



ECMCC Board of Director's Meeting

June 23, 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
JUNE 23, 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 JUNE 23, 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)
 - F) **Quality Improvement and Patient Safety Committee** (by Michael Hoffert)
- VI. ADJOURN

ERIE COUNTY MEDICAL CENTER CORPORATION
MAY 26, 2026 MINUTES OF THE
BOARD OF DIRECTORS MEETING

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

Excused: James Lawicki, Jennifer Persico, Eugenio Russi, Benjamin Swanekamp

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 4:30 pm by Vice Chair, Darby Fishkin.

II. Minutes

Upon a motion made by Reverend Kinzer Pointer and seconded by Reverend Mark Blue, the minutes of the April 28, 2026 board meeting of the Board of Directors were unanimously approved.

Chief Executive Officer, Dr. Thomas Quatroche, introduced James Blackwell, a new member of the ECMC Board of Directors.

III. Action Items

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

Moved by Reverend Kinzer Pointer and seconded by Reverend Mark Blue

Motion approved unanimously

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

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

Quatroche reported that the hospital had a successful CARF survey. Patient safety indicators continue to look strong as there were "0" incidents during the month of April. Hospital acquired infections remain below average with the exception of CDI/F. Human Experience scores dipped slightly in April. Quatroche reviewed

several events held for and in honor of the employees including Nurse of the Year, ED Employee of the Year, employee of the month, Daisy Award and Nurse Hero of the month. Phylis Murawski described the presentation of the Quality Award to two (2) nurses giving extraordinary care. Amanda Farrell and Mary Jimerson were honored by the UB School of Nursing. A remembrance ceremony was held on May 14th, honoring the individuals who were killed by a gunman. Nurse's week was celebrated, as well as National Hospital Week. There have been 93 new hires year-to-date.

Chief Financial Officer

Jonathan Swiatkowski reviewed the April 2026 Key Statistics. April was slightly better for inpatient discharges in 2026 than 2025. Average length of stay has improved along with case mix index. 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. The staff continues to work hard to move ALC patients into the right level of care. Discussion followed. Mr. Swiatkowski reported an operating loss of \$3.9M. Days Operating Cash on Hand was 14-20 days. Mr. Swiatkowski updated the board on DHS/IGT payment status, payer contracting and NYS Budget. A summary of the preliminary financial results through April 30, 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. **Buildings and Grounds Committee:** Ronald Bennett updated the group on ongoing projects and any additional projects planned for the near future.
- d. **HR Committee:** Mr. Seaman stated that the Board report covered the updates from the HR Committee.
- e. **MWBE Committee:** Reverend Blue invited the group to attend a annual community vendor fair.
- f. **Quality Improvement and Patient Safety Committee:** Michael Hoffert reported that the May QI Committee meeting included the following reports: Orthopedics by Dr. Christopher Ritter; Radioogy by Dr. Douglas Drumstra; Apogee Physicians by Dr. Siva Yedlapadi and the Renal and Hemodialysis by Dr. Mandip Panesar.

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

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

Moved by Reverend Kinzer Pointer and seconded by Michael Seaman to enter into Executive Session at 4:32 p.m. to consider legal contractual matters made confidential by law.

Motion approved unanimously

VIII. Reconvene in Open Session

Moved by Michael Seaman and seconded Reverend Kinzer Pointer to reconvene in Open Session at 4:33 p.m. No action was taken by the Board of Directors in Executive Session

Motion approved unanimously

IX. Action Items

Dr. Samuel Cloud called for a motion to waive the the Board Certification Requirement for Dr. Carlos Martinez, Rheumatologist

Moved by Reverend Kinzer Pointer and seconded by Reverend Mark Blue

Motion approved unanimously

X. Adjournment

Moved by Reverend Kinzer Pointer to adjourn the Board of Directors meeting at 4:37 p.m.



Sharon L. Hanson
Corporation Secretary

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

Approved May 26, 2026

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

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

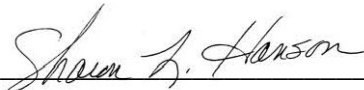
WHEREAS, on May 6, 2026, the Contracts Committee met and approved the Applicable Contracts during the period between January 1, 2026 through March 31, 2026, and reviewed contracts previously approved; and

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

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

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

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



Sharon L. Hanson
Corporation Secretary

New contracts
January 1, 2026 - March 31, 2026

Vendor	Contract Type	Department	Effective Date	Expiration Date	Description	Annual Estimated Value
Abbott Laboratories, Inc.	Maintenance Agreement	Laboratory	3/24/2026	3/23/2029	Maintenance Agreement for laboratory equipment.	\$51,797
Buffalo Medical Group, P.C.	Professional Service Agreement	Physician Contracting	12/31/2025	12/31/2027	Group to provide neurology call coverage with Dr. Block.	[Redacted]
Canon Medical Systems USA, Inc.	Maintenance Agreement	Cardiac Catheter Lab	2/10/2026	2/9/2030	Maintenance agreement for cath lab equipment.	\$434,000
Crickler Vending Company, Inc.	Service Agreement	Purchasing	4/1/2026	3/31/2026	Renewal of vending services agreement.	No associated cost, portion of vending collections retained
Evoqua Water Technologies, LLC	Maintenance Agreement	Laboratory	5/31/2026	5/30/2027	Renewal of water system maintenance agreement	\$2,916
Great Lakes Physicians, P.C., d/b/a Western New York Urology Associates	Professional Service Agreement	Physician Contracting	10/1/2025	9/30/2028	Group will provide clinical services related to ECMCC's urology services.	No associated cost
Healogics Wound Care & Hyperbaric Services, LLC	Professional Service Agreement	Ambulatory Services	2/9/2026	9/2/2029	Removal of a wound care position from the agreement.	\$237,600
Hologic, Inc.	Maintenance Agreement	Radiology	5/1/2026	4/30/2029	Maintenance agreement for mammography equipment.	\$272,520
Kaleida Health	Professional Service Agreement	Physician Contracting	4/1/2026	3/31/2029	Group will provide clinical coverage to the medical rehab unit.	\$490,388
Karl Storz Endoscopy-America, Inc.	Maintenance Agreement	Operating Room	9/12/2025	9/11/2028	Adding coverage of equipment to the maintenance agreement.	\$796,970
Manatt, Phelps & Phillips, LLP	Service Agreement	Finance	1/1/2026	12/31/2026	Extension of agreement through the end of 2026 to provide ECMC team with technical support and assistance throughout the grant development and contracting phase associated with Safety Net Transformation grants.	\$204,000
Mental Health Association of Erie County, Inc. d/b/a Mental Health Advocates of WNY	Service Agreement	Behavioral Health	5/10/2025	5/9/2027	Extension of agreement for peer services in Behavioral Health.	\$260,000
Olympus America, Inc.	Maintenance Agreement	Operating Room	12/23/2025	12/22/2028	Extension of maintenance services on OR equipment.	\$32,400
Olympus America, Inc.	Maintenance Agreement	Operating Room	12/23/2025	12/22/2028	Adding coverage of equipment to the maintenance agreement.	\$277,442
Press Ganey Associates, Inc.	Service Agreement	Administration	1/1/2026	12/31/2028	Service agreement for the Patient Safety Organization Participation and Confidentiality Survey Services	\$325,000
Siemens Healthcare Diagnostics, Inc.	Maintenance Agreement	Laboratory	5/1/2026	4/30/2028	Maintenance Agreement for lab equipment.	\$1,409
Stericycle, Inc.	Service Agreement	Environmental Services	1/15/2026	1/14/2029	Service agreement for medical waste disposal.	\$638
UBMD Family Medicine	Professional Service Agreement	Physician Contracting	11/13/2025	6/30/2026	Extension of clinical services for chemical dependency.	\$1,421,119

UBMD Internal Medicine	Professional Service Agreement	Physician Contracting	1/15/2026	12/31/2027	Group will provide clinical and administrative services related to ECMCC's medical transplant services.	\$1,968,782
UBMD Internal Medicine	Professional Service Agreement	Physician Contracting	2/27/2026	2/26/2030	Group will furnish Dr. Alam for Oncology clinical and administrative support.	[Redacted]
University at Buffalo Otolaryngology, Inc.	Professional Service Agreement	Physician Contracting	2/2/2026	2/1/2029	Group will furnish Dr. Woodard for clinical ENT services.	[Redacted]
University Orthopaedic Services, Inc.	Professional Service Agreement	Physician Contracting	12/30/2025	3/31/2026	Extension of agreement for group to provide clinical orthopedic services.	\$1,972,015
University Orthopaedic Services, Inc.	Professional Service Agreement	Physician Contracting	2/1/2026	1/31/2027	Extension of agreement for group to provide clinical orthopedic services.	\$2,237,230
WNY Transportation Services, LLC	Service Agreement	Administration	4/8/2026	4/9/2026	Renewal of transportation services agreement for ED and Bariatric cases.	\$125,000

**New contracts
January 1, 2025 - March 31, 2025**

Vendor	Contract Type	Department	Effective Date	Expiration Date	Description	Annual Estimated Value
Academic Medicine Services, Inc. d/b/a UB MD Internal Medicine	Professional Service Agreement	Physician Contracting	11/25/2024	11/24/2027	Group to provide gastroenterology services FTE (Dr. Rana).	[Redacted]
Advanced Sterilization Products (Johnson & Johnson Inc.)	Maintenance Agreement - Equipment	Operating Room	4/15/2025	4/14/2028	Service agreement for low temp sterilizer in pack and planning.	\$55,166
Buffalo Internist and Associates, LLC	Professional Service Agreement	Physician Contracting	1/1/2025	12/31/2029	Clinical agreement for MICU and Pulmonary coverage.	\$2,733,011
Buffalo Medical Group, P.C.	Professional Service Agreement (Second Amendment)	Physician Contracting	12/30/2024	12/31/2027	Extends existing neurology call services agreement for Dr. Block.	\$18,500
Buffalo Pharmacies Inc. d/b/a Buffalo Pharmacies Institutional	Pharmacy Services Agreement	Terrace View	7/1/2025	6/30/2028	Pharmacy services agreement for Terrace View.	\$1,250,000
Evergreen Health Services (EHS, Inc.)	Service Agreement	Finance	1/31/2025	3/26/2027	Evergreen to act as Revenue Cycle Advisor on the Epic project.	\$836,000
General Physician Sub II PLLC	Professional Service Agreement	Physician Contracting	9/30/2024	10/1/2026	Extension of existing cardiothoracic services agreement.	\$145,000
Great Lakes Urology, PLLC	Professional Service Agreement	Physician Contracting	11/1/2024	10/31/2027	Group to provide Chief of Service for Department of Urology.	\$75,000
Healthcare Laundry Services LLC	Linen and Laundry Services Agreement	Administration	7/1/2025	6/30/2032	Linen laundering and delivery service agreement for hospital and Terrace View.	[Redacted]
Hill-Rom	Maintenance Agreement	Operating Room	3/1/2025	2/28/2028	Maintenance and service contract for robotic OR table.	\$17,898
Hybridge Solutions, Inc.	Consulting Services Agreement	Administration	4/1/2025	3/31/2027	Vendor to assist with implementation of Infor Enterprise Resource Planning system.	\$1,600,000
InfoWerks Data Services, LLC	Service Agreement	Pharmacy	11/1/2026	10/31/2036	Data archiving service needed for upcoming Epic conversion.	\$24,000
Kaleida Health	Electronic Health Records Access Agreement	I.T.	10/1/2024	9/30/2031	Kaleida Health to act as hub for implementation and management of Epic electronic medical record. Kaleida to provide primary IT implementation as well as connectivity to Epic platform.	[Redacted]

Kideney Architects P.C.	Professional Services Agreement (Project-specific amendments)	Property & Plant Operations	4/28/2025	4/27/2028	Fire Damper Duct Access Panels.	\$62,800
Laboratory Corporation of America Holdings d/b/a Labcorp of America or "Labcorp"	Software Agreement	Laboratory	1/24/2025	8/11/2026	Customize existing interface for Epic connectivity as part of the tier 1 list of third party applications for reference lab.	No associated cost with this customization
LaBella Associates, DPC	Professional Services Agreement (Project-specific amendments)	Property & Plant Operations	2/4/2025	11/14/2029	Repair and maintenance of fire doors to prevent code violations.	\$86,260
			2/13/2025	11/14/2029	Small design and engineering tasks associated with general construction, building systems, and maintenance items.	Not to exceed \$25,000
Miller Environmental Group Inc.	Service Agreement	Property & Plant Operations	4/15/2025	4/14/2029	Tank cleaning, acid neutralization, and decontamination service.	\$43,680
Steris Instrument Management Services, Inc.	Maintenance Agreement	Operating Room	2/1/2025	1/31/2028	Steris to provide servicing on Stryker cameras.	\$299,700
Tri-Delta Resources Corporation	Professional Service Agreement	I.T.	5/1/2025	4/30/2026	Disaster preparation/avoidance/recovery services.	[Redacted]
UB Family Medicine, Inc.	Physician Recruitment Agreement	Physician Contracting	2/1/2025	1/31/2027	Recruitment agreement for Dr. Moore to provide family medicine services.	[Redacted]
University at Buffalo Neurosurgery, Inc.	Professional Service Agreement	Physician Contracting	9/30/2024	9/29/2027	Group to provide Dr. Spiro to provide clinical and administrative (Chief of Service) neurosurgery services.	[Redacted]
University at Buffalo Neurosurgery, Inc.	Professional Service Agreement	Physician Contracting	9/30/2024	9/29/2027	Group to provide neurosurgery clinical and call coverage.	\$985,000
University Psychiatric Practice, Inc.	Physician Recruitment Agreement	Physician Contracting	1/1/2025	12/31/2026	Recruitment agreement for Dr. Binns to provide psychiatry services.	[Redacted]
University Psychiatric Practice, Inc.	Physician Recruitment Agreement	Physician Contracting	2/1/2025	1/31/2027	Recruitment agreement for Dr. Forrest to provide psychiatry services.	[Redacted]
University at Buffalo Surgeons, Inc.	Professional Service Agreement	Physician Contracting	1/1/2025	12/31/2027	Group to provide administrative and clinical surgical services.	\$2,785,036 plus varying hourly call rates for different services

