ECMCC Board of Director's Meeting

July 28, 2026

Zizzi Conference Center

Erie County Medical Center

462 Grider Street

Buffalo, NY 14215

AGENDA
REGULAR MEETING OF THE BOARD OF DIRECTORS OF ERIE COUNTY MEDICAL CENTER CORPORATION
JULY 28, 2026

I. CALL TO ORDER: EUGENIO RUSSI, CHAIR

II. APPROVAL OF MINUTES

III. RESOLUTIONS MAY BE DISTRIBUTED TO THE BOARD OF DIRECTORS DURING THE MEETING ON JULY 28, 2026

IV. REPORTS FROM THE CORPORATION'S LEADERSHIP TEAM

A) **Chief Executive Officer & President**

B) **Chief Financial Officer**

C) All other reports from leadership are received and filed

V. REPORTS FROM STANDING COMMITTEE CHAIRS

A) **Executive Committee** (by Eugenio Russi)

B) **Finance Committee** (by Michael Seaman)

C) **Audit Committee** (by Darby Fishkin)

D) **Buildings and Grounds** (by Ronald Bennett)

E) **Quality Improvement and Patient Safety Committee** (by Michael Hoffert)

VI. ADJOURN

ERIE COUNTY MEDICAL CENTER CORPORATION
JUNE 23, 2026 MINUTES OF THE
BOARD OF DIRECTORS MEETING

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

Excused: Sharon Hanson, Jennifer Persico, Philip Stegemann, 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 Chair, Eugenio Russi.

II. Minutes

Upon a motion made by Reverend Kinzer Pointer and seconded by Reverend Mark Blue, the minutes of the May 26, 2026 board meeting of the Board of Directors were unanimously approved.

III. Action Items

Resolution Authorizing Extension of Credit
Moved by Reverend Kinzer Pointer and seconded by Michael Seaman
Motion approved unanimously

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

V. Reports from the Corporation's Leadership Team

Chief Executive Officer and President

Andrew Davis thanked the board for their support during the transition. The hospital received a three (3) year CARF accreditation. Patient safety indicators continue to look positive during the month of May. Hospital acquired infections are also below average. Human Experience scores remained consistent with April's. Davis acknowledged three (3) of the females honored by Buffalo Business First as a 2026 Top 200 Women. Cassandra Davis was acknowledged in her new role at Chief Operating Officer and Angela Hauser in her role as Terrace View Administrator.

There have been several acknowledgements honoring our employees including Employee of the Month, Patty Losi Award and Nurse Hero of the month. The three (3) nurses that received nominations from the Professional Nurses Association were mentioned along with the retirement of Trauma Surgeon Dr. William Flynn and Father Francis Mazur. ECMC participated in the Juneteenth and PRIDE Parades and the Corporate Challege. Springfest was discussed and Foundation upcoming events were reviewed. There have been 111 new hires year-to-date.

C**hief Financial Officer**

Jonathan Swiatkowski reviewed the May 2026 Key Statistics. May was extremely challenging. Volume was down; inpatients, outpatients and surgeries. Average length of stay was higher resulting in longer throughput. Overall operating costs were greatly affected by the high number of ALC patients. 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. Cassandra Davis spoke about how different service lines are seeing upticks in their surgeries and how the hospital, in turn, is investing and supporting those services. Discussion followed. Mr. Swiatkowski reported an operating loss of $6.2M. Days Operating Cash on Hand was 8-14 days. Mr. Swiatkowski updated the board on acute case mix index, DHS/IGT payments status, payer contracting and NYS Budget. A summary of the preliminary financial results through May 31, 2026 was reviewed and the full set of these materials are received and filed. 2026 Operational Initiatives were evaluated. Discussion followed and questions were answered.

VI. Standing Committees

a. **Executive Committee:** No report was given from the Executive Committee.

b. **Finance Committee:** No additional information was given from the Finance Committee.

c. **Quality Improvement and Patient Safety Committee:** Michael Hoffert reported that the June QI Committeee meeting included the following reports: Urology by Dr. Kent Chevli; Neurology by Dr. Felix Chang; Rehabilitation Services by Marie Johnson, Behavioral Health by Dr. Michael Cummings and the BRAVE Program by Paula Spiro.

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

VII Adjournment

Moved by Reverend Kinzer Pointer to adjourn the Board of Directors meeting at 4:47 p.m.

Sharon L. Hanson
Corporation Secretary

A Resolution Authorizing Extension of Line of Credit

Approved June 23, 2026

WHEREAS, the COVID-19 pandemic, and the national, statewide, and regional efforts to battle the pandemic, caused disruption to the operations and cash flow of many health entities such as Erie County Medical Center Corporation (the "Corporation"); and

WHEREAS, accordingly, the Corporation on June 22, 2021 previously determined it was in its best interest to obtain a line of credit from a qualified financial institution to be used on an as-needed basis; and

WHEREAS, the Corporation solicited proposals from qualified institutions concerning the terms and conditions associated with a line of credit; and

WHEREAS, the Corporation received and approved by resolution of the Board of Directors a proposal from Manufacturers and Traders Trust Company ("M&T") for a $10 million uncollateralized line of credit; and

WHEREAS, the line of credit was subsequently approved for renewal as a collateralized line of credit by the Board of Directors on May 23, 2023 and April 23, 2024; and

WHEREAS, the line of credit is expiring; and

WHEREAS, the Corporation has been provided a renewal proposal by M&T that both increases the existing line of credit from $10 million to $15 million, and introduces a new $20 million line of credit for purposes of providing access to additional cash during the implementation of the new Epic electronic health record system (the "Renewal Proposal"); and

WHEREAS, on June 16, 2026, the terms of the Renewal Proposal were presented to the Finance Committee for review; and

WHEREAS, on June 23, 2026, the terms of the Renewal Proposal were also presented to a quorum of the Board of Directors of the Corporation; and

WHEREAS, the Board of Directors of the Corporation now wishes to authorize the acceptance of the Renewal Proposal and execution of the documents connected therewith;

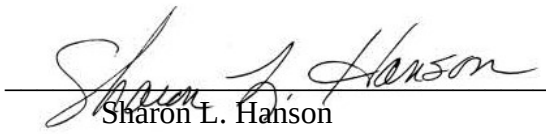
NOW, THEREFORE, the Board of Directors resolves as follows:

1. The Board of Directors authorizes the Corporation to accept the Renewal Proposal and authorizes its Chief Executive Officer and/or Chief Financial Officer to execute such documents (the "Executory Documents") as are necessary to effectuate the Renewal Proposal.

2. The Board of Directors ratifies all previous actions taken by its officers, including the execution of the Executory Documents, to effectuate the Renewal Proposal.

3. The Corporation is authorized to do all other things necessary and appropriate to effectuate this resolution.

4. This resolution shall take effect immediately.



Sharon L. Hanson
Corporation Secretary

Erie County Medical Center Corporation **MINUTES** **Credentials Committee Meeting**

Executive Conference Room/Teams Meeting **June 4, 2026**

Present: Dr. Yogesh Bakhai (via Teams), Dr. Mandip Panesar, Dr. Ashvin Tadakamalla, Dr. Kimberly Wilkins, Dr. Lakshpaul Chauhan, Dr. Victor Vacanti, Dr. Siva Yedlapati, Dr. Samuel Cloud, Rebecca Buttaccio, PA-C, Chris Resetarits, CRNA

Excused: Dr. Thamer Qaqish, MD

Agenda Item	Discussion	Action	Follow-up
I. CALL TO ORDER	Dr. Bakhai called the meeting to order at 3:02 pm. It was noted by Committee members that they received a multitude of emails regarding appointments/reappointments for this meeting. It was becoming confusing and cumbersome. Dr. Bakhai suggested that only new appointments and any provider with flags or new privileges be sent for review.	It was asked if the reminder emails could stop and committee members just know to go in and check Virtual Committee prior to the meeting.	Tara will look into stopping the email reminders. Cheryl stated that they will do their best to streamline this process further.
II. ADMINISTRATIVE			
A. Minutes	Minutes from the May 7, 2026 meeting were reviewed.	A motion was made by Dr. Mandip Panesar and unanimously carried to approve the minutes of the April 2, 2026 meeting as submitted.	Via these minutes, the Credentials Committee recommends same to the Medical Executive Committee.
B. Deceased	None		
C. Applications Withdrawn/ Processing Cessation	None		
D. Automatic Conclusion	None		

(Initial Appointment)			
E. Name Changes	None		
F. Leave of Absence (9)	**Anesthesiology** • Evbuosa Ogbebor, CRNA Maternity; RTW 07/06/26 • Rachel Schultz, CRNA Maternity; RTW 07/06/26 • Laura Senchoway, CRNA Maternity; RTW 12/15/26 **Emergency Medicine** • Ryan Hartman, MD FMLA; RTW 09/01/26 • Miriam Inhelder, PA-C Medical; RTW 07/15/26 • Emily MacFarlane, FNP Maternity; RTW 07/01/26 **Family Medicine** • Charlyn Meredith, PA-C Maternity; RTW 07/13/26 **Internal Medicine** • Katherine Beall, ANP Maternity; RTW 08/10/26 • Alexandra Tibil, MD Maternity; RTW 07/07/26		
G. Resignations (9)	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
Edmund Juncewitz, MD	Anesthesiology	• ECMC • Confirmed in person	N/A	05/01/2026	06/27/2017

Marisa Bradfield, PA-C	Emergency Medicine	• UEMS • Confirmed in person	N/A	05/18/2026	03/30/2012
John Montgomery, PA-C	Emergency Medicine	• UEMS • Moving to FL • Confirmed via email	N/A	06/05/2026	04/23/2024
Shreyas Rana, MD	Family Medicine	• CR&F • Confirmed via email	N/A	05/14/2026	06/23/2020
Stephanie Robers, FNP	Family Medicine	• GPPC • Only working at KH • Confirmed via email	N/A	04/15/2026	01/24/2023
Andrew Symons, MD MS	Family Medicine Chemical Dependency	• CR&F • Retirement	N/A	06/06/2026	03/27/2012
Olivia Walters, DNP	Family Medicine Terrace View	• Family Choice • Left practice plan • Confirmed via email	N/A	05/22/2026	08/30/2023
Remon Bebawee, MD	Internal Medicine	• UBMD • Was per diem • Confirmed via email	N/A	05/20/2026	09/27/2022
Michael Bloss, Radiology	Radiology	• VRAD • No longer reading for ECMC • Confirmed via email	N/A	05/08/2026	04/23/2024
III. CHANGE IN STAFF CATEGORY	None				
IV. CHANGE/ADDITION COLLABORATING/SUPERVISING	None				
V. CHANGE DEPT/PRIVILEGE ADDITION OR REVISION	None				
VI. PRIVILEGE WITHDRAWAL					

	None		
VII. UNACCREDITED FELLOWSHIPS			
	There are 2 Unaccredited Fellows in Bariatric Surgery and Endoscopy that were sent paperwork.	More details will be brought forward as they become available.	None.
VIII. INITIAL APPOINTMENTS			
Alexandra Griffin, CRNA Anesthesiology	• State University of Buffalo at New York DNP May 2026 • Registered Nurse – Mercy Hospital of Buffalo August 2021 to November 2025 • Hired by ECMC Anesthesiology CRNA July 13, 2026 NBCRNA 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 Staff Executive Committee. Notification to Revenue Cycle & Decision Support upon approval of the Board.
Saima Kamal, MD Anesthesiology	• University of Karachi MBBS July 2005 • Time gap – Vacation and personal time August 2005 to January 2006, preparation for USMLE Step 1 and 2, VISA application process, US visit February 2006 to June 2008 • Research Assistant – Washington University Department of Anesthesiology July 2008 to June 2009 • ECFMG certification December 2008 • Montefiore Medical Center General Surgery Internship July 2009 to June 2010 • Barnes Jewish Hospital Anesthesiology Residency July 2010 to June 2013, Interventional Pain Management Fellowship July 2013 to June 2014, and Obstetric Anesthesiology fellowship July 2014 to June 2015 • Assistant Professor Anesthesiology & Pain Management July 2015 to March 2017 University of Oklahoma, March	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Via these minutes, the Credentials Committee recommends approval to the Medical Staff Executive Committee. Notification to Revenue Cycle & Decision Support upon approval of the Board.

