283,926        | 287,812        | -1.4%        | 276,327        |
| 5,337                               | 5,334         | 0.1%          | 5,182         | Emergency Visits Including Admits   | 62,050         | 60,996         | 1.7%         | 58,758         |
| 56.5                                | 44.2          | 27.8%         | 59.8          | Days in A/R                         | 56.5           | 44.2           | 27.8%        | 59.8           |
| 4.8%                                | 2.0%          | 136.0%        | -0.3%         | Bad Debt as a % of Net Revenue      | 2.3%           | 2.1%           | 7.9%         | 2.0%           |
| 3,485                               | 3,330         | 4.7%          | 3,315         | FTE's                               | 3,427          | 3,296          | 4.0%         | 3,287          |
| 4.43                                | 4.30          | 3.0%          | 4.39          | FTE's per Adjusted Occupied Bed     | 4.29           | 4.19           | 2.5%         | 4.22           |
| \$ 20,739                           | \$ 20,434     | 1.5%          | \$ 19,608     | Net Revenue per Adjusted Discharge  | \$ 19,849      | \$ 20,064      | -1.1%        | \$ 19,246      |
| \$ 32,272                           | \$ 27,648     | 16.7%         | \$ 26,950     | Cost per Adjusted Discharge         | \$ 27,504      | \$ 26,578      | 3.5%         | \$ 25,492      |
| <b>Terrace View Long Term Care:</b> |               |               |               | <b>Terrace View Long Term Care:</b> |                |                |              |                |
| 11,500                              | 11,382        | 1.0%          | 10,769        | Patient Days                        | 126,611        | 126,874        | -0.2%        | 123,261        |
| 383                                 | 379           | 1.0%          | 359           | Average Daily Census                | 379            | 380            | -0.2%        | 368            |
| 98.3%                               | 97.3%         | 1.0%          | 92.0%         | Occupancy - % of Staffed beds       | 97.2%          | 97.4%          | -0.2%        | 94.3%          |
| 520                                 | 510           | 1.9%          | 468           | FTE's                               | 489            | 510            | -4.1%        | 461            |
| 7.2                                 | 7.2           | 0.9%          | 7.0           | Hours Paid per Patient Day          | 7.4            | 7.7            | -3.9%        | 7.2            |

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**Internal Financial Reports**  
**For the month ended December 31, 2025**

**These financial statements are preliminary at this time and  
subject to change based on additional year-end processes.**

## Erie County Medical Center Corporation

**Financial Dashboard  
December 31, 2025**

### Statement of Operations:

|  | Month             | Year-to-Date (YTD) | YTD Budget         |
|--|-------------------|--------------------|--------------------|
| Net patient revenue                            | \$ 58,543         | \$ 695,497         | \$ 721,966         |
| Other  | 20,067            | 210,981            | 212,421            |
| Total revenue                                  | <u>78,610</u>     | <u>906,478</u>     | <u>934,387</u>     |
| Salary & benefits                              | 43,537            | 512,834            | 505,653            |
| Physician fees                                 | 10,828            | 126,838            | 123,393            |
| Purchased services                             | 6,512             | 86,961             | 83,410             |
| Supplies & other                               | 19,942            | 198,712            | 199,813            |
| Depreciation and amortization                  | 3,743             | 45,558             | 45,605             |
| Interest                                       | 903               | 13,318             | 11,513             |
| Total expenses                                 | <u>85,465</u>     | <u>984,221</u>     | <u>969,387</u>     |
| Operating Income/(Loss) Before Other Items     | (6,855)           | (77,743)           | (35,000)           |
| Grant revenue                                  | -                 | 39,876             | -                  |
| Income/(Loss) from Operations With Other Items | <u>(6,855)</u>    | <u>(25,448)</u>    | <u>(35,000)</u>    |
| Other Non-operating gain/(loss)                | 998               | 8,642              | 3,734              |
| Change in net assets                           | <u>\$ (5,857)</u> | <u>\$ (16,806)</u> | <u>\$ (31,266)</u> |
| Operating margin                               | <u>-8.7%</u>      | <u>-2.8%</u>       | <u>-3.7%</u>       |

### Balance Sheet:

#### Assets:

|                               |                   |
|-------------------------------|-------------------|
| Cash & short-term investments | \$ 51,627         |
| Patient receivables           | 104,069           |
| Assets whose use is limited   | 181,665           |
| Other assets                  | 454,086           |
|                               | <u>\$ 791,447</u> |

#### Liabilities & Net Assets:

|   |                   |
|---|-------------------|
| Accounts payable & accrued expenses               | \$ 376,162        |
| Estimate self-insurance reserves                  | 47,932            |
| Other liabilities                                 | 428,943           |
| Long-term debt, including current portion         | 179,373           |
| Lease liability, including current portion        | 23,950            |
| Subscription liability, including current portion | 22,165            |
| Line of credit                                    | 10,000            |
| Net assets  | (297,078)         |
|   | <u>\$ 791,447</u> |

### Cash Flow Summary:

|  | Month            | YTD              |
|--|------------------|------------------|
| Net cash provided by (used in):                  |                  |                  |
| - Operating activities                           | \$ 8,836         | \$ (30,963)      |
| - Investing activities                           | (12,053)         | 45,544           |
| - Financing activities                           | <u>(2,278)</u>   | <u>(9,592)</u>   |
| Increase/(decrease) in cash and cash equivalents | (5,495)          | 4,989            |
| Cash and cash equivalents - beginning            | <u>44,000</u>    | <u>33,516</u>    |
| Cash and cash equivalents - ending               | <u>\$ 38,505</u> | <u>\$ 38,505</u> |

### Key Statistics:

|   | Month        | YTD     | YTD Budget |
|---|--------------|---------|------------|
| Discharges:                                 |              |         |            |
| - Acute                                     | 1,131        | 12,930  | 13,456     |
| - Exempt units                              | 404          | 5,027   | 5,250      |
| Observation Cases:                          | 320          | 3,956   | 3,303      |
| Patient days:                               |              |         |            |
| - Acute                                     | 9,019        | 101,023 | 100,920    |
| - Exempt units                              | 4,988        | 57,958  | 58,999     |
| Average length of stay, acute               | 8.0          | 7.8     | 7.5        |
| Case mix index                              | Blended 1.93 | 1.94    | 1.88       |
| Average daily census:                       |              |         |            |
| Medical Center                              | 452          | 436     | 438        |
| Terrace View LTC                            | 381          | 379     | 380        |
| Emergency room visits, including admissions | 5,276        | 67,326  | 66,500     |
| Outpatient Visits                           | 25,044       | 308,970 | 308,749    |
| Days in patient receivables                 |              | 54.6    |            |

These financial statements are preliminary at this time and subject to change based on additional year-end processes.

