

# BOARD OF DIRECTORS

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Kevin Pranicoff, M.D.  
Joseph A. Zizzi, Sr., M.D.

~ Regular Meeting ~



## ERIE COUNTY MEDICAL CENTER CORPORATION

**Tuesday, April 29, 2014**

**4:30 P.M.**  
**Staff Dining Room – ECMCC 2<sup>nd</sup> Floor**

Copies to: Anthony J. Colucci, III. Esq.  
Corporate Counsel



# Mission

To provide every patient the highest quality of care delivered with compassion.

# Vision

## **ECMC WILL BE A LEADER IN AND RECOGNIZED FOR:**

- High quality family centered care resulting in exceptional patient experiences.
- Superior clinical outcomes.
- The hospital of choice for physicians, nurses, and staff.
- Strong collaboration with community partners to improve access to healthcare and the quality of life and vitality of the region.
- Academic affiliations that provide the best education for physicians, dentists, nurses, and other clinical staff.

The difference between  
healthcare and true care™





# Core Values

## **ACCESS**

All patients get equal care regardless of their ability to pay or source of payment. We address the healthcare needs of each patient that we can appropriately serve, without bias or pre-judgment.

## **EXCELLENCE**

Excellence is a standard that will never be lowered; there is an expectation of excellence in all areas.

## **DIVERSITY**

We recognize the importance and value of diversity and the enrichment that diversity can bring to ECMCC.

## **FULFILLING POTENTIAL**

We respect the value and potential of each individual as offering a significant contribution to the good of the whole organization. Personal growth and development is important for organizational success.

## **DIGNITY**

Each individual, no matter his or her limitations, background or situation, has intrinsic dignity and unique capabilities.

## **PRIVACY**

We honor each person's right to privacy and confidentiality.

## **FAIRNESS and INTEGRITY**

Equity and fairness are guidelines for all decision-making. We demand personal and institutional integrity.

## **COMMUNITY**

In accomplishing our mission we remain mindful of the public's trust and are always responsive to the immediate surrounding community and our natural environment. This commitment represents both our organization and us as individuals. A successful future for ECMCC depends on a vibrant community and a healthy environment.

## **COLLABORATION**

Collaboration with other organizations is beneficial within the context of our mission and is fundamental to achieving our goals.

## **COMPASSION**

All involved with ECMCC's service delivery demonstrate caring, compassion, and understanding for patients, employees, volunteers, and families.

## **STEWARDSHIP**

We can only be successful in carrying out our mission through solid financial performance and by assuring that resources provided to us are used effectively, in the way they were intended, and for the benefit of our patients and community.

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# AGENDA

REGULAR MEETING OF THE BOARD OF DIRECTORS  
ERIE COUNTY MEDICAL CENTER CORPORATION  
TUESDAY, APRIL 29, 2014

- |       |  |        |
|-------|--|--------|
| I.    | CALL TO ORDER: KEVIN M. HOGAN, ESQ., CHAIR   |        |
| II.   | APPROVAL OF MINUTES OF MARCH 25, 2014 REGULAR MEETING OF THE BOARD OF DIRECTORS                | 5-16   |
|       | APPROVAL OF MINUTES OF APRIL 10, 2014 SPECIAL MEETING OF THE BOARD OF DIRECTORS                | 17-20  |
| III.  | RESOLUTIONS MAY BE DISTRIBUTED TO THE BOARD OF DIRECTORS DURING THE MEETING ON APRIL 29, 2014. |        |
| IV.   | REPORTS FROM STANDING COMMITTEES OF THE BOARD:   |        |
|       | EXECUTIVE COMMITTEE: KEVIN M. HOGAN, ESQ.  | ----   |
|       | AUDIT COMMITTEE K. KENT CHEVLI, MD   | 22-23  |
|       | BUILDINGS & GROUNDS COMMITTEE RICHARD BROX   | 24-30  |
|       | INVESTMENT COMMITTEE: KEVIN E. CICHOCKI, D.C.  | 31-34  |
|       | QI PATIENT SAFETY COMMITTEE: DOUGLAS H. BAKER  | ----   |
| V.    | REPORTS FROM SENIOR MANAGERS OF THE CORPORATION:   |        |
|       | A. PRESIDENT & CHIEF OPERATING OFFICER   | 35-38  |
|       | B. CHIEF FINANCIAL OFFICER   | 39-46  |
|       | C. SR. VICE PRESIDENT OF OPERATIONS  | 47-51  |
|       | D. CHIEF MEDICAL OFFICER   | 52-54  |
|       | E. CHIEF SAFETY OFFICER  | ----   |
|       | F. SENIOR VICE PRESIDENT OF NURSING  | 55-56  |
|       | G. VICE PRESIDENT OF HUMAN RESOURCES   | 57-59- |
|       | H. CHIEF INFORMATION OFFICER   | 60-61  |
|       | I. SR. VICE PRESIDENT OF MARKETING & PLANNING  | 62-64  |
|       | J. EXECUTIVE DIRECTOR, ECMCC LIFELINE FOUNDATION   | ----   |
| VI.   | REPORT OF THE MEDICAL/DENTAL STAFF: MARCH 24, 2014   | 65-73  |
| VII.  | OLD BUSINESS   |        |
| VIII. | NEW BUSINESS   |        |
| IX.   | INFORMATIONAL ITEMS  | 74-80  |
| X.    | PRESENTATIONS  |        |
| XI.   | EXECUTIVE SESSION  |        |
| XII.  | ADJOURN  |        |

# Minutes from the



**Previous Meeting**

ERIE COUNTY MEDICAL CENTER CORPORATION

MINUTES OF THE REGULAR MEETING  
OF THE BOARD OF DIRECTORS

TUESDAY, MARCH 25, 2014

STAFF DINING ROOM

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|   |  |   |
|---|--|---|
| Voting Board Members Present:             | Kevin M. Hogan, Esq.<br>Bishop Michael A. Badger<br>Douglas H. Baker<br>Richard F. Brox via phone<br>K. Kent Chevli, M.D.<br>Kevin E. Cichocki, D.C. | Sharon L. Hanson<br>Michael Hoffert<br>Anthony M. Iacono<br>Dietrich Jehle, M.D.<br>Thomas P. Malecki, CPA<br>Frank B. Messiah<br>Michael A. Seaman     |
| Voting Board Member Excused:              | Ronald A. Chapin   | Joseph Zizzi, Sr., M.D.   |
| Non-Voting Board Representatives Present: | Jody L. Lomeo  | Kevin Pranikoff, MD   |
| Also Present:                             | Donna Brown<br>Richard Cleland<br>Anthony Colucci, Esq.<br>Janique Curry<br>Leslie Feidt<br>John Fudyma, M.D.<br>Susan Gonzalez<br>Richard Hall      | Ronald Krawiec<br>Susan Ksiazek<br>Charlene Ludlow<br>Brian Murray, M.D.<br>Kathleen O'Hara<br>Thomas Quatroche<br>Michael Sammarco<br>Karen Ziemianski |

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**I. CALL TO ORDER**

Vice Chair Michael A. Seaman called the meeting to order at 4:30 P.M.

**II. APPROVAL OF MINUTES OF FEBRUARY 25, 2014 REGULAR MEETING OF THE BOARD OF DIRECTORS.**

Moved by Anthony Iacono and seconded Michael Hoffert.

**Motion approved unanimously.**

**III. ACTION ITEMS**

- A. Receiving and Filing the Corporation's Audit Report and Approving the Corporation's Annual Report

Moved by Kevin Cichocki, D.C and seconded by Dietrich Jehle, M.D.  
**Motion Approved Unanimously.** Copy of resolution is attached.

- B. Approval of the March 4, 2014 Medical/Dental Staff Appointments/Re-Appointments.

Moved by Richard Brox and seconded by Michael Hoffert.  
**Motion Approved Unanimously.** Copy of resolution attached.

- C. Approval of Issuance of Annuity Contract

Moved by Michael Hoffert and seconded by Richard Brox  
**Motion Approved Unanimously.**

**IV. BOARD COMMITTEE REPORTS**

All reports except that of the Performance Improvement Committee shall be included in the March 25, 2014 Board book.

**V. REPORTS OF CORPORATION'S MANAGEMENT**

- A. Chief Executive Officer:
- B. Chief Operating Officer:
- C. Chief Financial Officer:
- D. Sr. Vice President of Operations
- E. Chief Medical Officer:
- F. Chief Safety Officer:
- G. Sr. Vice President of Nursing:
- H. Vice President of Human Resources:
- I. Chief Information Officer:
- J. Sr. Vice President of Marketing & Planning:
- K. Executive Director, ECMC Lifeline Foundation:

1) Chief Financial Officer: Michael Sammarco

A summary of the financial results through February 28, 2014 and a Quarterly Financial Statement and projected statement of Yearly Cash Flows are attached in the Board Book for review.

**VI. RECESS TO EXECUTIVE SESSION – MATTERS MADE CONFIDENTIAL BY LAW**

Moved by Michael Hoffert and seconded by Sharon L. Hanson, to enter into Executive Session at 4:35P.M. to consider matters made confidential by law, including certain compliance-related matters, strategic investments and business plans.

**Motion approved unanimously.**

**VIII. RECONVENE IN OPEN SESSION**

Moved by K. Kent Chevli, M.D. and seconded by Michael Hoffert to reconvene in Open Session at 5:30 P.M.

**Motion approved unanimously.**

**IX. PRESENTATION: HEALTHCARE ENVIRONMENT**

**DENNIS WHALEN, PRESIDENT OF HANYS**

Mr. Whalen provided an overview of healthcare of the future and touched upon the following topics:

- Medicaid Waiver (DSRIP) designed to right-size inpatient capacities and transform delivery care models; stabilize the NYS Health Care Safety Net System; realign the NYS health care delivery system; and reduce avoidable hospitalization and emergency department by 25% over 5 years.
- State Budget - the 2014 state budget retains important health care investments; eliminates the 2% across-the-board Medicaid cut; includes the \$1.2 billion Capital Restructuring Financing Program and Vital Access Provider program funding; establishes a transparent Medicaid waiver and capital funding processes to ensure a statewide approach that recognizes the diversity of providers across the state.
- Congress –Concern over the "doc-fix" bill to avert the 24% cut in Medicare reimbursement to physicians that will take effect on April 1, absent congressional action.
- NYS Health Exchange - New York State Health Exchange is one of the most successful exchanges in the country. However, concerns continue regarding price, denials of service and difficulty to obtain information to name a few.
- Price Public Transparency – A more transparent healthcare system that provides the healthcare consumer with necessary information to make informed decisions.



**X. ADJOURNMENT**

Vice Chair Michael Seaman adjourned the meeting at 6:45 P.M.



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Sharon L. Hanson  
Corporation Secretary

ERIE COUNTY MEDICAL CENTER CORPORATION

**Resolution Receiving and Filing the Corporation's Audit Report  
And Approving the Corporation's Annual Report**

Approved March 25, 2014

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WHEREAS, pursuant to section 3642 of the New York Public Authorities Law, the Corporation is obligated to complete an annual audit of its books and records by an independent public accountant and to submit to various public officers and bodies the detailed report required by section 2800 of the New York Public Authorities Law; and

WHEREAS, the Corporation has engaged the services of an independent public accountant to complete the annual audit required by law and has distributed the report of the independent public accountant to members of the Corporation's Board of Directors following a recommendation for approval made by the Corporation's Audit Committee; and

WHEREAS, the Corporation has prepared an annual report containing the detailed information set forth in section 3642 of the New York Public Authorities Law as well as the information required by other applicable laws and guidance provided by the New York Authorities Budget Office;

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

1. The 2013 audited financial statements and audit report from the Corporation's independent public accountants are received and filed.
2. The Corporation's annual report prepared in accordance with applicable law and guidance is approved in substantially the form as presented at the meeting of the Board of Directors on March 25, 2014.
3. This resolution shall take effect immediately.



Sharon L. Hanson  
Corporate Secretary

**CREDENTIALS COMMITTEE MEETING**  
**March 4, 2014**

**Committee Members Present:**

Robert J. Schuder, MD, Chairman  
Richard E. Hall, DDS PhD MD FACS  
Mandip Panesar, MS MD  
Susan Ksiazek, RPh, Director of Medical Staff Quality and Education  
Brian M. Murray, MD  
Christopher P. John, PA-C

**Medical-Dental Staff Office and Administrative Members Present:**

Tara Boone, Credentialing Specialist  
Nancy Clark, Administrative Assistant to the Medical-Dental Staff Office

**Members Not Present (Excused \*):**

Yogesh D. Bakhai, MD \*  
Gregg I. Feld, MD \*  
Timothy G. DeZastro, MD \*  
Nirmit D. Kothari, MD \*

**CALL TO ORDER**

The meeting was called to order at 3 PM by Dr. Robert J. Schuder. The proceedings from the previous meeting of February 4, 2014 were reviewed and accepted.

**RESIGNATIONS**

The Credentials Committee was made aware of recent resignations, application withdrawals, leave requests or conclusions and presents the following names to the Executive Committee for information.

- A. Deceased – None
- B. Application Withdrawn  
Joyce Paterson, MD Pathology
- C. Resignations:  
Ameer Ibrahim, MD Emergency Medicine April 1, 2014  
Christopher Miller, MD Teleradiology January 23, 2014  
Jeffrey Park, PA-C Surgery March 3, 2014

**FOR INFORMATION**

**CHANGE OR ADDITION IN COLLABORATING / SUPERVISING ATTENDING**

**Orthopaedic Surgery**  
Shane P. Griffin, PA-C from Nicholas Violante, DO To Christopher Ritter, MD  
**Internal Medicine**  
Lisa M. Bauman, PA-C from Misbah H. Ahmad, MD to Mark D. Fisher, MD

**FOR OVERALL ACTION**

**DEPARTMENT ADDITION**

**Internal Medicine** (in addition to Rehabilitation Medicine)

Kimberly A. Pierce, ANP\* Allied Health Professional  
**Collaborating MD: Dr. Mark Fisher**  
**\*FPPE waived as practitioner resuming prior appointment in Department of Internal Medicine**

**FOR OVERALL ACTION**

**PRIVILEGE ADDITION/REVISION**

**Internal Medicine**

Lisa M. Bauman, PA-C -Endotracheal Intubation, ACLS certified\*

*\*FPPE satisfied with supervised case summary submitted with privilege request*

Alyssa S. Shon, MD -Aspiration or Incision and drainage of superficial abscess\*

*\*FPPE waived; procedure within core competency*

*It was recommended that this privilege be pulled into the core privileges delineated on the front cover of all departmental privilege forms with the next set of revisions*

Andrew H. Talal, MD -Esophageal Manometry/pH Monitoring  
-Ambulatory pH Monitoring  
-Balloon tamponade (e.g. Sengstaken/Blakemore) for bleeding esophageal/gastric varices

Orthopaedic Surgery  
Nicholas Violante, DO -Osteoplasty: Shortening of bone, lengthening of bone

*\*FPPE waived; procedure within core competency cluster*

**FOR OVERALL ACTION**

**SPECIFIC PRIVILEGE WITHDRAWAL**

**Oral & Maxillofacial Surgery**

Tara L. Halliwell-Kemp, DDS, MD -Arthroscopy of temporomandibular joint, diagnostic

**FOR OVERALL ACTION**

**APPOINTMENTS AND REAPPOINTMENTS**

- A. Initial Appointment Review (6)
- B. Initial Dual Dept. Appointment (1)
- C. Reappointment Review (27)
- D. Reappointment Dual Dept. Review (0)

Six initial, one dual initial appointment and twenty-seven reappointment requests were presented to the Credentials Committee for review. The dossiers were found to be in order and are endorsed to the Medical Executive Committee for its approval with comments (if any) as indicated.

