



ECMCC Board of Director's Meeting

September 22, 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
SEPTEMBER 22, 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 SEPTEMBER 22, 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 and Compliance Committee** (by Darby Fishkin)
 - D) **Buildings and Grounds Committee** (by Ronald Bennett)
 - D) **Investment Committee** (by Eugenio Russi)
 - E) **MWBE Committee** (by Reverend Mark Blue)
 - E) **Quality Improvement and Patient Safety Committee** (by Michael Hoffert)
- VI. EXECUTIVE SESSION
- VII. ADJOURN

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

Present: Ronald Bennett, Reverend Mark Blue, Andrew Davis, Darby Fishkin, Sharon Hanson, Michael Hoffert*, Christopher O'Brien, Hon. John O'Donnell, Reverend Kinzer Pointer, Michael Seaman, Benjamin Swanekamp

Excused: James Blackwell, Christian Johnson, James Lawicki, Jennifer Persico

Also

Present: Julie Berrigan, Donna Brown, Samuel Cloud, MD, John Cumbo, Peter Cutler, Cassandra Davis, Heather Gallagher, Joseph Giglia, Amanda Hauser, Charlene Ludlow, Michael Manka*, MD, Phyllis Murawski, 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 June 23, 2026 board meeting of the Board of Directors were unanimously approved.

III. Action Items

Resolution of the Board of Director's Authorizing the Transfer of Funds to Grider Community Gardens, LLC

Moved by Reverend Kinzer Pointer and seconded by Michael Seaman

Motion approved unanimously

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

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 acknowledged the many recognitions of ECMC: being named a 2026 Top Healthcare Organization by the statewide magazine City and State New York; ECMC Palliative Medicine received the 2026 American Hospital Association Circle of Life Award; Amanda Colebeck, DDS was honored by NYS Assemblywoman Karen McMahon with the 2026 Women of Distinction Award. Patient safety indicators remained positive during June. Hospital acquired infections are below average with

the exception of CDIFF which is slightly higher than the 2026 CMS goal. Human Experience scores remain positive. Davis acknowledged Heather Gallagher and Wade Atarnes, PE being named to Interim Chief Human Resources Officer and Vice President of Construction Management, respectively. Employee of the Month for ECMC and Terrace View were recognized. ECMC offered Healthcare Explorers, a Men's Health Month Fair and Panel, a resident Quality Symposium and the NHL Draft Bodycheck. The Tim Horton's Smile Cookie Campaign resulted in a check for \$143K for ECMC. There have been 138 new hires year-to-date. Doctor's have been hired in Anesthesiology, Primary Care, Breast Health, Psychiatry and Medical Rehab Unit.

Joh Cumbo gave a brief upate on the status of EPIC training.

Chief Financial Officer

Jonathan Swiatkowski reviewed the June 2026 Key Statistics. Several improvements were seen in the month of June. ALCs were lower, observation cases were lower, and surgical volume increased by 1% over 2026 and outpatient visits are gher than budget and last year. Average length of stay (ALOS) rose resulting in longer throughput. The higher ALOS is a result of the ALC patients. The staff continues to work hard to move ALC patients into the right level of care. Mr. Swiatkowski reported an operating loss of \$5.3M. Days Operating Cash on Hand was 5-15 days. Mr. Swiatkowski updated the board on acute case mix index, DHS/IGT payments status, payer contracting and NYS Budget. ECMC ALC Case Current Efforts were reviewed. Discussion followed and questions were answered. Swiatkowski announced that the 2027 budget will be presented in September. Additionally, ECMC is now live for infor.

A summary of the preliminary financial results through June 30, 2026 was reviewed and the full set of these materials are received and filed.

VI. Standing Committees

- a. **Executive Committee:** Chair Russi reported that the Executive Committee reviewed and discussed the subjects presented in the Board meeting.
- b. **Finance Committee:** Michael Seaman reported that the ALC problem is continues to worsen and is ongoing.
- c. **Audit Committee:** The Audit Committee met on July 7th. The Committee was updated and presented with the Compliance and Internal Audit plans for the year.
- d. **Buidlings and Grounds Committee:** Mr. Bennett updated the group on the ongoing projects within the hospital.
- e. **Quality Improvement and Patient Safety Committee:** Michael Hoffert reported that the July QI Committeee meeting included the following reports:

Eyecare Management by Becky DelPrince, RN; Dietary by Daryl Cronk; Pharmacy Services by Ashley Holleran, Rapid Response Team by Meg Riley, RN.

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

VII Recess to Executive Session – Matters Made Confidential by Law

Moved by Reverend Kinzer Pointer and seconded by Michael Seaman to enter into Executive Session at 5:22 p.m. to discuss legal matters and potential litigation made confidential by law.

Motion approved unanimously

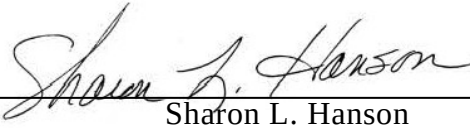
VIII. Reconvene in Open Session

Moved by Michael Seaman and seconded Reverend Kinzer Pointer to reconvene in Open Session at 5:34 p.m. No action was taken by the Board of Directors in Executive Session

Motion approved unanimously

IX. Adjournment

Moved by Reverend Kinzer Pointer to adjourn the Board of Directors meeting at 5:35 p.m.



Sharon L. Hanson
Corporation Secretary

**Resolution of the Board of Directors Authorizing the Transfer of Funds
to Grider Community Gardens, LLC**

Approved July 28, 2026

WHEREAS, Erie County Medical Center Corporation (the "Corporation") is the sole member of Grider Community Gardens, LLC (the "Company"); and

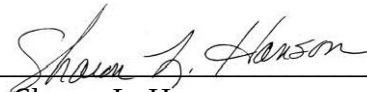
WHEREAS, the Company has need of additional funding to support the acquisition, maintenance, and development of property in the area surrounding the Corporation's Grider Street campus; and

WHEREAS, the Corporation has determined that it is in the best interests of the Company and the Corporation to provide this funding for the Company; and

WHEREAS, upon the recommendation of the Corporation's Chief Executive Officer, the Corporation wishes to transfer sufficient funds to the Company to support its acquisition efforts;

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

1. The Corporation is authorized to transfer up to five hundred thousand dollars (\$500,000.00) to the Company for purpose of acquiring, maintaining, and developing properties in the areas surrounding the Corporation's Grider Street campus.
2. This resolution shall take effect immediately.



Sharon L. Hanson
Corporation Secretary

MINUTES

Present: Dr. Yogesh Bakhai (via Teams), Dr. Mandip Panesar, Dr. Ashvin Tadakamalla, Dr. Kimberly Wilkins (via teams), Dr. Lakshpaul Chauhan, Dr. Siva Yedlapati, and Dr. Samuel Cloud

Excused: Dr. Thamer Qaqish, MD, Rebecca Buttaccio, PA-C, Chris Resetarits, CRNA, and Victor Vacanti, MD

GUESTS: Ashley Halloran, VP Pharmacy Operations; Michael Ott, Clinical Coordinator Pharmacy Operations

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.	The MDSO will provide bulk review opportunities where available in the system and will modify the virtual committee workflows to reflect the discussion.	MDSO will follow-up.
II. ADMINISTRATIVE			
A. Minutes	Minutes from the June 4, 2026 meeting were reviewed.	A motion was made by Dr. Yedlapati and unanimously carried to approve the minutes of the June 4, 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 (Initial Appointment)		None			
E. Name Changes		None			
F. Leave of Absence (10)		<u>Anesthesiology</u> • Evbuosa Ogbebor, CRNA Maternity; RTW 09/01/26 • Rachel Schultz, CRNA Maternity; RTW 09/01/26 • Laura Senchoway, CRNA Maternity; RTW 12/15/26 <u>Emergency Medicine</u> • Ryan Hartman, MD- FMLA; RTW 09/01/26 • Miriam Inhelder, PA-C Medical; RTW 07/13/26 <u>Family Medicine</u> • Charlyn Meredith, PA-C Maternity; RTW 07/13/26 <u>Internal Medicine</u> • Katherine Beall, ANP Maternity; RTW 08/10/26 • Marja Cormack-Price, ANP Medical; RTW 08/18/26 • Erin Ly, MD Maternity; RTW 08/31/26 • Alexandra Tibil, MD Maternity; RTW 07/07/26			
G. Resignations (12)		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

Christine Klemp, FNP	Anesthesiology- Pain Management	• GSS • Left ECMC • Confirmed on phone call	N/A	02/26/26	07/27/21
Dalong Gan, CRNA	Anesthesiology	• ECMC • Left ECMC • Confirmed with Chris	N/A	06/19/26	09/26/23
Monica Vansteenburgh, CRNA	Anesthesiology	• ECMC • Left ECMC • Confirmed in email	N/A	06/08/26	01/23/24
Seth Butler, DO	Emergency Medicine	• UEMS • Confirmed with resignation letter sent directly to MDSO	N/A	06/20/26	07/23/24
Frank Freund, DO	Internal Medicine	• Apogee • No longer seeing patients at ECMC • Confirmed in email	N/A	05/30/26	08/11/22
Robert Setlik, MD	Internal Medicine	• UBMD • Does not see patients at ECMC • Confirmed in email	N/A	06/12/26	10/26/21
Amit Kandel, MD	Neurology	• UBMD • Left ECMC • Confirmed in email	N/A	04/30/26	09/24/13
Anthony Tirabassi, PA-C	Neurosurgery	• UBNS • Going to CHS • Confirmed in email	N/A	07/03/26	12/03/24
Robert Cronyn, DDS	Oral Maxillofacial Surgery	• UBMD • Retired • Confirmed in email	N/A	06/15/26	07/26/16
Jeffrey Teibel, DPM	Orthopaedic Surgery/ Podiatry	• Confirmed- no longer with ECMC	N/A	02/01/26	03/26/24

Joseph Yeo III, DPM	Orthopaedic Surgery/ Podiatry	Confirmed- no longer with ECMC	N/A	02/01/26	02/27/24
Hoylan Fernandez, MD	Surgery	- UBMD - Confirmed in email	N/A	06/29/26	09/24/24
III. CHANGE IN STAFF CATEGORY					
	None				
IV. CHANGE/ADDITION COLLABORATING/SUPERVISING					
	None				
V. CHANGE DEPT/PRIVILEGE ADDITION OR REVISION (2)					
A. Christina Sanders, MD	<u>Surgery- Bariatric</u> - Adding Magnetic Compression Anastomosis with MagDI System - All criteria has been submitted and verified		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.	
B. Eric Chevli, MD	<u>Urology INFORMATIONAL</u> - Transurethral Robotic-assisted Waterjet Resection of the Prostate using the HYDROS Aquablation Platform - Course will be completed prior to training (7/31/26)		Temporary privileges have been requested as there are patients awaiting the procedure. Once the criteria have final approval and training is complete, temps will be considered.		
VI. PRIVILEGE WITHDRAWAL					
	None				
VII. UNACCREDITED FELLOWSHIPS (2)					

	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			
Mary Agarwala, MD Anesthesiology	• State University of New York at Buffalo MD June 2021 • University of Utah Internal Medicine Internship June 2021 to June 2022 and Anesthesiology Residency July 2022 to June 2025 • Jacobs School of Medicine Cardiothoracic Anesthesiology Fellowship July 2025 to June 2026 • Trusted Talent Locum – temporary privileges July 6, 2026 American Board of Anesthesiology eligible	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.
Stuart Cohen, MD Anesthesiology	• Rutgers New Jersey Medical School MD May 1993 • Time gap – break between medical school and internship May 1993 to June 1993 • Providence Sacred Heart Medical Center Transitional Internship July 1993 to June 1994 • Duke University Medical Center Anesthesiology Residency July 1994 to August 1997 • Time gap – break between residency and fellowship • Emory University Cardiothoracic Anesthesiology Fellowship October 1997 to October 1998 • Time gap – vacation October 1998 to December 1998	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.

	• Staff Anesthesiologist – Rhode Island Hospital December 1998 to April 2002, Peninsula Regional Medical Center July 2002 to December 2002, Albemarle Hospital April 2003 to March 2011, and Inspira Health Network July 2011 to March 2020 • Time gap -vacation between jobs April 2002 to July 2002, January 2003 to March 2003 and April 2011 to June 2011 • Locum Tenen agencies January 2019 to present • Staff Well Locum Company – temporary privileges July 13, 2026 American Board of Anesthesiology certified		
Jose Cruz, MD Anesthesiology	• State University of New York at Buffalo MD June 2013 • Jacobs School of Medicine Anesthesiology Residency June 2013 to June 2017 • Anesthesiologist - Abbott Anesthesiology, PC July 2017 to January 2022, Assistant Professor of Oncology/Staff Anesthesiologist Roswell Park February 2022 to present • Premier Health Partners – per diem August 2026 American Board of Anesthesiology 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.
Naiman Fenech, MD Anesthesiology	• Poznan University of Medical Sciences MD April 2017 • ECFMG April 2017	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.

	• Time gap – moved back to the US after medical school to begin residency April 2017 to June 2017 • Jacobs School of Medicine Anesthesiology Residency June 2017 to June 2021 • Anesthesiologist – Guthrie Corning Hospital July 2021 to May 2025 and Northtowns Ambulatory Surgery Center June 2025 to present • Premier Health Partners – per diem August 2026 American Board of Anesthesiology certified		
Frank Massaro, MD Anesthesiology	• St George University School of Medicine MD March 2022 • Time gap – vacation and moving from Detroit to Buffalo to start residency March 2022 to June 2022 • Jacobs School of Medicine Anesthesiology Residency June 2022 to June 2026 • ECMC Employee American Board of Anesthesiology eligible	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.
Cory Emboski, MD Emergency Medicine	• State University of New York Upstate Medical Center MD May 2023 • Time gap – pending start of residency May 2023 to July 2023 • Stony Brook University Hospital July 2023 to June 2026 • Joining UEMS August 1, 2026 American Board of Emergency Medicine eligible, sitting November 2026	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.
Bryan Lee, MD Emergency Medicine	• Ross University MD March 2021 • Time gap – completed all course/credits in March 2021 but	The Committee voted, all in favor, to approve the appointment with	Via these minutes, the Credentials Committee recommends approval to the Medical Staff Executive Committee.

	school graduation was held in May 2021 and Residency started beginning of July 2021 • Staten Island University Hospital General Surgery Residency PGY1 and PGY 2 prior to transitioning into Emergency Medicine July 2021 to June 2023 • Jacobs School of Medicine Emergency Medicine Residency June 2023 to June 2026 and Emergency Ultrasonography Fellowship starting July 2026 • Joining UEMS July 6, 2026, with temporary privileges American Board of Emergency Medicine eligible	privileges granted as requested.	Notification to Revenue Cycle & Decision Support upon approval of the Board.
Erin Scott, MD Emergency Medicine	• State University of New York at Buffalo MD June 2023 • Jacobs School of Medicine Emergency Medicine Residency July 2023 to June 2026 • Joining UEMS August 1, 2026 American Board of Emergency Medicine eligible	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.
Zachary Silberman, MD Emergency Medicine	• University of Vermont MD May 2020 • The Warren Alpert Medical School of Brown University General Surgery Internship June 2020 to June 2021 • Zucker School of Medicine at Hofstra/Northwell at Vassar Brothers Medical Center Program Emergency Medicine Residency July 2021 to June 2024 • UPMC Medical Education Medical Toxicology Emergency Medicine Fellowship July 2024 to June 2026 • Joining UEMS August 1, 2026	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.

	American Board of Emergency Medicine certified		
LaPorscha Gardner, FNP Family Medicine	• D'Youville University Master of Science FNP August 2020 • Registered Nurse June 2017 to June 2021 • Nurse Practitioner – UBMD Hospitalist program June 2021 to August 2023, Northeast Hospital, PC Hospitalist program December 2021 to present and Horizon Health Services April 2026 to present • Rehabilitation Associates- Maine Medical Consultants at TerraceView August 2026 • Collaborating Physician – Dr. Alexander Carlson (1) • ANCC 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.
Dominick Hanyok, DO Family Medicine	• Lake Erie College of Osteopathic Medicine DO May 2023 • Penn Highlands DuBois Family Medicine Residency July 2023 to June 2026 • Joining Apogee Physicians August 2026 • American Board of Family Medicine eligible	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.
Gabrielle Papia, DO Family Medicine	• Lake Erie College of Osteopathic Medicine DO May 2023 • Penn Highlands DuBois Family Medicine Residency July 2023 to June 2026 • Joining Apogee Physicians August 2026 • American Board of Family Medicine eligible	Flag was reviewed and approved by Chief of service. In addition, Dr. Yedlapati (Director of Apogee) spoke to the reference directly. Provider will be monitored through FPPE process; which will have a shorter review cycle	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.

		The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	
Collin Liu, MD Neurosurgery	- Georgetown University School of Medicine MD May 2016 - Time gap - graduation from medical school and starting residency at University of NE Medical Center May 2016 to June 2016 - University of Nebraska Medical Center Neurological Surgery Residency July 2016 to June 2023 - University of Texas Health Science Center Cerebrovascular/Skull Base non ACGME program July 2023 to June 2024 – completed 1 of 2 years before changing to Jacobs Endovascular Fellowship - Jacobs School of Medicine Endovascular Fellowship July 2024 to June 2025 - Stanford University School of Medicine Skull Base Neurosurgery Fellowship July 2025 to June 2026 - Jacobs School of Medicine 2nd year Endovascular Fellowship July 2026 to June 2027 - Joining UB Neurosurgery August 2026 at Kaleida Health and ECMC American Board of Neurosurgery eligible	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.
Madison Carlson, MD Psychiatry	State University of New York at Buffalo MD June 2022	The Committee voted, all in favor, to approve the appointment with	Via these minutes, the Credentials Committee recommends approval to the Medical Staff Executive Committee.