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

**December 2025 Operating Performance**

During the month of December, operating performance was significantly impacted unfavorably by several factors. Inpatient discharges improved during December but remained below the budgeted expectations, while ECMCC also saw an increase in observation cases and a high level of Alternative Level of Care (ALC) patients. Total outpatient visits within including clinic visits and outpatient surgeries both exceeded plan, while inpatient surgeries fell below plan for the month. December's acute average length of stay improved to 8.0 days from the high metric in November but 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 in driving the overall case severity in medical and surgical cases down towards the budgeted levels. The revenue variances derived from these trends coupled with an increase in bad debt expense from increased reserves necessary during December resulted in overall net patient service revenue which fell slightly below budgeted expectations but was accompanied by ongoing additional staffing needs to fill gaps to meet NYS minimum staffing levels. The overall result drove an operating loss before grant funding for the month of (\$6,855). This operating loss is unfavorable when compared to the month's budgeted loss of (\$4,989).

Inpatient discharges during the month of 1,535 were less than the planned discharges of 1,564 (1.9% or 29 cases). Within the total, acute discharges of 1,131 were below plan by 0.9%, behavioral health discharges of 214 were on target plan, chemical dependency discharges of 166 were below plan by 13.2%, and medical rehabilitation discharges of 24 were above plan by 31.5%.

With the current month's increase in observation cases above the operating plan being significant, the ongoing trend year-to-date continues. This is the result of CMS and payer changes in the criteria to meet inpatient status. In conjunction with the increase in ALC and observation patient census, the acute average length of stay although improved, was at 8.0 days during December, unfavorable to a budget of 7.3 days by 9.5%. The average daily census of the ALC patients within the facility during the month was 53 patients, which is higher than prior months' levels. These statistical volume trends have had a direct unfavorable impact on the overall total net revenue per case for the month and throughout the year.

ECMCC continues to see consistent growth within the specialty pharmacy service line which provides a convenient onsite option for ECMCC clinic patients to have their specialty drug prescriptions filled. This growth is reflected within the other operating revenue and corresponding additional supply costs.

Total FTEs during November were higher than budgeted targets for the month by 161 FTEs which is consistent with prior months' variances. While this variance fluctuates based upon the need and usage of overtime hours, FTEs above the plan continue to be necessary in order to meet the New York State minimum staffing standards. To continue to meet those standards, the use of incentives continues to be utilized to fill vacancies and off-shifts, such as the authorization of overtime, shift differential, and additional bonus rates per hour. Given the variances, specifically in overtime FTEs and usage, management has begun to implement changes to reduce the usage of premium time in filling the shifts. At December 31<sup>st</sup>, it is important to note that ECMCC has eliminated the need and use of all clinical temporary staff.

Total benefit costs for the month were below the operating plan primarily due to favorable health insurance claims.

Supply costs exceeded the operating plan for the month. These costs were driven by unfavorable variances during the month due to growth within the specialty pharmacy service line, infusion therapy and oncology pharmaceutical costs, and implantable device costs coupled with a significant increase in kidney transplant surgeries.

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

**Balance Sheet**

ECMCC saw significant decreases in cash throughout 2025 due to operating losses, required payments during the first ten months, and timing of cash payments around month-end. The net changes resulted in a calculated 20 days operating cash on December 31, 2025, and ranged from 18-25 days during the month. Note that this includes short-term unrestricted/undesignated investments but excludes designated and other restricted assets/investments, some of which are designated for capital including the EPIC project. Management continues to work closely with the NYS Department of Health and their Financially Distressed Hospital Division's Vital Access Provider Program team to review and discuss cash flow support program opportunities.

Patient receivables increased approximately \$4 million from December 31, 2024. The increase in accounts receivable is due to the expected increases due to higher reimbursement rates placed into effect January 1<sup>st</sup>, as well as typical ramp up time in collections during the beginning of the year. Another significant driver of this increase has been the consistent increased aggressiveness by the insurance plans, delays in payment, increases in denial activity with payment resolution months later, and downgrading of billed diagnoses based upon their internal reviews. As a result, the Days in Accounts Receivable (average number of days a bill is outstanding) increased from 52.3 days on December 31, 2024, to 54.6 days on December 31, 2025, which has also unfavorably impacted cash on hand.

The change in other accrued expenses reflects the recognition of the deferred revenue related to the amounts received for DSH/IGT during February, November and December. The revenue for these payments are recognized in income ratably over the course of 2026 and 2027, depending upon which state-fiscal year the payments relate to. ECMCC received a portion of the 2025-2026 Hospital DSH/IGT payment during November in order to help offset the recoupment of a previous NYS DSH/IGT overpayment. These additional payments during November and December represent in total a portion of the payment originally expected in January of 2026, accelerated by NYS to offset the recoupment, which occurred in early December, and to address cash flow needs of ECMCC resulting from our ongoing advocacy efforts.

**Year Ended December 31, 2025**

As a result of management's year-end closing procedures related to certain actuarially calculated liabilities as well as the status of certain New York State and Federal support payments, certain adjustments have been made at year end to account for these as they have been finalized which have significantly impacted both the balance sheet and the income statement. Given the timing of these processes, the month-to-date income statement is reflective of the month's operations only and does not include the impact of these year-end adjustments. The impacts of these adjustments have been included within the year-to-date income statement and the December 31, 2025 balance sheet. As such, the financial statements presented herein are unaudited and are in preliminary draft form and subject to change. A comprehensive annual management discussion and analysis will be provided with the final, published audited financial statements.

