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
OCTOBER 27, 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 OCTOBER 27, 2026

IV. REPORTS FROM THE CORPORATION'S LEADERSHIP TEAM

A) **Chief Executive Officer & President**

B) **Chief Financial Officer**

C) All other reports from leadership are received and filed

V. REPORTS FROM STANDING COMMITTEE CHAIRS

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

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

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

VI. EXECUTIVE SESSION

VII. ADJOURN

ERIE COUNTY MEDICAL CENTER CORPORATION
SEPTEMBER 22, 2026 MINUTES OF THE
BOARD OF DIRECTORS MEETING
HYBRID MEETING HELD

Present:	James Blackwell, Ronald Bennett, Reverend Mark Blue, Andrew Davis, Darby Fishkin, Sharon Hanson, Christian Johnson, James Lawiski*, Christopher O'Brien*, Hon. John O'Donnell, Jennifer Persico, Reverend Kinzer Pointer, Eugenio Russi, Michael Seaman, Benjamin Swanekamp
Excused:	Michael Hoffert, Philip Stegemann, MD
Also Present:	Julie Berrigan, Donna Brown, Samuel Cloud, MD, John Cumbo, Peter Cutler, Cassandra Davis, Heather Gallagher, Joseph Giglia, Angela Hauser, Charlene Ludlow, Michael Manka, MD, Phyllis Murawski, Jonathan Swiatkowski

*virtual

I. Call to Order

Having a quorum, 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 Michael Seaman, the minutes of the July 28, 2026 regular meeting of the Board of Directors were unanimously approved.

III. Board Presentation

Jonathan Swiatkowski presented a draft operating and capital plan overview for the proposed 2027 budget and stated that the Finance Committee had met and voted unanimously to recommend the 2027 operating and capital budgets for approval by the Board. Discussion followed. Mr. Swiatkowski and the finance team were commended for their efforts on the budget.

IV. Action Items

Resolution Approving the 2027 Operating and Capital Budgets of the Corporation
Moved by Reverend Mark Blue and seconded by Reverend Pointer Kinzer
Motion approved unanimously

Resolution of the Board of Directors of Eric County Medical Center Corporation Approving Service Contracts in Excess of One Year
Moved by Reverend Kinzer Pointer and seconded by Reverend Mark Blue
Motion approved unanimously

Resolution Receiving and Filing Medical-Dental Staff Meeting Minutes
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 employees of the month for August and September and the most recent Tulip Award winner. Davis recognized National Advanced Pracitve Providers Week and Puerto Rican and Hispanic Day. Univera Foundation made a site visit and made a presentation to the population health team. The Value of September is Excellent: Employees provided testing at a Stand Up to Cancer event; Terrace View emplyees held their annual Family/Resident picnic and received t-shirts recognizing their Newsweek Ranking. Statistics were shared showing the success of Healthcare Explorers. Patient Safety Indiscator show that ECMC is working hard to keep numbers lowet that CMS National rate. Hospital Aquired Infection remains lower than the 2026 CMS goal with the exception of CDIFF. Human Experience scores remain favorable. There have been 232 new hires in 2026: 170 clinical and 62 non-clinical. Global Oversight Committee of the Lymphatic Education & Research Network named ECMC a LE&RN Surgery Network of Excellence in Lymphatic Disease. Additionally, ECMC awarded a DHS Substance Abuse and Mental Health Services Administration (SAMHSA) Grant ($1.5 M over 3 years)

Chief Financial Officer

Jonathan Swiatkowski presented key statistics and performance drivers for August. As with the most recent months, the financial performance in September was driven by volume. Discharges and surgeries fell below budget. ALC patients remain very high leading to a higher length of stay than budget and last year. Acute Case Mix Index was slightly lower than planned, down 2.6%. Outpatient visits and ED visits met or exceeded budget and 2025. Mr. Swiatkowski reported on the drivers of the budget. Discussion followed regarding performance improvement initiatives and emerging issues.

VI. Standing Committees

a. **Executive Committee:** Mr. Russi reported on the Executive Committee meetings which met in August and September

b. **Finance Committee:** Mr. Seaman stated that the information from the meeting was covered by the reporting of Mr. Swiatkowski.

c. **Audit Committee:** Darby Fishkin gave a summary on the last Audit Comittee meeting.

d. **Buildings and Grounds Committee:** Ronald Bennett reported on the ongoing projects at ECMC.

e. **Investment Committee:** Mr. Russi gave a brief update on the most recent Investment Committee meeting.

f. **MWBE Committee:** Reverend Mark Blue gave a short update on the MWBE Committee and ongoing projects.

g. **Quality Improvement and Patient Safety Committee:** Michael Hoffert was absent and no report was given.

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

VII. Adjournment

Moved by Reverend Kinzer Pointer to adjourn the Board of Directors meeting at 5:37pm.



Sharon L. Hanson
Corporation Secretary

ERIE COUNTY MEDICAL CENTER CORPORATION
SEPTEMBER 15, 2026 MEETING MINUTES
MEETING OF THE
EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS

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

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

I. Call to Order

The meeting was called to order at 4:00 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 August 25, 2026.

III. Hospital Update

General Overview

Chief Executive Officer, Andrew Davis, gave a very brief hospital update. The hospital is continuing to work to find nontraditional ways to discharge ALC patients. Ortho numbers are down as surgeries are being moved to ambulatory centers and an increase in anesthesiology resulted in a need for locums. Compounded, results were an $8.7M loss.

Finances Report

Jon Swiatkowski reported that August was a very challenging month. Inpatient volume was down about 7% from plan and last year. Length of stay was 8.4 days, up from 8.2. ALC patient population is at 55, up from 50 in July. The high number of ALC patients is causing a lower number of discharges. Overall surgeries are 14.1% lower than budget. There was a $8.7M loss before additional revenue.

IV. 2027 Budget

Jon Swiatkowski presented the following budget goals for 2027: maintain the highest quality of care provided; maintain critical services provided to the community; continue to manage the patient length of stay and experience, while addressing community admission challenges, maintain select capital and equipment upgrades; maximize retention of staff, improve staffing efficiency and meet NYS minimum standards.

Extensive discussion followed regarding projected revenue and expenses; performance improve initiatives and emerging issues and risk areas. The 2027 Capital Budget was reviewed. The NYS STRIDE program was presented and questions were answered. Discussion followed.

V. Safety Net Transformation Funding Update
A brief update was given on Safety Net Transformation funding.

VI. EPIC Update
ECMC is 39 days away from the launch of EPIC. Training continues.

VII. Medical Aid & Dying Act (MAID)
ECMC has a policy in place for MAID.

VIII. Adjourn
There being no other business, the meeting was adjourned at 5:14 p.m.

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS
MINUTES OF THE FINANCE COMMITTEE MEETING

SEPTEMBER 15, 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 CASSIE DAVIS VANESSA HINDERLITER	

I. CALL TO ORDER

The meeting was called to order at 8:31 am by Chair Michael Seaman.

II. REVIEW AND APPROVAL OF MINUTES

Motion was made by Ms. Darby Fishkin, seconded by Reverand Blue, and unanimously passed to approve the minutes of the Finance Committee meeting of September 15, 2026.

III. OPERATING PERFORMANCE

Mr. Swiatkowski began his presentation with a review of key statistics for the month of August. He noted that August was a challenging month, reflecting the same trends as prior months, led primarily by Average Length of Stay (ALOS) in excess of budget at 8.4 days versus 7.7 days, and Alternative Level of Care (ALC) patients continuing to create throughput issues. He noted reductions in surgery compared to budget and prior year, led by variances in orthopedics and oral surgeries, which negatively impacted revenue. Inpatient cases were 7% below budgeted expectations and prior year numbers. Outpatient and ED visits were noted to be in line with plan. Case mix was noted to be below budget, at 1.94 versus 2.01, but remains strong for the year. Total days of cash increased compared to prior month based on the timing of payments. Overall, the month reflected a loss of $8.7 million versus the $3.7 million budget, led by volume issues, case mix, increased bad debt expenses as self-pay and uninsured patient volumes increase and expense trends similar to prior months.

Mr. Swiatkowski summarized expenses for the month of August. He noted that FTEs continued to be in excess of budget for the year, with PTO and vacation time also impacting FTE and overtime numbers. Epic software development and employee training was noted to be a significant cost for the month which will continue through November. Utilities were in excess of budget due to market fluctuations, and physician fees were higher than plan due to the continued need for locum tenens in anesthesiology.

The year-to-date financial performance reflected a loss of $59 million before grant revenue versus a budget of $24.1 million. NYS operating support grant and FEMA grant revenue along with positive investment income reduced that number to $18 million for the month. Mr. Davis noted that assistance was provided to ECMC through the NYS Vital Access Provider Assistance Program.

IV. OTHER UPDATES

Mr. Swiatkowski provided an update on capital projects. The ground floor pharmacy project was noted to be near completion and was anticipated to be opened in the next few months. Ms. Davis clarified that ECMC is currently waiting on accreditation and were optimistic that the pharmacy could open in November. The CON regarding the 11th floor construction project has been filed and the project can be put out to bid as soon as the CON is approved. Final estimates on construction costs regarding the MRI project are also nearing conclusion. Both of these grant funded projects are anticipated to begin in early 2027.

Dr. Stegemann requested details regarding the new MRI project and Cassie Davis explained to the satisfaction of the committee, clarifying that this allows ECMC to have both an inpatient and outpatient MRI available.

Mr. Swanekamp requested more details regarding New York State's Medicaid policies and how the rise in uninsured patients would impact the hospital. Mr. Swiatkowski expanded on the changes to the essential plans and the rising number of uninsured and self-pay patients.

V. 2027 PROPOSED OPERATING AND BUDGET REVIEW

Mr. Swiatkowski noted for the Committee that at the conclusion of his budget presentation he would be requesting a motion to submit the proposed budget to the Board with a recommendation for approval.

