



# ECMCC Board of Director's Meeting

April 28, 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  
APRIL 28, 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 APRIL 28, 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) **Quality Improvement and Patient Safety Committee** (by Michael Hoffert)
- VI. ADJOURN

ERIE COUNTY MEDICAL CENTER CORPORATION  
MARCH 5, 2026 MEETING MINUTES  
SPECIAL MEETING OF THE  
EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS  
BOARD OF DIRECTOR'S CONFERENCE ROOM

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PRESENT: DARBY FISHKIN\*, SHARON HANSON, EUGENIO RUSSI, MICHAEL SEAMAN

ALSO

PRESENT: JOSEPH GIGLIA, JONATHAN SWIATKOWSKI

\*ATTENDED BY PHONE

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I. Call to Order

The meeting was called to order at 4:35 p.m. by Board Chair Eugenio Russi.

II. CEO Succession Plan

Joseph Giglia stated that Dr. Thomas Quatroche provided notice that he would be concluding his employment at Erie County Medical Center. The Executive Compensation Committee met to discuss CEO Compensation. Giglia reported that an agreement was reached regarding compensation and was signed – off on and that the purpose of this meeting is to discuss the succession plan.

Chair Eugenio Russi stated that the current President and COO, Andrew Davis, should be considered for CEO and all members unanimously endorsed Davis for the position. Giglia suggested that a special board meeting be called for the confirmation of Davis as CEO and discussed the process for the meeting and communication of the results of the vote. Sharon Hanson suggested that the special board meeting be held prior to the announcement of Quatroche's departure. Giglia countered that the by-laws require a one week notice.

III. Adjourn

There being no other business, the meeting was adjourned at 4:53 p.m.

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

TUESDAY, MARCH 17<sup>TH</sup> 2026

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BOARD MEMBERS PRESENT  
OR ATTENDING BY VIDEO  
CONFERENCE OR  
TELEPHONE:

MICHAEL SEAMAN  
REV. MARK BLUE\*  
DARBY FISHKIN\*  
BENJAMIN SWANEKAMP\*

\* ATTENDING BY VIDEO  
CONFERENCE OR PHONE

BOARD MEMBERS EXCUSED:

PHILIP STEGEMANN, MD

ALSO PRESENT:

JONATHAN SWIATKOWSKI  
ANDREW DAVIS\*  
THOMAS QUATROCHE  
VANESSA HINDERLITER

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**I. CALL TO ORDER**

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

**II. REVIEW AND APPROVAL OF MINUTES**

Motion was made by Darby Fishkin, seconded by Reverend Blue, and unanimously passed to approve the minutes of the Finance Committee meeting of February 17, 2026.

**III. FEBRUARY 2026 OPERATING PERFORMANCE**

Mr. Swiatkowski began his presentation with a review of key statistics. He noted improvement over prior month operationally, although the challenges regarding throughput issues and ALC patients continue to contribute to negative variances.

The number of ALC patients was noted to have improved from the previous month but continued to show a negative variance. Discharges for the month were 5.9% below budget although it was a favorable variance over prior year. Inpatient unfavorable variances were \$2.1 million, split between acute and behavioral health, impacted by capacity challenges. Decreases in observation and increases in case mix were favorable, but not enough to offset the negative revenue variances.

Length of stay was down to 8.4 days versus 9 days in the previous month, due in part to the reduction in ALC patients. Inpatient and outpatient surgeries exceeded prior year but remained under budget. Transplants were below budget; however, these cases are highly

variable and difficult to predict over the course of the year. Outpatient and ED visits were also slightly below budget.

Reviewing the financial dashboard for the month, Mr. Swiatkowski noted a \$7.8 million overall loss versus the \$3 million budgeted, reflecting a negative variance for the month. FTEs were reduced by 32 and overtime FTEs were reduced by 25. Cash was highly variable for the month with a range of 5-25 days, based on the timing of an IGT payment to ECMCC which was offset by an annual payment to NYS as a pension payment.

Regarding financial performance Mr. Swiatkowski informed the Committee that ECMCC is continuing to closely monitor cash flows. Revenue was under budget for February and salaries continue to exceed budget. This is partially offset by positive non-operating investment income. A deficiency of \$6.7 million was noted versus the loss of \$2.9 million budgeted.

Mr. Swiatkowski reviewed the operating revenue for February. He noted that inpatient cases drove revenue. Insurance rates for observation cases, lower rates of insurance and higher self-pay balances created increases in bad debt expense. He noted that this trend is expected to continue due to the aggressive nonpayment of claims by payers as well as anticipated increases in the uninsured population.

Regarding operating expenses, it was noted that reductions to salaries and benefits as budgeted have not yet been fully realized. Pharmacy supplies exceeded budget but were slightly counterbalanced by other supply expenses being under budget. Higher cost drugs including oncology drugs are driving the variance. Mr. Seaman requested updates regarding the expansion of the specialty pharmacy on the ground floor, noting that it has significant volume. Mr. Swiatkowski addressed the challenges and benefits of the specialty pharmacy expansion project to the satisfaction of the Committee.

Mr. Swiatkowski summarized the 2026 year to date financial performance. He noted that ECMCC is closely monitoring expenses as it continues to operate at a loss of \$17.5 million versus a budgeted loss of \$7.3 million when considering revenue over expenses. Mr. Swiatkowski noted that the New York State budget process was ongoing, making it difficult to predict what benefits and financial assistance will be available to ECMCC. Many programs including VAPAP will not be reactivated by the state until after the budget is passed.

He reviewed the 2026 year to date operating revenue and expenses, highlighting that the variances are led by volume. Operational costs that are expected to be incurred later in 2026 with the roll out of EPIC are being spread throughout the year. EPIC implementation is currently under budget for ECMC as well as the EPIC partners. Reports will be provided to the Board of the Directors as the project progresses.

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

Mr. Swiatkowski provided additional updates to the Committee. Days in AR were reduced in spite of aggressive denials from insurance companies and payers. CMS process changes which were delaying payments from New York State through the IGT and DSH programs concluded, but the associated funds owed to ECMCC have not yet been received but are expected in April or May.

Contract negotiations were noted to be ongoing with several payers, with mediation being considered for certain payers. Dr. Quatroche asked if mediation is binding in New York State, and Mr. Swiatkowski confirmed that it is not.

Mr. Swiatkowski reported to the Committee that the 2025 external audit concluded, with a clean opinion expected, and no unadjusted audit differences identified. The federal program audit, which is due in September, is not yet complete. The audit committee unanimously approved the report, and it will be presented to the Board in the annual report.

Mr. Seaman asked for details regarding ECMCC's recruiting efforts, and Mr. Davis confirmed that they remain ongoing but there has been expansion in orthopedics and neurosurgery.

Mr. Swanekamp asked about the NYS budget and how new proposals, including the "fix tier 6" will affect ECMCC. Mr. Swiatkowski confirmed that changes to the NYS pension program will affect ECMCC but that it will be difficult to predict to what degree until after the budget is finalized.

Dr. Quatroche noted New York State is making some changes to the VAPAP program, and Mr. Swiatkowski and Ms. Hinderliter clarified the details regarding the changes to the satisfaction of the Committee.

#### **V. ADJOURNMENT**

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

ERIE COUNTY MEDICAL CENTER CORPORATION

**BOARD OF DIRECTORS**  
**MINUTES OF THE BUILDINGS & GROUNDS COMMITTEE MEETING**  
JANUARY 27, 2026 – 3:00PM  
VIA MICROSOFT TEAMS

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BOARD MEMBERS PRESENT: RONALD BENNETT

REVEREND MARK BLUE  
MICHAEL HOFFERT

EXCUSED:

ALSO PRESENT:

ANDREW DAVIS  
CASSANDRA DAVIS

KEITH AMBROSE  
KEVIN MADOO

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**I. CALL TO ORDER**

Chair, Ronald Bennett called the meeting to order at 3:02 p.m.

**II. APPROVAL OF BUILDINGS AND GROUNDS MEETING MINUTES**

A motion was made by Michael Hoffert and seconded by Rev. Mark Blue to approve and file the minutes of the Buildings and Grounds Committee of September 23, 2025 as presented.

**III. UPDATE – COMPLETED INITIATIVES/PROJECTS**

Kevin Madoo reported the following projects were completed.

- Joint Commission 2025 Survey Initiative
- Main Hospital New PAT Clinic
- Dialysis Biomed Repair Room Floor Replacement – 10<sup>th</sup> Floor

**IV. UPDATE – IN PROGRESS INITIATIVES/PROJECTS**

Contractor Project Updates – Presented by Keith Ambrose

- Mammography Suite: Additional corridor work was completed/final closeout.
- First Floor Dental Clinic: The project is in closeout mode and has been operating concurrently with the Mammography Suite project.
- Main Kitchen Freezer/Cooler Replacement: Refrigeration system corrections are in progress.
- Fire Dampers Corrections: The start of construction is scheduled for February.
- Lab Analytical Specimen Processing Instrumentation Replacement: The project is substantially complete with expected completion in February.
- Behavioral Health Sensory Rooms: The grant funded project is 15% complete with estimated completion in March.
- Patient Restroom Renovations – 8<sup>th</sup> Floor: The majority of work is complete with estimated completion by the end of January.

## ERIE COUNTY MEDICAL CENTER CORPORATION

- General Construction Maintenance Projects: A contractor agreement with DMyles, Inc., is in place to complete various maintenance projects, many in collaboration with the Plant Operations in-house team. Pending projects include: Grounds garage floor repairs/trench drain replacement, trash compactor concrete pad, and Internal Medicine millwork/room refresh.

### In-House Project Updates – Presented by Kevin Madoo

- Behavioral Health Building – Ground Floor: Light fixture replacement initiative providing energy efficient LED lighting. Completed 80 light fixture replacements.
- Behavioral Health Bathroom Floor Renovations: Existing bathroom flooring on the 4<sup>th</sup>, 5<sup>th</sup> and 9<sup>th</sup> floors is being replaced with a slip-resistant epoxy flooring system. The new flooring is more resilient and requires less maintenance. Work is scheduled as rooms become available; 18 rooms have been completed to date.
- Snyder Building – 3<sup>rd</sup> Floor: Renovations include installing new countertops and painting several areas. The project is 10% complete.
- Campus Buildings: Installation of exterior wall packs (building mounted light fixtures) to improve nighttime lighting and overall campus safety. The project is 10% complete.
- Campus Grounds: Winter operations mode – all trucks, plows and equipment are operational with ample rock salt and ice melt on hand.