## Erie County Medical Center Corporation

### Balance Sheet December 31, 2025 and December 31, 2024

(Dollars in Thousands)

|   | December 31, 2025 | December 31, 2024 | Change from<br>December 31st |
|---|-------------------|-------------------|------------------------------|
| <b>Assets</b>                                       |                   |                   |                              |
| Current Assets:                                     |                   |                   |                              |
| Cash and cash equivalents                           | \$ 38,505         | \$ 33,516         | \$ 4,989                     |
| Investments   | 13,122            | 42,826            | (29,704)                     |
| Patient receivables, net                            | 104,069           | 93,708            | 10,361                       |
| Prepaid expenses, inventories and other receivables | 65,214            | 38,753            | 26,461                       |
| <b>Total Current Assets</b>                         | <b>220,910</b>    | <b>208,803</b>    | <b>12,107</b>                |
| Assets Whose Use is Limited                         |                   |                   |                              |
| Property and equipment, net                         | 181,665           | 191,600           | (9,935)                      |
| Other assets  | 291,320           | 277,043           | 14,277                       |
|   | 97,552            | 161,656           | (64,104)                     |
| <b>Total Assets</b>                                 | <b>\$ 791,447</b> | <b>\$ 839,102</b> | <b>\$ (47,655)</b>           |
| <b>Liabilities &amp; Net Position</b>               |                   |                   |                              |
| Current Liabilities:                                |                   |                   |                              |
| Current portion of long-term debt                   | \$ 13,215         | \$ 13,520         | \$ (305)                     |
| Current portion of lease liability                  | 6,285             | 6,264             | 21                           |
| Current portion of subscription liability           | 10,508            | 8,118             | 2,390                        |
| Line of credit                                      | 10,000            | 10,000            | -                            |
| Accounts payable                                    | 68,640            | 64,553            | 4,087                        |
| Accrued salaries and benefits                       | 92,267            | 85,393            | 6,874                        |
| Other accrued expenses                              | 209,522           | 146,172           | 63,350                       |
| Estimated third party payer settlements             | 5,733             | 5,643             | 90                           |
| <b>Total Current Liabilities</b>                    | <b>416,170</b>    | <b>339,663</b>    | <b>76,507</b>                |
| Long-term debt                                      | 166,158           | 179,574           | (13,416)                     |
| Long-term lease liability                           | 17,665            | 14,394            | 3,271                        |
| Long-term subscription liability                    | 11,657            | 13,210            | (1,553)                      |
| Estimated self-insurance reserves                   | 47,932            | 50,424            | (2,492)                      |
| Other liabilities                                   | 428,943           | 522,990           | (94,047)                     |
| <b>Total Liabilities</b>                            | <b>1,088,525</b>  | <b>1,120,255</b>  | <b>(31,730)</b>              |
| <b>Total Net Position</b>                           | <b>(297,078)</b>  | <b>(281,153)</b>  | <b>(15,925)</b>              |
| <b>Total Liabilities and Net Position</b>           | <b>\$ 791,447</b> | <b>\$ 839,102</b> | <b>\$ (47,655)</b>           |

These financial statements are preliminary at this time and subject to change based on additional year-end processes.

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## Erie County Medical Center Corporation

### Statement of Operations

For the month ended December 31, 2025

(Dollars in Thousands)

|   | Actual            | Budget            | Favorable/<br>(Unfavorable) | Prior Year        |
|---|-------------------|-------------------|-----------------------------|-------------------|
| <b>Operating Revenue:</b>                           |                   |                   |                             |                   |
| Net patient revenue                                 | 61,005            | 60,023            | 982                         | 43,450            |
| Less: Provision for uncollectable accounts          | (2,462)           | (1,218)           | (1,244)                     | 531               |
| Adjusted Net Patient Revenue                        | 58,543            | 58,805            | (262)                       | 43,981            |
| Disproportionate share / IGT revenue                | 11,018            | 11,018            | -                           | 51,925            |
| Other revenue                                       | 9,049             | 6,569             | 2,480                       | 9,512             |
| <b>Total Operating Revenue</b>                      | 78,610            | 76,392            | 2,218                       | 105,418           |
| <b>Operating Expenses:</b>                          |                   |                   |                             |                   |
| Salaries & wages                                    | 32,975            | 32,340            | (635)                       | 31,451            |
| Employee benefits                                   | 10,562            | 10,981            | 419                         | 42,361            |
| Physician fees                                      | 10,828            | 10,316            | (512)                       | 9,786             |
| Purchased services                                  | 6,512             | 6,960             | 448                         | 7,399             |
| Supplies  | 16,771            | 13,155            | (3,616)                     | 14,516            |
| Other expenses                                      | 2,395             | 2,273             | (122)                       | (1,869)           |
| Utilities   | 776               | 662               | (114)                       | 720               |
| Depreciation & amortization                         | 3,743             | 3,742             | (1)                         | 3,910             |
| Interest  | 903               | 952               | 49                          | 1,100             |
| <b>Total Operating Expenses</b>                     | 85,465            | 81,381            | (4,084)                     | 109,374           |
| <b>Operating Income/(Loss) Before Other Items</b>   | <b>(6,855)</b>    | <b>(4,989)</b>    | <b>(1,866)</b>              | <b>(3,956)</b>    |
| NYS Pension & OPEB Actuarial Changes (Non-Cash)     | -                 | -                 | -                           | -                 |
| <b>Income/(Loss) from Operations</b>                | <b>(6,855)</b>    | <b>(4,989)</b>    | <b>(1,866)</b>              | <b>(3,956)</b>    |
| <b>Other Gains/(Losses)</b>                         |                   |                   |                             |                   |
| Grant revenue                                       | -                 | -                 | -                           | 1,328             |
| <b>Income/(Loss) from Operations</b>                | <b>(6,855)</b>    | <b>(4,989)</b>    | <b>(1,866)</b>              | <b>(2,628)</b>    |
| <b>Other Non-operating Gain/(Loss):</b>             |                   |                   |                             |                   |
| Interest and dividends                              | 916               | 292               | 624                         | 781               |
| Unrealized gain/(loss) on investments               | 82                | 19                | 63                          | (2,758)           |
| Non-operating Gain/(Loss)                           | 998               | 311               | 687                         | (1,977)           |
| <b>Excess of Revenue/(Deficiency) Over Expenses</b> | <b>\$ (5,857)</b> | <b>\$ (4,678)</b> | <b>\$ (1,179)</b>           | <b>\$ (4,605)</b> |

These financial statements are preliminary at this time and subject to change based on additional year-end processes.