**Annual review of previously approved contracts (approved April 2024)
January 1, 2024 - March 31, 2024**

Vendor	Contract Type	Department	Effective Date	Expiration Date	Description	Annual Estimated Value
Academic Medicine Services, Inc. d/b/a UB MD Internal Medicine	Professional Services Agreement	Clinical	8/28/2023	8/27/2026	Engages Dr. Ly to provide gastroenterology services.	[Redacted]
Arc Building Partners LLC	Construction Management Agreement	Plant Operations	4/1/2024	3/31/2029	Contractor to provide construction management and contractor services.	N/A; payments tied to specific projects as assigned
Bayer Corporation	Equipment Servicing Agreement	Radiology	5/6/2024	5/5/2027	Servicing on Solaris equipment.	\$28,988
Buffalo Transportation Inc.	Services Agreement	Administration	5/23/2024	5/22/2026	Transportation services for patients without means to transport themselves.	\$700,000

Cushman & Wakefield U.S., Inc.	Portfolio Administration Services Agreement (First Amendment)	Administration	2/28/2024	2/28/2027	Extension of joint agreement with Kaleida for the provision of lease administration and management services.	Value remains approximately \$75,000
Meridian IT Inc.	Support Services Agreement	IT	1/1/2024	12/31/2028	Maintenance and support for various pieces of IT equipment.	\$172.37
Metro Communications Co. of New York, Inc.	Services Agreement	IT	2/1/2024	1/31/2029	Network infrastructure cabling services and support.	\$40,000
Pentax Medical	Equipment Servicing Agreement	Operating Room	2/29/2024	2/28/2027	Servicing of various pieces of OR equipment.	\$192,915
Quick International Courier / Sterling Courier Systems	Courier Services Agreement	Transplant	4/1/2024	Evergreen	Courier services for urgent transplant donations.	\$200,000
Tele Data Com, Inc.	Services Agreement	IT	2/1/2024	1/31/2029	Network infrastructure cabling services and support.	\$40,000
Third Party Reimbursement Solutions LLC	Services Agreement (First Amendment)	Finance	1/18/2024	1/30/2027	Engages vendor to provide additional Medicare financial consulting services.	[Redacted]
Working Knowledge, LLC	Services Agreement	IT	2/1/2024	1/31/2029	Network infrastructure cabling services and support.	\$40,000

**Annual review of previously approved contracts
January 1, 2023 - March 31, 2023 (approved April 2023; reviewed April 2024)**

Vendor	Contract Type	Department	Effective Date	Expiration Date	Description	Annual Estimated Value
KSL Diagnostics, Inc.	Laboratory Services Agreement	Transplant	3/22/2023	3/21/2026	Testing services for transplant patients.	[Redacted]
Nalco Company LLC	Water Safety Service Agreement	Plant Operations	3/4/2022	3/3/2027	Testing and maintenance of water system.	\$51,600
RCM Technologies (USA), Inc. d/b/a RCM Health Care Services Center	Professional Services Agreement	Revenue Cycle	4/1/2023	Evergreen	Contractor to provide coding auditing services.	\$19,900 plus any additional needs at hourly rates
Stryker	Solution Agreement	Operating Room	3/14/2023	3/13/2028	Lease of and service on drills for operating room.	\$297,876
Upstate New York Transplant Services, Inc.	Purchase and Services Agreement	Lab	1/1/2023	12/31/2027	Purchase of blood products and associated services from UNYTS (ConnectLife).	\$3,110,000

**Annual review of previously approved contracts
January 1, 2021 - March 31, 2021 (approved April 2021; reviewed April 2022, 2023, and 2024)**

Vendor	Contract Type	Department	Effective Date	Expiration	Description	Annual Estimated Value
Pharmacy Corporation of America	Amendment to 340B Pharmacy Services Agreement	Pharmacy	2/11/2021	Evergreen	Amendment removes two non-profitable locations from 340B pharmacy agreement.	\$40,000
Systems Personnel, Inc.	Staffing Agreement (First Amendment)	Human Resources	3/23/2020	Evergreen	Extension of agreement under which vendor provides primarily IT staff on an as-needed basis.	\$150,000

MINUTES

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

Excused: Chris Resetarits, CRNA

Agenda Item	Discussion	Action	Follow-up
<p>I. CALL TO ORDER</p>	<p>Dr. Bakhai called the meeting to order at 3:00 pm.</p> <p>This meeting was the first time Virtual Committee in MD-Staff was utilized. There were some hiccups in the process – log-in errors, clarity needed for which buttons to click and what status to claim for each review. Cheryl Carpenter spent a few minutes reviewing the process and highlighting some areas that will be modified before the next time Virtual Committee will be needed.</p>		
<p>II. ADMINISTRATIVE</p>			
<p>A. Minutes</p>	<p>Minutes from the April 2, 2026 meeting were reviewed and approved.</p>	<p>A motion was made by Dr. Mandip Panesar and unanimously carried to approve the minutes of the April 2, 2026 meeting as submitted.</p>	<p>Via these minutes, the Credentials Committee recommends same to the Medical Executive Committee.</p>
<p>B. Deceased</p>	<p>None</p>	<p>None</p>	<p>None</p>

C. Applications Withdrawn/Processing Cessation	None	None	None
D. Automatic Conclusion (Initial Appointment)	None	None	None
E. Name Changes (1)	Rehabilitation Medicine Megan Ziske, MD changed her name to Megan Bazil, MD	None	Informational purposes only.
F. Leave of Absence (8)	<p>Anesthesiology</p> <ul style="list-style-type: none"> • Evbuosa Ogbemor, CRNA Maternity; RTW 09/01/26 • Rachel Schultz, CRNA Maternity; RTW 09/01/26 <p>Emergency Medicine</p> <ul style="list-style-type: none"> • Miriam Inhelder, PA-C Medical; RTW 07/15/2026 • Emily MacFarlane, FNP Maternity; RTW 07/01/2026 <p>Family Medicine</p> <ul style="list-style-type: none"> • Charlyn Meredith, PA-C Maternity; RTW 07/13/2026 <p>Internal Medicine</p> <ul style="list-style-type: none"> • Katherine Beall, ANP Maternity; RTW 08/10/2026 • Alexandra Tibil, MD Maternity; RTW 07/07/2026 	Noted	Informational purposes only

G. Resignations (28)		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
Roman Calini, MD	Family Medicine Terrace View	<ul style="list-style-type: none"> • GPPC • Privileges not needed at ECMC • Confirmed via email 	N/A	04/15/2026	06/05/2024
Corey Costa, PA-C	Family Medicine Terrace View	<ul style="list-style-type: none"> • GPPC • Privileges not needed at ECMC • Confirmed via email 	N/A	04/15/2026	09/26/2023
Maira Ilahi, DO	Family Medicine Terrace View	<ul style="list-style-type: none"> • GPPC • Privileges not needed at ECMC • Confirmed via email 	N/A	04/15/2026	09/07/2022
Stephanie Latoszek, FNP	Family Medicine Terrace View	<ul style="list-style-type: none"> • GPPC • Privileges not needed for new position at GPPC • Confirmed via email 	N/A	04/15/2026	01/24/2023
Robert Macek, MD	Family Medicine Chemical Dependency	<ul style="list-style-type: none"> • UBMD • Does not work at ECMC • Confirmed via email 	N/A	05/07/2026	06/08/2022

Emily Sarzyniak, PA-C	Neurosurgery	<ul style="list-style-type: none"> • UBNS • Not working at ECMC any longer • Confirmed via email 	N/A	05/05/2026	02/22/2013
Kelsey Won, DDS	Oral Max Surgery	<ul style="list-style-type: none"> • UBMD • Leaving ECMC • Confirmed via email 	N/A	05/05/2026	09/23/2025
William Reynolds, PSYD	Psychiatry	<ul style="list-style-type: none"> • Terrace View • Not working at ECMC any longer • Confirmed via email 	N/A	02/24/2026	04/23/2024
Sara Banerjee, MD	Radiology	<ul style="list-style-type: none"> • VRAD • Not reading for ECMC • Confirmed via email 	N/A	04/09/2026	05/26/2020
Jonathan Breslau, MD	Radiology	<ul style="list-style-type: none"> • VRAD • Not reading for ECMC • Confirmed via email 	N/A	04/09/2026	01/23/2024
Timothy Braatz, MD	Radiology	<ul style="list-style-type: none"> • VRAD • Not reading for ECMC • Confirmed via email 	N/A	04/09/2026	02/26/19
Carina Butler, MD	Radiology	<ul style="list-style-type: none"> • VRAD • Not reading for ECMC • Confirmed via email 	N/A	04/09/2026	01/27/2026
Jeffrey Hare, MD	Radiology	<ul style="list-style-type: none"> • VRAD • Not reading for ECMC • Confirmed via email 	N/A	04/09/2026	02/22/2022

Deborah Conway, MD	Radiology	<ul style="list-style-type: none"> • VRAD • Not reading for ECMC • Confirmed via email 	N/A	04/09/2026	05/28/2024
Daniel Jacobson, MD	Radiology	<ul style="list-style-type: none"> • VRAD • Not reading for ECMC • Confirmed via email 	N/A	04/09/2026	09/25/2018
Oren Jaspan, MD	Radiology	<ul style="list-style-type: none"> • VRAD • Not reading for ECMC • Confirmed via email 	N/A	04/09/2026	01/27/2026
Kedar Kulkarni, MD	Radiology	<ul style="list-style-type: none"> • VRAD • Not reading for ECMC • Confirmed via email 	N/A	04/09/2026	01/25/2022
Christine Lamoureux, MD	Radiology	<ul style="list-style-type: none"> • VRAD • Not reading for ECMC • Confirmed via email 	N/A	04/09/2026	02/07/2012
Cierra McNair, MD	Radiology	<ul style="list-style-type: none"> • VRAD • Not reading for ECMC • Confirmed via email 	N/A	04/09/2026	05/23/2023
Charles Mitchell, MD	Radiology	<ul style="list-style-type: none"> • VRAD • Not reading for ECMC • Confirmed via email 	N/A	04/09/2026	06/25/2024
David Moon, MD	Radiology	<ul style="list-style-type: none"> • VRAD • Not reading for ECMC • Confirmed via email 	N/A	04/09/2026	01/10/2012
Michael Novick, MD	Radiology	<ul style="list-style-type: none"> • VRAD • Not reading for ECMC • Confirmed via email 	N/A	04/09/2026	01/10/2012

Surinder Raj, MD	Radiology	<ul style="list-style-type: none"> • VRAD • Not reading for ECMC • Confirmed via email 	N/A	04/09/2026	05/29/2018
Joseph Rozell, MD	Radiology	<ul style="list-style-type: none"> • VRAD • Not reading for ECMC • Confirmed via email 	N/A	04/09/2026	01/28/2025
Robert Walker, MD	Radiology	<ul style="list-style-type: none"> • VRAD • Not reading for ECMC • Confirmed via email 	N/A	04/09/2026	10/26/2021
Joseph Williams, MD	Radiology	<ul style="list-style-type: none"> • VRAD • Not reading for ECMC • Confirmed via email 	N/A	04/09/2026	04/27/2021
Emilie Fadale, PA-C	Rehab Medicine	<ul style="list-style-type: none"> • GSS • Confirmed via email 	N/A	04/22/2026	07/22/2025
Mary Welch, MD	Rehab Medicine	<ul style="list-style-type: none"> • GPPC • Confirmed via email 	N/A	03/23/26	04/21/2008
III. CHANGE IN STAFF CATEGORY					
None	None		None	None	
IV. CHANGE/ADDITION Collaborating/Supervising					
	None		None	None	
IV. CHANGE DEPARTMENT/ PRIVILEGE ADDITION/ REVISION (6)					

<p>A. Thomas Drago, MD</p>	<p><u>Family Medicine</u></p> <ul style="list-style-type: none"> • Adding Internal Medicine privileges as he is joining Apogee. • Will continue to work with Rehab Associates at TV, so he will maintain Family Medicine Privileges. • Changing from Associate to Active 	<p>The Committee voted, all in favor, to approve the appointment with privileges granted as requested.</p> <p>The group recommended re-evaluating the privileging at Terrace View to reflect providers being credentialed in the Department in which they are boarded.</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>Discuss requirements of working at Terrace View with the COS for Family Medicine and Internal Medicine.</p>
<p>B. Carmen Torres, FNP</p>	<p><u>Family Medicine</u></p> <ul style="list-style-type: none"> • Adding Internal Medicine • Collaborating Physician: Dr. Steinagle • Joining PHP per diem in 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>C. Morgan Fowler, PA-C</p>	<p><u>Neurology</u></p> <ul style="list-style-type: none"> • Perform Botox injections for chronic migraine • Certificate & case logs 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> <p>Notification to Revenue Cycle & Decision Support</p>

			upon approval of the Board.
D. Michael Nagai, DDS MD	<u>Plastic and Reconstructive Surgery</u> <ul style="list-style-type: none"> • Lymphatic Reconstruction-Robotic 	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	<p>Via these minutes, the Credentials Committee recommends approval to the Medical Staff Executive Committee.</p> <p>Notification to Revenue Cycle & Decision Support upon approval of the Board.</p>
E. Lakshpaul Chauhan, MD	<u>Rehabilitation Medicine</u> <ul style="list-style-type: none"> • Adding all Core privileges 	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	<p>Via these minutes, the Credentials Committee recommends approval to the Medical Staff Executive Committee.</p> <p>Notification to Revenue Cycle & Decision Support upon approval of the Board.</p>
F. Siva Harsha Yedlapati, MD	<u>Rehabilitation Medicine</u> <ul style="list-style-type: none"> • Adding all Core privileges 	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	<p>Via these minutes, the Credentials Committee recommends approval to the Medical Staff Executive Committee.</p> <p>Notification to Revenue Cycle & Decision Support upon approval of the Board.</p>

VI. PRIVILEGE WITHDRAWAL			
	None	None	None
VII. UNACCREDITED FELLOWSHIPS			
	None	None	None
VIII. INITIAL APPOINTMENTS (3)			
Alexander Heleba, MD Anesthesiology	<ul style="list-style-type: none"> • New York Medical College MD May 2015 • Jacobs School of Medicine Anesthesiology Residency June 2015 to June 2019 • Anesthesiologist – Parkside Anesthesia July 2019 to July 2023, NAPA Anesthesia July 2023 to July 2024, and Northtowns Surgery Center July 2024 to present • Joining Premier Health Partners, PC per diem May 2026 • American Board of Anesthesiology 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>
Khalifah Glover, NP Family Medicine	<ul style="list-style-type: none"> • Daemen University Adult Geriatric Nurse Practitioner January 2023 • Registered Nurse September 2006 to present • Buffalo VA Medical Center Nurse Practitioner Residency Program July 2023 to July 2024 • Nurse Practitioner – First Docs August 2024 to present • Joining Maine Medical Consultant at Terrace View - May 2026 	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	<p>Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.</p> <p>Notification to Revenue Cycle and Decision Support upon approval of the Board.</p>