## V. UPDATE – PENDING INITIATIVES/PROJECTS

### Pending Capital Projects – Presented by Keith Ambrose

- Specialty Pharmacy: The anticipated start of construction is February.
- HGMP Generators Replacement: A grant-funded initiative supporting a major equipment aging and replacement plan, with a focus on generator upgrades for the main hospital and the boiler/chiller plant. Design development and itemized cost estimates are complete. Awaiting approval of grant time extension and finalize pre-procurement bid package.
- Fuel Tank Replacements: This project will proceed independently of the generator replacement initiative and is being managed as a separate effort.
- Service Elevator Modernization: The capital project involves replacing the original service elevators in the building (Lifts A and B, with an alternate bid for Lift C). The project is currently pending execution of the design consultant contract.
- Specimen Collection Phlebotomy Renovation: The project initiation/design is on pause. Space allocation, as well as short-term and long-term solutions are being reviewed.

## VI. ADJOURNMENT

A motion to adjourn the Buildings and Grounds Committee meeting was made by Michael Hoffert and seconded by Rev. Mark Blue. The meeting was adjourned at 3:22 p.m.

# ERIE COUNTY MEDICAL CENTER CORPORATION

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

TUESDAY, FEBRUARY 10, 2026

MICROSOFT TEAMS PLATFORM

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

**PRESENTERS:** CHARLENE LUDLOW, RN, CIC AND KASEY JONMAIRE, AMANDA FARRELL AND EMILY BEAUCHAMP

SERGIO ANILLO, MD

DONNA BROWN

CHARLES CAVARETTA

SAM CLOUD, DO

JOHN CUMBO

PETER CUTLER

ANDY DAVIS

CASSIE DAVIS

BECKY DELPRINCE, RN

KEITH KRABILL, MD

MARC LABELLE, RN

CHARLENE LUDLOW, RN, CIC

PHYLLIS MURAWSKI, RN

BRIAN MURRAY, MD

MEG REILLY, RN

JOANN WOLF, RN

### **Call to Order**

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

### **I. Minutes**

January 13, 2026, 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. EOC Annual Report – Charlene Ludlow, RN, CIC and Kasey Jonmaire**

Charlene and Kasey presented the Environment of Care Annual Report. The two reviewed the Environment of Care Safety Goals from 2025 along with the goals for 2026. Life Safety goals for 2025 were discussed along with 2026. Some of those goals include replacing 50-year-old fire protection sprinklers per NFPA requirement, and a door latch audit. Utilities Management Goals from 2025 and for 2026 were communicated as well.

Security goals for 2026 include increasing enforcement of the no-smoking policy across the campus, evaluating and enhancing access control for medical/surgical units and modernizing the camera server infrastructure.

Goals for emergency management and equipment management were reviewed along with hazardous waste goals from 2025 and 2026.

**III. Population Health – Amanda Farrell and Emily Beauchamp**

Amanda and Emily shared a full agenda in their presentation. First was an overview of operational objectives which is to deliver high quality care at the right place and time and to improve access to and utilization of preventative and primary care. They also reviewed the interdisciplinary team.

They reviewed the comprehensive transition of care and length of stay numbers. Preventative care and health equity RPM data was shared as well. Next steps and expansion for the department include remote patient monitoring (diabetes, congestive heart failure) and strategic partnerships (American Lung Association and Healthcare Association of NYS).

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

Phyllis shared an update from the Quality and patient Safety Committee meeting of January 27, 2026. Committee reports reviewed were from Rehabilitation Services, Code Committee and the Quality Department.

Phyllis shared a recent survey update. The NYSDOH/CMS resurvey from May of 2025 took place with no findings, the Joint Commission 4-day Lab Survey was completed with minimal findings and the EMTLA visit was completed with no findings.

Upcoming surveys include the NYSDOH Radiology survey, Transplant UNOS survey expected in 2026 and the Joint Commission follow-up hospital survey should be taking place before March 14<sup>th</sup>.

**V. Adjourn**

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

Dear ECMC Board Members,

Operationally, despite continuing challenges, there were signs of improvement that have continued into April. Notably, the volume of inpatient surgeries increased both month-to-month for March 2026 versus March 2025 by 11.8%, as well as year-to-date by 3.7%. Additionally, Outpatient Visits month-to-month showed significant improvement in volume by 7.2% and year-to-date by 1.3%. As I have reported to the Board previously, our overall operations continue to be affected negatively by our Alternative Level of Care (ALC) patients (a daily census of approximately 60 patients in-house) and Observation Patients. We are working on some potential solutions to that dynamic, particularly ALC patients, but that process will take time to bring about significant change.

ECMC received two important operational affirmations from the Joint Commission. In the first instance, a Joint Commission surveyor returned to ECMC as a follow-up to last year's comprehensive survey to determine if some findings had been addressed and remedied. The surveyor determined in fact those matters had been addressed and corrected, so there was no change to the three-year Joint Commission accreditation ECMC received last September. Further, ECMC's Laboratory Services has received a two-year full accreditation, which is a testament to the professionalism, expertise and dedication of the staff of this vitally important service.

Spring always includes a variety of notable national healthcare industry observances and recognitions that are of particular importance to ECMC. In April, we have celebrated the following key observances: Oral Oncology Month, Health Information Professionals Week, National Administrative Professionals Week, Transplant Nurses Week and National Volunteer Week. As the Board knows well, April is Donate Life Month and on April 17th members of our Regional Center of Excellence for Transplantation & Kidney Care came together with our partners at ConnectLife to stress the importance of and need for organ, eye, tissue, and blood donations. ECMC and ConnectLife continue to collaborate and concentrate on increasing the community's knowledge and understanding about the need for donation and transplantation. New York State currently has the third highest need for organ donors in the country and the third lowest percentage of registered donors nationwide. To commemorate this important observance, organ donors and recipients, along with their families and loved ones, gathered at ECMC on Friday, April 17th for our annual Donate Life Month flag raising ceremony and a standing room only special event and reception in the Overflow Cafeteria. As we do every year for this special event, the speaking program included very moving and heartfelt remarks from the mother of a deceased kidney donor, as well as a living donor and her grateful recipient. And at the conclusion of the program, as we also do every year, families and loved ones took photos of the new plaque for donors and recipients from 2025 that will be added to the permanent donor/recipient wall on the 10th floor.

We also celebrated Doctors' Day on March 30th. During the breakfast event, the hospital's Nurse Recognition Committee honored Dr. Jonathan A. Claus with their annual Outstanding Doctor Award. Dr. Claus, a dual board-certified infectious disease and internal medicine physician, is the Medical Director of the YOU Center for Wellness focusing on diagnosing and treating patients for a broad spectrum of general infectious diseases.

And in another example of our ECMC's Family's recognition outside of our institution, Lucia Gioeli, MA, Vice President of System & Population Health, was chosen as a winner of Buffalo Business First's eighth annual Excellence in Health Care Awards, which will be celebrated in June.

As we continue preparations for Springfest 2026 in May, another highly successful Springfest auction with approximately 300 attendees gathered at the Resurgence Brewing Company raising over \$75,000 for the Foundation.

Thank you again to the Board for your selfless commitment to ECMC and providing invaluable guidance and support to our Executive Leadership Team and our entire ECMC Family.

Best,

Tom

**Erie County Medical Center  
Board Report  
President & Chief Operating Officer  
April 28, 2026**

**Submitted by Andrew Davis**

## **OPERATIONS**

### **Ambulatory Services**

- In March, the Ambulatory team successfully relocated our Rheumatology practice into the 3<sup>rd</sup> floor of the Snyder building on campus. This newer space will provide the ability to see more patients through increased physical access.

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

March 2026

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

##### **Research Updates**

- Team met with Population Health to review 1<sup>st</sup> quarter reports for new Smoking Cessation Commission on Cancer Standard 5.9. Process development and implementation are underway. All smokers newly diagnosed with cancer will be referred for cessation.
- (13) new subjects consented for research studies and (20) study visits conducted in March.
- Site monitoring visit completed for Merck2140 Study, no significant findings.
- Advertisement for Meira GTx Gene Therapy Study with ECMC branding published in Buffalo Healthy Living.
- Advertisement for Merck2140 B Cell Lymphoma Study aired on the radio through Townsquare Media.

### **Environmental Services**

- Linen Transition
  - Transition initiated February 27, 2026 through March 1, 2026. No major issues.
  - Fine tuning of par levels and delivery schedules occurred through mid-March.
- Several floor maintenance projects were completed throughout the facility.

### **Food & Nutritional Services**

- Operations
  - Patient Services meal times have been excellent. The timing per tray is under 45 seconds.
  - The new Great Lakes Café menu has been a huge hit.
  - Catering has received overwhelming gratitude from our customers for quality and creativity.

- Renovations/Repairs
  - Retail kitchen wall repair completed by Plant Operations.
  - Main kitchen women's restroom remodel is complete. The men's restroom is near completion. All work completed by Plant Operations.
  - Convection doors have been replaced.

### **Laboratory Services**

Equipment Upgrades/Replacements/Contracts:

- Chemistry/IA Specimen Processing Technology Upgrade
  - Final phase of project to be completed with automatic track go-live scheduled for April 7, 2026.
- EPIC Project
  - The EPIC implementation involves the development of three specific applications for the laboratory operation. They include the EPIC Lab Beaker module, Haemonetic Safe Trace Tx, and Haemonetics Blood Track Manager. Laboratory team members are extensively involved in the validation of all three systems. There will be significant operational workflow changes across Phlebotomy, General Lab, Blood Bank, Reference, and Outreach workflows with the conversion. The upgrade of the Haemonetics Blood Track Manager Phase 1 was completed on January 27, 2026. Phase 2 will be the integration with the EPIC environment at ECMC EPIC go live.