	2017 to September 2017 University of Minnesota • Consulting Physician – Pain Management Lafayette, IN October 2017 to September 2018 • Time gap – leave of absence w/prolonged gap due to COVID pandemic September 2018 to July 2021 • Consulting Physician – Pain Management St. Vincent's Medical Center July 2021 to February 2022 • Time gap – job search February 2022 to December 2022 • Assistant Professor Anesthesiology & Pain Management Columbia University Irving Medical Center December 2022 to June 2023 • Time gap – awaiting credentialing at Montefiore Medical Center June 2023 to August 2023 • Assistant Professor Anesthesiology & Pain Management Montefiore Medical Center August 2023 to November 2023 • Time gap – job search November 2023 to June 2024 • Locums Physician New York – TLC Hospital July 2024 to August 2024, Crouse Hospital October 2024, Catholic Health January 2025 to February 2025, Niagara Falls Memorial May 2025, and Highland Hospital August 2025 to present • Time gaps – Locum job search and credentialing process August 2024 to September 2024, November 2024 to January 2025, and May 2025 to August 2025		

	American Board of Anesthesiology and Pain Management certified		
Brianna Rodriguez, CRNA Anesthesiology	• State University of Buffalo at New York DNP May 2026 • Registered Nurse – Mercy Hospital of Buffalo November 2016 to April 2022 and Travel ICU Nurse April 2022 to April 2023 • Anesthesia Skills Lab Graduate Assistant University at Buffalo May 2025 to current • Hired by ECMC Anesthesiology CRNA June 29, 2026 NBCRNA 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 Staff Executive Committee. Notification to Revenue Cycle & Decision Support upon approval of the Board.
Myriam Monserrat Martinez Aguilar, MD Thoracic/Cardiovascular Surgery	• University of Mexico MD February 2014 • Harvard Medical School Clinical Research Postgraduate Fellowship February 2014 to May 2015 • ECFMG certification June 2015 • Massachusetts General Hospital Postdoctoral Research Fellowship June 2015 to May 2016 • Time gap – vacation time to move from MA to NY June 2016 • Bronxcare Health System Mount Sinai General Surgery Internship and Residency July 2016 to June 2019 • NYU Langone Hospital General Surgery Residency July 2019 to June 2022 • Time gap – vacation time to move from NY to MN • Mayo Clinic Rochester, MN Cardiothoracic Surgery Fellowship August 2022 to July 2025 • Time gap – clinical research and vacation time to move from MN to NY July 2025 to September 2025	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Via these minutes, the Credentials Committee recommends approval to the Medical Staff Executive Committee. Notification to Revenue Cycle & Decision Support upon approval of the Board.

	• Assistant Professor University at Buffalo September 2025 to present • Adult Cardiac Surgeon Buffalo General/Gates Vascular with GPPC September 2025 to present American Board of Surgery certified and American Board of Thoracic Surgery eligible		
Neeta Vargo, MD Radiology - Teleradiology	• Thomas Jefferson University MD June 2001 • St. Francis Medical Center Transitional year June 2001 to June 2002 • The Western Pennsylvania Hospital Anesthesiology Residency July 2002 to June 2003 • Attending - Children's Hospital of Pittsburgh June 2003 to June 2004 • Allegheny General Hospital Diagnostic Radiology Residency July 2004 to September 2008 • Thomas Jefferson University Women's Imaging Fellowship October 2008 to October 2009 • Radiologist/Teleradiologist July 2008 to present	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Via these minutes, the Credentials Committee recommends approval to the Medical Staff Executive Committee. Notification to Revenue Cycle & Decision Support upon approval of the Board.
IX. TEMPORARY PRIVILEGES	Jill Schleifer Schneffenberger, MD: Rehabilitation Medicine May 11, 2026		
IX. REAPPOINTMENTS (36)	See reappointment summary	The Committee voted, all in favor, to recommend approval of the re-appointments listed 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.

NAME	**DEPARTMENT**	**CATEGORY**	**PRIVILEGES**
DePlato, Anthony MD	**Anesthesia**	Active	
Suchy, Thomas MD	Anesthesia – Pain Management	Active	**Privilege Addition:** **Specialized Tenotomy: Percutaneous (closed) Tenotomy (TENEX)**
Chen, Jordan PA-C	**Emergency Medicine**	AHP	
Dworkin, Adam DO	Emergency Medicine	Active	
Young, Conor MD	Emergency Medicine	Active	
DiStefano, Mary ANP	**Family Medicine**	AHP	
Wilber, Charles MD	Family Medicine – Addiction Medicine	Active	
Crane, John MD	**Internal Medicine – Infectious Disease**	Active	**Privilege Withdrawal:** • Internal Medicine, Infectious Disease: Ambulatory Care Privileges • Internal Medicine, Infectious Disease: Level II Privileges: Lumbar puncture • Internal Medicine, Infectious Disease: Level II Privileges: Decubitus Ulcer Management • Internal Medicine, Infectious Disease: Level II Privileges: Debridement, Chemical • Internal Medicine, Infectious Disease: Level II Privileges: Negative Pressure Therapy, including Wound Vac • Internal Medicine, Infectious Disease: Level II Privileges: Ordering of Adjunctive Modalities (including E-Stim, Lymphedema Management, Nutritionals)
Crowley, Katelyn MD	Internal Medicine	Active	
Egede, Leonard MD	Internal Medicine	Active	
Fiorica, Norman MD	Internal Medicine – Pulmonary & Critical Care	Associate	
Gupta, Anu MD	Internal Medicine - Nephrology	Active	
Izzo, Joseph MD	Internal Medicine	Active	

Kohli, Romesh MD	Internal Medicine - Nephrology	Active	
Motkur, Divya MD	Internal Medicine - Hospitalist	Active	
Domnisch, Frank PA-C	**Ortho Surgery**	AHP	
Fout, Allison PA-C	Ortho Surgery/First Assist	AHP	
Griffin, Shane PA-C	Ortho Surgery/First Assist	AHP	
Cheng, Yi Shun MD	**Neurology**	Active	
Fowler, Morgan PA-C	Neurology	AHP	
Memon, Aurangzeb MD	Neurology	Active	
Landi, Michael MD	**Neurosurgery**	CR&F	
Reynolds, Andrew MD	**Opthalmology/Peds Opthalmology**	Active	
Schoene, Karen MD	Opthalmology	CR&F	
Burke, Mark MD	**Plastic & Reconstructive Surgery**	Active	
Wescott, Jacquelyn PA-C	Plastic & Reconstructive Surgery	AHP	
Forrest, Justine MD	**Psych & Behavioral Medicine**	Active	
Schaeffer, Rebecca MD	Psych & Behavioral Medicine	Active	
Skezas, Nicholas MD	**Radiology**	Active	
Syed, Mudassir DO	Radiology	Active	
Singh, Anurag MD	Radiation Oncology	Active	
Cryrny, James MD	**Rehab Medicine**	Active	
Ciambella, Chelsey MD	**Surgery/Breast Surgery**	Active	
Kayler, Liise MD	Surgery/Transplant	Active	
Spencer, Jeffrey MD	**Urology**	Active	

Bold highlighted names are reappointment dates that will be changed to align with Kaleida

X. AUTOMATIC CONCLUSION	Reappointment Expiration		
1st Notice	None		
2nd Notice	**Family Medicine** Jill Tirabassi, MD- confirmed she will not renew her privileges at ECMC	Informational	None required.
3rd Notice	None		

XI. PROFESSIONAL PRACTICE EVALUATIONS			
OPPE	Surgery: 56 providers. 3 providers fell out of compliance for thresholds set.	Dr. Brewer reviewed the data and determined there was no further action needed.	None required.
FPPE	23 FPPEs were completed this month.	No opportunities were identified.	None required.
Tracking/Trending	Nothing to report.		
XII. OLD BUSINESS			
Expirables	There were no expirables to report at this time.	None	None
DEA, License, Boards	**June 2025** • DEA- 14 • License- 10 • Boards- 34 **July 2025** • DEA- 20 • License- 29 • Boards - 12		
Annual Dues	54 providers have still not paid. They have received reminder notices, which includes the $250 late fee. It was requested that a list of these delinquent providers be sent to the Committee for review, prior to sending any automatic conclusions due to not paying within 14 days of receipt of the letter.	Tara will send the list to the Committee members.	Awaiting input from Committee members after they review the list.
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.	Table for future discussion.	Waiting for equipment purchase decision from

			senior leadership.
POC Ultrasound	Still awaiting equipment purchase decision from Administration.	Table for future discussion.	Waiting for equipment purchase decision from senior leadership.
XIII. NEW BUSINESS			
Pharmacy Credentialing	Language for this is in our current Bylaws. Pharmacists will not be members of the medical staff – they will be considered "privileged without appointment". There are 2 areas of focus: Comprehensive Medical Management and Collaborative Drug Therapy Management. This is all governed by NYS and they will be certified by NYS before they can get privileges for that. The Committee had questions about specifically what this entails. Can someone come to the Committee and explain in further detail?	Cheryl will invite Ashley Halloran or Mike Ott to an upcoming Credentials Committee meeting to answer committee member questions.	
XIV. ADJOURNMENT	There being no further business to discuss, the meeting was adjourned at 3:30 pm.		

Respectfully submitted,

Yogesh Bakhai, MD
Chair, Credentials Committee

ERIE COUNTY MEDICAL CENTER CORPORATION
JUNE 16, 2026 MEETING MINUTES
MEETING OF THE
EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS

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

ABSENT: SAMUEL CLOUD, MD

ALSO PRESENT: ANDREW DAVIS, JOSEPH GIGLIA, JONATHAN SWIATKOWSKI

I. Call to Order

The meeting was called to order at 3:59 p.m. by Board Chair Eugenio Russi.

II. Minutes

Motion made by Michael Seaman, seconded by Sharon Hanson and unanimously passed to approve the minutes of the Executive Committee meeting of May 19, 2026.

III. Hospital Update

General Overview

President and CEO, Andy Davis, gave a brief hospital update. Volumes have been soft.in discharges. There have been challenges in orthopedics and the Oral Maxillofacial program at UB has imploded. Members of the Executive team went to Albany to discuss working with the state, seeking financial assistance. Davis plans to hold some Town Halls in July and August to discuss his vision for the future and noted that approximately 50% of the staff have been here less than five (5) years. Davis's strategic direction includes people, service, quality, finance and growth. Discussion followed regarding the plan for the remainder of 2026.

Finances Report

Jon Swiatkowski reported that May's inpatient discharges were lower than 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 be at a steady rate in the 50s. The hospital is averaging 20 more ALC patients a day when compared to 2025. Average LOS rose to 8.1 from 8.4 days to 8.0 days. Outpatient visits are down 7.4%. Additionally, elective surgery numbers are down but expected to rise due to temporary situations causing a decrease in surgeries for the month. Cassandra Davis described steps being taken to increase outpatient volume There was a $6.2M loss during May.

Swiatkowski reported on 2026 operational initiatives. Discussion followed. Days operating cash on hand is 8-14 days. Regarding cash flow initiatives, the next payments for 2025 UPL and 2026 Initial IGT payments are not expected until December 2026 and January of 2027. No immediate large payments are expected. Payer denial activity and payment delays continue to impact cash flow. Discussion followed.

IV. Safety Net Transformation Funding Update

A. Davis reported on several Safety Net Transformation Funding projects.

V. EPIC Update

Swiatkowski and Mr. Davis updated the committee members on progress of the EPIC project.

VI. Other

Joseph Giglia described a data breech of a business associate. Notices will be mailed to approximately 84,000 individuals stating that their server was breeched.

VII. Adjourn

There being no other business, the meeting was adjourned at 4:56 p.m.

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS
MINUTES OF THE FINANCE COMMITTEE MEETING

TUESDAY, JUNE 16, 2026

BOARD MEMBERS PRESENT OR ATTENDING BY VIDEO CONFERENCE OR TELEPHONE:	MICHAEL SEAMAN PHILIP STEGEMANN, MD REV. MARK BLUE* DARBY FISHKIN* BENJAMIN SWANEKAMP*	* ATTENDING BY VIDEO CONFERENCE OR PHONE
BOARD MEMBERS EXCUSED:		
ALSO PRESENT:	JONATHAN SWIATKOWSKI ANDREW DAVIS VANESSA HINDERLITER CASSANDRA DAVIS	

I. CALL TO ORDER

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

II. REVIEW AND APPROVAL OF MINUTES

Motion was made by Ms. Darby Fishkin, seconded by Reverand Mark Blue, and unanimously passed to approve the minutes of the Finance Committee meeting of May 19, 2026.

III. MAY 2026 OPERATING PERFORMANCE

Mr. Swiatkowski began his presentation with a review of key statistics. He noted that low volumes compared to budget in both inpatient and outpatient cases created significant challenges for the month operationally and financially. Average length of stay remained well over budget at 8.1 days versus 7.3. ALC patients continued to exceed expectations, averaging 52 versus 20 budgeted. Surgeries were also below budget expectations for the month. While the budget was aggressive, and did include growth that wasn't fully realized, numbers were lower than prior year. The negative variance is primarily driven by elective surgeries in orthopedics and the market pressure to shift to various surgery centers in the community.

Ms. Davis expanded on the orthopedic surgery component. She noted that the migration of orthopedic procedures from hospitals to ambulatory surgical centers has had a dramatic impact on ECMCC's revenue. Growth was noted in ENT and other related surgeries where targeted investments have been made. The complications with the OMFS program at UB continued to have an impact in May but are being addressed. A new surgeon was in the process of onboarding, and it is the expectation that the backlog of cases can be addressed. Surgical executive committee has been made aware of volume issues and will also be actively working to address issues and present solutions.

There being no questions from the Committee Mr. Swiatkowski continued his presentation, noting outpatient visits were down from budget throughout all clinics, but this statistic is highly variable. ED visits were at plan. Case mix was high at 2.0, consistent with previous trends, reflecting high acuity patients being treated.

Mr. Swiatkowski reviewed the operating results for May which reflected a $6.2 million net loss before investment income. FTE reductions have continued but FTEs still remain slightly over the budgeted plan for the year. Fluctuations are expected throughout the summer months and the busy trauma season. Cash on hand for May remained highly variable at 8-14 days, a slight reduction from the previous month primarily due to operating losses.

Mr. Swiatkowski summarized the May financial performance. He noted that before investment income, ECMCC saw a $6.2 million loss versus the $2 million budgeted. Investment income remained positive and reduced the overall loss to $5.3 million.

