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~ Regular Meeting ~



ERIE COUNTY MEDICAL CENTER CORPORATION

Tuesday, February 26, 2013

4:30 P.M.
Staff Dining Room, 2nd Floor - ECMCC

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.

The difference between
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AGENDA

REGULAR MEETING OF THE DIRECTORS MEETING ERIE COUNTY MEDICAL CENTER CORPORATION TUESDAY, FEBRUARY 26, 2013

- | | | |
|-------|--|--------|
| I. | CALL TO ORDER: KEVIN M. HOGAN, ESQ., CHAIR | |
| II. | APPROVAL OF THE MINUTES OF THE JANUARY 22, 2013 REGULAR MEETING OF THE BOARD OF DIRECTORS. | 5-28 |
| III. | RESOLUTIONS MAY BE DISTRIBUTED TO THE BOARD OF DIRECTORS DURING THE MEETING ON FEBRUARY 26, 2013 | |
| IV. | REPORTS FROM STANDING COMMITTEES OF THE BOARD: | |
| | EXECUTIVE COMMITTEE: KEVIN M. HOGAN, ESQ. | ----- |
| | FINANCE COMMITTEE: MICHAEL A. SEAMAN | 29-31 |
| | QI PATIENT SAFETY COMMITTEE: MICHAEL A. SEAMAN | ----- |
| V. | REPORTS FROM SENIOR MANAGERS OF THE CORPORATION: | |
| | A. CHIEF EXECUTIVE OFFICER | 33-37 |
| | B. CHIEF OPERATING OFFICER | 38-41 |
| | C. CHIEF FINANCIAL OFFICER | 42-49 |
| | D. CHIEF SAFETY OFFICER | ----- |
| | E. SR. VICE PRESIDENT OF OPERATIONS – RONALD KRAWIEC | 50-53 |
| | F. CHIEF MEDICAL OFFICER | 54-59 |
| | G. SENIOR VICE PRESIDENT OF NURSING | 60-62 |
| | H. VICE PRESIDENT OF HUMAN RESOURCES | ----- |
| | I. CHIEF INFORMATION OFFICER | 63-64 |
| | J. SR. VICE PRESIDENT OF MARKETING & PLANNING | 65-67 |
| | K. EXECUTIVE DIRECTOR, ECMCC LIFELINE FOUNDATION | 68-74 |
| VI. | REPORT OF THE MEDICAL/DENTAL STAFF: DECEMBER 17, 2012 AND JANUARY 28, 2013 | 77-89 |
| VII. | OLD BUSINESS | |
| VIII. | NEW BUSINESS | |
| IX. | INFORMATIONAL ITEMS | 90-108 |
| 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, JANUARY 22, 2013
ECMCC STAFF DINING ROOM

Voting Board Members
Present:

Kevin M. Hogan, Esq.,
Chair
Bishop Michael A. Badger
Richard F. Brox
Ronald A. Chapin
K. Kent Chevli, M.D.

Kevin E. Cichocki, D.C.
Sharon L. Hanson
Anthony M. Iacono
Dietrich Jehle, M.D.
Michael A. Seaman

Voting Board Member
Excused:

Douglas H. Baker
Frank B. Mesiah

Thomas P. Malecki, CPA
Zizzi, Sr., M.D.

Non-Voting Board
Representatives Present:

Jody L. Lomeo
Michael Hoffert

Kevin Pranicoff, M.D.

Also
Present:

Donna Brown
Richard Cleland
Anthony Colucci, III, Esq.
Janique Curry
Leslie Feidt
John Fudyma, MD
Richard Hall, MD
Ronald Krawiec

Charlene Ludlow
Brian Murray, M.D.
Kathleen O'Hara
Thomas Quatroche
Michael Sammarco
Karen Ziemianski
Janet Bulger, CSEA
Karen Horlacher

I. CALL TO ORDER

Chair Kevin M. Hogan, Esq. called the meeting to order at 5:15 P.M.

II. APPROVAL OF MINUTES OF NOVEMBER 27, 2012 REGULAR MEETING OF THE BOARD OF DIRECTORS.

Moved by Michael A. Seaman and seconded Anthony Iacono to approve the minutes of the November 27, 2012 regular meeting of the Board of Directors as presented.

Motion approved unanimously.

III. ACTION ITEMS

A. A Resolution Authorizing a Change to the Medical-Dental Staff By-Laws.

Moved by Kent Chevli, MD and seconded by Sharon L. Hanson.

Motion Approved Unanimously. Copy of resolution is attached.

B. Approval of Medical/Dental Staff Credentials, Resignations, Appointments and Re-appointments for December 4, 2012 and January 8, 2013.