### **Plant Operations / Capital Projects**

Plant Operations/Facility project updates include the following:

#### *Fire Damper Corrections – In Progress (Contractor)*

- **Work completed:** Base bid corrections awarded and CM contract amendment fully executed. The installation and testing of access panels is complete for the 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> floors.
- **Work anticipated:** Three (3) fire dampers failed. New dampers have been designed by A/E and ordered by contractor. Project completion is targeted for end of April 2026.

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

- **Work completed:** PT room (minor finishes work) completed. RT clinic and duct work is complete. 45% of the project is complete.
- **Work anticipated:** Remaining project is scheduled to be completed beginning of June 2026.

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

- **Work in progress:** Obtained/obtaining several quotes for various projects/tasks identified, all varying status.
- **Pending projects:**
  - *Grounds Garage Floor Repairs/Trench Train Replacement* – temporary protection enacted. A/E is finalizing design.
  - *Trash Compactor Concrete Pad* – Work quoted and on hold until spring.

### *Specialty Pharmacy – In Progress (Contractor)*

- **Work completed:** Project began February 17, 2026. Demo is complete, insulation and walls have been installed.
- **Work anticipated:** Design change entrance will be through Pharmacy, no longer Gift Sop. HVAC and fire alarm to be installed. Project is on schedule and on budget. Change order for new door will be paid by the Volunteer Board. Completion target is July 2026.

### *Tim Horton's Renovation – In Progress (Contractor)*

- **Work completed:** Renovations per design began in February 2026 and were successfully completed on April 17, 2026. Contractor corrected flooding and drain issues in space due to corrosion.

### *Fuel Oil Tank Replacements – Pending (Contractor)*

- The removal of underground fuel tanks will proceed independently of the generator replacement initiative. A project-specific design contract was approved for diesel tank #13 (DEC urgent) for removal/replacement timeline planned this year. Project will be out to bid on April 24, 2026.

### *CPEP & 11<sup>th</sup> Floor – Pending (Contractor)*

- **Work in progress:** Construction Manager was awarded. 90% design has been completed.
- **Work anticipated:** Construction to begin September 2026.

### **Rehabilitation Services**

- The Rehab website has been updated with diagnostic specific data outcomes and demographics reflective of 2025.
- Numerous CARF Preparatory meetings have been held with Department heads throughout the building in anticipation of the May 4-5<sup>th</sup> survey.
- PEDS Rehab initiated small group with special education services as part of UPK Support Contract in Ken-Ton. This has been received well by the district and the Universal Preschool Program. This will be used as a model for other UPK support contracts for the upcoming school year. In early intervention program, five (5) new service coordination cases and four (4) new therapeutic cases were initiated. In the preschool program three new enrollments were initiated.

### **Supportive Care & Palliative Medicine**

#### Metrics:

- Total Inpatient Consults for **March:** 123
- Transitions of Care: 14
- Discharge with Home Hospice: 3
- Terrace View: 9
- Sloan Comfort Home: 3

### **Surgical Services**

- New providers and volume growth from Dr. Troy Woodard – Center for Sinus and Skull Base Surgery. Requesting additional equipment for OR and clinic.
- March volume was (55) cases over March 2025, YTD (41) cases behind.

- New Cancer Care and Orthopedic Spine surgeons joining the team in late summer. Preparations for block time allocation is being reviewed.
- Working with transplant team to grow hepatobiliary program – ongoing.
- SEC committee to meet with low utilization surgeons to maximize and realign block time – ongoing.
- Robotic Volume
  - Ortho: 39
  - Bariatrics: 8
  - Urology: 3
  - Cardiovascular: 8
  - HAN: 7

**Terrace View**

Operations

- Census: The average monthly census for **March** was **380**.
- Facility Operations/Renovations:
  - Seryery renovations: MLK neighborhood servery construction is complete.
  - Received vendor quote to replace all nursing station countertops. All of the 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 March 1st, 2026-March 31st, 2026 N=41 (est)</b>	<b>MTD March 1st, 2025-March 31st, 2025 N= 82(final)</b>	<b>NYS 2026 Benchmark</b>
HCAHPS - Nurses	83 (est)	77	76
HCAHPS – Doctors	85 (est)	70	77
Discharge Info	93 (est)	87	85
Overall Rate	68 (est)	63	66

## Dialysis

- Dialysis educational event planned for May 2026.

## Laboratory Services

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

- Factor XA Testing
  - In-house testing active as of February 9, 2026. Through March 14, assays have been completed with turnaround testing time less than one hour.
- Evaluation of the addition of Liquid Never Frozen Plasma in the MTP protocol. Project is under evaluation with the Trauma and Connect Life teams.

## Population Health

- Through **Project Breathe** and our partnership with the **American Lung Association**, we received AeroChamber spacers to support proper inhaler technique, prioritizing pediatric asthma patients in Family Health and helping ensure vulnerable children have the tools they need to manage their respiratory health.



## Rehabilitation Services

- Community Integration Groups continue weekly which involved floral arrangements and gathering in the lobby to enjoy Irish Dancers in celebration of St. Patrick's Day.

## Surgical Services

- Pre-admission testing (PAT) expanded into a new space; goal is to double volume from 2025. Added GI Lab anesthesia cases. Touring Primary Care units to inform them of PAT capabilities.
- PAT has seen 109 more patients YTD compared to 2025.
- Tele-procedure being cancelled at the end of April. Admission, Pre-Post-op and OR collaborating with new Team's messaging to improve communications and decrease unnecessary phone calls.

## PEOPLE

### Ambulatory Services

#### New Provider Recruitment

- Dr. Samuel Moore joined the Family Medicine practice on March 30, 2026.
- Christi Wedgwood, PA, joined the Internal Medicine practice on March 9, 2026 with a focus on Primary Care and Endocrinology.

#### Community Outreach

- This week we were notified that De'Shantel Grey, one of our LPNs in the YOU center, will be participating in an interview with WUFO 96.5 FM speaking on HIV awareness and Prep services offered through our clinic here at ECMC.

### Food & Nutritional Services

- Katie Lynk was recognized by Metz Culinary Management on the company spotlight page for all of her fun and engaging services she provides for patients and employees at ECMC.
- Katie Lynk and the Metz management team toured each floor offering St. Patrick's Day theme treats.
- Daryl Cronk, General Manager, has been collaborating with School 84 employment programming for students to graduate and prepare to join the community workforce.
- The staffing turnover rate for March is 6%.

### Population Health

#### Community Outreach / Events

- Throughout the month of March, we actively participated in several outreach events, engaging with approximately **450 individuals** across the community. These efforts focused on raising awareness, providing education, and equipping community members with meaningful resources and skills. Together, these initiatives highlight a continued commitment to community engagement, education, and harm reduction.
  - On March 4<sup>th</sup>, we held a tabling event in observance of Black Balloon Day. This event served as a meaningful opportunity to honor the lives lost to drug overdoses, raise awareness about the ongoing opioid and substance use crisis, and offer support and resources to families affected by addiction. Both community members and hospital employees engaged in conversations, accessed educational materials, and reflected on the impact of substance use in their communities.
  - On March 24<sup>th</sup>, we held a tabling event focused on raising awareness of colorectal cancer. The purpose of this outreach was to educate individuals about risk factors, early warning signs, and the importance of routine screenings, such as colonoscopies and Cologuard. This effort aimed to promote early detection, encourage preventative care, and reduce barriers or stigma that may prevent individuals from seeking timely screening and treatment.
  - On March 28<sup>th</sup>, we co-facilitated a "Stop the Bleed" training at the Delevan Grider Community Center, further expanding our outreach efforts through hands-on

education. This training resulted in 25 community members becoming certified in life-saving bleeding control techniques, equipping them with the skills and confidence to respond effectively in emergency situations.

## **Rehabilitation Services**

### **Events/Presentations**

- Loretta Miller, PT, DPT, CEAS, CSPHP, CCISM and Acute Therapy Senior PT attended the Association of Safe Patient Handling Professionals (ASPHP) National Conference, March 16-19, presenting two posters:
  - *A Physical Therapist to Nurse Mentorship Model: A Framework for Mobility Program Success. (Loretta Miller and Stephanie Bieber-Authors)*
  - *Mobilization of the Bariatric Patient: A Therapist Perspective and the Need for Systemic Change. (Bethany Colling, Jaclyn Coe, and Loretta Miller-Authors)*
- Loretta Miller and Stephanie Bieber presented an ASPHP Webinar on March 11th entitled, "A Physical Therapist to Nurse Mentorship Model: A Framework for Mobility Program Success." There were sixty live attendees. They received positive feedback on the post-webinar survey.
- Dr. Pierpaoli's research was presented at North American Brain Injury Society (NABIS) 18th Annual Conference on Brain Injury in Arlington, VA on 3/13:
  - Baker, J.M., & Pierpaoli, S.P. (2026, March 13). *Lived Experience of Adjustment and Recovery Following Traumatic Brain Injury: A Qualitative Analysis.* [Poster presentation]. North American Brain Injury Society (NABIS) 18th Annual Conference on Brain Injury, Arlington, VA.
- Another successful Rehab Symposium was conducted on March 7<sup>th</sup>, titled "Beyond the Diagnosis: Caring for the Whole Complex Patient". This results in seed funding for the Rehab Department to invest in education for staff that aligns with strategic goals.

### **Education/Training**

- Continuing Education courses completed this month by PEDS onsite staff included "Unlocking Communication: What SLP's Need to Know about ASD (Autism Spectrum Disorders)", "Communicating with Kindness to Parents with Children with Disabilities: Becoming Part of the Circle of Support," and "Play & Mindfulness-Based Resilience and Self-Regulation," and "Meeting Families Where They Are: Understanding Engagement and Barriers." Opportunities for local and free continuing education have been shared with all staff.
- Theresa Liffiton, Outpatient PT, has completed all three phases of the PORi Oncology Rehab Specialist training.
- Dr. Steven Pierpaoli, Rehabilitation Post Doc, developed content and facilitated an MRU staff in-service on Frontal Lobe Syndromes on 3/11-3/12/26.
- The Outpatient Rehab psychology department (Dr. King and Dr. Pierpaoli) provided didactic training on rehabilitation psychology to medical residents as part of Primary Care Pathway training on 3/30/26.