**APPOINTMENT APPLICATIONS, RECOMMENDED**

**A. Initial Appointment Review (6)**

**Anesthesiology**

Kimberly Nice, CRNA Allied Health Professional

**Cardiothoracic Surgery**

Marcella Zynda, ANP Allied Health Professional

*Collaborating MD: Dr. Mark R. Jajkowski*

**Dentistry**

Jennifer Frustino, DDS Active Staff

**Family Medicine**

Robert DiVencenzo, DO Active Staff

Sherry Valenti, ANP Allied Health Professional

*Collaborating MD: Dr. Stephen J. Evans*

**Psychiatry**

Rebecca Schaeffer, MD Active Staff

**B. Dual Initial Appointment Review (1)**

**Family Medicine**

Deirdre Schwartz, FNP Allied Health Professional

*Collaborating MD: Dr. Antonia J. Redhead*

**Internal Medicine**

Deirdre Schwartz, FNP Allied Health Professional

*Collaborating MD: Dr. Arthur E. Orlick*

**FOR OVERALL ACTION**

**REAPPOINTMENT APPLICATIONS, RECOMMENDED**

**C. Reappointment Review (27)**

**Emergency Medicine**

Michael A. Manka, MD Active Staff

Sarah A. Nienburg, PA-C Allied Health Professional

*Supervising MD: Dr. Brian M. Clemency*

**Family Medicine**

Pamela A. Eaton, ANP Allied Health Professional

*Collaborating MD: Dr. Stephen J. Evans*

Edward J. Metzger, ANP Allied Health Professional

*Collaborating MD: Dr. Stephen J. Evans*

Kyle A. Wiktor, FNP Allied Health Professional

*Collaborating MD: Dr. Mohammadreza Azafard*

**Internal Medicine**

Roslyn R. Romanowski, MD Active Staff

Alyssa S. Shon, MD Active Staff

Scott H. Stewart, MD Active Staff

Andrew H. Talal, MD Active Staff

**Neurology**

Susan M. Elrich, MD, PhD Active Staff

Margaret A. Umhauer, ANP Allied Health Professional

*Collaborating MD: Dr. Richard E. Ferguson*

**Orthopaedic Surgery**

Leon Ber, DPM Courtesy Staff, *Refer and Follow*

Jeffrey A. Daoust, PA-C Allied Health Professional

*Supervising MD: Dr. Christopher A. Ritter*

Stacy A. Heiler, PA-C

*Supervising MD: Dr. Nicholas Violante*

Carl J. Hoeger, DPM Active Staff

James E. Hohensee, MD Courtesy Staff, *Refer and Follow*

Mark T. Orłowski, PA-C Allied Health Professional

*Supervising MD: Dr. Paul D. Paterson*

Nicholas Violante, DO Active Staff

**Plastic and Reconstructive Surgery**

Vivian L. Lindfield, MD Active Staff  
 Toan T. Nguyen, MD Active Staff

**Psychiatry**

Michael S. Adragna, MD Active Staff  
 Yogesh D. Bakhai, MD Active Staff  
 Dori R. Marshall, MD Active Staff  
 Jarod S. Masci, MD Active Staff  
 Annmarie L. Mikowski, DO Active Staff

**Rehabilitation Medicine**

Lisa A. Keenan, PhD Allied Health Professional  
 Christopher D. Radziwon, PhD Allied Health Professional

**FOR OVERALL ACTION**

***PROVISIONAL APPOINTMENT REVIEW, RECOMMENDED***

The following members of the Provisional Staff from the previous year period are presented for movement to the Permanent Staff in 2014 on the date indicated.

**March 2014 Provisional to Permanent Staff Provisional Period Expires**

**Cardiothoracic Surgery**

Dexter, Elisabeth, U., MD Active Staff 03/26/2014

**Internal Medicine**

Banifatemi, Reza, MD Active Staff 03/26/2014  
 Cobler, JoAnne, L., MD Active Staff 03/26/2014  
 D'Angelo, Michael, E., MD Active Staff 03/26/2014  
 Martinez, Anthony, Dunning, MD Active Staff 03/26/2014  
 Matthews, George, Edmead, MD Active Staff 03/26/2014  
 \*Moussa, Amr, H., MD Courtesy Staff R&F 03/26/2014

*\*Out of the area on fellowship; will reach out to confirm intentions*

Riegel, Brian, J., MD Active Staff 03/26/2014

*The future May 2014 Provisional to Permanent Staff list was compiled and will be distributed for Chief of Service and Collaborating / Supervising physician review as defined in policy.*

**FOR OVERALL ACTION**

***AUTOMATIC MEMBERSHIP CONCLUSION, RECOMMENDED***

None

**Reappointment Expiration Date: April 1, 2014**  
*Planned Credentials Committee Meeting: March 4,*

2014

*Planned MEC Action date: March 24,*  
*Planned Board confirmation by: April*

2014

2014

***OLD BUSINESS***

**Ad hoc BOD Committee Report**

The Credentials Committee awaits the detail requested at last month's meeting.

ERIE COUNTY MEDICAL CENTER CORPORATION

**Privilege Form Revisions  
INTERNAL MEDICINE**

No update.

**UROLOGY**

No update.

**ORTHOPAEDICS**

Discussion has resumed with the Chief of Service regarding the re-formatting of the both the Orthopaedic and Podiatry privilege forms. Harmonization with the Kaleida Health forms to be re-visited.

**SURGERY-INTERNAL MEDICINE: Nephrology -Vascular Access privileges**

An additional request by an applicant for more revisions was not accepted by the Credentials Chair, as the ad-hoc committee of Internal Medicine, Radiology and, Vascular and Surgery representatives opined that the current content included the additional delineations requested. The applicant completed the approved form; his training and experience were reviewed by the Chair, the Chief of Service and the full Credentials Committee and felt to meet the credentialing criteria.

**Registered Nurse Anesthetists pending Certification**

As follow up to the discussion at the February committee meeting, it was subsequently confirmed with the Anesthesiology Chief of Service that the internal departmental expectation of achieving certification within six months of hire date would be monitored and enforced on a departmental level by the CRNA supervisor.

**Wound Care Center (WCC)**

The committee had discussed the use of a Nurse Practitioner for patient care and HBO supervision in the Wound Care Center. Following communication with the NYSED Board of Nursing, the committee was informed that this represents an appropriate scope of practice for a properly credentialed Nurse Practitioner collaborating with a physician possessing parallel privileges. The committee will solicit comments from the Wound Care Center Medical Director and the Surgery Chief of Service regarding the addition of these and other wound care privileges to the Surgery Nurse Practitioner privilege form.

**Temporary Privilege expirations during Pending Initial Applications**

A tracking system has been formalized to list Urgent and Temporary Privilege expiration periods and the status of application completion. The current tracking matrix will be attached.

**OVERALL ACTION REQUIRED**

***NEW BUSINESS***

**Training certificates**

The committee received a report indicating that specific copies of training certificates from an applicant documenting residency and fellowship education are no longer an industry standard. With the requirement of primary source verification and the ease with which training certificates can be forged, the Greeley Consultant firm included in a recent newsletter (on file in the ECMC MDSO) that credentialing offices cease this antiquated process. In an effort to improve efficiency, the Medical-Dental Staff supervisor wishes to stop collecting these documents from applicants. The ECMC Credentialing Procedures were reviewed and do not include this as a requirement. The committee endorsed ceasing this process.

**Pathology credentialing**

Reluctance has been encountered from select pathologists at KH to join the ECMC Medical Staff and go through the process of privileging. The “Super Lab” has generated credentialing questions previously not raised. Therefore, a meeting of key stakeholders such as Risk Management, Corporate Compliance and Legal Counsel has been scheduled to obtain expert opinion and guidance.

**NAMSS Pass**

**National Association Medical Staff Services [Practitioner Affiliation Sharing Source](#)**

In the process of the required due diligence of work experience for a medical staff applicant, the office encountered a hospital initially unwilling to provide the verification, but rather referring office staff to NAMSS Pass. The entity is a new central repository for affiliation verification, National Practitioner Data Bank reports and multiple other one-stop credentialing solutions. For organizations that do not submit their data to this repository, there is a per transaction fee of up

ERIE COUNTY MEDICAL CENTER CORPORATION

to \$6.00. Many credentialing softwares (including our own IntelliCred) have the ability to generate these verifications and the industry standard is that we do this collegially at no charge. It will be interesting to monitor if NAMSS Pass will impact how offices share information moving forward.

**IAL Conference**

The committee was informed that ECMC will be hosting a conference in the coming months that will involve licensed practitioners from out of state. The due diligence performed by Risk Management, Legal Counsel, Corporate Compliance, the Medical-Dental Staff Office and Office of the Chief Medical Officer to minimize risk to patient safety and liability was reviewed.

**Proposed JC Standards for Radiology**

The committee was apprised of potential new Joint Commission standards currently out for public comment which would impact the privileging for Department of Radiology/Imaging Services. Input from the Chief of Service will be solicited as we await the final standard verbiage.

**Waivers for DEA Registrations**

The DEA has been contacted to clarify if ECMC as a Public Benefit Corporation would still qualify for fee waivers. A response from the DEA is pending at this writing.

**OVERALL ACTION REQUIRED**

***OTHER BUSINESS***

**FPPE-OPPE Report (included in the consent calendar of the Medical-Executive Committee)**

FPPE (Focused Professional Practice Evaluation)

- Emergency Medicine (1 MD, 2 FNPs)
- Family Medicine (1 MD, 1ANP)
- Internal Medicine (1 MD)
- Pathology (6 MDs)
- Psychiatry (1 MD)

OPPE (Ongoing Professional Practice Evaluation)

- Oral & Maxillofacial Surgery OPPE is has been successfully completed for 19 practitioners
- Anesthesiology OPPE has been successfully completed for 18 MDs and 15 CRNAs

***ADJOURNMENT***

With no other business, a motion to adjourn was received and carried with adjournment at 3:45 PM.

Respectfully submitted,



Robert J. Schuder, MD,  
Chairman, Credentials Committee

Att.



# Minutes from the



## Special Board Meeting

ERIE COUNTY MEDICAL CENTER CORPORATION

MINUTES OF THE SPECIAL MEETING  
OF THE BOARD OF DIRECTORS

THURSDAY, APRIL 10, 2014

BOARD OF DIRECTORS CONFERENCE ROOM

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Voting Board Members Present or Attending by Phone: Kevin M. Hogan, Esq. Sharon L. Hanson  
Bishop Michael A. Badger Michael Hoffert  
Douglas H. Baker Anthony M. Iacono  
Richard F. Brox Thomas P. Malecki, CPA  
Ronald A. Chapin Frank B. Mesiah  
K. Kent Chevli, M.D. Michael A. Seaman  
Kevin E. Cichocki, D.C.

Voting Members Excused: Dietrich Jehle, M.D.

Non-Voting Board Representatives Present: Jody L. Lomeo Kevin Pranicoff, MD  
Ronald Bennett, Esq.

Also Present: Brian Murray, M.D.  
Anthony J. Colucci, Esq.

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**I. CALL TO ORDER**

Chair Kevin M. Hogan called the meeting to order at 8:00 A.M.

**II. ROLL CALL OF ATTENDANCE:**

A roll call was taken and a quorum was found to be present.

**III. CEO POSITION**

The Board of Directors discussed the transition of Jody Lomeo from holding a public officer title to becoming the permanent CEO of Kaleida Health and Great Lakes Health.

**IV. ACTION ITEM**

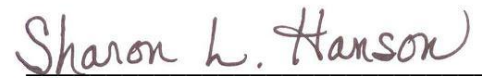
A. Resolution to Approving the Appointment of Jody L. Lomeo as Chief Executive Officer of Kaleida Health and Great Lakes Health and Appointing Richard Cleland as Interim CEO; COO and President.

Moved by Michael Seaman and seconded by Bishop Michael Badger  
**Motion Approved Unanimously**

ERIE COUNTY MEDICAL CENTER CORPORATION

**V. ADJOURNMENT**

Kevin Hogan adjourned the Special Meeting of the Board of Directors at 8:50 A.M.



Sharon L. Hanson  
Sharon L. Hanson  
Corporation Secretary

**Resolution to Approving the Appointment of Jody L. Lomeo  
as Chief Executive Officer of Kaleida Health and Great Lakes Health  
and Appointing Richard Cleland as Interim CEO; COO and President.**

Approved April 10, 2014

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WHEREAS, pursuant to Article 10-C of the Public Authorities Law of New York, the Board of Directors of the Corporation is the governing body of the Corporation and has the sole authority to select and decide upon the terms of service of the Chief Executive Officer of the Corporation; and

WHEREAS, the Corporation appointed Jody L. Lomeo as Chief Executive Officer in January 2009 and he has served the Corporation well in that capacity continuously since that date; and

WHEREAS, Kaleida Health and Great Lakes Health have communicated a desire to appoint Mr. Lomeo as Chief Executive Officer of their respective entities to further the common efforts to further integrate services and improve the quality of health care delivery in the community;

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

1. The Corporation affirms its commitment to Great Lakes Health as memorialized in the Restated Binding Agreement and supports the appointment of Jody L. Lomeo as Chief Executive Officer of Great Lakes Health.
2. The Corporation agrees to accept the resignation of Mr. Lomeo as Chief Executive Officer of the Corporation, effective April 25, 2014.
3. The Corporation approves the appointment of Mr. Lomeo as Chief Executive Officer of Kaleida Health and waives any right it may have to prevent Mr. Lomeo from accepting the appointment by Kaleida Health of Mr. Lomeo as Chief Executive Officer.
4. The Chair of the Board of Directors of the Corporation and General Counsel are authorized and directed to negotiate a Memorandum of Understanding with Kaleida Health concerning this transition.
5. Effective upon the resignation of Mr. Lomeo, Richard Cleland shall become the Interim Chief Executive Officer of the Corporation, shall be referred to as President of the Corporation, and shall retain his current title of Chief Operating Officer.

