



ECMCC Board of Director's Meeting

May 26, 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
MAY 26, 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 MAY 26, 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) **HR Committee** (by Michael Seaman)
 - D) **MWBE Committee** (by Reverend Mark Blue)
 - C) **Quality Improvement and Patient Safety Committee** (by Michael Hoffert)
- VI. ADJOURN

ERIE COUNTY MEDICAL CENTER CORPORATION
APRIL 28, 2026 MINUTES OF THE
BOARD OF DIRECTORS MEETING

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

Excused: James Lawicki, Jennifer Persico, Philip Stegemann

Also

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

*virtual

I. Call to Order

The meeting was called to order at 4:31 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 March 24, 2026 board meeting of the Board of Directors were unanimously approved.

III. Action Items

Resolution Receiving and Filing Medical-Dental Staff Meeting Minutes for April

Additionally, Dr. Michael Nagai is being recommended to serve as the Chair of the Committee on Cancer replacing Dr. Popat.

Moved by Reverend Kinzer Pointer and seconded by Michael Seaman

Motion approved unanimously

V. Reports from the Corporation's Leadership Team

Chief Executive Officer and President

Dr. Thomas Quatroche, Chief Executive Officer, reported that the Joint Commission made a follow-up visit and has been fully accredited the hospital and the Laboratory department. Two out of three hospital acquired infections are below the CMS goals for 2026. Human Experience scores reflect the hospital surpassing statewide standards in all aspects. Quatroche reviewed several events held for and in honor of the employees including employee of the month, Tulip Award and Daisy Award. Lucia Gioeli, MA was chosen as winner of Buffalo Business First's eighth annual Excellence in Health Care Awards. Dr. Jonathon Clause was honored with the 2026 Doctor's Day Nursing Award. 286 people attended the Springfest Auction held by

the Foundation. Other events held during April were highlighted. There have been 80 new hires year-to-date. ECMC received \$30,000 from Univera Foundation. ECMC currently performs the highest number of cases using the Symani Surgical System Robot being performed year to date in the nation.

Regarding financial key statistics, Quatroche stated that observations cases have gone down indicating that patients are being properly admitted as admissions.

Chief Financial Officer

Jonathan Swiatkowski reviewed the March 2026 Key Statistics. March was a slightly better month in 2026 than 2025. Volume is improving although still below budget. Overall operating costs were affected by the uptick of ALC patients. The high number of ALC patients drove down the number of discharges and, to some extent, the number of surgeries performed. Despite this, length of stay and case-mix index improved slightly. The staff continues to work hard to move ALC patients into the right level of care. Mr. Swiatkowski reported an operating loss of \$5M. Days Operating Cash on Hand was 4-10 days. Mr. Swiatkowski updated the board on DHS/IGT payment status, payer contracting and NYS Budget. A summary of the preliminary financial results through March 31, 2026 was reviewed and the full set of these materials are received and filed. Discussion followed and questions were answered.

VI. Standing Committees

- a. **Executive Committee:** No report was given from the Executive Committee.
- b. **Finance Committee:** No additional information was given from the Finance Committee.
- c. **Quality Improvement and Patient Safety Committee:** Michael Hoffert reported on the Laboratory Medicine and Pathology, Plastics and Reconstructive Surgery, Trauma, Infection Control and the 2026 QAPI Plan given by Phyllis Murawski.

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

VII. Adjournment

Moved by Reverend Kinzer Pointer to adjourn the Board of Directors meeting at 4:57 p.m.



Sharon L. Hanson
Corporation Secretary

MINUTES

Present: Dr. Yogesh Bakhai, Chairman, Dr. Siva Yedlapati, Dr. Mandip Panesar, Dr. Kimberly Wilkins, Dr. Victor Vacanti (via Teams), Dr. Thamer Qaqish (via Teams), Rebecca Buttaccio, PA

Excused: Dr. Lakshpaul Chauhan, Dr. Samuel Cloud, Dr. Ashvin Tadakamalla, Chris Resetarits, CRNA

Agenda Item	Discussion	Action	Follow-up
I. CALL TO ORDER	Dr. Bakhai called the meeting to order at 3:00 pm. The Committee thanked Judy Fenski for her long & dedicated service to ECMC. She will be retiring April 29, 2026.		
II. ADMINISTRATIVE			
A. Minutes	Minutes from the March 5, 2026 meeting were reviewed and approved.	A motion was made by Dr. Mandip Panesar and unanimously carried to approve the minutes of the March 5, 2026 meeting as submitted.	Via these minutes, the Credentials Committee recommends same to the Medical Executive Committee.
B. Deceased	The Committee recognized the passing of Dr. Paul Paterson on March 6, 2026.	None	None
C. Applications Withdrawn/Processing Cessation	The Committee was notified that the application of Dr. Carlos Martinez, Internal Medicine/Rheumatology, will be going over the 180 day threshold.	In accordance with ECMC Medical Staff Bylaws, this is permitted with cause.	This was presented as an informational item for the Committee.
D. Automatic Conclusion (Initial Appointment)	None	None	None
E. Name Changes	None	None	None

F. Leave of Absence (7)		<p><u>Anesthesiology</u></p> <ul style="list-style-type: none"> • Evbuosa Ogbebor, CRNA Maternity; RTW 09/01/26 • Rachel Schultz, CRNA Maternity; RTW 09/01/26 <p><u>Emergency Medicine</u></p> <ul style="list-style-type: none"> • Emily MacFarlane, FNP Maternity; RTW 07/01/26 • Natasha Petersen, PA-C Maternity; RTW 04/18/26 <p><u>Internal Medicine</u></p> <ul style="list-style-type: none"> • Lynnette Luksch, PA Medical; RTW 05/30/26 <p><u>Radiology</u></p> <ul style="list-style-type: none"> • Amber Phillippi, PA-C Maternity; RTW 04/13/26 • Jasmeet Talwar, PA-C Maternity; RTW 04/14/26 • 	Noted	Informational purposes only	
G. Resignations (8)		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
Aasha Patel, PA-C	Family Medicine	<ul style="list-style-type: none"> • Family Choice 	N/A	02/10/2026	03/25/2025

		<ul style="list-style-type: none"> • Left practice plan • Confirmed via email 			
Chandrarekha Americhetty, MD	Internal Medicine	<ul style="list-style-type: none"> • Apogee • Left practice plan • Confirmed via email 	N/A	03/24/2026	10/26/2021
Erin Gould, MD	Internal Medicine	<ul style="list-style-type: none"> • Apogee • Left practice plan • Confirmed via email 	N/A	03/22/2026	09/24/2024
Tracy Myers, ANP	Internal Medicine	<ul style="list-style-type: none"> • Apogee • Left practice plan • Confirmed in email 	N/A	03/05/2026	01/26/2021
Johannie Uy, MD	Internal Medicine	<ul style="list-style-type: none"> • Apogee • Hasn't worked at ECMC in a "very long time" • Confirmed via email 	N/A	03/24/2026	11/23/2021
Rachelle St. Onge, MD	OB/GYN	<ul style="list-style-type: none"> • UBMD • No longer covering ECMC • Confirmed via email 	N/A	12/31/2025	07/30/2019
Alison Haines, MD	Radiology	<ul style="list-style-type: none"> • VRAD • Not reading for ECMC • Confirmed via email 	N/A	03/24/2026	02/27/2018
Eugene Kim, MD	Radiology	<ul style="list-style-type: none"> • VRAD • Not reading for ECMC • Confirmed via VRAD 	N/A	03/24/2026	11/27/2018
III. CHANGE IN STAFF CATEGORY					
None	None		None	None	
IV. CHANGE/ADDITION Collaborating/Supervising (5)					
A. Kelly Joyce, PA-C	<u>Family Medicine</u>				

<p>B. Amy Perno, PA-C</p> <p>C. Carmen Torres, FNP</p> <p>D. Nadare Alwan, FNP</p> <p>E. Dana Tague, FNP</p>	<p>Change from Dr. David Holmes to Dr. Ranjit Singh</p> <p><u>Family Medicine</u> Change from Dr. David Holmes to Dr. Ranjit Singh</p> <p><u>Family Medicine</u> Change from Dr. David Holmes to Dr. Ranjit Singh</p> <p><u>Rehab Medicine</u> Change from Dr. Mary Welch to Dr. Siva Yedlapati</p> <p><u>Rehab Medicine</u> Change from Dr. Mary Welch to Dr. Siva Yedlapati</p>		
<p>V. CHANGE DEPARTMENT/ PRIVILEGE ADDITION/ REVISION (3)</p>			
<p>A. Carmen Torres, FNP</p>	<p><u>Family Medicine</u></p> <ul style="list-style-type: none"> • Adding Internal Medicine • Will be working in both Family Med & Internal Med, plus the COEM 	<p>The Committee voted, all in favor, to approve the appointment with privileges granted as requested.</p>	<p>Via these minutes, the Credentials Committee recommends approval to the Medical Staff Executive Committee.</p> <p>Notification to Revenue Cycle & Decision Support upon approval of the Board.</p>
<p>B. Joshua Burk, MD</p>	<p><u>Surgery</u></p> <ul style="list-style-type: none"> • Adding Hyperbaric Oxygen Therapy • 40 hr course certification was submitted 	<p>The Committee voted, all in favor, to approve the appointment with privileges granted as requested.</p>	<p>Via these minutes, the Credentials Committee recommends approval to the Medical Staff Executive Committee.</p>

			Notification to Revenue Cycle & Decision Support upon approval of the Board.
VI. PRIVILEGE WITHDRAWAL			
	None	Noted	None
VII. UNACCREDITED FELLOWSHIPS (1)			
Daniel Finn, MD	<p><u>Surgery-Bariatric</u></p> <p>This Fellowship is still not 100% confirmed, although the anticipated date was 04/01/2026. The numbers in Bariatric have dropped and the current Unaccredited Fellow (Kaitlyn McGee) may have to extend her Fellowship because she may not achieve the numbers required.</p>	None	The Committee will be appraised of new developments in this situation as they unfold.
VIII. INITIAL APPOINTMENTS (3)			
Grace Nsabimana, PA-C Emergency Medicine	<ul style="list-style-type: none"> • D’Youville University Bachelor and Master of Science Physician Assistant December 2025 • Time gap – completed PA program, boards and credentialing process January 2026 to April 2026 • Supervising Physician – Dr. Evan Shaw • NCCPA certified 	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	<p>Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.</p> <p>Notification to Revenue Cycle and Decision Support upon approval of the Board.</p>
Jaims Lim, MD Neurosurgery	<ul style="list-style-type: none"> • Vanderbilt University School of Medicine MD May 2018 • Jacobs School of Medicine Neurosurgery Residency June 2018 to June 2025 and Neuro- 	The Committee voted, all in favor, to approve the appointment with neurosurgical privileges granted as requested.	Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.

	<p>endovascular Fellowship May 2024 to June 2026 (anticipated)</p> <ul style="list-style-type: none"> • Temporary privileges granted April 1, 2026 to assist with call schedule • American Board of Neurosurgery eligible 		<p>Notification to Revenue Cycle and Decision Support upon approval of the Board.</p>
<p>Karen Frank, MD Pathology</p>	<ul style="list-style-type: none"> • University of Pennsylvania School of Medicine MD May 1994 • Time gap – break between Medical School and Residency June 1994 to July 1994 • Brigham and Women’s Hospital Pathology – Anatomic & Clinical Residency July 1994 to June 1999 • Research Fellow in Molecular Medicine Children’s Hospital of Boston July 1996 to June 2000 • Time gap – break between postdoctoral work and Assistant Professor June 2000 to September 2000 • Assistant Professor/Associate Director/Director & Clinical Pathologist University of Chicago September 2000 to April 2012 • Chief of Microbiology Service Clinical Center Bethesda MD May 2012 to September 2018 • Chief, Department of Laboratory Medicine National Institutes of Health September 2018 to January 2026 • Joined UB Pathology February 2026 	<p>The Committee voted, all in favor, to approve the appointment with privileges granted as requested.</p>	<p>Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.</p> <p>Notification to Revenue Cycle and Decision Support upon approval of the Board.</p>

	<ul style="list-style-type: none"> American Board of Pathology certified 		
IX. REAPPOINTMENTS (31)			
NAME	DEPARTMENT	CATEGORY	PRIVILEGES
Bonito, Nicole CRNA	Anesthesia	AHP	
Lynch, Joshua DO	Emergency Medicine	Active	
May, Amanda MD	Emergency Medicine	Active	
Sheehan, Marissa PA-C Supervising MD: J. Thompson	Emergency Medicine	AHP	
Torres, Carmen FNP Collaborating MD: Holmes	Family Medicine	AHP	
Ahmed, Misbah MD	Internal Medicine	Active	
Brockman, Daniel DO	Internal Medicine	Active	Privilege Addition: Internal Medicine – Pulmonary & Sleep Medicine, Level II Privileges: Bronchoalveolar lavage (BAL)
Dobosz, Thomas MD	Internal Medicine	Active	
Duff, Michael MD	Internal Medicine	Active	
Heim, Jason ANP Collaborating MD: Brockman	Internal Medicine	AHP	Privilege Addition: Internal Medicine, Level II Privileges: Lumbar Puncture Internal Medicine, Level II Privileges: NG Tube Insertion with Guide Wire Internal Medicine, Level II Privileges: Tracheostomy Tube Replacement Internal Medicine, Level II ICU ONLY Privileges: Chest tube placement & removal