- The Outpatient Rehabilitation department facilitated a first-time primary care resident shadowing program, well received by residents.
- Speech Language Pathology staff participated in new TIMS training (MBS software).

### **Terrace View**

- New hires for the month of March include: Full-time CNAs = (2)
- There is no agency staff at Terrace View.

## **QUALITY**

### **Ambulatory Services**

- Great Catch – Steve Holcomb, one of our nurses in our YOU center, alerted the provider that a new patient’s heart rate had been evaluated, and the patient had been recently diagnosed with atrial fibrillation (AFib). As a result, an EKG was ordered which revealed atrial flutter. The patient was promptly sent to the Emergency Department. The impact of this catch was lifesaving! The patient was admitted and stabilized.

### **Dialysis**

- SIR rate had a slight increase despite remaining under the threshold. CAP audits are being used to mitigate any further increase and staff education was provided.
- The 2024 Fall/2025 Spring In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) results will be publicly reported in April 2026 on CMS Dialysis Care Compare (DFC). Current patient survey rating is 4 out of 5 stars.

### **Press Ganey Scores**

#### **Meals Overall**

February Score: 73 (Goal: 75)

#### **Temperature of Food**

February Score: 67 (Goal: 75)

#### **Quality of Food**

February Score: 63 (Goal: 75)

#### **Courtesy of Person Serving**

February Score: 88 (Goal: 87)

### **Laboratory Services**

The Laboratory Medicine department continues to focus on 2026 QIPS Plan Initiatives.

- Specimen Patient Identification/Specimen Labeling Case Calls: YTD through February, there were (14) Case Calls reported for incorrect patient identification/specimen labeling errors. Med Surg (6), ED (3), BH (2), CC (2), and OP (1).

- Improve the Glucometer cleaning documentation across all POCT locations to >=90% monthly. For February 2026, the Med/Surg, Ambulatory Care, Critical Care, and Inpatient/Outpatient Dialysis areas have all achieved the >90% rate. The OR and Behavioral Health locations have compliance rates between 75- 85%. The Long-Term Care facility compliance rate continues to track below 70% compliance.

The 2026 QIPS will focus on quality dashboard monitors as baseline data gathering for comparison/evaluation of EPIC workflow changes.

Lab Regulatory: Joint Commission: Survey Completed 2/3/26-2/6/26. Corrective action plan for eight findings due to Joint Commission on 4/7/26. The SAFER Matrix did not have any high or widespread findings.

### Population Health

- **Patient Centered Medical Home (PCMH):** Grider Family Health Center was accepted for renewal 3/18/2026-4/8/2027.



### Radiology

- Diagnostic Imaging Center of Excellence accredited until January 2028.
- All modalities are ACR accredited until 2027.
- Mammography has strict guidelines and compliance with the American College of Radiology (ACR) and the Food and Drug Administration (FDA). ECMC currently performs only screening mammograms and refers patients to alternate sites for diagnostic imaging. ECMC follows the patients' care and sends follow-up letters to ensure compliance. The following are tracked and monitored:
  - Incomplete, extra imaging required
  - Suspicious finding
  - Short-term follow up
  - Breast ultrasound
- In 2025, ECMC performed 315 mammograms and identified three (3) suspicious findings.
- To date in 2026, ECMC performed 154 mammograms.
- MRI Scanning of pacemaker patients
  - A comprehensive policy was developed to decrease patient transfers to BGH. Patients are monitored to ensure diligent screening, vendor device make/model compliance and nursing staff to be present for all patients place in safe mode.

- To date in 2026, ECMC has scanned (11) patients with pacemakers at 100% compliance rate.
- All blood reinfusion forms are audited to ensure the recordings are accurate and proper procedure is being followed when drawing and reinfusing patient's blood. Monthly report is submitted at leadership meeting for review, 100% compliance was attained for 2025.

### **Rehabilitation Services**

- Inpatient Rehab leadership participated in hospital wide Organizational Wound Care Strategy Meetings.
- The OP clerical team has completed an initial round of audits to improve workflow performance. Ten unannounced audits were conducted. Findings have driven rubric improvement and staff retraining. Will complete definitive announced audit in April.

### **Surgical Services**

- Joint Commission 30-45 day visit completed to review conditional findings. No deficiencies found during survey. Continue to prepare for next visit in March.
- Epic transition is in full swing. Data collection and several workgroups weekly. Go live in October 2026.
- Class I SSI's hospital wide for **1Q 2026** = (5) infections
  - Colon = 0 for 2026
  - Spinal Fusion = 1 for 2026
  - Knee = 0 for 2026
  - Hip = 1 for 2026

### **Terrace View**

- CMS 5-Star Report
  - Facility Overall Quality: 4 stars
  - Quality Measures: 5 stars
  - Staffing: 5 stars
  - Health Inspections: 2 stars
- Nursing Administration: ADON's continue to monitor the neighborhoods that maintain administrative responsibility for and to ensure units are in a state of regulatory compliance. Monitoring and managing NYS reportables.
- DOH survey prep and audits are actively being conducted in preparation for the annual survey.
- 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, 2025 deadline. The audit results were received on January 27, 2026 indicating the facility received an overpayment of approximately \$2.1M. Corporate Compliance worked with Billing department to confirm the amount of overpayment. The facility received approval for an extension until April 22, 2026.

- CMS PBJ Reporting: PBJ report was completed and submitted in February 2026. TV timekeepers were educated to ensure the timecards comply with PBJ guidelines.
- Continue to adhere Environmental Round process/written feedback for neighborhoods to ensure adherence to Life Safety Code and Safety and environmental general safety. The new tracking system is working well to ensure all items are corrected/repaired.

**Transplant**

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

**FINANCIAL**

**Dialysis**

Budget and Variance:

- Outpatient (in-center treatments): 2026 Budgeted **5,619** treatments, Variance **(-326)**
- Home Program: (Home Peritoneal & Home Hemodialysis): YTD Budget **319** treatments, favorable to the budget, Variance **(578)**
- Total: **252** treatments for the year, PD volume continues to demonstrate tremendous growth from 2025.

Census Volume:

- Outpatient (in-center treatments): **March = 5,074** treatments, YTD 2026 total = **5,293**
- Home Program: (Home Peritoneal & Home Hemodialysis): **March = 260** treatments, 2026 total = **897** favorable to budget.

Dialysis			2025			2026			
			YTD	Budget	Variance	Mar	YTD	Budget	Variance
4555	AKI	Hemodialysis - AKI	378	-	-	16	47	-	-
	DIALNON	Hemodialysis - Non-ESRD	3	-	-	0	0	-	-
	DIALTRAN	Hemodialysis - Transient	843	-	-	40	172	-	-
	HD	Hemodialysis - Chronic	22,618	-	-	1,736	5,074	-	-
	4555 Totals		23,842	24,119	-277 🟡	1,792	5,293	5,619	-326 🔴
5660	HOMEHD	Hemodialysis - Home	0	-	-	0	0	-	-
	PD	Hemodialysis - Peritoneal	3,109	-	-	260	897	-	-
	5660 Totals		3,109	1,500	1,609 🟢	260	897	319	578 🟢
<b>Totals</b>			<b>26,951</b>	<b>25,619</b>	<b>1,332 🟢</b>	<b>2,052</b>	<b>6,190</b>	<b>5,938</b>	<b>252 🟢</b>

**Food & Nutritional Services**

- Budget
  - For the month of March, the costs for food, labor, paper and chemical costs are under budget.  
The overall March budget is \$123,65.00 under budget.

### Laboratory Services

- The department budget volumes for FY2026 is +1.8% to budget target and -2.3% over FY25. The overall operating budget FY2026 YTD February is negative to budget target by 7.7%. The primary driver of the negative variance is linked to increased reference laboratory expense related to increased volume and oncology utilization.

### Population Health

- We were awarded a **\$30,000 grant** from the **American Cancer Society** in partnership with the National Football League to support targeted improvements in Cervical Cancer screening rates. The project launched on April 1, 2026, and will run through March 31, 2027, with clinical leadership from physician champions Dr. Rochester (IMC) and Dr. Morris (FH).

### Radiology

Radiology as a whole is up 8.2% over budget for 2026.

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

### Rehabilitation Services

- Acute Care physical therapy and occupational therapy referrals increased 11% and 7% respectively from February 2026. Overall Acute Care volume was under budget for the month of March related to 2.5 FTEs of paternal leave.
- MRU met goal for patient access and efficiency by increasing the ADC to 13.9 (goal greater than 13.3) and by decreasing patient onset days to 10.3 with a goal of 12.9 days or less from time to hospital admission to admit to MRU.
- The MRU monthly therapy statistics combined PT and OT for units of service were 3687 against a budget of 2508 for a *positive variance* of 32%. SLP services combined for MRU and Acute care services were 546 against a budget of 364 with a *positive variance* of 33.3%.
- The MRU had 27 admissions and 18 discharges with 432 patient days and a LOS of 15.4 days, **ADC 13.9**.
- All areas of Outpatient Rehab to include therapy, psychology and psychiatry are all over budget with the exception of physical therapy with a 1% variance due to an extended medical leave. Strategy in place to capture greater OT volume with per diem staff to offset PT losses.
- PEDS Rehab had their reimbursement rate for Special Education Itinerant Services published by New York State rate setting, as CFR was submitted. SEIT billing for Erie County will be submitted for payment in April for a total of **\$127,403** (July 25 – Feb 26) and Niagara County will be billed for increase amount (\$2 per unit of service) for a total of **\$11,580** (includes corrected full rate for month of February).