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Sharon L. Hanson  
Corporation Secretary



# Executive Committee

# Minutes from the



## Audit Committee

ERIE COUNTY MEDICAL CENTER CORPORATION

Board of Directors  
Minutes of the Audit Committee Meeting

Friday, March 21, 2014

ECMCC Board of Directors Conference Room

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|  |  |                              |
|--|--|------------------------------|
| Voting Board Members Present or Attending by Conference Telephone: | Kent Chevli, MD<br>Bishop Michael A. Badger<br>Frank B. Mesiah               |                              |
| Voting Board Members Excused:                                      | Anthony M. Iacono  |                              |
| Also Present:  | Michael Sammarco<br>Jody Lomeo<br>Anthony J. Colucci, III, Esq.              | John Eichner<br>Paul Huefner |
| Guests:  | Freed, Maxick CPAs, P.C.:<br>Alan Gracie<br>Christopher Eckert<br>Ryan Grady |                              |

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**I. Call to Order**

Chairman Dr. Kent Chevli called the Audit Committee meeting to order at 3:35 p.m.

**II. Receive and File Minutes**

Motion was made and accepted to approve the minutes of the Audit Committee meeting of July 19, 2013.

**III. 2013 Draft Audited Financial Statements - Freed, Maxick. CPAs, P.C.**

Freed, Maxick CPAs, ECMCC's independent auditors, reviewed the draft 2013 audited financial statements, required disclosures, and report on internal control and compliance. The auditors issued an unqualified, or clean, opinion on the 2013 financial statements. There were no material weaknesses or significant deficiencies noted in the report.

Motion was made by Mr. Frank Mesiah and seconded by Bishop Michael Badger to recommend approval of the 2013 audited financial report to the Board of Directors.

**IV. Other Business:**

Chairman Chevli recommended that regular, quarterly meetings of the Audit Committee be established for the 2014 calendar year and distributed to the Committee members.

**Adjournment:**

**V. The meeting was adjourned at 4:15 PM by Chairman Chevli.**

# Minutes from the



## Buildings & Grounds Committee



ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS  
MINUTES OF THE BUILDING & GROUNDS COMMITTEE MEETING  
APRIL 8, 2014  
ECMCC STAFF DINING ROOM

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BOARD MEMBERS PRESENT: FRANK MESIAH JODY L. LOMEIO  
EXCUSED: RICHARD F. BROX, CHAIR MICHAEL HOFFERT  
RONALD CHAPIN JOSEPH A. ZIZZI, SR., M.D.  
ALSO PRESENT: RICHARD C. CLELAND CHARLENE LUDLOW  
DOUGLAS FLYNN

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**I. CALL TO ORDER**

Frank Mesiah called the meeting to order at 9:40A.M.

**II. RECEIVE AND FILE FEBRUARY 11, 2014 MINUTES**

Receive and file the Buildings and Grounds Committee minutes of February 11, 2014 as presented.

**III. UPDATE – RECENTLY COMPLETED CAPITAL INITIATIVES/PROJECTS**

**Ambulatory Center**

- 3<sup>rd</sup> Floor: DOH inspection completed on March 21<sup>st</sup>, project in closeout phase.

**Greeters Station Relocation**

- Hospital Greeters station has been relocated from its prior front vestibule wall location into the former Patient Advocate Office as of April 1st. This relocation is intended to better accommodate the queuing of visitors as the new Badge Pass initiative is commissioned in the near future. A similar effort is planned for the MRI Entrance with new Greeter Station planned to be available by May 1st.

**IV. UPDATE – IN PROGRESS CAPITAL INITIATIVES/PROJECTS**

**Behavioral Health Center of Excellence Project (HEAL21)**

- Renovations: 4<sup>th</sup> Floor / 4Z5 Renovation – interior finishes ongoing, DOH Inspection scheduled for 05/19/14; 4Z3 Renovation – drywall finishing to be complete within next two of weeks after which interior finishes shall begin, zone to be ready for occupancy late June, DOH inspection scheduled for 08/11/14.

## ERIE COUNTY MEDICAL CENTER CORPORATION

### **415 & 497 Grider Street**

- Awaiting favorable weather to complete project requirements, which is limited to topsoil and seeding.

Jody Lomeo and Mr. Mesiah suggested that ECMC recruit McKinley High School Horticultural Club to assist with our yearly spring landscaping dress up event. Charlene Ludlow will follow-up.

### **Cafeteria & Kitchen Renovation**

- Phase 1 / Kitchen & Main Dining Area – above ceiling rough-in requirements substantially complete, ceiling grid in progress with interior finishes to begin shortly, full completion by late May remains on target.
- Phase 2 / Overflow Dining – to begin upon occupancy of Phase 1, scheduled to be complete in late June.

### **Electrical Infrastructure Improvements**

- Generators / The 2<sup>nd</sup> temporary generator have been commissioned allowing for the start of pre demolition work to begin. The extractions of the 500kw & 900kw generators scheduled for the first week of May. New units to be delivered and installed in July.
- Fire Alarm / Work in the coordination and material procurement stage, new rough-in work to begin within the next week, project scope is campus wide improvements to fire alarm reporting protocols.

### **2014 CAPITAL GROUP A PROJECTS**

- These four projects shall be combined to into a single bid package, which shall result in a single set of applicable contractors. This approach offers management efficiencies and the opportunity for better contractor pricing based on the expended scopes of work. The bid phase shall span the month of May, with contracts awarded and contractor mobilization to occur Late May through early June.

#### **Orthopedic COE Initiative / Phase 2 - In Patient Beds**

- In an effort to accelerate CON approval ECMC has contracted with DASNY to review the architectural components of the CON submission. The design & construction team is currently working on a budget estimate which will allow for an applicable value engineering process, should it be necessary prior to going the start of the bid period.

#### **Universal Care Unit @ 6 Zone 1**

- This project shall renovate 6Z1 into a “universal care” unit, which shall be capable of accommodating any type of medical/surgical patient. This unit to be available

## ERIE COUNTY MEDICAL CENTER CORPORATION

for use as a “swing” zone, facilitating future zone medical /surgical inpatient bed zone renovations.

### **GI Lab Renovations**

- Since our last meeting the scope of this project has been trimmed to eliminate peripheral office and resident spaces renovations, limiting the scope to the expansion of the Pre / Post Procedural Bays.

### **Signage & Wayfinding Initiative / Site Signage**

- Final coordination of design and fabrication details are nearing completion, a set of presentation drawings are attached for general information.

### **Signage & Wayfinding Initiative - Interior Wayfinding**

- Since our last meeting, the "Pathway" concept has been expanded across the ground and first floor levels, with each envisioned path and their applicable destinations now defined. A presentation set of associated diagrams attached for general information. All things considered the concept appears to have boiled down to a simple and straight forward approach, intended to guide visitors through these challenging floor plans. Next steps include confirming current concepts, ordering of signage, and In-House installations.

### **Environmental Health Clinic**

- ECMC was recently awarded a grant which would bring this new service line to the ground floor of the main hospital, within the Rehab area, space formerly occupied by the Head & Neck Group. It shall include (4) exam rooms, nursing station and office space, service line reportedly to be on line as of July 1<sup>st</sup>.

### **Emergency Department Expansion / Renovation**

- Since our last meeting the Cannon Design ED Study proposal has been received and is currently in its final stage of approval. This study shall provide expert analysis of department practices and patient loads, leading to suggested changes in patient care and processing. Accepted suggestions shall be the primary criteria used in the development of the intended department renovation. The final deliverable shall be an assessment based space program and renderings intended for this spring's fund raising efforts.

## **V. UPDATE – PENDING CAPITAL INITIATIVES/PROJECTS**

### **Education & Training Center**

- Since our last meeting, based on an approved schematic plan and estimate, it was decided that the project would move forward, starting with the next steps of design. An A/E Contract with Smith & Associates for the balance of design services is under final review. Project cost forecasted @ \$1.3 million.

## ERIE COUNTY MEDICAL CENTER CORPORATION

### **Medical ICU Renovation**

- Since our last meeting, a challenge to the desired space program has surfaced. Current FGI guidelines require that each ICU patient room have an adjacent and enclosed toilet facility, adding significant square footage to this already tight foot print. Discussions with the DOH on the potential of waiving of this requirement have since failed. With the waiver option eliminated we will now resume design work incorporating this standard. Project cost forecasting not yet available.

### **Immuno Clinic Relocation @ GFHC**

- Since our last meeting, final version of the intended floor plan has been approved and an applicable budget estimate has been completed. Submission of an applicable CON is pending further consideration. Total Project Budget is estimated to be \$4 million which is comprised of (4) cost categories - 1) Immuno Clinic @ \$2.9 million, 2) Tenant Space Improvements @ \$189K, 3) Improvements to Existing Infrastructure @ \$833K, and 4) Improvements @ Existing Clinic Space @ \$54K.

### **Urology Renovation / Sequential Projects**

- Since our last meeting, this set of related projects has progressed through the schematic design and estimate phase. This long conceptualized Urology Suite Renovation would construction a new suite in the current Ultrasound / Nuclear Medicine location, once these services were relocated to their new homes as outlined below.

#### **Ultrasound @ Radiology (aka Radiology Renovations Phase1)**

- This project would bring ultrasound into the Radiology Suite proper. The envisioned scope of this project has expended to include a new Bariatric Grade CT and Fluoroscopy unit. Overall Project cost forecasted @ \$4.6 million

#### **Nuclear Medicine @ NICL**

- This project will conjoin these related services which are currently remote from one another. Overall Project cost forecasted @ \$3.4 million

#### **Urology @ Nuclear Medicine**

- This project would follow the above two, and would allow for Urology services to be uninterrupted during the renovation. The completed project would result in a significant reduction of Urology utilization of the main hospital Operating Rooms and would leave the former Urology Suite available for Emergency or other future department expansion(s). Overall Project cost forecasted @ \$3.5 million

## ERIE COUNTY MEDICAL CENTER CORPORATION

### **New Elevator Lobby @ DK Miller**

- Since our last meeting a schematic design and a cost estimate have been developed for this envisioned elevator lobby on the south side of the building. Overall Project cost forecasted @ \$1.3 million. The benefits of such a project include:
  - Improved visitor safety
  - Elevator reliability
  - Facilitates potential building expansion efforts between Main Hospital & Ambulatory Center
  - Security improvements, elimination of north entrance, consolidate all DKM traffic via MRI Entrance.

### **Orthopedic Clinic Expansion**

- Since our last meeting an initial floor plan for a new Orthopedic Clinic has been developed. This would occupy the former Oncology and the current Family Medicine Office Suites. Plan includes the potential for (20) exam rooms. Overall Project cost forecasted @ \$1.8 million

### **Hospital Police Department – New Control Room**

- Since our last meeting a floor plan has been developed for this new HPD Control Room which will facilitate the increased monitoring needs of the expanding security capabilities. This new location shall be adjacent to the Gift Shop. This new location will bring police dispatch to a more central location, closer to the public. Conceptual design has begun. This is intended to be an In House project, work expected to begin later this spring. Overall Project cost forecasted @ \$360K

### **Lifeline Suite Renovations**

- Little progress made on this conceptual design effort since our last meeting. A series of related displacements need to be confirmed before a defined footprint can be established for this pending renovation. With that said we should be in position in the near future to accommodate these prerequisite relocations. Project cost forecasting not yet available.

### **Equipment Replacement @ Cath Lab 2**

- Cath Lab 2 equipment has reached the end of its useful life, project scope and budget to be established for further Administrative consideration, once blessed an applicable CON would need to be submitted. Project cost forecasting not yet available.

# ERIE COUNTY MEDICAL CENTER CORPORATION

## **Waste Stream Renovations**

- Based on a past security assessment @ the loading dock area, a project scope is being developed which would secure points of entry around the loading and Incinerator room, while better organizing waste stream processing, and developing desperately needed storage space. Project cost forecasting not yet available.

## **VI. ADJOURNMENT**

Moved by Frank Mesiah to adjourn the Board of Directors Building and Grounds Committee meeting at 10:20 a.m.

Next Building & Grounds meeting – June 10, 2014 at 9:30 a.m. - Staff Dining Room

# Minutes from the



## Investment Committee

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS

MINUTES OF THE INVESTMENT COMMITTEE MEETING

TUESDAY, JUNE 25, 2013

ECMCC BOARD OF DIRECTORS CONFERENCE ROOM, 3<sup>RD</sup> FLOOR

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VOTING BOARD MEMBERS      KEVIN E. CICHOCKI  
PRESENT OR ATTENDING BY      SHARON L. HANSON  
CONFERENCE TELEPHONE:

ALSO PRESENT:                      JODY L. LOMEO                      PAUL HUEFNER  
   MICHAEL J. SAMMARCO              JOHN EICHNER  
   RICHARD CLELAND                      MIKE SAMMARCO  
   ANTHONY COLUCCI, ESQ.              RONALD KRAWIEC

GUESTS: (VIA CONFERENCE      CHARLES GREGOR,                      GALLAGHER  
   PHONE)                      KAREN WATSON &                      FIDUCIARY  
   GREGORY VLOSKY                      ADVISORS, LLC

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**I.      CALL TO ORDER**

Dr. Kevin Cichocki called the Investment Committee meeting to order at 3:10 p.m.

**II.     RECEIVE AND FILE SEPTEMBER 25, 2012 MINUTES**

Motion was made and unanimously approved to receive and file the Investment Committee minutes of September 25, 2012, as presented.

**III.    INVESTMENT PERFORMANCE UPDATE:**

Gallagher Fiduciary Advisors, LLC (GFA) reported that, given the strong equity markets year-to-date through May 31, 2013, the Funded Depreciation and the Excess Operating Funds' equity allocations were outside the recommended range. While GFA still recommends over weighting equities to the Funds' targeted policy allocation, it is recommended that both funds be rebalanced toward the allowable upper range for equities, which is approximately 24% of the Funds' equity allocation. Given the timing of the meeting, it was suggested that the assets be rebalanced using June 30, 2013 valuations. Jody Lomeo requested a conference call with Mike Sammarco and GFA staff prior to executing the rebalancing.

There was a brief discussion on reviewing the asset allocation for both funds to ascertain that the current allocations (last reviewed 9/25/12) are still appropriate.

A follow-up meeting will be scheduled for November to review the 3<sup>rd</sup> Quarter Report.



## ERIE COUNTY MEDICAL CENTER CORPORATION

### **IV. INVESTMENT POLICY & GUIDELINE REVIEW:**

Mr. Gregor stated that the current Investment Policy Statement is appropriate pending the asset allocation review of the Funded Depreciation and Excess Operating Fund accounts.

A revision will be made to the policy to reflect a change in the KeyBanc Capital Markets contact person from Mr. Brian Moravick, to Mr. Michael F. Garibaldi.

### **V. ADJOURNMENT:**

The meeting was adjourned at 3:35 pm by Chairman Cichocki.