## Erie County Medical Center Corporation

### Statement of Operations

For the twelve months ended December 31, 2025

(Dollars in Thousands)

|   | Actual             | Budget             | Favorable/<br>(Unfavorable) | Prior Year        |
|---|--------------------|--------------------|-----------------------------|-------------------|
| <b>Operating Revenue:</b>                           |                    |                    |                             |                   |
| Net patient revenue                                 | 714,175            | 737,434            | (23,259)                    | 668,095           |
| Less: Provision for uncollectable accounts          | (18,678)           | (15,468)           | (3,210)                     | (11,866)          |
| Adjusted Net Patient Revenue                        | <u>695,497</u>     | <u>721,966</u>     | <u>(26,469)</u>             | <u>656,229</u>    |
| Disproportionate share / IGT revenue                | 111,238            | 132,214            | (20,976)                    | 164,953           |
| Other revenue                                       | 99,743             | 80,207             | 19,536                      | 72,246            |
| <b>Total Operating Revenue</b>                      | <u>906,478</u>     | <u>934,387</u>     | <u>(27,909)</u>             | <u>893,428</u>    |
| <b>Operating Expenses:</b>                          |                    |                    |                             |                   |
| Salaries & wages                                    | 388,964            | 374,808            | (14,156)                    | 359,208           |
| Employee benefits                                   | 123,870            | 130,845            | 6,975                       | 93,705            |
| Physician fees                                      | 126,838            | 123,393            | (3,445)                     | 116,857           |
| Purchased services                                  | 86,961             | 83,410             | (3,551)                     | 77,634            |
| Supplies  | 170,079            | 167,122            | (2,957)                     | 153,121           |
| Other expenses                                      | 20,766             | 26,487             | 5,721                       | 21,071            |
| Utilities   | 7,867              | 6,204              | (1,663)                     | 6,135             |
| Depreciation & amortization                         | 45,558             | 45,605             | 47                          | 47,007            |
| Interest  | 13,318             | 11,513             | (1,805)                     | 12,021            |
| <b>Total Operating Expenses</b>                     | <u>984,221</u>     | <u>969,387</u>     | <u>(14,834)</u>             | <u>886,759</u>    |
| <b>Operating Income/(Loss) Before Other Items</b>   | <b>(77,743)</b>    | <b>(35,000)</b>    | <b>(42,743)</b>             | <b>6,669</b>      |
| NYS Pension & OPEB Actuarial Changes (Non-Cash)     | 12,419             | -                  | 12,419                      | (36,419)          |
| <b>Income/(Loss) from Operations</b>                | <b>(65,324)</b>    | <b>(35,000)</b>    | <b>(30,324)</b>             | <b>(29,750)</b>   |
| <b>Other Gains/(Losses)</b>                         |                    |                    |                             |                   |
| Grant revenue                                       | 39,876             | -                  | 39,876                      | 17,333            |
| <b>Income/(Loss) from Operations</b>                | <b>(25,448)</b>    | <b>(35,000)</b>    | <b>9,552</b>                | <b>(12,417)</b>   |
| <b>Other Non-operating Gain/(Loss):</b>             |                    |                    |                             |                   |
| Interest and dividends                              | 7,006              | 3,500              | 3,506                       | 6,750             |
| Unrealized gain/(loss) on investments               | 1,636              | 234                | 1,402                       | 661               |
| <b>Non-operating Gain/(Loss)</b>                    | <u>8,642</u>       | <u>3,734</u>       | <u>4,908</u>                | <u>7,411</u>      |
| <b>Excess of Revenue/(Deficiency) Over Expenses</b> | <u>\$ (16,806)</u> | <u>\$ (31,266)</u> | <u>\$ 14,460</u>            | <u>\$ (5,006)</u> |

These financial statements are preliminary at this time and subject to change based on additional year-end processes.

**Erie County Medical Center Corporation**

**Statement of Changes in Net Position**

**For the month and twelve months ended December 31, 2025**

*(Dollars in Thousands)*

|   | <u>Month</u>               | <u>Year-to-Date</u>        |
|---|----------------------------|----------------------------|
| <b>Unrestricted Net Assets:</b>                               |                            |                            |
| Excess/(Deficiency) of revenue over expenses                  | \$ (5,857)                 | \$ (16,806)                |
| Other transfers, net  | -                          |                            |
| Contributions for capital acquisitions                        | 600                        | 881                        |
| Change in accounting principle                                | -                          | -                          |
| Net assets released from restrictions for capital acquisition | -                          | -                          |
|   | <hr/>                      | <hr/>                      |
| Change in Unrestricted Net Assets                             | <u>(5,257)</u>             | <u>(15,925)</u>            |
| <b>Temporarily Restricted Net Assets:</b>                     |                            |                            |
| Contributions, bequests, and grants                           | -                          | -                          |
| Other transfers, net  | -                          | -                          |
| Net assets released from restrictions for operations          | -                          | -                          |
| Net assets released from restrictions for capital acquisition | -                          | -                          |
|   | <hr/>                      | <hr/>                      |
| Change in Temporarily Restricted Net Assets                   | <u>-</u>                   | <u>-</u>                   |
| Change in Net Position  | <u>(5,257)</u>             | <u>(15,925)</u>            |
| Net Position, beginning of period                             | <u>(291,821)</u>           | <u>(281,153)</u>           |
| <b>Net Position, end of period</b>                            | <u><b>\$ (297,078)</b></u> | <u><b>\$ (297,078)</b></u> |