### Surgical Service

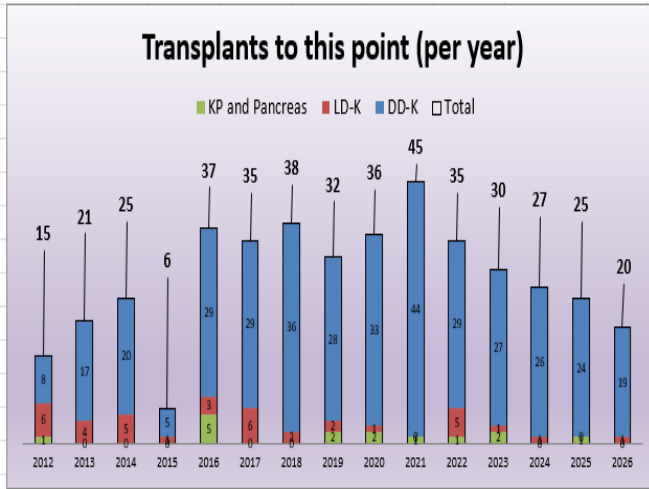
- Several capital requests needed for 2026. Meeting with ELT to prioritize.
- Analyzing revenue created from PAT billing opportunities.

- Exploring opportunity to lower cost of spine stimulator implants and maximize reimbursement.
- Monthly meetings with Purchasing to review contracts and savings opportunities.

**Transplant**

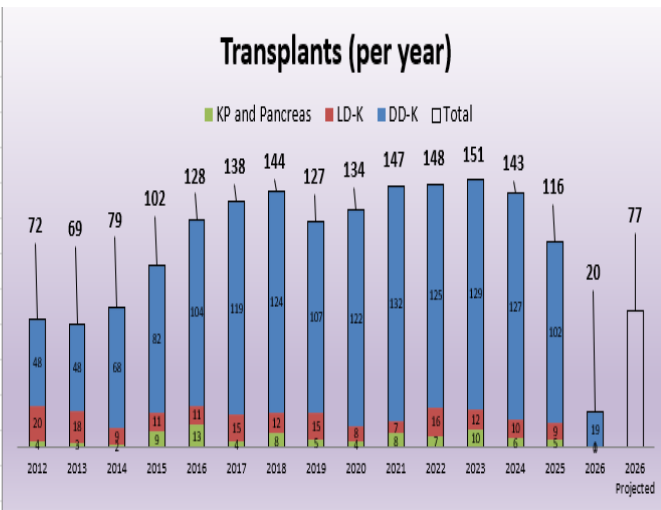
- As of April 1, 2026, we performed **(20)** transplants, which is **(-5)** transplants than the same time in 2025. We have projected **(77)** transplants for 2026.
- Pre-Transplant Clinic is above budget by **(+70)**.
- Post-Transplant clinic is below budget by **(-35)** visits; this is expected with the decreased overall transplant volume.
- Total clinic variance is favorable to budget **(35)**.

To this point



	DD-K	LD-K	KP	Pancreas	Total
2009	18	8	0	0	26
2010	12	16	0	0	28
2011	12	2	2	0	16
2012	8	6	0	1	15
2013	17	4	0	0	21
2014	20	5	0	0	25
2015	5	1	0	0	6
2016	29	3	3	2	37
2017	29	6	0	0	35
2018	36	2	0	0	38
2019	28	2	2	0	32
2020	33	1	2	0	36
2021	44	0	1	0	45
2022	29	5	1	0	35
2023	27	1	2	0	30
2024	26	1	0	0	27
2025	24	0	1	0	25
2026	19	1	0	0	20

Projections



	DD-K	LD-K	KP	Pancreas	Total
2009	55	37	2	0	94
2010	60	33	2	0	95
2011	52	14	5	2	73
2012	48	20	1	3	72
2013	48	18	1	2	69
2014	68	9	1	1	79
2015	82	11	5	4	102
2016	104	11	10	3	128
2017	119	15	4	0	138
2018	124	12	8	0	144
2019	107	15	5	0	127
2020	122	8	4	0	134
2021	132	7	7	1	147
2022	125	16	7	0	148
2023	129	12	10	0	151
2024	127	10	6	0	143
2025	102	9	5	0	116
2026	19	1	0	0	20
2026 Projected					77

Transplant / Vascular			2025			2026		
			YTD	Budget	Variance	YTD	Budget	Variance
6430	TRANPRE	Transplant Clinic	586	-	-	159	-	-
	TRANPREPRC	Transplant Clinic	0	-	-	1	-	-
	6430 Totals		586	650	-64 ↓	160	90	70 ↑
6431	TRANPOSPRC	Transplant Clinic	0	-	-	0	-	-
	TRANPOST	Transplant Clinic	3,595	-	-	882	-	-
	6431 Totals		3,595	4,363	-768 ↓	882	917	-35 🟡
<b>Totals</b>			<b>4,181</b>	<b>5,013</b>	<b>-832 ↓</b>	<b>1,042</b>	<b>1,007</b>	<b>35 🟢</b>

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**Internal Financial Reports**  
**For the month ended March 31, 2026**

## Erie County Medical Center Corporation

### Financial Dashboard

March 31, 2026

#### Statement of Operations:

	Month	Year-to-Date (YTD)	YTD Budget
Net patient revenue	\$ 64,405	\$ 179,520	\$ 186,671
Other	17,660	53,595	55,350
Total revenue	<u>82,065</u>	<u>233,115</u>	<u>242,021</u>
Salary & benefits	44,019	132,208	127,176
Physician fees	11,461	34,113	32,580
Purchased services	7,434	21,879	23,371
Supplies & other	19,088	54,139	52,881
Depreciation and amortization	4,188	12,565	12,565
Interest	909	2,897	2,944
Total expenses	<u>87,099</u>	<u>257,801</u>	<u>251,517</u>
Operating Income/(Loss) Before Other Items	(5,034)	(24,686)	(9,496)
Grant revenue	-	-	-
Income/(Loss) from Operations With Other Items	<u>(5,034)</u>	<u>(24,686)</u>	<u>(9,496)</u>
Other Non-operating gain/(loss)	(2,278)	(140)	72
Change in net assets	<u>\$ (7,312)</u>	<u>\$ (24,826)</u>	<u>\$ (9,424)</u>
Operating margin	<u>-6.1%</u>	<u>-10.6%</u>	<u>-3.9%</u>

#### Balance Sheet:

##### Assets:

Cash & short-term investments	\$ 11,664
Patient receivables	117,198
Assets whose use is limited	157,976
Other assets	464,327
	<u>\$ 751,165</u>

##### Liabilities & Net Assets:

Accounts payable & accrued expenses	\$ 403,422
Estimate self-insurance reserves	48,975
Other liabilities	387,648
Long-term debt, including current portion	177,310
Lease liability, including current portion	22,757
Subscription liability, including current portion	20,376
Line of credit	10,000
Net assets	(319,323)
	<u>\$ 751,165</u>

#### Cash Flow Summary:

	Month	YTD
Net cash provided by (used in):		
- Operating activities	\$ 5,834	\$ (41,491)
- Investing activities	6,053	19,975
- Financing activities	(1,958)	(5,559)
Increase/(decrease) in cash and cash equivalents	9,929	(27,075)
Cash and cash equivalents - beginning	1,485	38,489
Cash and cash equivalents - ending	<u>\$ 11,414</u>	<u>\$ 11,414</u>

#### Key Statistics:

	Month	YTD	YTD Budget
Discharges:			
- Acute	1,040	3,066	3,278
- Exempt units	454	1,226	1,270
Observation Cases:	286	831	951
Patient days:			
- Acute	9,030	26,746	25,331
- Exempt units	5,457	15,278	14,053
Average length of stay, acute	8.7	8.7	7.7
Case mix index Blended	2.03	2.04	1.94
Average daily census: Medical Center	467	467	438
Terrace View LTC	376	379	382
Emergency room visits, including admissions	5,635	15,867	16,038
Outpatient Visits	28,223	75,366	77,502
Days in patient receivables		58.8	

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

**March 2026 Operating Performance**

During the month of March, operating performance was significantly impacted unfavorably by several factors. Inpatient discharges fell below the budgeted expectations as Alternative Level of Care (ALC) patients far exceeded the budgeted targets. Total outpatient visits coupled with total surgeries reflect unfavorable deviations from budgeted expectations which also contributed to the net patient service revenue falling below plan. March's acute average length of stay was 8.7 days (slightly higher than February at 8.4 days) and remains well over the budgeted expectations. ALC patients occupying inpatient beds continue to exceed targets significantly for the month and continue to have an impact on the overall acute length of stay as well as the overall case severity. The revenue variances derived from these trends resulted in overall net patient service revenue which fell below budgeted expectations. As budget initiatives contemplated within the 2026 operating plan continue to be implemented during the year, additional unfavorable variances will continue to be seen. Certain growth initiatives as well as FTE reductions have not yet been fully realized. As more initiatives are realized they will be reflected within the actual vs. budget variances. The overall result drove an operating loss for the month of (\$5,034). This operating loss is unfavorable when compared to the month's budgeted loss of (\$2,194).

Inpatient discharges during the month of 1,494 were less than the planned discharges of 1,591 (6.1% or 97 cases). Within the total, acute discharges of 1,040 were below plan by 9.8%, behavioral health discharges of 214 were below plan by 9.1%, while chemical dependency discharges of 212 exceeded plan by 19.0%, and medical rehabilitation discharges of 28 exceeded plan by 12.4%.

In conjunction with the increase in ALC census, the acute average length of stay was at 8.7 days during March, unfavorable to a budget of 7.7 days by 12.5%. The average daily census of the ALC patients within the facility during the month was 50 patients, which is higher than budgeted expectations of 21 patients and the March 2025 levels of 35 patients. These statistical volume trends have had a direct unfavorable impact on the overall total net revenue per case for the month.

Other operating revenue fell below budget for the month of March. Driving a significant portion of this variance was an unfavorable revenue variance within the specialty pharmacy revenue of approximately \$461. This trended lower due to an anticipated increase in the budgeted volume beginning in March which was not yet fully realized. There is a corresponding decrease in overall supply costs for pharmaceuticals and as a result, minimal impact on the overall margin of the specialty pharmacy contribution.

Total FTEs during March were higher than budgeted targets for the month by 124 FTEs. The initiatives to reduce FTEs which were included within the 2026 operating plan continue to be implemented which includes reduction of overtime hours, management of overall staff vacancies and a reduction in force. While these continue to be implemented, variances from the operating plan will continue to occur, as the initiatives were originally expected to be fully in place by January 1<sup>st</sup>. Management is monitoring the implementation and realization of these initiatives closely while simultaneously working to ensure the organization continues to meet the NYS minimum staffing requirements.