	- Jacobs School of Medicine Psychiatry Residency June 2022 to June 2026 - Joining UPP July 20, 2026, with temporary privileges - American Board of Psychiatry eligible	privileges granted as requested.	Notification to Revenue Cycle & Decision Support upon approval of the Board.
Maxwell Costich, MD Psychiatry	- State University of New York at Buffalo MD June 2022 - Jacobs School of Medicine Psychiatry Residency June 2022 to June 2026 - Joining UPP August 2026 - American Board of Psychiatry eligible	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.
Jonathon Hoffman, MD Psychiatry	- State University of New York at Buffalo MD June 2022 - Cleveland Clinic Psychiatry Residency June 2022 to June 2026 - Joining UPP August 2026 American Board of Psychiatry eligible	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.
Mohamed Al Bashir, MD Surgery	- SUNY Downstate Meical Center College of Medicine MD May 1996 and General Surgery Residency July 1996 to June 2001 - Time gap – break between medical school and start of residency May 1996 to June 1996 - General and Trauma Surgeon – Jersey City Medical Center July 2001 to October 2005, Maimonides Medical Center August 2002 to October 2005, Preferred Surgical Group November 2005 to May 2007 - Consultant General & Breast Surgeon Tawam Hospital in affiliation with Johns Hopkins International, Al-Ain, UAE June 2007 to September 2018	Flag was approved by Chief of service and Credentials Committee 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.

	- Consultant General & Oncoplastic Breast Surgeon Ain Alkhaleej Hospital, Alain, UAE October 2018 to present, Burjeel Royal Hospital, Alain, UAE January 2019 to present and Levantine Medical Center, al-Ain UAE October 2019 to present - Joining Windsong Health Medical Alliance, PLLC August 2026 - American Board of Surgery certified		
Gurpreet Singh, DO Surgery	- Touro College of Osteopathic Medicine DO June 2021 - Garnet Health Medical Center General Surgery Residency July 2021 to June 2026 - Jacobs School of Medicine Unaccredited Fellowship Comprehensive Flexible Endoscopy August 2026 to July 2027 - Joining USI as General Surgeon August 2026 American Board of Surgery eligible	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 (1)	Saima Kamal, MD Anesthesiology June 22, 2026	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. REAPPOINTMENTS (27)	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.

		3 Reappointments were held until the August meeting	
NAME	DEPARTMENT	CATEGORY	PRIVILEGE CHANGES
Grolemund, Stephanie, CRNA	Anesthesiology	AHP	
DellaValle, Anthony, PA-C	Emergency Medicine	AHP	
D'Cruz, Jennifer, MD	Family Medicine	Active	
Anillo, Sergio, MD	Internal Medicine	Active	
Corasanti, James, MD	Internal Medicine	Active	
Fudyma, John, MD	Internal Medicine	Active	
Martinez, Anthony, MD	Internal Medicine	Active	
Leon Velarde Carreno, Ernesto, MD	Internal Medicine	Active	
Makdissi, Antoine, MD	Internal Medicine	Active	
Mohamed, Isaac, MD	Internal Medicine	Active	
Randhawa, Devinderpal, MD	Internal Medicine	Active	
Long, Matthew, PA-C	Orthopaedic Surgery	AHP	
Morrissey, Amanda, PA-C	Orthopaedic Surgery	AHP	
Kish, Mary Jo, ANP	Orthopaedic Surgery	AHP	
Frey, Jordan, MD	Plastic & Reconstructive Surgery	Active	
Hicks, Rebecca, MD	Psychiatry	Active	
Chenez, Jacob, DO	Radiology	Active	
Fiorito, Thomas, MD	Radiology	Active	
Hansch, Ernst, MD	Radiology	Active	
Hoffman, Kira, PA-C	Radiology	AHP	
Pearsen, Kenneth, MD	Radiology	Active	
Stokoe, Gail, MD	Radiology	Active	
Blochle, Raphael MD	Surgery	Active	
Komornicki, Isabel, ANP	Surgery	AHP	
Pell, Michael, MD	Surgery	Active	
Skelhorne-Gross, Graham, MD	Surgery	Active	
Ewell, Lauren PA-C	Thoracic/Cardiovascular Surgery	AHP	

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

X. AUTOMATIC CONCLUSION	Reappointment Expiration		
1st Notice	None		
2nd Notice	None		
3rd Notice	Family Medicine Jill Tirabassi, MD- confirmed she will not renew her privileges at ECMC	Informational	None required.
XI. PROFESSIONAL PRACTICE EVALUATIONS			
OPPE	Internal Medicine – 225 total providers, 18 providers did not meet one or more measures. Appropriate action was taken by chief.	Informational	Noted
FPPE	11 FPPEs completed. No opportunities identified	Informational	Noted
Tracking/Trending	Currently tracking “Consults Performed within 24hrs” measure under Internal Medicine. Discussed process, noting this may be better tracked in EPIC.	Informational	Noted
XII. OLD BUSINESS			
A. Expirables	Expirables were reviewed and discussed with the Credentials Committee, including process for follow-up.	None	None
B. DEA, License, Boards	June 2025 • DEA- 15 • License-19 • Boards- 1 July 2025 • DEA- 15 • License-19 • Boards - 3	Informational	Noted
C. Urology Privilege:	Transurethral Robotic-assisted Waterjet Resection of the Prostate Procedure information and proposed criteria were reviewed. Cheryl discussed how this technology is expected to replace TURPS in the near	Motion made and seconded, all in favor to approve the addition of	Via these minutes, the Credentials Committee

	future as it offers faster recovery, and less complications. WNY Urology will have 5 Providers requesting this procedure soon.	Transurethral Robotic-assisted Waterjet Resection of the Prostate to the Urology DOP with criteria as noted.	recommends approval to the Medical Executive Committee.
D. POC Ultrasound	Quote was requested and sent for approval. Upon approve criteria can be presented.	Hold for review.	Dr. Cloud to report.
E. Credentialing Pharmacists	Pharmacy leadership joined the meeting to clarify some questions from the Committee. The following was discussed/clarified: • The Pharmacist will be viewed as an extender to the Physician and a collaborating agreement will be maintained • The details of care can be drilled down to specific Pharmacists, Physicians and conditions • Patients must sign a consent to participate • Pilot program will start in IMC and focus on diabetes treatment • FPPE process will be used to gauge the success • ECMC will cover Pharmacists malpractice	Motion made and seconded all in favor to approve the Delineation of Privileges for CDTM.	Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.
XIII. NEW BUSINESS			
A. Dr. Flynn	The Committee discussed the contributions, both to the community and ECMC made by Dr. William Flynn. His almost 40-year career was spent in service to ECMC and it's ACS accredited Trauma Program.	The Credentials Committee unanimously recommends awarding the status of Emeritus Staff to Dr. William Flynn.	Via these minutes, the Credentials Committee recommends the MEC consider the award.
B. Expedited Process	As previously discussed, the new Bylaws, Rules and Regulations now support the expedited process available per TJC standard in approval of clean applications. The Medical Staff will use this process only during months that the full Board of Directors does not meet. The first month for this process to be utilized is August 2026.	Informational.	None necessary.
C. Review onboarding plan for Stansberry and Knight provider	Stansberry and Knight submitted a detailed plan to onboard a FNP that does not meet threshold eligibility for appointment as she has not worked as an NP for more than 2 years. There were a number of questions about the MICU training program.	Recommended to invite Andrew Stansberry and Dr. Anillo to the August meeting to discuss.	MDSO to follow-up.

XIV. ADJOURNMENT	There being no further business to discuss, the meeting was adjourned at 4:07 pm.		
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Respectfully submitted,



Yogesh Bakhai, MD

Chair, Credentials Committee

ERIE COUNTY MEDICAL CENTER CORPORATION
AUGUST 25, 2026 MEETING MINUTES
MEETING OF THE
EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS

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

ALSO

PRESENT: CASSANDRA DAVIS, JOSEPH GIGLIA, MICHAEL MANKA, MD, JONATHAN SWIATKOWSKI

I. Call to Order

The meeting was called to order at 4:05 p.m. by Board Chair Eugenio Russi.

II. Minutes

Motion made by Michael Seaman, seconded by Darby Fishkin and unanimously passed to approve the minutes of the Executive Committee meeting of July 21, 2026.

III. Action Items

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

Moved by Darby Fishkin and seconded by Michael Seaman

Motion approved unanimously

IV. Finances Report

Jon Swiatkowski reported that July was a very busy month with typical high-volume levels. Length of stay was at 8.2 days, down from 8.4. ALC patient population is at 50, up from 49 in June. The current number of ALC patients is 59. The high number of ALC patients is causing a lower number of discharges, though in line with 2025. Overall surgeries are 12.7% lower than budget. Swiatkowski listed several surgeons who will begin working at Erie County Medical Center in the near future. Although throughput continued to be challenging, case mix index continued to be above budget. There was a \$8M loss before additional revenue. In July, ECMC received VAPAP short term funding payment of \$37.9M.

Swiatkowski presented an update on DSH/IGT/ICP payment, FEMA payment, NYS VAP grant and 2027 operational and capital budget. Swiatkowski reviewed key changes and assumptions regarding the 2027 budget. Discussion followed.

Additionally, Swiatkowski reviewed additional plans to work with New York State for funding assistance.

V. Hospital Update

General Overview

Chief Operating Officer, Cassandra Davis, gave a brief hospital update. She reviewed how members of the population health team work to assist patients in need without an Emergency Room visit. Additionally, the team works to find nontraditional ways to discharge ALC patients. Davis expounded on ways that ECMC is diversifying services and pivoting from the norm. Additional measures have been taken to find other funds to keep the hospital in a more positive financial position in the near future. Service lines are being evaluated to determine potential increases and Chief Strategy Officer candidates are being considered. Discussion followed.

Davis reviewed a recent visit from CMS and policy adjustments to accommodate recommendations and announced the pharmacy project in the hospital lobby is on-time and below budget.

VI. Safety Net Transformation Funding Update

A brief update was given on Safety Net Transformation funding.

VII. EPIC Update

ECMC is 60 days away from the launch of EPIC. Training is evident throughout the hospital. Lessons learned are being reviewed with Kaleida.

VIII. Other

IX. Adjourn

There being no other business, the meeting was adjourned at 5:01 p.m.

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

WEDNESDAY, JULY 21, 2026

BOARD MEMBERS PRESENT
OR ATTENDING BY VIDEO
CONFERENCE OR
TELEPHONE:

MICHAEL SEAMAN
PHILIP STEGEMANN, MD
DARBY FISHKIN**

** ATTENDING BY
VIDEO CONFERENCE OR
PHONE

BOARD MEMBERS EXCUSED:

REV. MARK BLUE
BENJAMIN SWANEKAMP

ALSO PRESENT:

JONATHAN SWIATKOWSKI
CASSANDRA DAVIS
VANESSA HINDERLITER
ANDREW DAVIS

I. CALL TO ORDER

The meeting was called to order at 8:34 AM by Chair Michael Seaman.

II. REVIEW AND APPROVAL OF MINUTES

Motion was made by Ms. Darby Fishkin, seconded by Dr. Stegemann, and unanimously passed to approve the minutes of the Finance Committee meeting of June 16, 2026.

III. JUNE 2026 OPERATING PERFORMANCE

Mr. Swiatkowski began his presentation with a review of key statistics for the month of June. He noted an improvement over prior months' trends, but ECMCC continues to reflect a loss over budgeted expectations. A decrease in volume, the high ALC case census, and increase in length of stay drove the variance. Dr. Stegemann lead a conversation regarding the Alternative Level of Care (ALC) population's effects on volumes and performance. Ms. Davis reiterated that it continues to be a compounding issue, at ECMCC and across New York State generally. Mr. Swiatkowski estimated the loss of revenue due to the ALC issues faced by ECMCC to be between \$25-30 million annually. A conversation was had generally amongst the Committee regarding same to the satisfaction of the Committee.

Continuing with his review of key statistics, Mr. Swiatkowski noted that June showed an improvement in surgery numbers, with the investments in head and neck and ENT surgeries beginning to be realized. However, Orthopedic and Maxillofacial surgeries

continue to perform under budget, Case mix index was up approximately 2% which remains over budget, while Outpatient visits exceeded plan for the month.

Mr. Swiatkowski provided a review of the finances for the month of June. Overall, ECMCC saw a loss over the budgeted plan, driven by the continued overage of FTEs and trend of longer than budgeted Average Lengths of Stay (ALOS). Physician fees related to the captive PC and anesthesiology costs in excess of budget also contributed to the overall loss. ALOS for the month was 8.4 days, compared to budgeted number of 8.1. FTEs had reduced from previous month but remained over plan. Cash on hand ranged for the month from 5-15 days. A VAPAP short term support payment was received in early July which improved the cash position but was not recorded in June, and will be recorded in July.

Mr. Swiatkowski reviewed the June financial performance. He noted positives and negatives for the month overall, with some underperformance in revenue, as well as expenses exceeding budget. Supplies have consistently operated over plan, led by pharmacy costs. A final FEMA payment and some grant revenue reduced the overall operating loss to \$5.3 million versus the \$2.9 million budgeted. Revenue showed a \$1.6 million loss in excess of budget, driven in large part by bad debt expenses as the volume of uninsured patients increases. Operating expenses were led primarily by the FTEs remaining over plan and some increases in overtime due to the Juneteenth holiday. He again noted that higher than anticipated physician fees and supply costs continue to drive the unfavorable variance with regard to expenses.

Ms. Davis noted that two anesthesiologists have been recruited for the hospital and are onboarding currently, which will reduce physician fees. Dr. Stegemann asked for clarification on how many anesthesiologists ECMCC would ideally have and Ms. Davis noted that ideally ECMCC would have 5 anesthesiologists on staff. The variance in supply costs was driven by specialty pharmacy, which was counterbalanced by specialty pharmacy revenue.

Mr. Swiatkowski noted that the new purchasing and finance software, Infor, had a go-live date of July 1st and has been successfully integrated although the roll out is not complete. As part of this, the month reflected a large variance in supplies as certain crucial supplies were built up in advance of any potential issues with the purchasing software transition. He noted this number will normalize now that the software transition is complete. Utilities continue to fluctuate depending on market trends.

Mr. Swiatkowski reviewed the 2026 year to date financial performance, noting that after investment income, ECMCC currently faces a \$39.2 million dollar loss versus the \$17.7 budgeted for the year. The loss will be mitigated slightly by the short term financial assistance from New York State, however this will only address short term cash flow issues and does not provide substantial relief.

Mr. Swiatkowski reviewed in greater detail the significant increase in ALC days and daily census since 2024 to present; an increase from 2,883 average in Q1 of 2024 to 5,125 in Q1 of 2026, as well as details regarding the various levels of severity within the ALC population. Ms. Davis also expanded on these topics, including the limitations of Medicare and Medicaid with regard to placing patients. Mr. Swiatkowski and Ms. Davis provided the Committee with details on ECMCC's current efforts, including efforts made by the in-house Population Health and financial assistance teams, communications with skilled nursing facilities, and pursuing partnerships with any available local facilities. Mr. Swiatkowski noted that ECMCC is working with some external firms including Manatt to evaluate all State funding options for any housing opportunities.

Dr. Stegemann asked for clarifications on the predicted severity of the loss for 2026, and Mr. Swiatkowski opined that the number could be close to \$40 million, net of short term State support. A discussion regarding the financial challenges and potential issues, led by Mr. Davis and Dr. Stegemann, was had generally amongst the Committee to the satisfaction of the members.

IV. OTHER UPDATES

Mr. Swiatkowski provided updates on the payments provided by NYS to ECMCC. Further payments are not expected until December 2026, although there are discussions of potential acceleration of these payments. Mr. Seaman asked about the impact of more timely payments, and Mr. Swiatkowski addressed this question to the satisfaction of the Committee. Mr. Swiatkowski provided updates regarding the lines of credit that ECMCC is pursuing. ECMCC continues to work with UB to complete some grant documents and have them executed in September.

An actuarial review was performed regarding the medical malpractice and workers' compensation insurance. The actuarial numbers came in lower than anticipated, which will be monitored until year-end. A tentative agreement with Change Healthcare is close to being finalized, which may reduce the amount due under the loan agreement and allow for a payment plan.

Ms. Hinderliter provided a brief report on changes to the surety bond company, which has agreed to reduce the previous collateral requirements. It is anticipated this will provide an approximate \$6 million reduction in cash collateral under the workers' compensation program.

Mr. Swiatkowski noted that the Go-Live for the new Infor software is ongoing and has so far been a successful transition. The move to Infor from Meditech can be considered the first step in the Epic transition.

Mr. Davis provided a summary of current initiatives. He informed the Committee that ECMCC is currently preparing to mitigate the consequences of HR-1, as well as preparing for upcoming union negotiations. He noted that several vacant positions including the Executive Director of Terrace View, and the VP of Construction Management, have been filled. He informed the Committee that ECMCC is 100 days out from the Epic Go-Live.

Mr. Seaman noted that he intends to raise the ALC issues at the meeting of the ECMCC Board to make sure there is wide awareness. Ms. Darby reiterated this point. Mr. Swiatkowski and Mr. Davis noted that there has been some communication between the hospitals in Western New York about this common issue.

V. ADJOURNMENT

There being no further business, the meeting was adjourned at 9:34 AM by Chair Michael Seaman.

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

WEDNESDAY, AUGUST 18, 2026

BOARD MEMBERS PRESENT
OR ATTENDING BY VIDEO
CONFERENCE OR
TELEPHONE:

MICHAEL SEAMAN
REV. MARK BLUE
DARBY FISHKIN
BENJAMIN SWANEKAMP
PHILIP STEGEMANN, MD

* ATTENDING BY VIDEO
CONFERENCE OR PHONE

BOARD MEMBERS EXCUSED:

ALSO PRESENT:

JONATHAN SWIATKOWSKI
ANDREW DAVIS*
VANESSA HINDERLITER

I. CALL TO ORDER

The meeting was called to order at 8:30 am by Chair Michael Seaman.