Mr. Swiatkowski provided an overview of the 2027 budget proposal. He noted that the goals for ECMC looking into 2027 were to stabilize financially, improve access to care, and continue to operate without impacting access to care of closing services. Focus was

placed on throughput issues, reducing length of stay and employee retention. It is anticipated that the implementation of Epic will provide increased revenue opportunities but that increases in costs will outweigh increases to reimbursements. New York State and Federal assistance will be crucial but was not included in the budget as it will be hard to predict what becomes available to ECMC. Mr. Swiatkowski informed the Committee that the budget as prepared reflects a $79 million dollar loss for 2027. He confirmed that all mandatory New York State regulations with regard to the budget submission will be met and summarized same for the Committee.

Mr. Swiatkowski next briefly reviewed the revenue and operating margin numbers for 2027 which reflected a $24 million anticipated increase to benefit and retirement costs based on market predictions and actuarial analysis. He also noted that the 2027 budget will reflect revenue in excess of $1.0 billion. Dr. Stegemann requested some clarification on why benefits and actuarial expenses were so high, and Mr. Swiatkowski and Mr. Davis clarified that while the challenges are diverse, pension and benefit increases were significant factors. Mr. Swiatkowski reviewed revenues and expenses in closer detail, noting that expenses included inflationary increases to salary, supplies and utilities.

Mr. Swiatkowski reviewed the key financial ratios, including a projection of 1.4 days cash on hand. He reiterated that State and Federal assistance were crucial but not included.

He provided a volume summary for 2027. Growth is anticipated, with 3% growth in discharges and decreased length of stay from 8.4 to 7.7. ALC patients are anticipated to continue to be seen, but throughput challenges will improve. Outpatient visits are anticipated to increase 1.8%, led by specialty physicians. Behavioral health is anticipated to increase due to expansions in capacity. There are plans for an improved referral center which would improve ECMC's ability to schedule new patients. Mr. Davis noted for the Committee that Epic's ability to quickly communicate between physicians and the hospital will also lead to improvements. Ms. Davis noted that outpatient visits are leading growth, having doubled since 2016.

In summarizing anticipated revenue for 2027, Mr. Swiatkowski pointed to anticipated growth in Emergency Department (ED) visits due to improvements in LOS and ALC numbers. He noted 85% of inpatient admissions are through the ED. Increases in IGT revenue improvements to revenue cycle denials and underpayments are expected to improve revenue. However, reductions to the 340b program revenue and discounts, increases in bad debt expense as a result of work rules and other regulations being instituted by CMS need to be considered.

Mr. Swiatkowski reviewed expenses noting that significant increases to benefit and health insurance costs lead by increased pension obligations are anticipated as well as increases in specialty pharmacy costs. The anticipated increase to health insurance costs is roughly 7%. FTEs remain consistent but include initiatives to fill vacancies in the ED and behavioral health. Physician fees were based on anticipated growth in Premier Health Partners and the need for locum tenens anesthesiologists although that number should be reduced.

Mr. Swiatkowski noted that the budget also anticipates increases to physician contract costs based on growth in outpatient areas and increase administrative costs regarding the specialty pharmacy. Regarding the specialty pharmacy program, a 6% inflationary increase was anticipated, as well as increases in depreciation and interest costs.

Mr. Swiatkowski reviewed the budget's cash flow assumptions. Epic should significantly lower days in accounts receivable. Days in accounts payable are 65 days which is manageable but creates some vendor complications. He reiterated the initiatives that are being implemented including vendor potential consolidation. Dr. Stegemann led a conversation about the pros and cons of vendor consolidation as it relates to physician preference. Mr. Swiatkowski informed the Committee that a monthly meeting of surgeons takes place where these initiatives are considered which a focus on optimal patient care.

Mr. Swiatkowski reviewed emerging risk areas which were noted to be consistent with previous years. Epic implementation creates risk but also opportunity and it is anticipated that any negative impact will be temporary. Mr. Swiatkowski reviewed the capital budget and summarized briefly that it is consistent with 2026 at $8 million in routine spend, but also reflects $16 million in various grant funded projects including the MRI addition, 11th floor and generator projects.

Mr. Swiatkowski presented the 3-year financial projection required by New York State, in which, significant losses and operating improvements are anticipated.

Mr. Swiatkowski asked if the Committee has any questions regarding his presentation. In addressing a question by Mr. Seaman, Mr. Swiatkowski noted that Epic should increase efficiency in receiving payments from the payers and there are discussions with New York State regarding accelerated payments when needed. Mr. Swiatkowski then requested an off the record discussion with the committee, which was granted by Mr. Seaman.

When the committee meeting resumed, Mr. Seaman requested a motion to recommend the 2027 budget to the Board of Directors for approval which was unanimously approved.

VI. ADJOURNMENT

There being no further business, the meeting was adjourned at 9:43 AM by Chair Michael Seaman.

ERIE COUNTY MEDICAL CENTER CORPORATION

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

TUESDAY, SEPTEMBER 8, 2026
MICROSOFT TEAMS PLATFORM

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

PRESENTERS: JENNIFER PUGH, MD, JEFFREY JORDAN, MD, AND RACHAEL ROSSITTO, DDS

SERGIO ANILLO, MD
DONNA BROWN
CHARLES CAVARETTA
SAM CLOUD, DO
PETER CUTLER
ANDY DAVIS
CASSIE DAVIS
BECKY DELPRINCE
KEITH KRABILL, MD
CHARLENE LUDLOW, RN, CIC
PHYLLIS MURAWSKI, RN
BRIAN MURRAY, MD
JENNIFER PUGH, MD
MEG REILLY, RN
RACHAEL ROSSITTO, DDS
JOANN WOLF, RN
ASHVIN TADAKAMALLA, MD

Call to Order

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

I. Minutes

July 14, 2026, meeting minutes were distributed for review. A motion was made and seconded to approve the minutes. They will be forwarded to the Board of Directors for filing.

II. Emergency Medicine – Jennifer Pugh, MD

Dr. Pugh presented on Emergency Medicine. The agenda consisted of department updates, volume and outcomes, QAPI projects and department goals. A department update included the recruiting of four new attending physicians with the focus remaining on department throughput, MCI readiness and Epic roll out.

Volume remains steady throughout the emergency department. Patients are being seen in specialty areas of the hospital making for a lighter load in the emergency department.

Dr. Pugh reviewed having a provider in triage and how it is helpful, but it is not the answer. Core metrics were also reviewed and include working on excessive wait time, patients left without being seen, extended boarding and prolonged length of stay. The department is doing the best they can to keep patients moving through the process.

The emergency department works with the Federal Government on mass casualty readiness drills. A drill was held in June with another one planned for October. The department experienced a mass casualty event last year with the tour bus that crashed on the I-90.

Epic training and readiness continue in the emergency department. They have over 46 orders sets that need to be created due to the significant changes taking place throughout the facility.

III. Wound Care – Jeffrey Jordan, MD

Dr. Jordan and Meg Reilly, Vice President of Critical Care & Emergency Services presented on Wound Care. Dr. Jordan reviewed the agenda which included a department update, volume and outcomes, QAPI projects, department goals and an incident report summary.

Dr. Jordan shared a department update introducing the physicians in the department. The department remains relatively stable at this point. He also went over department volumes, wound care encounter count, new patient count, and HBO Tx count.

Department goals and accomplishments include continued collaboration with in-patient, emergency department, and family medicine centers resulting in increased referrals and improving patient transition of care. The department is also working on building relationships with community organizations to strengthen referral networks. QAPI projects include working on patient engagement, patient access and patient cancellation rates. Dr. Jordan also reviewed the

current year quality improvement goals. The Incident reporting summary was discussed which included five items.

Meg Reilly then reviewed inpatient wound care and NDNQI numbers.

IV. Dental & Oral Oncology – Rachael Rossitto, DDS

Dr. Rossitto presented Dental & Oral Oncology. Dr. Rossitto discussed the prior year's challenges and accomplishments. The department has had challenges since the Oral Surgery department closed. They are in the 2nd year of a 5-year grant worth $2.25 million dollars, they recently received the Practice Partner award for MPH training program, and they began a collaboration with Western New York blood care. The department is looking forward to the Epic transition.

Dr. Rossitto shared a department staffing update along with department volume totals and department volumes individually (general dental volume, Hertel dental volume, and Oral Oncology volume). She also spoke on OR case volumes.

Future goals and strategic vision include the expansion of graduate dental education, advanced digital dentistry and technology along with rebuilding and strengthening oral surgery services.

V. 2026 QAPI – Phyllis Murawski, RN

Phyllis Murawski presented the Quality and Patient Safety report along with the Regulatory report. Quality and Patient Safety Committee met in July and had a presentation by Medical Rehabilitation discussing the role of quality within the organization. In August, presentations for Quality on "Patient Safety Indicators" were presented from Employee Health and COEM, Medical Dental and Population Health.

For Regulatory: A NYSDOH survey took place on July 29th for environmental concerns. The report was received with no citations.
A NYSDOH survey took place on August 11th for 3 days. A few concerns related to Hospital Police and constant observation took place. We are still awaiting the report.

VI. Adjourn

There being no further business, the motion was made and seconded to adjourn the meeting. The next meeting will be held on October 13, 2026.

Dear ECMC Board Members,

As the Board knows, September and October have been particularly busy months for us as we prepare for the long-planned October 24th launch of our new Epic Electronic Health Record system. Working collaboratively with our partners at Kaleida Health and the University at Buffalo, we have engaged for approximately the past two years with the Epic team to move away from multiple EHR systems into one unified, state-of-the-art Epic EHR system that will literally transform the healthcare landscape in Western New York. Led by our dedicated and talented ECMC IT professionals, it has been a top-to-bottom effort that has left no stone unturned in our determination to modernize every aspect of ECMC's EHR. It is not an understatement to say how significantly transformational this process will be and how it will contribute to the long-term strength, vitality and viability of ECMC.