	<ul style="list-style-type: none"> • Collaborating Physician – Dr. Cassandra Williams 		
Sandra Michel, NP Family Medicine	<ul style="list-style-type: none"> • Daemen College Adult Nurse Practitioner January 2013 • Nure Practitioner – Family Choice of NY January 2013 to July 2013, Great Lakes Physician Services July 2013 to August 2014, Buffalo Medical Group July 2013 to September 2018, IPC Hospitalists August 2014 to June 2016, Buffalo Medical Group Hospitalist June 2016 to July 2017, Highgate Medical Group July 2017 to August 2023, Emcara Healthcare September 2023 to December 2025 and Family Choice of NY January 2026 to present • Collaborating Physician – Dr. Stephen Evans • ANCC certified 	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	<p>Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.</p> <p>Notification to Revenue Cycle and Decision Support upon approval of the Board.</p>
Carlos Martinez, MD Internal Med - Rheumatology	<ul style="list-style-type: none"> • Universidad Autonoma De Guadalajara Facultad De Medicina MD December 1979 • Time gap – started researching and applying to 5th Pathway programs, worked as a Phlebotomist at Sisters of Charity Hospital January 1980 to June 1981 • University of Puerto Rico 5th Pathway July 1981 to June 1982 	The Committee voted, all in favor, to approve the appointment with privileges granted as requested, with the understanding that the MEC will address Board Certification in discussion with the Chief of Service.	<p>Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.</p> <p>EXTRACTION FOR MEC</p> <p>Notification to Revenue Cycle and Decision Support upon approval of the Board.</p>

	<ul style="list-style-type: none"> • Sisters of Charity Hospital Internal Medicine Residency July 1982 to June 1985 • Jacobs School of Medicine Rheumatology Fellowship July 1985 to June 1987 • Phlebotomist at Sisters of Charity Hospital July 1987 to May 1990 • Private Practice Rheumatologist June 1990 to January 2026 • Preferred Physician Care (PHP) February 2026 to present 		
Jenna Ramsay, PA-C Internal Medicine	<ul style="list-style-type: none"> • D’Youville University Master of Science Physician Assistant December 2025 • Time gap – January 2026 to May 2026 completed licensing exam, issuance of NY license and applied for jobs • Joining UBMD Endocrinology May 2026 • Supervising Physician – Dr. Ajay Chaudhuri • NCCPA certified 	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee. Notification to Revenue Cycle and Decision Support upon approval of the Board.
Ping Li, MD Neurology	<ul style="list-style-type: none"> • Peking University Health Science Center MD July 1997 • Beijing Medical University Neurology Residency July 1997 to January 2000 • University of British Columbia Department of Neuroscience Research Assistant April 2003 to June 2008 • ECFMG certified August 2007 • Jacobs School of Medicine Internal Medicine Internship and 	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee. Notification to Revenue Cycle and Decision Support upon approval of the Board.

	<p>Neurology Residency July 2008 to June 2012 and Clinical Neurophysiology Fellowship July 2012 to June 2013</p> <ul style="list-style-type: none"> • Assistant Professor of Clinical Neurology July 2013 to April 2020 and Associate Professor May 2020 to present and Staff Neurologist Jacobs School of Medicine July 2013 to present • American Board of Psychiatry and Neurology certified in Neurology, Clinical Neurophysiology and Epilepsy 		
<p>Uzma Alam, MD Radiology – GLMI Teleradiology</p>	<ul style="list-style-type: none"> • Universidad Iberoamericana School of Medicine, Santo Domingo, Dominion Republic MD November 1997 • Time gap – VISA, Step 3 exam November 1997 to September 1998 • ECFMG certificate January 1998 • Metro Health Medical Center Case Western Reserve University Rotating Internship October 1998 to September 1999, Diagnostic Radiology Residency October 1999 to September 2003, and Body Imaging Fellowship October 2003 to September 2004 • Staff Radiologist Metro Health Medical Center October 2004 to April 2007 • Time gap – personal time to move to Buffalo, NY April 2007 to February 2008 	<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"> • Staff Radiologist at Transit Imaging Associates February 2008 to November 2009 • Director of Women’s Imaging November 2009 to July 2020 and Medical Director January 2015 to July 2020 at Buffalo MRI • Staff Radiologist - DIA October 2017 to January 2024, Western New York Radiology Associates, LLC and Great Lakes medical Imaging, LLC June 2023 to July 2025 • Remote Radiologist – UPMC Chautauqua May 2025 to present • Rejoining GLMI May 2026 as Remote Radiologist • American Board of Radiology certified 		
<p>Lawrence Pan, MD Radiology – VRAD Teleradiology</p>	<ul style="list-style-type: none"> • Rutgers New Jersey Medical School MD May 2007 • Time gap – May 2007 to June 2007 break before starting Internship • Jersey Shore University Medical Center Internal Medicine Internship July 2007 to June 2008 • Yale University School of Medicine Diagnostic Radiology Residency July 2008 to June 2012 and Neuroradiology Fellowship July 2012 to June 2013 • Radiologist – Crystal Run Healthcare Physicians, LLP July 2013 to March 2025 	<p>The Committee voted, all in favor, to approve the appointment with privileges granted as requested.</p>	<p>Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.</p> <p>Notification to Revenue Cycle and Decision Support upon approval of the Board.</p>

	<ul style="list-style-type: none"> • Physician – Optum Medical Care, PC July 2013 to present • Remote Radiologist – Virtual Radiologic Professionals, LLC December 2025 to present • American Board of Diagnostic Radiology certified 		
<p>Anne Matthews, MD Rehab Medicine</p>	<ul style="list-style-type: none"> • Medical College Thiruvananthapuram MD December 1992 and rotating Internship March 1991 to April 1992 • Time gap – Vacation January 1991 to February 1991 and preparing for exams and applying to Residency May 1992 to June 1993 • Long Island College Hospital Internal Medicine Residency July 1993 to June 1994 • SUNY Health Science Center at Brooklyn Physical Medicine and Rehabilitation Residency July 1994 to June 1997 • Staff Physiatrist – Liberty Physical Medicine and Rehabilitation PLLC July 1997 to July 2001, Faxton - St. Luke’s Healthcare August 2001 to October 2015; Medical Director October 2015 to September 2024 and Kaleida Health October 2024 to present • Joining ECMC June 8, 2026 • American Board of Physical Medicine and Rehabilitation – 	<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>

	Rehabilitation Medicine, Pain Management and Neuromuscular Medicine certified		
Jill Schleifer Schneffenberger, MD Rehab Medicine	<ul style="list-style-type: none"> • State University of New York at Buffalo MD June 2007 • Jacobs School of Medicine Preliminary Internal Medicine Residency June 2007 to June 2008 and Physical Medicine and Rehabilitation Residency June 2008 to June 2010 (program closed 2010) • Case Western Reserve University/Metro Health Rehabilitation Institute of Ohio Physical Medicine and Rehabilitation Residency July 2010 to August 2011 and Staff Physiatrist and Assistant Professor August 2011 to April 2013 • Staff Physiatrist and Medical Director April 2013 to present • Joining ECMC May 11, 2026 • American Board of Physical Medicine and Rehabilitation 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>
Claudia Koenig, PA-C Thoracic Cardiovascular Surgery	<ul style="list-style-type: none"> • Rochester Institute of Technology Master of Science Physician Assistant May 2018 • Time gap – studied and passed NCCPA, applied for NYS license May 2018 to October 2018 	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.

	<ul style="list-style-type: none"> Physician Assistant – UB Surgery at ECMC October 2018 to August 2021, GPPC at KH/ECMC September 2021 to December 2025 and Catholic Health December 2025 to February 2026 Rejoined GPPC February 2026 to present Supervising Physician – Dr. M. Hashmat Ashraf NCCPA certified 		Notification to Revenue Cycle and Decision Support upon approval of the Board.
IX. TEMPORARY PRIVILEGES	<u>Lakshpaul Chauhan, MD</u> <ul style="list-style-type: none"> Rehab Medicine; 04/13/26 privilege addition <u>Siva Yedlapati, MD</u> <ul style="list-style-type: none"> Rehab Medicine; 04/13/26 privilege addition 		
IX. REAPPOINTMENTS	THERE ARE NO REAPPOINTMENTS FOR THIS MONTH. ECMC IS AHEAD OF SCHEDULE FOR THE NEW MD-STAFF SYSTEM.		


X. AUTOMATIC CONCLUSION	Reappointment Expiration		
1st Notice	None	None	None
2nd Notice	None	None	None
3rd Notice (3)	<u>Internal Medicine</u> <ul style="list-style-type: none"> Frank Freund, DO; Apogee- will not seek reappointment per email. Expires 05/31/26 	None	None

	<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> <ul style="list-style-type: none"> Erin Gatta, PA-C; UB Ortho- will not seek reappointment per email Expires 05/31/26 		
XI. PROFESSIONAL PRACTICE EVALUATIONS			
OPPE	4 Departments completed: Chemical Dependency (22 providers), Family Medicine (62 providers), Radiology (30 providers) and Teleradiology (26 providers).	No issues identified.	Via these minutes to the MEC and Board of Directors.
FPPE	18 FPPEs completed	No issues identified.	Via these minutes to the MEC and Board of Directors.
Tracking/Trending	None	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>May 2026</p> <ul style="list-style-type: none"> • DEA - 13 • License - 15 • Boards – 1 MD, 2 AHP <p>June 2026</p> <ul style="list-style-type: none"> • DEA – 27 • License – 27 • Boards – 1 MD, 1 AHP 	No action is necessary at this time.	For informational purposes
MD Staff Update	In-person training for MD-Staff was held April 21-23, 2026. Currently processing live. Will try to change the templates for Virtual Committee to reflect what TYPE of review the Committee member is doing.		
Michael Markiewicz, DDS MD	Presented to Medical Executive Committee – reappointment was held. Final review will be forthcoming.	Tara to ensure follow-up	Appointment EXPIRES 05/31/2026
XIII. NEW BUSINESS			
July Credentials Committee meeting date	The Committee was asked if the July meeting should be rescheduled. It is currently on the calendar for JULY 2, 2026. Committee members were queried relative to their availability for that holiday week or if the meeting needs to be pushed out an additional week. It is noted that the majority of Committee members are available on July 2, 2026. The meeting date will remain July 2, 2026.	None	July meeting date will remain July 2, 2026.
Urology Privilege: Aquablation	Urology has asked for this new privilege. This cannot be acted upon until a decision is made regarding the purchase of equipment.		Waiting for equipment purchase decision from Administration.
POC Ultrasound	Initial meetings held with the Departments of Internal Medicine and Emergency Medicine. Topics discussed included focus of studies, training, education, documentation of competence, quality program, cost and ROI.		Waiting for equipment purchase

	Good information has been gathered relative to creating privileges, but this cannot be acted upon until a decision is made regarding the purchase of equipment.		decision from Administration.
ECMO Privileges	ECMO privileges were presented for review. Dr. Brewer has approved the attached criteria as the Chief of Service as well as the Chair of the Surgical Executive Committee. The group discussed that VV ECMO Cannulation and Management are appropriate for the Surgical Privilege Form. It was noted that VA ECMO is not able to be done at this facility at this time, due to staffing and equipment concerns. Cheryl will reach out to Internal Medicine as VV ECMO Management will cross department lines.	The Committee voted all in favor to approve the criteria presented for VV ECMO Cannulation and Management.	Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.
Internal Medicine	<u>Critical Care Privileges</u> "Intracranial Pressure Monitoring" should read "Intracranial Pressure Interpretation and Management." It was noted that monitoring is done by nursing staff. This change will help streamline the OPPE process.		Noted
ECMC Annual Dues	There are currently 64 providers who still owe annual dues. Reminders were sent out, and 49 providers responded and confirmed that their payments are being sent out. A 3 rd notice will be required for 15 providers and will be sent shortly.		Additional dues invoice will be sent to the 15 outstanding providers.
XIV. ADJOURNMENT	There being no further business to discuss, the meeting was adjourned at 3:51 pm.		

Respectfully submitted,



Yogesh Bakhai, MD

Chair, Credentials Committee

ERIE COUNTY MEDICAL CENTER CORPORATION
MAY 19, 2026 MEETING MINUTES
MEETING OF THE
EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS

PRESENT: DARBY FISHKIN, SHARON HANSON, MICHAEL SEAMAN

ABSENT: EUGENIO RUSSI

ALSO

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

I. Call to Order

The meeting was called to order at 4:02 p.m. by Board Vice Chair Darby Fishkin.

II. Minutes

Motion made by Michael Seaman, seconded by Sharon Hanson and unanimously passed to approve the minutes of the Executive Committee meeting of April 21, 2026.

III. Hospital Update

General Overview

The hospital continues to be challenged by ALCs. Surgeries have been lower for several reasons including the elimination of the oral maxillofacial program at University of Buffalo. There have been several celebrations this month including Nurse's Week and Hospital Week and the Employee and Nurse of the Year were announced.

Finances Report

Jon Swiatkoski reported that April's inpatient discharges surpassed those of 2025. Unfortunately, the number is below budget. Average length of stay continues to be negatively affected by the ALC patients. ALC patient population continues to grow at a slow but steady rate in the 50s. The hospital is averaging 20 more ALC patients a day when compared to 2025. Average LOS improved slightly from 8.4 days to 8.0 days. An adjusted length of stay, removing the ALC patient population, is YTD 6.1 versus 6.5 days last year. Additionally, orthopedic elective surgery numbers are down and anesthesiology costs have ballooned. There was a \$5.9M loss during April.

Days operating cash on hand is 14-20 days; 49.8 days in accounts receivable. VAPAP relief is available but only when things get dire. No immediate large payments are

expected. Payer denial activity and payment delays continue to impact cash flow. Mr. Swiatkowski gave a brief update on a recent trip to Albany. Discussion followed.

IV. CEO Transition

Mr. Davis gave a brief description of the anticipated change in leadership in the coming weeks.