II. REVIEW AND APPROVAL OF MINUTES

Motion was made by Ms. Darby Fishkin, seconded by Reverend Blue, and unanimously passed to approve the minutes of the Finance Committee meeting of July 21, 2026.

III. OPERATING PERFORMANCE

Mr. Swiatkowski began his presentation with a review of key statistics for the month of July. He noted that trauma season had been challenging but the volume has been similar to prior years. The holiday and necessary overtime resulted in higher salary expenses than initially anticipated. Alternative Level of Care (ALC) patients continued to negatively affect discharge numbers and Average Length of Stay (ALOS).

Mr. Swiatkowski noted that the New York State supported VAPAP dollars were received and recorded in July. The substantial Epic project end user training costs were budgeted throughout the year and will be funded by secured grants but will affect the monthly performance in the near term.

Discharges were noted to be down 4.3% which is below budget but in line with the previous year. Average daily census was higher than the previous year at 50 versus 47 in prior year. ALOS was down slightly from 8.4 to 8.2. Surgery numbers continue to fall below budgeted

expectations. Outpatient surgeries were noted to also be below budget as well as challenging Emergency Department (ED) visits.

Dr. Stegemann requested clarification on why surgery numbers continue to trend lower than what was budgeted. Mr. Swiatkowski noted that there are several factors involved, lead by the transition of orthopedic surgeries generally from hospital settings to ambulatory surgery centers. A conversation was had amongst the Committee regarding the ENT and Orthopedic surgery numbers, and the various challenges that ECMCC faces. Questions were addressed to the satisfaction of the Committee. Mr. Davis noted that with regard to hiring surgeons and physicians, recruitment efforts have been largely successful and surgery volume is expected to pick up as a result.

Mr. Swiatkowski noted the VAPAP payment of \$37.9 million was recognized in July, which brought overall net income for the month to a \$29.9 million gain. FTEs remained over budget at 3,761 versus 3,704. FTE fluctuations will continue throughout the rest of the year, led by trauma season and necessary overtime. The month of July saw a third pay period in the same month, which had a predictable short-term impact. As a result, cash on hand fluctuated between 5- 20 days, landing on approximately 8 days at month end. A UPL payment for Terrace View was received during the month as well.

Mr. Swiatkowski reviewed the overall performance for the month of July, which reflected a loss of \$8 million. This \$8 million loss was noted to be before grant revenue, and also incorporates \$818,000 in Epic user training expenses. Bad debt expenses increased, due in large part to the rise in self-pay cases in part due to HR-1. The month overall saw a positive income of \$29.4 million, heavily driven by grant revenue.

Mr. Swiatkowski reviewed overall operating revenue. Net patient service revenue was noted to be \$62.4 million versus \$64.5 million budgeted, led down by volume shortfalls. It was noted that bad debt expenses were significant for the month due to payer denials, ALC patients and uninsured patients. Bad debt expense is being monitored regularly given these trends, however, they are expected to continue. Specialty pharmacy again led revenue but also contributed significantly to expenses.

Mr. Swiatkowski reviewed overall operating expenses. FTEs remained 64 over budget, and overtime was in excess of budget expectations due in part to the holiday. Physician fees were in excess of plan due to the anesthesiology costs and investments in the captive PC, Premier Health Partners. Supply costs were under in surgery and over in specialty pharmacy consistent with volume. The implementation of Infor complicated the close for the month, but the expectation is that it will normalize over the next several months.

Mr. Swiatkowski summarized the overall year to date performance for ECMCC. Grant revenue helped mitigate the overall loss of \$50.5 million, bringing it to \$12.2 from Operations after grant funding, and \$9.9 million with investment income considered. The expectation is for a \$35-\$40 million loss overall for 2026, absent any further financial assistance from New York State or other sources.

IV. OTHER UPDATES

Mr. Swiatkowski noted that ECMCC and Terrace View are in constant communication with New York State regarding funding assistance and financial challenges. Further IGT payments are not anticipated until January 2027 although some conversations have been ongoing regarding an accelerated payment prior to January. Dr. Stegemann asked for clarification on the timing of CMS and NYS payments, and a conversation was had between Mr. Swiatkowski and Dr. Stegemann regarding same. Mr. Swiatkowski addressed Dr. Stegemann's questions to the satisfaction of the Committee.

Mr. Swiatkowski summarized a NYS VAP grant that was utilized over the last 3 years to expand and fund the Population Health program at ECMCC, which provides education and resources to the community in an effort to lower the ALC population. While the New York State portion of the grant revenue has been fully received, the federal portion funded by CMS has been delayed, and ECMCC is currently working with New York State to keep the program funded while the federal funding is approved at the federal level. Mr. Swiatkowski also noted that this is a statewide issue on many of their VAP grants.

Mr. Swiatkowski concluded the presentation by providing the Committee an update on the 2027 budget and operating plan. He provided an overview of the anticipated revenue increases and DSH and IGT increases. Anticipated expense challenges include salary rate increases and benefits including health insurance costs and pension costs associated with changes to the NYSLRS and actuarial assumption changes. The costs associated with Epic licensing and operations are expected to be partially offset by improvements to revenue cycle and collections after the go-live on Epic. Mr. Davis noted that ECMCC continues to work closely with Kaleida on the Epic transition.

Mr. Seaman requested clarification on the federal and state government payments owed to ECMCC, and Mr. Swiatkowski addressed his questions to the satisfaction of the Committee.

Mr. Seaman asked for updates regarding the new ground floor pharmacy and improvements to the specimen lab from Mr. Davis. Mr. Davis informed Mr. Seaman that currently the specimen lab project is delayed while they consider the best location and most efficient way to go about construction. The specialty pharmacy on the ground floor was expected to be open in late September.

V. ADJOURNMENT

There being no further business, the meeting was adjourned at 9:05 AM by Chair Michael Seaman.

ERIE COUNTY MEDICAL CENTER CORPORATION

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

TUESDAY, JULY 7TH, 2026

BOARD MEMBERS PRESENT OR ATTENDING BY VIDEO CONFERENCE OR TELEPHONE:	DARBY FISHKIN* REV. KINZER POINTER JOSEPH GIGLIA, ESQ.	* ATTENDING VIA VIDEO CONFERENCE OR PHONE
BOARD MEMBERS EXCUSED:	JAMES LAWICKI CHRISTOPHER O'BRIEN	
ALSO PRESENT:	ANDREW DAVIS JONATHAN SWIATKOWSKI DAVID L. NESBITT, ESQ. RONALD JEFFERSON NADINE MUND	

I. CALL TO ORDER

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

II. REVIEW AND APPROVAL OF MINUTES

Motion was made by Joseph Giglia, Esq., seconded by Reverend Pointer, and unanimously passed to approve the minutes of the Audit Committee meeting of March 10, 2026.

III. QUARTERLY COMPLIANCE & ETHICS REPORT

Mr. David Nesbitt and Ms. Nadine Mund provided an update from the Compliance department. Ms. Mund began with a brief overview of two active audits currently being performed by the compliance department: an audit with regard to the ED and outpatient delays, as well as an audit regarding CPEP assessment procedures for minors. These audits were noted to be ongoing.

Mr. Nesbitt notified the Committee that the Office of Civil Rights (OCR) notified ECMCC that it had received complaints regarding inappropriate denials of HIPAA record requests. The complaints were investigated, and were found to be mostly unsubstantiated however there were instances in which a third-party vendor did not follow ECMCC's protocol. OCR provided only a notification and did not request follow up or further action. A third-party vendor is working to make sure that no further compliance issues occur.

Mr. Nesbitt informed the Committee that a notification of a substantial data breach was received by ECMCC. A third-party vendor for claims denial management services was responsible for the breach which included 84,000 ECMCC patients. The responsible vendor is notifying the patients directly however there is potential that publication made be warranted, as there are patients who cannot be reached to be notified. The Office of Civil Rights (OCR) has not issued any citations regarding this breach.

Mr. Nesbitt noted that as part of the Epic project ECMCC and Kaleida are collaborating on the Notice of Privacy Practices that will be provided to patients utilizing the Epic service. It is being further adapted to include “Part II” language dealing with substance abuse and highly sensitive information. It will be consistent between ECMCC and Kaleida.

Mr. Nesbitt concluded his portion of the presentation with a reminder to members of the Committee to complete the required annual Board Member FDS disclosure.

VI. INTERNAL AUDIT UPDATE

Mr. Ronald Jefferson provided his internal audit presentation. He noted for the Committee that the GL validation audit to monitor data migration to the new ERP database is ongoing, as part of the Infor go-live project. The Patient Transportation Program has also been undergoing internal audit, with the report being drafted and recommendations to management pending approval of that report.

Planned further audits include discharge planning and overall staffing, to review and optimize the controls in place to maximize productivity and resources.

Ms. Fishkin asked if there were any audits planned specifically in response to the pending Epic roll out, and Mr. Jefferson noted that they will be monitoring how to onboard and transition new insurers, and he will be providing a more detailed audit of the Epic project at the pending Q3 audit meeting in September 2026.

Mr. Swiatkowski provided a brief update to the Committee regarding the go-live of Infor which took place July 1st, 2026. He noted that the complete switch from Meditech system to the new Infor system was successful. The new system will provide significantly more oversight and internal regulation than the old software was able to provide.

Ms. Fishkin asked about the selection process for the Infor software and the ongoing implementation project overall, and Mr. Swiatkowski addressed her questions to the satisfaction of the Committee.

VII. ADJOURN

There being no further business, the meeting was adjourned at 3:19 PM by Chair Darby Fishkin.

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS MINUTES OF THE BUILDINGS & GROUNDS COMMITTEE MEETING MAY 26, 2026 – 3:30PM CMO CONFERENCE ROOM | VIA MICROSOFT TEAMS

BOARD MEMBERS PRESENT: RONALD BENNETT

REVEREND MARK BLUE
MICHAEL HOFFERT

EXCUSED: ANDREW DAVIS

ALSO PRESENT: CASSANDRA DAVIS

KEVIN MADOO
NELDRIA SATCHER-STATON

I. CALL TO ORDER

Chair, Ronald Bennett called the meeting to order at 3:34 p.m.

II. APPROVAL OF BUILDINGS AND GROUNDS MEETING MINUTES

A motion was made by Michael Hoffert and seconded by Rev. Mark Blue to approve and file the minutes of the Buildings and Grounds Committee of March 24, 2026 as presented.

III. UPDATE – COMPLETED INITIATIVES/PROJECTS

The following projects were completed:

- Lighting Improvements – Behavioral Health Building, Ground Floor
- Renovations – Snyder Building, 3rd Floor
- Tim Horton's Renovation

IV. UPDATE – IN PROGRESS INITIATIVES/PROJECTS

Contractor Project Updates – Presented by Neldria Satcher-Staton

- Fire Dampers Corrections: New dampers have been designed and ordered by the contractor. The project completion target is June 2026.
- Behavioral Health Sensory Rooms – 4th & 5th floors: Implementation of calming design elements designed to promote tranquility, safety, and reduce anxiety. The grant funded project is 85% complete with estimated completion in June 2026.
- Specialty Pharmacy: The project started in February and is currently ahead of schedule. Completion target is July 2026.
- General Construction Maintenance Projects: A contractor agreement with DMyles, Inc., is in place to complete various maintenance projects, many in collaboration with the Plant Operations in-house team.
- HMGP Generators Replacement: A grant-funded initiative supporting a major equipment aging and replacement plan, with a focus on generator upgrades for the

ERIE COUNTY MEDICAL CENTER CORPORATION

main hospital and the boiler/chiller plant. The project is scheduled to begin following completion of the Specialty Pharmacy project.

In-House Project Updates – Presented by Kevin Madoo

- Main Hospital Emergency Flood Restoration (January): Reconstruct walls and floors in various locations damaged by flood. The majority of the impacted areas have been completed.
- Epic Project: Provide electrical power, conduits, and receptacles to accommodate computer training equipment in six rooms. The main scope is 100% complete. The additional scope is in progress.
- Behavioral Health Bathroom Floor Renovations: Existing bathroom flooring on the 4th, 5th, and 9th floors is being replaced with a slip-resistant epoxy flooring system. The new flooring is more resilient and requires less maintenance. The work is scheduled as rooms become available and is expected to continue for another year; 20 rooms have been completed to date.
- Regulatory – Main Hospital Sprinkler Replacements: Continued replacement of sprinkler heads that are approaching 50 years in age. The building is currently 50% equipped with estimated completion during summer 2026.
- Campus Buildings – Lighting Improvements: Installation of exterior wall packs (building mounted light fixtures) to improve nighttime lighting and overall campus safety. The project is 10% complete.
- Campus Grounds: Currently in summer operations mode and in progress with lawn maintenance and pothole repairs.

V. UPDATE – PENDING INITIATIVES/PROJECTS

Pending Capital Projects – Presented by Neldria Satcher-Staton

- Cath Lab Equipment Installation: The project is currently in design mode. A/E will provide construction directives for open bid.
- CPEP & 11th Floor: The Construction Manager was awarded; 90% of design has been completed. The project is anticipated to begin September 2026.
- Fuel Tank Replacement: A project-specific design contract was approved for tank #13 for removal/replacement timeline planned for this year. The project was out to bid on May 20, 2026.
- MRI – 1st Floor: A/E amendment is in review to begin MRI design and construction estimate.
- Specimen Collection Phlebotomy Renovation: Space allocation, as well as short-term and long-term solutions are being reviewed. The current specimen collection/blood draw stations include: Main Hospital, Transplant, and the Family Health Center. A fourth location is planned for the Snyder Building - 3rd floor.

VI. ADJOURNMENT

A motion to adjourn the Buildings and Grounds Committee meeting was made by Michael Hoffert and seconded by Rev. Mark Blue. The meeting was adjourned at 3:54 p.m.

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS
MINUTES OF THE CONTRACTS COMMITTEE MEETING
WEDNESDAY, MAY 6, 2026
VIA ZOOM

VOTING COMMITTEE	CHRISTOPHER O'BRIEN, ESQ., CHAIR
MEMBERS PRESENT	JENNIFER PERSICO, ESQ.

EXCUSED: RONALD BENNETT

ALSO PRESENT: LINDY NESBITT, ESQ.
JOSEPH GIGLIA, ESQ.
AMANDA YOUNG, ESQ.

I. CALL TO ORDER

Chair Christopher O'Brien called the Contracts Committee meeting to order at 9:06 a.m.

II. MINUTES – FEBRUARY 4, 2026

Minutes from February 4, 2026 meeting were distributed as part of the meeting materials for review and approval.

Motion made by Jennifer Persico to approve the February 4, 2026, minutes as presented, seconded by Chris O'Brien. Motion approved unanimously.

III. CONTRACT(S) REVIEW AND APPROVAL

A list of unredacted contracts for the periods of January 1, 2026 – March 31, 2026, that require board-level review and approval was distributed to committee members before this meeting.

There was a question/answer discussion about specific matters for the contracts from this period.

Motion made by Chris O'Brien to recommend to the ECMCC Board of Directors approve contracts for the time-period(s) of January 1, 2026 – March 31, 2026, seconded by Jenifer Persico. Motion approved unanimously.

IV. Next Meeting – August 5, 2026 @ 9:00 a.m.

V. ADJOURN

ERIE COUNTY MEDICAL CENTER CORPORATION

There being no further business to discuss, meeting adjourned at 9:10 a.m.

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

WEDNESDAY, JANUARY 7TH 2026 AT 11:30 AM

BOARD MEMBERS PRESENT OR ATTENDING BY VIDEO CONFERENCE OR TELEPHONE:	EUGENIO RUSSI* SHARON HANSON* HON. JOHN O'DONNELL* MICHAEL SEAMAN	* ATTENDING BY VIDEO CONFERENCE OR PHONE
BOARD MEMBERS EXCUSED:		
ALSO PRESENT:	ANDREW DAVIS JONATHAN SWIATKOWSKI	
GUESTS:	MATT MORAVEK KYLE ZOTTA - MERCER INVESTMENT ADVISORS	

I. CALL TO ORDER

The meeting was called to order at 11:34 am by Chair Eugenio Russi.

II. REVIEW AND APPROVAL OF MINUTES

Motion was made by Ms. Hanson, seconded by Judge O'Donnell, and unanimously passed to approve the minutes of the Investment Committee meeting of October 9, 2024.

III. REPORT FROM MERCER INVESTMENT CONSULTING

Mr. Moravek provided a detailed presentation to the Committee regarding the general market environment at the time of the Committee meeting. He noted that as of November 2025, global equity performance was stable to slightly positive. The introduction of AI and other tech initiatives had created some market instability, but the expectation was that they will normalize. He noted that the US government shutdown had limited market impact.

Regarding the general marketing environment, the Committee had several questions for Mr. Moravek. Ms. Hanson raised questions regarding the effects that oil prices and changes to the federal reserve committee might have. Mr. Zotta opined that while these factors create risk they are not overly concerning at this time.

Mr. Russi asked about risks associated with AI investments and emerging markets. Mr. Zotta opined that it will most likely create volatility but should course correct as the industry centralizes. A conversation was had generally regarding several topics including tariffs and changes to the federal reserve, and the economic effects. Questions were addressed to the satisfaction of the Committee.