He reviewed the May 2026 operating revenue. Key drivers were noted to be inpatient, outpatient visits and surgery volume. Bad debt was off of plan significantly but was partially offset by the Change Healthcare settlement estimate related to a cybersecurity breach.

Mr. Swiatkowski reviewed the May operating expenses. Expenses were driven by FTE variances and an increase in overtime. Physician fees, led by the cost of anesthesia coverage, also exceeded budget. Ms. Davis noted for the Committee that they are optimistic that half of the current vacancies can be filled by September. Mr. Andrew Davis noted that the market is struggling in part due to the migration of some procedures from hospital settings to ambulatory surgical centers.

Medical supply costs were noted to be down from plan but offset by higher specialty pharmacy costs resulting in supply expenses meeting targets.

Year to date financial performance showed a $36.8 million loss versus the $15 million budget. Favorable investment income for the year did reduce that number to $34 million.

IV. OTHER UPDATES

Mr. Swiatkowski summarized the 2026 operational initiatives for the Committee. An ALC improvement task force continues to meet and work on the throughput issues. FTEs are also being closely monitored, noting that they will fluctuate with the needs of the ER.

Mr. Andrew Davis informed the Committee that Mr. Swiatkowski, Mr. Peter Cutler, and Mr. Davis traveled twice to Albany to meet with lawmakers and budget representatives. Discussions were had regarding the ALC issue and what programs, such as hospital at home programs, could help the issue. A discussion was had among the Committee regarding New York State's support. It was clarified for the Committee that a drill testing the capacity of ECMCC to provide care during a 28-patient mass casualty event was ongoing at the time of the Committee meeting.

Mr. Swiatkowski noted that most of the payer contracts for 2026 had been completed. Dr. Stegeman requested details regarding same, and Mr. Swiatkowski clarified to the satisfaction of the Committee. He noted that supply chain savings were on track and significant at approximately $2.5 million so far in 2026.

No significant DSH updates were noted and IGT payment is not expected until December 2026 or January 2027. A final FEMA payment of $351,000 is anticipated for administrative costs. FEMA has provided $34 million over the course of the previous few years. Line of credit renewal negotiations are still ongoing with M&T. Requests for VAPAP and other support from NYS were clarified to the satisfaction of the Committee.

Dr. Stegeman asked if the line of credit and VAPAP supplements were common practice, and Ms. Hinderliter clarified how the line of credit operates to the satisfaction of the Committee. Mr. Seaman asked for details regarding VAPAP amounts, and Mr. Swiatkowski and Mr. Davis discussed generally the different avenues by which State financial assistance is requested and acquired.

Mr. Swiatkowski informed the Committee that payment advances are being discussed with payers as part of the Epic project, as delays in claims processing during the go live process are anticipated. ECMCC was noted to be 130 days away from the Epic Go-Live, with the readiness assessments scheduled to begin. Mr. Davis opined that the Epic Wave 1 was very successful at Kaleida. The updated budget software Strata had already begun, and the Infor, the new ERP system, was noted to be going live on July 1, 2026.

Mr. Swiatkowski again noted the recent trips to Albany and that discussions with New York State have been positive. ECMCC continues to work closely with the state, especially the budget office and Office of Mental Health (OMH), to keep programs current and the hospital funded.

Mr. Davis informed the Committee that they are considering filling the position of Chief Strategy and Business Development Officer, which has not been prioritized since Covid due to lack of resources. A search is also ongoing for facilities and construction positions. Mr. Seaman asked about market share and Mr. Davis noted that they are consistent across the hospital system. Mr. Swiatkowski opined that the finalized NYS budget was positive with regard to healthcare.

Mr. Seaman requested an update on the Glenview Heights project, and Mr. Davis informed the Committee that permits are being acquired and the project is moving along satisfactorily. Currently groundbreaking is tentatively expected for March 2027.

V. ADJOURNMENT

There being no further business, the meeting was adjourned at 9:17 AM by Chair Michael Seaman.

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS
MINUTES OF THE AUDIT COMMITTEE MEETING

MARCH 10, 2026

COMMITTEE MEMBERS PRESENT OR ATTENDING BY VIDEO CONFERENCE OR TELEPHONE:	DARBY FISHKIN REV. KINZER POINTER JAMES LAWICKI* JOSEPH GIGLIA, ESQ.	* ATTENDING VIA VIDEO CONFERENCE OR PHONE
BOARD MEMBERS EXCUSED:	CHRISTOPHER O'BRIEN, ESQ.	
ALSO PRESENT:	MATTHEW GARVEY, CPA * - RSM US, LLP ANDREW DAVIS JONATHAN SWIATKOWSKI	
GUESTS	DAVID L. NESBITT, ESQ. RONALD JEFFERSON VANESSA HINDERLITER	

I. CALL TO ORDER

Chair Darby Fishkin called the meeting of the Audit Committee to order at 2:02pm.

II. REVIEW AND APPROVAL OF MINUTES

Motion was made by Reverend Pointer, seconded by Joe Giglia, and unanimously passed to approve the minutes of the Audit Committee meeting of December 9th, 2025.

III. 2025 INDEPENDENT EXTERNAL AUDIT REPORT OF RSM US, LLP

Mr. Matthew Garvey, CPA, provided the 2025 Audit Results to the Committee. He noted that as of the date of the Committee meeting the Audit was nearing conclusion and a clean unqualified opinion would be issued shortly. Both the financial statement audit due at the end of March and the compliance audit due September 30th will be completed by deadline, after a review of the ECMCC annual report.

Mr. Garvey noted that additional compliance work was done in the current year, but this was due to changes to risk assessment processes at RSM US LLP, and not due to any changes to the hospital's financial policies or negative findings. He noted that with regard

to any changes in accounting policy, they were required to adopt GASB Statement No. 102, but it did not have any impact on ECMCC outside of some changes to the disclosures. No audit adjustments and no uncorrected mistakes were identified.

Mr. Garvey reported that significant accounting estimates followed annual requirements. He summarized the procedures by which these estimates are reviewed for accuracy and compliance. He reviewed the self-insured obligations including pension liability which remains significant and continues to increase annually. The integration of new subscription-based technology liability was also considered.

Mr. Garvey noted for the Committee that they would review a copy of ECMCC's annual report as part of the external audit process, but no opinion will be provided as part of the RSM report. No difficulties, significant discussion with management or disagreements during the course of the audit with the RSM engagement team were noted or reported. He reconfirmed RSM's independence from ECMCC.

Mr. Garvey noted that current and previous year disclosures regarding ECMCC's other entities were added to the current year's disclosures. He opined that the total financial impact is not material, but inclusion was appropriate given the expansion of these entities.

Ms. Darby Fishkin informed the Committee that she had discussions with Mr. Garvey independently in her capacity as Chair, and they did not have any topics to bring to the attention of the Committee. She opened the floor for any concerns or questions that the members may have. Hearing none, Ms. Fishkin requested a Motion to recommend approval of the acceptance of the internal audit report from RSM for the fiscal year. Motion was made by Reverand Pointer, seconded by Mr. Lawicki, and unanimously approved.

V. COMPLIANCE DEPARTMENT UPDATE

Mr. David L. Nesbitt, Esq. provided an update to the Committee regarding ongoing initiatives and presented the annual compliance work plan. In preparing the work plan, an internal risk analysis was conducted at the executive and VP level to identify areas of risk and where action plans should be focused. Mr. Nesbitt presented the Committee with the items included in the plan for 2026-27. He also provided a brief overview of the areas that will continue to be monitored on an ongoing basis by the compliance department consistent to prior years.

Among the ongoing items presented was ECMC's compliance review of physician compensation consistent with the Stark law and Antikickback Statute. Ms. Fishkin asked if ECMCC was unique in its physician compensation review requirements, and Mr. Swiatkowski explained to the satisfaction of the committee that it is a requirement of all healthcare systems.

There being no further questions, Ms. Fishkin requested a Motion to approve the work plan as presented. Motion was made by Reverend Pointer, seconded by Joe Giglia, and unanimously approved.

VI. INTERNAL AUDIT UPDATE

Mr. Ronald Jefferson provided an update on ECMCC's internal audit function, specifically focusing on its 2026-27 work plan. He noted that the 2026-27 plan included a focus on ECMCC's EPIC and ERP system implementations and that eleven projects were being scheduled in 2026. Key Q1 focus areas were noted to be general ledger validation with the finance team to ensure financial data transfers from the new to old system successfully and ECMCC's patient transportation process.

Revenue cycle will be a focus area in Q2, as well as monitoring EPIC go live and the approval process for capital projects. In Q3, discharge planning will be audited for efficiency and compliance with New York State regulations, as well as CMS guidelines regarding provider timesheets. Provider credentialing and onboarding will also be reviewed.

Currently a review of the change control environment is planned for Q4 but may occur in Q2 if it's deemed necessary. The denials management system workflows will also be reviewed for efficiency in lockstep with the EPIC implementation. Labor costs and staffing will be analyzed to be sure they match productivity.

There being no further questions, Ms. Darby requested a Motion to approve the internal audit plan as presented. Motion was made by Reverend Pointer, seconded by Mr. Joe Giglia, and unanimously approved.

VII. ADJOURN

There being no further business, the meeting was adjourned at 2:45 PM by Chair Darby Fishkin.

ERIE COUNTY MEDICAL CENTER CORPORATION

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

TUESDAY, JUNE 9, 2026
MICROSOFT TEAMS PLATFORM

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

PRESENTERS: KENT CHEVLI, MD, FELIX CHENG, MD, MARIE JOHNSON, OTD/OTR, MICHAEL CUMMINGS, MD,PAULA SPIRO

SERGIO ANILLO, MD
DONNA BROWN
CHARLES CAVARETTA
SAM CLOUD, DO
JOHN CUMBO
PETER CUTLER
ANDY DAVIS
CASSIE DAVIS
BECKY DELPRINCE, RN
MARC LABELLE, RN
LOOMIS, HEATHER
CHARLENE LUDLOW, RN, CIC
PHYLLIS MURAWSKI, RN
BRIAN MURRAY, MD
JENNIFER PUGH, MD

Call to Order

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

I. Minutes

May 12, 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. Urology – Kent Chevli, MD

Dr. Chevli presented the Department of Urology. Dr. Chevli shared a department update, volume and outcomes update, QAPI projects, incident report summary and aquablation.

A department update included a list of Urology Subspecialties, department highlights, and a list of physicians on staff. Currently there are 22 physicians on staff. There will be an expansion of the UB Urology Residency program to 4 residents per year.

For 2025, volumes and outcomes reflected a total of 850 total surgical cases, 30 robotic cases, 98 reconstructive cases and 2,433 clinic volume visits (resident clinic). They are committed to providing patient-centered, equitable and innovative care in all urology subspecialties.

QAPI project focused on is Suprapubic Catheter (SPC) Management. Benefits of this include increase in patient safety, cost reduction and an increase in patient satisfaction.

For 2025 there were a total of 4 reportable incidents, none of which were determined to have resulted in patient harm. Aquablation was discussed. This is an FDA-approved, robotic assisted, ultrasound-guided, waterjet ablation procedure for surgical treatment of benign prostatic hyperplasia.

III. Neurology – Felix Cheng, MD

Dr. Cheng presented on the Neurology Department. Department update, volume and outcomes, QAPI projects, incident report summary and department goals were all reviewed.

Staffing for the department was reviewed along with department volumes for inpatient, outpatient and EEG volumes.

Previous year goals and accomplishments included zero EEG related skin lesions, established Botox injection therapy for patients with chronic migraines, and telemedicine follow-up.

QAPI projects include decreasing the number of no-shows in the neurology clinic focusing on 'forgetfulness' by the patient and having an annual no show rate below 30% for the year.

Quality improvement goals include increasing volume for Botox injections, provide procedures for headache management (ie: trigger point injections and occipital nerve block) and to decrease no show rates.

IV. All Rehabilitation Services – Marie Johnson, OTR/L, OTD

Marie Johnson presented on Rehabilitation Services MRU/IRF. The agenda included department update, volume and outcomes, QAPI projects, incident report summary and department goals.

Dr. Yedlapati serves as the MRU/IRF Director with three rotating physiatrists and two APP's covering unit and consults.

A recent CARF survey identified one citation with the request to add bomb threat drills two times a year to the department.

Program overview with volumes and characteristics of person served were reviewed along with outcomes, efficiency and feedback from 2025 and business function – 2025.

MRU occurrences from 2025 were discussed showing patient behavior standing out the most.

MRU goals for 2026 include finalizing the provider model for the MRU, to increase the average daily census of the MRU and to continue to decrease onset days for admission to the MRU.

V. Behavioral Health – Michael Cummings, MD

Dr. Cummings presented the Behavioral Health Department. Volume and outcomes, QAPI projects, incident report summary and department goals were all reviewed. A department update included continued recruitment efforts, recognition of 4 South having their team leader, Dave Kuropatwinski receive the Nurse of the Year Award along with 5 South general duty nurse Jeanenne Petri, RN being nominated for the PNA Outstanding Staff Nurse Award. A recent Joint Commission survey highlighted Behavioral Health staff and their commitment to quality care and recognized many best practices used within the department with no clinical citations.

Dr. Cummings reviewed Department volumes – inpatient, department volumes – CPEP, and department volumes – help center. He also discussed the QAPI projects taking place in the department. A review of a current incident report summary also took place.

Current year quality improvement goals include improved management of patient valuables, improved discharge linkage and communication.