Total benefit costs for the month, consistent with January, fell below the operating plan this month as a result of favorable health and pharmacy insurance claims, reduced FICA costs and workers compensation claim costs. The timing of claims fluctuates throughout the year as utilization increases or decreases and new plan benefits or benefit changes occur in the market.

# Erie County Medical Center Corporation

## Management Discussion and Analysis

### For the month ended March 31, 2026

(Amounts in Thousands)

Physician fees exceeded the operating plan during the month due to the need to engage temporary physician personnel in Anesthesiology given some significant vacancies. The cost of temporary physicians (Locum Tenens) was not originally contemplated within the operating plan as the overall market for this specialty has changed in the past 6 months.

Utilities expense has exceeded plan significantly over the last two months. Invoices relating to January and February were exorbitant given the severe cold temperatures endured during those months and thus significantly increasing the costs. This is expected to normalize.

#### **Balance Sheet**

ECMCC saw significant decreases in cash during the first three months due to operating losses, higher required payments and prepayments, and due to making the payment of the annual NYS Retirement System (Pension) contribution of \$48.7 million during the month of February (\$41 million in 2025). ECMCC had also received an expected IGT/DSH payment in late December, and a full pay period's payroll for the last two weeks of 2025 was paid on January 2<sup>nd</sup>. The net changes resulted in a range of 5 to 10 days of operating cash during the month of March. 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 expects to receive the final payment of Disproportionate Share (DSH) revenue for 2022 in April now that the audit is complete, which will bring the total days of operating cash up by 15 days. Management also 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 \$12.3 million from December 31, 2025. The increase in accounts receivable is due in part to the expected increases due to higher reimbursement rates placed into effect January 1<sup>st</sup>, coupled with a delay by the payers to implement the new negotiated rates, as well as the typical ramp up time in collections during the beginning of the year. As a result, the Days in Accounts Receivable (average number of days a bill is outstanding) increased from 54.6 days on December 31, 2025, to 58.8 days on March 31, 2026, which has impacted net overall cash on hand.

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

## Erie County Medical Center Corporation

### Balance Sheet March 31, 2026 and December 31, 2025

(Dollars in Thousands)

	March 31, 2026	December 31, 2025	Change from December 31st
<b>Assets</b>			
Current Assets:			
Cash and cash equivalents	\$ 11,414	\$ 38,489	\$ (27,075)
Investments	250	13,122	(12,872)
Patient receivables, net	117,198	104,885	12,313
Prepaid expenses, inventories and other receivables	69,939	66,506	3,433
<b>Total Current Assets</b>	<b>198,801</b>	<b>223,002</b>	<b>(24,201)</b>
Assets Whose Use is Limited	157,976	181,665	(23,689)
Property and equipment, net	295,031	291,749	3,282
Other assets	99,357	99,827	(470)
<b>Total Assets</b>	<b>\$ 751,165</b>	<b>\$ 796,243</b>	<b>\$ (45,078)</b>
<b>Liabilities &amp; Net Position</b>			
Current Liabilities:			
Current portion of long-term debt	\$ 13,215	\$ 13,215	\$ -
Current portion of lease liability	6,263	6,376	(113)
Current portion of subscription liability	9,850	10,536	(686)
Line of credit	10,000	10,000	-
Accounts payable	85,483	69,643	15,840
Accrued salaries and benefits	87,722	92,458	(4,736)
Other accrued expenses	224,753	209,639	15,114
Estimated third party payer settlements	5,464	5,983	(519)
<b>Total Current Liabilities</b>	<b>442,750</b>	<b>417,850</b>	<b>24,900</b>
Long-term debt	164,095	166,158	(2,063)
Long-term lease liability	16,494	18,042	(1,548)
Long-term subscription liability	10,526	11,675	(1,149)
Estimated self-insurance reserves	48,975	48,118	857
Other liabilities	387,648	428,943	(41,295)
<b>Total Liabilities</b>	<b>1,070,488</b>	<b>1,090,786</b>	<b>(20,298)</b>
<b>Total Net Position</b>	<b>(319,323)</b>	<b>(294,543)</b>	<b>(24,780)</b>
<b>Total Liabilities and Net Position</b>	<b>\$ 751,165</b>	<b>\$ 796,243</b>	<b>\$ (45,078)</b>

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## Erie County Medical Center Corporation

### Statement of Operations

For the month ended March 31, 2026

*(Dollars in Thousands)*

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
<b>Operating Revenue:</b>				
Net patient revenue	66,503	66,335	168	61,654
Less: Provision for uncollectable accounts	(2,098)	(1,450)	(648)	(1,259)
Adjusted Net Patient Revenue	<u>64,405</u>	<u>64,885</u>	(480)	60,395
Disproportionate share / IGT revenue	10,256	10,256	-	11,018
Other revenue	7,404	8,419	(1,015)	6,945
<b>Total Operating Revenue</b>	<u>82,065</u>	<u>83,560</u>	(1,495)	78,358
<b>Operating Expenses:</b>				
Salaries & wages	32,702	31,813	(889)	31,274
Employee benefits	11,317	11,895	578	11,236
Physician fees	11,461	10,860	(601)	10,338
Purchased services	7,434	7,940	506	7,315
Supplies	15,726	15,488	(238)	13,744
Other expenses	2,206	1,920	(286)	2,152
Utilities	1,156	669	(487)	911
Depreciation & amortization	4,188	4,188	-	3,851
Interest	909	981	72	920
<b>Total Operating Expenses</b>	<u>87,099</u>	<u>85,754</u>	(1,345)	81,741
<b>Income/(Loss) from Operations</b>	<b>(5,034)</b>	<b>(2,194)</b>	<b>(2,840)</b>	<b>(3,383)</b>
<b>Other Non-operating Gain/(Loss):</b>				
Interest and dividends	348	208	140	838
Unrealized gain/(loss) on investments	(2,626)	(184)	(2,442)	(1,150)
Non-operating Gain/(Loss)	<u>(2,278)</u>	<u>24</u>	(2,302)	(312)
<b>Excess of Revenue/(Deficiency) Over Expenses</b>	<u>\$ (7,312)</u>	<u>\$ (2,170)</u>	<u>\$ (5,142)</u>	<u>\$ (3,695)</u>

## Erie County Medical Center Corporation

### Statement of Operations

For the three months ended March 31, 2026

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
<b>Operating Revenue:</b>				
Net patient revenue	184,704	190,878	(6,174)	178,607
Less: Provision for uncollectable accounts	(5,184)	(4,207)	(977)	(4,249)
Adjusted Net Patient Revenue	<u>179,520</u>	<u>186,671</u>	<u>(7,151)</u>	<u>174,358</u>
Disproportionate share / IGT revenue	30,767	30,767	-	33,053
Other revenue	<u>22,828</u>	<u>24,583</u>	<u>(1,755)</u>	<u>20,887</u>
<b>Total Operating Revenue</b>	<u>233,115</u>	<u>242,021</u>	<u>(8,906)</u>	<u>228,298</u>
<b>Operating Expenses:</b>				
Salaries & wages	97,497	92,498	(4,999)	92,781
Employee benefits	34,711	34,678	(33)	32,849
Physician fees	34,113	32,580	(1,533)	31,034
Purchased services	21,879	23,371	1,492	20,662
Supplies	45,735	45,182	(553)	41,246
Other expenses	5,376	5,758	382	6,580
Utilities	3,028	1,941	(1,087)	2,425
Depreciation & amortization	12,565	12,565	-	11,553
Interest	<u>2,897</u>	<u>2,944</u>	<u>47</u>	<u>2,782</u>
<b>Total Operating Expenses</b>	<u>257,801</u>	<u>251,517</u>	<u>(6,284)</u>	<u>241,912</u>
<b>Income/(Loss) from Operations</b>	<b>(24,686)</b>	<b>(9,496)</b>	<b>(15,190)</b>	<b>(13,614)</b>
<b>Other Non-operating Gain/(Loss):</b>				
Interest and dividends	1,069	625	444	2,259
Unrealized gain/(loss) on investments	<u>(1,209)</u>	<u>(553)</u>	<u>(656)</u>	<u>242</u>
Non-operating Gain/(Loss)	<u>(140)</u>	<u>72</u>	<u>(212)</u>	<u>2,501</u>
<b>Excess of Revenue/(Deficiency) Over Expenses</b>	<u>\$ (24,826)</u>	<u>\$ (9,424)</u>	<u>\$ (15,402)</u>	<u>\$ (11,113)</u>

**Erie County Medical Center Corporation**

**Statement of Changes in Net Position**

**For the month and three months ended March 31, 2026**

*(Dollars in Thousands)*

	<u>Month</u>	<u>Year-to-Date</u>
<b>Unrestricted Net Assets:</b>		
Excess/(Deficiency) of revenue over expenses	\$ (7,312)	\$ (24,826)
Other transfers, net	-	
Contributions for capital acquisitions	-	46
Change in accounting principle	-	-
Net assets released from restrictions for capital acquisition	-	-
	<hr/>	<hr/>
Change in Unrestricted Net Assets	<u>(7,312)</u>	<u>(24,780)</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>(7,312)</u>	<u>(24,780)</u>
Net Position, beginning of period	<u>(312,011)</u>	<u>(294,543)</u>
<b>Net Position, end of period</b>	<b><u><u>\$ (319,323)</u></u></b>	<b><u><u>\$ (319,323)</u></u></b>

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## Erie County Medical Center Corporation

### Statement of Cash Flows

For the month and three months ended March 31, 2026

(Dollars in Thousands)