# ECMCC Management Team



# **President & Chief Operating Officer**

ERIE COUNTY MEDICAL CENTER CORPORATION

REPORT TO THE BOARD OF DIRECTORS  
RICHARD C. CLELAND, PRESIDENT & COO  
APRIL 29, 2014

**PRESIDENTS MESSAGE**

I am honored to be in my new role as President and COO at ECMCC. I want to thank the Board of Directors for this opportunity and appointment. I congratulate Jody in his new role as President and CEO of Kaleida Health and Great Lakes Health. I would like to thank him for his continued leadership, dedication and vision for ECMCC as President and CEO of Kaleida Health and Great Lakes Health.

**HOSPITAL OPERATIONS**

Overall the first quarter has seen some less than desirable trends, though our March volumes have stabilized in comparison to earlier months of January and February. ECMCC continues to lag behind budget and the Executive Management team is continuing to monitor the plan of action to meet this challenge. This plan includes continuing the employee vacancy control committee, monthly operation reviews, and focus on throughput and case management. As a part of our annual review mid-year of our annual operating budget, the Executive Management team will focus on the reducing the operating loss (\$4.8 million) over the next quarter.

On the revenue side, ECMCC continues to be aggressive in scheduling operating room cases and assuring that we can accommodate all surgeon requests. We continue to work much harder on the case management aspect under the BRIDGE initiative. I would like to thank Dr. Arthur Orlick and Dr Calabrese for their new roles as Physician Advisors in the BRIDGE initiative. We appreciate their leadership!

While current patient volumes are extremely high, the “two midnight rule” has negatively impacted the budget. In the first quarter, there has been a fifty percent increase of observation admissions (about 300), which previously were acute admissions/discharges.

The following highlights are for March 2014:

- Total discharges were 109 more than March 2013, and are up 256 year to date.
- Acute discharges were 15 less than March 2013, and 89 fewer year to date.
- Length of stay improved to 6.0 compared to 6.9 previous period 2013.
- Year-to-date length of stay 6.4 compared to 6.6 in 2013.
- Medicare case mix held steady at 1.82 and Non-Medicare case mix 1.7 compared to the budgeted case mix at 1.79 and 1.75 respectively.
- Inpatient cases were 105 more than March 2013 and 132 more year over year.
- Outpatient surgical cases year to date 106 more than 2013.
- Outpatient departments are 5.7% over previous year in February and 5.7% over previous year 2013.
- Terrace View patients days are currently at 98.5% occupancy.
- March consolidated operating loss of \$650,000.
- The consolidated year to date operating loss is \$4.9 million compared to a \$4.8 million operating loss the prior year to date.

#### **DSRIP (DELIVERY SYSTEM REFORM INCENTIVE PAYMENT)**

The New York State Department of Health has an available \$8 billion in a statewide incentive payment, and our management team is working hard on a DSRIP application. ECMCC will move forward with an application under the public hospitals pool. DSRIP will be ECMCC's strategic funding opportunity for a community-based primary care initiative. DSRIP funds will be used to transition ECMC from a volume based fee for service model to a population health model. We are working with our partners at Great Lakes Health and are collaborating to involve various members of the community and meet the aggressive goals of the NY State DOH.

#### **OTHER ACTIVITIES**

A special Behavioral Health COE admissions unit for 4 zone 3 is under construction and we are currently recruiting staff for the 10 bed unit. It is scheduled to open August 2014. We will coordinate a board tour once we get closer to completion. I give special praise and thanks to Dr. Michael Cummings, Karen Ziemianski, and Dawn Walters for their great work in bringing this program together. We also would like to acknowledge that ECMC will receive an award for

Behavioral Health service to Western New York on May 1<sup>4</sup>, 2014 from the Mental Health Association of WNY. Their board and CEO are honoring ECMC at their annual banquet. Their CEO stated “ECMC is getting this award because it has provided a great service to the community, more than any other provider and continues meeting the needs of our community”. This is a win-win for Behavioral Health, ECMC, Great Lakes Health and Western New York.

I thank you again for your support. I look forward to serving ECMCC in this new role.

Rich Cleland



# Chief Financial Officer

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**Internal Financial Reports**  
**For the month ended March 31, 2014**



## Erie County Medical Center Corporation

### Balance Sheet

March 31, 2014 and December 31, 2013

(Dollars in Thousands)

|   | March 31, 2014    | Audited<br>December 31, 2013 | Change from<br>December 31st |
|---|-------------------|------------------------------|------------------------------|
| <b>Assets</b>                                       |                   |                              |                              |
| Current Assets:                                     |                   |                              |                              |
| Cash and cash equivalents                           | \$ 1,828          | \$ 8,235                     | \$ (6,407)                   |
| Investments   | 2,619             | 2,394                        | 225                          |
| Patient receivables, net                            | 56,575            | 47,815                       | 8,760                        |
| Prepaid expenses, inventories and other receivables | 75,211            | 60,597                       | 14,614                       |
| <b>Total Current Assets</b>                         | <b>136,233</b>    | <b>119,041</b>               | <b>17,192</b>                |
| Assets Whose Use is Limited:                        |                   |                              |                              |
| Designated under self-Insurance programs            | 73,868            | 77,428                       | (3,560)                      |
| Designated by Board                                 | 5,865             | 15,546                       | (9,681)                      |
| Restricted under third party agreements             | 30,483            | 25,063                       | 5,420                        |
| Designated for long-term investments                | 21,058            | 23,183                       | (2,125)                      |
| <b>Total Assets Whose Use is Limited</b>            | <b>131,274</b>    | <b>141,220</b>               | <b>(9,946)</b>               |
| Property and equipment, net                         | 289,501           | 289,224                      | 277                          |
| Other assets  | 9,243             | 9,109                        | 134                          |
| <b>Total Assets</b>                                 | <b>\$ 566,251</b> | <b>\$ 558,594</b>            | <b>\$ 7,657</b>              |
| <b>Liabilities &amp; Net Assets</b>                 |                   |                              |                              |
| Current Liabilities:                                |                   |                              |                              |
| Current portion of long-term debt                   | \$ 7,269          | \$ 7,226                     | \$ 43                        |
| Accounts payable                                    | 37,661            | 37,359                       | 302                          |
| Accrued salaries and benefits                       | 16,906            | 19,689                       | (2,783)                      |
| Other accrued expenses                              | 33,353            | 22,041                       | 11,312                       |
| Estimated third party payer settlements             | 22,892            | 22,133                       | 759                          |
| <b>Total Current Liabilities</b>                    | <b>118,081</b>    | <b>108,448</b>               | <b>9,633</b>                 |
| Long-term debt                                      | 172,749           | 173,129                      | (380)                        |
| Estimated self-insurance reserves                   | 51,209            | 50,894                       | 315                          |
| Other liabilities                                   | 112,365           | 110,115                      | 2,250                        |
| <b>Total Liabilities</b>                            | <b>454,404</b>    | <b>442,586</b>               | <b>11,818</b>                |
| <b>Net Assets</b>                                   |                   |                              |                              |
| Unrestricted net assets                             | 100,798           | 104,959                      | (4,161)                      |
| Restricted net assets                               | 11,049            | 11,049                       | 0                            |
| <b>Total Net Assets</b>                             | <b>111,847</b>    | <b>116,008</b>               | <b>(4,161)</b>               |
| <b>Total Liabilities and Net Assets</b>             | <b>\$ 566,251</b> | <b>\$ 558,594</b>            | <b>\$ 7,657</b>              |

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## Erie County Medical Center Corporation

### Statement of Operations

For the month ended March 31, 2014

(Dollars in Thousands)

|   | Actual          | Budget          | Favorable/<br>(Unfavorable) | Prior Year      |
|---|-----------------|-----------------|-----------------------------|-----------------|
| <b>Operating Revenue:</b>                           |                 |                 |                             |                 |
| Net patient revenue                                 | \$ 35,633       | \$ 37,083       | \$ (1,450)                  | \$ 34,063       |
| Less: Provision for uncollectable accounts          | (2,231)         | (2,071)         | (160)                       | (1,910)         |
| Adjusted Net Patient Revenue                        | 33,402          | 35,012          | (1,610)                     | 32,153          |
| Disproportionate share / IGT revenue                | 6,259           | 4,260           | 1,999                       | 4,396           |
| Other revenue                                       | 2,555           | 2,566           | (11)                        | 1,817           |
| <b>Total Operating Revenue</b>                      | <b>42,216</b>   | <b>41,838</b>   | <b>378</b>                  | <b>38,366</b>   |
| <b>Operating Expenses:</b>                          |                 |                 |                             |                 |
| Salaries & wages / Contract labor                   | 15,133          | 15,267          | 134                         | 14,116          |
| Employee benefits                                   | 8,506           | 8,969           | 463                         | 8,858           |
| Physician fees                                      | 5,236           | 4,764           | (472)                       | 4,335           |
| Purchased services                                  | 3,228           | 3,144           | (84)                        | 2,719           |
| Supplies  | 6,452           | 5,647           | (805)                       | 5,779           |
| Other expenses                                      | 196             | 1,076           | 880                         | 333             |
| Utilities   | 1,337           | 736             | (601)                       | 878             |
| Depreciation & amortization                         | 2,070           | 1,803           | (267)                       | 1,659           |
| Interest  | 708             | 695             | (13)                        | 732             |
| <b>Total Operating Expenses</b>                     | <b>42,866</b>   | <b>42,101</b>   | <b>(765)</b>                | <b>39,409</b>   |
| <b>Income/(Loss) from Operations</b>                | <b>(650)</b>    | <b>(263)</b>    | <b>(387)</b>                | <b>(1,043)</b>  |
| <b>Non-operating Gain/(Loss):</b>                   |                 |                 |                             |                 |
| Interest and dividends                              | 262             | -               | 262                         | 276             |
| Unrealized gain/(loss) on investments               | (341)           | 292             | (633)                       | 1,812           |
| Non-operating Gain/(Loss)                           | (79)            | 292             | (371)                       | 2,088           |
| <b>Excess of Revenue/(Deficiency) Over Expenses</b> | <b>\$ (729)</b> | <b>\$ 29</b>    | <b>\$ (758)</b>             | <b>\$ 1,045</b> |
| Retirement health insurance                         | 1,375           | 1,386           | (11)                        | 782             |
| New York State pension                              | 2,102           | 2,097           | 5                           | 2,088           |
| <b>Impact on Operations</b>                         | <b>\$ 3,477</b> | <b>\$ 3,483</b> | <b>\$ (6)</b>               | <b>\$ 2,870</b> |

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## Erie County Medical Center Corporation

### Statement of Operations

For the three months ended March 31, 2014

(Dollars in Thousands)

|   | Actual            | Budget           | Favorable/<br>(Unfavorable) | Prior Year      |
|---|-------------------|------------------|-----------------------------|-----------------|
| <b>Operating Revenue:</b>                           |                   |                  |                             |                 |
| Net patient revenue                                 | \$ 104,605        | \$ 107,679       | \$ (3,074)                  | \$ 98,717       |
| Less: Provision for uncollectable accounts          | (6,105)           | (6,013)          | (92)                        | (5,733)         |
| Adjusted Net Patient Revenue                        | 98,500            | 101,666          | (3,166)                     | 92,984          |
| Disproportionate share / IGT revenue                | 16,278            | 12,777           | 3,501                       | 13,187          |
| Other revenue                                       | 6,353             | 7,700            | (1,347)                     | 5,898           |
| <b>Total Operating Revenue</b>                      | <b>121,131</b>    | <b>122,143</b>   | <b>(1,012)</b>              | <b>112,069</b>  |
| <b>Operating Expenses:</b>                          |                   |                  |                             |                 |
| Salaries & wages / Contract labor                   | 45,168            | 44,316           | (852)                       | 41,175          |
| Employee benefits                                   | 26,204            | 26,781           | 577                         | 26,593          |
| Physician fees                                      | 15,352            | 14,291           | (1,061)                     | 12,852          |
| Purchased services                                  | 9,202             | 9,376            | 174                         | 8,187           |
| Supplies  | 17,051            | 16,135           | (916)                       | 16,458          |
| Other expenses                                      | 2,582             | 3,224            | 642                         | 2,884           |
| Utilities   | 2,805             | 1,987            | (818)                       | 2,075           |
| Depreciation & amortization                         | 5,672             | 5,410            | (262)                       | 4,815           |
| Interest  | 2,085             | 2,086            | 1                           | 1,861           |
| <b>Total Operating Expenses</b>                     | <b>126,121</b>    | <b>123,606</b>   | <b>(2,515)</b>              | <b>116,900</b>  |
| <b>Income/(Loss) from Operations</b>                | <b>(4,990)</b>    | <b>(1,463)</b>   | <b>(3,527)</b>              | <b>(4,831)</b>  |
| <b>Non-operating Gain/(Loss):</b>                   |                   |                  |                             |                 |
| Interest and dividends                              | 999               | -                | 999                         | 819             |
| Investment Income/(Loss)                            | 108               | 876              | (768)                       | 3,426           |
| Non-operating Gain/(Loss)                           | 1,107             | 876              | 231                         | 4,245           |
| <b>Excess of Revenue/(Deficiency) Over Expenses</b> | <b>\$ (3,883)</b> | <b>\$ (587)</b>  | <b>\$ (3,296)</b>           | <b>\$ (586)</b> |
| Retirement health insurance                         | 4,125             | 4,137            | (12)                        | 3,546           |
| New York State pension                              | 6,315             | 6,303            | 12                          | 6,306           |
| <b>Impact on Operations</b>                         | <b>\$ 10,440</b>  | <b>\$ 10,440</b> | <b>\$ 0</b>                 | <b>\$ 9,852</b> |

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**Erie County Medical Center Corporation**

**Statement of Changes in Net Assets  
For the month and three months ended March 31, 2014**

*(Dollars in Thousands)*

|   | <u>Month</u>             | <u>Year-to-Date</u>      |
|---|--------------------------|--------------------------|
| <b>Unrestricted Net Assets:</b>                               |                          |                          |
| Excess/(Deficiency) of revenue over expenses                  | \$ (729)                 | \$ (3,883)               |
| Other transfers, net  | (185)                    | (278)                    |
| Contributions for capital acquisitions                        | -                        | -                        |
| Net assets released from restrictions for capital acquisition | -                        | -                        |
|   | <hr/>                    | <hr/>                    |
| Change in Unrestricted Net Assets                             | <u>(914)</u>             | <u>(4,161)</u>           |
| <b>Temporarily Restricted Net Assets:</b>                     |                          |                          |
| Contributions, bequests, and grants                           | -                        | -                        |
| Other transfers, net  | -                        | -                        |
| Net assets released from restrictions for operations          | -                        | -                        |
| Net assets released from restrictions for capital acquisition | -                        | -                        |
|   | <hr/>                    | <hr/>                    |
| Change in Temporarily Restricted Net Assets                   | <u>-</u>                 | <u>-</u>                 |
| Change in Net Assets  | <u>(914)</u>             | <u>(4,161)</u>           |
| Net Assets, beginning of period                               | <u>112,761</u>           | <u>116,008</u>           |
| <b>Net Assets, end of period</b>                              | <u><b>\$ 111,847</b></u> | <u><b>\$ 111,847</b></u> |