**These financial statements are preliminary at this time and subject to change based on additional year-end processes.**

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## Erie County Medical Center Corporation

### Statement of Cash Flows

For the month and twelve months ended December 31, 2025

(Dollars in Thousands)

|   | Month            | Year-to-Date     |
|---|------------------|------------------|
| <b>Cash Flows from Operating Activities:</b>  |                  |                  |
| Change in net assets  | \$ (5,257)       | \$ (15,925)      |
| Adjustments to Reconcile Changes in Net Assets to Net Cash<br>Provided by/(Used in) Operating Activities: |                  |                  |
| Depreciation and amortization   | 3,743            | 45,558           |
| Provision for bad debt expense  | 2,462            | 18,678           |
| Net change in unrealized (gain)/loss on Investments   | (82)             | (1,636)          |
| <u>Changes in Operating Assets and Liabilities:</u>   |                  |                  |
| Patient receivables   | (3,532)          | (29,039)         |
| Prepaid expenses, inventories and other receivables   | (52,041)         | (26,461)         |
| Accounts payable  | 2,643            | 4,087            |
| Accrued salaries and benefits   | (1,703)          | 6,874            |
| Estimated third party payer settlements   | 320              | 90               |
| Other accrued expenses  | 60,996           | 63,350           |
| Self Insurance reserves   | (916)            | (2,492)          |
| Other liabilities   | 2,203            | (94,047)         |
| <b>Net Cash Provided by/(Used in) Operating Activities</b>  | <b>8,836</b>     | <b>(30,963)</b>  |
| <b>Cash Flows from Investing Activities:</b>  |                  |                  |
| Additions to Property and Equipment, net  | (10,572)         | (59,835)         |
| Decrease/(increase) in assets whose use is limited  | 9,920            | 9,935            |
| Sale/(Purchase) of investments, net   | (11,408)         | 31,340           |
| Change in other assets  | (1,985)          | 64,104           |
| <b>Net Cash Provided by/(Used in) Investing Activities</b>  | <b>(12,053)</b>  | <b>45,544</b>    |
| <b>Cash Flows from Financing Activities:</b>  |                  |                  |
| Principal payments on / proceeds from long-term debt, net   | (684)            | (13,721)         |
| Principal payments on / additions to long-term lease liability, net                                       | (891)            | 3,292            |
| Principal payments on / additions to long-term subscription, net  | (703)            | 837              |
| <b>Increase/(Decrease) in Cash and Cash Equivalents</b>   | <b>(5,495)</b>   | <b>4,989</b>     |
| Cash and Cash Equivalents, beginning of period  | 44,000           | 33,516           |
| Cash and Cash Equivalents, end of period  | <b>\$ 38,505</b> | <b>\$ 38,505</b> |

**These financial statements are preliminary at this time and subject to change based on additional ye**

## Erie County Medical Center Corporation

### Statistical and Ratio Summary

|   | December 31, 2025 | December 31, 2024 | ECMCC<br>3 Year Avg.<br>2022 - 2024 |
|---|-------------------|-------------------|-------------------------------------|
| <b><u>Liquidity Ratios:</u></b>             |                   |                   |                                     |
| Current Ratio                               | 0.5               | 0.6               | 0.7                                 |
| Days in Operating Cash & Investments        | 20                | 33                | 24.7                                |
| Days in Patient Receivables                 | 54.6              | 52.3              | 56.4                                |
| Days Expenses in Accounts Payable           | 56.6              | 53.7              | 59.1                                |
| Days Expenses in Current Liabilities        | 159.6             | 145.7             | 140.5                               |
| Cash to Debt                                | 57.1%             | 67.3%             | 53.1%                               |
| Working Capital Deficit                     | \$ (195,260)      | \$ (130,860)      | \$ (105,982)                        |
| <b><u>Capital Ratios:</u></b>               |                   |                   |                                     |
| Long-Term Debt to Fixed Assets              | 57.0%             | 64.8%             | 67.3%                               |
| Assets Financed by Liabilities              | 137.5%            | 133.5%            | 131.7%                              |
| Debt Service Coverage (Covenant > 1.1)      | 1.11              | 1.7               | 1.8                                 |
| Capital Expense                             | 2.7%              | 3.0%              | 2.9%                                |
| Average Age of Plant                        | 8.2               | 8.0               | 8.6                                 |
| Debt Service as % of NPSR                   | 3.8%              | 3.9%              | 4.0%                                |
| Capital as a % of Depreciation              | 131.3%            | 35.5%             | 21.9%                               |
| <b><u>Profitability Ratios:</u></b>         |                   |                   |                                     |
| Operating Margin                            | -8.6%             | 0.7%              | -11.5%                              |
| Net Profit Margin                           | -2.2%             | -0.7%             | -2.5%                               |
| Return on Total Assets                      | -2.0%             | -0.6%             | -1.6%                               |
| Return on Equity                            | 5.4%              | 1.8%              | 5.4%                                |
| <b><u>Productivity and Cost Ratios:</u></b> |                   |                   |                                     |
| Total Asset Turnover                        | 1.2               | 1.1               | 0.9                                 |
| Total Operating Revenue per FTE             | \$ 272,425        | \$ 266,577        | \$ 230,021                          |
| Personnel Costs as % of Total Revenue       | 55.4%             | 50.0%             | 56.0%                               |

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**Erie County Medical Center Corporation**