I am pleased to report to the Board that our NY-STRIDE initiative has progressed with contracts being signed between ECMC and participating MCOs, enabling the effort to commence on October 1st. This is a truly exciting and groundbreaking initiative that, as the Board knows, was done in concert with our colleagues at the Westchester Medical Center Health Network. Kudos to Jon Swiatkowski and his finance team for working so diligently on this effort, which will have a significantly positive impact on ECMC for years to come. We are also very appreciative of the guidance and expertise from consultants at Sellers Dorsey who shepherded every aspect of this effort.

As we worked collectively on this very important initiative, we simultaneously maintained our focus and commitment on other important capital improvements on our health campus, including the opening of our new Specialty and Outpatient Services Pharmacy, which is located on the ground floor of the main hospital in the lobby area. This new pharmacy will maintain our vitally important specialty pharmacy services that supports patients with complex, chronic, and rare conditions, while also offering retail pharmacy services for outpatients and to the general public, helping to fill a gap in retail pharmacy services in the Delavan-Grider community. We intend to market the availability of these new retail pharmacy services to the surrounding community and help close the gap on their access to these vitally important pharmacy services.

We were honored in early October to welcome to ECMC NYS Office of Mental Health Commissioner Dr. Ann Sullivan and members of her senior staff for a comprehensive meeting regarding ECMC's Behavioral Health Services. The meeting included a robust and very informative discussion of ECMC's diverse Behavioral Health services, our strong relationship with NYS OMH, the many programs we interact with them on a regular basis and the potential to develop new programs and initiatives that will further strengthen our Behavioral Health services (e.g., expanding our inpatient BH beds on the 11th floor with 24 new beds; and finding a solution to our ALC patient situation with potential programs similar to what has been implemented in the NYC metropolitan area).

We were also pleased with a recent visit by Office of Victims Services Director Bea Hanson to the BRAVE Trauma Recovery Center. It was a great opportunity for Director Hanson to meet with the BRAVE staff and for us to reinforce our commitment to sustaining the program with a major state funder.

And earlier this month, for the first time, we held a Breast Cancer Survivors Celebration to coincide with the annual October observance of Breast Cancer Awareness Month. The Celebration featured several breast cancer survivors, including Dr. Rachael Rossitto, Chief of Service for Dentistry, Oral Oncology and Maxillofacial Prosthetics. With hundreds of our ECMC caregivers gathered for this heartwarming event, Dr. Rossitto shared her experience along with a patient, Amy Leach, who was a patient of Dr. Jordan Frey, who joined Amy at the Celebration.

As we continue to pursue and implement programs and initiatives to further strengthen ECMC, planning for the continuing evolution of the delivery of healthcare services, we are grateful for the steadfast support of the Board and we are deeply appreciative of your confidence in our team.

Thank you.

Andy

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

Submitted by Cassie Davis

OPERATIONS

Center of Cancer Care Research

September 2026

Monthly Oncology Research Report – Dr. Jennifer Frustino

Research Updates

- Ten (10) new subjects consented to participate in clinical research studies.
- (87) oncology subjects enrolled YTD in studies, 35 meet Commission on Cancer standard 9.1 (2026 Target: 44).
- Nine (9) study visits conducted between Medical Oncology, Oral Oncology and Head and Neck.
- Database lock for Meira GTx studies, no significant findings.
- Meira GTx site monitoring visit completed with no findings.

Dialysis

- Current Census: There are 26 openings; we are at **86.4%** capacity (166/192).

Environmental Services

- Several floor maintenance projects were completed throughout the facility.

  Main projects
  - Numerous patient room floor refinishing related to room upgrades, rehabilitations.
  - Floor refinishing for vacated to move-in ready around the facility for the moves on the 11th floor in preparation for construction.
  - Numerous small floor care projects completed throughout the campus while covering vacancies for daily corridor maintenance cleaning.
  - Behavioral Health completed deep cleaning of 5z2, 5z3 and 5z4.

  Linen Transition
  - Received approval to proceed with Scrub Rolls (pairing of the same size pant and shirt in a roll) for the ScrubX vending machines on 10/1/26.
  - Received approval to transition to Terrace View to cart make-up linen carts from EcoTex starting 1/1/27.

- Meeting planned to tour the EcoTex Regional Distribution Center.
- Physical improvements in Terrace View's clean linen and soiled linen - improved security, accountability, and reduction in injuries.

Food & Nutritional Services

- Operations
  - New retail café menu for the fall season has received positive customer feedback.
  - New Island Oasis slushie machine in the café is very popular.

Laboratory Services

Equipment Upgrades/Replacements/Contracts:

- EPIC WAVE 2 Project
  - The EPIC implementation involves the development of three specific applications for the laboratory operation. They include the EPIC Lab Beaker module, Haemonetic Safe Trace Tx, and Haemonetics Blood Track Manager. Laboratory team members are extensively involved in the validation of all three systems. System validation of the Haemonetics Safe Trace Tx and Blood Track Manager completed in advance of WAVE 1 KH go-live. EPIC Beaker MRT and CCV3 validation activities continue. End-user training registration is complete. Policy and Procedure revisions are ongoing.

Capital Projects / Plant Operations

Construction/Facility project updates include the following:

Completed

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 was completed in September 2026. Pharmacy is moving from the 1st floor to ground floor on October 20, 2026 and opening for business on October 21, 2026.

In-Progress

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 has been ongoing since June 2026. Contractor will be receiving new generators in December 2026 and is working on roughing in temp utilities and generators during the changeover period. The project will be completed in 2028.

Necropsy Entrance Repairs – **(Contractor)**

- Repair to Necropsy entrance after motor vehicle accident earlier this year. Materials have been ordered and repairs to be completed in November 2026.

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 will move back and forth between the 8th and 9th floors. Room 819 was completed and Room 820 is next in queue. Rooms completed to date: 25

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 75% complete.

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

- Transitioning to winter operations mode.
- Checking/mounting plows, checking salters and trucks. Replacing oil and performing preventative maintenance on smaller snow-clearing equipment.
- Curb and crosswalk painting is in progress and back roadway crosswalks and stop sign hold lines are completed.

Pre-construction

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. CM (Arc) has bid the project. CM/ECMC will be descoping the bidders soon. The project is scheduled to start in late 2026 and will be completed in 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 a $11M state grant. The CON has been filed and CM (Rodriguez) has put the project out to bid. CM/Plat Ops staff are currently working to relocate approximately 70 people off the 11th floor around campus to enable the project. 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 has been filed. The work is planned to start Q2 2027 with completion by early 2028.

Carpenter Shop Garage Floor Trench Drain Repair – **(Contractor)**

- The design is complete and IFB is being prepared. Once bids are received and funding is approved, work will most likely be completed in spring 2027.

Main Hospital Helipad Fire Suppression Upgrades – **(Contractor)**

- The existing fire compression system in not compliant. The design is completed and IFB is being prepared. Once bids are received and funding approved, work will most likely be completed spring/summer 2027.

Design

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.

Main Hospital 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 in early 2028.

Hematology Lab 146 – Sysmex Instrument Addition – **(Contractor)**

- Renovation/utility upgrades in support of new Hematology lab equipment installation. Contract for design is under legal review. Once approved, design will be underway. Construction to be completed in January 2027.

Population Health

Community Outreach

- Throughout the month of September, the Population Health team participated in eight community outreach events, engaging 575 individuals across Western New York. Events included the Out of Darkness Walk, Igniting Hope Conference, Project Homeless Connect, Walk for Kidney health hosted by the Kidney Foundation of WNY, mental awareness tabling, and several Senior Health and Safety Fairs. These efforts strengthened community partnerships, expanded access to health education and resources, and facilitated eight connections to primary and specialty care services.





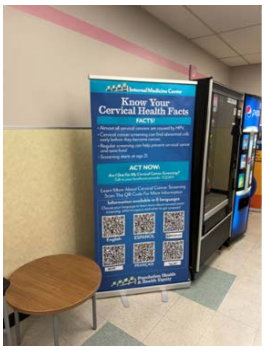




Iniatiatives/Screenings

- Caring for Caregivers Initiative: As part of the John A. Hartford Foundation site visit with Rush University, the Population Health team participated virtually to highlight the collaborative work undertaken through the *Caring for Caregivers* initiative, supported by Rush University and the Healthcare Association of New York State (HANYS). The discussion provided an opportunity to showcase key accomplishments, share lessons learned, and identity opportunities for continued growth and program sustainability.
- Community Blood Pressure Screening Initiative: The community blood pressure screening initiative continues to gain momentum, with increasing participation and consent among community members. This growing engagement reflects heightened awareness of the importance of blood pressure monitoring and cardiovascular health. The initiative provides valuable opportunities for early identification of elevated blood pressure, education on hypertension prevention and management, and connection to follow-up care and supportive resources.
- Cervical Cancer Screening Education and Awareness: American Cancer Society (ACS) cervical cancer screening educational banners were created and placed in the Family Health Center and Internal Medicine Center waiting rooms, as well as at community outreach events. The banners feature QR codes linking patients to comprehensive, easy-to-understand cervical cancer screening information available in the six most commonly preferred languages among ECMC patients. This initiative aims to increase screening awareness, reduce language barriers, and promote equitable access to preventive health education.