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## Erie County Medical Center Corporation

### Statement of Cash Flows

For the month and three months ended March 31, 2014

(Dollars in Thousands)

|   | Month           | Year-to-Date    |
|---|-----------------|-----------------|
| <b>Cash Flows from Operating Activities:</b>  |                 |                 |
| Change in net assets  | \$ (914)        | \$ (4,161)      |
| Adjustments to Reconcile Changes in Net Assets to Net Cash<br>Provided by/(Used in) Operating Activities: |                 |                 |
| Depreciation and amortization   | 2,070           | 5,672           |
| Provision for bad debt expense  | 2,231           | 6,105           |
| Net change in unrealized (gain)/loss on Investments   | 341             | (108)           |
| Transfer to component units   | 185             | 278             |
| <u>Changes in Operating Assets and Liabilities:</u>   |                 |                 |
| Patient receivables   | (2,503)         | (14,865)        |
| Prepaid expenses, inventories and other receivables   | (4,013)         | (14,614)        |
| Accounts payable  | (1,632)         | 302             |
| Accrued salaries and benefits   | (791)           | (2,783)         |
| Estimated third party payer settlements   | 21              | 759             |
| Other accrued expenses  | 4,110           | 11,312          |
| Self Insurance reserves   | (617)           | 315             |
| Other liabilities   | 750             | 2,250           |
| <b>Net Cash Provided by/(Used in) Operating Activities</b>  | <b>(762)</b>    | <b>(9,538)</b>  |
| <b>Cash Flows from Investing Activities:</b>  |                 |                 |
| Additions to Property and Equipment, net  |                 |                 |
| Campus expansion  | (803)           | (3,262)         |
| Routine capital   | (999)           | (2,687)         |
| Use of bond proceeds for campus expansion   | 2,306           | 2,306           |
| Decrease/(increase) in assets whose use is limited  | 977             | 7,640           |
| Sale/(Purchase) of investments, net   | 503             | (117)           |
| Investment in component units   | (185)           | (278)           |
| Change in other assets  | (3,356)         | (134)           |
| <b>Net Cash Provided by/(Used in) Investing Activities</b>  | <b>(1,557)</b>  | <b>3,468</b>    |
| <b>Cash Flows from Financing Activities:</b>  |                 |                 |
| Principal payments on long-term debt  | 43              | (337)           |
| <b>Increase/(Decrease) in Cash and Cash Equivalents</b>   | <b>(2,276)</b>  | <b>(6,407)</b>  |
| Cash and Cash Equivalents, beginning of period  | 4,104           | 8,235           |
| Cash and Cash Equivalents, end of period  | <b>\$ 1,828</b> | <b>\$ 1,828</b> |

**Erie County Medical Center Corporation**

**Key Statistics**

**Period Ended March 31, 2014**

| <b>Current Period</b>               |               |                    |                   | <b>Year to Date</b>                 |               |                    |                   |               |
|-------------------------------------|---------------|--------------------|-------------------|-------------------------------------|---------------|--------------------|-------------------|---------------|
| <b>Actual</b>                       | <b>Budget</b> | <b>% to Budget</b> | <b>Prior Year</b> | <b>Actual</b>                       | <b>Budget</b> | <b>% to Budget</b> | <b>Prior Year</b> |               |
| <b>Discharges:</b>                  |               |                    |                   | <b>Discharges:</b>                  |               |                    |                   |               |
| 937                                 | 1,041         | -10.0%             | 952               | Med/Surg (M/S) - Acute              | 2,696         | 3,050              | -11.6%            | 2,785         |
| 323                                 | 369           | -12.5%             | 226               | Behavioral Health                   | 861           | 1,104              | -22.0%            | 614           |
| 127                                 | 137           | -7.3%              | 136               | Chemical Dependency (CD) - Detox    | 385           | 380                | 1.3%              | 370           |
| 25                                  | 27            | -7.4%              | 25                | CD - Rehab                          | 74            | 74                 | 0.0%              | 70            |
| 26                                  | 39            | -33.3%             | 33                | Medical Rehab                       | 79            | 90                 | -12.2%            | 90            |
| 33                                  | 37            | -10.8%             | -                 | Transitional Care Unit (TCU)        | 90            | 113                | -20.4%            | -             |
| <b>1,471</b>                        | <b>1,650</b>  | <b>-10.8%</b>      | <b>1,372</b>      | <b>Total Discharges</b>             | <b>4,185</b>  | <b>4,811</b>       | <b>-13.0%</b>     | <b>3,929</b>  |
| <b>Patient Days:</b>                |               |                    |                   | <b>Patient Days:</b>                |               |                    |                   |               |
| 6,022                               | 6,129         | -1.7%              | 6,426             | M/S - Acute                         | 16,802        | 18,257             | -8.0%             | 19,238        |
| 4,040                               | 4,323         | -6.5%              | 2,805             | Behavioral Health                   | 11,892        | 12,332             | -3.6%             | 7,936         |
| 430                                 | 453           | -5.1%              | 460               | CD - Detox                          | 1,286         | 1,285              | 0.1%              | 1,331         |
| 553                                 | 516           | 7.2%               | 542               | CD - Rehab                          | 1,493         | 1,463              | 2.1%              | 1,515         |
| 808                                 | 882           | -8.4%              | 851               | Medical Rehab                       | 2,105         | 2,401              | -12.3%            | 2,393         |
| 410                                 | 429           | -4.4%              | -                 | TCU                                 | 1,205         | 1,246              | -3.3%             | -             |
| <b>12,263</b>                       | <b>12,732</b> | <b>-3.7%</b>       | <b>11,084</b>     | <b>Total Patient Days</b>           | <b>34,783</b> | <b>36,984</b>      | <b>-6.0%</b>      | <b>32,413</b> |
| <b>Average Daily Census (ADC):</b>  |               |                    |                   | <b>Average Daily Census (ADC):</b>  |               |                    |                   |               |
| 194                                 | 198           | -1.7%              | 207               | M/S - Acute                         | 187           | 203                | -8.0%             | 214           |
| 130                                 | 139           | -6.5%              | 90                | Behavioral Health                   | 132           | 137                | -3.6%             | 88            |
| 14                                  | 15            | -5.1%              | 15                | CD - Detox                          | 14            | 14                 | 0.1%              | 15            |
| 18                                  | 17            | 7.2%               | 17                | CD - Rehab                          | 17            | 16                 | 2.1%              | 17            |
| 26                                  | 28            | -8.4%              | 27                | Medical Rehab                       | 23            | 27                 | -12.3%            | 27            |
| 13                                  | 14            | -4.4%              | -                 | TCU                                 | 13            | 14                 | -3.3%             | -             |
| <b>396</b>                          | <b>411</b>    | <b>-3.7%</b>       | <b>358</b>        | <b>Total ADC</b>                    | <b>386</b>    | <b>411</b>         | <b>-6.0%</b>      | <b>360</b>    |
| <b>Average Length of Stay:</b>      |               |                    |                   | <b>Average Length of Stay:</b>      |               |                    |                   |               |
| 6.4                                 | 5.9           | 9.2%               | 6.8               | M/S - Acute                         | 6.2           | 6.0                | 4.1%              | 6.9           |
| 12.5                                | 11.7          | 6.8%               | 12.4              | Behavioral Health                   | 13.8          | 11.2               | 23.6%             | 12.9          |
| 3.4                                 | 3.3           | 2.4%               | 3.4               | CD - Detox                          | 3.3           | 3.4                | -1.2%             | 3.6           |
| 22.1                                | 19.1          | 15.7%              | 21.7              | CD - Rehab                          | 20.2          | 19.8               | 2.1%              | 21.6          |
| 31.1                                | 22.6          | 37.4%              | 25.8              | Medical Rehab                       | 26.6          | 26.7               | -0.1%             | 26.6          |
| 12.4                                | 11.6          | 7.2%               | -                 | TCU                                 | 13.4          | 11.0               | 21.4%             | -             |
| <b>8.3</b>                          | <b>7.7</b>    | <b>8.0%</b>        | <b>8.1</b>        | <b>Average Length of Stay</b>       | <b>8.3</b>    | <b>7.7</b>         | <b>8.1%</b>       | <b>8.2</b>    |
| <b>Occupancy:</b>                   |               |                    |                   | <b>Occupancy:</b>                   |               |                    |                   |               |
| 82.8%                               | 85.9%         | -3.7%              | 87.6%             | % of M/S Acute staffed beds         | 82.8%         | 86.0%              | -3.7%             | 87.6%         |
| <b>Case Mix Index:</b>              |               |                    |                   | <b>Case Mix Index:</b>              |               |                    |                   |               |
| 1.82                                | 1.79          | 1.8%               | 1.88              | Medicare (Acute)                    | 1.83          | 1.82               | 0.4%              | 1.87          |
| 1.70                                | 1.75          | -2.5%              | 1.71              | Non-Medicare (Acute)                | 1.81          | 1.78               | 1.9%              | 1.84          |
| 259                                 | 149           | 73.8%              | 154               | Observation Status                  | 663           | 449                | 47.7%             | 503           |
| 491                                 | 453           | 8.4%               | 386               | Inpatient Surgeries                 | 1,344         | 1,389              | -3.2%             | 1,212         |
| 658                                 | 653           | 0.8%               | 662               | Outpatient Surgeries                | 1,851         | 1,970              | -6.0%             | 1,837         |
| 32,431                              | 30,672        | 5.7%               | 28,670            | Outpatient Visits                   | 93,583        | 88,497             | 5.7%              | 86,747        |
| 5,430                               | 5,930         | -8.4%              | 5,289             | Emergency Visits Including Admits   | 15,440        | 16,854             | -8.4%             | 15,230        |
| 51.7                                | 40.0          | 29.3%              | 41.1              | Days in A/R                         | 51.7          | 40.0               | 29.3%             | 41.1          |
| 7.0%                                | 6.2%          | 13.9%              | 6.2%              | Bad Debt as a % of Net Revenue      | 6.5%          | 6.2%               | 5.5%              | 6.4%          |
| 2,466                               | 2,510         | -1.8%              | 2,342             | FTE's                               | 2,444         | 2,506              | -2.5%             | 2,412         |
| 3.62                                | 3.53          | 2.6%               | 3.72              | FTE's per adjusted occupied bed     | 3.62          | 3.54               | 2.4%              | 3.72          |
| \$ 11,720                           | \$ 10,974     | 6.8%               | \$ 11,781         | Net Revenue per Adjusted Discharge  | \$ 11,889     | \$ 10,992          | 8.2%              | \$ 12,394     |
| \$ 15,570                           | \$ 13,059     | 19.2%              | \$ 14,198         | Cost per Adjusted Discharge         | \$ 15,448     | \$ 13,262          | 16.5%             | \$ 15,180     |
| <b>Terrace View Long Term Care:</b> |               |                    |                   | <b>Terrace View Long Term Care:</b> |               |                    |                   |               |
| 11,877                              | 11,904        | -0.2%              | 11,516            | Patient Days                        | 34,358        | 34,560             | -0.6%             | 28,345        |
| 383                                 | 384           | -0.2%              | 371               | Average Daily Census                | 382           | 384                | -0.6%             | 914           |
| 453                                 | 440           | 3.0%               | 426               | FTE's                               | 446           | 442                | 0.9%              | 356           |
| 6.1                                 | 5.9           | 3.2%               | 5.9               | Hours Paid per Patient Day          | 6.2           | 6.1                | 1.4%              | 6.0           |



**Sr. Vice President of  
Operations  
- Ronald Krawiec -**

**Erie County Medical Center Corporation**  
**Report to the Board of Directors**  
**Ronald J. Krawiec, Senior Vice President of Operations**  
**April 29, 2014**

**LABORATORY – JOSEPH KABACINSKI**

**National Medical Laboratory Professionals Week – April 20-26, 2014**

The Department of Laboratory Medicine and Pathology will celebrate National Medical Laboratory Professionals Week April 20<sup>th</sup> - 26<sup>th</sup>, 2014. Medical Laboratory Professionals Week is an annual celebration of the laboratory professionals and pathologists who play a vital role in every aspect of healthcare. Since they often work behind the scenes, few people know about the critical testing they perform every day. Lab Week is a time to honor the dedicated medical laboratory professionals at ECMCC and around the country who perform and interpret more than 10 billion laboratory tests in the US every year.

**KH-ECMCC Lab Integration - Anatomic Pathology**

University of Buffalo Pathologists continue their efforts to recruit a new Director of Pathology for ECMCC. Another candidate specializing in Head and Neck pathology is scheduled to interview May 5<sup>th</sup> and 6<sup>th</sup>. This candidate may be a good fit given ECMCC's commitment to Head & Neck surgery. In the meantime, Dr. Lucia Balos continues serving in her role as Chief of Pathology Services at ECMCC.

With the technical processing shifted to the Kaleida Health Anatomic Pathology Production Lab at BGMC, we are reducing costs related to equipment and reagent/rental agreements. We have removed our Hologic Thin Prep processor at an annual savings of approximately \$48,000. We are also looking to sell a surplus tissue processor to Kaleida to enhance throughput at the BGMC Production Lab. We are reviewing the assignment of our Leica BondMax immunohistochemistry equipment contract to Kaleida Health at the Steering Committee meeting on Thursday, April 24. This assignment would save ECMCC \$60,000 in buy-out costs.

Due to these process changes, the Pathology Lab and Human resources have developed a new job title, Pathology Assistant, that will assist in registration, grossing and frozen section processing.

**KH-ECMCC Lab Integration- Clinical Pathology**

The major transfer of outpatient and non-urgent Lab testing from ECMCC to Kaleida Health is basically complete. The transition of Chemistry occurred on February 26; and the transition of Microbiology and Virology occurred on February 27. The transition of Diagnostic Immunology to Kaleida's Production Lab occurred on March 6. With this move we reorganized staff in Microbiology, Diagnostic Immunology and Virology into a new department. Training is underway in this labor-intensive area. Cross-training in this new department will create generalists out of remaining staff for cross-coverage.



In response to demands from the Trauma Advisory Committee, the Lab began on-site evaluation of the Rotem thromboelastograph analyzer on April 11. Thromboelastography is used to test the efficiency of blood coagulation. On-site evaluation of the Haemonetics device will occur in early May. A thromboelastogram device will assist in monitoring blood use during the massive transfusion of our trauma patients. The use of test has been recommended by the American College of Surgeons' guideline for Massive Transfusion Protocols, and our Trauma Service would like to comply with this recommendation.