			Internal Medicine, Level II ICU ONLY Privileges: Subclavian Vein Catheterization & removal
Mahran, Khalid	Internal Medicine	Active	
White, Thomas MD	Internal Medicine	Active	
Dang, Thai DO	Neurology	Active	
Lee, John MD	Neurology	Active	
Berger, Assaf MD	Neurosurgery	Active	
Meyers, Joshua MD	Neurosurgery	Active	
Smith, Danielle OD	Ophthalmology	AHP	
Markiewicz, Michael DDS MD	Oral Max & Otolaryngology	Active	<p>Privilege Withdrawal:</p> <ul style="list-style-type: none"> • Harvesting & Use of: Greater Auricular Nerve, Sural Nerve, Myocutaneous flap/graft (distant) • Osseomyocutaneous flap/Graft (distant) • Laser ablation/surgery <p>There was further discussion relative to professional liability cases present on the NPDB. Both were initiated in 2018 and both were settled in 2024. It is noted that Dr. Markiewicz did disclose the cases when he was informed of them. The judgements were substantial. Extracted for MEC Notification/Discussion.</p>
Biersbach, Halley PA-C Supervising MD: Falcone	Orthopaedic Surgery	AHP	
Gurske-Deperio, Jennifer MD	Orthopaedic Surgery	Active	
Kaminska, Stephanie PA-C Supervising MD: Mutty	Orthopaedic Surgery	AHP	
Stoeckl, Andrew MD	Orthopaedic Surgery	Active	
Loree, Thom MD	Plastic/Reconstructive Surgery	Active	
Cummings, Michael MD	Psych & Behavioral Medicine	Active	
Haak, Jennifer MD	Psych & Behavioral Medicine	Active	
Diiulio, Mark	Radiology	Active	<p>Privilege Addition:</p> <p>Department of Radiology, Level II Procedural Privileges, Special Imaging: Vascular Access</p>

			Department of Radiology, Level III Procedural Privileges: Nuclear Medicine – In Vivo Therapeutic Procedure
Gauriloff-Rothenberg, Jane MD	Radiology	Active	
Rozell, Joseph MD	Radiology	Active	
Heary, Blanka PA-C Supervising MD: Farrell	Rehab Medicine/Pain Medicine	AHP	
Khan, Sikander MBBS	Surgery	Active	
Montross, Brittany MD	Surgery	Active	
Ashraf, Hasmat MD	Thoracic/Cardiovascular Surgery	Associate	
Bold highlighted names are reappointment dates that will be changed to align with Kaleida			

X. AUTOMATIC CONCLUSION	Reappointment Expiration		
1st Notice	None	None	None
2nd Notice (3)	<p><u>Internal Medicine</u></p> <ul style="list-style-type: none"> Frank Freund, DO Apogee- will not seek reappointment per email. Expires 05/31/26 <p><u>Internal Medicine</u></p> <ul style="list-style-type: none"> Christian Wilson, MD Apogee- will not seek reappointment per email. Expires 5-31-2026 <p><u>Orthopaedic Surgery</u></p> <p>Erin Gatta, PA-C UB Ortho- will not seek reappointment per email Expires 05/31/26</p>	None	None
3rd Notice	None	None	None

XI. PROFESSIONAL PRACTICE EVALUATIONS			
OPPE	3 Departments completed: Neurosurgery (17 providers), Ortho Surgery (75 providers), and Pathology (19 providers).	System opportunities identified and addressed with the appropriate Cheifs of Service and referred to the Quality Department.	Via these minutes to the MEC and Board of Directors.
FPPE	19 FPPEs completed	No issues identified.	Via these minutes to the MEC and Board of Directors.
Tracking/Trending	One Voluntary Improvement Plan open (Otolaryngology)	None	None
XII. OLD BUSINESS			
Expirables	Any outstanding expirables were discussed with the Committee.	Follow-up is on-going to maintain compliance	For informational purposes
DEA, License, Boards	<p><u>April 2026</u></p> <ul style="list-style-type: none"> • DEA - 9 • License - 25 • Boards – currently running Internal Medicine MOCs <p><u>May 2026</u></p> <ul style="list-style-type: none"> • DEA - 9 • License - 1 • Boards – 1 MD, 1 NP 	No action is necessary at this time.	For informational purposes
MD Staff Update	<p>We are currently working in the system and the first round of reappointments were sent out successfully. 22 applications are currently live in the system.</p> <p>A physician received the notice to go into MD-Staff to review documents and was concerned if the email was legitimate. He was hesitant to fill</p>	A blast email explaining the MD-Staff messages will be crafted and sent out to all providers.	The office of the CMO will be contacted to draft and send out a blast email

	anything out since he was unfamiliar with the senders (MD-Staff program) email address. It was suggested that a blast email be sent to all providers explaining the MD-Staff emails they will be receiving and help alleviate confusion.		regarding MD-Staff messages.
XIII. NEW BUSINESS			
Oral & Maxillofacial Surgery Privilege Form	As the new Chief of Service for Oral Max, Dr. Michael Nagai has recommended changes to the reappointment criteria for all Level III privileges, adding reappointment thresholds focused on maintaining competence. Upon initial appointment & reappointments, cases will be required. The formal changes were provided to the Committee.	The Committee voted, all in favor to approve the privilege changes as submitted.	Via these minutes to the MEC and Board of Directors for review and approval.
XIV. ADJOURNMENT	There being no further business to discuss, the meeting was adjourned at 4:00 pm.		

Respectfully submitted,



Yogesh Bakhai, MD
Chair, Credentials Committee

ERIE COUNTY MEDICAL CENTER CORPORATION
APRIL 21, 2026 MEETING MINUTES
MEETING OF THE
EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS
VIA ZOOM

PRESENT: SHARON HANSON, EUGENIO RUSSI, MICHAEL SEAMAN

ABSENT: DARBY FISHKIN

ALSO

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

I. Call to Order

The meeting was called to order at 5:06 p.m. by Board Chair Eugenio Russi.

II. Minutes

Motion made by Sharon Hanson, seconded by Michael Seaman and unanimously passed to approve the minutes of the Executive Committee meeting of February 17, 2026 and March 5, 2026.

III. Hospital Update

General Overview

The Joint Commission made their final visit with minor findings for the hospital. The Laboratory department received full accreditation from the Joint Commission. Thomas Quatroche praised Phyllis Murawski and Charlene Ludlow for their extensive efforts during hospital surveys. Andrew Davis announced that Angela Hauser will be taking the position of Administrator of Terrace View. Ms. Hauser is an experienced operator of a local nursing home. Additionally, Mr. Davis announced that Julie Kline left ECMC to pursue a position in another state.

Finances Report

Jon Swiatkoski reported some improvement in financials during March. Improvement was seen compared with last year vs. month-to-month. Average LOS increased slightly from 8.4 days to 8.7 days. ALC cases remain steady in the 50s. Despite higher numbers in the LOS and ALC patients, the volume of patients being seen by the Emergency Department increased. Case-mix index also improved. Surgeries were lower than budget but higher than last year. March's net income reflected a net loss of \$5 M, which was complicated by the exceptionally high electric bill. Days operating cash on hand is currently 4-10 days. IGT Payment for March was delayed. Payer denial activity and payment delays continue to impact cash flow. There is currently no new information as

to when New York will pass the State budget. Mr. Swiatkowki gave an update on the current status of the line of credit with M&T.

IV. 2026 Budget Initiatives Update

ECMC continues to reduce FTEs, control spending and initiate cost saving plans.

V. Safety Net Transformation Funding Update

Mr. Swiatkowski reported on the grant process of four (4) projects: EPIC, the MRI, Physician Specific (recruiting, retaining, and educating primary care physicians through the expansion of the residency program through the University) and Pavilion project. EPIC schedule is on track.

VI. Other

Mr. Davis advised the committee members that they may hear from employees regarding leave time.

VII. Adjourn

There being no other business, the meeting was adjourned at 5:44 p.m.

ERIE COUNTY MEDICAL CENTER CORPORATION

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

TUESDAY, APRIL 21, 2026

BOARD MEMBERS PRESENT
OR ATTENDING BY VIDEO
CONFERENCE OR
TELEPHONE:

MICHAEL SEAMAN
REV. MARK BLUE*
BENJAMIN SWANEKAMP*

* ATTENDING BY VIDEO
CONFERENCE OR PHONE

BOARD MEMBERS EXCUSED:

PHILIP STEGEMANN, MD
DARBY FISHKIN

ALSO PRESENT:

JONATHAN SWIATKOWSKI
VANESSA HINDERLITER

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 Reverend Blue, seconded by Benjamin Swanekamp, and unanimously passed to approve the minutes of the Finance Committee meeting of March 17, 2026.

III. MARCH 2026 OPERATING PERFORMANCE

Mr. Swiatkowski began his presentation with a review of key statistics. He noted that March saw improvement over last year but remained unfavorable to budget. Average length of stay increased to 8.7 versus 8.4 in the prior month. The ER continues to face volume challenges and significant boarding but continued to operate over budgeted volumes of visits. Outpatient visits were also noted to have increased, primarily in clinic settings.

ALC cases averaged 50 on average daily census, which is consistent with prior months and, while still unfavorable to budgeted expectations, a significant improvement over the beginning of the year which saw a peak of 66. Substantial efforts are being made to address the ALC issues. Case mix was up 2.7%, however, was not enough to overcome the volume deficit, especially regarding inpatient cases. Overall surgeries were down, with outpatient 11% under budget and inpatient 2.9%. He noted that while these numbers are below budget,

they do reflect a positive trend when compared to the previous year. Regarding surgeries, Mr. Swiatkowski reviewed to the satisfaction of the Committee the physicians that have retired and the new surgeons that ECMC has recruited, and how that can be expected to affect volumes.

Outpatient numbers were positive, and admissions were over budget, but throughput issues continue to strain the resources in the ER.

Mr. Swiatkowski reviewed the Financial Dashboard for the month. March reflected a \$5 million loss versus the \$2.2 million loss budgeted. He noted that the year-to-date results reflect an extremely difficult quarter, well behind budget. Salaries and utilities continue to trend higher than budget. FTE numbers continue to exceed budget; however, they were down from previous months, from 3,934 to 3,824. Overtime was down in March to 221 FTEs as compared to a budget of 193 FTEs. Cash on hand ranged from 4-10 days throughout the month. The anticipated receipt of delayed IGT payments should improve cash on hand when it is received in April.

Mr. Swiatkowski reviewed the financial performance for February. Expenses increased over revenue for the month resulting in a loss of \$5 million versus the \$2.2 million loss budgeted. It was noted to be an extremely challenging month in nonoperating investment losses due to volatility in the markets, which may have a significant impact on actuarial analyses driving up future pension costs.

Mr. Swiatkowski reviewed the 2026 year to date operating revenue. Overall, inpatient volume was below budget, as was other revenue, resulting in a \$2 million variance from budget. ALC census, inpatient and outpatient surgical volume and other contributing factors were noted.

A check was received from the NYS Medicaid system for Medicaid supplemental revenue related to Terrace View during the month. A disbursement was made to all the state nursing homes as a supplemental Medicaid payment allocated within the New York State 2025-2026 budget. Specialty pharmacy revenue was behind plan due to a drop in volume, but that was offset by reduction to supply costs.

Mr. Swiatkowski reviewed the operating expenses. FTEs remain over plan but have been reduced. Benefits were noted to be below budget with better-than-expected health insurance and workers' compensation claims. Physician fees were primarily driven by the costs for anesthesiologists, and investments are also still being made in the captive PC Premier Health Partners. Other expenses were driven primarily by utility costs which vastly exceeded budgeted expectations due to weather related spikes for the first three months of the year.

Mr. Swiatkowski summarized the 2026 year to date performance. He noted that for the first quarter, ECMC was approximately \$15 million below budgeted expectations.

Mr. Swiatkowski noted that management is continuing to keep the NYS Department of Health VAPAP team informed on cash flow needs and ongoing initiatives at ECMCC, but also noted that the availability of VAPAP and other program funding depends on the finalization of the State budget. He noted that the ECMCC internal budget process begins in May, which will be further challenging due to the delay in the New York State budget. Mr. Seaman inquired about any available revenue sources or partnerships, which Mr. Swiatkowski addressed to the satisfaction of the committee.

Mr. Swiatkowski briefly summarized the 2026 year to date operating expenses. He noted that FTEs remained 184 over budget, although there have been consistent improvements. Agency and dietary costs have been reduced.

IV. OTHER UPDATES

Mr. Swiatkowski again noted that it is anticipated that an IGT payment will be received that will improve the cash on hand numbers, bringing them closer to 20 days. ECMCC continues to monitor the Epic implementation and state assistance for the project, DSH and ICP payment timing, and other fluctuations in cash flow. Mr. Swiatkowski summarized the different State and XMAS programs that ECMCC participates into the satisfaction of the Committee. He notified the Committee that a line of credit with M&T would be expiring in May, and efforts are being made to reduce collateral and propose new terms. Negotiations regarding this are ongoing.

Mr. Swanekamp asked for an update on the FTE reductions. Mr. Swiatkowski discussed the needs regarding the NYS minimum staffing and that the workforce is currently being heavily scrutinized on a biweekly basis. Mr. Swanekamp asked for clarifications on the Epic project status and DOH funding for grant projects, which Mr. Swiatkowski addressed to the satisfaction of the Committee.