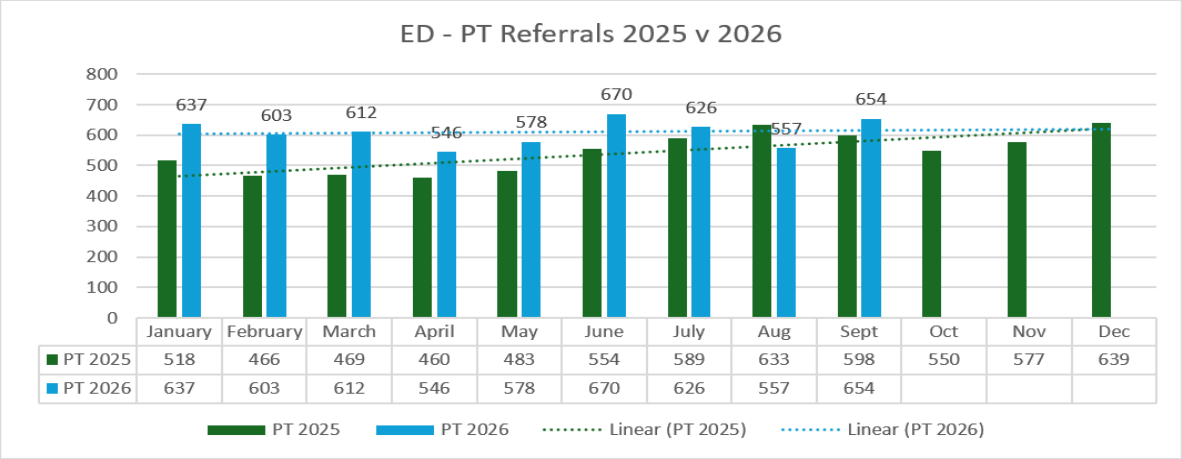


- Univera Health Equity Grant Update: Through funding from the Univera Health Equity Grant, the Population Health team distributed its first prepaid cell phone to a patient in the Emergency Department who lacked reliable phone access. This initiative enables the team to maintain communication with the patient for 30 days following discharge, facilitating ongoing care coordination, follow-up support, and connections to essential resources. By addressing communication barriers, this initiative aims to improve continuity of care, reduce the risk of avoidable hospital utilization, and support patients in safely managing their health needs within the community.

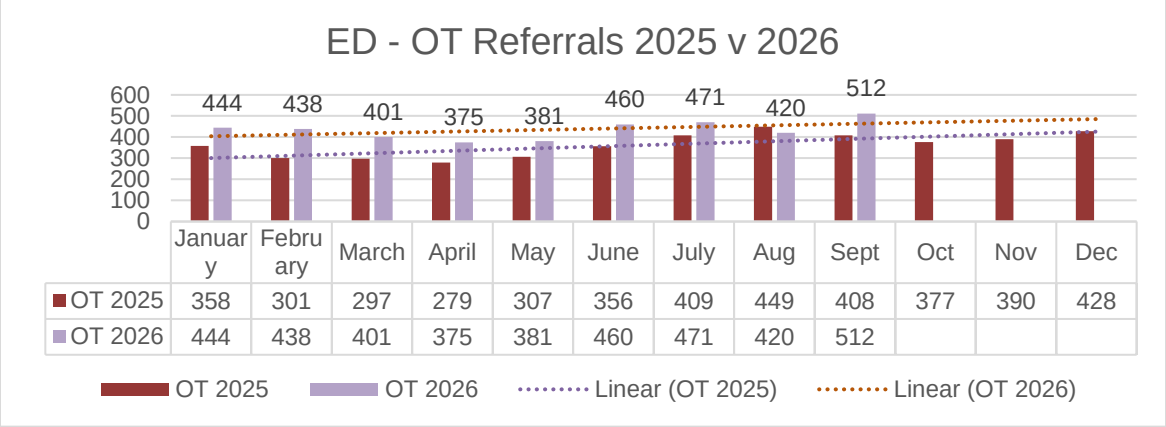
- PEDS Rehab
  - PEDS Rehab established a new contract for UPK development with Akron School District. Services were initiated in September with positive feedback from teachers and administrators.
  - PEDS Rehab has met with and established new team for Ken-Ton UPK support, including new OT to develop a support program.
  - PEDS Rehab initiated contract services for the new school year in Ken-Ton, Amherst, Akron, Maryvale, and Clarence School Districts for the 26-27 school year.
  - PEDS continues to enroll new students for preschool as children are identified in the new school year.
  - PEDS Rehab increased early intervention services by accepting four new service coordination cases and four new therapy cases. Preschool evaluation requests increased at the end of the month due to beginning of the new school year.

- Referrals

PT ED referrals for the month of September up (17%) from August, and up (15%) YTD



OT ED referrals for the month of September up (22%) from August, and up (23%) YTD



Supportive Care & Palliative Medicine

Metrics:

- Total Inpatient Consults for **September**: 116
- Transitions of Care: 18
- Discharge with Home Hospice: 4
- Terrace View: 5

Terrace View

Operations

- Census: The average monthly census for **September** was **375.**
- Facility Equipment/Renovations:
    - An RFP for ventilator maintenance was released in September, awaiting bids.

Operations

IR construction and lab installation slated for early 2027, 2.5 month project. Will need to alter schedule to accommodate only 1 lab

- New Nuclear Med lab scheduled for 2027
- Aquablation volume increasing need to provide additional block time
- Locums staff still supporting Anesthesia, but required to maintain all sites
- Planning ahead to staff GI and Urology 5 days/week

YTD OR VolumeTrends:

- UB Ortho (inclusive of Ortho Spine), year over year is down 402 cases, these are mostly elective case (-319), add on volume is down by 83 as well.
- Dental OMFS, year over year is down 207 cases, 47% add on and 53% elective. Though some of this could be flowing into H&N as they are up 128 cases (Nagai is up 80).
- Plastic and Recon, year over year is down 75 cases, and Dr. Frey is really the driver in this as he is down 59 cases. Falco is down 15 cases. 44% is add on volume though.
- Ortho Spine, year over year Dr. Kowalski elective volume is down 44 and Dr. Clark is down 18. Lucasti did complete 13 cases in September though.
- Breast, year over year is down 14 (Up from 25 last month) which is mostly Dr. Lindfield. This happened predominately in April and May (-20).
- Hand, Year over year is down 74 cases, 78 in elective which is mostly Ablove (-100) and Callahan (-26). Kosinski is up (41) and Jones is up (16) which is helping with Ablove down number.
- Head and Neck is up 128, Burke is +75 and Nagai is +80
- ENT, is up by 182 cases, mostly Dr. Kablan (+84), Woodard (+37), and Belles (+55)
- Thoracic, is up (+19), Vonfricken is up 23. This is even with Dr. Qaqish current issue, which would suggest this would be up more. Since he has returned we are expecting this to turn around a bit.

- General, is up (+63) despite Flynn departure, Brewer is up (+19) in elective volume. Montross is (+12) in elective volume. Lukan is (+14) in Elective volume. Chopko is (+12) in Elective Volume.
- Bariatric, Sanders has recouped some of Dr. Knott volume as she is +34
- Neuro, is up 25, but it is only up in add on volume +32. Fahrbach us up 3 in elective case volume. Legarreta completed 4 cases in September.
- Dr. Legarreta neurosurgeon has joined the team, will look at adding additional block time
- Dr. Lucasti has arrived and is sharing block time with Dr. Kowalski, volume continues to grow
- SEC committee to meet with low utilization surgeons to maximize and realign block time. Ongoing
- Continue to work towards opening a daily Universal Trauma Room. Ongoing, but impacted by many new surgeons

Robotic Volume:

- Ortho 26
- Bariatrics 10
- Urology 9
- Cardiovascular 2
- HAN 5
- Recruitment for additional GI provider ongoing

PATIENT EXPERIENCE

Press Ganey Scores

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

Human Experience Domain	**MTD September 1st, 2026 -September 30th 2026** **N=783(est)**	**MTD September 1st 2025-September 30th, 2025** **N=908 (final)**	**NYS 2026 Benchmark Goal**
HCAHPS - Nurses	78 (est.)	79	76
HCAHPS – Doctors	74 (est.)	75	77
Discharge Info	87 (est.)	88	85
Overall Recc.	66 (est.)	68	66

Laboratory Services

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

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

Rehabilitation Services

- PEDS Rehab has staff expanding both geographic areas and populations to provide services to additional children and families in need.
- Acute Therapy staff have continued to have a strong presence in the ER to assist with diverting patients to next level of care or home, and to assist with avoiding unnecessary and costly admissions. The "ECMC Acute Therapy" group is being used through Epic Chat to improve communication on potential discharges in the ER and throughout the acute hospital.
- MRU has a goal to improve patient reports of PT and OT involving patient in setting their goals as measured in Press Ganey scoring >= 80% on a quarterly basis. Q3 = PT=85% met; OT=92% met.

Supportive Care & Palliative Medicine

Patient Experience ongoing initiatives include:

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

PEOPLE

Biomedical Services

Staffing

- The Director of Biomedical Services has been temporarily filled in the interim by Ed Lanthier.
- Open positions: Biomedical Repair Technicians

Center of Cancer Care Research

September 2026

Monthly Oncology Research Report – Dr. Jennifer Frustino

Updates

- Epic Research, Outpatient Nurse 101, and Clinical Manager trainings attended.

- Research team assisting with Medical Oncology data abstraction for Epic.
- Clinical Research Facilitator and Director attended meeting with GLIN to discuss research grant opportunities.
- Clinical Research Facilitator attended meeting with ACS to discuss research grant opportunities.
- Clinical Research Facilitator and Director attended meeting with UB Department of Dermatology to discuss research tissue procurement project.
- Clinical Research Facilitator and Director attended meeting with UB Neurology to discuss research infrastructure for future collaboration opportunity.
- Research Doctoral Dental Intern and MPH students executed interviews with dental schools throughout NY & NJ to better understand HPV Curriculum standards.
- Clinical Research Coordinator position is posted with interviews in progress.
- Two (2) Master level (MPH) interns, continuing hours.

Environmental Services

- EVS is very challenged with a staffing deficit of 35-40 FTEs.
- Three key openings remain affecting multiple shifts:
    - Senior Supervisor – ECMC, 1st shift, filled for October
    - Head Janitors – ECMC, 2nd and 3rd shift

Food & Nutritional Services

Staffing

- Erik Izydorczak (ECMC Catering Manager) has been nominated for the Metz Spotlight award.
- Staffing turnover is under 5% for the month of September. Staffing levels have remained high with few open positions to fill. Call-offs were reported very low for September.

Education/Training

- Weekly Epic/CBORD training is ongoing in preparation for go-live date in October 2026.
- New customer satisfaction playbook training in progress for all employees.