VI. Brave Program – Paula Spiro

Paula touched on the program background, the impact to ECMC and the community, funding and deliverables, collaborative research and evaluation along with future opportunities.

BRAVE is a hospital-based Violence Intervention Program (HVIP) providing hospital-based services only. This program consists of 4 staff (all licensed social workers and 1 PsyD) who respond to gunshot wounds/stabs and domestic violence cases. They are referred to patients out in the community to provide outpatient needs. Paula spoke about gaps with patients once an incident occurs throughout their stay and discharge along with the lack of afterhours to support victims.

This program has been recognized by the National Alliance Trauma Recovery Centers to provide comprehensive care to survivors of violence. The program is in Trauma Recovery Centers in Western New York (1 of 4 in the state).

Paula reviewed the funding associated with BRAVE along with the cost comparison and cost savings for the program.

Accreditation requirements, collaborative research and evaluation along with future opportunities were all discussed.

VII. 2026 QAPI Plan – Phyllis Murawski, RN

Phyllis Murawski was going to present the Quality and Patient Safety Report but due to limited time, this information will be presented next month.

Phyllis shared a review from the May 26, 2026 Quality Patient Safety Committee meeting and mentioned upcoming surveys from the Department of Health in Radiology, Mammography survey, and UNYTS .

VII. Adjourn

There being no further business, the motion was made and seconded to adjourn the meeting. The next meeting will be held on July 14, 2026.

Dear ECMC Board Members,

As I reported to the Board last month, operationally, June's numbers were very similar to what we experienced in May; however, General Surgeries improved slightly, both for Inpatient and Outpatient cases in June 2026 versus June 2025 (1.1% increase for Inpatient Surgeries & 0.7% increase for Outpatient Surgeries) and we had a strong month-to-month increase for Outpatient Visits (6.4% increase in June 2026 versus June 2025, and also a 3.9% increase over budget for June 2026). We continue, however, to contend with the difficult Alternative Level of Care patient census – a 25% increase in June 2026 versus June 2025 and a 44.4% increase Year-to-Date in 2026 versus the first six months of 2025, which, as the Board knows well has had and continues to have a very challenging impact on our overall hospital operations and finances.

We were very proud that ECMC's Palliative Medicine and Supportive Care Program was honored as only one of two such programs across the country to receive the 2026 American Hospital Association (AHA) Circle of Life Award. This national recognition was awarded recently at the American Hospital Association's Leadership Summit in Denver, CO (July 12-14, 2026). Sandra Lauer, BSN, RN, Director, Continuum of Care, Palliative Medicine & Supportive Care at ECMC accepted the Circle of Life Award for ECMC at the Leadership Summit. This was a significant national honor for our ECMC caregivers who dedicate themselves to providing compassionate palliative and end-of-life healthcare services to their patients. Rick Pollack, President and CEO of AHA, said, "This year's Circle of Life Award honorees remind us what compassionate care can mean for patients and families during some of life's most difficult moments. Through innovative and deeply meaningful palliative and end-of-life care programs, they are bringing comfort, dignity and support to people with life-limiting illnesses — and making a lasting difference in the lives of their families and communities."

We were also thankful for another third-party recognition of ECMC's overall high-quality healthcare services as the influential statewide public policy-oriented publication, *City & State New York*, recognized ECMC as one of New York State's 2026 Top Healthcare Organizations. Also, Amanda Colebeck DDS, MS, FACP, of ECMC's Department of Dentistry, Oral Oncology & Maxillofacial Prosthetics, as well as Director of the Maxillofacial Prosthetics Fellowship at ECMC was honored recently by NYS Assemblywoman Karen McMahon with the 2026 Women of Distinction Award. This was a well-deserved recognition of Dr. Colebeck's many clinical accomplishments and contributions to ECMC's high-quality healthcare services.

On July 19th, Governor Kathy Hochul announced a $1 million state-funded effort to support "…law enforcement agencies and community organizations in Erie and Niagara counties following a spike in gun violence over the Fourth of July weekend." Included in that funding was $100,000 Buffalo SNUG program, which has been operated in conjunction with ECMC for the past several years.

And we recently celebrated the successful conclusion of the ninth annual Tim Hortons Smile Cookie campaign that ran this year from April 27th through May 3rd. The campaign this year raised $112,404 and over the past nine years the effort has raised $1,033,926.68. We are grateful for the Tim Hortons partners' commitment to ensuring that the proceeds for the Smile Cookie sales support our caregivers and we are equally thankful for the thousands of Western New Yorkers who every year purchase Smile Cookies knowing their action provides direct support to ECMC.

Our leadership team was strengthened further with the recent promotion of Heather Gallagher, MBA as Vice President of Human Resources (she will also serve as Interim Chief Human Resources Officer) and Wade M. Starnes, PE who was appointed Vice President of Construction Management. Both Heather and Wade possess extensive experience and accomplishment in their respective areas and they will each contribute to our continuing efforts to position ECMC for further growth and sustainability.

As we continue to work on programs and initiatives to ensure ECMC's overall viability and continued strength, I am especially appreciative of the Board's selfless dedication and commitment to these efforts. Your guidance and insight are especially helpful to everything the Executive Leadership Team engages in as we support our caregivers and patients.

Thank you.

Andy

Erie County Medical Center
Board Report
Chief Operating Officer
July 28, 2026

Submitted by Cassie Davis

OPERATIONS

Ambulatory Services

- Lymphedema Therapy is now offered at the North Union location. This expands our multidisciplinary care model and allows us to provide even more comprehensive, patient-centered care to the community. We are incredibly proud of the team for their dedication, collaboration, and flexibility they continue to show every day.
- Wound Care: Our hyperbaric chambers are officially fully booked with eight (8) spots of daily treatment. This is the first time we have been full in hyperbaric since July 2024. Great work in building referrals for this space!

Center of Cancer Care Research

June 2026

Monthly Oncology Research Report – Dr. Jennifer Frustino

Research Updates

- Clinical trial agreement executed for PRECISE plastic surgery study with sponsor MMI.
- Nine (9) new subjects consented for research studies in June.
- Total of 61 research subjects enrolled YTD for Q2.
- Total of 25 oncology subjects enrolled YTD that meet Commission on Cancer Standard 9.1, which is target for a total of 44 subjects for the year.

Updates

- Supportive Oncology Services were finalized and implemented on the ecmc.edu website.
- Ongoing meetings with Epic Research workgroup, UB CRO, ECMC Research meetings.

Environmental Services (NO UPDATE)

- 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
  - 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.
  - 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 on June 14th and received excellent feedback.
  - Byte coolers have been very successful providing additional food options during and after Great Lakes Café hours.
- Equipment/Renovations
  - Quotes were received for additional security cameras and the Café refresh project.

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 embers 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 CCV3 validation activities in July. End-user training registration is complete.
- Blood Bank Automation
  - Joint agreement with Kaleida system to upgrade or introduce Quidel/Ortho Vision Swift automation in each blood bank. Proposal includes two Ortho Vision Swift systems for the ECMC blood bank. Project is at initial contracting review, and this would be a post-Epic go-live project.
- LabCorp Integrated Oncology
  - Fee schedule review is ongoing with vendor due to offset expenditure related to increased utilization trends.

Plant Operations /Capital Projects

Plant Operations/Facility project updates include the following:

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

- **Completed:** The restoration project included reconstructing walls and floors in various locations on the ground floor damaged by flood (sewer backup) water.

General Construction – Maintenance Projects with DMyles, Inc. – **COMPLETED/IN PROGRESS (Contractor)**

- **Completed:** Draining repair project near parking ramp.
- **In progress:** Joint Commission Regulatory – Replaced drywall scab patches at various fire-rated walls in the main hospital. The project will continue throughout 2026 as the work is extensive.

Fire Damper Corrections – **IN PROGRESS (Contractor)**

- **Completed:** The base bid corrections awarded and CM contract amendment is fully executed. The installation and testing of access panels are complete for the 6th, 7th and 8th floors.
- **In progress:** Three (3) fire dampers failed. New dampers were designed by A/E and ordered by the contractor. Completion target is mid-July. The Donn ceiling system in Room 716 is being removed. New patient lighting will be installed using allowances in the project.

Behavioral Health Sensory Rooms (grant-funded) – **IN PROGRESS (Contractor)**

- **Completed:** PT room (minor finishes work), RT clinic, and duct work are complete. 98% of the project is complete.
- **In progress/pending:** The remaining project is scheduled for completion the beginning of July 2026.

Specialty Pharmacy – **IN PROGRESS (Contractor)**

- **Completed:** The project began February 2026. The demo is complete; insulation and walls have been installed.
- **In progress/pending:** 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 August 2026.

HMGP Generators Replacement (Grant) – **IN PROGRESS (Contractor)**

- **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 closed on May 24, 2026. Four trades in the bid had no or low participation. Those sections will be re-bid by mid-June.
- **In progress:** Construction began on July 6, 2026. The tanks are heated to remove #6 oil.

Cath Lab Equipment Installation – **PENDING (Contractor)**

- **In progress/pending:** 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 awarded to Pump Doctor. Construction begins in July 2026.

CPEP & 11th Floor **– PENDING (Contractor)**

- **In progress:** Construction Manager was awarded. 90% design has been completed.
- **Pending:** 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.

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, two receptacles/sites remain.

Behavioral Health Bathroom Floor Replacement – **IN PROGRESS (In-House)**

- Bathroom floor replacements for the 4th, 5th and 9th floors will include demo existing floors, asbestos abatement and floor pan replacement if needed, install epoxy coated (slip resistant) flooring system. The work is scheduled as rooms become available.
- **Completed:** (22) bathrooms to date, including one entire zone (9z4) with three rooms completed on 9z3. The team shifted to complete Room 1257, as the room was causing leaks below.
- **In progress:** Per Charlene Ludlow, the team will shift to Room 816 and move back and forth between the 8th and 9th floors.

Regulatory – Main Hospital Sprinkler Replacements – **IN PROGRESS (In-House)**

- Continued replacement of sprinklers (heads only) that are approaching 50 years in age.
- **Completed:** Sprinkler replacements in the Main Hospital.
- **In progress:** Planning sprinkler replacements in the Lab Building, which are due in 2026.

Campus Buildings – Lighting Improvements – **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. The project is 10% complete.

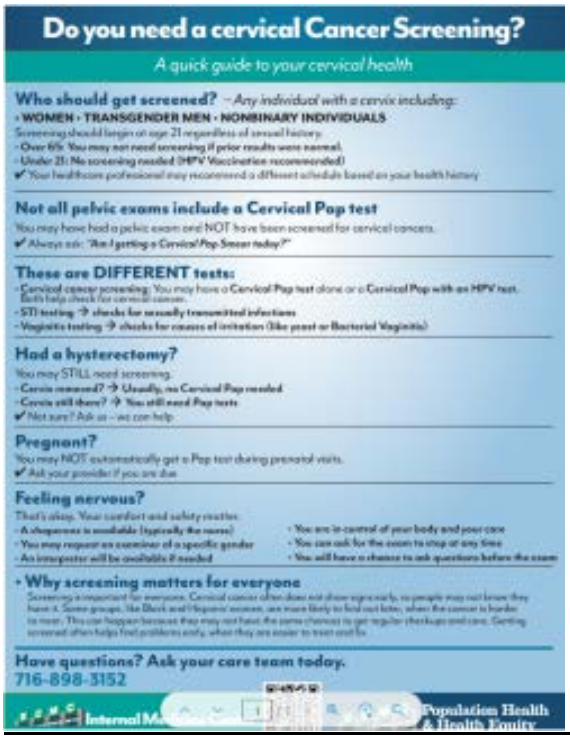
Campus Grounds – **IN PROGRESS (In-House)**

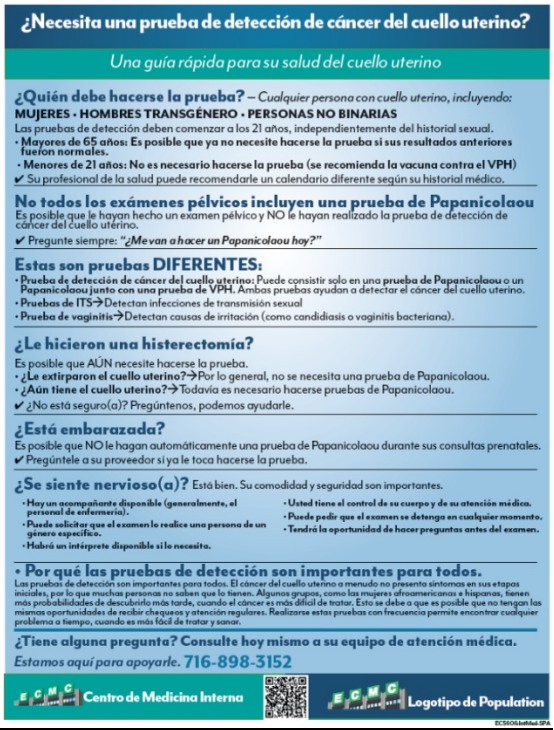
- Currently in summer operations mode.
- **Completed:** Pothole repairs – cold and hot patch repairs in various locations. Campus roadway and crosswalk striping at the main hospital entrance.
- **In progress:** Lawn maintenance – cutting/mulching. Continue campus roadway and crosswalk striping.