	Month	Year-to-Date
<b>Cash Flows from Operating Activities:</b>		
Change in net assets	\$ (7,312)	\$ (24,780)
Adjustments to Reconcile Changes in Net Assets to Net Cash Provided by/(Used in) Operating Activities:		
Depreciation and amortization	4,188	12,565
Provision for bad debt expense	2,098	5,184
Net change in unrealized (gain)/loss on Investments	2,626	1,209
<u>Changes in Operating Assets and Liabilities:</u>		
Patient receivables	(5,521)	(17,497)
Prepaid expenses, inventories and other receivables	3,208	(3,433)
Accounts payable	9,415	15,840
Accrued salaries and benefits	2,865	(4,736)
Estimated third party payer settlements	(432)	(519)
Other accrued expenses	(8,085)	15,114
Self Insurance reserves	136	857
Other liabilities	2,648	(41,295)
<b>Net Cash Provided by/(Used in) Operating Activities</b>	<b>5,834</b>	<b>(41,491)</b>
<b>Cash Flows from Investing Activities:</b>		
Additions to Property and Equipment, net	(5,722)	(15,847)
Decrease/(increase) in assets whose use is limited	2,246	23,689
Sale/(Purchase) of investments, net	9,454	11,663
Change in other assets	75	470
<b>Net Cash Provided by/(Used in) Investing Activities</b>	<b>6,053</b>	<b>19,975</b>
<b>Cash Flows from Financing Activities:</b>		
Principal payments on / proceeds from long-term debt, net	(689)	(2,063)
Principal payments on / additions to long-term lease liability, net	(481)	(1,661)
Principal payments on / additions to long-term subscription, net	(788)	(1,835)
<b>Increase/(Decrease) in Cash and Cash Equivalents</b>	<b>9,929</b>	<b>(27,075)</b>
Cash and Cash Equivalents, beginning of period	1,485	38,489
Cash and Cash Equivalents, end of period	<b>\$ 11,414</b>	<b>\$ 11,414</b>

## Erie County Medical Center Corporation

### Statistical and Ratio Summary

	March 31, 2026	December 31, 2025	ECMCC 3 Year Avg. 2023 - 2025
<b><u>Liquidity Ratios:</u></b>			
Current Ratio	0.4	0.5	0.6
Days in Operating Cash & Investments	4	20	23.2
Days in Patient Receivables	58.8	55.0	56.8
Days Expenses in Accounts Payable	57.4	56.6	54.6
Days Expenses in Current Liabilities	154.2	160.0	145.0
Cash to Debt	35.3%	57.1%	55.8%
Working Capital Deficit	\$ (243,949)	\$ (194,938)	\$ (138,572)
<b><u>Capital Ratios:</u></b>			
Long-Term Debt to Fixed Assets	55.6%	57.0%	63.2%
Assets Financed by Liabilities	142.5%	137.0%	134.7%
Debt Service Coverage (Covenant > 1.1)	0.5	1.1	1.7
Capital Expense	6.1%	2.7%	2.9%
Average Age of Plant	6.7	8.2	8.0
Debt Service as % of NPSR	3.4%	3.8%	4.0%
Capital as a % of Depreciation	126.1%	132.2%	60.3%
<b><u>Profitability Ratios:</u></b>			
Operating Margin	-10.6%	-8.6%	-7.0%
Net Profit Margin	-13.4%	-1.9%	-1.2%
Return on Total Assets	-13.2%	-1.7%	-1.0%
Return on Equity	31.0%	4.6%	2.9%
<b><u>Productivity and Cost Ratios:</u></b>			
Total Asset Turnover	1.3	1.2	1.1
Total Operating Revenue per FTE	\$ 280,682	\$ 273,402	\$ 254,866
Personnel Costs as % of Total Revenue	55.5%	55.3%	54.3%

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**Erie County Medical Center Corporation**

<b>Key Statistics</b>			
<b>Period Ended March 31, 2026</b>			

Current Period				Year to Date			
Actual	Budget	% to Budget	Prior Year	Actual	Budget	% to Budget	Prior Year
<b>Discharges:</b>				<b>Discharges:</b>			
1,040	1,153	-9.8%	1,087	3,066	3,278	-6.5%	3,173
214	235	-9.1%	240	616	684	-9.9%	678
212	178	19.0%	162	546	499	9.4%	469
28	25	12.4%	21	64	87	-26.6%	61
<b>1,494</b>	<b>1,591</b>	<b>-6.1%</b>	<b>1,510</b>	<b>4,292</b>	<b>4,548</b>	<b>-5.6%</b>	<b>4,381</b>
<b>Patient Days:</b>				<b>Patient Days:</b>			
9,030	8,901	1.4%	8,649	26,746	25,331	5.6%	25,243
4,213	3,805	10.7%	3,948	11,985	10,883	10.1%	10,980
812	645	25.9%	595	2,194	1,860	18.0%	1,776
432	373	15.8%	317	1,099	1,310	-16.1%	916
<b>14,487</b>	<b>13,724</b>	<b>5.6%</b>	<b>13,509</b>	<b>42,024</b>	<b>39,384</b>	<b>6.7%</b>	<b>38,915</b>
<b>Average Daily Census (ADC):</b>				<b>Average Daily Census (ADC):</b>			
291	287	1.4%	279	297	281	5.6%	280
136	123	10.7%	127	133	121	10.1%	122
26	21	25.9%	19	24	21	18.0%	20
14	12	15.8%	10	12	15	-16.1%	10
<b>467</b>	<b>443</b>	<b>5.6%</b>	<b>436</b>	<b>467</b>	<b>438</b>	<b>6.7%</b>	<b>432</b>
<b>Average Length of Stay:</b>				<b>Average Length of Stay:</b>			
8.7	7.7	12.5%	8.0	8.7	7.7	12.9%	8.0
19.7	16.2	21.8%	16.5	19.5	15.9	22.2%	16.2
3.8	3.6	5.8%	3.7	4.0	3.7	7.8%	3.8
15.4	15.0	3.1%	15.1	17.2	15.0	14.3%	15.0
<b>9.7</b>	<b>8.6</b>	<b>12.4%</b>	<b>8.9</b>	<b>9.8</b>	<b>8.7</b>	<b>13.1%</b>	<b>8.9</b>
<b>Occupancy:</b>				<b>Occupancy:</b>			
89.4%	86.1%	3.7%	83.3%	89.4%	86.1%	3.7%	83.3%
<b>Case Mix Index:</b>				<b>Case Mix Index:</b>			
2.03	1.98	2.7%	2.06	2.04	1.94	5.1%	2.01
286	322	-11.2%	316	831	951	-12.6%	954
437	450	-2.9%	391	1,239	1,315	-5.8%	1,195
626	703	-11.0%	638	1,848	2,138	-13.6%	1,979
39	15	160.0%	17	131	49	167.3%	58
49	2	2350.0%	43	129	10	1190.0%	112
28,223	27,608	2.2%	26,332	75,366	77,502	-2.8%	74,411
5,635	5,597	0.7%	5,531	15,867	16,038	-1.1%	15,972
58.8	44.2	33.0%	50.5	58.8	44.2	33.0%	50.5
3.1%	2.2%	40.1%	1.9%	2.8%	2.2%	25.6%	2.2%
3,340	3,245	2.9%	3,365	3,392	3,251	4.3%	3,349
4.00	3.98	0.5%	4.20	4.09	4.03	1.4%	4.26
\$ 21,447	\$ 20,614	4.0%	\$ 20,087	\$ 21,521	\$ 20,719	3.9%	\$ 20,272
\$ 29,537	\$ 27,059	9.2%	\$ 27,369	\$ 30,892	\$ 27,746	11.3%	\$ 28,011
<b>Terrace View Long Term Care:</b>				<b>Terrace View Long Term Care:</b>			
11,657	11,820	-1.4%	11,848	34,106	34,342	-0.7%	33,769
376	381	-1.4%	382	379	382	-0.7%	375
96.4%	97.8%	-1.4%	98.0%	97.2%	97.8%	-0.7%	96.2%
484	455	6.5%	464	498	455	9.6%	463
6.6	6.2	8.0%	6.3	7.0	6.4	10.4%	6.6

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

**University at Buffalo Update**

- There is an ongoing search for Chair of Ophthalmology
- Thank you to Dr. Steve Schweitzberg who will be stepping down in June

**Current hospital operations**

• Admissions YTD:	3,882
• ED visits YTD:	16,853
• CPEP visits:	3,281
• Observation:	1,040
• Inpatient Surgeries:	1,526
• Outpatient Surgeries:	2,279
• ALC days YTD:	5,801

The average length of stay MTD 7.9 CMI .0326

**CMO Update**

- Congratulations to Dr. Jonathan Claus for receiving the 2026 Doctor of the Year Award from the Nursing Recognition Committee

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

*Department of Nursing Report April 2026*

Celebrations of Outstanding Nursing department staff:

*Daisy awards* were presented to:

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

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

She was also recognized as Nurse of the Month for April 2026.

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

Tulip award honorees in April:

**Michael Roberson, Hospital Aide** was recognized for his dedication to patients and staff. Michael is very calm and supportive of patients even during crisis situations. He is an outstanding member of the ECMC family.

**Meghan O’Leary, Physical Therapy** was recognized for her support and caring manner in a nomination by a patient. Meghan’s co-workers also identified her dedication to support patients and other staff members. She was noted to always go above and beyond at work.

MICU recognized Isabella Geary as an outstanding ACC in April. They recognized her calm demeanor and spoke to her organizational skills to help families as well as staff members in a very busy critical care setting.

On March 30<sup>th</sup>, The Nurse Recognition committee honored Dr. Jon Claus, as Doctor of the Year. He was nominated by our Nursing staff due to his collaboration, expertise and education that he provides to Nurses and his exceptional bedside patient care.

The Nurse Recognition Committee also held an evening of Fun with the Annual Meat Raffle. Over 300 people participated in the committee’s largest fund raiser. The proceeds are used to fund activities for Nurses week as well as other wellness activities during the year.

Our ECMC Nurses had 3 posters accepted to the Professional Nurses Association of WNY Research & Scholarly Activities Conference which was held on April 21, 2026. The topics included:

- 1) Practice update for management of patients using Insulin pumps

Shannon Mahar RN & Sara Maggio Rn

- 2) Hypertension Monitoring – Population Health -Amanda Farrell RN
- 3) Improving Outcome of deep tissue injury by a Nurse Driven Protocol- Katie

As we focus on 2026 as the year of “Change” we are looking at efficiencies and best practices to guide patient care as well as focus on the wellbeing of our Nursing staff. We continue to work with our nursing staff to meet patient care needs at various levels, recognizing the changes in healthcare delivered at the bedside as a priority. Communication and education on expectations for patients and families has led to a team effort with families to help patients understand goals of care and progress in sustained improved health. Mobility of patients is a priority to promote sustainment of independence and prevention of complications of being in bed. Our Nursing team continues to promote patient education as patients are preparing for a successful transition to home or their next level of care.