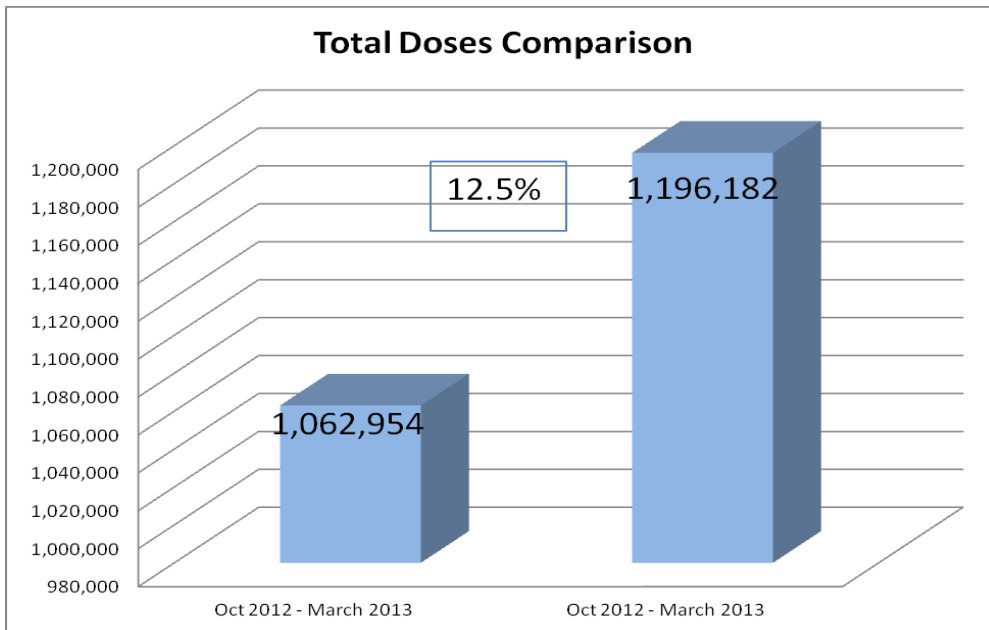
## **PHARMACEUTICAL SERVICES – RANDY GERWITZ**

### **CPOE Update:**

The DPS is very pleased to have been a part of the successful CPOE implementation. The staff dedicated a large number of hours to both training and support to this major systems change. I would specifically like to recognize the following individuals that went above and beyond expectations in supporting our medical staff: Natalie O’Gorman, Priyanka Desai, Donna Mentecky, and Graziella Furnari. The pharmacists also endured significant changes to their workflow and support model to better provide clinical services and support CPOE by moving to a decentralized staffing model simultaneously with the CPOE go-live. Additionally, the DPS moved to full implementation of the Emergency Department Pharmacy services providing coverage from 8 am through midnight seven days per week.

### **Productivity:**

Pharmacy has experienced a noticeable increase in both order volumes and doses dispensed with our service line changes. The time frame of October 2012 through March 2013 was compared to October 2013 through March 2014 to demonstrate the impact as the slide below shows.



## **RADIOLOGY SERVICES- DEBBIE CLARK**

The initial draft of a three (3) year plan for replacement of Imaging equipment and department redesign is complete. Plant, Imaging, Architecture and Sr. Administration have reviewed all of the existing equipment and work flows and developed a phasing plan of implementation that minimally affects patient services. Executive Management will review the plan for capital budget inclusion and CON submission.

The Imaging department has been working with multiple committees to increase customer satisfaction with better coordinate with clinics. Registration and scheduling changes are being evaluated to better meet the needs of the customers while stream lining imaging workflows. Sigma Belt classes have helped three (3) radiology staff members analyze and collect data to support assumptions and move forward with positive results. These efforts are in completed in conjunction with the Bridge Throughput efforts.

## **AMBULATORY SERVICES – BONNIE SLOMA:**

SD Solutions joined Ambulatory Care for Lean Six / Human Sigma training. We are working with staff groups on projects utilizing Performance Improvement Initiatives through training and education. The current Six Sigma charters chosen are:

1. Orthopedic Through-put
2. Cleve-Hill Family Health Center Through-put
3. IMC Reconciliation of Charges & Accuracy of Coding
4. IMC – GI Improve Patient Continuity – Referral Process
5. IMC – Improve Patient Continuity – Same Provider
6. Cleve-Hill Family Health Center Charge Interface
7. Cleve-Hill Family Health Center Streamline Registration
8. 130-132 – Improve Phone Access
9. Immunodeficiency – Decrease Ambulatory ER Rate

As a result of the Lean Six/Human Sigma Training, 32 Yellow Belts and 9 Green Belts have completed training with 6 Black Belts finishing their training.

Immunodeficiency, Ortho and Cleve Hill are in the process of renovation and redesign. The new Immunodeficiency clinic will be located in the Grider Family Health building in vacant existing space with a small expansion. Cleve Hill will be redesigned in the existing location with some space modifications to increase patient clinical space. The Ortho clinic will undergo a minor face lift to improve appearance and process prior to an eventual relocation.

The Fiscal dashboards continue on a monthly basis, meeting with the Program Managers and Medical Directors to discuss the financial, clinical, and operational areas of each clinic. We also are meeting with insurers and reviewing their various incentives. We

continue to define and address both professional and technical billing issues to ensure that we receive the largest reimbursement available.

PCMH is on track, Cleve-Hill Family Health Center and Internal Medicine Clinic have received level 3 accreditation from NCQA. We are currently working on the PCMH for Grider Family Health Center and Immunodeficiency.

Primary Health Clinics are being developed in the Behavior Health Building and at 1010 Main Street in collaboration with UB Internal Medicine. We anticipate seeing patients in June.



# Chief Medical Officer

**ERIE COUNTY MEDICAL CENTER CORPORATION**  
**REPORT TO MEDICAL EXECUTIVE COMMITTEE**  
**BRIAN M. MURRAY, MD, CHIEF MEDICAL OFFICER**  
**APRIL 2014**

**UNIVERSITY AFFAIRS**

**PROFESSIONAL STEERING COMMITTEE**

No meeting in April.

**MEDICAL STAFF AFFAIRS**

See separate report by Sue Ksiazek for full details.

| <b>UTILIZATION REVIEW</b> | <b>January</b> | <b>February</b> | <b>March</b> | <b>YTD vs. 2014 Budget</b> |
|---------------------------|----------------|-----------------|--------------|----------------------------|
| Discharges                | 933            | 808             | 939          | -11.2%                     |
| Observation               | 213            | 204             | 259          | +50.0%                     |
| LOS                       | 6.2            | 7.4             | 6.0          | +7.8%                      |
| ALC Days                  | 188            | 91              | 113          | NA                         |
| CMI                       | 1.85           | 1.90            | 1.75         | -2.4%                      |
| Surgical Cases            | 908            | 808             | 979          | -1.2%                      |

Discharges rebounded in the month of March to levels similar to 2013 but reminded below budget. The trend towards more patients being placed on Observation Status continues to increase..

LOS showed a significant improvement.

Surgeries were actually above budget for the month.

CMI however decreased.

**CLINICAL ISSUES**

**SGR, ICD-10 extensions, 2-Midnight rule delay approved by Senate**

The Senate approved on 3/31/14 and President Barack Obama signed into law a bill that prevents steep cuts to Medicare physician payments from going into effect for one year and delays the conversion to **ICD-10** diagnostic and procedure codes for at least one year. The Senate voted 64-35 in favor of the Protecting Access to Medicare Act of 2014, which the House approved last Thursday. Assuming the president signs the legislation, it will be the 17th such patch that Congress has enacted since the so-called Medicare **sustainable growth-rate formula** became law in 1997. The Federation of American Hospitals praised Congress for averting the cut. "Absent the immediate option

of a comprehensive overhaul to permanently repeal and replace the sustainable growth rate, the (Federation of American Hospitals) believes action now through the passage of this patch is necessary for hospitals and patients, especially seniors and vulnerable Americans as well as residents of rural areas, to avoid reduced access to care,” the trade group for investor-owned hospitals said in a statement. Hopes had been high that Congress would pass a permanent solution this year. The momentum began building in February 2013, when the nonpartisan Congressional Budget Office unexpectedly cut the cost of a permanent fix by over \$100 billion based on lower projections for Medicare spending. Last month, the House Energy and Commerce and Ways and Means committees and Senate Finance Committee released a bipartisan proposal for reforming the formula, a rare example of bipartisan, bicameral cooperation in Congress—they just couldn't agree on how to pay for it. That continued to be a sticking point on Monday.

Buried in a House of Representatives bill to delay Medicare payment cuts for physicians or craft a new payment formula is not only language to delay the ICD-10 compliance date to October 2015, but to further delay enforcement of the “two-midnight” payment rule for certain hospital stays. Under the two-midnight rule, Medicare will not reimburse hospitals under Part A for inpatient-level services provided to Medicare beneficiaries for treatment that does not span two midnights. The Centers for Medicare and Medicaid Services considers such treatment to be outpatient and payable under Part B. CMS has twice postponed enforcement of the rule, first through March 31, 2014, and then through Sept. 30, 2014. Now, language in H.R. 4302, titled “The Protecting Access to Medicare Act,” would prohibit Medicare Recovery Audit Contractors from auditing claims under the two-midnight rule for another six months, through March 31, 2015.

### **ECMC Internal Medicine Clinic Receives NCQA Level 3 Certification**

The clinic was recently recognized by the National Committee for Quality Assurance (NCQA), and has been granted level 3 Recognition as a Patient Centered Medical Home through 3/29/2017.

The following clinician(s) are linked to this Recognition:

Jyotsna Bhatnagar MD  
John Fudyma MD  
Ellen Rich MD  
Karuna Ahuja MD  
Smita Bakhai MD  
Scott Stewart MD  
Nasir Khan MD



# Senior Vice President of Nursing

**ERIE COUNTY MEDICAL CENTER CORPORATION**

**Report to the Board of Directors  
Karen Ziemianski, RN, MS  
Sr. Vice President of Nursing**

**March, 2014**

*The Department of Nursing reported the following:*

- In the month of March, the following ECMC staff was appointed to the American Medical Surgical Nurses Board: Karen Ziemianski, Sonja Melvin, Pam Riley, Joanne Wolf, Judy Haynes and Vi-Ann Antrum.
- Beth Moses, Trauma Injury Prevention/Education Coordinator reported that:
  - Beth Moses presented a Traumatic Brain Injury program for EMS Instructors in Niagara County on March 1<sup>st</sup>;
  - Beth taught the following classes:
    - ACLS classes on March 3<sup>rd</sup> and 4<sup>th</sup>;
    - Trauma care to critical care orientees on March 7<sup>th</sup>;
    - Spine Precautions for med surg concepts on March 6<sup>th</sup> and March 27<sup>th</sup>;
    - Critical care concepts on March 20<sup>th</sup>;
  - Beth participated in the Mock Trauma activation in the ED on March 5<sup>th</sup> and 19<sup>th</sup>. ED and Surgery residents and ED staff participated for process improvement;
  - 3/25/14 Community Education at the Kick Off Event for the Falls Prevention Pilot Program in the Fillmore District. I am attending monthly meetings and working on projects with other community partners under a Falls Prevention grant project which aims to reduce falls in the community. The project hopes to expand city wide later this year
- Vi-Anne Antrum accepted the Board of Governors Award in Chicago for Healthcare Executive Forum on March 25 at ACHE Congress.





# Vice President of Human Resources

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS

THE HUMAN RESOURCES DEPARTMENT

TUESDAY, APRIL 29, 2014

---

**I. NYSNA NEGOTIATIONS**

NYSNA and management meetings have been ongoing and a number of tentative agreements have been reached. CRNA negotiations have concluded. The agreement was ratified.

**II. EMPLOYEE NUMBERS**

ECMC ACTIVE EMPLOYEES PAY PERIOD 5: 2,509  
TERRACE VIEW ACTIVE EMPLOYEES PAY PERIOD 5: 441

**III. WELLNESS/BENEFITS**

Flu Vaccine administered through 3/10/14:

| ECMC Employee | LTC | Medical Staff | Student/Trainer/Volunteer |
|---------------|-----|---------------|---------------------------|
| 1756          | 256 | 150           | 61                        |

FLU VACCINE RECEIVED ELSEWHERE:

|     |    |     |     |
|-----|----|-----|-----|
| 629 | 93 | 165 | 152 |
|-----|----|-----|-----|

FLU VACCINE DECLINED

|    |   |   |   |
|----|---|---|---|
| 96 | 2 | 0 | 9 |
|----|---|---|---|

**IV. TERRACE VIEW WORKERS COMPENSATION REPORT AS OF 4/12/2014**

Number of new lost work days: 0

Number of modified duty workers, to date: 3

1-C.N.A.s, 2-C.N.A. RPT

Number of employees who returned from Workers Compensation leave: 0

Number of WC employees terminated/separated in Apr. 2014: 0

To date: 8

Number of new Workers Compensation occurrences: 3

Total number of employees out on WC: 12

(3) LPN 1-RPT, 2-FT

(5) C.N.A. 4-FT, 1-RPT

(2) Aides

(1) Housekeeping Attendant

(1) HA

ERIE COUNTY MEDICAL CENTER CORPORATION

**V. ECMCC WORKERS COMPENSATION REPORT AS OF 4/19/2014**

Number of new lost work days: 3

Number of modified duty workers, to date (both WC and non): 21

1-BMM Sheet Metal, 1-Case Aide, 1-CMHW, 1-COTA, 1-HIC, 1-LPN, 1-MOA, 11-RNs (10-FT, 1-RPT), 1-SEIT (PEDS), 2-Sr. Patient Access Services Rep

Number of employees who returned to work: 1

1- LPN BH

Number of W/C employees terminated/separated Apr., 2014: 2

To date: 85 (1-Hsk, 1-OR Tech)

Number of new occurrences: 8

Total number of employees out on W/C: 32

**VI. Union Grievances filed in 2013**

|                                       | <u>NYSNA</u> | <u>AFSCME</u> | <u>CSEA</u> |
|---------------------------------------|--------------|---------------|-------------|
| Settled @ Step 1 or 2<br>or Withdrawn | 63           | 54            | 72          |
| Pending Arbitration                   | 1            | 21            | 06          |
| Pending                               | 13           | 19            | 13          |
| Total Grievances                      | 77           | 94            | 91          |



# Chief Information Officer



**HEALTH INFORMATION SYSTEM/TECHNOLOGY**  
**April 2014**

The Health Information Systems/Technology department has completed or is currently working on the following projects.

**Advancements in Cellular Wireless Infrastructure.** We have initiated the project to implement technologies to enhance our cellular wireless infrastructure for all patients, visitors and employees. This technology is a vendor neutral distributed antenna system and will be fully funded (multi-million dollars) by Verizon Wireless. The expected completion date for this phase is September 1, 2014. We are also very excited to inform the board that AT&T has committed to participating in this initiative as well. A meeting is scheduled for next week to discuss design and deliverables.