Mr. Moravek provided a more detailed analysis of ECMC's portfolio performance including returns from November 2018 – November 2025. Trailing 1-year returns ranged from 4.2% for the General Operating Reserve (ECMC) which is 100% cash/money markets to 9.3% for the Retiree Health Reserve which contains a 35/65 mix of stocks and bonds. He noted that most managers have performed in line with expectations, outside of one, Jensen, that had begun underperforming in 2023 but is expected to course correct long term. Mr. Swiatkowski asked if there was a plan to terminate Jensen in 2026, and Mr. Moravek clarified that they would continue to monitor performance, and no action was recommended at this time. Ms. Hanson requested a review of this issue in 6 months, which was seconded by Mr. Russi and acknowledged by Mr. Moravek. Weighted average manager fees were estimated at 0.16% across ECMC's investment portfolios.

Mr. Moravek reviewed the Asset Allocation Modeling for the ECMC investment portfolios and recommended some adjustments to the Retiree Health Reserve and WC/PL asset allocations. Mercer recommended adding a 5% allocation to Vanguard Intermediate Treasury Index and trimming Loomis Sayles Core Plus correspondingly to align with current fixed income views. The allocation's overall yield characteristics would remain similar while rate sensitivity (duration) and expenses would decrease slightly. The expected downside protection would also increase as Treasuries tend to be a safe haven during periods of market stress.

Mr. Russi requested a Motion to approve the allocation adjustment. Motion was made by Mr. Seaman, seconded by Ms. Hanson, and unanimously passed regarding the 5% allocation change recommended by Mercer.

IV. INVESTMENT POLICY STATEMENT REVIEW

Mr. Swiatkowski advised that Mercer conducted a periodic review of the Corporation's Investment Policy Statement in accordance with Public Authorities Law §2925 and its associated regulations. Mr. Moravek provided a detailed review of the draft IPS and discussed Mercer's recommendations. He reviewed overall fund objectives, allocations and benchmarks. He recommended that the designated parties and primary contacts be reviewed and updated, if necessary, before the IPS was finalized.

Mr. Russi requested a Motion to approve Mercer's recommended changes to the IPS. Motion was made by Ms. Hanson, seconded by Mr. Seaman, and unanimously passed to approve the IPS and recommend approval to the Board of Directors.

V. ADJOURN

There being no further business, the meeting was adjourned at 12:21pm by Chair Eugenio Russi.

M/WBE Quarterly Sub-Committee

Meeting Minutes 5/19/26

9:30-10:00am

Members Present: Diane Artieri, Donna Brown, Peter Cutler, Andy Davis, Joe Giglia, Christian Johnson, Nicholas Long, Lindy Nesbitt, Kinzer Pointer
Jonathan Swiatkowski

Excused: Rev. Blue, Sarina Rohloff

Topic	Discussion
Call to order	Christian Johnson called the meeting to order at 9:45am
Approval of Minutes	Approval of the February 17, 2025, meeting minutes 1 st Motion – Christian Johnson 2 nd Motion – Rev. Pointer All in favor
New Business	
MWBE Utilization	MWBE Utilization by NYS Fiscal Year – Closed out the 2025-2026 fiscal year. MWBE Utilization at 46.12% - staying on par for where we have been for the past three years. Previously had a spike which was a derivative of NYS Certified WBE doing hospital wide cleaning but since has been brought in-house. There were 232 vendors certified January through March 2026. Utilization by industry • Non-construction \$3.16M, total utilization 71.06% • Construction based \$1.29M, total utilization 28.94% - • Total utilization \$4.45M • Funds for the eleventh-floor project will be allocated to an MBE contractor, however, because ECMC is the recipient of a state grant, the state will receive credit for the expenditure. Utilization by category • MBE Utilization \$2.70M, WBE Utilization \$1.75M with a total utilization of \$4.45M (April 2025 thru March 2026) Utilization by region – April – March 2026 • Buffalo – 27.86% • WNY outside of Buffalo 34.16% • NYS outside WNY – 35.83% • Outside of NYS – 2.14%

Buffalo Purchasing Initiative	BPI is operating under a new 2026 success metric focused spending requirements. The initiative targets local small businesses with under one hundred employees across Erie County, Niagara County, and the Niagara Native American Territories in WNY. They are currently analyzing how to define these parameters, and our team is actively working with them to review and establish the spend data. Distressed Zip Codes – BPI is focusing its efforts on seventeen designated distressed zip codes. Based on 2025 figures, 80% of the \$1M spend was allocated within these seventeen zip codes.
SDVOB Utilization	The current rate stands at 15.71%, down slightly from last year. D. Myles Construction Co is performing ad hoc work within the building, they are SDVOB, MBE, and BPI eligible which is driving the percentage.
ECMC's MWBE Program in the Community	• ECMC received an "A" on EDS's MWBE scorecard for the timeframe of April through September 2025 • ECMC's 6th Annual Community Vendor Fair – Wednesday, July 29th
Questions	
Adjourn	Christian Johnson adjourned the meeting at 9:54am: Next meeting is August 18, 2026, at 9:30am

ERIE COUNTY MEDICAL CENTER CORPORATION

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

TUESDAY, JULY 14, 2026
MICROSOFT TEAMS PLATFORM

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

PRESENTERS: BECKY DELPRINCE, RN, DARYL CRONK, ASHLEY HALLORAN, PHARM, AND MEG REILLY, RN

SERGIO ANILLO, MD
DONNA BROWN
CHARLES CAVARETTA
SAM CLOUD, DO
PETER CUTLER
ANDY DAVIS
CASSIE DAVIS
BECKY DELPRINCE
ASHLEY HALLORAN
MARC LABELLE, RN
CHARLENE LUDLOW, RN, CIC
PHYLLIS MURAWSKI, RN
BRIAN MURRAY, MD
MEG REILLY, RN
JOANN WOLF, RN

Call to Order

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

I. Minutes

June 9, 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. Care Management – Becky DelPrince, RN

Becky presented on the Care Management team. Becky shared QIPS goals for 2026 along with length of stay initiatives. A review of total ALC days along with census and the percentage of ALC discharges took place as well.

The department is focusing on daily meetings, weekly emails and communication with skilled nursing facility's administrative teams throughout Western New York as well as partnerships with the City Mission, our Population Health, outpatient Wound Center, Financial Counseling team and the Palliative Care team for patient placement.

III. Dietary – Daryl Cronk

Daryl shared an update on the Dietary Department. He shared a department update showing staff retention as being steady for 2026. They now have an employee training room which is being utilized for all ECMC and Metz training sessions.

The Ecosure bi-annual audit for Metz took place back in April. They scored a 93.

Daryl reviewed department scores for touch works data and Press Ganey data along with previous year's goals and accomplishments.

QAPI projects include refreshing the retail area, replacing existing counters with stainless steel for a clean, permanent look.

Current year quality improvement goals include a new and exciting employee engagement program to keep employee satisfaction and moral levels high.

IV. Pharmacy Department – Ashley Halloran, Pharm

Ashley Halloran presented on Pharmacy. Ashley reviewed department staffing, volumes and staff accomplishments which included a successful graduation of 3 post graduate year (PGY1) residents from their program.

Ashley discussed employee focused quality driven workflows along with specialty pharmacy services within the hospital. Clinical quality improvements include research with Rebyota and Dalavnce both showing great benefits to patients.

Research within the department include Meira, a study for patients with dry mouth, Artemide-Lung04 which is a multicenter study on non-small cell lung cancer and VEL-101.KI201, a study linked to kidney rejection.

V. Rapid Response Team – Meg Reilly, RN

Meg Reilly shared a presentation on the Rapid Response team. The agenda included department data review on rapid response, adult medical emergency and campus medical emergency.

Rapid response events, rapid response transfers, 2025 rapid responses and 2024 adult medical emergencies, adult medical emergency by shift were all reviewed and discussed. Common causes of campus medical emergencies include falls, chest pain, light-headed, fainting (employees, visitors and students) along with seizure-like activity.

Committee goals for 2026 include increasing survival outcomes, improving early recognition of patient deterioration and reduce time to critical interventions.

VI. 2026 QAPI Plan – Phyllis Murawski, RN

Phyllis Murawski presented the Quality and Patient Safety report along with the Regulatory report. Phyllis reviewed the serious reportable events in 2026 for the first and second quarters. The RCA meetings are confidential, and the objectives include identifying root causes, identifying risk reduction strategies/corrective action and to identify measures of effectiveness.

Phyllis reviewed serious reportable events by category, procedural events, care provision events, product/device events and finally patient protection events.

The Quality and Patient Safety Committee met on June 30, 2026. Committee reports came from Perioperative Services Committee, Transplant Services Committee and Falls Committee.

Phyllis also shared a survey update which included a NYSDOH visit for an environmental service complaint, we are waiting for the review on this and Terrace View had their New York State 3-year survey. Pending surveys include NYSDOH Radiology Survey and the UNOS Transplant Survey.

VII. Adjourn

There being no further business, the motion was made and seconded to adjourn the meeting. The next meeting will be held on August 11, 2026.

Dear ECMC Board Members,

August's operations numbers reflect the continuing challenges we have experienced this year with decreases in General Surgeries in August versus both budget and the August 2025 operations numbers. Overall Discharges were down slightly both in budget (-5.6%) and operations (-2.3%); however, Outpatient Visits were essentially neutral against budget (-1.8%) and up slightly versus August 2025 in operations (+2.1%). Length of Stay (in both Acute and Total Average) continue to be greater than the previous year largely due to the Alternative Level of Care factor, which is up 108% versus budget and 33.3% versus August 2025. As the Board knows well, that fact, combined with Observation cases, present a very challenging impact on our overall hospital operations and finances.

In August, thanks to the effort of Dr. Mark Falco, ECMC's application to the Global Oversight Committee of the Lymphatic Education & Research Network was accepted, resulting in ECMC being designated as a Lymphatic Education & Research Network Surgery Network of Excellence in lymphatic disease (LD).

In early September, ECMC was awarded a DHS Substance Abuse and Mental Health Services Administration (SAMHSA) grant, the first such grant for the hospital since 2014. Dr. Michael Farrell (Interventional Pain Management) was awarded \$1.5 million over three years for his Emergency Department Alternatives to Opioids research. Dr. Farrell's grant, the Revised Initiation Strategy for Opioid Use Disorder (RISE), is centered on improving treatment in adults that present in ECMC's ED seeking care related to Opioid Use Disorder (OUD), chronic pain with OUD, withdrawal symptoms, or opioid detox. RISE will develop a care model that provides standardized training to ED providers for timely identification of and initiation of buprenorphine for opioid use disorder. Patients will also be referred for multimodal care to improve outcomes and adherence to opioid use disorder treatment. Dr. Farrell will be working in tandem with ED clinical champion Dr. Pugh, and Medical Directors for UB Matters Drs. Clemency and Lynch.

ECMC was selected by City and State NY for inclusion on the publication's 20th Anniversary Hall of Fame list in the Behavioral Health/Corporation category, which will be announced on September 28th and highlighted September 29th at a special event in NYC.

This past July marked the fourth year of ECMC's Healthcare Explorers program, which is an immersive Summer Healthcare Internship for high school students from throughout our region that provides them with hands-on learning opportunities, while exploring multiple healthcare specialties & disciplines. Throughout the brief history of the program, over 500 students have participated since its inception in 2023. The success of the program caught the attention of HANYS in 2024, which filmed one of the sessions and shared highlights, including interviews with participants and program organizers, with their 500 not-for-profit and public hospitals, nursing homes, and other healthcare member organizations statewide as part of their Member Spotlight series. Healthcare Explorers was additionally shared on the national stage, at the VITALS Conference in 2025 through the America's Essential Hospitals.

With ECMC's continuing commitment to clinical excellence and positive patient experience, we are grateful for the Board's unwavering dedication in supporting these values and goals. We are just a few weeks away from the long-anticipated implementation of the Epic EHR system and we look forward to the long-term benefits of this state-of-the-art technology for our patients and our institution.

Thank you.

Andy

**Erie County Medical Center
Board Report
Chief Operating Officer
September 22, 2026**

Submitted by Cassie Davis

OPERATIONS

Ambulatory Services

Epic

- Epic super users identified and scheduled for training.
- In partnership with Population Health, the teams successfully built all the outpatient provider templates in EPIC required for future state operations. This was a significant lift and was completed within the timeline needed.

Volume

- Our clinics successfully achieved very strong volumes during the summer months:

	Volume	Percent
Aug 26 vs Budget	+822	+5.7%
YTD 26 vs Budget	+1,384	+1.2%
Aug 26 vs Aug 25	+1,300	+9.3%
YTD Aug 26 vs YTD Aug 25	+6,935	+6.2%

Community Outreach

- Oral Cancer screening and outreach table at Buffalo Police Days D-District Family Day.
- Oral Cancer screening and outreach table at Allied Painters Union Family Event.
- Oral Cancer screening and outreach table at The Buffalo Bison's Stand up to Cancer Day.



Center of Cancer Care Research

August 2026

Monthly Oncology Research Report – Dr. Jennifer Frustino

Research Updates

- 18 new subjects consented to participate in clinical research studies.

- 78 oncology subjects enrolled YTD, 32 meet Commission on Cancer standard 9.1 (2026 Target: 44).
- 31 study visits conducted between Medical Oncology, Oral Oncology and Head and Neck.
- Clinical Research and Survivorship Highlighted as a topic of conversation during Schwartz Rounds.
- Study Monitor visit for Meira GTx studies, no significant findings.

Other Updates

- Epic super users identified and scheduled for training.
- Site Initiation Visit with Symani MMI for REMIND study in collaboration with UBNS conducted.
- Clinical Research Nurse attended Guardant stakeholder meeting to discuss pipeline opportunities.
- Research Doctoral Dental Intern executed interviews with dental schools throughout NY & NJ to better understand HPV Curriculum standards.
- Clinical Research and Survivorship highlighted as a topic of conversation during Schwartz Rounds.

Dialysis

- Current Census: There are 28 openings; we are at **85%** capacity (165/192).

Food & Nutritional Services

- Operations
 - o New retail menu for the fall season started on September 7th.
 - o Byte coolers have been very successful providing additional food options during and after Great Lakes Café hours. New Byte coolers have been ordered for Terrace View and the corridor between ECMC and Terrace View.
- Equipment/Renovations
 - o The café refresh beverage area has been approved, working with Plant Ops on demo stage.
 - o Additional security cameras will be installed in November.

Capital Projects / Plant Operations

Construction/Facility project updates include the following:

Fuel Oil Tank Replacement – (Contractor)

- The removal of underground diesel tank #13 was completed in late August 2026.

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

- Renovations of select areas on the 4th and 5th floors of the hospital to create sensory-soothing rooms within existing Behavioral Health units. The project was funded by a \$250K grant from the Blue Cross Blue Shield Blue fund. The work started in December 2025 and was completed in August 2026.

Epic Project – (In-House)

- Provided electrical power, conduits, and receptacles at various locations to accommodate computer training equipment. Main and additional scopes are 100% complete.

Regulatory – Sprinkler Replacements – (In-House)

- Completed sprinkler replacements in the Main Hospital and Lab Building.

In-Progress

Specialty Pharmacy – (Contractor)

- Renovation of existing lobby-connected space to relocate the patient-use Pharmacy from the 1st floor to the ground floor of the hospital. The total project cost is approximately \$1.2M. Construction started in February 2026 and will be completed in mid-September 2026.

Campus Generator Replacements and Associated Electrical Upgrades – (Contractor)

- Replacement/upgrades of several legacy campus electrical generators. The total project cost is approximately \$15M funded in part by a federal grant. The enabling site work and project planning is underway. The project will be completed in 2028.

Behavioral Health Bathroom Floor Replacement – (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.
- Per Charlene Ludlow, the team shifted to Room 816 and moved back and forth between the 8th and 9th floors. Room 818 was completed and Room 819 is in progress. Rooms completed to date: 24

Campus Buildings – Lighting Improvements – (In-House)

- Install exterior wall packs (building mounted light fixtures) on various campus buildings to improve nighttime lighting and overall campus safety. The project is 50% complete.

Campus Grounds – IN PROGRESS (In-House)

- Currently in summer operations mode.
- **Completed:** Pothole repairs – cold and hot patch repairs in various locations; mulching; curb and crosswalk painting/stripping at the main hospital entrance.
- **In progress:** Lawn cutting and continue campus curb and crosswalk painting/stripping.

Pre-Construction / Pending

Cardiac Cath Lab Equipment Replacement and Renovations – (Contractor)

- Utility and shell upgrades in support of the replacement of existing cardiac catheter lab equipment on the 1st floor of the hospital. The total project cost is approximately \$1.6M. Design work is complete. Construction Manager (CM) will be bidding work soon. The project is scheduled to start in December 2026 and will be completed by February 2027.

CPEP and 11th Floor – (Contractor)

- Renovation of select zones of the 11th floor of the hospital to create a new Behavioral Health 24-bed unit, plus renovations to the 1st floor of the Comprehensive Psychiatric Emergency Program (CPEP). The project is funded by an \$11M state grant. The design is complete and the CON has been filed. CM will be bidding work soon. The work will be starting in late 2026 with completion in early 2028.

MRI 1.5T Addition – (Contractor)

- Utility and shell upgrades in support of installation of a new 1.5T MRI on the 1st floor of the hospital. The total project cost is \$3M funded by a state grant. Design is nearing completion and the CON will be filed soon. The work is starting in early 2027 with completion by early 2028.

Nuclear Medicine Camera Replacement – (Contractor)

- Utility and shell upgrades in support of replacement of a Nuclear Medicine camera. The total cost is approximately \$700K. Capital Committee approved in late August. The design is underway and estimated completion is 2027.

Behavioral Health 4th Floor Outdoor Area Renovations – (Contractor)

- Renovations to improve outdoor area for the Behavioral Health units. The project is funded by a \$750K grant from the New York State Office of Mental Health (NYS OMH). The architect is working with OMH on feasibility study (FS). Once the FS is approved, design will commence. The project will most likely start in mid-2027 with completion is early 2028.