**Communications and External Affairs Report**  
**Submitted by Peter K. Cutler**  
**Senior Vice President of Communications and External Affairs**  
**April 28, 2026**

**Marketing**

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

**Media Report**

- Continue coordination of media interviews related to ECMC service lines including coverage of transplantation, orthopedics, behavioral health, surgical services, physical therapy and emergency services.
- Collaborated with Jewish Family Services on announcement that they had received a five-year \$4.8 million grant from New York State Office of Mental Health to develop an adult Critical Time Intervention team (CTI) in partnership with ECMC. *The Buffalo News* covered the partnership in a story published on April 25<sup>th</sup>.
- Scheduled and executed additional tapings of new Medical Minute segments as we continue to update and expand the archive of ECMC MMs that support our marketing/communications efforts for various service lines. Our goal is to tape approximately 20 additional MMs for future use.
- ECMC's Medical Minute agreement with WGRZ-TV also includes taped appearances of ECMC clinicians and staff on the outlet's weekly news program *WNY Living*. Recent ECMC interviews have included Dr. Mark Falco (Symani Surgical System Robot), Amanda Farrell (Breast Health Center) and Thameena Hunter (Center for Occupational and Environmental Medicine – COEM).
- ECMC's Medical Minute partnership with WGRZ-TV included the featured following topics in February: Donte Life Month (Sarah Diina – ConnectLife & Nicole Haseley – Transplantation/ECMC), Breast Health Center (Lucia Gioeli), Claudication (Dr. Farrell).

**Community and Government Relations**

- Scheduling meetings with Albany Executive, Legislative and state agency leaders on May 11<sup>th</sup> and 12<sup>th</sup> with ECMC lobbyists (Manatt and Masiello, Martucci, Hughes & Kulpa) for Andy Davis to discuss state issues affecting ECMC.

**MEDICAL EXECUTIVE COMMITTEE MEETING**  
**MONDAY, FEBRUARY 23, 2026**  
**MEETING HELD VIA MICROSOFT TEAMS PLATFORM/HYBRID**  
**DR. ZIZI CONFERENCE ROOM SECOND FLOOR**

**Attendance (Voting Members):**

Dr. Anillo	Dr. Bakhai	Dr. Belles	Dr. Brewer
Dr. Cummings	Dr. DePlato	Dr. Drumsta	Dr. Chen
Dr. Cheng	Dr. Flynn	Dr. Frustino	Dr. Griffith
Dr. Krabill	Dr. Manka	Dr. Minhas	Dr. Murray
Dr. Nagai	Dr. Pugh	Dr. Rich	Dr. Rossitto
Dr. Ruggieri	Dr. Sieminski	Dr. Spiro	Dr. Wilkins
Dr. Williams	Dr. Tadakamalla	Dr. Tanaka	Dr. Yedlapati
Dr. Khan			

**Non-Voting Members and Guests:**

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

**I. CALL TO ORDER**

A. Dr. Michael Manka, President, called the meeting to order at 11:31 am.

**B. PRESIDENT'S REPORT:**

1. Dr. Manka opened the meeting with a moment of silence in memory of Board member Mr. Jon Dandes.
2. This week is National Residents week. Breakfast will be served in the overflow café on Thursday from 7 – 9:00 am.
3. The Wellness Welcome will be moved to the end of April. The date will be announced soon.
4. For the Chiefs of Service – reminder that MD Staff (credentialing) will begin in early March.
5. Delinquent record reports continue to show improvements.

**II. ADMINISTRATIVE REPORTS**

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

1. CEO – Dr. Tom Quatroche, PhD.
  - a. Mr. Quatroche shared the passing of Mr. Jon Dandes, our Board member and friend.
  - b. Tom spoke on the reduction of our workforce and challenges we have been

- facing.
- c. We continue working with the state while they prepare budgets for next year.
- d. Congratulations to the Laboratory Department for a great survey from the Joint Commission.

**2. COO Report – Andy Davis**

- a. At the end of this week, we will be transitioning to our new scrubs company, Echo tech.

**3. CFO REPORT – Jon Swiatkowski**

- a. Mr. Swiatkowski spoke on January 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. We continue working with the state advocating for additional funding.
- d. Thank you all for your time and effort working with our Value Analysis team.

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

- a. No Report.

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

- a. The nursing department continues to work on throughput and early discharges.
- b. The nursing team continues working with patients and mobility. We want to keep the patients moving.
- c. Please be sure to remind staff to turn in their linens. The new linen company starts at the end of this week.

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

- a. Dr. Cloud reviewed hospital operation updates reviewing volumes, admissions, observations, average length of stay and ALC days, along with inpatient and outpatient surgeries.
- b. Dr. Cloud shared influenza, COVID-19 and RSV case numbers in New York State.
- c. Welcome Troy Woodard, MD new Department Chair of Otolaryngology.
- d. Congratulations to Michael Nagai, MD Chief of Service for Oral & Maxillo-Facial Surgery.

**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 mentioned opting out of any portion of the EPIC training, you have until the end of the week.
- b. Elsevier will be used for patient education content when we switch to EPIC in October of this year. Please let Dr. Panesar know of any topics that need to be added.

**VIII. ECMC FOUNDATION REPORT – Julie Berrigan, Executive Directors**

- a. Julie thanked everyone for their continued support throughout the year. She reviewed the upcoming events the Foundation will be sponsoring. These events include: The Gift Gathering event, Auction Party, Springfest Gala, Golf Classis, and the Subaru Chase Run.

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

- a. There are two extractions.

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

- a. No Report.

**XI. CONSENT CALENDAR**

MEETING MINUTES/MOTIONS		PAGE #	
1.	<b>MINUTES of the Previous MEC Meeting: January 26, 2026</b>	6-10	Receive and File
2.	<b>Credentials Committee: February 5, 2026</b>	12-24	Receive and File
	Appointments/ Reappointments/ Resignations		Review and Approve
	Dual Reappointment Applications		Review and Approve
	Extractions		
	MD Staff Update		
	New Privilege Surgery/Bariatric		
3.	<b>HIM – No Report</b>		
4.	<b>Graduate Medical Education Committee – Minutes of December 16, 2025</b>	27-31	Receive and File
5.	<b>P &amp; T Committee – Minutes of February 3, 2026</b>	33-69	Receive and File
	<b>Addition to Formulary</b>		
	Addition of Droperidol to Override list	44	Receive and File
	<b>Policy Updates</b>		
	Adverse Drug Reactions Policy	67-69	Receive and File
	Ordering and Considerations for Chemotherapeutic and Biotherapeutic Agents	58-62	Receive and File
	Authorization for the Automatic Clarification of PRN Orders	63-66	Receive and File
6.	<b>Professional Dev. &amp; Wellness Committee – No Report</b>		
7.	<b>Resource Management Committee – Minutes of January 2026</b>	72-75	Receive and File
8.	<b>SEC Committee – No Report</b>		
9.	<b>OR Committee – No Report</b>		
10.	<b>HAI Committee – Minutes of January 20, 2026</b>	77-80	Receive and File
11.	<b>New Business –</b>		
	New Appointment list Chiefs of Service	82-83	Receive and File
	Committee Assignments 2026	85-88	Receive and File
	Radiology Job Description	90-97	Receive and File

MEETING MINUTES/MOTIONS		PAGE #	
Dietary Manual		99	Receive and File
OPPE Metrics		101-103	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**

**XII. NEW BUSINESS – Michael Manka, MD**

Motion to approve the following items (included in monthly packet):

- Appointment Approval
- Committee Composition
- Radiology Job Description
- Dietary Manual
- OPPE Metrics

**MOTION TO APPROVE** all items was made and seconded. Motion to approve all items is carried

**UNANIMOUSLY APPROVED.**

**MOTION TO APPROVE** Reference Lab Testing and Blood Products presented by Keith Krabill, MD was made and seconded. Motion to approve item is carried.

**UNANIMOUSLY APPROVED**

**XIII. EXECUTIVE SESSION**

1. **MOTION MADE AND CARRIED** at 12:13 pm to move to the Executive Session. The following items were discussed and motion(s) made:
2. **MOTION MADE AND CARRIED**, all-in favor to receive and file:
  - a. Board Quality P/I meeting minutes of January 13, 2026
  - b. Chiefs of Service meeting minutes of January 8, 2026
  - c. Leadership Council Report for January 2026
3. Cheryl Carpenter spoke on the application fees/dues for Medical Dental staff providers. This included a conversation about clinical privileges without appointment.

**MOTION TO APPROVE** change to application fee/dues for Medical Dental staff providers. Motion to approve item is carried.

**UNANIMOUSLY APPROVED**

Cheryl also introduced a new procedure on evaluation and adding a new procedure/technique to medical staff privileges.

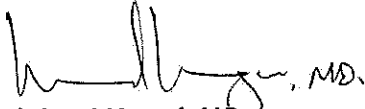
4. Phyllis Murawski, RN shared the Quality and Patient Safety Report. Phyllis shared a survey update that indicated the NYSDOH/CMS resurvey from May of 2025 showing no findings, the Joint Commission 4-day Lab Survey was completed with minimal findings, and the EMTLA visit was completed with no findings.

Surveys still pending include NYSDOH Radiology survey, Transplant UNOS Survey (expected in 2026), the Joint Commission follow up 2-day hospital survey and the CARF survey for the Rehabilitation Unit.

#### **XIV. ADJOURNMENT**

There was no further business conducted. Motion to adjourn the meeting was made and seconded. The next meeting will be on Monday, March 23, 2026, at 11:30 am via Teams/Hybrid in the Dr. Zizzi conference room at ECMC. The meeting was adjourned at 12:43 pm.

Respectfully submitted,



**Michael Nagai, MD**

Secretary  
Medical Executive Committee