V. Safety Net Transformation Funding Update

Mr. Swiatkowski gave a brief update on Safety Net Transformation Funding.6

VI. EPIC Update

Mr. Davis updated the committee members on the EPIC project.

VII. Adjourn

There being no other business, the meeting was adjourned at 5:06 p.m.

ERIE COUNTY MEDICAL CENTER CORPORATION

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

TUESDAY, MAY 19TH, 2026

BOARD MEMBERS PRESENT
OR ATTENDING BY VIDEO
CONFERENCE OR
TELEPHONE:

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

* ATTENDING BY VIDEO
CONFERENCE OR PHONE

BOARD MEMBERS EXCUSED:

PHILIP STEGEMANN, MD

ALSO PRESENT:

JONATHAN SWIATKOWSKI
ANDREW DAVIS
VANESSA HINDERLITER

I. CALL TO ORDER

The meeting was called to order at 8:33 by Chair Michael Seaman.

II. REVIEW AND APPROVAL OF MINUTES

Motion was made by Benjamin Swanekamp, seconded by Reverend Mark Blue, and unanimously passed to approve the minutes of the Finance Committee meeting of April 21, 2026.

III. APRIL 2026 OPERATING PERFORMANCE

Mr. Swiatkowski began his presentation with a review of key statistics. He noted that the April 2026 statistics were improved compared to 2025 but continue to be unfavorable when compared to budget. Case mix continued to be higher than plan, contributing to additional revenue, as well as average length of stay. However, ECMCC's average length of stay did improve from 8.4 to 8 days from the prior month. Outpatient cases were in line with budget.

Alternative Level of Care patient numbers were up from the previous month, averaging about 54 patients on the daily census. Mr. Swiatkowski noted that, when ALC patients are excluded from the calculation, the average length of stay was closer to 6.1 days, which is an improvement over the previous year's number using the same calculation of 6.5 days. Outpatient visits and ED visits were noted to be within 1% of budgeted expectations.

Surgery statistics were noted to be down 16% from plan, which is also down from last year's activity. Inpatient discharges were close to previous fiscal year, but the growth

contemplated in the budget was not realized. Outpatient surgery unfavorable volumes were led by elective orthopedic procedures, although some growth was seen in the ENT practice as a result of new physicians.

Mr. Andrew Davis expanded on orthopedics and the expectation that there will be positive growth in the practice. He noted that the shutdown by the UB Dental School of the oral maxillofacial residency program has had an effect on ECMC's volume, and some rebuilding will be necessary that was not anticipated when the 2026 budget was considered.

Reviewing the Financial Dashboard for the month, Mr. Swiatkowski informed the Committee that the month's numbers reflected a \$5.9 million loss versus \$3.9 million budgeted. This result excluded investment income, which was positive for the month. FTE reductions were noted to be ongoing, but currently led mostly by attrition versus workforce reductions. The current FTE volume was noted to be 3,772 at the first pay period of May, versus the budgeted number of 3,706. Overtime hours continue to be monitored and have been better managed while continuing to meet NYS staffing minimums.

Mr. Seaman questioned if union leadership was aware of ECMC's economic challenges, and a discussion regarding the workforce was led by Mr. Swiatkowski, Mr. Swanekamp and Mr. Davis. Mr. Davis noted morale initiatives were continuing, and the workforce morale remained high. Mr. Swiatkowski and Mr. Davis summarized the various internal initiatives, and New York State workforce reporting requirements, to the satisfaction of the Committee. It was noted that ECMC was actively looking for a Chief Human Resource Officer.

Mr. Swiatkowski reviewed the financial performance for April. He noted that it was a positive month for specialty pharmacy revenue and investment income. Net patient service revenue reflected an approximate \$1 million dollar loss compared to budget.

Operating expenses were approximately \$2 million over plan in April led by FTEs exceeding budget and high-cost drugs. Medical supply costs were under plan due to volume variances in surgery. Physician fees were also noted to be high due to the difficulty in retaining anesthesiologists for surgery, which is an industry wide issue, resulting in costs for temporary physicians. Mr. Seaman expressed concern that the lack of anesthesiologists could affect ECMCC's ability to perform surgery and Mr. Davis confirmed it has not had an effect on surgery capacity and is being monitored very closely.

Mr. Swiatkowski reviewed the 2026 year to date performance. He noted that it reflected a loss of \$31 million versus the \$13 million budgeted, before consideration of non-operating revenue. Positive investment revenue reduced the overall loss to \$28.7 million. He noted the budget was based on a \$30 million loss for the fiscal year which will be exceeded absent

significant financial assistance. Year to date operating revenue and expenses were consistent with prior months.

IV. OTHER UPDATES

Mr. Swiatkowski noted that April saw an increase in day's cash on hand. DSH and ICP payments were received at the end of the month. Some payer negotiations remain ongoing. Absent any policy changes further DSH and ICP payments are not expected until the 4th quarter of 2026.

Mr. Swiatkowski discussed the recent trip taken by Mr. Peter Cutler, Mr. Davis and Mr. Swiatkowski to Albany to meet with NYS DOH representatives. Positive discussions were had regarding the VAPAP program and other ways the State hopes to assist public healthcare institutions. It was noted that VAPAP payments could not be confirmed or made until after the NYS budget successfully passed. ECMCC is also currently waiting on a safety net transformation grant reimbursement for improvements to electronic medical records.

Mr. Davis expanded on the conversations had in Albany and the positive support that ECMCC received. He noted that New York State is aware of the ALC issues faced by New York hospitals. Mr. Seaman asked how widespread the issues faced by hospitals were, and Mr. Davis confirmed that currently 7 out of 10 hospitals are operating at a loss.

Ms. Vanessa Hinderliter informed the Committee that the line of credit with M&T was set to expire, with a 60-day extension currently in place. She noted that there are ongoing renewal negotiations occurring with the bank.

V. ADJOURNMENT

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

ERIE COUNTY MEDICAL CENTER CORPORATION

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

TUESDAY, MAY 12, 2026
MICROSOFT TEAMS PLATFORM

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

PRESENTERS: CHRISTOPER RITTER, MD, DOUGLAS DRUMSTA, MD, SIVA YEDLAPATI, MD, AND MANDIP PANESAR, MD

CHARLES CAVARETTA
SAM CLOUD, DO
JOHN CUMBO
PETER CUTLER
CASSIE DAVIS
BECKY DELPRINCE, RN
HEATHER LOOMIS
PHYLLIS MURAWSKI, RN
BRIAN MURRAY, MD
THAMER QAQISH, MD
MEG REILLY, RN
ASHVIN TADAKAMALLA, MD
JOANN WOLF, RN
CINDY ERSING
CHERYL AUSTIN

Call to Order

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

I. Minutes

April 14, 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. Orthopaedics – Christopher Ritter, MD

Dr. Ritter presented on the department of Orthopaedics. Dr. Ritter shared the department dashboard including volume, readmissions, mortality, DVT/PE measures, length of stay, discharge measures, patient safety indicators, hospital acquired infections, patient experience, uncontrolled follow-up visits, consults, and costs.

Staffing update has the department with 5 orthopaedic hand surgeons, 14 orthopaedic surgeons with block time (including the only 5 orthopaedic trauma trained specialists in Western New York) along with 11 physician assistants.

Orthopaedics occupy the OR trauma rooms 7 days a week. They have expanded hand surgery coverage, recruited 2 additional full/part time joint replacement specialists and will be adding an orthopaedic spine specialist.

Clinic coverage has been expanded to maximize potential nonoperative orthopaedic specialists. Physician assistants will be added for additional volume support along with a spine specialist starting this fall.

III. Radiology – Douglas Drumsta, MD

Dr. Drumsta presented the department of Radiology. Dr. Drumsta shared a review of department volumes from 2019–2025, CT procedures from 2019-2025, Radiologist turnaround time 2017-2025, and Radiology turnaround time for 2025.

A review of the percentage of exams signed in less than 12 hours was also discussed.

Dr. Drumsta spoke on the comprehensive breast health center which opened in July of 2025 with 992 patients and 1549 procedures completed. They will be onboarding a dedicated mammography radiologist in the next month which will be essential for comprehensive patient care. Resident QI projects were reviewed as well.

Dr. Drumsta was pleased to share that ECMC is the only WNY hospital to possess DICOE distinction in all modalities and they are now accredited until 2028.

IV. Apogee Physicians – Siva Yedlapati, MD

Dr. Yedlapati presented on the Apogee Group. There was a full agenda which included a staffing update showing 13 physicians and 3 APP's on the day shift with 4 physicians and 1 APP on the evening shift.

Dr. Yedlapati reviewed a series of volumes and outcomes including average visits per month, initial encounters, discharges and weekend challenges, discharge quotient, and discharge dispositions. He also reviewed the average LOS 2023-2026 along with average LOS, case mix index and revenue impact.

Geographic rounding was discussed showing charts reflecting discharge orders before noon 2024 – 2026 along with observation data for the past 12 months. Quality improvements were identified with problem focused notes, RN-MD co-teaching, and hip fracture Pathway projects.

He concluded with sharing awards and recognitions that the department recently received.

V. Renal / Hemodialysis – Mandip Panesar, MD

Dr. Panesar presented the Renal/ Hemodialysis department. He began with an introduction of the main team members.

Dr. Panesar discussed the home program of peritoneal dialysis along with charts on outpatient dialysis census, catheter rates, dialysis clearance, and blood stream infections.

A review of the transplant waitlist took place as well with a state of the unit update. Dr. Panesar also spoke on the quality ratings of local dialysis centers and patient survey ratings.

Dr. Panesar acknowledged the late Jonathan Dandes, his kindness and spirit will always be remembered.

VI. Quality and Regulatory Report – Phyllis Murawski, RN

Phyllis Murawski presented the Quality and Patient Safety Report. The Quality Patient Safety Committee met on April 28, 2026. Reports were received from Behavioral Health, Sepsis Committee and the Utilization Management Committee.

Phyllis shared a survey update. The Joint Commission was here to close out their most recent survey and we recently had our CARF survey which was phenomenal.

VII. Adjourn

There being no further business, the motion was made and seconded to adjourn the meeting. The next meeting will be held on June 9, 2026.

Dear ECMC Board Members,

Operationally, May's numbers were very similar to what we experienced in April: we continue to experience challenges in areas such as General Surgeries; however, admissions via the Emergency Department and Outpatient Visits each had modest increases and the overall inpatient census for May 2026 versus May 2025 saw a slight decrease but was essentially flat to budget. Our Executive Leadership Team is committed to developing strategies and implementing initiatives to improve the operational challenges that have persisted throughout the five months of the year and we continue to aggressively pursue solutions from both state and national sources to remedy these persistent issues.

The Commission on Accreditation of Rehabilitation Facilities (CARF) announced recently that Erie County Medical Center (ECMC) Corporation's Acute Inpatient Medical Rehabilitation Unit has been accredited for a period of three years through June 30, 2029. As stated in the June 15, 2026 accreditation notification letter from CARF International President & CEO Brian J. Boon, PhD, "This achievement is an indication of [ECMC's] dedication and commitment to improving the quality of the lives of the persons served. Services, personnel, and documentation clearly indicate an establishment pattern of conformance to standards... Your organization should take pride in achieving this high level of accreditation."

On June 15th, as part of our continuing effort to be well trained for any incident, the Emergency Department conducted a Mass Casualty Incident (MCI) Exercise with local, state and federal partners. The MCI included the participation of two helicopters, one of which was a Blackhawk helicopter that used the K Lot landing area. The other helicopter used the main hospital helipad. Erie County EMS provided ambulance transportation between K Lot and the ambulance bay area. The exercise included four MCI simulation exercises that began at 8:00am and concluded by approximately 12:00 noon. The simulation revolved around an explosion in North Evans that injured dozens of people, several of whom had to be transported by helicopter to ECMC's Emergency Department. An after-action analysis of the exercise is pending, but the initial indicators are that it went very well in terms of preparedness and response to the influx of injured trauma patients.

We were pleased to announce two key leadership additions to our ECMC Family. First, Cassandra "Cassie" Davis was promoted from her position of Senior Vice President of Operations to Chief Operating Officer. As the Board knows, over the course of her 18-year career at ECMC, Cassie Davis has participated in and led several key initiatives and programs that have made significant contributions to ECMC's continuing development, growth and vitality. She has been at the forefront of our efforts to strengthen our clinical programs and she is widely recognized throughout our institution as a key member of our Executive Leadership Team. In addition to Cassie's promotion, we were pleased to announce on June 3rd Angela A. Hauser, LNHA, MS as the new Administrator of Terrace View Long-Term Care. Angela has strong administration experience throughout the long-term care industry and brings great leadership skills to this important position. Most recently, she served as the Administrator for Elderwood at Lancaster, where she worked in a variety of management positions after joining the organization in October 2012.

Underscoring the excellence of ECMC's ambulatory programs, congratulations to Lucia Gioeli for being chosen by *Buffalo Business First* as one of the publication's 2026 Excellence in Health Care honorees. Lucia has achieved many great accomplishments as Vice President of System and Population Health, including earning national recognition and honors for ECMC's Population Health Comprehensive Transition of Care program.

We also acknowledge the departure from ECMC of two individuals who have each dedicated their careers to the care and well-being of ECMC's patients and their families and loved ones. Dr. William Flynn is an ECMC Associate Medical Director. In this capacity, he supports the medical director, working on quality projects as well as optimizing operating room safety and efficiency. Dr. Flynn formerly served as ECMC Chief of Service in the Department of Surgery, directing the Trauma Intensive Care Unit, serving as attending staff surgeon, and interim chair of the Department of Surgery at the State University of New York at Buffalo. In these roles, he brought care to patients at some of the most critical junctures, including after accidents or critical injury. Dr. Flynn helped ECMC transition from a New York State-designated Trauma Center to an American College of Surgeons (ACS) accredited Level I Trauma Center.

And Father Francis X. "Butch" Mazur, after decades of service to ECMC patients, their families and loved ones, providing support and spiritual guidance at some of the most challenging times, will retire at the end of June. Father Butch has been a consistent source of comfort and empathy for thousands of ECMC patients, as well as our caregivers and we wish him well in his retirement.