**Key Statistics**

**Period Ended December 31, 2025**

| <b>Current Period</b>               |               |                    |                   | <b>Year to Date</b>                 |                |                    |                   |                |
|-------------------------------------|---------------|--------------------|-------------------|-------------------------------------|----------------|--------------------|-------------------|----------------|
| <b>Actual</b>                       | <b>Budget</b> | <b>% to Budget</b> | <b>Prior Year</b> | <b>Actual</b>                       | <b>Budget</b>  | <b>% to Budget</b> | <b>Prior Year</b> |                |
| <b>Discharges:</b>                  |               |                    |                   | <b>Discharges:</b>                  |                |                    |                   |                |
| 1,131                               | 1,141         | -0.9%              | 1,062             | Med/Surg (M/S) - Acute              | 12,930         | 13,456             | -3.9%             | 12,992         |
| 214                                 | 214           | 0.1%               | 228               | Behavioral Health                   | 2,740          | 2,750              | -0.4%             | 2,799          |
| 166                                 | 191           | -13.2%             | 145               | Chemical Dependency (CD) - Detox    | 1,990          | 2,275              | -12.5%            | 2,091          |
| 24                                  | 18            | 31.5%              | 16                | Medical Rehab                       | 297            | 225                | 32.0%             | 223            |
| <b>1,535</b>                        | <b>1,564</b>  | <b>-1.9%</b>       | <b>1,451</b>      | <b>Total Discharges</b>             | <b>17,957</b>  | <b>18,706</b>      | <b>-4.0%</b>      | <b>18,105</b>  |
| <b>Patient Days:</b>                |               |                    |                   | <b>Patient Days:</b>                |                |                    |                   |                |
| 9,019                               | 8,309         | 8.5%               | 8,718             | M/S - Acute                         | 101,023        | 100,920            | 0.1%              | 103,165        |
| 3,920                               | 3,646         | 7.5%               | 3,685             | Behavioral Health                   | 45,451         | 45,917             | -1.0%             | 45,017         |
| 647                                 | 645           | 0.3%               | 583               | CD - Detox                          | 7,630          | 8,410              | -9.3%             | 7,896          |
| 421                                 | 387           | 8.8%               | 315               | Medical Rehab                       | 4,877          | 4,672              | 4.4%              | 4,210          |
| <b>14,007</b>                       | <b>12,987</b> | <b>7.9%</b>        | <b>13,301</b>     | <b>Total Patient Days</b>           | <b>158,981</b> | <b>159,919</b>     | <b>-0.6%</b>      | <b>160,288</b> |
| <b>Average Daily Census (ADC):</b>  |               |                    |                   | <b>Average Daily Census (ADC):</b>  |                |                    |                   |                |
| 291                                 | 268           | 8.5%               | 281               | M/S - Acute                         | 277            | 276                | 0.1%              | 282            |
| 126                                 | 118           | 7.5%               | 119               | Behavioral Health                   | 125            | 126                | -1.0%             | 123            |
| 21                                  | 21            | 0.3%               | 19                | CD - Detox                          | 21             | 23                 | -9.3%             | 22             |
| 14                                  | 12            | 8.8%               | 10                | Medical Rehab                       | 13             | 13                 | 4.4%              | 12             |
| <b>452</b>                          | <b>419</b>    | <b>7.9%</b>        | <b>429</b>        | <b>Total ADC</b>                    | <b>436</b>     | <b>438</b>         | <b>-0.6%</b>      | <b>438</b>     |
| <b>Average Length of Stay:</b>      |               |                    |                   | <b>Average Length of Stay:</b>      |                |                    |                   |                |
| 8.0                                 | 7.3           | 9.5%               | 8.2               | M/S - Acute                         | 7.8            | 7.5                | 4.2%              | 7.9            |
| 18.3                                | 17.1          | 7.4%               | 16.2              | Behavioral Health                   | 16.6           | 16.7               | -0.7%             | 16.1           |
| 3.9                                 | 3.4           | 15.6%              | 4.0               | CD - Detox                          | 3.8            | 3.7                | 3.7%              | 3.8            |
| 17.5                                | 21.2          | -17.3%             | 19.7              | Medical Rehab                       | 16.4           | 20.8               | -20.9%            | 18.9           |
| <b>9.1</b>                          | <b>8.3</b>    | <b>9.9%</b>        | <b>9.2</b>        | <b>Average Length of Stay</b>       | <b>8.9</b>     | <b>8.5</b>         | <b>3.6%</b>       | <b>8.9</b>     |
| <b>Occupancy:</b>                   |               |                    |                   | <b>Occupancy:</b>                   |                |                    |                   |                |
| 85.1%                               | 81.5%         | 4.4%               | 80.8%             | % of M/S Acute staffed beds         | 85.1%          | 81.5%              | 4.4%              | 80.8%          |
| <b>Case Mix Index:</b>              |               |                    |                   | <b>Case Mix Index:</b>              |                |                    |                   |                |
| 1.93                                | 1.90          | 1.5%               | 1.97              | Blended (Acute)                     | 1.94           | 1.88               | 3.0%              | 1.96           |
| 320                                 | 279           | 14.7%              | 285               | Observation Status                  | 3,956          | 3,303              | 19.8%             | 3,452          |
| 398                                 | 485           | -17.9%             | 390               | Inpatient General Surgeries         | 5,023          | 5,930              | -15.3%            | 5,268          |
| 626                                 | 571           | 9.6%               | 633               | Outpatient General Surgeries        | 7,486          | 8,054              | -7.1%             | 7,634          |
| 20                                  | 21            | -4.8%              | 41                | Inpatient Ancillary Surgeries       | 389            | 259                | 50.2%             | 374            |
| 56                                  | 33            | 69.7%              | 44                | Outpatient Ancillary Surgeries      | 569            | 457                | 24.5%             | 396            |
| 25,044                              | 20,937        | 19.6%              | 22,688            | Outpatient Visits                   | 308,970        | 308,749            | 0.1%              | 299,014        |
| 5,276                               | 5,504         | -4.1%              | 5,159             | Emergency Visits Including Admits   | 67,326         | 66,500             | 1.2%              | 63,917         |
| 54.6                                | 44.2          | 23.5%              | 52.3              | Days in A/R                         | 54.6           | 44.2               | 23.5%             | 52.3           |
| 4.8%                                | 2.0%          | 141.8%             | -0.6%             | Bad Debt as a % of Net Revenue      | 2.7%           | 2.1%               | 30.5%             | 1.8%           |
| 3,443                               | 3,283         | 4.9%               | 3,332             | FTE's                               | 3,428          | 3,295              | 4.0%              | 3,290          |
| 4.56                                | 4.47          | 1.9%               | 4.47              | FTE's per Adjusted Occupied Bed     | 4.31           | 4.21               | 2.3%              | 4.24           |
| \$ 20,999                           | \$ 19,811     | 6.0%               | \$ 15,694         | Net Revenue per Adjusted Discharge  | \$ 19,914      | \$ 20,041          | -0.6%             | \$ 18,966      |
| \$ 31,228                           | \$ 27,175     | 14.9%              | \$ 38,790         | Cost per Adjusted Discharge         | \$ 27,277      | \$ 26,625          | 2.4%              | \$ 26,541      |
| <b>Terrace View Long Term Care:</b> |               |                    |                   | <b>Terrace View Long Term Care:</b> |                |                    |                   |                |
| 11,800                              | 11,826        | -0.2%              | 11,250            | Patient Days                        | 138,411        | 138,700            | -0.2%             | 134,511        |
| 381                                 | 381           | -0.2%              | 363               | Average Daily Census                | 379            | 380                | -0.2%             | 368            |
| 97.6%                               | 97.8%         | -0.2%              | 93.1%             | Occupancy - % of Staffed beds       | 97.2%          | 97.4%              | -0.2%             | 94.2%          |
| 513                                 | 511           | 0.4%               | 463               | FTE's                               | 491            | 511                | -3.9%             | 462            |
| 7.0                                 | 6.9           | 0.6%               | 6.6               | Hours Paid per Patient Day          | 7.4            | 7.7                | -3.7%             | 7.1            |