Mr. Swiatkowski informed the Committee that Mr. Andrew Davis and Dr. Tom Quatroche were recently in Washington, DC advocating with HANYS on behalf of ECMCC. A trip to the NYS Capitol is also being planned for mid-May, with Mr. Andrew Davis and Mr. Peter Cutler, to meet with key NYS DOH and Division of Budget individuals and district representatives.

V. ADJOURNMENT

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

- Our ALC count is at 60 today, that's 53 med-surge beds and there are about 4 zones around the hospital.
- We have added Dr. Troy Woodard, who is the Chief Ear, Nose and Throat from University of Buffalo, coming from the Cleveland Clinic.
- We have begun construction in the lobby of the hospital around relocating our specialty pharmacy, which is a tremendous win for all of us.
- We are continuing work on the 11th floor expansion for behavioral health with the grant money we received, including modifications to CPEP.
- Our work with Epic is ongoing; Kaleida is within 100 days or less of their go-live on May 30th, where we go-live on October 24th.

V. EMPLOYEE RECOGNITION – ECMC AND TERRACE VIEW

Erin Conley, Manager of Human Resource Operations, presented the Employee Recognition Awards for the months of January and February. ECMC was proud to celebrate the honorees for their outstanding achievements and unwavering dedication to excellence.

ECMC Employee of the Month

- January 2026 – Jill McDonough – Administrative Control Clerk
- February 2026 – Samantha J. Smith – Senior Clinical Laboratory Technologist

Terrace View Employee of the Month

- January 2026 – Briana Drain – Administrative Control Clerk
- February 2026 – Damian Ashley – Certified Nursing Assistant, Albright

VI. DIVERSITY, EQUITY, AND INCLUSION

Andrew Davis, President and Chief Operating Officer, shared an update on the key departmental events and initiatives, which included the following highlights:

- Annual Black History Month Program
 - February 2026: Rev. Blue gave an eloquent speech during our program, which had wonderful attendance.
- Terrace View Black History Month Program
 - February 2026: We ensure the residents and staff at Terrace View are included in events and the resident's really love the engagement.
- Black History Paint and Snack Workshop
 - February 2026: We had a wonderful turn out at the paint and snack workshop. On top of the paint and snack workshop, we had several musicians come through the cafeteria throughout the month to provide entertainment to our patients and employees.
- Black History Month Career Panel Discussion
 - Featured several of our African American leaders throughout the building; Ramona Gant, John Baston, Santosha Gompah, Anthony Bando, and moderated by Donna Brown. This was well attended, and employees held a good discussion.

- Learning & Organizational Development Center
 - Learning & Organizational Development is restructuring and will be working with Julie Kline, CHRO, to put together a strategic plan for 2026 and 2027. This area on the ground floor is currently under repairs from the flood.

VII. RECRUITMENT AND RETENTION

Lisa Highway, Director of Recruitment and Retention, summarized the key highlights and initiatives, which included the following highlights:

- Retention
 - We are actioning a civil service audit to ensure dates are up to date. We are working with the NY Helps Program; to move people from provisional to permanent status. This initiative was originally scheduled through June 2026, it has now been extended to December 2026.
- Recruitment
 - The team are going to colleges and job fairs.
 - We have a waiting list for nurses to be hired. This gives us the opportunity to be more selective within our hiring process.
 - We are actively hiring for high turn-over and hard to fill positions.

VIII. COMPENSATION, BENEFITS, AND HRIS

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

- Compensation
 - After the reduction in force, requests for new positions have slowed down.
 - Survey season is still here, even though we got through Joint Commission, we have CARF coming up.
 - We have employee of the year coming up and have physical and digital invitations for you to attend this event. We will unveil who it is during the event.
 - The Years of Service Dinner is on Wednesday, May 13th, which you are invited to attend.
 - Healthcare Explorers have taken off, we reduced our class size due to Epic implementation. Please notify anyone interested to get their applications in early as we have limited capacity.
- Benefits Update
 - Status Quo
- HRIS
 - We are making improvement's post go-live of our Workforce Management system, timekeeping, and scheduling. As we iron out the go-live issues we are moving into a system enhancement phase later this year.

IX. LABOR RELATIONS DEPARTMENT UPDATE

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

- We have been dealing with several grievances primarily NYSNA and CSEA. We are whittling down the number of unresolved cases.
- The last meeting with CSEA was very manageable. I would like to compliment the HRBP's they went above and beyond what is expected of them during the layoff process and demonstrated the engagement to the organization.

X. CLOSING REMARKS

The next meeting is scheduled for May 12, 2026.

XI. ADJOURNMENT

Moved to adjourn the meeting at 10:54a.m.

**M/WBE Quarterly Sub-Committee
Meeting Minutes 2/17/2026
10:00-10:30am**

Members Present: Diane Artieri, Rev. Mark Blue, Donna Brown, Nicholas Long, Jonathan Swiatkowski, Lindy Nesbitt, Peter Cutler, Joe Giglia, Christian Johnson

Excused: Andy Davis, Kinzer Pointer, Sarina Rohloff

Topic	Discussion
Call to order	Rev. Blue called the meeting to order at 10:05am
Approval of Minutes	Approval of the August 13, 2025, meeting minutes <div style="text-align: right;">1st Motion – Christian Johnson 2nd Motion – Rev. Blue All in favor</div>
New Business	
MWBE Utilization	<p>MWBE Utilization by NYS Fiscal Year – We are currently in the midst of 2025-26 fiscal year – MWBE Utilization at 46.69% - April 25 thru December 2025 (9 months)</p> <p>Utilization by industry</p> <ul style="list-style-type: none"> • Non-construction \$2.6M, total utilization 70.46% • Construction based \$1.09M, total utilization 29.54% - will see more construction utilization occurring through the Department of Health (grant project) • Total utilization \$3.69M <p>Utilization by category</p> <ul style="list-style-type: none"> • MBE Utilization \$2.22M, WBE Utilization \$1.47M with a total utilization of \$3.69M (April 2025 thru December 2025) <p>Utilization by region – April – December 2025</p> <ul style="list-style-type: none"> • Buffalo – 29.53% • WNY outside of Buffalo 33.52% • NYS outside WNY – 34.78% • Outside of NYS – 2.18%

Buffalo Purchasing Initiative	<p>We have successfully concluded 2025, surpassing our \$900,000 goal and currently reaching approximately \$1 million. Moving forward, the program is shifting its focus to setting goals that support local small businesses in Niagara County, Erie County, and Native American communities of Western New York, with an emphasis on businesses employing fewer than 100 individuals.</p> <p>Spend in East Buffalo was previously defined by a subset of ZIP codes. BPI will be transitioning to a place-based model encompassing 17 ZIP codes. Of the \$1 million in total spend, \$853,000, representing 85% is concentrated within these 17 ZIP codes.</p>
SDVOB Utilization	<p>SDVOB utilization by NYS fiscal year reflects a smaller vendor pool of approximately 1,200, primarily concentrated in construction. Between October and December, an additional thirty-three vendors were newly certified and added to the pool.</p>

ECMC's MWBE Program in the Community	<ul style="list-style-type: none">• ECMC received its 9th consecutive A+ on ESD's MWBE scorecard for the period of April – September 2024• September 2025 – Procure Local Supplier Showcase• Buffalo-Niagara MWBE Conference Expo October 2025• ECMC's Veterans Day Celebration November 2025• NYS MWBE Forum in Albany – November 17-18, 2025
Questions	
Adjourn	Rev. Blue adjourned the meeting at 10:25am: Next meeting is May 19, 2026, at 9:30am

ERIE COUNTY MEDICAL CENTER CORPORATION

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

TUESDAY, APRIL 14, 2026
MICROSOFT TEAMS PLATFORM

BOARD MEMBERS PRESENT: REV KINZER POINTER, MICHAEL HOFFERT, CHRISTIAN JOHNSON, BENJAMIN SWANEKAMP

PRESENTERS: THOM LOREE, MD, WILLIAM FLYNN, J., MD, KEITH KRABILL, MD AND FRANK CHEN, MD, DR. CLAU AND CHARLENE LUDLOW, RN, CIC

SERGIO ANILLO, MD
DONNA BROWN
CHARLES CAVARETTA
SAM CLOUD, DO
JOHN CUMBO
PETER CUTLER
ANDY DAVIS
CASSIE DAVIS
BECKY DELPRINCE, RN
WILLIAM FLYNN, MD
KEITH KRABILL, MD
MARC LABELLE, RN
CHARLENE LUDLOW, RN, CIC
PHYLLIS MURAWSKI, RN
BRIAN MURRAY, MD
JENNIFER PUGH, MD
THOMAS QUATROCHE, PHD
MEG REILLY, RN
ASHVIN TADAKAMALLA, MD

Call to Order

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

I. Minutes

March 10, 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. Plastics & Reconstructive Surgery – Thomm Loree, MD

Dr. Loree presented on the department of Plastics & Reconstructive Surgery. He opened with a review of the physicians that are in the department.

The agenda consisted of volume and outcomes, department updates and department goals along with initiatives. Dr. Loree began with a review of all three agenda items with graphs reflecting the information.

Dr. Loree spoke about volunteer staff and additional physicians. He also spoke on the Plastic Surgery Residency program which includes three residents along with Dr. Burke and Dr. Frey as Co-Program Directors. The Plastic Surgery Residency Program is planning an expansion to the current program to accommodate 6 residents.

Dr. Loree reviewed ongoing initiatives including research initiatives for the department.

III. Trauma – William Flynn, J., MD

Dr. Flynn presented on Trauma Surgery. He had a full agenda which included a Trauma center reverification timeline, demographics, registry update, PI projects along with research goals and program goals.

Dr. Flynn spoke about the department's March 5, 2025 reverification site visit and the timeline of events associated with it through September of 2025. The department received full verification extended to March 11, 2028.

Department volumes, regions and numbers where patients come from, department update, and mechanism of injury were all discussed. Dr. Flynn also reviewed the Trauma registry and shared a department update.

QAPI projects include a decrease in incidence of VTE, antibiotics for open fractures within 60 minutes, shorter time to mortality case review and closure, decrease incidence of ventilator associated pneumonia and ETOH screening/intervention compliance. Research within the department was also reviewed.

IV. Laboratory Medicine & Pathology – Keith Krabill, MD & Frank Chen, MD

Dr. Krabill and Dr. Chen presented on the department of Laboratory Medicine & Pathology. The agenda consisted of department updates, volume and outcomes, QAPI projects, incident report summary and department goals.

Updates showed regulatory surveys of AABB, NYSDOH laboratory, and the Joint Commission Laboratory took place and were all successful. The department is currently staffed with 74 employees.

Department volumes were reviewed along with previous year's goals and accomplishments. Quality improvement goals, quality monitors, turnaround time and QAPI projects from the department were reviewed and discussed.

V. Infection Control – Jon Claus, MD and Charlene Ludlow, RN, CIC

Dr. Claus and Charlene Ludlow presented on Infection Control and Prevention. A department update included monthly departmental meetings, Dr. Gurmat Gill, DO left the practice on July 1, 2025, and Kara Woods, PA left the practice in November of 2025.

Surgical site infections and hospital acquired infections from 2025 were discussed.

Dr. Claus and Charlene reviewed QAPI Projects. The ongoing projects include spine SSI multidisciplinary groups, antibiotic stewardship measures, and CLABSI and CAUTI prevention teams with nursing.

Current year quality improvement goals consist of ACGME in-person site visit for ID fellowship, acceptance of COVID positive kidney transplant donors to expand pool, and ongoing meetings with Kaleida for Epic IP/ID.

VI. 2026 QAPI Plan – Phyllis Murawski, RN

Phyllis Murawski presented the Quality and Patient Safety Program and the Performance Improvement Program for 2026. Phyllis reviewed the objectives regarding the Quality and Patient Safety program. She also discussed the purpose of the program and the role of hospital leaders with regards to patient safety. Phyllis reviewed the culture of safety and the key elements associated with it. A review of the scope of the program took place discussing the priorities set by hospital leadership in accordance with strategic goals set by Erie County Medical Center Corporation. Phyllis also discussed the structure, approval and authority regarding the Quality Committee, Executive Leadership and the Medical Executive Committee.

The Performance Improvement Plan for 2026 was reviewed sharing the purpose and objectives, along with the performance improvement methodology.

Phyllis shared the Quality and Patient Safety Committee report from March 21, 2026. This included reports from Environment of Care Committee, Patient Experience and Pharmacy & Therapeutics Committee.

VII. Adjourn

There being no further business, the motion was made and seconded to adjourn the meeting. The next meeting will be held on May 12, 2026.

Dear ECMC Board Members,

We continue to work on strategies to overcome the operational challenges that persist from outside factors in the healthcare landscape, and we are aggressively looking at solutions from both state and national policies to help overcome some of these persistent issues. While we continue to experience declines in areas such as surgeries, admissions via the Emergency Department and Outpatient Visits, each had modest increases this month. The inpatient census for April 2026 versus April 2025 also increased slightly.

ECMC continues to earn successful accreditations reflecting the high-quality care provided. Commission on Accreditation of Rehabilitation Facilities (CARF) came to ECMC in early May for a survey of our Rehabilitation programs and, by all accounts, the two-day survey went very well. We expect to hear soon regarding reaccreditation for another three-years.

Underscoring the excellence of ECMC's ambulatory programs, congratulations to ECMC's Amanda Farrell (Population Health) and Mary Jimerson (Ambulatory) who were honored recently during the University at Buffalo School of Nursing's 13th Annual Research Day. Their poster presentation, Advancing Hypertension Control in Disparate Populations, highlighting ECMC's community-based hypertension control efforts, won the event's Community Partner Ellen Volpe Memorial Award.