**ARRA /Meaningful Use (MU).**

With the initiatives completed over the past several months in the inpatient areas, we have successful meet several of the MU Stage 2 core measures as follows

**Medical/Surgical CPOE**

**As of 4/25/2014**

| Order Type | Total Orders | CPOE Orders | Target % | CPOE % |
|------------|--------------|-------------|----------|--------|
| Laboratory | 34,087       | 28,693      | 30%      | 84.20  |
| Medication | 41,597       | 28,679      | 60%      | 68.90  |
| Radiology  | 4,868        | 4,248       | 30%      | 87.30  |

**Medical/Surgical Electronic Medication Reconciliation**

| Daily Average | Target % |
|---------------|----------|
| 60.70         | 50%      |

We will continue to monitor statistics, improve operations and communicate findings to the medical and clinical staff on the metrics noted above. We are also working on several other core measures with the objective of completion by July 1, 2014.

**Outpatient Clinic Electronic Medical Record.** We will be performing a system upgrade to the overall Allscripts Enterprise EHR on April 25 and 26 to version 11.4.1. This version will support the MU2 and ICD-10 regulatory requirements and will allow us to better optimize workflow for the clinicians. In addition, we are striving toward the implementation of ECMC VIP Primary Care in May, medical and surgical (POD 130/132 clinics) for October and begin development of the billing interface with Meditech.



# **Sr. Vice President of Marketing & Planning**

**Marketing and Development Report**  
**Submitted by Thomas Quatroche, Jr., Ph.D.**  
**Sr. Vice President of Marketing, Planning and Business Development**  
**April 29, 2014**

**Marketing**

Marketing materials developed for Head and Neck and Dental Oncology and Oncology services Open House held on April 10th  
ECMC Medical Minutes continuing  
Discussions underway with Kaleida to collaborate on marketing efforts

**Planning and Business Development**

Service line development and margin analysis underway and have developed metrics and business plans  
CON for Orthopedic floor submitted  
CON for Bariatric practice submitted  
Submitting CON for renovating Cath Lab  
Working with Professional Steering Committee  
Developing primary care and specialty strategy and have had multiple confidentiality agreements signed  
Primary care practices growing and specialty physicians seeing patients at locations  
Various discussions with healthcare partners underway with confidentiality agreement signed

**Media Report**

- **The Buffalo News; Buffalo Business First; WGRZ-TV, Channel 2; WIVB-TV, Channel 4; WKBW-TV, Channel 7; Time Warner Cable; WBEN-AM, Radio 930; WNLO-CW, Channel 23; WUTV-FOX, Channel 29; Artvoice: Lomeo named CEO of Kaleida, Great Lakes Health on permanent basis.** Jody Lomeo, who has served as interim president and CEO of Kaleida Health and its parent organization since late January, has been named to those positions on a permanent basis. Kevin Hogan is quoted.
- **WIVB-TV, Channel 4; WNLO-TV, Channel 23: New York State does not require that dialysis clinics have backup generators.** Dialysis patients at ECMC are reassured that backup power is available to anyone who is going through dialysis treatments. Dr. Brian Murray is quoted.
- **The Buffalo News; TWC: Terrace View Long Term Care Facility to hold World Book Night.** ECMC looks to inspire the love of reading through a world book night at their long term care center and hope to encourage people to put down the remote and pick up a book.
- **Grand Island Dispatch: CASE celebrates 25 years if Caring and the Caregiver Conference:** Lisa Thorpe from Erie County Medical Center, who runs the safe driving assessment for seniors, will discuss how professionals can help family determine the right time to stop driving.
- **Buffalo Business First: ECMC reaches out to TLC Health to offer help with services.** Erie County Medical Center has already begun providing some assistance on the pharmacy end for electronic order entry and help in transferring of patients requiring higher levels of behavioral mental health.
- **WIVB-TV, Channel 4; WNLO-TV, Channel 23: Erie County leaders, ECMC medical experts and Unyts join together to Celebrate April as Donate Life Month.** Officials recognized those who have donated organs and the lives they've helped save along the way.
- **Buffalo Criterion: 5<sup>th</sup> Annual ECMC Farmer's Market Looking for New Farmers/Growers to Vend.** Free opportunities are available for vendors to offer produce, meats, eggs, cheese, plants and flowers each Friday from May 30<sup>th</sup> to October 10<sup>th</sup>. 2014 from 10:00AM to 3:00PM.

### **Community and Government Relations**

- Attended HANYS and attending National Public Hospital Advocacy Days
- Attending Advocacy Day on Nurse Staffing Ratios
- Lifeline Foundation Mobile Mammography Unit has screened over 1,500
- Scheduling new mammography days at Kaleida sites

### **CLINICAL DEPARTMENT UPDATES**

#### **Surgical Services**

- In March 2014, 83 total joints were done, an increase of 22 over last March or 26.5%.
- YTD total joints are 239 compared to 191 in 2013, growth of 48 positive contribution margin for each total joint or an increase of 20 %
- New service of Bariatrics had 54 procedures in March. Total YTD is 114 cases
- The new surgical center had 127 cases in March. Total YTD is 357 cases.

#### **Oncology**

- Oncology visits for March were up 16 visits from 2013 to 2014, an increase of 3%

#### **Head and Neck / Plastic and Reconstructive Surgery**

- Clinic visits for March were up 112 visits from 2013 to 2014, an increase of 45.5%
- Surgical case volume for March down 5 cases from 2013 to 2014

#### **General Dentistry Clinic**

- Clinic visits was up 119 visits from 2013 to 2014, an increase of 13%

#### **Oral Oncology Maxillofacial Prosthetics**

- Clinic visits for March 2014 was 187 visits





# Medical-Dental Executive Committee

**MEDICAL EXECUTIVE COMMITTEE MEETING  
MONDAY, MARCH 24, 2014 AT 11:30 A.M.**

**Attendance (Voting Members):**

|                   |                  |                 |
|-------------------|------------------|-----------------|
| D. Amsterdam, PhD | W. Flynn, MD     | R. Makdissi, MD |
| M. Azadfar, MD    | R. Hall, MD      |                 |
| Y. Bakhai, MD     | J. Izzo, MD      |                 |
| L. Balos, MD      | J. Kowalski, MD  |                 |
| V. Barnabei, MD   | M. LiVecchi, MD  |                 |
| W. Belles, MD     | M. Manka, MD     |                 |
| G. Bennett, MD    | M. Panesar, MD   |                 |
| S. Cloud, DO      | K. Pranikoff, MD |                 |
| H. Davis, MD      | J. Reidy, MD     |                 |
| R. Ferguson, MD   | P. Stegemann, MD |                 |

**Attendance (Non-Voting Members):**

|                   |               |  |
|-------------------|---------------|--|
| B. Murray, MD     | L. Feidt      |  |
| J. Fudyma, MD     | R. Gerwitz    |  |
| S. Ksiazek        | S. Gonzalez   |  |
| J. Lomeo          | R. Krawiec    |  |
| A. Orlick, MD     | C. Ludlow, RN |  |
| K. Ziemianski, RN | M. Sammarco   |  |

**Excused:**

|                  |                  |  |
|------------------|------------------|--|
| M. Chopko, MD    | T. Loree, MD     |  |
| N. Dashkoff, MD  | K. Malik, MD     |  |
| R. Desai, MD     | M. Sullivan, DDS |  |
| T. DeZastro, MD  | R. Schuder, MD   |  |
| N. Ebling, DO    |                  |  |
| M. Jajkowski, MD |                  |  |

**Absent:**

|                      |  |  |
|----------------------|--|--|
| A. Stansberry, RPA-C |  |  |
|                      |  |  |
|                      |  |  |

**I. CALL TO ORDER**

- A. Dr. Richard Hall, President, called the meeting to order at 11:40 a.m.

**II. MEDICAL STAFF PRESIDENT'S REPORT –R. Hall, MD**

- A. The Seriously Delinquent Records report was included as part of Dr. Hall's report. Please review carefully and address with your staff. The report was provided by department.

### III. CEO/COO/CFO BRIEFING

#### A. CEO Report – Jody Lomeo

- a. **Board Meeting** – President of HANYS will be presenting to the Board tomorrow at their normal meeting and all are welcome to attend at 5:30 p.m. in Smith Auditorium.
- b. **February Volumes** – Mr. Lomeo reports that volumes are down and lagging behind budget. Year over year is close to previous year. Numbers are steady but slightly behind in acute discharges. Surgical volumes are slightly ahead of last year. Bottom line is resulting in an operating loss of \$3.8 million year to date.
- c. **Kaleida Update** – Mr. Lomeo continues to work across the system. Some key initiatives noted were a Community Strategy starting April 1<sup>st</sup> to better serve community physicians. Department chairs have met with Mr. Lomeo and have a willingness to collaborate and work together. He is very pleased with the reception of the changes and planning throughout both Kaleida and ECMC.
- d. **Great Lakes Health Board** – Met on March 12<sup>th</sup>. Further integration is desired.

#### B. CFO Report – Michael Sammarco

- a. **February Report** – There is an increase in observation verses acute admissions affecting volumes likely due to the change in the Medicare Two Midnight Rule. This is being seen statewide. February ended with a consolidated \$3.8 million loss year to date. A continued look at ways to consolidate and reduce expenses is underway.
- b. **2013 Audit Complete** – The audited financials for 2013 are complete and the year ended with a confirmed surplus of \$800,000. The financials will be recommended for approval to the Board of Directors at tomorrow's meeting (3.25.14).

### V. CHIEF MEDICAL OFFICER REPORT – B. Murray, M.D.

#### A. UNIVERSITY AFFAIRS

The surgery and pediatric surgery residency programs at the University at Buffalo have been granted full accreditation by the Accreditation Council for Graduate Medical Education (ACGME). University officials were informed of the decision late yesterday. The ACGME decision, reached at a meeting of its Residency Review Committee last week, was based on extensive data the university submitted that chronicled changes implemented in the surgery and

pediatric surgery residency programs as well as assessments from an ACGME site visit that took place last October.

**B. PROFESSIONAL STEERING COMMITTEE**

Dr. Murray provided a verbal report of the meeting held on March 10<sup>th</sup>.

| <b>C. UTILIZATION REVIEW</b> | <b>December</b> | <b>January</b> | <b>February</b> | <b>YTD vs. 2013 Budget</b> |
|------------------------------|-----------------|----------------|-----------------|----------------------------|
| Discharges                   | 819             | 933            | 808             | -14.2%                     |
| Observation                  | 244             | 213            | 204             | +37.4%                     |
| LOS                          | 6.1             | 6.2            | 7.4             | +12.6%                     |
| ALC Days                     | 161             | 188            | 91              | NA                         |
| CMI                          | 2.02            | 1.85           | 1.90            | -1.1%                      |
| Surgical Cases               | 835             | 908            | 808             | -7.6%                      |
| Readmissions (30d)           | NA              | NA             |                 |                            |

Discharges for the first two months of the year were significantly below budget and about 5% down from last year’s figures. LOS increased significantly but mainly due to the discharge of some severe outliers (the value was 5.4 without them), as also reflected in the reduction in ALC days. Surgeries remained 8% below. CMI was only slightly less than expected.

**D. CLINICAL ISSUES**

**1. NOVIA PROJECT**

This has shown very tangible results. On the Revenue Cycle side ECMC has realized additional revenues derived from improvement in write-offs and better clinical documentation.

In Care redesign, focus groups have made considerable progress has been made in terms of developing service- and physician-specific dashboards that we will be able to provide to Clinical Chiefs and individual clinicians comparing their performance to target benchmark and peer averages.

Additional areas of focus are Early Weaning of ICU ventilator patients, ED throughput and the effectiveness/efficiency of the Consult Process.

Dr Rebecca Calabrese has agreed to be the Physician Advisor for the project. Dr Calabrese is a hospitalist with UBMD Internal medicine and was recruited from Beth Israel Medical Center where she ran a Surgical Hospitalist service and was Associate Director of Hospital Medicine.

**E. CMS Directs Contractor Review of Related Claims  
February 28, 2014**

On February 5, 2014, CMS released [Transmittal 505](#) and associated Change Request 8425 to the Medicare Program Integrity Manual.

Historically, Medicare Administrative Contractors (MACs), Recovery Auditors (RAs) and Zone Program Integrity Contractors (ZPICs) were instructed not to deny claims unless appropriate consideration was given to the actual claims and associated documentation. Transmittal 505, which will take effect on March 6, 2014, provides contractors with “the *discretion to deny other related* claims submitted before or after the claim in question.” Transmittal 505 also allows contractors to take action on claims that are not currently being reviewed and does not require the contractor to request additional documentation for the related claims prior to denying such claims. While all contractors may consider related claims, it appears that MACs are required to consider related claims for denial without the need for additional clinical consideration.

According to the Transmittal, “The MAC, Recovery Auditors, and ZPIC have *the discretion to deny other related* claims submitted before or after the claim in question. *If documentation associated with one claim can be used to validate another claim, those claims may be considered ‘related.’ Claims may be ‘related’ in the following EXAMPLE situations:*

- An inpatient claim and associated documentation is reviewed and determined to be not reasonable and necessary and therefore the physician claim can be determined to be not reasonable and necessary.
- A diagnostic test claim and associated documentation is reviewed and determined to be not reasonable and necessary and therefore the professional component can be determined to be not reasonable and necessary.”
- The Transmittal also notes that the provided list of examples is not exhaustive and there could be other scenarios where claims could be identified as being “related.”

**What Does This Mean For Healthcare Providers?**

In recent years, hospitals have suffered hundreds of thousands of claims denials by MACs and Recovery Auditors. Once denied, these claims have been held up in an appeals process for years awaiting adjudication. This regulatory change now allows the CMS review contractors to deny “related” claims (such as physician claims) when issuing a denial on a hospital claim. Executive Health Resources (EHR) anticipates a

significant impact on physician claims, as MACs and other auditors implement this policy. Physicians providing care to patients in the hospital may now have their claims denied if contractors deny the hospital claim. Radiologists, pathologists, and other groups may also be impacted by denials of diagnostic studies.

### **EHR's Observations for Hospital Partners:**

Transmittal 505 is both good news and bad news for hospitals.

The good news is that **physicians will now be acutely interested in your hospital Utilization Management process.** The programs that hospitals have in place to ensure the validity of hospital claims should prevent denials of hospital claims that could lead to denials of related physician claims.

The bad news is that **physicians will now be acutely interested in your hospital Utilization Management process.** Be prepared to answer the question: "What measures have you taken as a hospital to ensure that your claims and, by association, my physician claims will withstand the intense scrutiny of the current audit environment?"

When you follow EHR's recommended process, you may communicate with your medical staff that you are applying a well-founded, time-tested, compliant process. EHR is the leading provider of medical necessity compliance management and has conducted over 10 million medical necessity reviews with less than 4% of our recommendations resulting in a denial. Of those denied cases, EHR has achieved a 97% successful overturn rate on fully-adjudicated cases.