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**Medical Executive Committee**  
**CMO Report to the ECMC Board of Directors**  
**December 2025 and January 2026**

**University at Buffalo Update**

- There is an ongoing search for Chair of Ophthalmology.

**Current hospital operations**

- Admissions YTD: 12,906
- ED visits YTD: 57,343
- CPEP visits: 9,962
- Observation: 3,954
- Inpatient Surgeries: 5,023
- Outpatient Surgeries: 7,486
- ALC days YTD: 15,579

The average length of stay MTD 7.8 CMI 1.9576

**CMO Update**

- Working with staff to continually expedite discharges from the ED through timely consultations and disposition decisions.

**MEDICAL EXECUTIVE COMMITTEE MEETING**  
**MONDAY, OCTOBER 27, 2025**  
**MEETING HELD VIA MICROSOFT TEAMS PLATFORM/HYBRID**  
**DR. ZIZI CONFERENCE ROOM SECOND FLOOR**

**Attendance (Voting Members):**

|                   |                 |              |                |
|-------------------|-----------------|--------------|----------------|
| Dr. Anillo        | Dr. Bakhai      | Dr. Belles   | Dr. Brewer     |
| Rebecca Buttaccio |                 | Dr. Cummings | Dr. DePlato    |
| Dr. Drumsta       | Dr. Chen        | Dr. Cheng    | Dr. Flynn      |
| Dr. Frustino      | Dr. Griffith    |              |                |
| Dr. Krabill       |                 | Dr. Manka    | Parveen Minhas |
| Dr. Murray        | Dr. Nagai       | Dr. Perry    | Dr. Pugh       |
|                   | Dr. Ritter      | Dr. Rossitto | Dr. Ruggieri   |
| Dr. Sieminski     | Dr. Spiro       | Dr. Welch    | Dr. Wilkins    |
| Dr. Williams      | Dr. Tadakamalla |              | Dr. Yedlapati  |
| Dr. Frustino      |                 |              |                |

**Non-Voting Members and Guests:**

|                  |                     |             |                   |
|------------------|---------------------|-------------|-------------------|
| Sam Cloud, DO    |                     | Andy Daivs  | Cassie Davis      |
| Jon Swiatkowski  | Charlene Ludlow, RN | Dr. Panesar | Dean Brashear     |
| Cheryl Carpenter |                     |             | Charles Cavaretta |
| Peter Cutler     | Cassie Davis        |             | Ashley Halloran   |
| Joh Cumbo        |                     |             |                   |

**I. CALL TO ORDER**

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

**B. PRESIDENT'S REPORT:**

1. The annual Medical Dental Staff meeting will take place on December 10, 2025 in the overflow café beginning at 4:30 pm. Please make every effort to attend, as we will be voting on the new Bylaws.
2. The next Wellness Welcome will take place this Thursday at Hutch's beginning at 4:15 pm.
3. The next all day retreat session for Physician leaders will be taking place this Thursday, October 30, 2025.
4. The new credentialing software will be going live in December.
5. Delinquent records report is improving.

**II. ADMINISTRATIVE REPORTS**

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

1. CEO and COO – Andy Davis, President and COO
  - a. Please keep Pam Lee in your thoughts and prayers, last week Pam's husband passed away.
  - b. The Trauma Department recently received their three-year accreditation.

- c. We are expecting the Joint Commission to return this week for a 1-day follow up review.
- d. Last Friday we had our Commission of Cancer site survey which went very well.
- e. This Friday marks a milestone of being 365 days away from EPIC. We will be going live in October of 2026.
- f. Reminder that November 6<sup>th</sup> is the CEO Circle reception.

**2. CFO REPORT – Jon Swiatkowski**

- a. Mr. Swiatkowski spoke on September 2025 Key Statistics.
- b. A review of observation cases, case mix discharges, acute average length of stay, case mix adjusted length of stay, acute case mix index numbers along with admissions via the ED and outpatient visits took place.
- c. Mr. Swiatkowski mentioned that work continues with the state.

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

- a. The State of the School took place last week with primary care initiatives announced.
- b. Looking forward to filling the positions for Chair of Ophthalmology and Otolaryngology.
- c. We are approaching the end of the interview process for several chair positions.
- d. Dr. Brian Parker, Senior Associate Dean for Clinical Affairs spoke.