As we have done over the past four years, ECMC participated in a somber 5/14 Remembrance Ceremony to show that the ECMC Family chooses love and fights racism and hatred in all its forms. This year included the participation of Masten District Councilwoman and President Pro Tempore of the Buffalo Common Council, Zeneta Everhart whose son Zaire Goodman was seriously injured on that horrible day and was brought here for his care. She extolled ECMC's caregivers for their compassion and clinical excellence to ensure Zaire and the other two survivors received the very best care possible to help them recover.

A ribbon cutting was recently held in ECMC's lab for the new Abbott Lab Automation System known as GLP Systems Track. It is the first automation system in the U.S. for clinical labs featuring smart CAR technology, boosting lab performance and flexibility. The new state-of-the-art system reduces turnaround time and removes at least 80% of manual steps, increasing reliability and minimizing errors to help provide patients with quicker lab results. The automation system is the first in the U.S. for clinical labs featuring this smart CAR technology, which allows samples in self-propelled cars to travel throughout the track without a belt. This increases flexibility for labs and helps boost performance. The smart CAR technology streamlines operations so labs can provide quick, accurate results and deliver the best care to patients and customers.

This year's Smile Cookie campaign, done in cooperation with Tim Hortons, ran from April 27th through May 3rd and included a visit to ECMC's 6th Floor Orthopedic Unit by our good friend Russell Salvatore who provided Smile Cookies to the caregivers throughout the Unit. Since the Smile Cookie campaign was first launched in 2018, the annual one-week effort has raised \$921,522.68, which supports programs and initiatives that benefit ECMC's frontline caregivers. We will soon learn from Tim Hortons what this year's Smile Cookie campaign raised for ECMC.

This May Board report marks the final monthly report I will present to the Board. Every month, each report concludes with my sincere thanks and appreciation for everything the Board does in support of me, Executive Leadership and, most importantly, our remarkable caregivers. Your consistent support and encouragement have been very reassuring, fortifying our efforts and initiatives to make ECMC the best healthcare institution it can be and to provide our patients with the very best services they need and deserve. It's impossible to recognize all the various elements of invaluable guidance and counsel the Board has provided me throughout my tenure, so great have been your innumerable contributions – not just to me, but to our entire institution. And so, I leave ECMC with enormous appreciation and thanks for the opportunity the Board has provided me to lead such an incredible institution and I will always be grateful for your confidence in me and the amount of personal time you dedicate to ensure ECMC continues to lead the way in healthcare in Western New York.

With deep gratitude,

Tom

**Erie County Medical Center
Board Report
President & Chief Operating Officer
May 26, 2026**

Submitted by Andrew Davis

OPERATIONS

Ambulatory Services

- In April, the Ambulatory team has been working together to optimize clinic scheduling templates to ensure we are maximizing capacity for our patients to be seen as timely as possible. Through this weekly gathering that takes place, the Ambulatory team is now ahead of budget and prior year for volumes for both the month of April and YTD! This was a tremendous accomplishment by the team.
- EPIC Preparedness: With the help of our EMR specialist, Tara Kowalik, our team is rounding with our providers and providing them with education to optimize the patient problem lists and tasks for our clinics so when the EPIC transition takes place, we will be in the best prepared state from a documentation perspective.

Center of Cancer Care Research

April 2026

Monthly Oncology Research Report – Dr. Jennifer Frustino

Operations

- Table event for Oral, Head, and Neck cancer awareness month (April) in the main lobby.
- ECMC will provide Oral Cancer Screening at the Buffalo Bisons game on Thursday night, August 6, 2026.
- Team is participating in the Epic transition on the Research Advisory Council and two different work groups and have been attending all related Epic meetings.

Research Updates

- Meetings with UB Research collaborators: R21 Microbiome and Viral Association.
- New Research Coordinator was hired with a start date of May 4, 2026.
- One Dental student was approved and funded for summer program with a start date of May 12, 2026.
- Five (5) new subjects consented for research studies and nine (9) study visits conducted in April.

Environmental Services

- Linen Transition
 - Improved consistent supply of quality linen being supplied.
 - Fine tuning of par levels and delivery schedules continues.
- Several floor maintenance projects were completed throughout the facility.

Food & Nutritional Services

- **Operations**
 - New patient services menu items will go live on June 6th.
 - Byte technology has been added to the Great Lakes Café and will soon be added to the ER for additional food options.
 - Catering has been overwhelmingly successful and continues to receive excellent client feedback.

Laboratory Services

Equipment Upgrades/Replacements/Contracts:

- **Chemistry/IA Specimen Processing Technology Upgrade**
 - Abbott GLP Track go-live completed on 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 Pathology department will go-live with the WAVE 1 Phase with Kaleida.
- **Specimen Collection Space**
 - The department continues to escalate the need to address the Specimen Collection Clinic space, which in its current configuration cannot support the EPIC workflows which require additional technology needs within the space. Organizational evaluation continues. Evaluation of reopening a satellite location on the second floor of the Snyder building is under review.
- **Hematology Platform Upgrade**
 - End of Life cycle replacement of the current Sysmex Hematology platform tracking for completion by Q1 2027. Joint agreement with Kaleida system providing saving across the entire network.

Plant Operations / Capital Projects

Plant Operations/Facility project updates include the following:

Tim Horton's Renovation – Complete (Contractor)

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

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 2026. Demo is complete, insulation and walls have been installed.
- **Work anticipated:** 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.

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

- **Work completed:** 100% design development received. Itemized project cost estimate comparison revisions/updates. FEMA extension provided until January 2027 with the ability to reapply for another extension in January 2027. Construction Manager firm (CM) released bid on April 24, 2026 and closes May 24, 2026. Four trades in the bid had no or low participation. Those sections will be re-bid by mid-June.
- **Work anticipated:** Construction to begin July 2026.

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 May 20, 2026.

CPEP & 11th Floor – Pending (Contractor)

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

MRI – 1st Floor – Pending (Contractor)

- A/E amendment in review to begin MRI design and construction estimate.

Population Health

In April, our team participated in five community outreach events, engaging with more than 300 community members. As a result of these efforts, nine individuals who previously experienced gaps in medical care were successfully connected to the services they needed. Our blood pressure awareness initiative continues to demonstrate meaningful impact, with over one-third of event participants taking part in blood pressure screenings. On April 16, we also hosted our monthly awareness tabling event in the ECMC main lobby, focusing on head and neck cancers. This initiative emphasized the importance of HPV vaccination in preventing these and other HPV related cancers later in life, while also highlighting the value of maintaining routine dental examinations.

- Target BP data for 2025 was successfully submitted ahead of schedule, resulting in a \$1,000 stipend for early reporting. This achievement shows the team’s ongoing commitment to improving quality, delivering timely data, and advancing hypertension and diabetes control initiatives.

- Continued partnership with Healthcare Association of New York State (HANYS) and the WITNESS Project, which secured an additional \$10,000 to support community engagement. We are partnering with ECMC Cancer Care services to remove barriers to care by coordinating transportation and support resources, ensuring that patients undergoing chemotherapy can attend scheduled treatment appointments.
- Began a partnership with Go2 for Lung Cancer to increase lung cancer screenings at ECMC.
- Population Health team members scheduled 454 appointments across ECMC Ambulatory Center locations.
- Mary Jimerson - Ambulatory Unit Manager, and Amanda Farrell - Clinical Nurse Specialist, for Population Health, represented ECMC at the American Academy of Ambulatory Care Nursing (AAACN) conference in Orlando, FL, where they presented a poster on *Advancing Hypertension Control in Disparate Populations*. The presentation highlighted successful strategies to improve blood pressure control, reduce health disparities, and strengthen equitable care delivery across ambulatory settings.



Rehabilitation Services

- April was Occupational Therapy Month. The department celebrated the contributions of OT's across the campus.
- PEDS Rehab initiated small group special education services as part of a 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 new therapeutic cases were initiated. In the preschool program three (3) new enrollments were initiated.
- PEDS Rehab participated in Erie County Preschool Task Meeting with County representatives, NYS Special Education representatives, local school districts, and provider agencies. Discussed concerns and issues brought up by DDAWNY education committee, with PEDS Supervisor as the spokesperson.

Supportive Care & Palliative Medicine

Metrics:

- Total Inpatient Consults for **April**: 149

- Transitions of Care: 20
- Discharge with Home Hospice: 4
- Terrace View: 7
- Sloan Comfort Home: 1

Meeting participation includes the following:

- Caregiver Support/Assessment: Twenty-six (26) identified caregivers were screened, with eight (8) full assessments completed and transferred to ECDSS.
- CoC workgroup meetings

Terrace View

Operations

- Census: The average monthly census for **April** was **380**.
- Facility Operations/Renovations:
 - Servery 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.
 - RFPs prepared for ventilator maintenance, negative pressure wound therapy and Medicare Part B medical supplies, awaiting vendor approvals.

PATIENT EXPERIENCE

Press Ganey Scores

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

Human Experience Domain	MTD April 1 2026 - April 30, 2026 N= 28 (est)	MTD April 1st 2025 - April 30th, 2025 N= 114 (final)	NYS 2026 Benchmark
HCAHPS - Nurses	74 (est)	77	76
HCAHPS – Doctors	63 (est)	75	77
Discharge Info	75 (est)	89	85
Overall Rate	64 (est)	71	66

Laboratory Services

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

- MTP Protocol Change

- Introduction of Liquid Never Frozen Plasma into the component MTP protocol. Working collaboratively with the Trauma and Connect Life teams for protocol changes effective June 15, 2026.

Rehabilitation Services

- The OP Rehab Psychology team created a supportive visit program for inpatients reporting isolation during inpatient hospital stay.

Transplant

- ECMC is participating in the Dialysis Health Fair in May 2026.

PEOPLE

Ambulatory Nursing Services

Recognition

- Mary Jimerson - Ambulatory Unit Manager, and Amanda Farrell - Clinical Nurse Specialist, for Population Health, represented ECMC at the American Academy of Ambulatory Care Nursing (AAACN) conference in Orlando, FL, where they presented a poster on *Advancing Hypertension Control in Disparate Populations*. The presentation highlighted successful strategies to improve blood pressure control, reduce health disparities, and strengthen equitable care delivery across ambulatory settings. received an award for their poster and work on the Remote Patient Monitoring for the Ellen Volpe Community Partnership Award.

Updates

- Realigning care with scope of practice in our Orthopedic clinic.
- Revamping the PPE policy to promote nurse safety with proper PPE with chemo administration.
- Empowering the staff in Family Health Center during medical emergencies through support and reeducation.

Food & Nutritional Services

- Hannah Santoro, CNM, was recognized by Metz for her national presentation on Advanced Clinical Practice and Reimbursement Strategies.
- The staffing turnover rate for April is 5%.

Plant Operations

- Held OSHA Safety Training (10hr) course for Plant Operations staff.

Rehabilitation Services

Events/Presentations

- The Outpatient Rehab psychology intern (Olivia Fleming) presented two posters at the Niagara University Undergraduate Research Conference:

- *Family Disability Study*: Olivia Fleming, Leah Hazel, & Carolyn Shivers
- *Executive Function & Neurodivergence/Chronic Illness in College Students*: Olivia Fleming & Carolyn Shivers
- Outpatient Rehab Psychology intern, Maggy Mundschau, presented her research, *Life Outlook, Relationships, and Stress: A Comparison of Sibling Pairs With and Without Mental Illness* at the WNY Undergraduate Psychology Conference on April 12th.
- ECMC OP PT in collaboration with UBMD Orthopedics had their study: *Martindale, M, Carland, A, Weiss-Laxer, N, Freitas, M, DiVasta, A, Brownell, B, Smolinski, R, Burnett, W, Thorpe, L, Bisson, L. Acceptability and Feasibility of a Conservative Degenerative Knee Care Trial among Primarily Black Patients. Poster presentation at: University at Buffalo Community Health Equity Research Institute Fourth Annual Research Day; April 25, 2026; Buffalo, NY* presented at UB's Annual Research Day hosted by UB's Health Equity Research Institute.

Education/Training

- PT Journal Club: Acute PT staff are continuing Journal Club to review studies and to continue to review current evidence to support PT practice.
 - Article, *"Risk factors for arterial catheter failure and complications during critical care hospitalization: a secondary analysis of a multisite, randomized trial* was reviewed. Discussion was relevant to the acute therapy department as therapists often need to make decisions about how to mobilize patients in the ICUs with various types of critical lines.
- John Lindhurst in-serviced acute therapy staff on *Emergency Management and Emergency Medicine: A brief overview of the two systems and how therapists can be a positive contributor in a fast changing and chaotic environment.*
- *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.*

Staffing

- Dr. Siva Yedlapati took on the role of Rehabilitation Director at the end of March and committed to continue this role through the completion of the MRU's CARF survey.
- Dr. Aaron Jerzewski, Psychiatrist, rotated to the MRU on April 6 and will continue through early May. Dr. Jerzewski and two other psychiatrists will rotate to ECMC MRU monthly to provide psychiatry support.

Supportive Care & Palliative Medicine

- Dr. Lee, Sandra, and Brittany facilitated the Serious Illness training at UB.
- Sandra, Katie, and Kate met with the Director of Social Work to discuss partnership for continuing support for caregivers of admitted patients.
- Katie hosted a table event for National Healthcare Decisions Day.

Terrace View

- New Terrace View administrator, Angela Hauser, is scheduled to begin May 26, 2026.