Population Health

- Population Health scheduled 522 appointments across ECMC Ambulatory Center locations.
- 200 Patients were referred to the Population Health team Epic Chat for targeted intervention, supporting ED diversion and facilitating earlier ED and hospital discharge.
- In June, the Population Health Outreach team remains actively engaged in the community, participating in ten community outreach events and connecting with approximately 600 individuals. As a result of these efforts, we provided 12 referrals to individuals for resources and services available at our facility.
- In recognition of Men's Health month and Cancer Survivors Month, we collaborated with AstraZeneca and the NHL on the Hockey Fights Cancer initiative. This partnership focused on increasing awareness and education about the importance of cancer prevention, the various types of cancer, and current screening recommendations. Additionally , we partnered with the Office of DEI and BH Social Work teams to host a Men's Health Awareness Fair. The event featured educational resources, and an interactive Q&A session led by a panel of fellow coworkers, fostering open conversations about men's health, wellness, and available support services. These outreach initiatives continue to strengthen our presence in the community, expand access to health education, and connect individuals with essential resources.

- As part of our American Cancer Society NFL Grant initiative to increase cervical cancer screening, we have created a culturally and linguistically appropriate cervical cancer screening flyer for our target population(s). The flyer is now available in English, Spanish, and French. Translations in Burmese, Bengali, and Arabic have been completed and are currently being formatted in partnership with the Office of DEI prior to distribution. (see below)





Rehabilitation Services

- Rehab Director presented Rehab 120-day Epic Go-Live Readiness Assessment (GLRA) this month with an overall readiness state of yellow/at-risk and highlighted some of the outstanding items with target dates for completion.
- Community Collaborations
    - PEDS Rehab renewed preschool contracts with Erie, Niagara, and Genesee counties which included annual compliance training for each individual county.
    - PEDS Rehab Early Intervention Program enrolled (11) new therapy cases and four (4) new ongoing service coordination cases.
    - PEDS Rehab attended a "Make a Circle" committee event sponsored locally by the National Association of Education of Young Children (NAEYC) and Childcare Resource Network. This was a network event that highlighted the need for investments in early childhood education.
    - PEDS Rehab is working with the Ken-Ton school district to enhance UPK support for the upcoming year. Special Education support will be expanded, and OT support services are in the process of being developed. This will be used as a model for other districts.
    - PEDS Rehab - Participation in DDAWNY meeting which PEDS supervisor co-chairs. Focus included advocacy and current state budget, and brainstorming issues in early childhood services in the area.
- Metrics
    - PT ED referrals for the month of June up (16%) from May, and up (24%) YTD
    - OT ED referrals for the month of June up (21%) from May, and up (32%) YTD

Supportive Care & Palliative Medicine

Metrics:

- Total Inpatient Consults for **June**: 127
- Transitions of Care: 17
- Discharge with Home Hospice: 3
- Terrace View: 4

Surgical Services

- MRI construction is slated for November 2026. A grant was obtained for $3M to purchase a Siemens Flow 1.5T unit. The schedule will be adjusted to accommodate only one lab.
- 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, however supplies are slowly coming in. 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

  Requests for additional block time are reviewed monthly at SEC meetings.
    - New provider and volume growth from Dr. Troy Woodard – Center for Sinus and Skull Base Surgery.
    - New Orthopedic Spine surgeons joining the team in late summer. Preparations for block time allocation is being reviewed.
    - Block time discussions with Dr. Mills and Dr. Martin.
    - SEC committee to meet with low utilization surgeons to maximize and realign block time – ongoing.
- Robotic Volume
    - Ortho: 23
    - Bariatrics: 10
    - Urology: 3
    - Cardiovascular: 11
    - HAN: 6

Terrace View

Operations

- Census: The average monthly census for **June** was **376.**
- Facility Equipment/Renovations:
    - 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	MTD June 1st, 2026 -June 30th, 2026 N=64 (est)	MTD June 1st 2025- June 30th, 2025 N=103 (final)	NYS 2026 Benchmark Goal
HCAHPS - Nurses	81 (est)	80	76
HCAHPS – Doctors	75 (est)	78	77
Discharge Info	89 (est)	88	85
Overall Recc.	67 (est)	67	66

Ambulatory Services

Process & Service Improvements

- Effective June 22, Outpatient Lab Services are offered at the Snyder Center – 3rd floor. In this short time, patient experience has significantly improved. Several comments were received from Rheumatology patients noting the fast and convenient service.
- Effective June 22, Role Delineation went live in the Ortho clinic. This optimized workflows by having staff work to the top of licensure. This improved patient experience and safety by having the ordering APP send the x-ray orders to the printer so patients no longer obtain the wrong x-ray. This also improves throughput by freeing up the nursing staff to pre-plan for the clinic visits instead of entering orders for x-rays.
- Nursing collaborated with Pharmacy for a process to provide tubing and/or filters to the Infusion Center with medications that require them. Pharmacy standardized their process to cover both inpatient and outpatient, creating a safer, more efficient administration process for patients and staff. This initiative went live on June 16 and is working very well from a nursing standpoint.

Laboratory Services

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

- MTP Protocol Change
    - As of June 15, 2026, the Massive Transfusion Protocol was modified for the inclusion of fresh, never frozen liquid plasma. The utilization of the revised MTP pack will be monitored and reported to the Transfusion Committee.

Population Health

Secured $30,000 from Univera Foundation to support high-risk patients after hospital discharge by addressing communication and transportation barriers. The initiative will provide cell

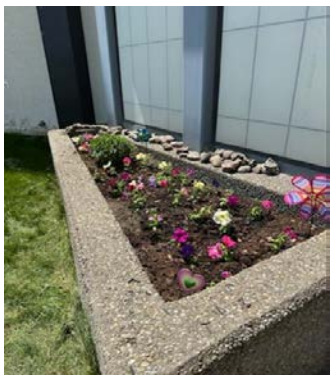
phones and transportation assistance to improve care coordination, increase follow-up compliance, and reduce preventable readmissions and emergency department utilization.

Rehabilitation Services

- Acute therapists attended a high school graduation party at Terrace View LTC, hosted by the Terrace View staff, for one of the younger residents who had sustained life changing injuries as a pedestrian vs MVA in October of 2024. The acute therapists had worked with the patient for several months while in the acute hospital, assisting him during his recovery from multiple surgeries. They celebrated with him as he reached the milestone on graduating from high school in June.
- PEDS Rehab staff shared "thank you" notes from families at the end of the school year including:

  "Thank you for your patience and dedication teaching my child this year. We truly appreciate how you supported him during his speech sessions. He really loves the books you have given him.".

  "Just wanted to say THANK YOU FOR helping my child so much this year! WE are so proud of him and so blessed to have had you in our lives! You're the best! We couldn't have gotten luckier having you help him!", "You are an incredible resource to the healthy functioning of childhood education. Your place in our house carries incredible weight. Thanks".
- Medical Rehabilitation Unit patients were able to participate in planting flowers outside as part of their community integration group during the month of June!



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.
- 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

Dental

Staffing/Resident Program

- Seven (7) dental residents and one(1) MFP fellow graduated on June 18.
- Beginning July 1st, the Dental team has an incoming class of nine (9) PGY-1, (6) PGY-2 and a maxillofacial fellow for 2026-2027.

Recognition

- Dr. Amanada Colebeck was recognized with the 2026 Women of Distinction award by Assemblymember, Karen McMahon.

Nursing

Education/Training

- Education was sent out to the ambulatory nurses to review the process for walking "urgent not emergent" patients from off-campus sites to the ER if needed. This includes a new order the MD enters in the system to acknowledge that patient is stable for transport.

Center of Cancer Care Research

June 2026

Monthly Oncology Research Report – Dr. Jennifer Frustino

Updates

- Research coordinators attended the new American Health Summit: Health and Refugee Resilience conference held at UB.
- The ECMC Dental team screened 30 individuals for oral cancer at the Juneteenth Festival on June 13th.

Environmental Services (NO UPDATE)

- EVS is very challenged with a staffing deficit of 30-35 FTEs.
- Three key openings remain affecting multiple shifts:
  - Senior Supervisor – ECMC, 1st shift
  - Senior Supervisor – Terrace View, 1st shift
  - EVS HHA for Terrace View, 2nd shift

Food & Nutritional Services

Staffing

- Staffing turnover is under 4.2% for the month of June.
- Employee retention and satisfaction has reached an all-time high for this location based on our recent survey. 88.6% of our employees have reported positively towards job satisfaction.

Education/Training

- In progress with weekly Epic/CBORD training in preparation for go-live date in October 2026.
- G.R.E.A.T. training started for our hospitality associates.

Laboratory Services

Staffing

- Cross-training initiatives continue with full cross-training of new staff and expanded cross-training of Sr. CLTs and evening/night shift staff.
- Replacement of vacant positions is necessary to support clinical operations during significant equipment upgrades and the staffing demands related to the validation of the EPIC and the Haemonetics SafeTrace Tx laboratory information systems.

Staff Development

- Section Chief/Sr. CLT Communication Improvement Initiative: Work group activities with the group to identify SMART goals for the improvement of communication and collaboration along the leadership lines of the department.

Rehabilitation Services

Events/Presentations

- OP Rehab was represented at the 3rd Annual Aphasia Awareness Health Fair at UB. Dr. Lisa Keenan-Uschold was the keynote speaker and therapists (Heather D'Errico and Sartu Abdukadir) provided information on speech therapy and driver rehab services.

Education/Training

- Five (5) OP Physical Therapists completed Osseointegration virtual training through the Hospital for Special Surgery in New York City.
- Two (2) OP Physical Therapists completed the Foot Ankle Master Class organized by Daemen College.
- PEDS Rehab Coordinator of Youth Services attended a webinar from DOH on Program Evaluation in Early Intervention.
- At the request of Nursing Education, one nurse during orientation on 6 North, Ortho Unit, shadowed a physical therapist on 6 North for 4-6 hours per day Monday – Friday during the first week of June to learn safe patient mobilization techniques for patients recovering from elective joint surgery. Feedback from the orienting nurse indicated that the experience was very helpful and increased confidence in mobilizing patients.

Staffing

- Dr. Mathews, Physiatrist, has rotated on service for the MRU for the month of June 2026.
- Nadare Alwan, NP, is continuing to learn his new role in consults to assist with the admission process and is utilizing a new shared excel spreadsheet for improved efficiency and communication at the suggestion of Dr. Mathews.
- Nicole Ceppaglia, SLP-CCCC, has accepted and started her new position primarily on the MRU but also training for cross coverage on the acute care service.

Surgical Services

- Bi-weekly meeting with assistant head nurses, management and P&P, and making strides in organization, updating tray recipe cards, and operational efficiencies.
- Encourage employees to join clinical ladder.
- Healthcare Explorers (high school internship program) begins in July.

Terrace View

Staffing - JUNE

- There is currently no agency staff at Terrace View.

QUALITY

Bariatrics

- The ECMC Synergy Bariatrics team achieved 24.3% improvement in allergy reconciliation, demonstrating commitment to quality improvement, patient safety, and teamwork.

Dialysis

- Increased collaborations with the Vascular Center to expedite fistula placement to improve catheter rates on the Dialysis Facility Report. This report is viewed by state surveyors and catheter rates are related to reimbursement.

Environmental Services (NO UPDATE)

- 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.

Items	Audits	Compliant	% Compliance
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 & Nutritional Services

- All Press Ganey scores are increasing and trending up.

Press Ganey Scores - MAY

- **Meals Overall**

  Score: 74.52 (Goal: 84.75) **-28**

- **Temperature of Food**
  Score: 71.38 (Goal: 75) **+2.93**

- **Quality of Food**
  March Score: 67.67 (Goal: 75) **+1.6**

- **Courtesy of Person Serving**
  March Score: 86 (Goal: 87) **-1.5**

Touchworks data (336 responses) - JUNE

- **Food Overall**
  Score: 77.4 **+1**

- **Temperature of Food**
  Score: 78.2 **+3.6**

- **Courtesy**
  Score: 83.8 **+5.7**

Laboratory Services

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

- Specimen Patient Identification/Specimen Labeling Case Calls: YTD through May, there were (48) Case Calls reported for incorrect patient identification/specimen labeling errors. Med Surg (20), ED (15), BH (3), CC (3), OR (2) and OP (5).
- Improve the Glucometer cleaning documentation across all POCT locations to >=90% monthly. For May 2026, the Med/Surg, Ambulatory Care, Critical Care, OR, and Inpatient/ Outpatient Dialysis areas have all achieved the >90% rate. The Behavioral Health location had a compliance rate between >80%. 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 320 mammograms and 290 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 (24) 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

- PEDS Rehab Quality Assurance surveys were sent to school districts in June for feedback regarding preschool evaluation program, preschool therapy services, and Universal Preschool (UPK) Support programming.
- PEDS Rehab received QA from Director of Curriculum at Amherst Central Schools - The UPK support program "was INVALUABLE to our UPK program".
- 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.