Laboratory Services

Staffing

- There is one (1) active job posting: (1) Sr. Clinical Lab Assistant – per diem
- There are seven positions pending posting: (3) CLT, (1) 2yr CLT, and (3) Lab Assistants
- Extension of the current MOA for shift differential: extension has been approved through 12/31/26.
- Cross-training initiatives continue with full cross-training of new staff and expanded cross-training of Sr. CLTs and evening/night shift staff.
- Replacement of vacant positions is necessary to support clinical operations during significant equipment upgrades and the staffing demands related to the validation of the EPIC and the Haemonetics SafeTrace Tx laboratory information systems.

Staff Development

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

Rehabilitation Services

- Rehab Awareness Week was celebrated during the week of September 14th.
- PEDS Rehab and Acute Care conducted mock interview with UB Physical Therapy students who were interested in pursuing practice in PEDS and hospital-based PT.

Education/Training

- In September, John Lindhurst (PT), from the Acute Therapy Department, participated in planning meetings with other members of the ECMC emergency response teams, for training exercise "Toxic Rubicon," as part of the Chemical Radiological, Biological, Nuclear, Explosive (CRBNE) hospital emergency/ disaster response training coming up in October. It is an exercise that is a joint operation with the US Army and DOH.
- PEDS Rehab is participating in webinars and training for New York e-med online re-validation to ensure proper payments.

Terrace View

Staffing - September

- New hires: (7) FT CNAs, (2) RPT CAN, (1) FT LPN, (1) FT Speech Pathologist
- There is currently no agency staff at Terrace View.

Transplant

- Transplant surgeon interviews are underway for three surgeons.

Surgical Services

New process and committee initiated to look at and prioritize FTE needs. Several open positions specifically in Main OR and Radiology, increased OT

- Looking at creating a P&P Educator position. Ongoing, waiting for approval of new job description
- Bi-weekly meeting with assistant head nurses, management and P&P. Making strides in organization, updating tray recipe cards
- Encourage employees to join clinical ladder.

QUALITY

Environmental Services

- EOC Projects
  - Securing EVS tools in Behavioral Health patient care areas.
  - Wet floor sign usage in Behavioral Health areas – implemented EVS cart with wet floor signs attached to carts.

- PACU – Clean utility with no supplies or debris under rolling carts.
- OR Soiled Hold Eye Wash Station is clean and unobstructed.
- Continue to follow corrective action plans and weekly auditing.
- JCAHO 120-day survey with no EVS issues documented.

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

- Quality Improvements
  - Continue weekly CPEP rounding with Plant Operations and Nursing leadership.
  - Continue process improvements for Mock Survey result sustainment.
  - Continue First Line Escape Room Infection Control training for front line staff.
  - Continue DOT Hazardous Waste Training for all staff (3-yr cycle).

Food & Nutrition Services

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

Press Ganey Scores – AUGUST (87 responses) - *September data was not available at the time of report.*

- **Meals Overall**
  Score: 72.66 (Goal: 84.75)
- **Temperature of Food**
  Score: 64.36 (Goal: 75)
- **Quality of Food**
  Score: 68.15 (Goal: 75)
- **Courtesy of Person Serving**
  Score: 85.89 (Goal: 87)

Touchworks data (354 responses) - AUGUST

- **Food Overall**
  Score: 77.4
- **Temperature of Food**
  Score: 73.9
- **Courtesy**
  Score: 81.2

Laboratory Services

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

- Specimen Patient Identification/Specimen Labeling Case Calls: YTD through September, there were (81) Case Calls reported for incorrect patient identification/specimen labeling errors. Med Surg (37), ED (21), BH (3), CC (11), OR (2), OP (5), and LTC (1)
- Improve the Glucometer cleaning documentation across all POCT locations to >=90% monthly. For September 2026, the Med/Surg, Ambulatory Care, Critical Care, OR, and Inpatient/ Outpatient Dialysis areas have all achieved the >90% rate. The Behavioral Health location had a compliance rate between >80%. The Long-Term Care facility compliance rate improved to 71% compliance.

The 2026 QIPS will focus on quality dashboard monitors as baseline data gathering for comparison/evaluation of EPIC workflow changes.
Lab Regulatory: The next regulatory visit is AABB in spring 2027.

Radiology

- Diagnostic Imaging Center of Excellence accredited until January 2028.
- All modalities are ACR accredited until 2027.
- Mammography has strict guidelines and compliance with the American College of Radiology (ACR) and the Food and Drug Administration (FDA). ECMC currently performs only screening mammograms and refers patients to alternate sites for diagnostic imaging. ECMC follows the patients' care and sends follow-up letters to ensure compliance. The following are tracked and monitored:
    - Incomplete, extra imaging required
    - Suspicious finding
    - Short-term follow up
    - Breast ultrasounds
- In 2025, ECMC performed 315 mammograms, 18 follow-ups, and identified four suspicious findings.
- To date in 2026, ECMC performed 516 mammograms, 70 were performed in August, which is an increase from 2025.
- MRI Scanning of pacemaker patients with pacemakers:
    - A comprehensive policy was developed to decrease patient transfers to BGH. Patients are monitored to ensure diligent screening, vendor device make/model compliance and nursing staff to be present for all patients placed in safe mode.
    - To date in 2026, ECMC has scanned 40 patients with pacemakers at 100% compliance rate.
- All blood reinfusion forms are audited to ensure the recordings are accurate and proper procedure is being followed when drawing and reinfusing patient's blood. Monthly report is submitted at leadership meeting for review, 100% compliance was attained for 2025, 100% YTD 2026.

Terrace View

- CMS 5-Star Report
    - Facility Overall Quality: 3 stars (from 4 stars)

    - Quality Measures: 5 stars
    - Staffing: 3 stars (from 5 stars)
    - Health Inspections: 2 stars
- Nursing Administration: ADON's continue to monitor the neighborhoods that maintain administrative responsibility for and to ensure units are in a state of regulatory compliance. Monitoring and managing NYS reportables.
- CMS PBJ Reporting
    - The PBJ report was submitted in November 2026.
- Environmental Rounds
    - 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.
    - There has been an increase in EVS issues regarding cleanliness and multiple open positions.

Transplant

- MPSC met and reviewed updated quality improvement plan for pancreas pre-transplant mortality rates submitted 12/22/25; awaiting MPSC feedback.

Surgical Services

Joint Commission audits ongoing, Plant Operations will reach out to a water treatment company for further options.

- Epic transition in full swing. Data collection and several workgroups weekly. Go live in October 2026
- Class I SSI's hospital wide YTD = 23 infections, compared to 70 2025
- Colon = 1 in 2026
- Spinal Fusion = 6 in 2026
- Knee = 0 in 2026
- Hip = 1 in 2026
- Spine SSIs continue to decrease since 2025
- Skull flap storage, reviewed at monthly QAPI meeting

Audit Results:

- Skin Assessment, 80.6% compliant
- Discharge Instructions, 96.5% compliant
- Hand Hygiene 98.6% compliant
- PPE 87.5% compliant
- Timeouts 100%

FINANCIAL

Dialysis

Budget and Variance:

- Outpatient (in-center treatments): 2026 Budgeted **17,557** treatments, Variance **(-1,344)** 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 **1,459** treatments, favorable to the budget, Variance **(1,730)**
- Total: **386** treatments for the year, PD volume continues to demonstrate steady growth.

Census Volume:

- Outpatient (in-center treatments): September = **15,690** treatments, YTD 2026 total = **16,213**
- Home Program: (Home Peritoneal & Home Hemodialysis): **September** = **396** treatments, 2026 total = **3,189** favorable to budget.

Dialysis			2025			2026			
			YTD	Budget	Variance	Sep	YTD	Budget	Variance
4555	AKI	Hemodialysis - AKI	**378**	-	-	59	**194**	-	-
	DIALNON	Hemodialysis - Non-ESRD	**3**	-	-	0	**0**	-	-
	DIALTRAN	Hemodialysis - Transient	**843**	-	-	10	**329**	-	-
	HD	Hemodialysis - Chronic	**22,618**	-	-	1,729	**15,690**	-	-
	4555 Totals		**23,842**	24,119	-277	1,798	**16,213**	17,557	-1,344
5660	HOMEHD	Hemodialysis - Home	**0**	-	-	0	**0**	-	-
	PD	Hemodialysis - Peritoneal	**3,109**	-	-	396	**3,189**	-	-
	5660 Totals		**3,109**	1,500	1,609	396	**3,189**	1,459	1,730
Totals			**26,951**	**25,619**	**1,332**	**2,194**	**19,402**	**19,016**	**386**

Food & Nutritional Services

Budget

- For the month of September, the costs for food and labor were under budget.
- Hourly labor was under budget by $63,716.00
- Food costs were under budget: $34,050.00
- Paper goods and chemical costs were under budget by $19,322.00
- The direct expenses were over by $18,747.00 due to high volume of small wares ordered to replace lost product.
- The overall September budget was $74,746.00 under budget.

Laboratory Services

- The department budget volumes for FY2026 YTD September continues to trend postiive to budget target by 4.7% and 2.0% 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 11.2% over budget for 2026.

Rehabilitation Services

- The MRU monthly therapy statistics combined PT and OT for units of service were 4,004 against a budget of 3,137 for a *positive variance* of 21.7%. SLP services combined for MRU and Acute care services were 640 against a budget of 446 with a *positive variance* of 30.3%.
- The MRU had 33 admissions and 31 dishcarges with 476 patient days and a LOS of 15.4 days, **ADC 15**.9
- MRU Service Access goal is to increase the Average Daily Census (ADC) >= 13.3; September = 15.9.
- Outpatient Rehabilitation has exceeded budget by 267 visits MTD and 2,243 visits YTD.

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 installments 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 October 1, 2026, we performed **(52)** transplants, which is **(-19)** transplants than the same time in 2025. We have projected **(72)** transplants for 2026.
- Pre-Transplant Clinic is above budget by **(+131)**.
- Post-Transplant clinic is below budget by **(-486)** visits; this is expected with the decreased overall transplant volume.
- Total clinic variance is below budget **(-355).** This is due to a decrease on overall volume.