QUALITY

Dialysis

- Quarterly Dialysis Facility Report released for fiscal year 2026, commenting period May 1st-15th. This report is utilized by the state surveyors as a resource for surveys. The comments help to demonstrate as a facility what we are doing to improve in areas below the state thresholds.

Environmental Services

- EOC Projects
 - Securing EVS tools in Behavioral Health areas.
 - OR Soiled Hold Eye Wash Station is clean and unobstructed.
 - Continue to follow corrective action plans and weekly auditing.
 - JCAHO 120-day survey with no issues documented.

<u>Items</u>	<u>Audits</u>	<u>Compliant</u>	<u>% Compliance</u>
EVS BH Carts locked handles	45	45	100%
EVS Carts -wet floor signs	45	45	100%
Clean Utility	5	5	100%
Eye Wash Station	5	5	100%
Total(s)	100	100	100%

Food & Nutrition Services

- All Press Ganey scores are increasing and trending up.
- Patient Services has reduced late trays to under 5% per meal.

Press Ganey Scores

- Meals Overall
March Score: 73 (Goal: 75)
- Temperature of Food
March Score: 67 (Goal: 75)
- Quality of Food
March Score: 66 (Goal: 75)
- Courtesy of Person Serving
March Score: 88 (Goal: 87)

Touchworks data (455 responses)

- Food Overall
April Score: 79.3

- **Temperature of Food**

April Score: 83.4

- **Courtesy**

April Score: 88

Laboratory Services

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

- Specimen Patient Identification/Specimen Labeling Case Calls: YTD through March, there were (26) Case Calls reported for incorrect patient identification/specimen labeling errors. Med Surg (9), ED (8), BH (3), CC (2), and OP (3).
- Improve the Glucometer cleaning documentation across all POCT locations to $\geq 90\%$ monthly. For March 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 82- 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 accepted by Joint Commission.

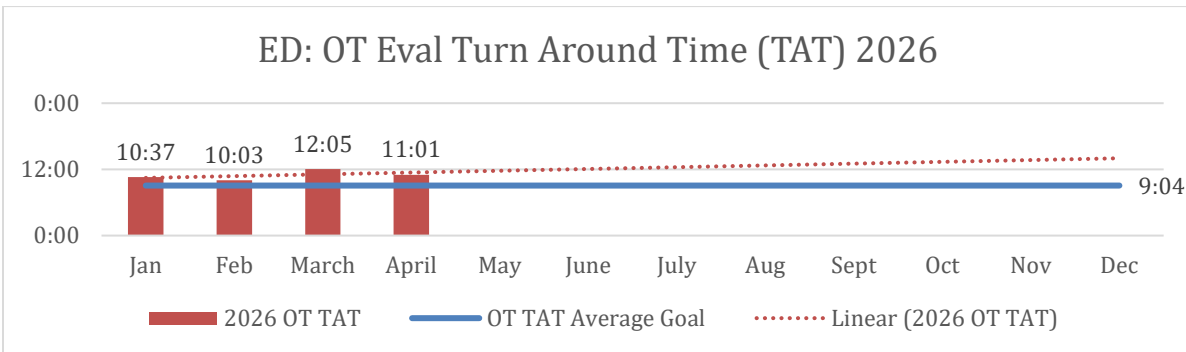
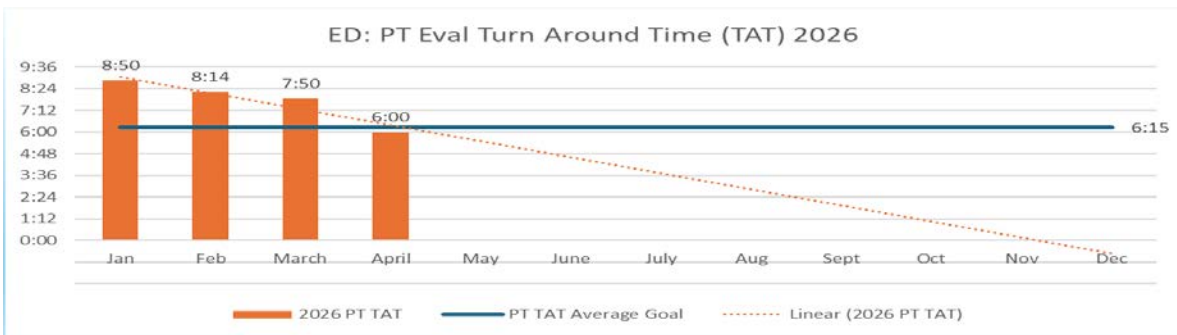
Radiology

- Diagnostic Imaging Center of Excellence accredited until January 2028.
- All modalities are ACR accredited until 2027.
- FDA annual inspection is due in July or August 2026.
- 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 212 mammograms and identified nine (9) callbacks with suspicious findings. Three (3) followed up and scheduled biopsies, six (6) did not follow up.

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.
- For 2026, Acute Therapy Department is working on an initiative to try to decrease “turnaround time” (TAT) for therapy referrals in the ED by 30 minutes compared to the average TAT from 2025 for both PT and OT. A PDSA has been introduced at QAPI with strategies for improvement.
 - PT ED referral TAT for April was 6:00 Hrs., down 1:50 from March, and 15 minutes under the target TAT goal of 6:15
 - OT ED referral TAT for April was 11:01 Hrs., down 1:04 from March, 1:57 over the target TAT goal of 9:04.



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.
- NYSDOH Reportable Events
 - There were seven (7) DOH reportable events in April.
- NYSDOH Surveys

- NYSDOH surveys have resumed. DOH survey prep and audits are actively being conducted in preparation for the upcoming annual survey.
- NYSDOH completed an abbreviated survey on April 17, 2026 due to facility reporting a break in a resident care plan resulting in injury. Plan of correction is due May 16, 2026.
- Office of the Medicaid Inspector General
 - An audit 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. Awaiting results of submission.
- CMS PBJ Reporting: PBJ report is due May 8, 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.

FINANCIAL

Dialysis

Budget and Variance:

- Outpatient (in-center treatments): 2026 Budgeted **7,648** treatments, Variance **(-568)** due to decreased census. Evaluating referring providers' volumes.
- Home Program: (Home Peritoneal & Home Hemodialysis): YTD Budget **457** treatments, favorable to the budget, Variance **(760)**
- Total: **192** treatments for the year, PD volume continues to demonstrate tremendous growth from 2025.

Census Volume:

- Outpatient (in-center treatments): **April = 6,773** treatments, YTD 2026 total = **7,080**
- Home Program: (Home Peritoneal & Home Hemodialysis): **April = 319** treatments, 2026 total = **1,217** favorable to budget.

Dialysis			2025			2026			
			YTD	Budget	Variance	Apr	YTD	Budget	Variance
4555	AKI	Hemodialysis - AKI	378	-	-	27	74	-	-
	DIALNON	Hemodialysis - Non-ESRD	3	-	-	0	0	-	-
	DIALTRAN	Hemodialysis - Transient	843	-	-	61	233	-	-
	HD	Hemodialysis - Chronic	22,618	-	-	1,698	6,773	-	-
	4555 Totals		23,842	24,119	-277	1,786	7,080	7,648	-568
5660	HOMEHD	Hemodialysis - Home	0	-	-	0	0	-	-
	PD	Hemodialysis - Peritoneal	3,109	-	-	319	1,217	-	-
	5660 Totals		3,109	1,500	1,609	319	1,217	457	760
Totals			26,951	25,619	1,332	2,105	8,297	8,105	192

Environmental Services

- Overall labor expenses are 5.70% under budget for March.
- Overall cleaning supply expenses are 31.21% over budget for March.

Food & Nutritional Services

- Budget
 - For the month of April, the costs for food, labor, paper, and chemical costs were under budget.
 - Food cost was under budget by \$22,523.00.
 - Paper and chemical costs were under budget: \$23,682.00.
 - The overall April budget was \$46,100.00 under budget.

Laboratory Services

- The department budget volumes for FY2026 YTD March is +2.4% to budget target and -2.2% over FY25. The overall operating budget FY2026 YTD March is negative to budget target by 3.3%. 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 8.6% over budget for 2026.

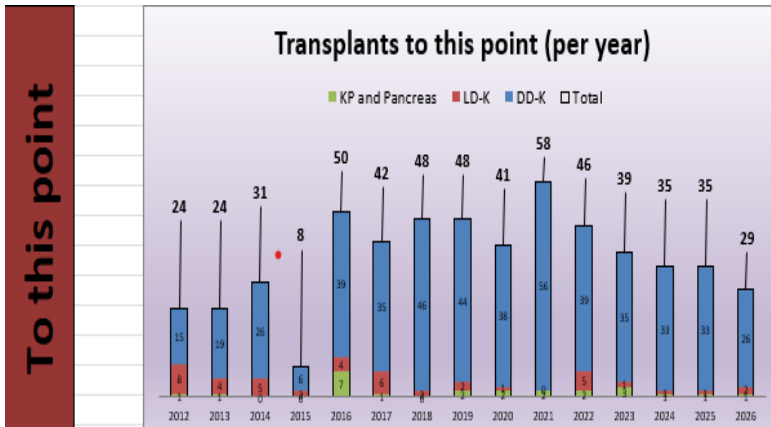
- 2025: 210,211 total procedures
- 2024: 207,058 total procedures
- MRI grant obtained for \$3M, vendor presentation are ongoing.

Rehabilitation Services

- The MRU monthly therapy statistics combined PT and OT for units of service were 3931 against a budget of 2650 for a *positive variance* of 32.6%. SLP services combined for MRU and Acute care services were 694 against a budget of 405 with a *positive variance* of 41.6%.
- The MRU had 28 admissions and 20 discharges with 461 patient days and a LOS of 23.1 days, **ADC 15.4**.
- The Outpatient Therapy and Psych teams finished April with 125 visits or 5% collectively over budget.
- Outpatient Psychiatry finished April with 13 visits, or 10% over budget.
- PEDS Rehab had their reimbursement rate for Special Education Itinerant Services (SEIT) 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).

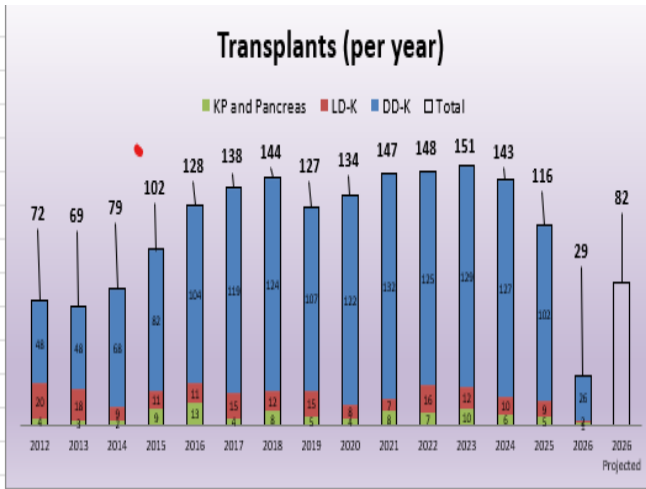
Transplant

- As of May 1, 2026, we performed **(29)** transplants, which is **(-6)** transplants than the same time in 2025. We have projected **(82)** transplants for 2026.
- Pre-Transplant Clinic is above budget by **(+82)**.
- Post-Transplant clinic is below budget by **(-48)** visits; this is expected with the decreased overall transplant volume.
- Total clinic variance is favorable to budget **(34)**.



	DD-K	LD-K	KP	Pancreas	Total
2009	20	10	0	0	30
2010	19	17	0	0	36
2011	15	5	2	1	23
2012	15	8	0	1	24
2013	19	4	1	0	24
2014	26	5	0	0	31
2015	6	2	0	0	8
2016	39	4	4	3	50
2017	35	6	1	0	42
2018	46	2	0	0	48
2019	44	2	2	0	48
2020	38	1	2	0	41
2021	56	0	2	0	58
2022	39	5	2	0	46
2023	35	1	3	0	39
2024	33	1	1	0	35
2025	33	1	1	0	35
2026	26	2	1	0	29

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	26	2	1	0	29
2026 Projected	-	-	-	-	82

Transplant / Vascular			2025			2026		
			YTD	Budget	Variance	YTD	Budget	Variance
6430	TRANPRE	Transplant Clinic	586	-	-	209	-	-
	TRANPREPRC	Transplant Clinic	0	-	-	2	-	-
	6430 Totals		586	650	-64 ↓	211	129	82 ↑
6431	TRANPOST	Transplant Clinic	0	-	-	1	-	-
	TRANPOST	Transplant Clinic	3,595	-	-	1,167	-	-
	6431 Totals		3,595	4,363	-768 ↓	1,168	1,216	-48 ↓
Totals			4,181	5,013	-832 ↓	1,379	1,345	34 ↑

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Internal Financial Reports
For the month ended April 30, 2026

Erie County Medical Center Corporation

Financial Dashboard

April 30, 2026

Statement of Operations:

	Month	Year-to-Date (YTD)	YTD Budget
Net patient revenue	\$ 60,835	\$ 240,353	\$ 248,486
Other	19,157	72,751	73,801
Total revenue	<u>79,992</u>	<u>313,104</u>	<u>322,287</u>
Salary & benefits	43,349	175,557	169,570
Physician fees	11,338	45,452	43,441
Purchased services	7,645	29,525	31,107
Supplies & other	18,405	72,540	70,492
Depreciation and amortization	4,188	16,753	16,753
Interest	974	3,870	3,925
Total expenses	<u>85,899</u>	<u>343,697</u>	<u>335,288</u>
Operating Income/(Loss) Before Other Items	(5,907)	(30,593)	(13,001)
Grant revenue	-	-	-
Income/(Loss) from Operations With Other Items	<u>(5,907)</u>	<u>(30,593)</u>	<u>(13,001)</u>
Other Non-operating gain/(loss)	2,001	1,861	96
Change in net assets	<u>\$ (3,906)</u>	<u>\$ (28,732)</u>	<u>\$ (12,905)</u>
Operating margin	<u>-7.4%</u>	<u>-9.8%</u>	<u>-4.0%</u>

Balance Sheet:

Assets:

Cash & short-term investments	\$ 36,837
Patient receivables	119,676
Assets whose use is limited	154,665
Other assets	425,490
	<u>\$ 736,668</u>

Liabilities & Net Assets:

Accounts payable & accrued expenses	\$ 389,319
Estimate self-insurance reserves	49,615
Other liabilities	390,599
Long-term debt, including current portion	176,620
Lease liability, including current portion	22,083
Subscription liability, including current portion	21,646
Line of credit	10,000
Net assets	(323,214)
	<u>\$ 736,668</u>

Cash Flow Summary:

	Month	YTD
Net cash provided by (used in):		
- Operating activities	\$ 24,900	\$ (16,591)
- Investing activities	(1,609)	18,366
- Financing activities	(94)	(5,653)
Increase/(decrease) in cash and cash equivalents	23,197	(3,878)
Cash and cash equivalents - beginning	<u>11,414</u>	<u>38,489</u>
Cash and cash equivalents - ending	<u>\$ 34,611</u>	<u>\$ 34,611</u>

Key Statistics:

	Month	YTD	YTD Budget
Discharges:			
- Acute	1,060	4,126	4,375
- Exempt units	436	1,662	1,727
Observation Cases:	329	1,160	1,275
Patient days:			
- Acute	8,467	35,213	33,661
- Exempt units	4,882	20,160	18,890
Average length of stay, acute	8.0	8.5	7.7
Case mix index	Blended 1.99	2.03	1.94
Average daily census:			
Medical Center	445	461	438
Terrace View LTC	373	378	382
Emergency room visits, including admissions	5,514	21,381	21,606
Outpatient Visits	27,600	102,966	105,285
Days in patient receivables		59.8	

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Erie County Medical Center Corporation
Management Discussion and Analysis
For the month ended April 30, 2026
(Amounts in Thousands)

April 2026 Operating Performance

During the month of April, 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. April's acute average length of stay was 8.0 days (a marked improvement from the ALOS in March of 8.7 days) and remains 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 until fully implemented. Certain growth initiatives as well as salary cost management initiatives 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 (\$5,907). This operating loss is unfavorable when compared to the month's budgeted loss of (\$3,505).

Inpatient discharges during the month of 1,496 were less than the planned discharges of 1,554 (3.7% or 58 cases). Within the total, acute discharges of 1,060 were below plan by 3.4%, behavioral health discharges of 239 were below plan by 3.5%, chemical dependency discharges of 177 were below plan by 0.9%, and medical rehabilitation discharges of 20 were below plan by 34.1%.

In conjunction with the increase in ALC census, the acute average length of stay was at 8.0 days during April, unfavorable to a budget of 7.6 days by 5.2%. The average daily census of the ALC patients within the facility during the month was 54 patients, which is higher than budgeted expectations of 24 patients and the April 2025 levels of 42 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 was above budget for the month of April. Driving a significant portion of this variance was a favorable revenue variance within the specialty pharmacy revenue of approximately \$832. 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 increase in overall supply costs for pharmaceuticals and as a result, minimal impact on the overall margin of the specialty pharmacy contribution.

Total FTEs during April were higher than budgeted targets for the month by 89 FTEs. While there remains a variance from the budget, the variance has been reduced each month over the last two months and has continued into the first pay period in May. The initiatives to reduce FTEs which were included within the 2026 operating plan continue to be implemented, which includes the reduction of overtime hours, management of overall staff vacancies and a reduction in force. While these continue to be implemented, variances from the operating plan will continue to occur, as the initiatives were originally expected to be fully in place by January 1st. Management is monitoring the implementation and realization of these initiatives closely while simultaneously working to ensure the organization continues to meet the NYS minimum staffing requirements.

Total benefit costs for the month were above the operating plan this month as a result of unfavorable health and pharmacy insurance claims and increased FICA costs resulting from additional FTEs above the budgeted levels. 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 April 30, 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 had exceeded plan significantly over the first quarter of 2026. Invoices relating to January and February were exorbitant given the severe cold temperatures endured during those months and thus significantly increasing the costs. This has normalized in April 2026 resulting in costs which are in line with the budgeted expectations.

Non-operating investment income significantly exceeded the budgeted expectations given the favorable market conditions during the month.

Balance Sheet

ECMCC saw significant decreases in cash during the first four 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 2nd. The net changes resulted in a range of 14 to 20 days of operating cash during the month of April. 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 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 for the remainder of the calendar year. Any new supplemental funding is dependent upon the final NYS 2026-2027 budgeted funding, which has not yet been finalized or approved.

Patient receivables increased approximately \$14.8 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 1st, coupled with a delay by the payers implementing 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 55 days on December 31, 2025, to 59.8 days on April 30, 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 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

April 30, 2026 and December 31, 2025

(Dollars in Thousands)

	April 30, 2026	December 31, 2025	Change from December 31st
Assets			
Current Assets:			
Cash and cash equivalents	\$ 34,611	\$ 38,489	\$ (3,878)
Investments	2,226	13,122	(10,896)
Patient receivables, net	119,676	104,885	14,791
Prepaid expenses, inventories and other receivables	30,651	66,506	(35,855)
Total Current Assets	187,164	223,002	(35,838)
Assets Whose Use is Limited	154,665	181,665	(27,000)
Property and equipment, net	295,560	291,749	3,811
Other assets	99,279	99,827	(548)
Total Assets	\$ 736,668	\$ 796,243	\$ (59,575)
Liabilities & Net Position			
Current Liabilities:			
Current portion of long-term debt	\$ 13,215	\$ 13,215	\$ -
Current portion of lease liability	6,289	6,376	(87)
Current portion of subscription liability	10,198	10,536	(338)
Line of credit	10,000	10,000	-
Accounts payable	81,224	69,643	11,581
Accrued salaries and benefits	86,853	92,458	(5,605)
Other accrued expenses	215,724	209,639	6,085
Estimated third party payer settlements	5,518	5,983	(465)
Total Current Liabilities	429,021	417,850	11,171
Long-term debt	163,405	166,158	(2,753)
Long-term lease liability	15,794	18,042	(2,248)
Long-term subscription liability	11,448	11,675	(227)
Estimated self-insurance reserves	49,615	48,118	1,497
Other liabilities	390,599	428,943	(38,344)
Total Liabilities	1,059,882	1,090,786	(30,904)
Total Net Position	(323,214)	(294,543)	(28,671)
Total Liabilities and Net Position	\$ 736,668	\$ 796,243	\$ (59,575)

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Erie County Medical Center Corporation

Statement of Operations

For the month ended April 30, 2026

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net patient revenue	61,336	63,236	(1,900)	59,148
Less: Provision for uncollectable accounts	(501)	(1,420)	919	(956)
Adjusted Net Patient Revenue	<u>60,835</u>	<u>61,816</u>	(981)	58,192
Disproportionate share / IGT revenue	10,256	10,256	-	11,018
Other revenue	<u>8,901</u>	<u>8,196</u>	705	7,057
Total Operating Revenue	<u><u>79,992</u></u>	<u><u>80,268</u></u>	<u><u>(276)</u></u>	<u><u>76,267</u></u>
Operating Expenses:				
Salaries & wages	31,598	30,836	(762)	31,116
Employee benefits	11,751	11,559	(192)	10,170
Physician fees	11,338	10,860	(478)	10,370
Purchased services	7,645	7,736	91	7,094
Supplies	15,847	15,045	(802)	13,422
Other expenses	1,905	1,921	16	2,168
Utilities	653	647	(6)	404
Depreciation & amortization	4,188	4,188	-	3,851
Interest	<u>974</u>	<u>981</u>	7	926
Total Operating Expenses	<u><u>85,899</u></u>	<u><u>83,773</u></u>	<u><u>(2,126)</u></u>	<u><u>79,521</u></u>
Income/(Loss) from Operations	(5,907)	(3,505)	(2,402)	(3,254)
Other Non-operating Gain/(Loss):				
Interest and dividends	306	208	98	723
Unrealized gain/(loss) on investments	<u>1,695</u>	<u>(184)</u>	1,879	3
Non-operating Gain/(Loss)	<u>2,001</u>	<u>24</u>	1,977	726
Excess of Revenue/(Deficiency) Over Expenses	<u><u>\$ (3,906)</u></u>	<u><u>\$ (3,481)</u></u>	<u><u>\$ (425)</u></u>	<u><u>\$ (2,528)</u></u>

Erie County Medical Center Corporation

Statement of Operations

For the four months ended April 30, 2026

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net patient revenue	245,538	254,112	(8,574)	237,754
Less: Provision for uncollectable accounts	(5,185)	(5,626)	441	(5,205)
Adjusted Net Patient Revenue	<u>240,353</u>	<u>248,486</u>	<u>(8,133)</u>	<u>232,549</u>
Disproportionate share / IGT revenue	41,022	41,022	-	44,071
Other revenue	<u>31,729</u>	<u>32,779</u>	<u>(1,050)</u>	<u>27,944</u>
Total Operating Revenue	<u>313,104</u>	<u>322,287</u>	<u>(9,183)</u>	<u>304,564</u>
Operating Expenses:				
Salaries & wages	129,095	123,334	(5,761)	123,897
Employee benefits	46,462	46,236	(226)	43,019
Physician fees	45,452	43,441	(2,011)	41,402
Purchased services	29,525	31,107	1,582	27,756
Supplies	61,583	60,227	(1,356)	54,667
Other expenses	7,276	7,677	401	8,749
Utilities	3,681	2,588	(1,093)	2,829
Depreciation & amortization	16,753	16,753	-	15,404
Interest	<u>3,870</u>	<u>3,925</u>	<u>55</u>	<u>3,708</u>
Total Operating Expenses	<u>343,697</u>	<u>335,288</u>	<u>(8,409)</u>	<u>321,431</u>
Income/(Loss) from Operations	(30,593)	(13,001)	(17,592)	(16,867)
Other Non-operating Gain/(Loss):				
Interest and dividends	1,375	833	542	2,982
Unrealized gain/(loss) on investments	<u>486</u>	<u>(737)</u>	<u>1,223</u>	<u>244</u>
Non-operating Gain/(Loss)	<u>1,861</u>	<u>96</u>	<u>1,765</u>	<u>3,226</u>
Excess of Revenue/(Deficiency) Over Expenses	<u>\$ (28,732)</u>	<u>\$ (12,905)</u>	<u>\$ (15,827)</u>	<u>\$ (13,641)</u>

Erie County Medical Center Corporation

Statement of Changes in Net Position

For the month and four months ended April 30, 2026

(Dollars in Thousands)

	<u>Month</u>	<u>Year-to-Date</u>
Unrestricted Net Assets:		
Excess/(Deficiency) of revenue over expenses	\$ (3,906)	\$ (28,732)
Other transfers, net	-	
Contributions for capital acquisitions	15	61
Change in accounting principle	-	-
Net assets released from restrictions for capital acquisition	-	-
	<hr/>	<hr/>
Change in Unrestricted Net Assets	<u>(3,891)</u>	<u>(28,671)</u>
Temporarily Restricted Net Assets:		
Contributions, bequests, and grants	-	-
Other transfers, net	-	-
Net assets released from restrictions for operations	-	-
Net assets released from restrictions for capital acquisition	-	-
	<hr/>	<hr/>
Change in Temporarily Restricted Net Assets	<u>-</u>	<u>-</u>
Change in Net Position	<u>(3,891)</u>	<u>(28,671)</u>
Net Position, beginning of period	<u>(319,323)</u>	<u>(294,543)</u>
Net Position, end of period	<u>\$ (323,214)</u>	<u>\$ (323,214)</u>

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Erie County Medical Center Corporation

Statement of Cash Flows

For the month and four months ended April 30, 2026

(Dollars in Thousands)

	Month	Year-to-Date
Cash Flows from Operating Activities:		
Change in net assets	\$ (3,891)	\$ (28,671)
Adjustments to Reconcile Changes in Net Assets to Net Cash Provided by/(Used in) Operating Activities:		
Depreciation and amortization	4,188	16,753
Provision for bad debt expense	501	5,185
Net change in unrealized (gain)/loss on Investments	(1,695)	(486)
<u>Changes in Operating Assets and Liabilities:</u>		
Patient receivables	(2,979)	(19,976)
Prepaid expenses, inventories and other receivables	39,288	35,855
Accounts payable	(4,259)	11,581
Accrued salaries and benefits	(869)	(5,605)
Estimated third party payer settlements	54	(465)
Other accrued expenses	(9,029)	6,085
Self Insurance reserves	640	1,497
Other liabilities	2,951	(38,344)
Net Cash Provided by/(Used in) Operating Activities	24,900	(16,591)
Cash Flows from Investing Activities:		
Additions to Property and Equipment, net	(4,717)	(20,564)
Decrease/(increase) in assets whose use is limited	3,311	27,000
Sale/(Purchase) of investments, net	(281)	11,382
Change in other assets	78	548
Net Cash Provided by/(Used in) Investing Activities	(1,609)	18,366
Cash Flows from Financing Activities:		
Principal payments on / proceeds from long-term debt, net	(690)	(2,753)
Principal payments on / additions to long-term lease liability, net	(674)	(2,335)
Principal payments on / additions to long-term subscription, net	1,270	(565)
Increase/(Decrease) in Cash and Cash Equivalents	23,197	(3,878)
Cash and Cash Equivalents, beginning of period	11,414	38,489
Cash and Cash Equivalents, end of period	\$ 34,611	\$ 34,611