Comparison	r Value	Strength	
Total Orders vs Off-Shift Orders	0.872013943	Strong	Higher overall PT order volume is strongly associated with an increase in off-shift PT orders.
Total Orders vs Avg TAT (All Orders)	0.446888377	Moderate	Busier weeks tend to have longer turnaround times, but volume alone does not explain all variation in TAT.
Off-Shift Orders vs Avg TAT (All Orders)	0.402574838	Moderate	Weeks with more off-shift orders tend to have longer turnaround times.
Off-Shift % vs Avg TAT (All Orders)	0.367948211	Weak	The increase in overall turnaround time may be driven more by off-shift ordering patterns than by deterioration in daytime PT responsiveness.
Total Orders vs Avg TAT (On-Duty Only)	0.221855541	Weak	
Off-Shift Orders vs Avg TAT (On-Duty Only)	0.145080535	Very Weak	
Off-Shift % vs Avg TAT (On-Duty Only)	0.126730248	Very Weak	
overall PT volume drives more off-shift orders, and those off-shift orders appear to contribute meaningfully to longer overall turnaround times, while on-duty PT responsiveness remains comparatively stable.			
More PT Orders ↓ More Off-Shift Orders ↓ Longer Overall TAT BUT More PT Orders ↓ Minimal effect on On-Duty TAT	Weekly PT volume was strongly associated with increased off-shift ordering. However, on-duty turnaround times demonstrated only weak relationships with both overall volume and off-shift ordering, suggesting daytime PT responsiveness remained relatively stable despite fluctuations in demand.		

Surgical Services

- Epic transition is in full swing. Data collection and several workgroups weekly. Go live in October 2026.
- Class I SSI's hospital wide YTD = (16) infections
    - Colon = 1 for 2026
    - Spinal Fusion = 5 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 is reviewed at monthly QAPI meeting.
- Audit Results:
    - Skin Assessment: 82.5% compliant
    - Discharge Instructions: 94.7% compliant
    - Hand Hygiene: 99.0% compliant
    - PPE: 95.0% compliant
    - Timeouts: 100%
    - Scope cabinets (dust-free): 100%
    - Cracked suction regulators: 100%
    - Beard covers: 89%
    - Chest hair covered: 100%
    - O2 delivery method: 100%
    - GI Lab specimens: 100%
    - Written orders: 100%
- Instrumentation Audits
    - Open and Unlocked: 97.0%
    - Free from Tape: 100%
    - Expired: 100%
    - Confirm Accurate Exp dates: 100%
- Through May 2026 – 1 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 (7) DOH reportable events in June.
- NYSDOH Surveys
  - NYSDOH/CMS new requirements: The DOH conducted the facility's annual survey in early July. There were eight (8) surveyors on site.
  - 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 was submitted. DOH surveyor conducted an onsite visit and deemed the facility in compliance.
- 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 organization submitted a response letter and supporting documents on April 22, 2026, identifying overpayment of $98,877.55. Additional processes were established to correct any deficient practice. Awaiting results of submission.
- CMS PBJ Reporting: The next PBJ report is due in August 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

- We are 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 **11,618** treatments, Variance **(-915)** due to decreased census. Evaluating referring providers' volumes to identify opportunities for improvement. Potential volume opportunity from prison remodel.
- Home Program: (Home Peritoneal & Home Hemodialysis): YTD Budget **838** treatments, favorable to the budget, Variance **(1,144)**

- Total: **229** treatments for the year, PD volume continues to demonstrate tremendous growth from 2025.

Census Volume:

- Outpatient (in-center treatments): **June** = **10,311** treatments, YTD 2026 total = **10,703**
- Home Program: (Home Peritoneal & Home Hemodialysis): **June** = **393** treatments, 2026 total = **1,982** favorable to budget.

Dialysis			2025			2026			
			YTD	Budget	Variance	Jun	YTD	Budget	Variance
4555	AKI	Hemodialysis - AKI	378	-	-	14	111	-	-
	DIALNON	Hemodialysis - Non-ESRD	3	-	-	0	0	-	-
	DIALTRAN	Hemodialysis - Transient	843	-	-	15	281	-	-
	HD	Hemodialysis - Chronic	22,618	-	-	1,802	10,311	-	-
	4555 Totals		23,842	24,119	-277	1,831	10,703	11,618	-915
5660	HOMEHD	Hemodialysis - Home	0	-	-	0	0	-	-
	PD	Hemodialysis - Peritoneal	3,109	-	-	393	1,982	-	-
	5660 Totals		3,109	1,500	1,609	393	1,982	838	1,144
Totals			26,951	25,619	1,332	2,224	12,685	12,456	229

Food & Nutritional Services

- Budget
  - For the month of June, the costs for food, labor, paper, and chemical costs were under budget.
  - Hourly labor was under budget by $28,124.00
  - Paper and chemical costs were under budget: $4,273.00
  - The overall June budget was $68,260.00 under budget.

Laboratory Services

- The department budget volumes for FY2026 YTD June are +4.8% to budget target and -0.2% over FY25. The overall operating budget FY2026 YTD May is negative to budget target by 2.3%. The primary driver of the negative variance is linked to increased reference laboratory expense related to increased volume and oncology utilization.

Radiology

Radiology as a whole is up 10.5% over budget for 2026.

- 2025: 210,211 total procedures

Rehabilitation Services

- The MRU monthly therapy statistics combined PT and OT for units of service were 3,881 against a budget of 2,630 for a *positive variance* of 38%. SLP services combined for MRU and Acute care services were 557 against a budget of 397 with a *positive variance* of 28.7%.
- The MRU had 30 admissions and 21 dishcarges with 462 patient days and a LOS of 22 days, **ADC 15**.
- Outpatient Rehabilitation is 12.4% over budget MTD and 9.6% over budget YTD.
- PEDS Rehab continues to expand services by providing contract services to districts at school age level, and by promoting UPK support services to school districts. UPK support services include coaching, mentoring, individual screening and small group therapy**.**

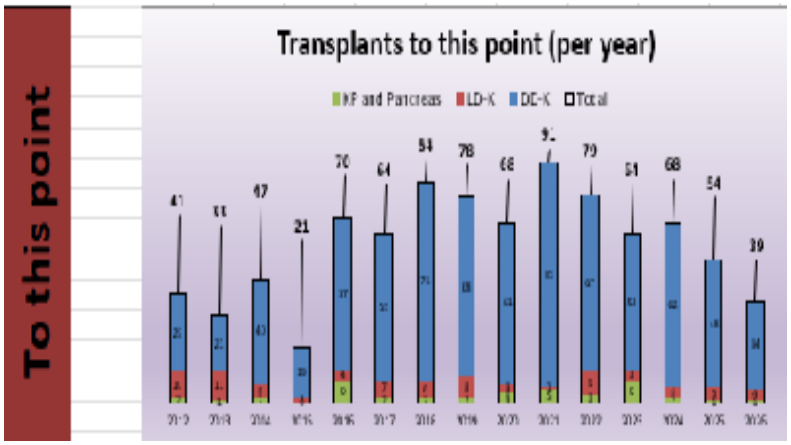
- PEDS Rehab gross revenue (Reimbursement minus amount paid to providers) increased by $4,464 April to May 2026, corresponding to 7%.

Surgical Services

- Revenue Opportunities
  - New Urology robotic equipment, projecting additional volume. The first cases are scheduled for July 31, 2026.
  - Exploring opportunities to lower coast of spine stimulator implants and maximize reimbursement.
  - PAT (patient admission testing) billing opportunties
  - Review contracts for savings opportunities
  -
- Approved Capital Requests
  - Nuclear medicine camera and construction
  - OR tables
  - Radiology ultrasound machines and C-arms
  - ENT scopes and monitors

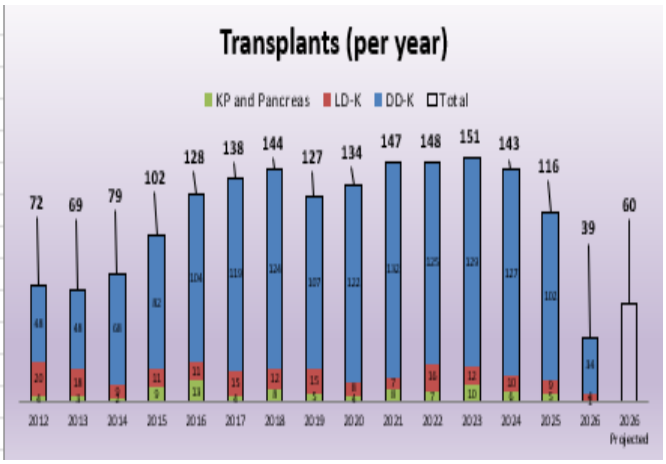
Transplant

- As of June 1, 2026, we performed **(39)** transplants, which is **(-15)** transplants than the same time in 2025. We have projected **(60)** transplants for 2026.
- Pre-Transplant Clinic is above budget by **(+120)**.
- Post-Transplant clinic is below budget by **(-198)** visits; this is expected with the decreased overall transplant volume.
- Total clinic variance is favorable to budget **(78).**



	DD-K	LD-K	KP	Pancreas	Total
2009	27	20	0	0	47
2010	30	23	1	0	54
2011	21	9	2	2	34
2012	29	10	0	2	41
2013	21	11	1	0	33
2014	40	5	1	1	47
2015	19	2	0	0	21
2016	57	4	6	3	70
2017	55	7	2	0	64
2018	76	6	2	0	84
2019	68	8	2	0	78
2020	61	3	4	0	68
2021	85	1	4	1	91
2022	67	9	3	0	79
2023	52	3	9	0	64
2024	62	4	2	0	68
2025	48	5	1	0	54
2026	34	4	1	0	39
Total	818	130	40	9	997

Projections



	DD-K	LD-K	KP	Pancreas	Total
2009	55	37	2	0	94
2010	60	33	2	0	95
2011	52	14	5	2	73
2012	48	20	1	3	72
2013	48	18	1	2	69
2014	68	9	1	1	79
2015	82	11	5	4	102
2016	104	11	10	3	128
2017	119	15	4	0	138
2018	124	12	8	0	144
2019	107	15	5	0	127
2020	122	8	4	0	134
2021	132	7	7	1	147
2022	125	16	7	0	148
2023	129	12	10	0	151
2024	127	10	6	0	143
2025	102	9	5	0	116
2026	34	4	1	0	39
2026 Projected					60

Transplant / Vascular			2025			2026			
			YTD	Budget	Variance	Jun	YTD	Budget	Variance
6430	TRANPRE	Transplant Clinic	**586**	-	-	68	**328**	-	-
	TRANPREPRC	Transplant Clinic	**0**	-	-	1	**3**	-	-
	6430 Totals		**586**	650	-64 ↓	69	**331**	211	120 ↑
6431	TRANPOSPRC	Transplant Clinic	**0**	-	-	0	**0**	-	-
	TRANPOST	Transplant Clinic	**3,595**	-	-	225	**1,622**	-	-
	6431 Totals		**3,595**	4,363	-768 ↓	225	**1,622**	1,820	-198 ↓
Totals			**4,181**	**5,013**	**-832** ↓	**294**	**1,953**	**2,031**	**-78** ↘

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Internal Financial Reports

For the month ended June 30, 2026

Erie County Medical Center Corporation

Financial Dashboard
June 30, 2026

Statement of Operations:

	Month	Year-to-Date (YTD)	YTD Budget
Net patient revenue	$ 60,485	$ 363,235	$ 375,836
Other	19,373	110,976	110,732
Total revenue	79,858	474,211	486,568
Salary & benefits	42,741	262,797	255,691
Physician fees	11,227	68,339	65,161
Purchased services	7,841	45,264	46,711
Supplies & other	18,646	109,497	105,876
Depreciation and amortization	4,188	25,129	25,129
Interest	902	5,635	5,888
Total expenses	85,545	516,661	504,456
Operating Income/(Loss) Before Other Items	(5,687)	(42,450)	(17,888)
Grant revenue	352	352	-
Income/(Loss) from Operations With Other Items	(5,335)	(42,098)	(17,888)
Other Non-operating gain/(loss)	84	2,850	144
Change in net assets	$ (5,251)	$ (39,248)	$ (17,744)
Operating margin	-6.7%	-8.9%	-3.7%

Cash Flow Summary:

	Month	YTD
Net cash provided by (used in):		
- Operating activities	$ (11,447)	$ (40,892)
- Investing activities	3,770	21,642
- Financing activities	(1,834)	(9,271)
Increase/(decrease) in cash and cash equivalents	(9,511)	(28,521)
Cash and cash equivalents - beginning	19,479	38,489
Cash and cash equivalents - ending	$ 9,968	$ 9,968

Balance Sheet:

Assets:	
Cash & short-term investments	$ 13,707
Patient receivables	131,144
Assets whose use is limited	141,280
Other assets	432,471
	$ 718,602
Liabilities & Net Assets:	
Accounts payable & accrued expenses	$ 378,137
Estimate self-insurance reserves	50,202
Other liabilities	397,003
Long-term debt, including current portion	175,236
Lease liability, including current portion	20,820
Subscription liability, including current portion	20,675
Line of credit	10,000
Net assets	(333,471)
	$ 718,602

Key Statistics:

		Month	YTD	YTD Budget
Discharges:	- Acute	1,038	6,199	6,600
	- Exempt units	416	2,507	2,630
Observation Cases:		348	1,877	1,977
Patient days:	- Acute	8,674	52,226	49,457
	- Exempt units	4,880	30,198	29,313
Average length of stay, acute		8.4	8.4	7.5
Case mix index	Blended	1.95	2.01	1.94
Average daily census:	Medical Center	452	455	435
	Terrace View LTC	376	377	382
Emergency room visits, including admissions		5,659	32,872	33,136
Outpatient Visits		27,871	157,021	160,394
Days in patient receivables			65.3	

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June 2026 Operating Performance

During the month of June, 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 surgeries reflect unfavorable deviations from budgeted expectations which also contributed to the net patient service revenue falling below plan. June's acute average length of stay was 8.4 days (a slight increase from the ALOS in May of 8.1 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 before grant funding for the month of ($5,687). This operating loss is unfavorable when compared to the month's budgeted loss of ($2,921).