Over the past few weeks several annual events took place highlighting ECMC's preeminent position in our community. The annual Springfest Gala was an overwhelming success, attracting over 1,800 attendees who helped contribute to over \$1 million raised by the ECMC Foundation. The evening's entertainment, provided primarily by NSYNCH alumnus Joey Fatone, was tremendous, as always, and we celebrated Dr. Christopher Ritter, Chief of Orthopedics and JoAnn Wolf MS-MHA, RN, CCISM, Vice President of Medical Surgical Nursing respectively with the Distinguished Physician and Nursing Awards, as well as debuting the Jonathan A. Dandes Distinguished Community Service Award, which was presented to departing ECMC CEO Tom Quatroche.

ECMC also celebrated both Pride Month and Juneteenth by participating in their respective community parades, which garner significant parade participants and parade observers.

This June monthly Board report marks my first such report to the Board and I am honored and humbled by your confidence in me and for your support. I am deeply indebted to Tom Quatroche for his decade of collaboration with me, as well as his mentorship and friendship. Tom has left an indelible mark on ECMC and I look forward to building on the excellence and achievements he fostered during his time as CEO.

With appreciation and gratitude,

Andy

**Erie County Medical Center
Board Report
Chief Operating Officer
June 23, 2026**

Submitted by Cassie Davis

OPERATIONS

Ambulatory Services

- In partnership with our Head & Neck / Plastic & Reconstructive team, we submitted an application through the Lymphedema Education & Research Network to become an accredited site for referrals for new patients suffering with lymphedema.

Center of Cancer Care Research

May 2026

Monthly Oncology Research Report – Dr. Jennifer Frustino

Research Updates

- Successfully closed out the Merck B-Cell Lymphoma clinical trial.
- Enrollment closed for all US, Canada, and UK sites for the MeiraGTx Gene Therapy clinical trial on May 15th.
- Activated the AstraZeneca Lunch Cancer clinical trial.
- Seven (7) new subjects consented for research studies and 24 study visits were conducted in May.
- Monthly Oncology Multidisciplinary Research Meeting and Monthly UB Clinical Research Office meetings were held.

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.

Main projects

- Sewer back-up flood 1/12/26, the post-construction remediation floor refinishing was completed in May.
- Strip and wax floors in Internal Medicine (100% complete).
- CARF survey prep for 5/4 and 5/5/26: all patient rooms and ancillary spaces on 8z4, hallways, and the PT/OT Gym had floor refinishing.
- Numerous small floor care projects completed throughout the campus.
- Behavioral Health completed deep cleaning of 4z4, 5z2, 5z3 and 5z4.
- Huddles on all shifts with following topics
 - High/Low Dusting
 - Uniforms

- Purell Drip Trays
- Behavioral Health EVS Cart Safety systems
- Under Cart Supplies/Dust
- Eye Wash station cleaning, accessibility, and covers
- JCAHO Preparations – Race/Pass, BH EVS carts utilization

Food & Nutritional Services

- Operations
 - New patient services menu items were implemented and received excellent feedback.
 - Byte technology has been added to the Great Lakes Café and will soon be added to the ER for additional food options.
 - Catering continues to grow and provided excellent quality and selection.

Laboratory Services

Equipment Upgrades/Replacements/Contracts:

- EPIC Phase WAVE 1 – Go-Live
 - The Pathology department has gone live on EPIC as a component of WAVE 1. The department continues to work through go-live issues related to ECMC interface to EPIC, billing files, and printer connectivity issues.
- EPIC WAVE 2 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. System validation of the Haemonetics Safe Trace Tx and Blood Track Manager completed in advance of WAVE 1 KH go-live. ECMC will begin EPIC Beaker MRT and CCV validation activities in July. End-user training registration is in progress.
- 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:

Fire Damper Corrections – In Progress (Contractor)

- **Work completed:** Base bid corrections awarded and CM contract amendment fully executed. The installation and testing of access panels is complete for the 6th, 7th and 8th floors.
- **Work anticipated:** Three (3) fire dampers failed. Completion planned for mid-July. Room 716 Donn ceiling system is being removed. New patient lighting will be installed using the allowances in the project.

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

- **Work completed:** PT room (minor finishes work) completed. RT clinic and duct work is complete. 85% of the project is complete.
- **Work anticipated:** Remaining project is scheduled to be completed beginning of June 2026.

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.

HMGP 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.

Cath Lab Equipment Installation – Pending (Contractor)

- **Work anticipated:** Project is currently in design mode. Waiting for equipment vendor to provide installation requirements. A/E will provide construction directives for open bid.

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 was submitted 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.

Hematology Lab – Sysmex Instrument Addition – Pending (Contractor)

- A/E assessing construction cost for implementation.

General Construction – Maintenance Projects with DMyles, Inc. – Pending (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.

Behavioral Health Building – Ground Floor – Complete (In-House)

- Replace original fluorescent light fixture (where cleaning damaged the lenses) with LED flat panel light fixtures. This will improve lighting while reducing maintenance based on the flat/sealed nature of the fixture.

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

- Install new countertops and paint/patch several areas.

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

- Bathroom floor replacements for the 4th, 5th and 9th floors will include demo existing floors, asbestos abatement and floor pan replacement if needed, install epoxy coated (slip resistant) flooring system. The work is scheduled as rooms become available. **In progress:** Room 903; **Completed:** Room 902; **Completed** (20) bathrooms to date.

Campus Buildings – In Progress (In-House)

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

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

- Reconstruct walls and floors in various locations damaged by flood (sewer backup) water. Most of the restoration work has been completed with only the following areas remaining – Ground floor corridor behind Subway and Tim Hortons. The entire project is 95% complete.

Epic Project – In Progress (In-House)

- Provide electrical power, conduits, and receptacles at various locations to accommodate computer training equipment. Main scope is 100% complete. In progress with additional scope.

Regulatory – Main Hospital Sprinkler Replacement – In Progress (In-House)

- Continued replacement of sprinklers (heads only) that are nearly 50 years old. In progress with 75% complete.

Campus Grounds – In Progress (In-House)

- Currently in summer operations mode. In progress with mulching and cold patching (pothole repairs). A contractor will complete hot patching in various locations.

Population Health

- Population Health scheduled 453 appointments across ECMC Ambulatory Center locations.
- In May, Population Health participated in nine community outreach events, including an American Lung Cancer Climb for Air event, engaging approximately 350 community members through health education, screenings, and care coordination activities. These efforts resulted in five successful linkages to care, connecting individuals with needed healthcare services and resources. Outreach staff completed approximately 100 blood pressure screenings throughout the community, helping to identify individuals who may benefit from further medical evaluation and ongoing management of chronic conditions. A key outreach initiative during the month included holding dedicated outreach days in the outpatient dialysis lobby. These sessions provided opportunities to assist dialysis patients with establishing or reconnecting to primary care services while also delivering valuable health education. Topics included proper nutrition, physical activity, chronic disease prevention, and recommended preventive screenings to support healthier lifestyles and improved health outcomes.



Rehabilitation Services

- Community Collaborations
 - PEDS Rehab is collaborating with school districts to renew contracts for the upcoming school year 2026-2027. Signed contracts have been received from Kenton for OT/PT services in their integrated classroom. Kenmore-Tonawanda Schools is looking for expanded support in their Universal Pre-School Program from Special Education and Occupational Therapy.
 - PEDS Rehab is working with staff and school districts to maximize summer services. Staff were surveyed to see who was interested in summer work, and interest has increased this year compared to the previous. Current enrollment is 53 related service visits a week, and 48 special education itinerant teacher visits a week, referrals are ongoing.

- PEDS Rehab is working with Clarence School District to renew UPK support program for the upcoming school year. Development of a preschool classroom observation checklist for district administrators is being developed.
- Research
 - OP OT is in the initial stages of two research opportunities:
 - Retrospective driver rehabilitation study to establish clinically meaningful cut point scores within diagnostic group for greater efficiency in the delivery and standard of care.
 - Vivistim Registry for Paired VNS (GRASP) to gather real-world information on patients with arm and hand deficits post stroke.
- OP Rehab Vivistim program continues to expand with a total of seven patients from initiation of program July 2025. Two patients currently on program.

Supportive Care & Palliative Medicine

Metrics:

- Total Inpatient Consults for **May**: 136
- Transitions of Care: 24
- Discharge with Home Hospice: 3
- Terrace View: 9
- Sloan Comfort Home: 1

Surgical Services

- New providers and volume growth from Dr. Troy Woodard – Center for Sinus and Skull Base Surgery. Requesting additional equipment for OR and clinic.
- Continue to work towards opening a daily Universal Trauma Room – ongoing.
- Surgical Product Recalls
 - Contrast recall from vendor has caused a delay in receiving orders. Weekly meetings and updates are ongoing; no changes made to protocols at this time.
 - Surgical patties are on backorder due to recall, slowly coming in. There is no impact on patient care at this time.
- Block Time
 - New Cancer Care and Orthopedic Spine surgeons joining the team in late summer. Preparations for block time allocation is being reviewed.
 - Dr. Freeland and Dr. Albanese will be leaving in the summer, looking to backfill block with new surgeons. Dr Kosinski and Dr. Jones have picked up some block time.
 - Dental group requested additional block time in the fall. Will be present at next SEC meeting.
 - SEC committee to meet with low utilization surgeons to maximize and realign block time – ongoing.
- Robotic Volume
 - Ortho: 29
 - Bariatrics: 6

- Urology: 1
- Cardiovascular: 6
- HAN: 6

Terrace View

Operations

- **Census:** The average monthly census for **May** was **377**.
- **Facility Operations/Renovations:**
 - 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 were awarded for negative pressure wound therapy and Medicare Part B medical supplies. An RFP was prepared for ventilator maintenance, 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	YTD Jan. 1st, 2026 - May 31st, 2026 N= 384 (est)	YTD Jan.1st 2025 - May 31st, 2025 N= 561(final)	NYS 2026 Benchmark Goal
HCAHPS - Nurses	78 (est.)	77	76
HCAHPS – Doctors	74 (est.)	78	77
Discharge Info	87 (est.)	89	85
Overall Recc.	64 (est.)	72	66

Ambulatory Services

- Outpatient Lab Services will be expanding to the Snyder Center starting June 22. This service will provide ease and convenience for our patients in the Snyder building from traveling to the main hospital for lab work.

Dialysis

- Dialysis educational tabling event was held May 20-21, 2026.

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.

Supportive Care & Palliative Medicine

Patient Experience ongoing initiatives include:

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

Surgical Services

- Pre-Admission Testing (PAT) expanded into a new space. The goal is to double volume from 2025. Volume continues to grow compared to 2025. PAT visits in May were 134 compared to 71 in 2025.
- Daily bed huddles to discuss patient throughput.
- Continue to monitor in-patient surgeries.

Transplant

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

PEOPLE

Ambulatory Services

Recognition

- The Family Health Center welcomes Lyticha Rogers as the new Operations Manager. She will be supporting the Family Health Center as well as the Grider Family Health Center.

Center of Cancer Care Research

May 2026

Monthly Oncology Research Report – Dr. Jennifer Frustino

Research Updates

- New Research Coordinator, Fresha Masoud joined the team on May 4th.
- The ECMC Oncology Team was awarded the 2026 UB MPH Practice Partner of the Year. The award was given to Dr. Jennifer Frustino and Devin George at the Annual School of Public Health & Health Professions' Breakfast on 5/19 for their dedication and mentorship to the MPH Field Experience program.

MPH Practice Partner of the Year Award

A new award this year, the MPH Practice Partner of the Year Award recognizes an organization of excellence committed to preparing the next generation of public health professionals.

Erie County Medical Center, presented to Dr. Jennifer Frustino (middle)



Plant Operations

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

Population Health

- Nicole Jurek, PA, successfully completed the weeklong Tobacco Treatment Specialist Training Program at Roswell Park Comprehensive Cancer Center. This comprehensive program equips healthcare professionals with the knowledge and skills needed to provide evidence based tobacco dependence treatment, including behavioral counseling, patient education, and appropriate tobacco cessation medication management. Through this specialized training, Nicole is better prepared to support patients throughout our community who smoke or use other tobacco products by helping them develop personalized quit plans, overcome barriers to cessation, and access effective treatment options.
- Laondrea Jordan, RN, joined the team as Assistant Nurse Case Manager.
- Amanda Farrell (Population Health) and Mary Jimerson (Ambulatory Services) attended the UB School of Nursing 13th Annual Research Day and presented a poster, *Advancing Hypertension Control in Disparate Populations*, which won the community Ellen Volpe Award: 13th Annual Research Day Awards – School of Nursing – University of Buffalo.



Rehabilitation Services

- May was National Speech, Language, and Hearing Month. The department celebrated the contributions of SLP's across campus.



Events/Presentations

- OP PT's Chris Ponichtera and Leah Henry participated in a local in person Ankle Foot Master Class hosted by Greenfields Manor featuring Dr. Jennifer Gurske-dePerio.
- Acute Therapy Staff submitted a group picture to the ECMC yearbook with staff wearing Sabers attire, during the Stanley Cup playoffs, to celebrate Hospital Week.



Education/Training

- OP PT's, Theresa Liffiton, Julie Buono, Jamie Bly and Meaghan O'Leary completed an osseointegration class hosted virtually Hospital for Special Surgery in New York City, a leader in osseointegration nationally.
- Dr. Keenan facilitated 5/28 Schwartz round to ECMC staff focused on motivation and meaning making in health care.

Terrace View

- There were no new hires for the month of May.
- The new administrator, Angela Hauser, started on May 26, 2026.

QUALITY

Dialysis

- Quarterly Dialysis Facility Report released for fiscal year 2026, comments submitted May 15th. The 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**

Continue to monitor previous EVS issues in 2025 JCAHO survey.

- Securing EVS tools in Behavioral Health areas.
- Wet floor sign usage in Behavioral Health areas – implemented EVS cart with wet floor signs attached to carts.
- PACU – Clean utility with no supplies or debris under rolling carts.
- 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%

▪ **Quality Improvements**

- Continue weekly CPEP rounding with Plant Operations and Nursing leadership.
- Continue process improvements for Mock Survey result sustainment.
- Continue First Line Escape Room Infection Control training for front line staff.
- Continue DOT Hazardous Waste Training for all staff.

Food & Nutrition Services

- All Press Ganey scores are increasing and trending up.