Erie County Medical Center Corporation

Statistical and Ratio Summary

	April 30, 2026	December 31, 2025	ECMCC 3 Year Avg. 2023 - 2025
<u>Liquidity Ratios:</u>			
Current Ratio	0.4	0.5	0.6
Days in Operating Cash & Investments	14	20	23.2
Days in Patient Receivables	59.8	55.0	56.8
Days Expenses in Accounts Payable	58.1	56.6	54.6
Days Expenses in Current Liabilities	151.3	160.0	145.0
Cash to Debt	49.7%	57.1%	55.8%
Working Capital Deficit	\$ (241,857)	\$ (194,938)	\$ (138,572)
<u>Capital Ratios:</u>			
Long-Term Debt to Fixed Assets	55.3%	57.0%	63.2%
Assets Financed by Liabilities	143.9%	137.0%	134.7%
Debt Service Coverage (Covenant > 1.1)	0.3	1.1	1.7
Capital Expense	4.9%	2.7%	2.9%
Average Age of Plant	6.8	8.2	8.0
Debt Service as % of NPSR	3.4%	3.8%	4.0%
Capital as a % of Depreciation	122.7%	132.2%	60.3%
<u>Profitability Ratios:</u>			
Operating Margin	-9.8%	-8.6%	-7.0%
Net Profit Margin	-11.7%	-1.9%	-1.2%
Return on Total Assets	-11.7%	-1.7%	-1.0%
Return on Equity	26.6%	4.6%	2.9%
<u>Productivity and Cost Ratios:</u>			
Total Asset Turnover	1.3	1.2	1.1
Total Operating Revenue per FTE	\$ 281,174	\$ 273,402	\$ 254,866
Personnel Costs as % of Total Revenue	55.2%	55.3%	54.3%

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Erie County Medical Center Corporation

Key Statistics
Period Ended April 30, 2026

Current Period				Year to Date				
Actual	Budget	% to Budget	Prior Year	Actual	Budget	% to Budget	Prior Year	
Discharges:				Discharges:				
1,060	1,097	-3.4%	1,013	Med/Surg (M/S) - Acute	4,126	4,375	-5.7%	4,186
239	248	-3.5%	251	Behavioral Health	855	931	-8.2%	929
177	179	-0.9%	176	Chemical Dependency (CD) - Detox	723	678	6.7%	645
20	30	-34.1%	19	Medical Rehab	84	118	-28.5%	80
1,496	1,554	-3.7%	1,459	Total Discharges	5,788	6,102	-5.1%	5,840
Patient Days:				Patient Days:				
8,467	8,330	1.6%	7,901	M/S - Acute	35,213	33,661	4.6%	33,144
3,702	3,683	0.5%	3,804	Behavioral Health	15,687	14,566	7.7%	14,784
719	650	10.6%	646	CD - Detox	2,913	2,510	16.1%	2,422
461	504	-8.5%	318	Medical Rehab	1,560	1,814	-14.0%	1,234
13,349	13,167	1.4%	12,669	Total Patient Days	55,373	52,551	5.4%	51,584
Average Daily Census (ADC):				Average Daily Census (ADC):				
282	278	1.6%	263	M/S - Acute	293	281	4.6%	276
123	123	0.5%	127	Behavioral Health	131	121	7.7%	123
24	22	10.6%	22	CD - Detox	24	21	16.1%	20
15	17	-8.5%	11	Medical Rehab	13	15	-14.0%	10
445	439	1.4%	422	Total ADC	461	438	5.4%	430
Average Length of Stay:				Average Length of Stay:				
8.0	7.6	5.2%	7.8	M/S - Acute	8.5	7.7	10.9%	7.9
15.5	14.9	4.2%	15.2	Behavioral Health	18.3	15.6	17.3%	15.9
4.1	3.6	11.6%	3.7	CD - Detox	4.0	3.7	8.8%	3.8
23.1	16.6	38.7%	16.7	Medical Rehab	18.6	15.4	20.4%	15.4
8.9	8.5	5.3%	8.7	Average Length of Stay	9.6	8.6	11.1%	8.8
Occupancy:				Occupancy:				
81.9%	85.4%	-4.0%	77.8%	% of M/S Acute staffed beds	81.9%	85.4%	-4.0%	77.8%
Case Mix Index:				Case Mix Index:				
1.99	1.94	2.8%	1.98	Blended (Acute)	2.03	1.94	4.5%	2.01
329	324	1.5%	328	Observation Status	1,160	1,275	-9.0%	1,282
375	442	-15.2%	421	Inpatient General Surgeries	1,612	1,757	-8.3%	1,616
576	690	-16.5%	659	Outpatient General Surgeries	2,427	2,828	-14.2%	2,638
28	28	0.0%	42	Inpatient Ancillary Surgeries	157	77	103.9%	93
6	2	200.0%	1	Outpatient Ancillary Surgeries	16	12	33.3%	12
27,600	27,783	-0.7%	26,978	Outpatient Visits	102,966	105,285	-2.2%	101,389
5,514	5,568	-1.0%	5,659	Emergency Visits Including Admits	21,381	21,606	-1.0%	21,631
59.8	44.2	35.3%	50.5	Days in A/R	59.8	44.2	35.3%	50.5
0.7%	2.3%	-69.6%	1.2%	Bad Debt as a % of Net Revenue	2.0%	2.2%	-9.3%	2.0%
3,312	3,250	1.9%	3,395	FTE's	3,372	3,251	3.7%	3,361
4.06	3.98	2.1%	4.25	FTE's per Adjusted Occupied Bed	4.06	4.02	1.0%	4.26
\$ 20,812	\$ 19,865	4.8%	\$ 19,583	Net Revenue per Adjusted Discharge	\$ 21,339	\$ 20,501	4.1%	\$ 20,098
\$ 28,995	\$ 26,788	8.2%	\$ 26,443	Cost per Adjusted Discharge	\$ 30,399	\$ 27,501	10.5%	\$ 27,612
Terrace View Long Term Care:				Terrace View Long Term Care:				
11,202	11,462	-2.3%	11,382	Patient Days	45,308	45,804	-1.1%	45,151
373	382	-2.3%	379	Average Daily Census	378	382	-1.1%	376
95.7%	98.0%	-2.3%	97.3%	Occupancy - % of Staffed beds	96.8%	97.9%	-1.1%	96.5%
482	455	5.9%	480	FTE's	494	455	8.6%	468
6.9	6.4	8.4%	6.7	Hours Paid per Patient Day	7.0	6.4	9.8%	6.6

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

University at Buffalo Update

- There is an ongoing search for Chair of Ophthalmology

Current hospital operations

- Admissions YTD: 4,464
- ED visits YTD: 19,540
- CPEP visits: 3,859
- Observation: 807
- Inpatient Surgeries: 1,742
- Outpatient Surgeries: 2,648
- ALC days YTD: 6,823

The average length of stay MTD 8.5 CMI 2.0278

CMO Update

- Congratulations to William Flynn, Jr., MD on the announcement of his retirement in July.

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

Department of Nursing Report May 2026

The first week of May we celebrated Nurse's Week with activities and a focus on "Turning Passion into Purpose". Throughout the week activities included celebrations and wellness activities. The week included recognition of outstanding staff that make a difference every day for our patients as well as supporting our ECMC family.

Nurse of the year award was presented to **Dave Kuropatwinski** RN Team Leader Behavioral Health. The team that has the pleasure of working with him every day, were very excited to support him by wearing "Team Dave" shirts. Dave is an outstanding advocate for the patients and staff which was evident during our celebration.

A Daisy award was presented to **Chelsea Sperrazza** RN. Chelsea works in the Oncology clinic and was recognized by a patient for her compassion and outstanding care provided to this patient who had a new cancer diagnosis. Her passion and strength were truly appreciated by the patient and his family to help them deal with an unexpected journey related to the cancer diagnosis. The Oncology team was also very excited to recognize Chelsea since she is a team member that is always positive and collaborative with staff.

Nurse of the Month was awarded to **Kim Slaughter**, RN. She is an outstanding nurse that works nights on 12 zone 3. She provides outstanding patient care and is supportive to the to her coworkers. She is known for a calm caring manner at the patient bedside and is an asset to the night shift team.

In May we also celebrated Mental Health Awareness Month. The focus on mental health care and self-care was the focus included providing information to our community. The Clinical team demonstrated a "drum session" in the lobby during the week and the staff as well as the community participated in learning the benefits of this type of group activity.

As we continue to focus on 2026 as the year of "Change" we are looking at efficiencies and best practices to guide patient care as well as focus our transition to EPIC electronic medical records. Our Nursing team is looking at documentation enhancements and policies and procedures that support patient care with critical thinking to address individualized care plans. Our nursing staff is scheduled to start education on our new system during the summer and are looking forward to the updated technology that is currently being rolled out to support the EMR change.

Communications and External Affairs Report
Submitted by Peter K. Cutler
Senior Vice President of Communications and External Affairs
May 26, 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.
- Coordinated feature story on WKBW-TV by Michael Wooten regarding the new Abbott GLP Systems Track in the ECMC Lab, the only one in a hospital in the state outside New York City that is cutting-edge technology, which will reduce turnaround time and removes at least 80% of manual steps, increasing reliability and minimizing errors to help provide patients quicker lab results. Wooten's feature story aired on Tuesday, May 19th.
- 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 tape approximately 20 additional MMs for future use.
- ECMC's Medical Minute partnership with WGRZ-TV included the featured following topics in April/May: Kidney Transplants (Dr. Kayler), Autism (Dr. Cummings), Help Center (Chelsie Kuzdzal) and Primary Care (Dr. Rich).

Community and Government Relations

- Introductory meetings for Andy Davis (accompanied by Jon Swiatkowski & Peter Cutler) with Albany Executive, Legislative and state agency leaders took place on May 11th and 12th with ECMC lobbyists (Manatt and Masiello, Martucci, Hughes & Kulpa). The meetings were with the following: **Executive Chamber/Division of Budget:** Megan Baldwin, Deputy Secretary to the Governor for Health; Matt Long and Ciara Breslin from the Division of Budget; **NYS DOH leadership, including:** Commissioner James McDonald, MD; Deputy Commissioner of Office of Health Care Delivery Douglas Fish, MD; Mark Hennessey, Director, Center for Health Care Provider Services and Oversight; Stephanie Shulman, Director, Division of Hospitals & Treatment Center; Lori Schillinger, Deputy Director, Hospitals & Diagnostic & Treatment; John Arcuri, Director, Hospital Transformation & Planning; Shelly Glock, Director Center for Health Care Facility Planning, Licensure/Finance; Patricia Wrobel, Deputy Director, Center for Health Facility Planning, Licensure & Finance; Ken Evans, Deputy Director, Division of Employee & Program Support; Collin Gulczynski, Deputy Finance Div. Director; Erinn Blendell, Director, Bureau of Financially Distressed Hospitals; Pat Dillon, Senior Accountant; Jaclyn Sheltry, Director, Center for Strategic Health Initiatives; **Members/Staff of the State Legislature:** NYS Assembly Majority Leader Crystal Peoples Stokes (represented by her Director of Policy Paul Nickson); Assemblywoman Amy Paulin, Chair, NYS Assembly Health Committee; Senator Gustavo Rivera, Chair NYS Senate Health Committee; NYS Senator Patrick Gallivan, Ranking Member, NYS Senate Health Committee; Assemblyman William Conrad; Senator April Baskin; Senator Jeremy Zellner; Assemblywoman Karen McMahon.

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

Attendance (Voting Members):

Dr. Anillo	Dr. Bakhai	Dr. Brewer	Rebecca Buttaccio
Dr. Cummings	Dr. DePlato	Dr. Drumsta	Dr. Cheng
Dr. Flynn	Dr. Frustino	Dr. Griffith	Dr. Krabill
Dr. Manka	Parveen Minhas	Dr. Murray	Dr. Nagai
Dr. Pugh	Dr. Rich	Dr. Rossitto	Dr. Ruggieri
Dr. Welch	Dr. Wilkins	Dr. Tadakamalla	Dr. Tanaka
Dr. Yedlapati			

Non-Voting Members and Guests:

Sam Cloud, DO	Andy Davis	Cassie Davis	Peter Cutler
Jon Swiatkowski	Charlene Ludlow, RN	Dr. Panesar	Ashley Halloran
Cheryl Carpenter	Michael Ott	Phyllis Murawski	Charles Cavaretta

I. CALL TO ORDER

A. Dr. Michael Manka, President, called the meeting to order at 11:00 am.

B. PRESIDENT'S REPORT:

1. Dr. Manka reminded everyone about the upcoming AACL session this Thursday, please be sure to RSVP for dinner that will follow.
2. Doctor's Day breakfast will be Monday, March 30th from 7:30am – 9:00am in the overflow café.
3. Dr. Paul Paterson, a former hand surgeon from our Medical Dental staff recently passed away. A moment of silence was observed.
4. Dr. Tom Quatroche will be stepping down as CEO. We appreciate all that he has done for the hospital and his support of our Medical Dental staff.
5. Congratulations to Andy Davis, our new CEO.
6. Congratulations to Dr. Ritter and Joann Wolf, VP of Med/Surg our Springfest Honorees.
7. The delinquent records report continues to improve.