Hematology Lab – Sysmex Instrument Addition – (Contractor)

- A/E assessing construction cost for implementation.

Population Health

Community Outreach

- Throughout the months of July and August, we actively engaged with the community through 24 community events, reaching and connecting with more than 1,500 community members. These events provided meaningful opportunities to build relationships, share health and community resources, identify individual needs, and connect residents with available services and support. We continue to build and strengthen relationships with local community centers and churches, many of which have invited us on-site to provide essential health education and resources. Through our outreach and community engagement efforts, 15 community members were successfully linked to primary and specialty care at ECMC, helping address their healthcare needs and improve access to appropriate services.





ACS/NFL Cervical Cancer Grant Update

- Development of a cervical cancer screening and education pop-up banner for community outreach.

ECMC Internal Medicine Center

Know Your Cervical Health Facts

FACTS!

- Almost all cervical cancers are caused by HPV — a very common virus that often causes no symptoms.
- Cervical cancer screening can find abnormal cells early — before they become cancer.
- Regular screening can help prevent cervical cancer and save lives.
- Screening starts at age 21. Your healthcare provider can help you know which screening test is right for you.

ACT NOW: KNOW YOUR STATUS

Am I Due For My Cervical Cancer Screening?
Talk to your healthcare provider TODAY!

Learn More About Cervical Cancer Screening
Scan The QR Code For More Information

Information available in 6 languages
Choose your language to learn more about cervical cancer screening, what to expect, and when to get screened.

 English	 Spanish ESPAÑOL	 Burmese 
 Bengali 	 French FRANÇAIS	 Arabic 

ECMC Population Health

Rehabilitation Services

- Community Collaborations
 - o PEDS Rehab secured a new school age contract for summer with Sweet Home school district.
 - o PEDS Rehab met with Akron School District (following a referral from Amherst School District) and established new UPK Support Contract for the 26-27 School Year.
 - o PEDS Rehab renewed existing UPK Support Contracts with Ken-Ton, Amherst, Maryvale and Clarence School Districts for the 26-27 School Year. ECMC-PEDS

remained “provider of choice” informal agreement for Ken-Ton, Sweet Home, Amherst, Lancaster and Frontier School Districts.

- Metrics

- o **Total Accute PT referrals:** August = 1,347; July = 1,336; June = 1,413
- o **Total Acute OT referrals:** August = 1,067; July = 1,059; June = 1,063
- o **PT ED referrals:** August = 556; July = 626; June = 670
- o **OT ED referrals:** August = 420; July = 471; June 460

**Note, August reflects a lower number of therapy-related ED referrals as compared to the previous months, despite no significant drop in total referrals from July to August.*

Surgical Services

- Projects

- o MRI construction ad lab installation is slated for early 2027. A grant was obtained for \$3M to purchase a Siemens Flow 1.5T unit. The schedule will be adjusted to accommodate only one lab.
- o Continue to work towards opening a daily Universal Trauma Room. Ongoing, but impacted by many new surgeons.

- Robotic Volume

- o Ortho: 19
- o Bariatrics: 5
- o Urology: 6
- o Cardiovascular: 0
- o HAN: 5

Terrace View

Operations

- Census: The average monthly census for **August** was **381**.
- Facility Equipment/Renovations:
 - o An RFP for ventilator maintenance will be released in September.

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:

July 2026

Human Experience Domain	MTD July 1st, 2026 -July 31st, 2026 N=78 (est)	MTD July 1st 2025- July 31st, 2025 N=99 (final)	NYS 2026 Benchmark Goal
HCAHPS - Nurses	75 (est)	82	76
HCAHPS – Doctors	74(est)	75	77
Discharge Info	83 (est)	89	85
Overall Recc.	67 (est)	69	66

August 2026

Human Experience Domain	MTD August 1st, 2026 -August 31st, 2026 N=673(est)	MTD August 1st 2025-August 31st, 2025 N=806 (final)	NYS 2026 Benchmark Goal
HCAHPS - Nurses	77 (est)	78	76
HCAHPS – Doctors	74(est)	74	77
Discharge Info	87 (est)	88	85
Overall Recc.	67 (est)	67	66

Ambulatory Services

- Patient Point monitors have been successfully installed in several of our outpatient clinics as an educational tool to communicate with our patients.

Population Health

- RetinaVue Expansion: A second RetinaVue device, provided through the Buffalo Renaissance Foundation, will soon be implemented at the Family Health Center to expand access to diabetic retinal screenings and improve screening rates.

Rehabilitation Services

- Acute therapists are working on improving outcomes of ALC patients whose physical abilities are a major barrier to discharge. PT and OT are increasing their treatment frequencies as staffing allows for the identified patients.

Supportive Care & Palliative Medicine

Patient Experience ongoing initiatives include:

- Veterans’ “Thank You for Your Service” program.
- 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, ongoing and on target.

PEOPLE

Ambulatory Services

- Dr. Christopher Lucasti joined our Orthopedic Clinic at the end of August. He will be specializing in Orthopedic surgery of the spine.

Biomedical Services

Staffing

- Open positions: Director of Biomedical Services, Biomedical Repair Technician

Center of Cancer Care Research

August 2026

Monthly Oncology Research Report – Dr. Jennifer Frustino

Updates

- INCITE Award: Carly Gerretsen - Medical Liaison for Clinical Research.
- Staff onboarded in August: (1) Plastics Fellow, (1) New Clinical Research Coordinator, (2) MPH Interns

Food & Nutritional Services

Staffing

- Staffing turnover is under 3.9% for the month of August.
- Employee satisfaction was 83.6 % in a recent survey.

Education/Training

- Weekly Epic/CBORD training is ongoing in preparation for go-live date in October 2026.

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.

Rehabilitation Services

Education/Training

- Online seminar attended and content reviewed related to the new and changing Speech CPT codes attended by Rehab leadership across the continuum.
- Outpatient Therapist, Erika Julyan, MS OTR is currently pursuing neuro Mastery Course through Neuro Collaborative.

- Jessica Cooke, MS OTR and Ashley Sambrotto, MS OTR are completing their pre-course work (20 hours each) for their Neuro Specialist Certification in November.
- Outpatient therapist, Leah Henry, PT, DPT completing her per course work (approx. 23 hours) for her Vestibular Rehab and Concussion Certification.
- Rehab PEDS staff participated in live online seminar Afghan Cultural Awareness Lunch & Learn presented by Jewish Family Services of WNY.

Supportive Care & Palliative Medicine

Recognition/Presentations

- 7/12-7/14: Sandra and Beata attended the AHA Leadership Summit in Denver, CO to accept the *Circle of Life* award.
- 7/18-7/21: Kate presented at the US Aging Conference in San Diego, CA with Erie County Department for the Aging partner, Kim Leonard.
- 8/21: Sandra presented the "Conversation Project" and Katie tabled for "Senior Fun Day" at the Delevan-Grider Center.

Terrace View

Staffing - August

- New hires: (3) FT CNAs, (1) FT RN
- There is currently no agency staff at Terrace View.
- Nursing Administration held an Open House on August 5, 2026. There were 257 applicants for RN, LPN and CNA positions.

Transplant

Transplant surgeon interviews are underway for three surgeons.

QUALITY

Ambulatory

Accreditations/Designations

- In August, we were notified by the Lymphedema Education and Research Network that we have been accredited for a *Surgery Network of Excellence* site. This is very exciting for our Lymphedema Service Line and will hopefully drive community patients to our practice for intervention that will improve quality of life through either therapy or surgery or both.
- ECMC has also been evaluated and deemed eligible for the *Blue Distinction Centers for Bariatric Surgery* designation.

Dialysis

- The End-Stage Renal Disease (ESRD) QIP for pay year 2027 preview period opened July 20th and will remain open until August 20th. This allows for facilities to submit injuries to make potential adjustments to facility scores after CMS evaluates the comments. Our total performance score (TPS) is 45 out of 100. National average is a 55. This results in a potential Medicare payment reduction of 1.0%. Last year our TPS was 37 resulting in

a 0.5% reduction 2026. So, although we actually improved our TPS the payment reduction was distributed differently this year.

- The Quarterly Dialysis Facility Care Compare (QDFCC) preview period for FY 2026 opened July 15th and remained open until August 15th for comments submission. This is critical as state surveyors will use this information to determine if a facility needs to be surveyed more frequently. As a program we remain 2 out 5 stars.

Food & Nutrition Services

- All Press Ganey scores are increasing and trending up with the exception of temperature.

Press Ganey Scores - JULY

- **Meals Overall**
Score: 72.11 (Goal: 84.75)
- **Temperature of Food**
Score: 67.96 (Goal: 75)
- **Quality of Food**
Score: 63.38 (Goal: 75)
- **Courtesy of Person Serving**
Score: 87.68 (Goal: 87)

Touchworks data (354 responses) - JULY

- **Food Overall**
Score: 75.6
- **Temperature of Food**
Score: 76.1
- **Courtesy**
Score: 78

Radiology

- Diagnostic Imaging Center of Excellence accredited until January 2028.
- In 2025, ECMC performed 315 mammograms, 18 follow-ups, and identified four suspicious findings.
- To date in 2026, ECMC performed 446 mammograms and 402 DEXA scans, which is an increase from 2025.
- Instrumentation Audits
 - o Open and Unlocked: 99.0%
 - o Free from Tape: 100%
 - o Expired: 100%
 - o Confirm Accurate Exp dates: 99.5%
- Through July 2026 – 5 premature release of implants from quarantine for both Surgical Center and Main OR.
- Through July 2026 – 0 immediate release cycles for Main OR and Surgical Center.

Terrace View

- CMS 5-Star Report
 - o Facility Overall Quality: 3 stars (from 4 stars)
 - o Quality Measures: 5 stars
 - o Staffing: 3 stars (from 5 stars)
 - o Health Inspections: 2 stars
- CMS PBJ Reporting
 - o The PBJ report was submitted in August 2026.
- Environmental Rounds
 - o 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.
 - o There has been an increase in EVS issues regarding cleanliness and multiple open positions.

Transplant

- Aetna has recognized our center as an Institute of Excellence (IOE). As a result, our kidney and pancreas program is in network for their members to be transplanted!
- MPSC met and reviewed updated quality improvement plan for pancreas pre-transplant mortality rates submitted 12/22/25; awaiting MPSC feedback.
- Scientific Registry of Transplant Recipients (SRTR) data released moving the Kidney program for outcomes between 1/1/23-6/30/25 to 2 bars out of 5. Previously we had 1 bar for outcomes. Our accessibility to getting a transplant faster remains 5 bars.

FINANCIAL

Dialysis

Budget and Variance:

- Outpatient (in-center treatments): 2026 Budgeted **15,651** treatments, Variance **(-1,236)** due to decreased census. UBMD referring providers' volumes are down. Exploring opportunities a potential volume opportunity from prison remodel.
- Home Program: (Home Peritoneal & Home Hemodialysis): YTD Budget **1,246** treatments, favorable to the budget, Variance **(1,547)**
- Total: **311** treatments for the year, PD volume continues to demonstrate tremendous growth from 2025.

Census Volume:

- Outpatient (in-center treatments): **August = 13,391** treatments, YTD 2026 total = **14,415**
- Home Program: (Home Peritoneal & Home Hemodialysis): **August = 414** treatments, 2026 total = **2,793** favorable to budget.

Dialysis			2025			2026			
			YTD	Budget	Variance	Aug	YTD	Budget	Variance
4555	AKI	Hemodialysis - AKI	378	-	-	15	135	-	-
	DIALNON	Hemodialysis - Non-ESRD	3	-	-	0	0	-	-
	DIALTRAN	Hemodialysis - Transient	843	-	-	12	319	-	-
	HD	Hemodialysis - Chronic	22,618	-	-	1,820	13,961	-	-
	4555 Totals		23,842	24,119	-277 🟡	1,847	14,415	15,651	-1,236 🔴
5660	HOMEHD	Hemodialysis - Home	0	-	-	0	0	-	-
	PD	Hemodialysis - Peritoneal	3,109	-	-	414	2,793	-	-
	5660 Totals		3,109	1,500	1,609 🟢	414	2,793	1,246	1,547 🟢
Totals			26,951	25,619	1,332 🟢	2,261	17,208	16,897	311 🟢

FOOD & NUTRITIONAL SERVICES

- Budget
 - For the month of August, the costs for food and labor were under budget.
 - Hourly labor was under budget by \$57,000.00
 - Food costs were under budget: \$28,000.00
 - The direct expenses were over by \$21,000.00 due to repairs. Retail sales fell short of \$16,000.00.
 - The overall August budget was \$45,330.00 under budget.

Laboratory Services

- The department budget volumes for FY2026 YTD August continues to trend positive to budget and 2.1% ahead of FY25. With the implementation of Strata and FSM, exact expense performance to budget is not available for reporting.

Radiology

Radiology as a whole is up 10.7% over budget for 2026.

Rehabilitation Services

- The MRU monthly therapy statistics combined PT and OT for units of service were 4,317 against a budget of 2,729 for a *positive variance* of 36.8%. SLP services combined for MRU and Acute care services were 604 against a budget of 524 with a *positive variance* of 13.2%.
- The MRU had 25 admissions and 27 discharges with 557 patient days and a LOS of 20.6 days, **ADC 18**.
- MRU Service Access goal is to increase the Average Daily Census (ADC) ≥ 13.3 ; August = 18.
- Outpatient Rehabilitation is 12.4% over budget MTD and 9.6% over budget YTD.
- PEDS Rehab Coordinator of Youth Services - Early Intervention Program investigated and researched early intervention service coordination billing practices through NYS in-service training, consultation with other similar agencies, Erie County Department of Youth Services and ECMC PEDS ongoing service coordinators to confirm and maximize billing practices.
- PT productivity overall was 3,178 against a budget of 3,734 units with a negative variance of 15% of budget. OT productivity overall was 2,405 against a budget of 2,636 units for a negative variance of 9%. The PT negative variance was largely impacted by 1.5 FTE of

extended leave which is ≥ 360 units/ month. This amount would have brought productivity within 5% of budgeted target.

- YTD the OP Rehab team excluding physiatry exceeded budget by 232 visits MTD and 1927 visits YTD. Variables impacting this increase are the continuous use of OT per diem, and the addition of non-budgeted rehab psych staff. PT numbers in isolation are decreased due to a significant amount of PT staff EPIC trained in the month of August (100 and 101 level in August).
- Outpatient physiatry was two (-2) visits under budget for August but forty (+40) visits over budget YTD.

Surgical Services

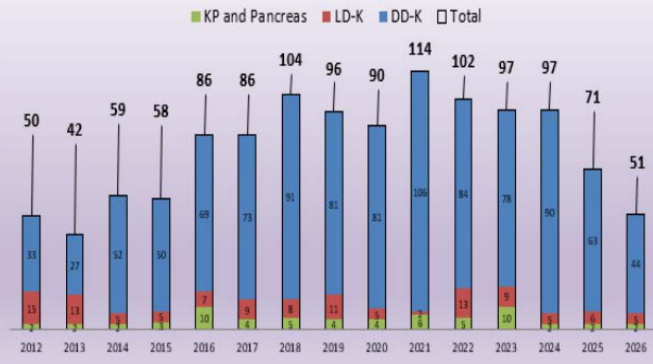
- **2027 Cost Saving Initiatives**
 - o New Urology robotic equipment, projecting additional volume. The first cases started July 31, 2026.
 - o Surgical implants
 - o Exploring opportunities to lower cost of high end nerve stimulator implants and maximize reimbursement.
 - o Capitation on instrument sharpening/repairs
 - o Mammography volume
 - o O2 mask reduction
 - o Decrease late cancellations
 - o Scrub management with residents and students
 - o Inpatients being admitted for non-urgent OR cases instead of scheduled as outpatients.
 - o PAT expansion (patient admission testing) and billing opportunities
 - o Review service contracts for savings opportunities

Transplant

- Increasing Organ Transplant Access (IOTA) entered PY2. PY2 has a maximum upside risk payment of \$15,000 per transplant and downside risk payment \$2,000 per transplant. Based on three performance domains: achievement, efficiency, and quality. We anticipate achievement and efficiency domain will decrease based on volume trends and quality will increase slightly, resulting in a downside risk payment around \$40,000.
- Comprehensive Kidney Care Contracting (CKCC) received three payment instalments for Q1 2023 \$4,500, Q1 2024 \$7,500 and Q1 2025 \$3,750.
- Organ Procurement & Transplantation Network (OPTN) registration fee to list patients increases October 1, 2026 from \$1,036 to \$1,268.
- As of August 1, 2026, we performed **(51)** transplants, which is **(-20)** transplants than the same time in 2025. We have projected **(68)** transplants for 2026.
- Pre-Transplant Clinic is above budget by **(+126)**.
- Post-Transplant clinic is below budget by **(-412)** visits; this is expected with the decreased overall transplant volume.
- Total clinic variance is below budget **(-286)**. This is due to a decrease on overall volume.