Press Ganey Scores - APRIL

- **Meals Overall**
Score: 74.8 (Goal: 84.75) **+1.65**
- **Temperature of Food**
Score: 68.85 (Goal: 75) **+2.25**
- **Quality of Food**
March Score: 68.18 (Goal: 75) **+2.18**
- **Courtesy of Person Serving**
March Score: 90.16 (Goal: 87) **+2.13**

Touchworks data (225 responses) - MAY

- **Food Overall**
Score: 76.4 **(-2.9)**

- **Temperature of Food**

Score: 74.6 **(-8.8)**

- **Courtesy**

Score: 79.1 **(-11)**

Laboratory Services

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

- **Specimen Patient Identification/Specimen Labeling Case Calls**: YTD through April, there were (37) Case Calls reported for incorrect patient identification/specimen labeling errors. Med Surg (13), ED (12), BH (3), CC (3), OR (1) and OP (5).
- Improve the Glucometer cleaning documentation across all POCT locations to $\geq 90\%$ monthly. For April 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 improved to 71% compliance.

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

Lab Regulatory: The next regulatory visit is AABB in spring 2027.

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 ultrasounds
- In 2025, ECMC performed 315 mammograms, 18 follow-ups, and identified three (4) suspicious findings.
- To date in 2026, ECMC performed 290 mammograms and 243 DEXA scans, which is an increase from 2025.
- MRI Scanning of pacemaker patients with pacemakers:
 - A comprehensive policy was developed to decrease patient transfers to BGH. Patients are monitored to ensure diligent screening, vendor device make/model compliance and nursing staff to be present for all patients place in safe mode.
 - To date in 2026, ECMC has scanned (20) patients with pacemakers at 100% compliance rate.

- All blood reinfusion forms are audited to ensure the recordings are accurate and proper procedure is being followed when drawing and reinfusing patient's blood. Monthly report is submitted at leadership meeting for review, 100% compliance was attained for 2025, 100% YTD.

Rehabilitation Services

- MRU successfully completed the CARF Reaccreditation Survey May 4-5th, currently awaiting official survey results. Preliminary results indicate one citation (recommendation) requiring conformance to the standard which is to have HPD include bomb threat drills added to the fire drills which are conducted twice yearly.
- 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 May was 5:55 (Hr: Min), down 5 minutes from April, and 20 minutes under the target TAT goal of 6:15
 - OT ED referral TAT for May was 7:54 (Hr: Min), down 3:05 from April, 1:08 under the target TAT goal of 9:04

Surgical Services

- Joint Commission 120-day re-visit was completed to review conditional findings. There was one finding in relation to instrument staining. We continue to examine water quality (mineral content) as a potential cause for this issue. Plant Operations is contacting a water treatment company for further options. Plan of Correction (POC) was submitted to Kasey Jonmaire and Phyllis Murawski for review.
- Epic transition is in full swing. Data collection and several workgroups weekly. Go live in October 2026.
- Class I SSI's hospital wide YTD = (10) infections
 - Colon = 1 for 2026
 - Spinal Fusion = 4 for 2026
 - Knee = 0 for 2026
 - Hip = 1 for 2026
- There has been a significant decrease in Spine SSIs since December 2025.
- P&P team working with SPM (tray tracking system) to improve processes. Added scanners to several touchpoint areas to collect better data and more effective tracking. Expanded reporting and PM capabilities.
- Skull flap storage: policy completed, freezer installed, first skull flap received.
- Electronic consents, now live in GI, Urology, Interventional Radiology and Surgical Center. Main OR will wait on expanding E-consents since EPIC is approaching and there is a lot of additional considerations in the space.
- Audit Results:
 - Skin Assessment: 86.6% compliant
 - Discharge Instructions: 93.2% compliant
 - Hand Hygiene: 96.0% compliant

- PPE: 93.0% compliant
- Timeouts: 98.3%
- Scope cabinets (dust-free): 100%
- Cracked suction regulators: 100%
- Beard covers: 69%
- O2 delivery method: 98%
- GI Lab specimens: 100%
- Instrumentation Audits
 - Open and Unlocked: 94.0%
 - Free from Tape: 100%
 - Expired: 100%
 - Confirm Accurate Exp dates: 100%
- Through May 2026 – 0 premature release of implants from quarantine for both Surgical Center and Main OR.
- Through May 2026 – 0 immediate release cycles for Main OR and Surgical Center.

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 four (4) DOH reportable events in May.
- 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 June 15, 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 was submitted before deadline of 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 **9,707** treatments, Variance **(-835)** due to decreased census. Evaluating referring providers’ volumes to identify opportunities for improvement.
- Home Program: (Home Peritoneal & Home Hemodialysis): YTD Budget **640** treatments, favorable to the budget, Variance **(949)**
- Total: **114** treatments for the year, PD volume continues to demonstrate tremendous growth from 2025.

Census Volume:

- Outpatient (in-center treatments): **May = 8,509** treatments, YTD 2026 total = **8,872**
- Home Program: (Home Peritoneal & Home Hemodialysis): **May = 372** treatments, 2026 total = **1,589** favorable to budget.

Dialysis			2025			2026			
			YTD	Budget	Variance	May	YTD	Budget	Variance
4555	AKI	Hemodialysis - AKI	378	-	-	23	97	-	-
	DIALNON	Hemodialysis - Non-ESRD	3	-	-	0	0	-	-
	DIALTRAN	Hemodialysis - Transient	843	-	-	34	266	-	-
	HD	Hemodialysis - Chronic	22,618	-	-	1,735	8,509	-	-
	4555 Totals		23,842	24,119	-277 🟡	1,792	8,872	9,707	-835 🔴
5660	HOMEHD	Hemodialysis - Home	0	-	-	0	0	-	-
	PD	Hemodialysis - Peritoneal	3,109	-	-	372	1,589	-	-
	5660 Totals		3,109	1,500	1,609 🟢	372	1,589	640	949 🟢
Totals			26,951	25,619	1,332 🟢	2,164	10,461	10,347	114 🟢

Environmental Services

		ECMC	Terrace View
Housekeeping Labor Expenses	APRIL	+8.0%	+20.1%
	YTD	+5.8%	+16.6%
Cleaning Supply Expenses	APRIL	-25.3%	+4.1%
	YTD	-3.0%	+14.3%

Food & Nutritional Services

- **Budget**
 - For the month of May, the costs for food, labor, paper, and chemical costs were under budget.
 - Food cost was under budget by \$17,964.00.
 - Paper and chemical costs were under budget: \$19,158.00.
 - The overall May budget was \$77,766.00 under budget.

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 9.3% over budget for 2026.

- 2025: 210,211 total procedures
- 2024: 207,058 total procedures
- MRI grant obtained for \$3M for purchase of Siemens Flow 1.5T.

Rehabilitation Services

- The MRU monthly therapy statistics combined PT and OT for units of service were 3,439 against a budget of 2,677 for a *positive variance* of 22.2%. SLP services combined for MRU and Acute care services were 659 against a budget of 405 with a *positive variance* of 38.5%.
- The MRU had 19 admissions and 27 discharges with 422 patient days and a LOS of 15.6 days, **ADC 13.6**.
- Preschool related services increased by 13% for the month of May 2026, compared to April 2026. Special Education itinerant services increased by 16% for the month of May 2026, compared to April 2026.
- As an OP team (OT, PT, SLP, and Rehab Psychology) down 2% MTD (51 visits) but exceeded budget by 9% YTD (1,011 visits).
- Outpatient Psychiatry was under budget 1% or one visit in May but over budget by 6% or 34 visits YTD.
- PEDS Rehab received the first retroactive payment for the 5% increase in Early Intervention (EI) services for \$14,441.12. Rates were released from New York State Bureau of Early Intervention revealing that the 5% retroactive increase was applied to all EI services across the board corresponding to total backpay of approximately \$40,619.

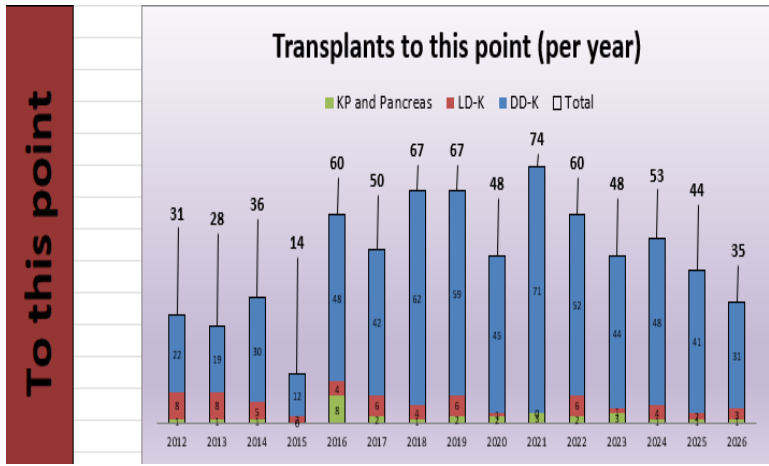
Surgical Services

- Exploring opportunities to lower cost of spine stimulator implants and maximize reimbursement.
- **Approved Capital Requests**
 - Cath Lab construction to increase air exchanges

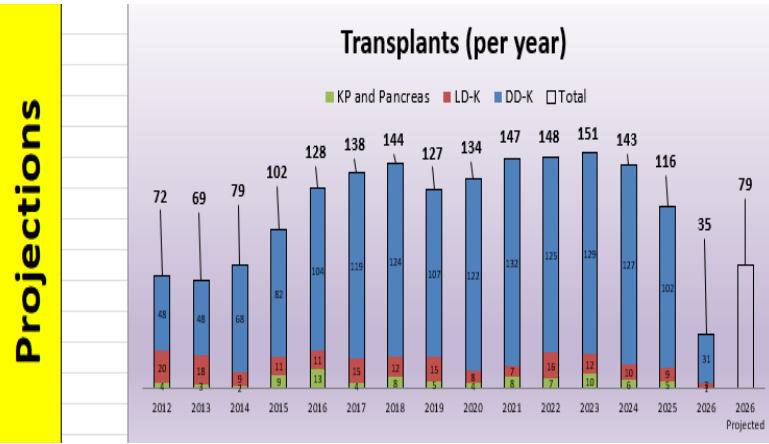
- GI scopes, processors, and monitors
- OR – replace (9) broken gas panels

Transplant

- As of June 1, 2026, we performed **(35)** transplants, which is **(-9)** transplants than the same time in 2025. We have projected **(79)** transplants for 2026.
- Pre-Transplant Clinic is above budget by **(+96)**.
- Post-Transplant clinic is below budget by **(-120)** visits; this is expected with the decreased overall transplant volume.
- Total clinic variance is favorable to budget **(24)**.



	DD-K	LD-K	KP	Pancreas	Total
2009	23	14	0	0	37
2010	24	21	0	0	45
2011	16	6	2	1	25
2012	22	8	0	1	31
2013	19	8	1	0	28
2014	30	5	1	0	36
2015	12	2	0	0	14
2016	48	4	5	3	60
2017	42	6	2	0	50
2018	62	4	1	0	67
2019	59	6	2	0	67
2020	45	1	2	0	48
2021	71	0	2	1	74
2022	52	6	2	0	60
2023	44	1	3	0	48
2024	48	4	1	0	53
2025	41	2	1	0	44
2026	31	3	1	0	35



	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	31	3	1	0	35
2026 Projected					79

Transplant / Vascular			2025			2026			
			YTD	Budget	Variance	May	YTD	Budget	Variance
6430	TRANPRE	Transplant Clinic	586	-	-	55	263	-	-
	TRANPREPRC	Transplant Clinic	0	-	-	1	2	-	-
	6430 Totals		586	650	-64 ↓	56	265	169	96 ↑
6431	TRANPOSPRC	Transplant Clinic	0	-	-	1	2	-	-
	TRANPOST	Transplant Clinic	3,595	-	-	235	1,397	-	-
	6431 Totals		3,595	4,363	-768 ↓	236	1,399	1,519	-120 ↓
Totals			4,181	5,013	-832 ↓	292	1,664	1,688	-24 ↓

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Internal Financial Reports
For the month ended May 31, 2026

Erie County Medical Center Corporation

**Financial Dashboard
May 31, 2026**

Statement of Operations:

	Month	Year-to-Date (YTD)	YTD Budget
Net patient revenue	\$ 62,395	\$ 302,749	\$ 313,747
Other	18,852	91,603	92,453
Total revenue	<u>81,247</u>	<u>394,352</u>	<u>406,200</u>
Salary & benefits	44,500	220,057	213,324
Physician fees	11,661	57,113	54,301
Purchased services	7,898	37,423	38,996
Supplies & other	18,306	90,848	88,699
Depreciation and amortization	4,188	20,941	20,941
Interest	863	4,733	4,906
Total expenses	<u>87,416</u>	<u>431,115</u>	<u>421,167</u>
Operating Income/(Loss) Before Other Items	(6,169)	(36,763)	(14,967)
Grant revenue	-	-	-
Income/(Loss) from Operations With Other Items	<u>(6,169)</u>	<u>(36,763)</u>	<u>(14,967)</u>
Other Non-operating gain/(loss)	904	2,766	120
Change in net assets	<u>\$ (5,265)</u>	<u>\$ (33,997)</u>	<u>\$ (14,847)</u>
Operating margin	<u>-7.6%</u>	<u>-9.3%</u>	<u>-3.7%</u>

Balance Sheet:

Assets:

Cash & short-term investments	\$ 22,832
Patient receivables	123,409
Assets whose use is limited	151,324
Other assets	428,019
	<u>\$ 725,584</u>

Liabilities & Net Assets:

Accounts payable & accrued expenses	\$ 381,968
Estimate self-insurance reserves	49,732
Other liabilities	393,798
Long-term debt, including current portion	175,928
Lease liability, including current portion	21,649
Subscription liability, including current portion	20,988
Line of credit	10,000
Net assets	<u>(328,479)</u>
	<u>\$ 725,584</u>

Cash Flow Summary:

	Month	YTD
Net cash provided by (used in):		
- Operating activities	\$ (12,853)	\$ (29,445)
- Investing activities	(495)	17,872
- Financing activities	<u>(1,784)</u>	<u>(7,437)</u>
Increase/(decrease) in cash and cash equivalents	(15,132)	(19,010)
Cash and cash equivalents - beginning	<u>34,611</u>	<u>38,489</u>
Cash and cash equivalents - ending	<u>\$ 19,479</u>	<u>\$ 19,479</u>

Key Statistics:

	Month	YTD	YTD Budget
Discharges:			
- Acute	1,035	5,161	5,496
- Exempt units	429	2,091	2,184
Observation Cases:	369	1,529	1,626
Patient days:			
- Acute	8,339	43,552	41,867
- Exempt units	5,158	25,318	24,267
Average length of stay, acute	8.1	8.4	7.6
Case mix index Blended	2.00	2.03	1.94
Average daily census: Medical Center	435	456	438
Terrace View LTC	375	377	382
Emergency room visits, including admissions	5,832	27,213	27,437
Outpatient Visits	26,184	129,150	133,568
Days in patient receivables		61.6	

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Erie County Medical Center Corporation

Management Discussion and Analysis

For the month ended May 31, 2026

(Amounts in Thousands)

May 2026 Operating Performance

During the month of May, 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 and length of stay remained higher than plan. Total outpatient and specialty clinic visits coupled with total surgeries reflect unfavorable deviations from budgeted expectations which also contributed to the net patient service revenue falling below plan. May's acute average length of stay was 8.1 days (a slight increase from the ALOS in April of 8.0 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 other cost reduction efforts 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 (\$6,169). This operating loss is unfavorable when compared to the month's budgeted loss of (\$1,966).