Moved by Kevin Cichocki, DC and seconded Michael A. Seaman.

Motion Approved Unanimously. Copy of resolution is attached.

IV. BOARD COMMITTEE REPORTS

All reports, except that of the Performance Improvement Committee, shall be attached to these minutes.

Motion approved unanimously.

V. REPORTS OF CORPORATION'S MANAGEMENT

A. Chief Executive Officer:

B. Chief Operating Officer:

C. Sr. Vice President of Operations:

D. Senior Vice President of Nursing:

E. Vice President of Human Resources:

F. Chief Information Officer:

G. Sr. Vice President of Marketing & Planning:

H. Executive Director, ECMC Lifeline Foundation:

1) Chief Executive Officer: Jody L. Lomeo

- Springfest 2013 honoree and recipients announced: Honoree, Doug Baker, President Mercy Flight, Physician Recipient- Michael Manka, MD and Nursing Recipient - Peggy Cramer, RN.
- Hospital extremely busy – 100% occupancy.
- Need organizational alignment around Patient Satisfaction. A plan will be unveiled to Physician Leadership, Nursing Leadership and UB Leadership.
- Terrace View – Long Term Care grand opening February 8th at 10am.
- Revenue/Expenses – great work by the team
- A plan is being developed to bring in new surgeons
- Begin a capital campaign for the Emergency Department; Jon Dandes will be capital campaign Chairman

2) Chief Financial Officer: Michael Sammarco

A summary of the financial results through November 30, 2012. A full year-end report will be presented to the Finance Committee and Board of Directors in February.

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

Moved by Richard F. Brox and seconded by Kevin C. Cichocki, DC to enter into Executive Session at 5:30 P.M. to consider matters made confidential by law, including certain compliance-related matters, strategic investments and business plans.

Motion approved unanimously.

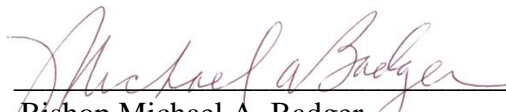
VII. RECONVENE IN OPEN SESSION

Moved by Kent Chevli, MD and seconded by Dietrich Jehle, MD to reconvene in Open Session at 6:25 P.M.

Motion approved unanimously.

VIII. ADJOURNMENT

Moved by Dietrich Jehle, MD and seconded by Kevin Cichocki, DC to adjourn the Board of Directors meeting at 6:25 P.M.



Bishop Michael A. Badger
Corporation Secretary

ERIE COUNTY MEDICAL CENTER CORPORATION

**A Resolution Approving a Change in the
Medical-Dental Staff By-Laws.**

Approved January 22, 2013

WHEREAS, as the governing body of the Corporation, this Board of Directors is empowered to consider and approve the content and changes to the by-laws of the Medical-Dental Staff of the Corporation; and

WHEREAS, the Medical dental Staff has approved a minor change as described in the attached document;

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

1. The change to the Medical-Dental Staff By-laws as described in the attached is approved.
2. This resolution shall take effect immediately.



Bishop Michael A. Badger
Corporation Secretary

NEW BUSINESS

January 2013

Item for consideration brought forth by

Dr. Richard Hall

President

Medical Dental Staff – Erie County Medical Center

RESOLUTION

Ballots have been received, counted and verified and affirm the following revision included herewith to the Medical Dental Staff Bylaws of the Erie County Medical Center December 19, 2012 Resolution.

The Credentials Committee requested and received the Medical Executive Committee endorsement to pursue a change to the Medical-Dental Staff Bylaws, adding RN First Assists to the Allied Health Professional Group under the “Dependent” category:

2.2.2 ALLIED HEALTH PROFESSIONALS

It is Erie County Medical Center Corporation’s policy to provide applications for appointment to the Medical/Dental Staff and requests for privileges only for individuals who meet the following criteria by providing evidence of:

- (1) Professional licensure in the state of New York
- (2) A professional role which includes patient care and contact
- (3) Provision of services as defined by New York State for their respective scopes of practice

Level of supervision for AHPs is divided into three categories:

- 1) Independent
 - Doctor of Chiropractic
 - Clinical Ph.D.
 - Research PhD
- 2) Independent/Collaboration
 - Nurse Practitioner
 - Nurse Midwife
- 3) Dependent/Supervision
 - Physician Assistant
 - Certified Registered Nurse Anesthetist
 - **RN First Assist**

Total Valid Ballots Received = 99

AFFIRMATIVE – 97
NAY - 2

Respectfully submitted,

Richard Hall, MD,
President, Medical –Dental Staff

CREDENTIALS COMMITTEE MEETING
January 8, 2013

Committee Members Present:

Robert J. Schuder, MD, Chairman

Richard E. Hall, DDS PhD MD FACS

Nirmit D. Kothari, MD

Timothy G. DeZastro, MD

Philip D. Williams, DDS

Susan Ksiazek, R.Ph., Director of Medical Staff
Quality and Education

Medical-Dental Staff Office and Administrative Members Present:

Jeanne Downey, Appointment Specialist

Emilie Kreppel, Practice Evaluation Specialist

Elizabeth O'Connor, Reappointment Specialist

Members Not Present (Excused *):

Yogesh Bakhai, MD *

Gregg I. Feld, MD *

David G. Ellis, MD *

Brian M. Murray, MD (ex officio) *

CALL TO ORDER

The meeting was called to order at 3 PM by Dr. Robert J. Schuder. The proceedings from the previous meeting of December 4, 2012 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 / overall action.

A. Deceased – None

B. Application Withdrawn – None

C. Resignations:

Neha Nainani, MD

Internal Medicine

December 15, 2012

Julianne Nowak, ANP

Family Medicine

December 27, 2012

Adel Sulaiman, MD

Internal Medicine

December 31, 2012

APPLICATION PROCESSING CONCLUSION

Psychiatry

Rebecca Schaeffer, MD

Applied, Active Staff

After multiple information and documentation requests, the 180 day window for application processing defined in the Credentials Manual has been reached. The committee recommends conclusion of application processing.

CHANGE IN COLLABORATING / SUPERVISING ATTENDING

Internal Medicine

Lynn Grucza, ANP

Allied Health Professional

Collaborating MD: Dr. Alyssa Shon

Surgery

Paula Miller, RPA-C

Allied Health Professional

Supervising MD: Dr. Michael Pell

Natalie Passmore, ANP

Allied Health Professional

Collaborating MD: Dr. Daniel Leary

FOR OVERALL ACTION

SPECIFIC PRIVILEGE ADDITION OR REVISION

Internal Medicine

For the Internal Medicine MD and AHP privilege additions below, Joint Commission FPPE requirements for competency verification shall be documented through a department administered training process under the supervision of the MICU Medical Director.

Yahya J. Hashmi, MD

Active Staff

Critical Care Medicine

- General Admitting Privileges
- Medical Intensive Care
- Cardiac Intensive Care
- Central Venous Catheter Insertion, percutaneous, et al.
- NG Tube Insertion with Guide Wire
- Ventilator Management, et al.
- Moderate Sedation (*FPPE satisfied with training and competency assessment*)

Scott D. Clark, ANP

Allied Health Professional

Collaborating MD: Dr. Yahya Hashmi

- Privileges requested for Medical Intensive Care Unit (MICU)
- Admission history, physical exam and write-up
- Physical assessment and initial orders
- Follow-up visits, evaluation and orders
- Discharge planning, summary and orders – inpatient and outpatient
- Formulation of diagnostic and therapeutic plans in collaboration with an attending physician
- Patient education regarding diagnosis and treatment, including general approach to dietary regimens
- Moderate Sedation (*FPPE satisfied with training and competency assessment*)

Nirmit D. Kothari, MD

Critical Care Medicine

- General Admitting Privileges
- Medical Intensive Care
- Consultation-Critical Care
- Central Venous Catheter Insertion, percutaneous, et al.
- NG Tube Insertion with Guide Wire
- Oral/Nasal Intubation
- Lumbar Puncture
- Paracentesis
- Ventilator Management, et al.
- Maintenance of hypothermia
- Moderate Sedation (*FPPE satisfied with training and competency assessment*)

Noelle S. Lohr, ANP

Allied Health Professional

Collaborating MD: Dr. Jenia Sherif

- Privileges requested for Medical Intensive Care Unit (MICU)
- Admission history, physical exam and write-up
- Physical assessment and initial orders
- Follow-up visits, evaluation and orders
- Discharge planning, summary and orders – inpatient and outpatient
- Formulation of diagnostic and therapeutic plans in collaboration with an attending physician
- Patient education regarding diagnosis and treatment, including general approach to dietary regimens

** The above privileges action was deferred at last month's meeting; the COS signed off on 1/3/2013*

Siblea McFarland, RPA-C

Supervising MD: Dr. Nirmit Kothari

ERIE COUNTY MEDICAL CENTER CORPORATION

- Privileges requested for Medical Intensive Care Unit (MICU)
- Perform Intensive Care history and physical exam and write-up
- Initial Intensive Care patient assessment and initial orders
- Follow-up Intensive Care visits, evaluation and orders
- Intensive Care discharge planning, summary and orders
- Moderate Sedation (*FPPE satisfied with training and competency assessment*)