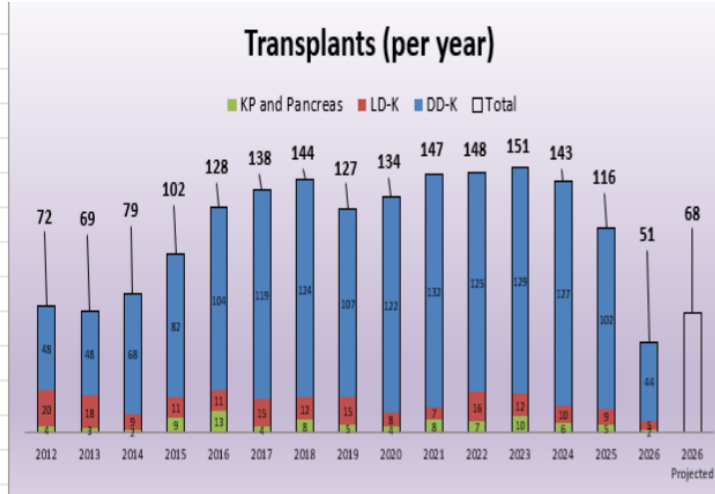
To this point

Transplants to this point (per year)



	DD-K	LD-K	KP	Pancreas	Total
2009	41	27	0	0	68
2010	42	25	1	0	68
2011	29	11	4	2	46
2012	33	15	0	2	50
2013	27	13	1	1	42
2014	52	5	1	1	59
2015	50	5	0	3	58
2016	69	7	7	3	86
2017	73	9	4	0	86
2018	91	8	5	0	104
2019	81	11	4	0	96
2020	81	5	4	0	90
2021	106	2	5	1	114
2022	84	13	5	0	102
2023	78	9	10	0	97
2024	90	5	2	0	97
2025	63	6	2	0	71
2026	44	5	2	0	51

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	44	5	2	0	51
2026 Projected					68

Transplant / Vascular			2025			2026			
			YTD	Budget	Variance	Aug	YTD	Budget	Variance
6430	TRANPRE	Transplant Clinic	586	-	-	48	416	-	-
	TRANPREPRC	Transplant Clinic	0	-	-	0	4	-	-
	6430 Totals		586	650	-64 ↓	48	420	294	126 ↑
6431	TRANPOSPRC	Transplant Clinic	0	-	-	0	0	-	-
	TRANPOST	Transplant Clinic	3,595	-	-	209	2,093	-	-
	6431 Totals		3,595	4,363	-768 ↓	209	2,093	2,505	-412 ↓
Totals			4,181	5,013	-832 ↓	257	2,513	2,799	-286 ↓

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Internal Financial Reports
For the month ended July 31, 2026

Erie County Medical Center Corporation

Financial Dashboard July 31, 2026

Statement of Operations:

	Month	Year-to-Date (YTD)	YTD Budget
Net patient revenue	\$ 62,362	\$ 425,597	\$ 440,345
Other	19,097	130,072	129,325
Total revenue	81,459	555,669	569,670
Salary & benefits	45,047	307,845	299,511
Physician fees	11,560	79,900	76,022
Purchased services	8,369	53,634	54,590
Supplies & other	19,419	128,913	123,773
Depreciation and amortization	4,188	29,317	29,317
Interest	889	6,524	6,869
Total expenses	89,472	606,133	590,082
Operating Income/(Loss) Before Other Items	(8,013)	(50,464)	(20,412)
Grant revenue	37,900	38,252	-
Income/(Loss) from Operations With Other Items	29,887	(12,212)	(20,412)
Other Non-operating gain/(loss)	(504)	2,346	167
Change in net assets	\$ 29,383	\$ (9,866)	\$ (20,245)
Operating margin	36.7%	-2.2%	-3.6%

Balance Sheet:

Assets:

Cash & short-term investments	\$ 24,216
Patient receivables	136,221
Assets whose use is limited	134,687
Other assets	423,882
	<u>\$ 719,006</u>

Liabilities & Net Assets:

Accounts payable & accrued expenses	\$ 349,505
Estimate self-insurance reserves	50,300
Other liabilities	400,160
Long-term debt, including current portion	174,542
Lease liability, including current portion	20,204
Subscription liability, including current portion	18,355
Line of credit	10,000
Net assets	(304,060)
	<u>\$ 719,006</u>

Cash Flow Summary:

	Month	YTD
Net cash provided by (used in):		
- Operating activities	\$ 11,268	\$ (29,624)
- Investing activities	(4,162)	17,480
- Financing activities	(3,630)	(12,901)
Increase/(decrease) in cash and cash equivalents	3,476	(25,045)
Cash and cash equivalents - beginning	9,968	38,489
Cash and cash equivalents - ending	<u>\$ 13,444</u>	<u>\$ 13,444</u>

Key Statistics:

	Month	YTD	YTD Budget
Discharges:			
- Acute	1,110	7,309	7,745
- Exempt units	424	2,931	3,088
Observation Cases:	342	2,219	2,328
Patient days:			
- Acute	9,079	61,305	58,005
- Exempt units	4,924	35,122	34,196
Average length of stay, acute	8.2	8.4	7.5
Case mix index Blended	2.09	2.02	1.94
Average daily census: Medical Center	452	455	435
Terrace View LTC	380	377	382
Emergency room visits, including admissions	5,836	38,708	39,032
Outpatient Visits	26,285	183,306	187,153
Days in patient receivables		67.9	

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Erie County Medical Center Corporation

Management Discussion and Analysis

For the month ended July 31, 2026

(Amounts in Thousands)

July 2026 Operating Performance

During the month of July, operating performance was significantly impacted unfavorably by several factors. Inpatient discharges fell below the budgeted expectations as Alternative Level of Care (ALC) patients continued to exceed 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. July's acute average length of stay was 8.2 days (a slight decrease from the ALOS in June of 8.4 days) and remains over 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 realized. As initiatives mature, they will be reflected within the actual vs. budget variances. Lastly, another driver of operating performance were EPIC user training costs, which are treated as operating expenses, as a part of the implementation project. While these costs have been funded by operating grants received from third party payer partnerships, they are expensed in large tranches beginning in July, running through October. These costs for July totaled \$818,000. The overall result drove an operating loss before grant and short-term support funding for the month of (\$8,013). This operating loss is unfavorable when compared to the month's budgeted loss of (\$2,524).

Inpatient discharges during the month of 1,534 were less than the planned discharges of 1,603 (4.3% or 69 cases). Within the total, acute discharges of 1,110 were below plan by 3.1%, behavioral health discharges of 215 were below plan by 15.2%, chemical dependency discharges of 181 were above plan by 6.9%, and medical rehabilitation discharges of 28 were below plan by 19.3%.

In conjunction with the increase in ALC census, the acute average length of stay was at 8.2 days during July, unfavorable to a budget of 7.5 days by 9.6%. The average daily census of the ALC patients within the facility during the month of 50 patients slightly increased from the 49 patient average daily census during June and remains significantly higher than budgeted expectations of 33 patients and the July 2025 levels of 47 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 and 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 July. Driving a significant portion of this variance was a favorable revenue variance within the specialty pharmacy revenue of approximately \$755. There is a corresponding increase in overall supply costs for pharmaceuticals and as a result, a slight favorable margin variance exists on the program for the month compared to the operating plan.

Total FTEs during July were higher than budgeted targets for the month by 65 FTEs which reflects an increase in the overall variance from the prior month but still 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 over the last 7 months. The increase in July was anticipated as ECMC has to manage additional vacation time

Erie County Medical Center Corporation

Management Discussion and Analysis

For the month ended July 31, 2026

(Amounts in Thousands)

combined with a very busy summer trauma season, resulting in additional premium time and overall FTEs to fill vacancies. 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 continues, we expect the trends in FTEs to fluctuate 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.

Supply costs exceeded plan during the month as a result of additional pharmacy costs both within specialty pharmacy drug costs and pharmacy costs related to infusion therapy drugs.

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 7 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.

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. During the month of July, ECMCC received a short-term VAPAP support payment of \$37.9 million, recorded and reflected in the July income statement, to bridge cash flow and operating needs. However, the month of July had 3 (three) payroll pay-dates and as such, a full payroll was paid on the 31st, thus offsetting what would have been a more significant increase in days cash on hand from June. The net changes resulted in a range of 5-20 days of operating cash during the month of July, reflecting 8 days on July 31st. 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. Despite receiving a payment, management continues to work closely with the NYS Department of Health and their Financially Distressed Hospital Division's Vital Access Provider Program team to review and discuss cash flow support program opportunities for the remainder of the calendar and NYS fiscal 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 \$31.3 million from December 31, 2025. The increase in accounts receivable is due in part to the expected increases due to higher reimbursement rates placed into effect January 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 67.9 days on July 31, 2026, which has impacted net overall cash on hand.

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

Erie County Medical Center Corporation

Balance Sheet July 31, 2026 and December 31, 2025

(Dollars in Thousands)

	July 31, 2026	December 31, 2025	Change from December 31st
Assets			
Current Assets:			
Cash and cash equivalents	\$ 13,444	\$ 38,489	\$ (25,045)
Investments	10,772	13,122	(2,350)
Patient receivables, net	136,221	104,885	31,336
Prepaid expenses, inventories and other receivables	29,785	66,506	(36,721)
Total Current Assets	190,222	223,002	(32,780)
Assets Whose Use is Limited	134,687	181,665	(46,978)
Property and equipment, net	295,028	291,749	3,279
Other assets	99,069	99,827	(758)
Total Assets	\$ 719,006	\$ 796,243	\$ (77,237)
Liabilities & Net Position			
Current Liabilities:			
Current portion of long-term debt	\$ 13,215	\$ 13,215	\$ -
Current portion of lease liability	5,512	6,376	(864)
Current portion of subscription liability	9,735	10,536	(801)
Line of credit	10,000	10,000	-
Accounts payable	77,337	69,643	7,694
Accrued salaries and benefits	77,906	92,458	(14,552)
Other accrued expenses	188,876	209,639	(20,763)
Estimated third party payer settlements	5,386	5,983	(597)
Total Current Liabilities	387,967	417,850	(29,883)
Long-term debt	161,327	166,158	(4,831)
Long-term lease liability	14,692	18,042	(3,350)
Long-term subscription liability	8,620	11,675	(3,055)
Estimated self-insurance reserves	50,300	48,118	2,182
Other liabilities	400,160	428,943	(28,783)
Total Liabilities	1,023,066	1,090,786	(67,720)
Total Net Position	(304,060)	(294,543)	(9,517)
Total Liabilities and Net Position	\$ 719,006	\$ 796,243	\$ (77,237)

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Erie County Medical Center Corporation

Statement of Operations

For the month ended July 31, 2026

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net patient revenue	65,301	65,983	(682)	61,783
Less: Provision for uncollectable accounts	(2,939)	(1,474)	(1,465)	(2,098)
Adjusted Net Patient Revenue	62,362	64,509	(2,147)	59,685
Disproportionate share / IGT revenue	10,256	10,256	-	11,018
Other revenue	8,841	8,338	503	13,883
Total Operating Revenue	81,459	83,103	(1,644)	84,586
Operating Expenses:				
Salaries & wages	33,038	31,928	(1,110)	33,444
Employee benefits	12,009	11,892	(117)	11,037
Physician fees	11,560	10,860	(700)	9,905
Purchased services	8,369	7,879	(490)	7,225
Supplies	16,742	15,310	(1,432)	14,911
Other expenses	1,888	1,920	32	2,159
Utilities	789	669	(120)	616
Depreciation & amortization	4,188	4,188	-	3,801
Interest	889	981	92	1,009
Total Operating Expenses	89,472	85,627	(3,845)	84,107
Operating Income/(Loss) Before Other Items	(8,013)	(2,524)	(5,489)	479
Other Gains/(Losses)				
Grant revenue	37,900	-	37,900	-
Income/(Loss) from Operations	29,887	(2,524)	32,411	479
Other Non-operating Gain/(Loss):				
Interest and dividends	290	208	82	714
Unrealized gain/(loss) on investments	(794)	(184)	(610)	(567)
Non-operating Gain/(Loss)	(504)	24	(528)	147
Excess of Revenue/(Deficiency) Over Expenses	\$ 29,383	\$ (2,500)	\$ 31,883	\$ 626

Erie County Medical Center Corporation

Statement of Operations

For the seven months ended July 31, 2026

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net patient revenue	438,585	450,314	(11,729)	417,846
Less: Provision for uncollectable accounts	(12,988)	(9,969)	(3,019)	(10,644)
Adjusted Net Patient Revenue	425,597	440,345	(14,748)	407,202
Disproportionate share / IGT revenue	71,789	71,789	-	77,125
Other revenue	58,283	57,536	747	56,681
Total Operating Revenue	555,669	569,670	(14,001)	541,008
Operating Expenses:				
Salaries & wages	226,165	217,928	(8,237)	221,892
Employee benefits	81,680	81,583	(97)	73,856
Physician fees	79,900	76,022	(3,878)	72,522
Purchased services	53,634	54,590	956	47,972
Supplies	110,358	105,763	(4,595)	96,115
Other expenses	12,897	13,438	541	15,345
Utilities	5,658	4,572	(1,086)	4,457
Depreciation & amortization	29,317	29,317	-	26,899
Interest	6,524	6,869	345	6,538
Total Operating Expenses	606,133	590,082	(16,051)	565,596
Operating Income/(Loss) Before Other Items	(50,464)	(20,412)	(30,052)	(24,588)
Other Gains/(Losses)				
Grant revenue	38,252	-	38,252	9,081
Income/(Loss) from Operations	(12,212)	(20,412)	8,200	(15,507)
Other Non-operating Gain/(Loss):				
Interest and dividends	2,356	1,458	898	5,105
Unrealized gain/(loss) on investments	(10)	(1,291)	1,281	1,226
Non-operating Gain/(Loss)	2,346	167	2,179	6,331
Excess of Revenue/(Deficiency) Over Expenses	\$ (9,866)	\$ (20,245)	\$ 10,379	\$ (9,176)

Erie County Medical Center Corporation

Statement of Changes in Net Position

For the month and seven months ended July 31, 2026

(Dollars in Thousands)

	<u>Month</u>	<u>Year-to-Date</u>
Unrestricted Net Assets:		
Excess/(Deficiency) of revenue over expenses	\$ 29,383	\$ (9,866)
Other transfers, net	-	
Contributions for capital acquisitions	28	349
Change in accounting principle	-	-
Net assets released from restrictions for capital acquisition	-	-
	<u>29,411</u>	<u>(9,517)</u>
Change in Unrestricted Net Assets	<u>29,411</u>	<u>(9,517)</u>
Temporarily Restricted Net Assets:		
Contributions, bequests, and grants	-	-
Other transfers, net	-	-
Net assets released from restrictions for operations	-	-
Net assets released from restrictions for capital acquisition	-	-
	<u>-</u>	<u>-</u>
Change in Temporarily Restricted Net Assets	<u>-</u>	<u>-</u>
Change in Net Position	<u>29,411</u>	<u>(9,517)</u>
Net Position, beginning of period	<u>(333,471)</u>	<u>(294,543)</u>
Net Position, end of period	<u>\$ (304,060)</u>	<u>\$ (304,060)</u>

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Erie County Medical Center Corporation

Statement of Cash Flows

For the month and seven months ended July 31, 2026

(Dollars in Thousands)

	Month	Year-to-Date
Cash Flows from Operating Activities:		
Change in net assets	\$ 29,411	\$ (9,517)
Adjustments to Reconcile Changes in Net Assets to Net Cash Provided by/(Used in) Operating Activities:		
Depreciation and amortization	4,188	29,317
Provision for bad debt expense	2,939	12,988
Net change in unrealized (gain)/loss on Investments	794	10
<u>Changes in Operating Assets and Liabilities:</u>		
Patient receivables	(8,016)	(44,324)
Prepaid expenses, inventories and other receivables	7,329	36,721
Accounts payable	(6,006)	7,694
Accrued salaries and benefits	(13,922)	(14,552)
Estimated third party payer settlements	(66)	(597)
Other accrued expenses	(8,638)	(20,763)
Self Insurance reserves	98	2,182
Other liabilities	3,157	(28,783)
Net Cash Provided by/(Used in) Operating Activities	<u>11,268</u>	<u>(29,624)</u>
Cash Flows from Investing Activities:		
Additions to Property and Equipment, net	(3,172)	(32,596)
Decrease/(increase) in assets whose use is limited	6,593	46,978
Sale/(Purchase) of investments, net	(7,827)	2,340
Change in other assets	244	758
Net Cash Provided by/(Used in) Investing Activities	<u>(4,162)</u>	<u>17,480</u>
Cash Flows from Financing Activities:		
Principal payments on / proceeds from long-term debt, net	(694)	(4,831)
Principal payments on / additions to long-term lease liability, net	(616)	(4,214)
Principal payments on / additions to long-term subscription, net	(2,320)	(3,856)
Increase/(Decrease) in Cash and Cash Equivalents	3,476	(25,045)
Cash and Cash Equivalents, beginning of period	9,968	38,489
Cash and Cash Equivalents, end of period	<u>\$ 13,444</u>	<u>\$ 13,444</u>

Erie County Medical Center Corporation

Statistical and Ratio Summary

	July 31, 2026	December 31, 2025	ECMCC 3 Year Avg. 2023 - 2025
<u>Liquidity Ratios:</u>			
Current Ratio	0.5	0.5	0.6
Days in Operating Cash & Investments	9	20	23.2
Days in Patient Receivables	67.9	55.0	56.8
Days Expenses in Accounts Payable	65.7	56.6	54.6
Days Expenses in Current Liabilities	139.4	160.0	145.0
Cash to Debt	13.9%	57.1%	55.8%
Working Capital Deficit	\$ (197,745)	\$ (194,938)	\$ (138,572)
<u>Capital Ratios:</u>			
Long-Term Debt to Fixed Assets	54.7%	57.0%	63.2%
Assets Financed by Liabilities	142.3%	137.0%	134.7%
Debt Service Coverage (Covenant > 1.1)	1.1	1.1	1.7
Capital Expense	3.3%	2.7%	2.9%
Average Age of Plant	7.1	8.2	8.0
Debt Service as % of NPSR	3.3%	3.8%	4.0%
Capital as a % of Depreciation	111.2%	132.2%	60.3%
<u>Profitability Ratios:</u>			
Operating Margin	-9.1%	-8.6%	-7.0%
Net Profit Margin	-2.2%	-1.9%	-1.2%
Return on Total Assets	-2.3%	-1.7%	-1.0%
Return on Equity	5.4%	4.6%	2.9%
<u>Productivity and Cost Ratios:</u>			
Total Asset Turnover	1.4	1.2	1.1
Total Operating Revenue per FTE	\$ 287,056	\$ 273,402	\$ 254,866
Personnel Costs as % of Total Revenue	54.1%	55.3%	54.3%