Inpatient discharges during the month of 1,464 were less than the planned discharges of 1,578 (7.2% or 114 cases). Within the total, acute discharges of 1,035 were below plan by 7.6%, behavioral health discharges of 208 were below plan by 15.3%, chemical dependency discharges of 194 were better than plan by 7.4%, and medical rehabilitation discharges of 27 were below plan by 13.7%.

In conjunction with the increase in ALC census, the acute average length of stay was at 8.1 days during May, unfavorable to a budget of 7.3 days by 10.0%. The average daily census of the ALC patients within the facility during the month of 52 patients slightly improved from the 54 patient average daily census during April but remains significantly higher than budgeted expectations of 20 patients and the May 2025 levels of 36 patients. These statistical volume, throughput and ALC trends have had a direct and significant unfavorable impact on the overall total net revenue per case for the month, despite being partially offset by higher than anticipated case severity.

As we continue to see an increase in uninsured patients or delays in payments from insurance companies, the total bad debt expense has increased during 2026. As the provisions of H.R.1 continue to be implemented in the coming years, management is expecting to see increases in uninsured patients which will result in additional bad debt expense given the uninsured population's often inability to pay for services.

Other operating revenue was above budget for the month of May. Driving a significant portion of this variance was a favorable revenue variance within the specialty pharmacy revenue of approximately \$105. There is a corresponding increase in overall supply costs for pharmaceuticals and as a result, a slight favorable margin exists on the program for the month compared to the operating plan.

Total FTEs during May were higher than budgeted targets for the month by 67 FTEs which reflects a decrease in the overall variance from the prior month and a significant decrease from the variance at the start of the year as a result of ongoing FTE management. While there remains a variance from the budget, the variance has been reduced each month over the last 5 months. 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, as the busier trauma season begins, we expect the downward trends in FTEs to subside and even increase in areas which typically see the largest increases in

Erie County Medical Center Corporation

Management Discussion and Analysis

For the month ended May 31, 2026

(Amounts in Thousands)

volume, and as such variances from the operating plan will continue to occur. 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.

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. Additionally, continued investments in new physicians and additional infrastructure costs within PHP (Premier Health Partners, PC) represents a recurring variance from the operating plan.

Utility expenses 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 that significantly increased the costs. This has normalized in April and May 2026, resulting in costs which are in line with or below budgeted expectations.

Balance Sheet

ECMCC saw significant decreases in cash during the first five 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 8 to 14 days of operating cash during the month of May. 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. As the NYS Budget has now been finalized, management has escalated discussions with that team to work together on short and long-term support.

Patient receivables increased approximately \$18.5 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 61.6 days on May 31, 2026, which has impacted net overall cash on hand.

Assets whose use is limited balances have decreased due to payments from the restricted capital funds to cover implementation costs of the EPIC 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 May 31, 2026 and December 31, 2025

(Dollars in Thousands)

	May 31, 2026	December 31, 2025	Change from December 31st
Assets			
Current Assets:			
Cash and cash equivalents	\$ 19,479	\$ 38,489	\$ (19,010)
Investments	3,353	13,122	(9,769)
Patient receivables, net	123,409	104,885	18,524
Prepaid expenses, inventories and other receivables	34,082	66,506	(32,424)
Total Current Assets	180,323	223,002	(42,679)
Assets Whose Use is Limited	151,324	181,665	(30,341)
Property and equipment, net	294,756	291,749	3,007
Other assets	99,181	99,827	(646)
Total Assets	\$ 725,584	\$ 796,243	\$ (70,659)
Liabilities & Net Position			
Current Liabilities:			
Current portion of long-term debt	\$ 13,215	\$ 13,215	\$ -
Current portion of lease liability	6,139	6,376	(237)
Current portion of subscription liability	10,157	10,536	(379)
Line of credit	10,000	10,000	-
Accounts payable	81,143	69,643	11,500
Accrued salaries and benefits	89,543	92,458	(2,915)
Other accrued expenses	205,822	209,639	(3,817)
Estimated third party payer settlements	5,460	5,983	(523)
Total Current Liabilities	421,479	417,850	3,629
Long-term debt	162,713	166,158	(3,445)
Long-term lease liability	15,510	18,042	(2,532)
Long-term subscription liability	10,831	11,675	(844)
Estimated self-insurance reserves	49,732	48,118	1,614
Other liabilities	393,798	428,943	(35,145)
Total Liabilities	1,054,063	1,090,786	(36,723)
Total Net Position	(328,479)	(294,543)	(33,936)
Total Liabilities and Net Position	\$ 725,584	\$ 796,243	\$ (70,659)

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Erie County Medical Center Corporation

Statement of Operations

For the month ended May 31, 2026

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net patient revenue	66,622	66,733	(111)	58,023
Less: Provision for uncollectable accounts	(4,227)	(1,473)	(2,754)	(1,308)
Adjusted Net Patient Revenue	62,395	65,260	(2,865)	56,715
Disproportionate share / IGT revenue	10,256	10,256	-	11,018
Other revenue	8,596	8,397	199	7,443
Total Operating Revenue	81,247	83,913	(2,666)	75,176
Operating Expenses:				
Salaries & wages	32,688	31,856	(832)	32,809
Employee benefits	11,812	11,898	86	10,418
Physician fees	11,661	10,860	(801)	10,524
Purchased services	7,898	7,889	(9)	5,915
Supplies	15,660	15,617	(43)	13,538
Other expenses	2,034	1,921	(113)	2,021
Utilities	612	669	57	405
Depreciation & amortization	4,188	4,188	-	3,847
Interest	863	981	118	905
Total Operating Expenses	87,416	85,879	(1,537)	80,382
Operating Income/(Loss) Before Other Items	(6,169)	(1,966)	(4,203)	(5,206)
Other Gains/(Losses)				
Grant revenue	-	-	-	9,081
Income/(Loss) from Operations	(6,169)	(1,966)	(4,203)	3,875
Other Non-operating Gain/(Loss):				
Interest and dividends	327	208	119	687
Unrealized gain/(loss) on investments	577	(184)	761	585
Non-operating Gain/(Loss)	904	24	880	1,272
Excess of Revenue/(Deficiency) Over Expenses	\$ (5,265)	\$ (1,942)	\$ (3,323)	\$ 5,147

Erie County Medical Center Corporation

Statement of Operations

For the five months ended May 31, 2026

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net patient revenue	312,661	320,846	(8,185)	295,778
Less: Provision for uncollectable accounts	(9,912)	(7,099)	(2,813)	(6,514)
Adjusted Net Patient Revenue	302,749	313,747	(10,998)	289,264
Disproportionate share / IGT revenue	51,278	51,278	-	55,089
Other revenue	40,325	41,175	(850)	35,386
Total Operating Revenue	394,352	406,200	(11,848)	379,739
Operating Expenses:				
Salaries & wages	161,783	155,190	(6,593)	156,707
Employee benefits	58,274	58,134	(140)	53,436
Physician fees	57,113	54,301	(2,812)	51,926
Purchased services	37,423	38,996	1,573	33,671
Supplies	77,242	75,843	(1,399)	68,206
Other expenses	9,313	9,600	287	10,768
Utilities	4,293	3,256	(1,037)	3,234
Depreciation & amortization	20,941	20,941	-	19,251
Interest	4,733	4,906	173	4,613
Total Operating Expenses	431,115	421,167	(9,948)	401,812
Operating Income/(Loss) Before Other Items	(36,763)	(14,967)	(21,796)	(22,073)
Other Gains/(Losses)				
Grant revenue	-	-	-	9,081
Income/(Loss) from Operations	(36,763)	(14,967)	(21,796)	(12,992)
Other Non-operating Gain/(Loss):				
Interest and dividends	1,702	1,042	660	3,669
Unrealized gain/(loss) on investments	1,064	(922)	1,986	829
Non-operating Gain/(Loss)	2,766	120	2,646	4,498
Excess of Revenue/(Deficiency) Over Expenses	\$ (33,997)	\$ (14,847)	\$ (19,150)	\$ (8,494)

Erie County Medical Center Corporation

Statement of Changes in Net Position

For the month and five months ended May 31, 2026

(Dollars in Thousands)

	<u>Month</u>	<u>Year-to-Date</u>
Unrestricted Net Assets:		
Excess/(Deficiency) of revenue over expenses	\$ (5,265)	\$ (33,997)
Other transfers, net	-	
Contributions for capital acquisitions	-	61
Change in accounting principle	-	-
Net assets released from restrictions for capital acquisition	-	-
	<hr/>	<hr/>
Change in Unrestricted Net Assets	<u>(5,265)</u>	<u>(33,936)</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>(5,265)</u>	<u>(33,936)</u>
Net Position, beginning of period	<u>(323,214)</u>	<u>(294,543)</u>
Net Position, end of period	<u>\$ (328,479)</u>	<u>\$ (328,479)</u>

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Erie County Medical Center Corporation

Statement of Cash Flows

For the month and five months ended May 31, 2026

(Dollars in Thousands)

	Month	Year-to-Date
Cash Flows from Operating Activities:		
Change in net assets	\$ (5,265)	\$ (33,936)
Adjustments to Reconcile Changes in Net Assets to Net Cash Provided by/(Used in) Operating Activities:		
Depreciation and amortization	4,188	20,941
Provision for bad debt expense	4,227	9,912
Net change in unrealized (gain)/loss on Investments	(577)	(1,064)
<u>Changes in Operating Assets and Liabilities:</u>		
Patient receivables	(7,960)	(28,436)
Prepaid expenses, inventories and other receivables	(3,431)	32,424
Accounts payable	(81)	11,500
Accrued salaries and benefits	2,690	(2,915)
Estimated third party payer settlements	(58)	(523)
Other accrued expenses	(9,902)	(3,817)
Self Insurance reserves	117	1,614
Other liabilities	3,199	(35,145)
Net Cash Provided by/(Used in) Operating Activities	(12,853)	(29,445)
Cash Flows from Investing Activities:		
Additions to Property and Equipment, net	(3,384)	(23,948)
Decrease/(increase) in assets whose use is limited	3,341	30,341
Sale/(Purchase) of investments, net	(550)	10,833
Change in other assets	98	646
Net Cash Provided by/(Used in) Investing Activities	(495)	17,872
Cash Flows from Financing Activities:		
Principal payments on / proceeds from long-term debt, net	(692)	(3,445)
Principal payments on / additions to long-term lease liability, net	(434)	(2,769)
Principal payments on / additions to long-term subscription, net	(658)	(1,223)
Increase/(Decrease) in Cash and Cash Equivalents	(15,132)	(19,010)
Cash and Cash Equivalents, beginning of period	34,611	38,489
Cash and Cash Equivalents, end of period	\$ 19,479	\$ 19,479

Erie County Medical Center Corporation

Statistical and Ratio Summary

	May 31, 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	8	20	23.2
Days in Patient Receivables	61.6	55.0	56.8
Days Expenses in Accounts Payable	65.7	56.6	54.6
Days Expenses in Current Liabilities	150.3	160.0	145.0
Cash to Debt	41.9%	57.1%	55.8%
Working Capital Deficit	\$ (241,156)	\$ (194,938)	\$ (138,572)
<u>Capital Ratios:</u>			
Long-Term Debt to Fixed Assets	55.2%	57.0%	63.2%
Assets Financed by Liabilities	145.3%	137.0%	134.7%
Debt Service Coverage (Covenant > 1.1)	(0.2)	1.1	1.7
Capital Expense	4.1%	2.7%	2.9%
Average Age of Plant	6.9	8.2	8.0
Debt Service as % of NPSR	3.4%	3.8%	4.0%
Capital as a % of Depreciation	114.4%	132.2%	60.3%
<u>Profitability Ratios:</u>			
Operating Margin	-9.3%	-8.6%	-7.0%
Net Profit Margin	-10.9%	-1.9%	-1.2%
Return on Total Assets	-11.2%	-1.7%	-1.0%
Return on Equity	24.8%	4.6%	2.9%
<u>Productivity and Cost Ratios:</u>			
Total Asset Turnover	1.3	1.2	1.1
Total Operating Revenue per FTE	\$ 285,699	\$ 273,402	\$ 254,866
Personnel Costs as % of Total Revenue	54.4%	55.3%	54.3%

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Erie County Medical Center Corporation