Inpatient discharges during the month of 1,454 were less than the planned discharges of 1,550 (6.2% or 96 cases). Within the total, acute discharges of 1,038 were below plan by 6.0%, behavioral health discharges of 234 were below plan by 1.0%, chemical dependency discharges of 161 were below plan by 8.8%, and medical rehabilitation discharges of 21 were below plan by 36.3%.

In conjunction with the increase in ALC census, the acute average length of stay was at 8.4 days during June, unfavorable to a budget of 6.9 days by 21.6%. The average daily census of the ALC patients within the facility during the month of 49 patients slightly improved from the 52 patient average daily census during May but remains significantly higher than budgeted expectations of 24 patients and the June 2025 levels of 39 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 June. Driving a significant portion of this variance was a favorable revenue variance within the specialty pharmacy revenue of approximately $1,153. 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 June were higher than budgeted targets for the month by 40 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 6 months. The initiatives to manage 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 trauma season begins, we expect the trends in FTEs to stabilize and even increase in areas which typically see the largest increases in 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 throughout the second quarter of 2026, resulting in costs which are in line with or below budgeted expectations.

Balance Sheet

ECMCC saw significant decreases in cash during the first six 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 5-15 days of operating cash during the month of June. 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 as well as the funding related to the Electronic Medical Record grant under the NYS safety net funding program.

Patient receivables increased approximately $26.2 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 and an increase in payer denial activity. 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 65.3 days on June 30, 2026, which has impacted net overall cash on hand.

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

Erie County Medical Center Corporation

Balance Sheet
June 30, 2026 and December 31, 2025

(Dollars in Thousands)

	June 30, 2026	December 31, 2025	Change from December 31st
Assets			
Current Assets:			
Cash and cash equivalents	$ 9,968	$ 38,489	$ (28,521)
Investments	3,739	13,122	(9,383)
Patient receivables, net	131,144	104,885	26,259
Prepaid expenses, inventories and other receivables	37,114	66,506	(29,392)
Total Current Assets	181,965	223,002	(41,037)
Assets Whose Use is Limited	141,280	181,665	(40,385)
Property and equipment, net	296,044	291,749	4,295
Other assets	99,313	99,827	(514)
Total Assets	$ 718,602	$ 796,243	$ (77,641)
Liabilities & Net Position			
Current Liabilities:			
Current portion of long-term debt	$ 13,215	$ 13,215	$ -
Current portion of lease liability	5,593	6,376	(783)
Current portion of subscription liability	9,981	10,536	(555)
Line of credit	10,000	10,000	-
Accounts payable	83,343	69,643	13,700
Accrued salaries and benefits	91,828	92,458	(630)
Other accrued expenses	197,514	209,639	(12,125)
Estimated third party payer settlements	5,452	5,983	(531)
Total Current Liabilities	416,926	417,850	(924)
Long-term debt	162,021	166,158	(4,137)
Long-term lease liability	15,227	18,042	(2,815)
Long-term subscription liability	10,694	11,675	(981)
Estimated self-insurance reserves	50,202	48,118	2,084
Other liabilities	397,003	428,943	(31,940)
Total Liabilities	1,052,073	1,090,786	(38,713)
Total Net Position	(333,471)	(294,543)	(38,928)
Total Liabilities and Net Position	$ 718,602	$ 796,243	$ (77,641)

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Erie County Medical Center Corporation

Statement of Operations

For the month ended June 30, 2026

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net patient revenue	62,321	63,483	(1,162)	60,287
Less: Provision for uncollectable accounts	(1,836)	(1,395)	(441)	(2,033)
Adjusted Net Patient Revenue	60,485	62,088	(1,603)	58,254
Disproportionate share / IGT revenue	10,256	10,256	-	11,018
Other revenue	9,117	8,022	1,095	7,412
Total Operating Revenue	79,858	80,366	(508)	76,684
Operating Expenses:				
Salaries & wages	31,344	30,810	(534)	31,742
Employee benefits	11,397	11,556	159	9,383
Physician fees	11,227	10,860	(367)	10,690
Purchased services	7,841	7,715	(126)	7,076
Supplies	16,373	14,610	(1,763)	12,999
Other expenses	1,697	1,920	223	2,418
Utilities	576	647	71	608
Depreciation & amortization	4,188	4,188	-	3,847
Interest	902	981	79	915
Total Operating Expenses	85,545	83,287	(2,258)	79,678
Operating Income/(Loss) Before Other Items	**(5,687)**	**(2,921)**	**(2,766)**	**(2,994)**
Other Gains/(Losses)				
Grant revenue	352	-	352	-
Income/(Loss) from Operations	**(5,335)**	**(2,921)**	**(2,414)**	**(2,994)**
Other Non-operating Gain/(Loss):				
Interest and dividends	364	208	156	722
Unrealized gain/(loss) on investments	(280)	(184)	(96)	964
Non-operating Gain/(Loss)	84	24	60	1,686
Excess of Revenue/(Deficiency) Over Expenses	$ (5,251)	$ (2,897)	$ (2,354)	$ (1,308)

Erie County Medical Center Corporation

Statement of Operations

For the six months ended June 30, 2026

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net patient revenue	424,769	384,330	40,439	356,062
Less: Provision for uncollectable accounts	(61,534)	(8,494)	(53,040)	(8,546)
Adjusted Net Patient Revenue	363,235	375,836	(12,601)	347,516
Disproportionate share / IGT revenue	61,534	61,534	-	66,107
Other revenue	49,442	49,198	244	42,798
Total Operating Revenue	474,211	486,568	(12,357)	456,421
Operating Expenses:				
Salaries & wages	193,126	186,000	(7,126)	188,448
Employee benefits	69,671	69,691	20	62,819
Physician fees	68,339	65,161	(3,178)	62,617
Purchased services	45,264	46,711	1,447	40,747
Supplies	93,615	90,452	(3,163)	81,205
Other expenses	11,013	11,521	508	13,185
Utilities	4,869	3,903	(966)	3,841
Depreciation & amortization	25,129	25,129	-	23,099
Interest	5,635	5,888	253	5,528
Total Operating Expenses	516,661	504,456	(12,205)	481,489
Operating Income/(Loss) Before Other Items	**(42,450)**	**(17,888)**	**(24,562)**	**(25,068)**
Other Gains/(Losses)				
Grant revenue	352	-	352	9,081
Income/(Loss) from Operations	**(42,098)**	**(17,888)**	**(24,210)**	**(15,987)**
Other Non-operating Gain/(Loss):				
Interest and dividends	2,066	1,250	816	4,391
Unrealized gain/(loss) on investments	784	(1,106)	1,890	1,793
Non-operating Gain/(Loss)	2,850	144	2,706	6,184
Excess of Revenue/(Deficiency) Over Expenses	$ (39,248)	$ (17,744)	$ (21,504)	$ (9,803)

Erie County Medical Center Corporation

Statement of Changes in Net Position

For the month and six months ended June 30, 2026

(Dollars in Thousands)

	Month	Year-to-Date
Unrestricted Net Assets:		
Excess/(Deficiency) of revenue over expenses	$ (5,251)	$ (39,248)
Other transfers, net	-	
Contributions for capital acquisitions	259	320
Change in accounting principle	-	-
Net assets released from restrictions for capital acquisition	-	-
Change in Unrestricted Net Assets	(4,992)	(38,928)
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	-	-
Change in Temporarily Restricted Net Assets	-	-
Change in Net Position	(4,992)	(38,928)
Net Position, beginning of period	(328,479)	(294,543)
Net Position, end of period	**$ (333,471)**	**$ (333,471)**

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Erie County Medical Center Corporation

Statement of Cash Flows

For the month and six months ended June 30, 2026

(Dollars in Thousands)

	Month	Year-to-Date
Cash Flows from Operating Activities:		
Change in net assets	$ (4,992)	$ (38,928)
Adjustments to Reconcile Changes in Net Assets to Net Cash Provided by/(Used in) Operating Activities:		
Depreciation and amortization	4,188	25,129
Provision for bad debt expense	1,836	61,534
Net change in unrealized (gain)/loss on Investments	280	(784)
Changes in Operating Assets and Liabilities:		
Patient receivables	(9,571)	(87,793)
Prepaid expenses, inventories and other receivables	(3,032)	29,392
Accounts payable	2,200	13,700
Accrued salaries and benefits	2,285	(630)
Estimated third party payer settlements	(8)	(531)
Other accrued expenses	(8,308)	(12,125)
Self Insurance reserves	470	2,084
Other liabilities	3,205	(31,940)
Net Cash Provided by/(Used in) Operating Activities	(11,447)	(40,892)
Cash Flows from Investing Activities:		
Additions to Property and Equipment, net	(5,476)	(29,424)
Decrease/(increase) in assets whose use is limited	10,044	40,385
Sale/(Purchase) of investments, net	(666)	10,167
Change in other assets	(132)	514
Net Cash Provided by/(Used in) Investing Activities	3,770	21,642
Cash Flows from Financing Activities:		
Principal payments on / proceeds from long-term debt, net	(692)	(4,137)
Principal payments on / additions to long-term lease liability, net	(829)	(3,598)
Principal payments on / additions to long-term subscription, net	(313)	(1,536)
Increase/(Decrease) in Cash and Cash Equivalents	(9,511)	(28,521)
Cash and Cash Equivalents, beginning of period	19,479	38,489
Cash and Cash Equivalents, end of period	$ 9,968	$ 9,968

Erie County Medical Center Corporation

Statistical and Ratio Summary

	June 30, 2026	December 31, 2025	ECMCC 3 Year Avg. 2023 - 2025
Liquidity Ratios:			
Current Ratio	0.4	0.5	0.6
Days in Operating Cash & Investments	5	20	23.2
Days in Patient Receivables	65.3	55.0	56.8
Days Expenses in Accounts Payable	65.7	56.6	54.6
Days Expenses in Current Liabilities	149.5	160.0	145.0
Cash to Debt	36.9%	57.1%	55.8%
Working Capital Deficit	$ (234,961)	$ (194,938)	$ (138,572)
Capital Ratios:			
Long-Term Debt to Fixed Assets	54.7%	57.0%	63.2%
Assets Financed by Liabilities	146.4%	137.0%	134.7%
Debt Service Coverage (Covenant > 1.1)	(0.3)	1.1	1.7
Capital Expense	3.3%	2.7%	2.9%
Average Age of Plant	7.0	8.2	8.0
Debt Service as % of NPSR	3.3%	3.8%	4.0%
Capital as a % of Depreciation	117.1%	132.2%	60.3%
Profitability Ratios:			
Operating Margin	-9.0%	-8.6%	-7.0%
Net Profit Margin	-9.2%	-1.9%	-1.2%
Return on Total Assets	-10.8%	-1.7%	-1.0%
Return on Equity	23.3%	4.6%	2.9%
Productivity and Cost Ratios:			
Total Asset Turnover	1.5	1.2	1.1
Total Operating Revenue per FTE	$ 315,515	$ 273,402	$ 254,866
Personnel Costs as % of Total Revenue	49.1%	55.3%	54.3%

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Erie County Medical Center Corporation