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Erie County Medical Center Corporation

Key Statistics
Period Ended July 31, 2026

Current Period				Year to Date			
Actual	Budget	% to Budget	Prior Year	Actual	Budget	% to Budget	Prior Year
Discharges:							
1,110	1,145	-3.1%	1,108	7,309	7,745	-5.6%	7,474
215	253	-15.2%	242	1,512	1,667	-9.3%	1,626
181	169	6.9%	151	1,259	1,204	4.5%	1,141
28	35	-19.3%	32	160	217	-26.1%	160
1,534	1,603	-4.3%	1,533	10,240	10,833	-5.5%	10,401
Patient Days:							
9,079	8,548	6.2%	8,561	61,305	58,005	5.7%	57,568
3,695	3,664	0.8%	3,445	27,183	26,168	3.9%	25,873
665	618	7.6%	563	4,931	4,473	10.2%	4,313
564	601	-6.2%	556	3,008	3,555	-15.4%	2,615
14,003	13,431	4.3%	13,125	96,427	92,201	4.6%	90,369
Average Daily Census (ADC):							
293	276	6.2%	276	289	274	5.7%	272
119	118	0.8%	111	128	123	3.9%	122
21	20	7.6%	18	23	21	10.2%	20
18	19	-6.2%	18	14	17	-15.4%	12
452	433	4.3%	423	455	435	4.6%	426
Average Length of Stay:							
8.2	7.5	9.6%	7.7	8.4	7.5	12.0%	7.7
17.2	14.5	18.9%	14.2	18.0	15.7	14.5%	15.9
3.7	3.6	0.7%	3.7	3.9	3.7	5.5%	3.8
20.1	17.3	16.2%	17.4	18.8	16.4	14.5%	16.3
9.1	8.4	8.9%	8.6	9.4	8.5	10.6%	8.7
Occupancy:							
83.5%	84.3%	-0.9%	78.3%	83.5%	84.3%	-0.9%	78.3%
Case Mix Index:							
2.09	1.95	7.1%	1.93	2.02	1.94	4.5%	1.98
342	351	-2.6%	378	2,219	2,328	-4.7%	2,370
427	508	-15.9%	496	2,885	3,228	-10.6%	2,984
588	655	-10.2%	609	4,181	4,833	-13.5%	4,438
45	31	45.2%	20	246	163	50.9%	160
-	3	-100.0%	-	26	25	4.0%	18
26,285	26,758	-1.8%	25,877	183,306	187,153	-2.1%	180,386
5,836	5,896	-1.0%	6,135	38,708	39,032	-0.8%	39,508
67.9	44.2	53.6%	55.1	67.9	44.2	53.6%	55.1
4.5%	2.3%	98.5%	3.2%	3.0%	2.2%	32.2%	2.4%
3,281	3,240	1.3%	3,481	3,332	3,248	2.6%	3,393
3.89	3.96	-1.6%	4.37	3.95	3.96	-0.5%	4.23
\$ 20,136	\$ 19,813	1.6%	\$ 19,247	\$ 20,739	\$ 20,077	3.3%	\$ 19,261
\$ 27,416	\$ 24,574	11.6%	\$ 25,316	\$ 27,749	\$ 25,129	10.4%	\$ 25,017
Terrace View Long Term Care:							
11,765	11,848	-0.7%	11,719	79,969	81,003	-1.3%	79,994
380	382	-0.7%	378	377	382	-1.3%	377
97.3%	98.0%	-0.7%	96.9%	96.7%	98.0%	-1.3%	96.8%
480	456	5.3%	492	488	456	7.0%	476
6.5	6.2	6.1%	6.7	7.3	6.7	8.4%	7.1



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Internal Financial Reports
For the month ended August 31, 2026

Erie County Medical Center Corporation

Financial Dashboard
August 31, 2026

Statement of Operations:

	Month	Year-to-Date (YTD)	YTD Budget
Net patient revenue	\$ 57,369	\$ 482,967	\$ 503,637
Other	21,658	151,732	147,982
Total revenue	79,027	634,699	651,619
Salary & benefits	43,999	351,844	343,297
Physician fees	12,340	92,239	86,882
Purchased services	8,487	62,121	62,491
Supplies & other	17,837	146,754	141,743
Depreciation and amortization	4,188	33,505	33,505
Interest	896	7,420	7,850
Total expenses	87,747	693,883	675,768
Operating Income/(Loss) Before Other Items	(8,720)	(59,184)	(24,149)
Grant revenue	-	38,252	-
Income/(Loss) from Operations With Other Items	(8,720)	(20,932)	(24,149)
Other Non-operating gain/(loss)	567	2,913	192
Change in net assets	\$ (8,153)	\$ (18,019)	\$ (23,957)
Operating margin	-11.0%	-3.3%	-3.7%

Balance Sheet:

Assets:

Cash & short-term investments	\$ 32,092
Patient receivables	127,288
Assets whose use is limited	134,010
Other assets	410,273
	<u>\$ 703,663</u>

Liabilities & Net Assets:

Accounts payable & accrued expenses	\$ 340,768
Estimate self-insurance reserves	50,831
Other liabilities	403,079
Long-term debt, including current portion	173,847
Lease liability, including current portion	19,843
Subscription liability, including current portion	17,449
Line of credit	10,000
Net assets	(312,154)
	<u>\$ 703,663</u>

Cash Flow Summary:

	Month	YTD
Net cash provided by (used in):		
- Operating activities	\$ 11,991	\$ (17,633)
- Investing activities	(3,021)	14,459
- Financing activities	(1,962)	(14,863)
Increase/(decrease) in cash and cash equivalents	7,008	(18,037)
Cash and cash equivalents - beginning	13,444	38,489
Cash and cash equivalents - ending	<u>\$ 20,452</u>	<u>\$ 20,452</u>

Key Statistics:

	Month	YTD	YTD Budget
Discharges:			
- Acute	1,029	8,338	8,850
- Exempt units	404	3,335	3,521
Observation Cases:	339	2,558	2,671
Patient days:			
- Acute	8,663	69,968	66,513
- Exempt units	5,238	40,360	39,304
Average length of stay, acute	8.4	8.4	7.5
Case mix index Blended	1.94	2.01	1.94
Average daily census: Medical Center	448	454	435
Terrace View LTC	381	378	382
Emergency room visits, including admissions	5,862	44,570	44,820
Outpatient Visits	25,724	209,030	212,851
Days in patient receivables		64.0	



PROUD PARTNER OF THE BUFFALO BILLS

Erie County Medical Center Corporation

Management Discussion and Analysis

For the month ended August 31, 2026

(Amounts in Thousands)

August 2026 Operating Performance

During the month of August, operating performance was significantly impacted unfavorably by several factors. Inpatient discharges fell below the budgeted expectations as Alternative Level of Care (ALC) patients continued to exceed the budgeted targets and length of stay remained higher than plan. Total surgeries reflect unfavorable deviations from budgeted expectations as well as from the prior year which also contributed to the net patient service revenue falling below plan. Additionally, the case mix index or severity during the month fell below the budget which impacted the overall rate per case. August's acute average length of stay was 8.4 days (a slight increase from the ALOS in July of 8.2 days) and remains over 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 steady census of ALC patients within the facility is also unfavorably impacting our overall bad debt expense. As these accounts age or are not covered by insurance benefits any longer, the patient responsibility portion grows, thus driving up our risk of not collecting those balances. The revenue variances derived from these trends resulted in overall net patient service revenue which fell below budgeted expectations. As initiatives within the 2026 operating plan continue to mature, they will be reflected within the actual vs. budget variances, but are being muted by the significant changes in surgical practice in the community with shifts being seen towards outpatient physician owned surgery centers. Lastly, another driver of operating performance were locum costs for Anesthesiologists and EPIC user training costs, which are treated as operating expenses, as a part of the implementation project. While these training costs are funded by operating grants received from third party payer partnerships, they are expensed in large tranches which began in July and will continue through October. These costs for August totaled \$818,000. The overall result drove an operating loss for the month of (\$8,720). This operating loss is unfavorable when compared to the month's budgeted loss of (\$3,738).

Inpatient discharges during the month of 1,433 were less than the planned discharges of 1,538 (6.8% or 105 cases). The month's discharge volume also fell below the volume of cases discharged during August of 2025 by 7.0%. Within the total, acute discharges of 1,029 were below plan by 6.9%, behavioral health discharges of 205 were below plan by 8.0%, chemical dependency discharges of 172 were below plan by 2.3%, and medical rehabilitation discharges of 27 were below plan by 20.2%.

In conjunction with the increase in ALC census, the acute average length of stay was at 8.4 days during August, unfavorable to a budget of 7.7 days by 9.3%. The average daily census of the ALC patients within the facility during the month of 55 patients increased from the 50 patient average daily census during July and remains significantly higher than budgeted expectations of 30 patients. These statistical volumes, 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 noted above, as we continue to see an increase in uninsured patients and 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, with the next provisions effective January 2027, 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 August. Driving a significant portion of this variance was a favorable revenue variance within the specialty pharmacy revenue of approximately \$286. There is a corresponding increase in overall supply costs for pharmaceuticals and as a result, a slight favorable margin variance exists on the program for the month compared to the operating plan.

Erie County Medical Center Corporation

Management Discussion and Analysis

For the month ended August 31, 2026

(Amounts in Thousands)

Total FTEs during August were higher than budgeted targets for the month by 64 FTEs, which reflects a slight decrease in the overall variance from the prior month, but still 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 over the last 7 months. The increase in July was anticipated as ECMC has to manage additional vacation time combined with a very busy summer trauma season, resulting in additional premium time and overall FTEs to fill vacancies. 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 continues, we expect the trends in FTEs to fluctuate 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.

Supply costs exceeded plan during the month as a result of additional pharmacy costs both within specialty pharmacy drug costs and pharmacy costs related to infusion therapy drugs.

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 eight months. These costs during the month of over \$786,000 include a total of \$250,000 of invoices related to prior months which have now been reconciled. Additionally, continued investments in new physicians and additional infrastructure costs within PHP (Premier Health Partners, PC) represents a recurring variance from the operating plan.

Balance Sheet

ECMCC saw significant changes in cash during the first eight 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. During the month of July, ECMCC received a short-term NYS VAPAP support payment of \$37.9 million to bridge cash flow and operating needs. As of August 31, 2026, the days cash on hand for operations is approximately 12 days, which 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. Despite receiving a payment, management continues to work closely with the NYS Department of Health and their Financially Distressed Hospital Division's Vital Access Provider Assistance Program (VAPAP) team to review and discuss cash flow support program opportunities for the remainder of the calendar and NYS fiscal 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 \$22.4 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

Erie County Medical Center Corporation

Management Discussion and Analysis

For the month ended August 31, 2026

(Amounts in Thousands)

Receivable (average number of days a bill is outstanding) increased from 55 days on December 31, 2025, to 64.0 days on August 31, 2026, which has impacted net overall cash on hand.

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

Erie County Medical Center Corporation

Balance Sheet August 31, 2026 and December 31, 2025

(Dollars in Thousands)

	August 31, 2026	December 31, 2025	Change from December 31st
Assets			
Current Assets:			
Cash and cash equivalents	\$ 20,452	\$ 38,489	\$ (18,037)
Investments	11,640	13,122	(1,482)
Patient receivables, net	127,288	104,885	22,403
Prepaid expenses, inventories and other receivables	17,247	66,506	(49,259)
Total Current Assets	176,627	223,002	(46,375)
Assets Whose Use is Limited	134,010	181,665	(47,655)
Property and equipment, net	294,079	291,749	2,330
Other assets	98,947	99,827	(880)
Total Assets	\$ 703,663	\$ 796,243	\$ (92,580)
Liabilities & Net Position			
Current Liabilities:			
Current portion of long-term debt	\$ 13,215	\$ 13,215	\$ -
Current portion of lease liability	5,410	6,376	(966)
Current portion of subscription liability	9,399	10,536	(1,137)
Line of credit	10,000	10,000	-
Accounts payable	76,618	69,643	6,975
Accrued salaries and benefits	82,756	92,458	(9,702)
Other accrued expenses	176,151	209,639	(33,488)
Estimated third party payer settlements	5,243	5,983	(740)
Total Current Liabilities	378,792	417,850	(39,058)
Long-term debt	160,632	166,158	(5,526)
Long-term lease liability	14,433	18,042	(3,609)
Long-term subscription liability	8,050	11,675	(3,625)
Estimated self-insurance reserves	50,831	48,118	2,713
Other liabilities	403,079	428,943	(25,864)
Total Liabilities	1,015,817	1,090,786	(74,969)
Total Net Position	(312,154)	(294,543)	(17,611)
Total Liabilities and Net Position	\$ 703,663	\$ 796,243	\$ (92,580)



PROUD PARTNER OF THE BUFFALO BILLS

Erie County Medical Center Corporation

Statement of Operations

For the month ended August 31, 2026

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net patient revenue	61,527	64,747	(3,220)	61,783
Less: Provision for uncollectable accounts	(4,158)	(1,455)	(2,703)	(2,098)
Adjusted Net Patient Revenue	57,369	63,292	(5,923)	59,685
Disproportionate share / IGT revenue	13,108	10,256	2,852	11,018
Other revenue	8,550	8,399	151	13,883
Total Operating Revenue	79,027	81,947	(2,920)	84,586
Operating Expenses:				
Salaries & wages	31,968	31,897	(71)	33,444
Employee benefits	12,031	11,889	(142)	11,037
Physician fees	12,340	10,860	(1,480)	9,905
Purchased services	8,487	7,901	(586)	7,225
Supplies	15,360	15,380	20	14,911
Other expenses	1,574	1,920	346	2,159
Utilities	903	669	(234)	616
Depreciation & amortization	4,188	4,188	-	3,801
Interest	896	981	85	1,009
Total Operating Expenses	87,747	85,685	(2,062)	84,107
Operating Income/(Loss) Before Other Items	(8,720)	(3,738)	(4,982)	479
Other Gains/(Losses)				
Grant revenue	-	-	-	-
Income/(Loss) from Operations	(8,720)	(3,738)	(4,982)	479
Other Non-operating Gain/(Loss):				
Interest and dividends	280	208	72	714
Unrealized gain/(loss) on investments	287	(184)	471	(567)
Non-operating Gain/(Loss)	567	24	543	147
Excess of Revenue/(Deficiency) Over Expenses	\$ (8,153)	\$ (3,714)	\$ (4,439)	\$ 626



PROUD PARTNER OF THE BUFFALO BILLS

Erie County Medical Center Corporation

Statement of Operations

For the eight months ended August 31, 2026

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net patient revenue	500,112	515,060	(14,948)	417,846
Less: Provision for uncollectable accounts	(17,145)	(11,423)	(5,722)	(10,644)
Adjusted Net Patient Revenue	482,967	503,637	(20,670)	407,202
Disproportionate share / IGT revenue	84,898	82,045	2,853	77,125
Other revenue	66,834	65,937	897	56,681
Total Operating Revenue	634,699	651,619	(16,920)	541,008
Operating Expenses:				
Salaries & wages	258,133	249,824	(8,309)	221,892
Employee benefits	93,711	93,473	(238)	73,856
Physician fees	92,239	86,882	(5,357)	72,522
Purchased services	62,121	62,491	370	47,972
Supplies	125,717	121,143	(4,574)	96,115
Other expenses	14,476	15,360	884	15,345
Utilities	6,561	5,240	(1,321)	4,457
Depreciation & amortization	33,505	33,505	-	26,899
Interest	7,420	7,850	430	6,538
Total Operating Expenses	693,883	675,768	(18,115)	565,596
Operating Income/(Loss) Before Other Items	(59,184)	(24,149)	(35,035)	(24,588)
Other Gains/(Losses)				
Grant revenue	38,252	-	38,252	9,081
Income/(Loss) from Operations	(20,932)	(24,149)	3,217	(15,507)
Other Non-operating Gain/(Loss):				
Interest and dividends	2,636	1,667	969	5,105
Unrealized gain/(loss) on investments	277	(1,475)	1,752	1,226
Non-operating Gain/(Loss)	2,913	192	2,721	6,331
Excess of Revenue/(Deficiency) Over Expenses	\$ (18,019)	\$ (23,957)	\$ 5,938	\$ (9,176)



PROUD PARTNER OF THE BUFFALO BILLS

Erie County Medical Center Corporation

Statement of Changes in Net Position

For the month and eight months ended August 31, 2026

(Dollars in Thousands)

	<u>Month</u>	<u>Year-to-Date</u>
Unrestricted Net Assets:		
Excess/(Deficiency) of revenue over expenses	\$ (8,153)	\$ (18,019)
Other transfers, net	-	
Contributions for capital acquisitions	59	408
Change in accounting principle	-	-
Net assets released from restrictions for capital acquisition	-	-
	<u> </u>	<u> </u>
Change in Unrestricted Net Assets	<u>(8,094)</u>	<u>(17,611)</u>
Temporarily Restricted Net Assets:		
Contributions, bequests, and grants	-	-
Other transfers, net	-	-
Net assets released from restrictions for operations	-	-
Net assets released from restrictions for capital acquisition	-	-
	<u> </u>	<u> </u>
Change in Temporarily Restricted Net Assets	<u>-</u>	<u>-</u>
Change in Net Position	<u>(8,094)</u>	<u>(17,611)</u>
Net Position, beginning of period	<u>(304,060)</u>	<u>(294,543)</u>
Net Position, end of period	<u><u>\$ (312,154)</u></u>	<u><u>\$ (312,154)</u></u>