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

- a. The education department will have summer hires off orientation at the end of November, which will help with staffing on the floors.
- b. The Safety Fair took place last week.
- c. Joint Commission will be back this week for their follow-up site visit. This will be a one-day survey.
- d. Bed huddles continue 7 days a week. We encourage discharges in the morning hours vs. the afternoon.

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

- a. Dr. Cloud shared a hospital operations update.
- b. A University update reflected an ongoing search for Chair of Pathology, ENT and Ophthalmology.
- c. Reminder: Influenza vaccinations are now available in the Employee Health Office.

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

- a. No report

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

- a. Dr. Panesar spoke on Research for Health in Erie County. Deadline to submit grant applications is January 9, 2026, at 5:00 pm. Please reach out to his secretary, Cindy Ersing, if you have any questions.
- b. Tonight is the scheduled Hypercare upgrade from 11:00 pm – 5:00 am. This is a nationwide update for Hypercare. Please update all on-call pager numbers and schedules.

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

a. There are no extractions today.

**IX. PROFESSIONAL DEVELOPMENT & WELLNESS UPDATE – Matthew Ruggieri, MD**

a. November 7, 2025, there will be a DOC SHOT/flu clinic taking place in the hallway connecting the hospital and the parking garage. The hours are 7:00 am - 8:30 am.

**X. CONSENT CALENDAR**

| <b>MEETING MINUTES/MOTIONS</b> |   | <b>PAGE #</b> |                    |
|--------------------------------|---|---------------|--------------------|
| 1.                             | <b>MINUTES of the Previous MEC Meeting: September 22, 2025</b>                    | 6-10          | Receive and File   |
| 2.                             | <b>Credentials Committee: September 4, 2025</b>                                   | 12-73         | Receive and File   |
|                                | Appointments/ Reappointments/ Resignations  |               | Review and Approve |
|                                | Dual Reappointment Applications   |               | Review and Approve |
|                                | Department of Dentistry Dental Privileges Delineation Form                        | 27-32         | Review and Approve |
|                                | Department of Neurology Nurse Practitioner Advance Privileges                     | 33-35         | Review and Approve |
|                                | Delineation of Privileges – Obstetrics & Gynecology                               | 36-43         | Review and Approve |
|                                | Department of Neurology Physician Assistant Advanced Privileges                   | 44-46         | Review and Approve |
|                                | Delineation of Privileges – Urology   | 47-53         | Review and Approve |
|                                | Department of Plastic and Reconstructive Surgery Privilege Delineation Form       | 54-70         | Review and Approve |
|                                | Delineation of Privileges – Neurology   | 71-73         | Review and Approve |
|                                | Extractions   |               |                    |
| 3.                             | <b>HIM – Minutes of September 2025</b>  | 75-76         | Receive and File   |
|                                | SUR.039 Patient Selection Criteria and Approval for Listing Kidney                | 76            | Receive and File   |
| 4.                             | <b>Graduate Medical Education Committee – Minutes of August 19, 2025</b>          | 78-82         | Receive and File   |
| 5.                             | <b>P &amp; T Committee – Minutes of October 7, 2025</b>                           | 84-118        | Receive and File   |
|                                | <b>Informational</b>  |               |                    |
|                                | Drug Shortages  |               | Receive and File   |
|                                | <b>Addition to Formulary</b>  |               |                    |
|                                | Gleolan   | 89-93         | Receive and File   |
|                                | Remdesivir Restrictions   | 94            | Receive and File   |
|                                | <b>Policies</b>   |               |                    |
|                                | Override list update of Meperidine on override in all stocked locations except ED | 95-96         | Receive and File   |
|                                | Patient Assistance Program Medications  | 97-98         |                    |
|                                | Patients Own Medication / Non-Formulary Supplements                               | 99-102        | Receive and File   |
|                                | Automatic Intravenous to Oral Therapy Conversion                                  | 103-106       | Receive and File   |
|                                | Holding of Medication by Pharmacy in the Peri-Operative & Imaging Setting         | 107-110       | Receive and File   |
|                                | Automatic Stop Orders   | 111-113       | Receive and File   |
|                                | Standard Times of Medication Administration                                       | 114-118       |                    |
| 6.                             | <b>Professional Dev. &amp; Wellness Committee – No September Report</b>           |               | Receive and File   |

## MEETING MINUTES/MOTIONS

PAGE #

|    |  |         |                  |
|----|--|---------|------------------|
| 7. | Resource Management Committee – Minutes of September 9, 2025 | 121-125 | Receive and File |
| 8. | SEC Committee – Minutes of October 7, 2025                   | 127-128 | 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 recommended by the Chief Medical Officer for approval from the President of the Medical Staff and the Medical Executive Committee.

1. The appointment of Thamer Qaqish, MD to Chief of Service for Thoracic Surgery.

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

**UNANIMOUSLY APPROVED.**

### XII. EXECUTIVE SESSION

1. A motion was made and carried at 12:04 pm to move to the Executive Session.

**Motion made and carried**, all-in favor to receive and file:

- a. Board Quality P/I meeting minutes of September 9, 2025
- b. Chiefs of Service meeting minutes of September 11, 2025
- c. Leadership Council Report for September 2025

2. Charlene Ludlow, RN on behalf of Phyllis Murawski, RN shared the Quality and Patient Safety Report.

1. Joint Commission one day follow up survey taking place this week
2. Last week was the Commission on Cancer site survey which went very well.
3. Office of Mental Health was on site for the recertification of CPEP. They had several compliments regarding our staff.

### XII. ADJOURNMENT

There was no further business conducted. Motion to adjourn the meeting was made and seconded. The next meeting will be on Monday, November 24, 2025, at 11:30

pm. via Teams/Hybrid in the Dr. Zizzi conference room at ECMC. The meeting was adjourned at 12:10 pm

Respectfully submitted,

A handwritten signature in blue ink, appearing to read "Michael Nagai, MD". The signature is stylized and includes a small "MD" at the end.

**Michael Nagai, MD**

Secretary  
Medical Executive Committee