II. ADMINISTRATIVE REPORTS

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

1. COO Report – Andy Davis

- a. Looking forward to becoming the next CEO and working with this team.
- b. Thank you to Tom Quatroche for setting the culture of care throughout the hospital. June 15 will be the transition date.
- b. We continue to wait for the return of the Joint Commission.
- c. The new linen company transition went smoothly.
- d. Looking forward to Tom Quatroche being in his new role advocating for hospitals.

2. CFO REPORT – Jon Swiatkowski

- a. Mr. Swiatkowski spoke on February 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 New York state.
- d. We continue working with UB on the electronic health records and grants.

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. We ask that discharge orders be in by 10:00 am each day.
- b. Reminder that Monday, March 30th is Doctor's Day. Join us for breakfast in the overflow café from 7:30 – 9:00 am. Award presentation beginning at 8:00am

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 congratulated Tom Quatroche, CEO, on his new position and thanked him for his years of leadership.
- c. Congratulations to Andy Davis, our new CEO.
- d. Congratulations to Joann Wolf, RN and Christopher Ritter, MD, our Springfest Honorees.
- e. Monday, March 30th we will celebrate Doctors Day with breakfast in the overflow café.
- f. Reminder for the final session of the Leadership Conference through the American Association for Physician Leadership (AAPL) will be taking place Thursday, March 26, 2026, at the Buffalo Club beginning at 11:00 am.

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

- a. Dr. Tadakamalla shared a slide on Query Impact. The report reflected the training and hard work from everyone.

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

- a. Dr. Panesar spoke on the upcoming EPIC provider schedule considerations. Reminder to please reach out to Olga Dishunts, Clinical Informatics Educator, regarding training in your respective departments.
- b. Dr. Panesar spoke on the secure chat overview for EPIC. As of May 30th, all Hypercare users will be transitioned to Secure Chat.

VIII. ECMC FOUNDATION REPORT – Julie Berrigan, Executive Directors

- a. No report.

IX. CREDENTIALS COMMITTEE REPORT – Yogesh Bakhai, MD

- a. No report.

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

- a. Dr. Ruggieri mentioned that the physician lounge on the ground floor is now open.

XI. CONSENT CALENDAR

MEETING MINUTES/MOTIONS		PAGE #	
1.	MINUTES of the Previous MEC Meeting: February 23, 2026	5-9	Receive and File
2.	Credentials Committee: March 5, 2026	11-24	Receive and File
	Appointments/ Reappointments/ Resignations		Review and Approve
	Dual Reappointment Applications		Review and Approve
	APP Emergency Medicine & APP Otolaryngology Privilege Forms		Review and Approve
	Extractions		
3.	HIM – Minutes of February, 2026	26-27	Receive and File
	Living Kidney Donor Discharge Plan	28-29	Receive and Approve
	Patient Consent for Donor Wall for Use of Name	30	Receive and Approve
	Auth. For the use and disclosure of Protected Health Medical Info Pertinent to Patient Care BH	31	Receive and Approve
	Ciox Health	32	Receive and Approve
	TPO Consent for Substance Use Disorder Treatment Services	33	Receive and Approve
	Dysphagia Waiver	34	Receive and Approve
4.	Graduate Medical Education Committee – Minutes of January 20, 2026	36-39	Receive and File
5.	P & T Committee – Minutes of March 10, 2026	41-77	Receive and File

MEETING MINUTES/MOTIONS		PAGE #	
Addition to Formulary			
	Molnupiravir		Receive and File
	Lacosamie 100mg		Receive and File
	Potassium Chloride 20mEq/100 mL Premixed Bags		Receive and File
Removal from Formulary		53	
	Latex free TdaP		Receive and File
	Estradiol 0.05mg/24 hr (twice weekly) patch		Receive and File
	Nitroglycerin 0.3mg/hr patch		Receive and File
	Potassium Chloride 10mEq/100mL & 20mEq/50mL Premixed Bags	54	Receive and File
Policy Updates			
	Potassium and Sodium Containing Solutions Policy	66-70	Receive and Approv
	Authorization for the Automatic Clarification of PRN Orders Policy	71-75	Receive and Approv
6.	Professional Dev. & Wellness Committee – Minutes of February 19, 2026	79	Receive and File
7.	Resource Management Committee – Minutes of February 11, 2026	81-84	Receive and File
8.	SEC Committee – Minutes of February 25, 2026	86-87	Receive and File
9.	OR Committee – No Report for March		
10.	Transfusion Committee – Minutes of November 20, 2025	89-91	Receive and File
11.	New Business –		

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

No new Business.

XIII. EXECUTIVE SESSION

1. **MOTION MADE AND CARRIED** at 12:01 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 February 10, 2026
 - b. Chiefs of Service meeting minutes of February 12, 2026
 - c. Leadership Council Report for February 2026

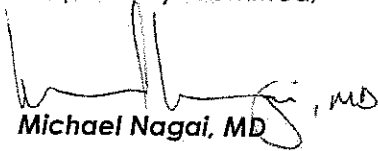
3. Phyllis Murawski, RN shared the Quality and Patient Safety Report. One survey took place from New York State Department of Health on behalf of CMS with zero findings.

Pending surveys 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, April 27, 2026, at 11:30 am via Teams/Hybrid in the Dr. Zizzi conference room at ECMC. The meeting was adjourned at 12:07pm.

Respectfully submitted,



Michael Nagai, MD

Secretary
Medical Executive Committee

Medical Executive Committee Meeting
Monday, April 27, 2026
Meeting via Microsoft Teams Platform/Hybrid
Dr. Zizzi Conference Room Second Floor

Attendance (Voting Members):

Dr. Anillo	Dr. Bakhai	Dr. Belles	Dr. Brewer
Rebecca Buttaccio, PA	Dr. DePlato	Dr. Cheng	Dr. Flynn
Dr. Frustino, DDS	Dr. Griffith	Dr. Khan	Dr. Krabill
Dr. Manka	Parveen Minhas, ANP	Dr. Murray	Dr. Nagai
Dr. Pugh	Dr. Rich	Dr. Rossitto	Dr. Wilkins
Dr. Williams	Dr. Tadakamalla	Dr. Tanaka	Dr. Yedlapati

Non-Voting Members and Guests:

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

I. CALL TO ORDER

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

A. PRESIDENT'S REPORT:

1. Dr. Manka recapped the last Leadership session and commented that it was the best speaker they ever had.
2. May 5th will be our next Wellness Welcome, please extend an invite to any new members of the medical dental staff in your respective areas.

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 stated the Joint Commission returned for their follow up visit with minor issues. We received our full accreditation.
 - b. The Lab Joint Commission survey is complete and they also received full accreditation.
 - c. We continue working with the state while they prepare budgets for next year.
2. COO Report – Andy Davis
 - a. Julie Kline, our Chief HR Officer, recently took a new position out of state. A search for a new Chief HR Officer will begin.
 - b. We have hired a new administrator for Terrace View; Angela Hauser will begin May 26th.

3. CFO REPORT – Jon Swiatkowski

- a. Mr. Swiatkowski spoke on March 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 to work with the state for additional funding.

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

- a. A special curriculum has been created for a 3-year (instead of 4) program for residents.
- b. Dr. Steven Schwartzberg will be stepping down as Chair of Surgery. Dr. Jeffrey Brewer was nominated as interim Chair.
- c. Two dates for medical student graduation, the first will be this Friday May 1st and the second will take place mid-May.
- d. UB has collaborated with Michigan State for a program on gun violence.
- e. UB now has podcasts taking place. If you have any topic ideas, please reach out to Dr. Dean Brashear.

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

- a. Congratulations to Dr. Claus on his 2026 Doctor of the year award.
- b. The nursing team continues to address placement of patients to free up acute beds.
- c. Nurse's Week begins next week. Please join us in the many activities taking place.
- d. Infectious Control training will take place next Thursday.

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. There is an ongoing search for a Chair of Ophthalmology.
- c. Thank you Dr. Steven Schwartzberg for your years of service and dedication and congratulations to Dr. Brewer on his nomination as interim Chair.

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 and John Cumbo shared EPIC updates. The timeline of events was shared with high level meetings taking place starting in late June. Kaleida will be going live on May 30th. Super User training starts in July with regular training to follow in August. Secure messaging will be in a soft live mode starting May 30th. Please be sure to download HAIKU to your phone – access will be available starting May 30th. Testing period will take place through June 9th after that, Hypercare will be turned off. Guidelines and directions will be forthcoming to address all of these changes.

Please be sure to send Dr. Panesar your list of research coordinators/volunteers as soon as possible. EPIC will need to build profiles for these individuals.
 Providers who would like to be Super Users, please let Dr. Panesar know as soon as possible.

VIII. ECMC FOUNDATION REPORT – Julie Berrigan, Executive Directors

- a. Smile cookie campaign is this week.
- b. Thank you to all who attended the recent event at Resurgence. The foundation raised over \$75,000.
- c. Spring Fest will be taking place on May 30th. Ticket sales end this week.
- d. The Foundation Golf tournament will be taking place at Wanakah Country Club on June 22, 2026.

IX. CREDENTIALS COMMITTEE REPORT – Yogesh Bakhai, MD

- a. No extractions.

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

- a. No Report.

XI. CONSENT CALENDAR

MEETING MINUTES/MOTIONS		PAGE #	
1.	MINUTES of the Previous MEC Meeting: March 23, 2026	6-10	Receive and File
2.	Credentials Committee: April 2, 2026	12-22	Receive and File
	Appointments/ Reappointments/ Resignations		Review and Approve
	Dual Reappointment Applications		Review and Approve
	Oral and Maxillofacial Surgery Privilege Delineation Form	23-33	Receive and File
	Extractions		
3.	HIM Committee – Minutes of March, 2026	35	Receive and File
	ORD.134 Pre-Operative Testing Orders	36	Review and Approve
	GEN.162 Warmer Temperature Monitoring Form	37	Review and Approve
	NUR.ASS.001 Patient Care Record	38-39	Review and Approve
	ORD.134 Non-violent Restraint Event	40	Review and Approve
4.	Graduate Medical Education Committee – Minutes of February, 2026	42-45	Receive and File
5.	P & T Committee – No Report		
6.	Professional Dev. & Wellness Committee – Minutes of March 19, 2026	47	Receive and File
7.	Resource Management Committee – Minutes of March 11, 2026	49-52	Receive and File
8.	SEC Committee – Minutes of March 17, 2026	54-55	Receive and File
9.	OR Committee – No Report		

MEETING MINUTES/MOTIONS		PAGE #	
10.	HAI Committee – Minutes of March 17, 2026	58-61	Receive and File
11.	New Business		
	Appointment Approval		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

1. The Appointment of Michael Nagai, MD as Chair of Cancer of Care Committee was presented.

MOTION TO APPROVE Michael Nagai, MD as Chair of CoC Committee was made and seconded. Motion to approve is carried

UNANIMOUSLY APPROVED

XIII. EXECUTIVE SESSION

1. **MOTION MADE AND CARRIED** at 12:16 pm to move to the Executive Session. The following items were discussed and motion(s) made.
2. The Medical Executive Committee reviewed the reappointment data of one provider. Dr. Michael Markiewicz's reappointment application will be held pending receipt of additional information. No delay in reappointment. Current appointment expires May 31, 2026.
3. **MOTION MADE AND CARRIED**, all-in favor to receive and file:
 - a. Board Quality P/I meeting minutes of March 10, 2026
 - b. Chiefs of Service meeting minutes of March 12, 2026
 - c. Leadership Council Report for March 2026
4. Dr. Manka discussed the renovations needed in the Smith Auditorium. The project is estimated to cost \$200,000. The Medical Executive Committee and the Foundation are hoping to cover the cost of this project.

MOTION MADE AND CARRIED, The ECMCC Medical Staff will contribute \$100,000 for audio/visual equipment and renovations to the Smith Auditorium.

5. Dr. Manka discussed updates to the Physician Lounge on the ground floor. The Professional Development and Wellness Committee will be sending out a survey to the Medical Dental Staff for their consideration on utilizing Medical Staff funds for this project.

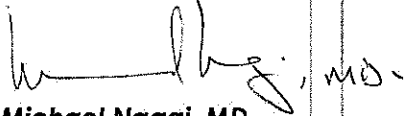
4. Phyllis Murawski, RN shared a quality and patient report and a regulatory report. 2025 was the year of surveys and 2026 will be the year of strategy focusing on data.

The hospital wide Joint Commission survey is complete and we received full accreditation. The Lab also completed their Joint Commission survey with full accreditation. The following surveys are still pending: NYSDOH Radiology survey, Transplant UNOS survey (expected in 2026) and the CARF survey which is scheduled to take place May 4-5th.

XIV. ADJOURNMENT

There was no further business conducted. Motion to adjourn the meeting was made and seconded. The next meeting will be on Monday, May 18, 2026, at 11:30 am via Teams/Hybrid in the Dr. Zizzi conference room at ECMC. The meeting was adjourned at 12:39pm.

Respectfully submitted,



Michael Nagai, MD

Secretary
Medical Executive Committee