PROUD PARTNER OF THE BUFFALO BILLS

Erie County Medical Center Corporation

Statement of Cash Flows

For the month and eight months ended August 31, 2026

(Dollars in Thousands)

	Month	Year-to-Date
Cash Flows from Operating Activities:		
Change in net assets	\$ (8,094)	\$ (17,611)
Adjustments to Reconcile Changes in Net Assets to Net Cash		
Provided by/(Used in) Operating Activities:		
Depreciation and amortization	4,188	33,505
Provision for bad debt expense	4,158	17,145
Net change in unrealized (gain)/loss on Investments	(287)	(277)
<u>Changes in Operating Assets and Liabilities:</u>		
Patient receivables	4,775	(39,548)
Prepaid expenses, inventories and other receivables	12,538	49,259
Accounts payable	(719)	6,975
Accrued salaries and benefits	4,850	(9,702)
Estimated third party payer settlements	(143)	(740)
Other accrued expenses	(12,725)	(33,488)
Self Insurance reserves	531	2,713
Other liabilities	2,919	(25,864)
Net Cash Provided by/(Used in) Operating Activities	<u>11,991</u>	<u>(17,633)</u>
Cash Flows from Investing Activities:		
Additions to Property and Equipment, net	(3,239)	(35,835)
Decrease/(increase) in assets whose use is limited	677	47,655
Sale/(Purchase) of investments, net	(581)	1,759
Change in other assets	122	880
Net Cash Provided by/(Used in) Investing Activities	<u>(3,021)</u>	<u>14,459</u>
Cash Flows from Financing Activities:		
Principal payments on / proceeds from long-term debt, net	(695)	(5,526)
Principal payments on / additions to long-term lease liability, net	(361)	(4,575)
Principal payments on / additions to long-term subscription, net	(906)	(4,762)
Increase/(Decrease) in Cash and Cash Equivalents	7,008	(18,037)
Cash and Cash Equivalents, beginning of period	<u>13,444</u>	<u>38,489</u>
Cash and Cash Equivalents, end of period	<u>\$ 20,452</u>	<u>\$ 20,452</u>



PROUD PARTNER OF THE BUFFALO BILLS

Erie County Medical Center Corporation

Statistical and Ratio Summary

	August 31, 2026	December 31, 2025	ECMCC 3 Year Avg. 2023 - 2025
<u>Liquidity Ratios:</u>			
Current Ratio	0.5	0.5	0.6
Days in Operating Cash & Investments	12	20	23.2
Days in Patient Receivables	64.0	55.0	56.8
Days Expenses in Accounts Payable	61.0	56.6	54.6
Days Expenses in Current Liabilities	136.6	160.0	145.0
Cash to Debt	18.5%	57.1%	55.8%
Working Capital Deficit	\$ (202,165)	\$ (194,938)	\$ (138,572)
<u>Capital Ratios:</u>			
Long-Term Debt to Fixed Assets	54.6%	57.0%	63.2%
Assets Financed by Liabilities	144.4%	137.0%	134.7%
Debt Service Coverage (Covenant > 1.1)	0.9	1.1	1.7
Capital Expense	3.0%	2.7%	2.9%
Average Age of Plant	7.2	8.2	8.0
Debt Service as % of NPSR	3.4%	3.8%	4.0%
Capital as a % of Depreciation	107.0%	132.2%	60.3%
<u>Profitability Ratios:</u>			
Operating Margin	-9.3%	-8.6%	-7.0%
Net Profit Margin	-3.5%	-1.9%	-1.2%
Return on Total Assets	-3.8%	-1.7%	-1.0%
Return on Equity	8.5%	4.6%	2.9%
<u>Productivity and Cost Ratios:</u>			
Total Asset Turnover	1.4	1.2	1.1
Total Operating Revenue per FTE	\$ 287,917	\$ 273,402	\$ 254,866
Personnel Costs as % of Total Revenue	54.0%	55.3%	54.3%



Erie County Medical Center Corporation

Key Statistics Period Ended August 31, 2026

Current Period				Year to Date			
Actual	Budget	% to Budget	Prior Year	Actual	Budget	% to Budget	Prior Year
Discharges:							
1,029	1,105	-6.9%	1,106	8,338	8,850	-5.8%	8,580
205	223	-8.0%	218	1,717	1,890	-9.2%	1,844
172	176	-2.3%	181	1,431	1,381	3.7%	1,322
27	34	-20.2%	36	187	250	-25.3%	196
1,433	1,538	-6.8%	1,541	11,673	12,371	-5.6%	11,942
Patient Days:							
8,663	8,508	1.8%	8,849	69,968	66,513	5.2%	66,417
4,073	3,853	5.7%	3,837	31,256	30,021	4.1%	29,710
608	683	-11.0%	717	5,539	5,156	7.4%	5,030
557	572	-2.6%	503	3,565	4,127	-13.6%	3,118
13,901	13,616	2.1%	13,906	110,328	105,817	4.3%	104,275
Average Daily Census (ADC):							
279	274	1.8%	285	288	274	5.2%	273
131	124	5.7%	124	129	124	4.1%	122
20	22	-11.0%	23	23	21	7.4%	21
18	18	-2.6%	16	15	17	-13.6%	13
448	439	2.1%	449	454	435	4.3%	429
Average Length of Stay:							
8.4	7.7	9.3%	8.0	8.4	7.5	11.7%	7.7
19.9	17.3	15.0%	17.6	18.2	15.9	14.6%	16.1
3.5	3.9	-8.9%	4.0	3.9	3.7	3.6%	3.8
20.6	16.9	22.0%	14.0	19.1	16.5	15.6%	15.9
9.7	8.9	9.6%	9.0	9.5	8.6	10.5%	8.7
Occupancy:							
93.2%	85.5%	9.1%	93.3%	93.2%	85.5%	9.1%	93.3%
Case Mix Index:							
1.94	2.00	-2.6%	2.01	2.01	1.94	3.6%	1.98
339	343	-1.2%	337	2,558	2,671	-4.2%	2,707
407	483	-15.7%	436	3,290	3,711	-11.3%	3,420
570	655	-13.0%	591	4,753	5,488	-13.4%	5,029
59	30	96.7%	53	305	193	58.0%	213
3	4	-25.0%	5	29	29	0.0%	23
25,724	25,699	0.1%	24,415	209,030	212,851	-1.8%	204,801
5,862	5,788	1.3%	5,852	44,570	44,820	-0.6%	45,360
66.6	44.2	50.7%	56.7	66.6	44.2	50.7%	56.7
6.8%	2.3%	198.4%	1.6%	3.4%	2.2%	52.1%	2.3%
3,266	3,236	0.9%	3,488	3,324	3,247	2.4%	3,404
3.80	3.92	-3.3%	4.14	3.93	3.96	-0.7%	4.20
\$ 19,317	\$ 20,359	-5.1%	\$ 19,959	\$ 20,583	\$ 20,112	2.3%	\$ 19,350
\$ 29,532	\$ 27,427	7.7%	\$ 27,073	\$ 29,469	\$ 26,829	9.8%	\$ 26,620
Terrace View Long Term Care:							
11,820	11,881	-0.5%	11,810	91,789	92,884	-1.2%	91,804
381	383	-0.5%	381	378	382	-1.2%	378
97.8%	98.3%	-0.5%	97.7%	96.9%	98.0%	-1.2%	96.9%
490	456	7.4%	507	488	456	7.0%	479
6.6	6.1	8.0%	6.9	7.2	6.7	8.3%	7.1



PROUD PARTNER OF THE BUFFALO BILLS

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

University at Buffalo Update

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

CMO Update

- Preparations continue for Epic go-live.

Communications and External Affairs Report
Submitted by Peter K. Cutler
Senior Vice President of Communications and External Affairs
September 22, 2026

Marketing

- Launched new ECMC :30 TV ad highlighting ECMC's clinical excellence with tagline: *ECMC: Always Leading. Always Innovating.* We will use the platform of that TV spot and work in future TV ads highlighting various ECMC service lines (e.g., Orthopedics, Skull Base Surgery, Head & Neck) that will all be unified under the tagline. There will also be related print, radio and digital placements of these ads.

Media Report

- Coordinated Andy Davis's continuing media interviews, highlighting his new tenure as President and CEO. A feature profile ran in *The Buffalo News* on Monday, September 14th and Andy is schedule for a related profile interview with Tracey Drury of *Buffalo Business First* on Monday, October 5th.
- As part of this effort, Andy conducted a one-hour taped podcast interview on August 25th with Dave Greber and Kelsey Anderson of WIVB-TV (Channel 4).
- ECMC's Medical Minute partnership with WGRZ-TV included the featured following topics in April/May: Sinus Surgery (Dr. Woodard), Lymphedema (Dr. Falco), Lower Back Arthritis (Dr. Bychov), Breast Health Center (Lucia Gioeli), Sunburn Prevention (Dr. Manka) and E-Bike Safety (Beth Moses).

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.
- 8/31/26 letter from AD to CMS: Erie County Medical Center writes to oppose the Centers for Medicare & Medicaid Services' (CMS's) proposals to: (1) cut payment for 340B drugs by almost 40%, (2) use the savings from those cuts to increase payment to for-profit and other non-340B hospitals, and (3) cut reimbursement for non-drug services and supplies by 3%, instead of 0.5% as previously announced, for CY 2027-29, for the sole purpose of expediting CMS's recoupment of payments made under its 2018-2022 unlawful 340B cuts. Our hospital participates in 340B due to our high volume of Medicaid and low-income Medicare patients, and we rely on 340B to continue providing life-saving and essential hospital services to our low-income patients and our community. CMS's proposals would undermine 340B, which has operated for 34 years, jeopardizing our ability to continue providing that care.

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

Attendance (Voting Members):

Dr. Anillo	Dr. Bakhai	Dr. Brewer	Rebecca Buttaccio, PA
Dr. Cumings	Dr. DePlato	Dr. Drumsta	Dr. Chen
Dr. Cheng	Dr. Griffith	Dr. Khan	Dr. Krabill
Parveen Minhas	Dr. Murray	Dr. Nagai	Dr. Pugh
Dr. Rossitto	Dr. Ruggieri	Dr. Sieminski	Dr. Spiro
Dr. Wilkins	Dr. Tanaka	Dr. Yedlapati	

Non-Voting Members and Guests:

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

I. CALL TO ORDER

Dr. Jennifer Pugh, MD on behalf of Michael Manka, President, called the meeting to order at 11:30 am.

A. PRESIDENT'S REPORT:

1. Dr. Pugh began with the announcement of our picnic tomorrow. Lunch will be available along with the annual tent sale.
2. Thank you to Lisa G. for organizing the resident quality symposium. It was a great mix of presentations.
3. The Medical Dental Staff annual meeting will be held on November 19, 2026 with only one session from 4:30 – 7:30 pm. Please reach out to your faculty members and extend an invitation to them.

II. ADMINISTRATIVE REPORTS

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

1. CEO – Andrew Davis

- a. Andy acknowledged it was a very busy July and thanked the team, especially all who worked in the ED over the holiday weekend.
- b. Heather Gallagher was promoted to Vice President of HR. This will be an interim position. We will not be moving forward on a search as of yet.
- c. We have added Wayne Starnes, PE as ECMC's Vice President of Construction Management.
- d. Congratulations to Angela Hauser, Administrator of Terrace View for a great

NYSDOH recertification survey at Terrace View.

- e. We are getting closer to our Epic go-live date. Thank you to everyone for your efforts.
- f. This is our 10th year with the Smile Cookie Campaign. We have raised over \$1 million dollars!
- g. We are creating a policy with regard to the MAID Act.

2. COO Report – Cassie Davis

- a. Byte coolers have been installed throughout the hospital for additional food purchases.
- b. We will be reinstating a position in facilities maintenance. This will be a very beneficial position for the hospital.
- c. We continue working on efficiencies to optimize throughput.
- d. We are working with Dr. DePlato and the Anesthesia Department to build up staff.

3. CFO REPORT – Jon Swiatkowski

- a. Mr. Swiatkowski spoke on June Key Statistics.
- b. A review of observation cases, case mix discharges, acute average length of stay, case mix adjusted length of stay, acute case mix index numbers along with admissions via the ED and outpatient visits took place.
- c. We continue to work with the state for additional funding.
- d. We recently received FEMA grant money totaling \$352,000.
- e. Contract negotiations with Highmark have been closed out.
- f. Thank you everyone and your respective teams with your assistance on several go-live implementations.

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

- a. We continue to echo the excitement about the upcoming Epic system.
- b. Thank you ECMC & Kaleida for your continued partnerships.
- c. Andea Manyon will be staying for one more year. An interim chair search will be taking place.
- d. Surgery Chair search is now taking place.
- e. The Rise, Respond, Rebuild program begins on September 11, 2026.
- f. UB has received sever NIH grants during the last week.
- g. The new President at UB takes over on August 10th.

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

- a. Recruiting new nurses and expanding the scope of their work.
- b. All major nursing schools will be on campus this fall.
- c. Working on throughput concerns.
- d. Need discharge orders in 10:00am if possible.

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

- a. Dr. Cloud reviewed hospital operation updates reviewing volumes, admissions, observations, average length of stay and ALC days, along with inpatient and outpatient surgeries.
- b. An Epic Wave 1 go-live update was shared. We are reviewing lessons

learned and improving before we go live in October. We are less than 120 days to go-live.

- c. Thank you to Dr. Andrew Manyon who is stepping down from her leadership position. She will continue to focus more on patient care.
- d. There is an ongoing search for a Chair of Ophthalmology and Chair of Surgery.

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

- a. No Report.

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

- a. Dr. Panesar asked for additional super users. Please reach out if you are interested. ECMC has about 50 as of now, Kaleida had 200.
- b. Epic is looking to have workflow demonstrations performed.
- c. This Wednesday marks 90 days until our go-live. There will be a readiness assessment in the Smith Aud beginning at 10:30 am. Please attend if you are able.

VIII. ECMC FOUNDATION REPORT – Julie Berrigan, Executive Director

- a. Picnic and tent sale begin tomorrow. If you need anything, please reach out to Julie via her cell at 716-939-0220
- b. August 7, 2026 is employee night at the Bisons.
- c. Erie County Fair tickets are available in the Foundation office.
- d. Subaru Run – please pick up your packet in the Foundation office.

IX. CREDENTIALS COMMITTEE REPORT – Yogesh Bakhai, MD

- a. No extractions.
- b. New to ECMC: ECMC Medical Staff is credentialing pharmacists who are certified through NYS to provide Collaborative Drug Therapy Management. The first pharmacist to provide this service will work in the Internal Medicine Clinic in collaboration with Dr. Ellen Rich. She will manage diabetic patients. Credentialing criteria is proposed as per the Credentials Committee Meeting minutes.
- c. Also new to ECMC and to Western New York: Urology will begin providing Aquablation: Transurethral Waterjet Ablation of the Prostate. Credentialing criteria is proposed as per the Credentials Committee Meeting minutes.

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

- a. No Report.

XI. CONSENT CALENDAR

MEETING MINUTES/MOTIONS

PAGE #

1. MINUTES of the Previous MEC Meeting: June 15, 2026

6-10

Receive and File

MEETING MINUTES/MOTIONS		PAGE #	
2.	Credentials Committee: July 2, 2026	12-27	Receive and File
	Appointments/ Reappointments/ Resignations		Review and Approve
	Dual Reappointment Applications		Review and Approve
	Pharmacy Delineation of Privileges	28-31	Review and Approve
	Extraction(s)		
3.	HIM Committee – No Report		Receive and File
4.	Graduate Medical Education Committee – Minutes of May 20, 2026	33-39	Receive and File
5.	P & T Committee – Minutes of July 7, 2026	43-98	Receive and File
	Formulary Adjustments		
	Convert IVPB Valproate to IV Push Valproate		Receive and File
	Institute Daptomycin Dose Rounding		Receive and File
	Policy Approval		
	Aerosol Medication – Respiratory Therapy Driven Protocol	82-86	Review and Approve
	Pharmacy and Therapeutics Committee Policy	87-90	Review and Approve
	Nebulized Eproprostenol	91-94	Review and Approve
	Therapeutic Interchange – SGLT-2 Update	99-146	Review and Approve
	*Inhalers to nebs for the ED, IPHold, Observation units, and ICU patients		
	*SGLT-2 Inhibitors update		
6.	Professional Dev. & Wellness Committee – Minutes of June 18, 2026	148	Receive and File
7.	Resource Management Committee – No Report		Receive and File
8.	New Business		Receive and File

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

UNANIMOUSLY APPROVED

XII. NEW BUSINESS – Jennifer Pugh, MD oh behalf of Michael Manka, MD

1. No new Business

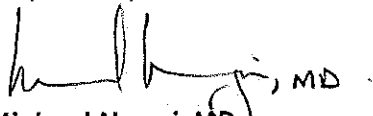
XIII. EXECUTIVE SESSION

1. **MOTION MADE AND CARRIED** at 12:23pm 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 June 9, 2026
 - b. Chiefs of Service meeting minutes of June 11, 2026
 - c. Leadership Council Report for June 2026
4. Phyllis Murawski, RN shared a quality and patient report and a regulatory report.
We are waiting for the NYSDOH Radiology survey along with Transplant UNOS survey expected in 2026.

XIV. ADJOURNMENT

There was no further business conducted. Motion to adjourn the meeting was made and seconded. The next meeting will be on Monday, August 24, 2026, at 11:30 am via Teams/Hybrid in the Dr. Zizzi conference room at ECMC. The meeting was adjourned at 12:32 pm.

Respectfully submitted,


Michael Nagai, MD

Secretary
Medical Executive Committee