### **Delivery System Reform Incentive Payment (DSRIP) Program**

The Delivery System Reform Incentive Payment (DSRIP) program is one component of New York's proposed Medicaid Waiver Amendment submitted to the Centers for Medicare & Medicaid Services (CMS) and is currently pending approval. The DSRIP program is designed to stabilize the state's health care safety-net system, re-align the state's delivery system as well as reduce avoidable hospitalizations and emergency department use by 25% over the next 5 years. To accomplish this goal, the state's DSRIP program will encompass a variety of projects that will engage a wide array of providers.

The projects funded through DSRIP will assist safety-net institutions in their effort to both right-size inpatient capacities as well as transform their care delivery models to provide a more precise mix of services necessary in the communities in which they serve. Additionally, the DSRIP program will incentivize collaboration across previously siloed providers to reduce system fragmentation. Hence, there is an opportunity for community-based providers to play a vital role in this program. By working together through the DSRIP program, health care providers can deliver more appropriate, timely and coordinated care to their communities.

Additional Information can be obtained at the following website:  
[http://www.health.ny.gov/health\\_care/medicaid/redesign/delivery\\_system\\_reform\\_incentive\\_payment\\_program.htm](http://www.health.ny.gov/health_care/medicaid/redesign/delivery_system_reform_incentive_payment_program.htm)

- F. CPOE Implementation** – Leslie Feidt reports on the Go Live which will occur tomorrow (3.25.14). Handouts were provided as samples of what will be available on the floors. Ms. Feidt reminds everyone that patience will be needed as it will be tedious as this is implemented. The department will be offering as much elbow to elbow support as is possible and supports will be in place 24/7. The Physician Advisory Committee was instrumental in creating the handouts and will be available for support. Training is mandatory and for those who have not completed it as of yet, they will be asked to attend training this week. If any patient safety issues arise, please advise one of the team so they can be solved as quickly as possible.

## **VI. ASSOCIATE MEDICAL DIRECTORS REPORTS**

- A. John Fudyma, MD – Associate Medical Director** – Dr. Fudyma reports that IPRO has lost its funding and will no longer be doing resident duty hour rules surveys. Dr. Fudyma reports on updates regarding the residency programs and is considering implementing a Chief Resident Quality Committee that would meet on a regular basis.
- B. Arthur Orlick MD – Associate Medical Director** – Dr. Orlick reports that our advance planning initiative is moving forward. The newly formed committee will meet in April. Training regarding how to have a conversation and advance care planning was offered through Hospice recently. This is a program working with community care and how to assist patients in getting palliative and Hospice care. Dr. Orlick also reports that palliative care consults are low at ECMC and there are likely patients who are appropriate but are not being referred such as end stage heart or lung disease patients. Please encourage providers to utilize these services.

## **VII. DIRECTOR OF PHYSICIAN QUALITY AND ED. – S. Ksiazek**

- A. Doctors Day Celebrations on Thursday, March 27, 2014 at 7:00 am – 11:00 am** in the Staff Dining Room. A gourmet breakfast will be offered to our providers

and residents. Dr. Sergio Hernandez from Behavioral Health and Dr. Nirmith Kothari from Internal Medicine, Hospitalist Division, were selected by the Nursing Staff to receive their Annual “Outstanding Physician Award.”

**VIII. LIFELINE FOUNDATION – Susan Gonzalez**

- A. Written report received which outlined details of the upcoming Springfest events. Please come and support these signature events!
- B. Ms. Gonzalez reports on the support the Foundation has been able to provide to employees who have been through difficult situations such as an unexpected spousal death, devastation from floods, and suicide.

**IX. CONSENT CALENDAR**

| MEETING MINUTES/MOTIONS |   | ACTION ITEMS              |
|-------------------------|---|---------------------------|
| <b>A.</b>               | <b>MINUTES OF THE Previous MEC Meeting: February 24, 2014</b>   | Received and Filed        |
| <b>B.</b>               | <b>CREDENTIALS COMMITTEE: Minutes of March 4, 2014</b>  | Received and Filed        |
|                         | - Resignations  | Reviewed and Approved     |
|                         | - Appointments  | Reviewed and Approved     |
|                         | - Reappointments  | Reviewed and Approved     |
|                         | - Dual Reappointment Applications   | Reviewed and Approved     |
|                         | - Provisional to Permanent Appointments   | Reviewed and Approved     |
| <b>C.</b>               | <b>HIM Committee: Minutes of February 27, 2014</b>  | Receive and File          |
|                         | 1. Dental Oncology & Maxillofacial Prosthetics Form   | Reviewed and Approved     |
| <b>D.</b>               | <b>P &amp; T Committee Meeting – March 4, 2014</b>  | Received and Filed        |
|                         | 1. Cefazolin Shortage   | <i>Informational Item</i> |
|                         | 2. Tbo-Filgrastim (Granix®) – add to Formulary  | Reviewed and Approved     |
|                         | 3. Prednisolone 5 mg – add to Formulary   | Reviewed and Approved     |
|                         | 4. Metaxalone 800 mg (Skelaxin®) – add to Formulary   | Reviewed and Approved     |
|                         | 5. Filgrastim (Neupogen®) – delete from Formulary   | Reviewed and Approved     |
|                         | 6. P & T Policy:  | Reviewed and Approved     |
|                         | 7. <u>IV-03 Medications which may Only be Administered Intravenously by Registered Nurses in Critical Care Areas – Approve Revision</u> |                           |
|                         | 8. High Alert Medications – <i>Approve Revision</i>   | Reviewed and Approved     |

**IX. CONSENT CALENDAR, CONTINUED**

- A. MOTION:** Approve all items presented in the consent calendar, including addendums for review and approval.

**MOTION UNANIMOUSLY APPROVED.**



## **X. OLD BUSINESS**

- A. None

## **XI. NEW BUSINESS**

- A. **Rapid Response Form** – A revised form was presented for informational purposes. These changes are in response to the change to the Rules and Regulations that were passed from December 2013 as it relates to notifying the family. This was reviewed in greater detail during Executive Session.

## **XII. ADJOURNMENT**

There being no further business, a motion was made to adjourn to Executive Session, seconded and unanimously approved to adjourn the regular session of the Medical Executive Committee meeting at 12:25 p.m.

Respectfully submitted,



Khalid Malik, M.D., Secretary  
ECMCC, Medical/Dental Staff

# Reading Material



**From the  
President & COO**

• [Login](#)

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Thursday, April 24, 2014

[TheBuffaloNews.com](#)

# CITY & REGION

• *City & Region*

## **Lomeo named CEO of Kaleida, Great Lakes Health on permanent basis**



Jody Lomeo will give up his position as CEO of Erie County Medical Center, where he has served since 2009. (Harry Scull Jr./Buffalo News file photo)

**By Jonathan D. Epstein** | News Business Reporter | @jdepstein | Google+ , **Stephen T. Watson** | News Staff Reporter | @buffaloscribe | Google+  
on April 24, 2014 - 9:31 AM

## RELATED ARTICLES

- [Lomeo's job at Kaleida? Right an ailing ship](#)
- [Interim CEO sees Kaleida employees as key to system's future](#)
- [ECMC's Lomeo named interim chief at Kaleida in dramatic restructuring](#)

Jody L. Lomeo, who has served as interim president and CEO of Kaleida Health and its parent organization since late January, has been named to those positions on a permanent basis, the boards of Kaleida Health and Great Lakes Health System announced this morning.

Lomeo will give up his position as CEO of Erie County Medical Center, where he has served since 2009.

Top officials within the Great Lakes system praised Lomeo's performance as interim CEO, saying he forged a good working relationship with doctors, nurses and others, and said his experience at ECMC leaves him well-prepared for his new responsibilities.

"As a result, it was clear that Jody is the right leader at a very critical time for Kaleida Health and our community," John Koelmel, chairman of the Kaleida Health board of directors, said in a statement.

Lomeo's appointment was being revealed to staff at ECMC and Kaleida Health this morning.

Lomeo took over as interim CEO of both Kaleida Health and Great Lakes from James R. Kaskie, who was forced out in a surprise move amid apparent unhappiness with Kaleida Health's financial performance and the slow pace of integrating the system with ECMC.

Great Lakes is the umbrella governing body created by state law to oversee both ECMC, a public benefit corporation, and Kaleida Health, the nonprofit that operates Buffalo General Medical Center, Women & Children's Hospital of Buffalo, Millard Fillmore Suburban Hospital and DeGraff Memorial Hospital, among other facilities.

Lomeo's move to give up his position at ECMC is meant to speed up progress toward integrating the two systems under the law that governs public authorities in the state.

The ECMC board decided, according to board President Kevin Hogan, that Lomeo is "far more valuable to the community and the overall system" as president and CEO of the umbrella organization than as president and CEO of ECMC.

Rich Cleland, as the site president of ECMC, will assume Lomeo's day-to-day duties there.

Lomeo, a Buffalo native and University at Buffalo graduate, has been CEO of ECMC since January 2009, having previously taken on the role on an interim basis after the resignation of Michael A. Young.

He has overseen more than \$200 million in investments at the ECMC campus, including the new long-term nursing facility, a kidney transplant center and the opening of the Behavioral Health Center of Excellence.

The former financial consultant had served on the ECMC board and directed the CEO search that led to Young's hiring in late 2004.

Robert Gioia, the chair of Great Lakes Health System of Western New York Board of Directors, said, "We are very fortunate to have someone who understands all three organizations, defines collaboration and understands the challenges of our community. As someone who was born and raised here, Jody understands and cares deeply about Western New York. We have heard from all constituencies – employees, physicians, labor, the University at Buffalo and community leaders – that the leader we need right now, is right in front of us. We have little time to waste, and Jody Lomeo is a proven leader who will help build a system to create the patient centered care we are looking for."

email: [swatson@buffnews.com](mailto:swatson@buffnews.com)

and [jepstein@buffnews.com](mailto:jepstein@buffnews.com)

From the Business First

<http://www.bizjournals.com/buffalo/news/2014/04/08/tlc-health-granted-another-employment-extension.html>

Apr 8, 2014, 3:06pm EDT

## TLC Health granted another employment extension



[Tracey Drury](#)

Buffalo Business First Reporter- *Business First*

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Workers at **TLC Health** — Lake Shore Health Care Center received another two-month reprieve as officials continue to work on a plan to keep the Chautauqua County hospital open.

A revised notice was filed this week with the state Department of Labor listing June 7 as the potential lay-off date for employees. It's the second time the date has been extended since the initial WARN notice was filed last fall.

The revision this time also listed "potential sale of facility" as the reason, where before it planned a "plant closure."

The truth is anything's possible at this point as the hospital works through bankruptcy and reorganization plans, which include ongoing talks with potential buyers and health-care partners from the area interested in making sure patients have access to care.

"This time we worked with the lawyers to stay within the legal requirements but to make it clear all the things we're trying to do to avoid this situation," said [Scott Butler](#), division director for business development at TLC Health.

That includes possibly working with **Kaleida Health** and **Erie County Medical Center** about partnering. ECMC officials say they have reached out to TLC to offer help with services, but will not be a capital partner in the process.

[Jody Lomeo](#), CEO at ECMC and interim CEO at Kaleida, said ECMC has already begun providing some assistance on the pharmacy end for electronic order entry and help in transferring patients requiring higher levels of behavioral mental health. The future could include creating a contractual relationship that ensure separate corporate entities to protect each from financial harm.

"There's always opportunity to further work together," he said.

TLC Health is part of the Lake Erie Regional Health System of NY (LERHSNY), which also operates **Brooks Memorial Hospital** in Dunkirk. The two hospitals have been operating largely independently since the fall.

TLC Health continues to look at how to enhance its services and modify how it operates to bring in more revenue. That includes the hospital's ambulatory surgery division, which accounts for nearly 50 percent of its overall revenue.

John Galati, interim CEO at TLC Health, stressed the importance of the service line last week to the state Department of Health in Albany, where he testified in opposition of an ambulatory surgery center project planned for Orchard Park.

"Our surgical volume is critical to this rural hospital for its continued survival," he said.

Butler said TLC Health plans to continue operating its 24-hour emergency department for as long as possible, as well as inpatient services and other service lines.

Meantime, it will continue talks with a local group that is considering an investment, as well as an out-of-town firm that has indicated they may pursue a full-asset purchase.

"We're trying to go ahead and find ways to maybe share resources, share doctors and bring our costs down even more," Butler said. "We are making improvements to make ourselves more attractive so when we do get that call, we'll be as ready as possible."

Tracey Drury covers health/medical, nonprofits and insurance

will do. Mix about a 1/2 cup per 1/2 gallon of water. Soak for about 10 minutes.

Dr. William Holley is readily available to discuss matters like this and other foot ailments. The Buffalo, NY office is located at 15

Absolutely Affordable Footcare PC strives to provide competent, accessible and accountable services. Also, feel free to contact the office for scheduling of house calls or educational seminars.

## 5<sup>th</sup> Annual ECMC Farmers' Market Looking for New Farmers/Growers to Vend

Free opportunities are available for vendors to offer produce, meats, eggs, cheese, plants and flowers each Friday from May 30<sup>th</sup> to October 10<sup>th</sup>, 2014, from 10:00 a.m. to 3:00 p.m.

To increase access to healthy food and promote healthy lifestyles in the 14215 zip code area of Buffalo, the fifth annual *ECMC Farmers' Market at Grider* is seeking new farmers and growers to vend at its market located across the street from the ECMC Health Campus.

This market is a resource to the community and has security, electrical outlets, an electronic terminal available to accept SNAP benefits, as well as programs and other services to educate and inform the neighborhood and hospital community about the benefits of good nutrition.

Local farmers are invited to participate in this market. Various incentives will be provided. The goal is to improve the health and eating habits of residents in the neighborhood and the

February is a time that the nation celebrates "Heart Month" by wearing shades of red, participating and supporting the continuous efforts of the American Heart Association and having dialogue about the nation's No. 1 killer of women.

This year the National Trends Committee of the Erie County Chapter of The Links, Incorporated decided to join forces with the American Heart Association by spearheading a letter writing campaign to our lawmakers. The letters highlighted our support of the pending legislation in New York State requiring mandatory CPR

hospital community by bringing produce and other healthy goods to an area that is otherwise a food desert. Applications are being accepted now through April 25<sup>th</sup>, 2014. Interested vendors are invited to contact Rita Hubbard-Robinson at 716-898-3509.

training and familiarization of automated external defibrillators prior to graduating from high school. It is our chapter's goal to continue this support until the

CPR in School Bill is passed. Joyce Harrington, Chapter President commented the American Association for its leadership and highlighted the be



## Women's Radio Health Program Schedule Set




Dr. Catherine Fisher Collins, will host her bi-monthly Women's Health Radio program, "A Healthy Voice in Our Community", on AM 1400, 8-8:30 a.m., every 1st and 3rd Saturday morning. The April 2014

Chapter and Justine Preston, Erie County Health Department Topic: Asthma Prevention & Management Initiative for Women's Health

• April 19, 2014 -- Dr. Mark Gunther, VP

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