My Choice. Better Health.SM

Internal Financial Reports

For the month ended September 30, 2026

Erie County Medical Center Corporation

Financial Dashboard
September 30, 2026

Statement of Operations:

	Month	Year-to-Date (YTD)	YTD Budget
Net patient revenue	$ 59,936	$ 542,902	$ 566,453
Other	19,231	170,963	166,501
Total revenue	79,167	713,865	732,954
Salary & benefits	44,225	396,068	386,444
Physician fees	11,816	104,056	97,742
Purchased services	6,185	68,305	70,262
Supplies & other	17,566	164,319	159,312
Depreciation and amortization	4,188	37,694	37,694
Interest	931	8,351	8,831
Total expenses	84,911	778,793	760,285
Operating Income/(Loss) Before Other Items	(5,744)	(64,928)	(27,331)
Grant revenue	-	38,251	-
Income/(Loss) from Operations With Other Items	(5,744)	(26,677)	(27,331)
Other Non-operating gain/(loss)	(1,332)	1,582	215
Change in net assets	$ (7,076)	$ (25,095)	$ (27,116)
Operating margin	-7.3%	-3.7%	-3.7%

Cash Flow Summary:

	Month	YTD
Net cash provided by (used in):		
- Operating activities	$ (11,189)	$ (28,822)
- Investing activities	(6,233)	8,226
- Financing activities	6,316	(8,547)
Increase/(decrease) in cash and cash equivalents	(11,106)	(29,143)
Cash and cash equivalents - beginning	20,452	38,489
Cash and cash equivalents - ending	$ 9,346	$ 9,346

Balance Sheet:

Assets:	
Cash & short-term investments	$ 22,283
Patient receivables	130,095
Assets whose use is limited	129,152
Other assets	415,321
	$ 696,851
Liabilities & Net Assets:	
Accounts payable & accrued expenses	$ 331,040
Estimate self-insurance reserves	51,190
Other liabilities	406,385
Long-term debt, including current portion	173,151
Lease liability, including current portion	38,304
Line of credit	16,000
Net assets	(319,219)
	$ 696,851

Key Statistics:

		Month	YTD	YTD Budget
Discharges:	- Acute	1,039	9,377	9,932
	- Exempt units	422	3,757	3,958
Observation Cases:		298	2,856	2,974
Patient days:	- Acute	8,809	78,777	74,766
	- Exempt units	5,073	45,433	44,428
Average length of stay, acute		8.5	8.4	7.5
Case mix index	Blended	1.97	2.01	1.95
Average daily census:	Medical Center	463	511	491
	Terrace View LTC	375	377	383
Emergency room visits, including admissions		5,619	50,189	50,296
Outpatient Visits		25,808	234,838	239,994
Days in patient receivables			58.2	

September 2026 Operating Performance

During the month of September, operating performance continued to be impacted unfavorably by several factors. Inpatient discharges fell below the budgeted expectations as Alternative Level of Care (ALC) patients grew during the month and continued to exceed the budgeted targets while 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. Additionally, the case mix index or severity during the month fell below the budget which impacted the overall rate per case. September's acute average length of stay was 8.5 days (a slight increase from the ALOS in August of 8.4 days) and remains well 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 have aged over the last year or are not covered by insurance benefits any longer, the patient responsibility portion grows, thus driving up our risk of not collecting those balances and ultimately the increase in bad debt expense. The revenue variances derived from these trends resulted in overall net patient service revenue which fell below budgeted expectations. 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 September totaled $818,000. The overall result drove an operating loss for the month of ($5,744). This operating loss is unfavorable when compared to the month's budgeted loss of ($3,182).

Inpatient discharges during the month of 1,461 were less than the planned discharges of 1,520 (3.9% or 59 cases). The month's discharge volume also fell below the volume of cases discharged during September of 2025 by 4.8%. Within the total, acute discharges of 1,039 were below plan by 4.0%, behavioral health discharges of 222 were below plan by 5.5%, chemical dependency discharges of 169 were above plan by 2.2%, and medical rehabilitation discharges of 31 were below plan by 17.0%.

In conjunction with the increase in ALC census, the acute average length of stay was at 8.5 days during September, unfavorable to a budget of 7.6 days by 11.2%. The average daily census of the ALC patients within the facility during the month of 61 patients increased from the 55 patient average daily census during August and remains significantly higher than budgeted expectations of 35 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 September. Driving a significant portion of this variance was a favorable revenue variance within the specialty pharmacy revenue of approximately $652. 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 September were higher than budgeted targets for the month by 60 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. Overtime hours have increased during September and will continue to be higher than the trends due to the ongoing focus on EPIC system training, which is required for every user to get access to the system. 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 within specialty pharmacy drug costs.

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 nine months. These costs during the month of over $425,000. 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 nine 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 September 30, 2026, the days cash on hand for operations is approximately 7 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. Management also continues discussions with New York State on other quality incentive programs that may be available to us for additional Medicaid funds for achieving outcomes. This will be an ongoing effort to find additional funding opportunities.

Patient receivables increased approximately $25.2 million from December 31, 2025. With the focus on the implementation of EPIC coupled with the increases in patient responsibility account balances due to ALC populations, days have increased. Also driving the days in accounts receivable are continued ongoing efforts by the payers to deny claims and ultimately settle or pay later than they have typically paid. 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 58.2 days on September 30, 2026, which has impacted net overall cash on hand.

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

Erie County Medical Center Corporation

Balance Sheet
September 30, 2026 and December 31, 2025

(Dollars in Thousands)

	September 30, 2026	December 31, 2025	Change from December 31st
Assets			
Current Assets:			
Cash and cash equivalents	$ 9,346	$ 38,489	$ (29,143)
Investments	12,937	13,122	(185)
Patient receivables, net	130,095	104,885	25,210
Prepaid expenses, inventories and other receivables	18,350	66,506	(48,156)
Total Current Assets	170,728	223,002	(52,274)
Assets Whose Use is Limited	129,152	181,665	(52,513)
Property and equipment, net	298,296	291,749	6,547
Other assets	98,675	99,827	(1,152)
Total Assets	$ 696,851	$ 796,243	$ (99,392)
Liabilities & Net Position			
Current Liabilities:			
Current portion of long-term debt	$ 13,215	$ 13,215	$ -
Current portion of lease and subscription liability	15,027	16,912	(1,885)
Line of credit	16,000	10,000	6,000
Accounts payable	76,964	69,643	7,321
Accrued salaries and benefits	85,225	92,458	(7,233)
Other accrued expenses	165,000	209,639	(44,639)
Estimated third party payer settlements	3,851	5,983	(2,132)
Total Current Liabilities	375,282	417,850	(42,568)
Long-term debt	159,936	166,158	(6,222)
Long-term lease and subscription liability	23,277	29,717	(6,440)
Estimated self-insurance reserves	51,190	48,118	3,072
Other liabilities	406,385	428,943	(22,558)
Total Liabilities	1,016,070	1,090,786	(74,716)
Total Net Position	(319,219)	(294,543)	(24,676)
Total Liabilities and Net Position	$ 696,851	$ 796,243	$ (99,392)

Erie County Medical Center Corporation

Statement of Operations

For the month ended September 30, 2026

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net patient revenue	63,913	64,231	(318)	61,481
Less: Provision for uncollectable accounts	(3,977)	(1,415)	(2,562)	(1,885)
Adjusted Net Patient Revenue	59,936	62,816	(2,880)	59,596
Disproportionate share / IGT revenue	10,256	10,256	-	11,018
Other revenue	8,975	8,263	712	8,483
Total Operating Revenue	79,167	81,335	(2,168)	79,097
Operating Expenses:				
Salaries & wages	32,562	31,595	(967)	33,035
Employee benefits	11,663	11,551	(112)	10,491
Physician fees	11,816	10,860	(956)	10,840
Purchased services	6,185	7,771	1,586	7,312
Supplies	15,319	15,004	(315)	14,151
Other expenses	1,709	1,920	211	1,924
Utilities	538	647	109	784
Depreciation & amortization	4,188	4,188	-	3,493
Interest	931	981	50	920
Total Operating Expenses	84,911	84,517	(394)	82,950
Operating Income/(Loss) Before Other Items	**(5,744)**	**(3,182)**	**(2,562)**	**(3,853)**
Other Gains/(Losses)				
Grant revenue	-	-	-	795
Income/(Loss) from Operations	**(5,744)**	**(3,182)**	**(2,562)**	**(3,058)**
Other Non-operating Gain/(Loss):				
Interest and dividends	329	208	121	647
Unrealized gain/(loss) on investments	(1,661)	(184)	(1,477)	710
Non-operating Gain/(Loss)	(1,332)	24	(1,356)	1,357
Excess of Revenue/(Deficiency) Over Expenses	$ (7,076)	$ (3,158)	$ (3,918)	$ (1,701)

Erie County Medical Center Corporation

Statement of Operations

For the nine months ended September 30, 2026

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net patient revenue	564,024	579,292	(15,268)	542,430
Less: Provision for uncollectable accounts	(21,122)	(12,839)	(8,283)	(13,744)
Adjusted Net Patient Revenue	542,902	566,453	(23,551)	528,686
Disproportionate share / IGT revenue	95,154	92,301	2,853	99,160
Other revenue	75,809	74,200	1,609	72,514
Total Operating Revenue	713,865	732,954	(19,089)	700,360
Operating Expenses:				
Salaries & wages	290,694	281,420	(9,274)	287,787
Employee benefits	105,374	105,024	(350)	95,128
Physician fees	104,056	97,742	(6,314)	93,990
Purchased services	68,305	70,262	1,957	62,660
Supplies	141,036	136,147	(4,889)	126,214
Other expenses	16,184	17,278	1,094	19,179
Utilities	7,099	5,887	(1,212)	5,861
Depreciation & amortization	37,694	37,694	-	34,140
Interest	8,351	8,831	480	8,420
Total Operating Expenses	778,793	760,285	(18,508)	733,379
Operating Income/(Loss) Before Other Items	**(64,928)**	**(27,331)**	**(37,597)**	**(33,019)**
Other Gains/(Losses)				
Grant revenue	38,251	-	38,251	9,876
Income/(Loss) from Operations	**(26,677)**	**(27,331)**	**654**	**(23,143)**
Other Non-operating Gain/(Loss):				
Interest and dividends	2,965	1,875	1,090	6,345
Unrealized gain/(loss) on investments	(1,383)	(1,660)	277	2,599
Non-operating Gain/(Loss)	1,582	215	1,367	8,944
Excess of Revenue/(Deficiency) Over Expenses	$ (25,095)	$ (27,116)	$ 2,021	$ (14,199)