**Key Statistics
Period Ended May 31, 2026**

Current Period				Year to Date			
Actual	Budget	% to Budget	Prior Year	Actual	Budget	% to Budget	Prior Year
Discharges:				Discharges:			
1,035	1,120	-7.6%	1,078	5,161	5,496	-6.1%	5,264
208	246	-15.3%	228	1,063	1,177	-9.7%	1,157
194	181	7.4%	157	917	858	6.8%	802
27	31	-13.7%	18	111	149	-25.4%	98
1,464	1,578	-7.2%	1,481	7,252	7,680	-5.6%	7,321
Patient Days:				Patient Days:			
8,339	8,206	1.6%	8,096	43,552	41,867	4.0%	41,240
3,983	4,051	-1.7%	3,814	19,670	18,617	5.7%	18,598
753	684	10.1%	610	3,666	3,194	14.8%	3,032
422	642	-34.3%	367	1,982	2,456	-19.3%	1,601
13,497	13,583	-0.6%	12,887	68,870	66,134	4.1%	64,471
Average Daily Census (ADC):				Average Daily Census (ADC):			
269	265	1.6%	261	288	277	4.0%	273
128	131	-1.7%	123	130	123	5.7%	123
24	22	10.1%	20	24	21	14.8%	20
14	21	-34.3%	12	13	16	-19.3%	11
435	438	-0.6%	416	456	438	4.1%	427
Average Length of Stay:				Average Length of Stay:			
8.1	7.3	10.0%	7.5	8.4	7.6	10.8%	7.8
19.1	16.5	16.1%	16.7	18.5	15.8	17.0%	16.1
3.9	3.8	2.5%	3.9	4.0	3.7	7.4%	3.8
15.6	20.5	-23.9%	20.4	17.9	16.5	8.2%	16.3
9.2	8.6	7.1%	8.7	9.5	8.6	10.3%	8.8
Occupancy:				Occupancy:			
80.2%	85.2%	-5.9%	76.6%	80.2%	85.2%	-5.9%	76.6%
Case Mix Index:				Case Mix Index:			
2.00	1.93	3.9%	1.99	2.03	1.94	4.4%	2.00
369	351	5.1%	392	1,529	1,626	-6.0%	1,674
392	485	-19.2%	423	2,005	2,242	-10.6%	2,039
584	731	-20.1%	613	3,010	3,559	-15.4%	3,251
29	26	11.5%	30	186	103	80.6%	123
7	6	16.7%	5	23	18	27.8%	17
26,184	28,283	-7.4%	26,931	129,150	133,568	-3.3%	128,320
5,832	5,831	0.0%	5,865	27,213	27,437	-0.8%	27,496
61.6	44.2	39.4%	52.0	61.6	44.2	39.4%	52.0
4.1%	2.2%	86.1%	2.3%	2.6%	2.2%	18.7%	2.0%
3,291	3,249	1.3%	3,399	3,350	3,250	3.1%	3,371
4.04	3.96	2.2%	4.29	4.05	4.00	1.1%	4.27
\$ 21,245	\$ 20,535	3.5%	\$ 18,532	\$ 21,287	\$ 20,508	3.8%	\$ 19,775
\$ 29,499	\$ 26,853	9.9%	\$ 26,129	\$ 30,220	\$ 27,367	10.4%	\$ 27,307
Terrace View Long Term Care:				Terrace View Long Term Care:			
11,624	11,880	-2.2%	11,652	56,932	57,684	-1.3%	56,803
375	383	-2.2%	376	377	382	-1.3%	376
96.1%	98.3%	-2.2%	96.4%	96.7%	98.0%	-1.3%	96.5%
480	455	5.5%	481	490	455	7.7%	471
6.6	6.1	7.8%	6.6	5.5	5.1	9.1%	5.3

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

University at Buffalo Update

- The school of Dental Medicine made the decision to close the OMFS program as of June 30th
- There is an ongoing search for a Chair of Ophthalmology
- There is a new search for a Chair of Surgery starting this month

Current hospital operations

• Admissions YTD:	5,447
• ED visits YTD:	24,060
• CPEP visits:	4,680
• Observation:	1,628
• Inpatient Surgeries:	2,123
• Outpatient Surgeries:	3,185
• ALC days YTD:	8,282

The average length of stay MTD 8.4 CMI 2.0246

CMO Update

- Congratulations to Dr. William Flynn, Jr. He will be retiring on July 10, 2026.
- Preparations continue for Epic go-live.
- We are ensuring we have the adequate PPE and procedures in place in case a patient should present to ECMC with Ebola.

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
June 23, 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 media coverage of high-profile discharge of Buffalo Police Department Officer Marc Hurst on June 1st.
- 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: Endoscopic Sinus Surgery (Dr. Woodard), Lower Back Arthritis (Dr. Bychkov), E-Bike Safety (Beth Moses) and Breast Reconstruction After Mastectomy (Dr. Frey).

Community and Government Relations

- Followed our previous introductory meetings for Andy Davis (accompanied by Jon Swiatkowski & Peter Cutler) with Albany Executive, Legislative and state agency leaders that took place on May 11th and 12th with a meeting on June 9th in Albany with Blake Washington, NYS Budget Director and Sean O'Keefe, Assistant Budget Director. The meeting covered a variety of critically important issues to ECMC: SDP funding, VAPAP funding and the potential impact of the changes in the state's Tier 6 retirement issue.
- We have worked very closely with our NYS Albany-lobbyists Manatt to review and analyze both the enacted 2027 state budget and the conclusion of the 2026 state legislative session. It is a fluid process and we are working to assure ECMC derives maximum benefit from the budgetary and policy outcomes.

Medical Executive Committee Meeting
Monday, May 18, 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. Chen	Dr. Flynn, Jr
Dr. Khan	Dr. Qaqish	Dr. Frustino	Dr. Griffith
Dr. Krabill	Dr. Manka		Dr. Murray
Dr. Nagai	Dr. Pugh	Dr. Rich	Dr. Rossitto
Dr. Ruggieri		Dr. Spiro	Dr. Wilkins
Dr. Williams	Dr. Tadakamalla	Dr. Tanaka	Dr. Yedlapati
Dr. Khan			

Non-Voting Members and Guests:

Sam Cloud, DO	Ashley Halloran	Andy Davis	Cassie Davis
Jon Swiatkowski	Charlene Ludlow, RN	Dr. Panesar	John Cumbo
Cheryl Carpenter	Michael Ott	Dean Brashear	Charles Cavaretta

I. CALL TO ORDER

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

B. PRESIDENT'S REPORT:

1. Dr. Manka congratulated Dr. Flynn on his upcoming retirement. He will be retiring in July.
2. We recently hosted our most recent Wellness Welcome on May 5, 2026. Attendance was light but it was a successful event.
3. Delinquent record list is shrinking. Thank you everyone for your help.

II. ADMINISTRATIVE REPORTS

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

1. COO Report – Andy Davis

- a. Congratulations to Dr. Flynn on his upcoming retirement. We wish him well.
- b. A recent meeting with legislators in Albany along with other members of leadership took place.
- c. Congratulations to the University at Buffalo on their 180th anniversary of the Jacobs School of Medicine.
- d. The lab is currently going through some enhancements and changes.
- e. On May 14th, we held our Remembrance Ceremony in the Memorial Garden.
- f. Guidry & East Consulting will be here for the next three days with the Transplant team.
- g. Focus continues on ALC numbers.

- h. Wednesday we will celebrate Tom Quatroche's retirement.
- i. Congratulations and thank you to MRU on their recent CARF survey which was very successful

2. CFO REPORT – Jon Swiatkowski

- a. Mr. Swiatkowski spoke on April 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. Our focus remains on ALC numbers.
- d. We continue to wait for the NYS budget to be finalized.

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

- a. Thank you Andy for attending the recent medical school celebration.
- b. As of yesterday, UB completed all graduation ceremonies.
- c. Congratulations to Dr. Bill Flynn on his upcoming retirement.
- d. Dr. Schwartzberg will be stepping down in June and Dr. Jeffrey Brewer will be filling this position in the interim.
- e. We have a new Associate Vice President, Linda Rudy who will now be responsible for academic financials.
- f. Dean addressed the article that was recently published in the Buffalo News on the Department of Neurology.
- g. The medical students school questionnaire is due at the end of May.
- h. New residents will begin at the end of June.
- i. Dean Brashear mentioned that she recently had some Epic training and said that this new system is going to be revolutionary.

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

- a. Thank you to MRU on the recent CARF survey which was very successful.
- b. The department is working with a group from HANYS on ALC concerns.
- c. Daily huddles continue with focus on the movement of patients early in the day.
- d. Thank you to everyone who supported the department during nurse's week.

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

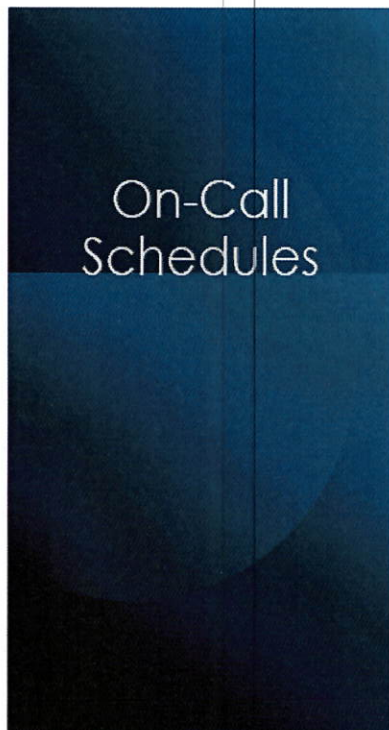
- a. Dr. Cloud reviewed hospital operation updates reviewing volumes, admissions, observations, average length of stay and ALC days, along with inpatient and outpatient surgeries.
- b. Congratulations to William J. Flynn, Jr., MD, who will be retiring in July.
- c. The Residency program in OMFS will be ending at the end of June.

**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 addressed Epic training registration. Managers must register their employees and Physicians and mid-level providers must register themselves. Instructions will be sent out following this meeting via email.
- b. May 30th will be Kaleida's transition to Epic. Hypercare will be replaced with Amion until ECMC transitions to Epic in October.
- c. As of May 30th, all on-call schedules can be found on the ECMC Intranet only. You will see a PDF or link that will direct you to the Epic secure messaging app with the schedule.
- d. Dr. Panesar asked any physician or mid-levels interested in becoming a superuser to please reach out to him as soon as possible. We are in need of additional superusers.



Where ECMC on-call schedules will be found starting on 05/30:

- **Wave 1 go-live (05/30/26) to Wave 2 go-live (10/24/26)**
 - Combination Amion links on [intranet](#) (replacing Hypercare links) and PDFs while services transition to Amion.
 - Hypercare will no longer be supported at ECMC after 06/09 due to the transition to Epic Secure Chat.
- **Wave 2 go-live (10/24)**
 - Available directly in Epic, Amion links on intranet (PDFs as a backup only).

May 2026			
	27 Mon	28 Tue	29 Wed
Help Desk	0000-0000 Help Desk, IT	Help Desk, IT	Help Desk, IT
IT - Primary	0000-0000 Durant, Jason	Durant, Jason	Durant, Jason
IT - Primary	0000-0000 Locke, Lindsey	Locke, Lindsey	Locke, Lindsey
IT - Primary	0000-0000	Starnstein, Justin	Starnstein, Justin
IT - Primary	0000-0000	Sarkisian, Kevin	Sarkisian, Kevin

Erie County Medical Center (ECMC)	
Plastic Surgery	Attending Physician On Call 0800-0800 Plastic Surgery RA 0700-1900 Plastic Surgery Resident - Day 0700-1700 Plastic Surgery Resident - Night 1700-0800
Radiology	Primary Contact Existing Weekends 1900-2300 Primary Contact - ECMC IR 0800-1700 Primary Contact IR Call 1900-0700

VIII. ECMC FOUNDATION REPORT – Julie Berrigan, Executive Directors

- a. Congratulations to Dr. Flynn on his retirement.
- b. If you have not done so already, please send your table names for the gala to the Foundation as soon as possible.
- c. The Foundation golf outing will be held June 22nd.
- d. The Foundation and the Medical Executive Committee are working on plans for upgrades to the Smith Auditorium.
- e. Raffles will continue for the chance to win Buffalo Bills tickets.

IX. CREDENTIALS COMMITTEE REPORT – Yogesh Bakhai, MD

- a. Two extractions.

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

- a. Just a reminder to complete the survey that has been emailed out regarding usage of the physician lounge on the ground floor.



XI. CONSENT CALENDAR

MEETING MINUTES/MOTIONS		PAGE #	
1.	MINUTES of the Previous MEC Meeting: April 27, 2026	6-10	Receive and File
2.	Credentials Committee: May 7, 2026	12-30	Receive and File
	Appointments/ Reappointments/ Resignations		Review and Approve
	Dual Reappointment Applications		Review and Approve
	Extraction(s)		
3.	HIM Committee – No Report		Receive and File
4.	Graduate Medical Education Committee – Minutes of March 17, 2026	32-34	Receive and File
5.	P & T Committee – Minutes of March 10, 2026	36-42	Receive and File
	Policy Update		
	Adult General Intravenous Drug Administration	66-68	Review and Approve
	Adult Standard IV Solutions	69-72	Review and Approve

MEETING MINUTES/MOTIONS

PAGE #

	Chemotherapy and Biotherapy Doser Rounding	73-75	Review and Approve
	Drug Formulary	76-78	Review and Approve
	Drug Recall	79-80	Review and Approve
	Hypotonic Solutions	81-84	Review and Approve
	Look-Alike Sound-Alike Policy (LASA List)	85-93	Review and Approve
	Self-Administration of medications by patients	94-96	Review and Approve
	Attachments		
	P&T Presentation	45-64	Receive and File
	Policies	65	Receive and File
6.	Professional Dev. & Wellness Committee – Minutes of April 16, 2026	143	Receive and File
7.	Resource Management Committee – Minutes of April 8, 2026	145-148	Receive and File
8.	SEC Committee – Minutes of 21, 2026	150-151	Receive and File
9.	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

- MOTION MADE AND CARRIED** at 12:20 pm to move to the Executive Session. The following items were discussed and motion(s) made:
- The Medical Executive Committee discussed the application for appointment of Dr. Carlos Martinez, a well-known community rheumatologist, who would like to collaborate with ECMC Pharmacists to provide medical management for certain patient populations.

MOTION MADE AND CARRIED, all in favor to grant a one-time waiver of eligibility thresholds for board certification. Waiver granted pursuant to Section 2.A.2 of the ECMC Medical Staff Credentials & Procedure Policy, citing the need of the Medical Center to establish a Pharmacy driven medication management program.

- The Medical Executive Committee reviewed the reappointment data of Dr. Michael Markiewicz.

MOTION to APPROVE the reappointment application of Dr. Michael Markiewicz's to the Medical Dental staff.

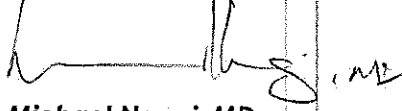
UNANIMOUSLY APPROVED

4. **MOTION MADE AND CARRIED**, all-in favor to receive and file:
- a. Board Quality P/I meeting minutes of April 14, 2026
 - b. Chiefs of Service meeting minutes of April 9, 2026
 - c. Leadership Council Report for April 2026
5. Quality and Patient Safety Report – No Report

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 12:31.

Respectfully submitted,



Michael Nagai, MD

Secretary
Medical Executive Committee