Key Statistics

Period Ended June 30, 2026

Current Period					Year to Date			
Actual	**Budget**	**% to Budget**	**Prior Year**		**Actual**	**Budget**	**% to Budget**	**Prior Year**
				Discharges:				
1,038	1,104	-6.0%	1,102	Med/Surg (M/S) - Acute	6,199	6,600	-6.1%	6,366
234	236	-1.0%	227	Behavioral Health	1,297	1,414	-8.2%	1,384
161	177	-8.8%	188	Chemical Dependency (CD) - Detox	1,078	1,035	4.1%	990
21	33	-36.3%	30	Medical Rehab	132	182	-27.4%	128
1,454	1,550	-6.2%	1,547	Total Discharges	8,706	9,230	-5.7%	8,868
				Patient Days:				
8,674	7,590	14.3%	7,767	M/S - Acute	52,226	49,457	5.6%	49,007
3,818	3,887	-1.8%	3,830	Behavioral Health	23,488	22,504	4.4%	22,428
600	661	-9.2%	718	CD - Detox	4,266	3,855	10.7%	3,750
462	498	-7.2%	458	Medical Rehab	2,444	2,954	-17.3%	2,059
13,554	12,636	7.3%	12,773	Total Patient Days	82,424	78,770	4.6%	77,244
				Average Daily Census (ADC):				
289	253	14.3%	259	M/S - Acute	289	273	5.6%	271
127	130	-1.8%	128	Behavioral Health	130	124	4.4%	124
20	22	-9.2%	24	CD - Detox	24	21	10.7%	21
15	17	-7.2%	15	Medical Rehab	14	16	-17.3%	11
452	421	7.3%	426	Total ADC	455	435	4.6%	427
				Average Length of Stay:				
8.4	6.9	21.6%	7.0	M/S - Acute	8.4	7.5	12.4%	7.7
16.3	16.4	-0.8%	16.9	Behavioral Health	18.1	15.9	13.8%	16.2
3.7	3.7	-0.4%	3.8	CD - Detox	4.0	3.7	6.3%	3.8
22.0	15.1	45.7%	15.3	Medical Rehab	18.5	16.2	14.0%	16.1
9.3	8.2	14.4%	8.3	Average Length of Stay	9.5	8.5	10.9%	8.7
				Occupancy:				
83.2%	81.9%	1.5%	78.4%	% of M/S Acute staffed beds	83.2%	81.9%	1.5%	78.4%
				Case Mix Index:				
1.95	1.91	2.2%	1.89	Blended (Acute)	2.01	1.94	4.0%	1.98
348	351	-0.9%	318	Observation Status	1,877	1,977	-5.1%	1,992
454	478	-5.0%	449	Inpatient General Surgeries	2,457	2,720	-9.7%	2,488
582	619	-6.0%	578	Outpatient General Surgeries	3,594	4,178	-14.0%	3,829
15	29	-48.3%	17	Inpatient Ancillary Surgeries	201	132	52.3%	140
3	4	-25.0%	1	Outpatient Ancillary Surgeries	26	22	18.2%	18
27,871	26,826	3.9%	26,189	Outpatient Visits	157,021	160,394	-2.1%	154,509
5,659	5,699	-0.7%	5,877	Emergency Visits Including Admits	32,872	33,136	-0.8%	33,373
65.3	44.2	47.7%	53.3	Days in A/R	65.3	44.2	47.7%	53.3
2.9%	2.2%	30.9%	3.5%	Bad Debt as a % of Net Revenue	2.7%	2.2%	20.7%	2.3%
3,286	3,246	1.2%	3,427	FTE's	3,340	3,250	2.8%	3,380
3.87	4.10	-5.5%	4.30	FTE's per Adjusted Occupied Bed	4.02	4.02	0.0%	4.28
$ 20,696	$ 19,810	4.5%	$ 18,665	Net Revenue per Adjusted Discharge	$ 21,184	$ 20,391	3.9%	$ 19,582
$ 29,066	$ 26,420	10.0%	$ 25,249	Cost per Adjusted Discharge	$ 30,020	$ 27,208	10.3%	$ 26,948
Terrace View Long Term Care:								
11,272	11,471	-1.7%	11,472	Patient Days	68,204	69,155	-1.4%	68,275
376	382	-1.7%	382	Average Daily Census	377	382	-1.4%	377
96.3%	98.0%	-1.7%	98.1%	Occupancy - % of Staffed beds	96.6%	98.0%	-1.4%	96.7%
480	456	5.4%	485	FTE's	489	456	7.3%	473
6.8	6.4	7.2%	6.8	Hours Paid per Patient Day	8.0	7.4	8.8%	7.8

Medical Executive Committee

CMO Report to the ECMC Board of Directors

July 2026

University at Buffalo Update

- Thank you to Dr. Andrea Manyon! Dr. Manyon will be stepping down from her leadership positions effective August 2026. She will continue to focus more directly on patient care, community health and public health initiatives.

- There is an ongoing search for a Chair of Ophthalmology and Chair of Surgery.

Current hospital operations

- Admissions YTD: 6,428
- ED visits YTD: 28,689
- CPEP visits: 5,497
- Observation: 1,968
- Inpatient Surgeries: 3,704
- Outpatient Surgeries: 3,185
- ALC days YTD: 9,689

The average length of stay MTD 8.5 CMI 2.0114

CMO Update

- Preparations continue for Epic go-live with less than 120 days to go.

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

Marketing

- Continuing 2026 marketing communications efforts that 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.
- Distributed the following press releases: 2026 American Hospital Association (AHA) Circle of Life Award; 2026 Smile Cookie Campaign, Professional Announcements for Wade Starnes (VP, Construction Services) and Heather Gallagher (VP, Human Resources and Interim CHRO).
- Coordinated update news feature by Michael Wooten on WKBW-TV with Dr. Jordan Frey regarding use of Symani Surgical System robot.
- Scheduled and executed tapings of seven 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. Five additional new Medical Minutes will be taped in the weeks ahead.
- ECMC's Medical Minute partnership with WGRZ-TV included the featured following topics in April/May: COEM (Thameena Hunter), Primary Care (Dr. Rich), Claudication (Dr. Farrell) and Swimming Safety (Dr. Guo).

Community and Government Relations

- Continuing our efforts with state and federal public affairs companies, as well as healthcare partners like Westchester Medical Center Health Network to access funding to support ECMC operations and capital projects.

MEDICAL EXECUTIVE COMMITTEE MEETING
MONDAY, JUNE 15, 2026
MEETING HELD VIA MICROSOFT TEAMS PLATFORM/HYBRID
DR. ZIZZI CONFERENCE ROOM SECOND FLOOR

Attendance (Voting Members):

Dr. Anillo	Dr. Bakhai	Dr. Brewer	Rebecca Buttaccio
Dr. DePlato	Dr. DePlato	Dr. Drumsta	Dr. Chen
Dr. Cheng	Dr. Flynn	Dr. Frustino	Dr. Griffith
Dr. Khan	Dr. Krabill	Dr. Manka	Dr. Minhas
Dr. Murray	Dr. Nagai	Dr. Pugh	Dr. Qaqish
Dr. Rich	Dr. Rossitto	Dr. Ruggieri	Dr. Spiro
Dr. Wilkins	Dr. Tadakamalla	Dr. Tanaka	Dr. Yedlapati

Non-Voting Members and Guests:

Andy Davis	Cassie Davis	Jon Swiatkowski	Charlene Ludlow
Dean Brashear	Cheryl Carpenter	Phyllis Murawski	Julie Berrigan
Charles Cavaretta	Peter Cutler	Becky DelPrince	Ashley Halloran
Michael Ott	John Cumbo		

I. CALL TO ORDER

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

B. PRESIDENT'S REPORT:

1. Dr. Manka congratulated Dr. Flynn on his retirement, acknowledging that this was his last Medical Executive Committee meeting.
2. Congratulations to Cassie Davis on her promotion to Chief Operating Officer.
3. The delinquent records report continues to improve.
4. Our annual meeting will be taking place towards the end of October, reminder that this will be an election year.

II. ADMINISTRATIVE REPORTS

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

1. CEO Report – Andy Davis
   a. Thank you to everyone for the congratulations. Today marks the first day as President and CEO.
   b. Congratulations to Cassie Davis on her promotion to Chief Operating Officer.
   c. Thank you to everyone who supported the recent Springfest event.
   d. John Cumbo and Dr. Panesar, thank you for your continued help with Epic.

Kaleida went live on May 30th with minimal issues. We have approximately 130 more days.

e. The School of Dental Medicine closed the OMFS program as of June 30th. We continue to work around that situation.
f. The state budget passed, we wait to see the impact it will have on ECMC.
g. Upgrades to the Smith Aud are nearing completion.
h. During the next 100 days meetings will take place with the team to work on strategic planning.

2. CFO REPORT – Jon Swiatkowski

a. Mr. Swiatkowski spoke on May Key Statistics.
b. A review of observation cases, case mix discharges, acute average length of stay, case mix adjusted length of stay, acute case mix index numbers along with admissions via the ED and outpatient visits took place.
c. We continue working with New York state, pressing hard for areas needing assistance.
d. Thank you to the ED staff for managing the influx of patients lately.
e. Safety net transformation fund is ongoing.
f. Implementing the ERP system, which is software for use with purchasing, budgeting and check requests. Going live July 1, 2026.

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

a. Congratulations to Andy Davis on his recent promotion to President and CEO.
b. We are very excited about our partnership between ECMC and UB working on the Epic system and the transformation fund.
c. It is great hearing conversations in the community regarding Epic.
d. Reminder that July we will see a new class of residents starting.
e. MS3 rotation has begun.
f. Chair of Ophthalmology and Chair of Surgery are taking place.
g. UB/MD podcasts continue.

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

a. The nursing department honor three of their own this month at the Professional Nurses Association's banquet. Congratulations to Tara Gregori, ECMC Nurse of Distinction Nominee, Robin Matyjasik, Nurse of Distinction - Education Nominee and Jeanenne Petri, Outstanding Staff Nurse.
b. Staffing committee continues to meet quarterly.
c. Working on throughput. Please be sure discharge orders are in by 10:00 am.
d. The nursing department has begun working on the 2027 budget along with efficiencies.

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

a. Dr. Ashvin Tadakamalla shared a Chief Medical Officer Report in Dr. Cloud's absence.
b. Dr. Tadakamalla reviewed an Epic wave 1 go-live update. Kaleida had a successful go-live back on May 30th.
c. An update was shared on measles (Rubeola) in Erie County after a child was

diagnosed in late May at Golisano Children's Hospital.

d. Dr. Tadakamalla also shared an update on Ebola as cases are being identified in the Democratic Republic of Congo.
e. Note that ECMC is not a destination center for Ebola, but we would be required to stabilize and transfer patients to a designated facility should outbreaks occur.
f. The School of Dental Medicine made the decision to close the OMFS program as of June 30th. The GME office is assisting residents in training.
g. We are actively recruiting additional OMFS physicians and APPS to support Dr. Nagai.
h. There is an ongoing search for a Chair of Ophthalmology and Chair of Surgery.

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

a. No report

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

a. John Cumbo reported out for Dr. Panesar.
b. John shared an update on Insulin orders sets
c. Haiku has replaced Hypercare. Everyone should be utilizing this app now. Hypercare will be turned off tomorrow.
d. Super Users are still needed. Please reach out to Dr. Mandip Panesar if interested.
e. We are tracking the issues and concerns that Kaleida had during their Epic transition.
f. John reviewed the ECMC wave 2 go-live timeline in place.
g. Thank you again to the Medical Executive Committee and the Foundation for their contributions to the upgrades that took place in the Smith Aud.

VIII. ECMC FOUNDATION REPORT – Julie Berrigan, Executive Directors

a. Thank you to all who attended this year's Springfest gala.
b. Next week Monday is our golf tournament at Wanakah Country Club
c. The Subaru run will take place on July 17, 2026.
d. Congratulations to Sharon Kulczyk and Kathy Gregorie on their retirement.

IX. CREDENTIALS COMMITTEE REPORT – Yogesh Bakhai, MD

a. No report.

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

a. No report.

XI. CONSENT CALENDAR

	MEETING MINUTES/MOTIONS	PAGE #		
1.	MINUTES of the Previous MEC Meeting: May 18, 2026	18-23	Receive and File	
2.	Credentials Committee: June 4, 2026	6-16	Receive and File	
	Appointments/ Reappointments/ Resignations		Review and Approve	
	Dual Reappointment Applications		Review and Approve	
3.	HIM Committee – No Report		Receive and File	
4.	Graduate Medical Education Committee – Minutes of April 21, 2026	25-29	Receive and File	
5.	P & T Committee – No June Report		Receive and File	
6.	Professional Dev. & Wellness Committee – Minutes of May 21, 2026	31	Receive and File	
7.	Resource Management Committee – Minutes of May 13, 2026	33-37	Receive and File	
8.	SEC Committee – No Report		Receive and File	
9.	Infection Prevention Committee – Minutes of February 2026	39-47	Receive and File	
10.	Quality & Patient Safety – Minutes of April 2026	49-51	Receive and File	
11.	New Business			

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

UNANIMOUSLY APPROVED.

XII. NEW BUSINESS – Michael Manka, MD

1. On the recommendation by the Chief Medical Officer for approval from the President of the Medical Staff and the Medical Executive Committee for the re-appointment of Christopher Ritter, MD to a 3-year term as Chief of Service for Orthopaedic Surgery.

   MOTION TO APPROVE the re-appointment of Christopher Ritter, MD to a 3-year term as Chief of Service for Orthopaedic Surgery.

   UNANIMOUSLY APPROVED.

2. On the recommendation by Jennifer Pugh, MD for approval from the President of the Medical Staff and the Medical Executive Committee for the appointment of Jeffrey Jordan, MD to the Quality Executive Committee.

   MOTION TO APPROVE the appointment of Jeffrey Jordan, MD to the Quality Executive Committee.

   UNANIMOUSLY APPROVED.

XIII. EXECUTIVE SESSION

1. **MOTION MADE AND CARRIED** at 12:18 pm to move to the Executive Session. The following items were discussed and motion(s) made:

2. **MOTION MADE AND CARRIED**, all-in favor to receive and file:
   a. Board Quality P/I meeting minutes of May 12, 2026
   b. Chiefs of Service meeting minutes of May 14, 2026
   c. Leadership Council Report for May 2026

3. Phyllis Murawski, RN shared the Quality and Patient Safety Report. Phyllis spoke on the Serious Reportable Events 2026: Quarter 1. She discussed the meeting objectives along with the fact that these are confidential meetings. Phyllis also shared reportable events by category, procedural events, care provision events, product/device events, and patient protection events.

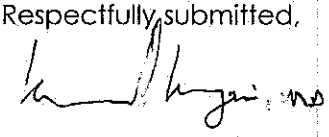
   Quality Committee meeting for May had reports submitted by Laboratory Committee, Radiation Safety Committee, and Health Information Management Committee.

   The CARF survey was very successful.

XIV. ADJOURNMENT

There was no further business conducted. Motion to adjourn the meeting was made and seconded. The next meeting will be on Monday, July 27, 2026, at 11:30 am via Teams/Hybrid in the Dr. Zizzi conference room at ECMC. The meeting was adjourned at 12:34pm.

Respectfully submitted,



Michael Nagai, MD

Secretary
Medical Executive Committee