Erie County Medical Center Corporation

Statement of Changes in Net Position

For the month and nine months ended September 30, 2026

(Dollars in Thousands)

	Month	Year-to-Date
Unrestricted Net Assets:		
Excess/(Deficiency) of revenue over expenses	$ (7,076)	$ (25,095)
Other transfers, net	-	
Contributions for capital acquisitions	11	419
Change in accounting principle	-	-
Net assets released from restrictions for capital acquisition	-	-
Change in Unrestricted Net Assets	(7,065)	(24,676)
Temporarily Restricted Net Assets:		
Contributions, bequests, and grants	-	-
Other transfers, net	-	-
Net assets released from restrictions for operations	-	-
Net assets released from restrictions for capital acquisition	-	-
Change in Temporarily Restricted Net Assets	-	-
Change in Net Position	(7,065)	(24,676)
Net Position, beginning of period	(312,154)	(294,543)
Net Position, end of period	**$ (319,219)**	**$ (319,219)**

Erie County Medical Center Corporation

Statement of Cash Flows

For the month and nine months ended September 30, 2026

(Dollars in Thousands)

	Month	Year-to-Date
Cash Flows from Operating Activities:		
Change in net assets	$ (7,065)	$ (24,676)
Adjustments to Reconcile Changes in Net Assets to Net Cash Provided by/(Used in) Operating Activities:		
Depreciation and amortization	4,188	37,694
Provision for bad debt expense	3,977	21,122
Net change in unrealized (gain)/loss on Investments	1,661	1,383
Changes in Operating Assets and Liabilities:		
Patient receivables	(6,784)	(46,332)
Prepaid expenses, inventories and other receivables	(1,103)	48,156
Accounts payable	346	7,321
Accrued salaries and benefits	2,469	(7,233)
Estimated third party payer settlements	(1,392)	(2,132)
Other accrued expenses	(11,151)	(44,639)
Self Insurance reserves	359	3,072
Other liabilities	3,306	(22,558)
Net Cash Provided by/(Used in) Operating Activities	(11,189)	(28,822)
Cash Flows from Investing Activities:		
Additions to Property and Equipment, net	(8,405)	(44,241)
Decrease/(increase) in assets whose use is limited	4,858	52,513
Sale/(Purchase) of investments, net	(2,958)	(1,198)
Change in other assets	272	1,152
Net Cash Provided by/(Used in) Investing Activities	(6,233)	8,226
Cash Flows from Financing Activities:		
Principal payments on / proceeds from long-term debt, net	(696)	(6,222)
Principal payments on / additions to long-term lease and subscription liability, net	1,012	(8,325)
Increase/(Decrease) in Cash and Cash Equivalents	(11,106)	(29,143)
Cash and Cash Equivalents, beginning of period	20,452	38,489
Cash and Cash Equivalents, end of period	$ 9,346	$ 9,346

Erie County Medical Center Corporation

Statistical and Ratio Summary

	September 30, 2026	December 31, 2025	ECMCC 3 Year Avg. 2023 - 2025
Liquidity Ratios:			
Current Ratio	0.5	0.5	0.6
Days in Operating Cash & Investments	7	20	23.2
Days in Patient Receivables	58.2	55.0	56.8
Days Expenses in Accounts Payable	64.0	56.6	54.6
Days Expenses in Current Liabilities	120.9	160.0	145.0
Cash to Debt	12.9%	57.1%	55.8%
Working Capital Deficit	$ (204,554)	$ (194,938)	$ (138,572)
Capital Ratios:			
Long-Term Debt to Fixed Assets	53.6%	57.0%	63.2%
Assets Financed by Liabilities	145.8%	137.0%	134.7%
Debt Service Coverage (Covenant > 1.1)	0.7	1.1	1.7
Capital Expense	2.8%	2.7%	2.9%
Average Age of Plant	6.5	8.2	8.0
Debt Service as % of NPSR	3.0%	3.8%	4.0%
Capital as a % of Depreciation	117.4%	132.2%	60.3%
Profitability Ratios:			
Operating Margin	-9.1%	-8.6%	-7.0%
Net Profit Margin	-4.4%	-1.9%	-1.2%
Return on Total Assets	-4.7%	-1.7%	-1.0%
Return on Equity	10.3%	4.6%	2.9%
Productivity and Cost Ratios:			
Total Asset Turnover	1.4	1.2	1.1
Total Operating Revenue per FTE	$ 288,570	$ 273,402	$ 254,866
Personnel Costs as % of Total Revenue	53.9%	55.3%	54.3%

Erie County Medical Center Corporation

Key Statistics

Period Ended September 30, 2026

Current Period					Year to Date			
Actual	Budget	% to Budget	Prior Year		Actual	Budget	% to Budget	Prior Year
				Discharges:				
1,039	1,082	-4.0%	1,121	Med/Surg (M/S) - Acute	9,377	9,932	-5.6%	9,701
222	235	-5.5%	225	Behavioral Health	1,939	2,125	-8.7%	2,069
169	165	2.2%	162	Chemical Dependency (CD) - Detox	1,600	1,546	3.5%	1,484
31	37	-17.0%	27	Medical Rehab	218	288	-24.2%	223
1,461	1,520	-3.9%	1,535	Total Discharges	13,134	13,891	-5.4%	13,477
				Patient Days:				
8,809	8,253	6.7%	8,695	M/S - Acute	78,777	74,766	5.4%	75,112
3,889	3,846	1.1%	3,735	Behavioral Health	35,145	33,867	3.8%	33,445
708	608	16.4%	607	CD - Detox	6,247	5,764	8.4%	5,637
476	670	-29.0%	505	Medical Rehab	4,041	4,797	-15.8%	3,623
13,882	13,377	3.8%	13,542	Total Patient Days	124,210	119,194	4.2%	117,817
				Average Daily Census (ADC):				
294	275	6.7%	290	M/S - Acute	289	274	5.4%	275
130	128	1.1%	125	Behavioral Health	129	124	3.8%	123
24	20	16.4%	20	CD - Detox	23	21	8.4%	21
16	22	-26.6%	17	Medical Rehab	15	18	-15.8%	13
463	445	3.9%	451	Total ADC	455	437	4.2%	432
				Average Length of Stay:				
8.5	7.6	11.2%	7.8	M/S - Acute	8.4	7.5	11.6%	7.7
17.5	16.4	7.0%	16.6	Behavioral Health	18.1	15.9	13.7%	16.2
4.2	3.7	13.9%	3.7	CD - Detox	3.9	3.7	4.7%	3.8
15.4	17.9	-14.4%	18.7	Medical Rehab	18.5	16.7	11.2%	16.2
9.5	8.8	8.0%	8.8	Average Length of Stay	9.5	8.6	10.2%	8.7
				Occupancy:				
95.6%	86.6%	10.4%	93.3%	% of M/S Acute staffed beds	95.6%	86.6%	10.4%	93.3%
				Case Mix Index:				
1.97	2.02	-2.6%	2.04	Blended (Acute)	2.01	1.95	2.9%	1.98
298	303	-1.7%	284	Observation Status	2,856	2,974	-4.0%	2,991
416	445	-6.5%	407	Inpatient General Surgeries	3,700	4,156	-11.0%	3,827
567	646	-12.2%	593	Outpatient General Surgeries	5,326	6,134	-13.2%	5,622
68	29	134.5%	29	Inpatient Ancillary Surgeries	373	222	68.0%	242
3	6	-50.0%	4	Outpatient Ancillary Surgeries	32	35	-8.6%	27
25,808	27,142	-4.9%	26,210	Outpatient Visits	234,838	239,994	-2.1%	231,011
5,619	5,476	2.6%	5,642	Emergency Visits Including Admits	50,189	50,296	-0.2%	51,002
58.2	44.2	31.7%	59.3	Days in A/R	58.2	44.2	31.7%	59.3
2.8%	2.1%	34.6%	1.8%	Bad Debt as a % of Net Revenue	2.4%	2.1%	12.2%	2.3%
3,275	3,238	1.1%	3,478	FTE's	3,319	3,246	2.3%	3,412
4.21	4.23	-0.5%	4.18	FTE's per Adjusted Occupied Bed	3.84	4.18	-8.1%	3.73
$ 19,605	$ 20,672	-5.2%	$ 19,871	Net Revenue per Adjusted Discharge	$ 17,617	$ 20,042	-12.1%	$ 17,028
$ 27,123	$ 26,853	1.0%	$ 26,787	Cost per Adjusted Discharge	$ 22,876	$ 26,513	-13.7%	$ 22,485
Terrace View Long Term Care:								
11,255	11,539	-2.5%	11,514	Patient Days	103,044	104,423	-1.3%	103,318
375	385	-2.5%	384	Average Daily Census	377	383	-1.3%	378
96.2%	98.6%	-2.5%	98.4%	Occupancy - % of Staffed beds	96.8%	98.1%	-1.3%	97.0%
479	456	5.1%	502	FTE's	487	456	6.8%	482
6.8	6.3	7.7%	7.0	Hours Paid per Patient Day	7.6	7.0	8.2%	7.5

Medical Executive Committee

CMO Report to the ECMC Board of Directors

October 2026

University at Buffalo Update

- There is an ongoing search for Family Medicine and Chair of Surgery.
- There will be a new search for the Neurology Chair.

CMO Update

- Preparations continue for Epic go-live.

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

Department of Nursing Report October 2026

The final preparations and training for EPIC go live has kept our Nursing staff very busy. The change in documentation as well as process changes that will be supported by the new EMR technology has been very exciting as well as challenging. Our ECMC nurses showed what an extraordinary team effort can accomplish.

The Nurse of the Month celebration in September recognized Da'Nesha McFarland RN. She is an outstanding Medical Nurse that works as a member of the 12 zone 2 team.
We also honored Jeffrey Hayden RN as October Nurse of the month. Jeff is an outstanding Inpatient Dialysis Nurse.

Nurse staffing needs continue to be addressed with utilization of agency nurses to supplement openings with a large new hire group starting in November. Our Education team, led by our Assistant Vice Presidents of Education, Matthew Bailen DHSc MSN RN CCRN and Sara Maggio MS, RN, have done an outstanding job with rolling out education for our EPIC implementation. Our education team will now be focused on continued support of current staff as well as orientation of a large new hire group over the next 3 to 6 months. Recruitment and retention remain strong as well as our role as a preferred clinical site for Nursing students.

Our Nursing leadership team continues to promote a positive practice environment for our nurses with a focus on well-being and professional development of our nurses to grow excellence in our care team across our service lines. Our ECMC nurses continue to be recognized for their work to promote new practices that benefit our community and improve patient outcomes.

Pressure Injury Prevention

Wound: DTI poster, "***Improving outcomes of Deep Tissue Injuries by Creating a Nurse Driven Protocol for Aggressive and Collaborative Treatment***" presented at *National Pressure Injury Advisory Panel (NPIAP) in St. Louis Missouri* in February. This same poster was accepted and Won at the WNY Professional Nurses Association research day in May. (Katie Fik MSN pictured below)



Communications and External Affairs Report
Submitted by Peter K. Cutler
Senior Vice President of Communications and External Affairs
October 27, 2026

Marketing

- Launched two :15 TV ads highlighting ECMC's Breast Health Services, notably our Breast Health Center. The TV ads are complemented with similar outdoor electronic billboards, online digital posts and audio radio posts.
- Ran a 4-color print ad in The Challenger highlighting ECMC's Breast Health Services.
- Maintained 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

- Interview with Becker's health on 10/12/26.
- Dr. Drumsta, Chief of Radiology, conducted an interview with Jon Harris of The Buffalo News regarding ECMC's CON filing for a new 1.5 Tesla (1.5T) MRI Suite that should be functional by early 2027.
- Coordinated Andy Davis's continuing media interviews, highlighting his new tenure as President and CEO, including an interview with Tracey Drury of *Buffalo Business First* on Monday, October 5th, which resulted in an initial general feature story about the current state of ECMC and will be followed by a feature profile on Andy.
- ECMC's Medical Minute partnership with WGRZ-TV included the featured following topics in September/October: Sinus Surgery (Dr. Woodard), Lymphedema (Dr. Falco), Lower Back Arthritis (Dr. Bychov), Breast Health Center (Lucia Gioeli), and E-Bike Safety (Beth Moses).

Community and Government Relations

- Coordinated and guided the October 7th visit to ECMC by NYS OMH Commissioner Dr. Ann Sullivan and members of her senior staff, including: Dr. Miriam Tepper, Chief Medical Officer; Martha Carlin, Associate Commissioner, Division of State Operated Services; Janine Perazzo, Associate Commissioner, Office of Hospital Care and Community Transitions; Sarah Kuriakose, Director, Division of Crisis Services, Director, Behavioral Health Crisis Technical Assistance Center, and Special Advisor to the Commissioner on Crisis Services; and Christopher Marcello, Director, Western New York Field Office. The Commissioner's visit included a detailed briefing and updated on ECMC's Behavioral Health services from Executive and Physician Leadership, as well as clinical Behavioral Health leaders. The Commissioner and her staff also toured the following areas: Emergency Department, CPEP, Adult Inpatient Behavioral Health Unit (Fourth Floor: 4Zone3, Sensory Therapy Rooms & Therapy Area), Court Room & Geriatric Behavioral Health Unit (Fifth Floor: 5Zone1, Fifth Floor, Main Hospital), and the Kensington Unit at Terrace View Long-Term Care Facility.

- Facilitated a visit by Bea Hanson, Director for NYS Office of Victim Services, a major funder of ECMC's BRAVE program. She met with BRAVE and SNUG staff at BRAVE's off-campus Trauma Recovery Center (near the Tri-Main Center) and was joined by Andy Davis and Cassie Davis.

Medical Executive Committee Meeting
Monday, August 24, 2026
Meeting via Microsoft Teams Platform/Hybrid
Dr. Zizzi Conference Room Second Floor

Attendance (Voting Members):

Dr. Anillo	Dr. Bakhai	Dr. Belles	Dr. Brewer
Rebecca Buttaccio, PA	Dr. DePlato	Dr. Chen	Dr. Cummings
Dr. Khan	Parveen Minhas	Dr. Frustino	Dr. Griffith
Dr. Krabill	Dr. Manka	Dr. Cheng	Dr. Murray
Dr. Nagai	Dr. Pugh	Dr. Rich	Dr. Rossitto
Dr. Ruggieri	Dr. Wilkins	Dr. Tadakamalla	Dr. Tanaka

Non-Voting Members and Guests:

Cassie Davis	Jon Swiatkowski	Charlene Ludlow	Allison Brashear
Cherly Carpenter	Phyllis Murawski	Julie Berrigan	Charlie Cavaretta
Becky DelPrince	Ashley Halloran	John Cumbo	

I. CALL TO ORDER

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

B. PRESIDENT'S REPORT:

1. The next Wellness meeting will take place on October 8, 2026 at Giancarlos from 5:00pm – 8:00pm.
2. Our annual Medical Dental staff meeting will be on November 19, 2026, from 4:30pm – 7:30pm in the overflow café.
3. Leadership Council is looking to engage with Horty Springer to revamp quality reporting.
4. Delinquent records report is down to single digits.

II. ADMINISTRATIVE REPORTS

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

1. <u>COO Report – Cassie Davis</u>
   a. Budget season is upon us.
   b. We are continuing to grow and develop programs with our physicians. We are looking for newer ways to do things and/or to improve on them.
   c. We continue to work on Epic preparations as we count down the days to go-live. Superusers are still needed, please reach out to Dr. Panesar if interested.
   d. We have added a new member to the team for capital projects, including the 11th floor construction project. Welcome to Wayne Starnes, P.E., our new Vice President of Construction Management.

2. CFO REPORT – Jon Swiatkowski
   a. Mr. Swiatkowski spoke on July 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. Focus continues on ALC numbers.
   d. We are working with the state of New York and the Federal Government to draw down Medicare dollars.
   e. We have hired a replacement for Mike Morris who will be retiring this month. Welcome Marty Warunek.
   f. It is now 60 days until Epic go live. There is a readiness meeting taking place this week Wednesday.
   g. Budgets will be presented to the Board at the end of September.

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

   a. We are in the final stages for the search for Ophthalmology Chair.
   b. Interviews are wrapping up for Surgery Chair.
   c. Thank you to Dr. Sam Cloud for being a great partner in the interview process.
   d. Rise, Respond, Rebuild program begins September 11th.
   e. Thank you all for your partnership with all of the recent recruitment.

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

   a. We have had an extremely busy summer surge.
   b. Epic training continues in the nursing department.
   c. We continue to work on throughput, working on getting the discharge orders in early.
   d. Department of Health was in last week; we have not yet received our final report.
   e. Any nominations for APP recognition, please submit to Charlene. The winner will be announced at the APP breakfast being held on September 23, 2026 at 8:00am in the Overflow café.

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

   a. No Report

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. John Cumbo reported on behalf of Dr. Panesar. Training begins today for non-superusers. Please be sure to participate in upcoming activities and meetings as they are scheduled.

VIII. ECMC FOUNDATION REPORT – Julie Berrigan, Executive Directors

a. Nursing scholarship applications will be open in a few weeks.
b. Buffalo Bills online auction is now up. Please reach out to Julie for instructions to log in and bid.
c. Wednesday is the Terrace View Patient / Family picnic.

IX. CREDENTIALS COMMITTEE REPORT – Yogesh Bakhai, MD

a. One extraction.

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	
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 – Michael Manka, MD

1. No new business

XIII. EXECUTIVE SESSION

1. **MOTION MADE AND CARRIED** immediately following our regular meeting to move to the Executive Session.
   The following items were discussed and motion(s) made:

2. The Medical Executive Committee discussed granting Emeritus status to Dr. William Flynn in recognition of his dedicated service to ECMC, its patients and the Western New York Community.

   MOTION MADE AND CARRIED, all in favor to grant Emeritus status to Dr. William Flynn, Jr. in recognition of his dedication and service to ECMC.

   UNANIMOULSY APPROVED

3. **MOTION MADE AND CARRIED**, all-in favor to receive and file:
   a. Board Quality P/I meeting minutes of July 14, 2026
   b. Chiefs of Service meeting minutes of July 9, 2026
   c. Leadership Council Report for July 2026

4. Quality and Patient Safety Report – Phyllis Murawski
   Phyllis stated that the Quality Patient Safety Committee met on July 28, 2026 with committee reports from MRU and Quality and Patient Safety Department. There were surveys from the Department of Health. The first was an environmental survey with zero findings. The second survey was within the ED and we have not received a report back.

XIV. ADJOURNMENT

There was no further business conducted. Motion to adjourn the meeting was made and seconded. The next meeting will be on Monday, September 21, 2026, at 11:30 am via Teams/Hybrid in the Dr. Zizzi conference room at ECMC. The meeting was adjourned at 12:14.

Respectfully submitted,

Michael Nagai, MD

Secretary
Medical Executive Committee