Alyssa Whiteside, RPA-C

Allied Health Professional

Supervising MD: Dr. Mohammed Achakzai

- Privileges requested for Medical Intensive Care Unit (MICU)
- Perform Intensive Care history and physical exam and write-up
- Initial Intensive Care patient assessment and initial orders
- Follow-up Intensive Care visits, evaluation and orders
- Intensive Care discharge planning, summary and orders
- Moderate Sedation (*FPPE satisfied with training and competency assessment*)

Psychiatry

V. Thomas Chapin, PNP

Allied Health Professional

Collaborating MD: Dr. Rajendra Badgaiyan

- CPEP Privileges
- Basic Substance Abuse
- Basic Substance Withdrawal
- Basic Individual and Group Treatment Modalities

Surgery

Sunil Patel, MD

Active Staff

- Moderate Sedation (*FPPE satisfied with training and competency assessment*)

FOR OVERALL ACTION

SPECIFIC PRIVILEGE WITHDRAWAL

Internal Medicine

John K. Crane, MD PhD

- Ambulatory Wound Care
- Debridement, Non-Selective
- Debridement, Selective
- Infection, Incision and Drainage
- Negative Pressure Therapy
- Debridement of Skin, partial
- Decubitus Ulcer Management

Joseph M. Rasnick ANP

Collaborating MD: Dr. Muhammad I. Achakzai

- Lumbar Puncture
- Internal Jugular Vein CVP Placement

Radiology

Gregg I. Feld, MD

- Biliary, peritoneal, pericardial, thoracic drains

Surgery

Charles E. Wiles, III, MD

- Intravenous Pyelography
- Needle biopsy of superficial tissue (testes, thyroid, breast, etc.)
- Pancreaticoduodenectomy
- Major biliary reconstructive surgery
- Testes – incise or excise
- Spermatic Cord – hydrocele or varicocele excision
- Minor procedures on vulva and vagina (bartholin cyst, abscess biopsy, etc.)
- Ovaries & Tubes – incision or excision

ERIE COUNTY MEDICAL CENTER CORPORATION

- Pacemakers open
- Pericardiectomy
- Open AV access, Tunneled Catheter Placement
- Bronchoscopy, rigid
- Orchiectomy

FOR OVERALL ACTION

APPOINTMENTS AND REAPPOINTMENTS

- A. Initial Appointment Review (8)
- B. Reappointment Review (22)

Eight initial appointment and twenty-two 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 (8)

Anesthesiology

Stacey Forgensi, CRNA Allied Health Professional

Family Medicine

Beverly Majewski, FNP Allied Health Professional

Collaborating Physician: Dr. Stephen Evans

Internal Medicine

Jaspreet K. Dhillon, MD Active Staff

Adam Kotowski, MD Active Staff

Neurology

Richard Lango, MD Active Staff

Neurosurgery

John Fahrback, MD Active Staff

Orthopaedic Surgery

Frank Domnisch, RPA-C Allied Health Professional

Supervising Physician: Dr. Joshua Jones

Psychiatry

Semen Spirin, MD Active Staff

FOR OVERALL ACTION

REAPPOINTMENT APPLICATIONS, RECOMMENDED

- B. Reappointment Review (22)

Anesthesiology

Karen A. Schwanekamp, CRNA Allied Health Professional

Cardiothoracic Surgery

Serrie C. Lico, MD Active Staff

Anthony L. Picone, MD Active Staff

Emergency Medicine

Megan C. Donnelly, RPA-C Allied Health Professional

Supervising MD: Dr. William Dice

Family Medicine

Mohammadreza Azadfar, MD Active Staff

Camille M. Holynski, ANP Allied Health Professional

Collaborating MD: Dr. Steven Evans

Internal Medicine

Sujatha Addagatla, MD Associate Staff

Nirmit D. Kothari, MD Active Staff

Raymond A. Neiswonger, ANP Allied Health Professional

Collaborating MD: Dr. Daniel Brockman

ERIE COUNTY MEDICAL CENTER CORPORATION

Orthopaedic Surgery

Kristen M. Salvamoser, RPA-C Allied Health Professional

Supervising MD: Dr. Philip Stegemann

Plastic & Reconstructive Surgery

Thom R. Loree, MD Active Staff

Psychiatry

V. Thomas Chapin, PNP Allied Health Professional

Collaborating MD: Dr. Rajendra Badgaiyan

David L. Kaye, MD Active Staff

Agnes G. Pataki, MD Courtesy, Refer & Follow

Radiology/Imaging Services – Teleradiology

Dean Batten, MD Active Staff #10

James Brull, DVM, DO Active Staff

Shannon P. Calhoun, DO Active Staff

Michael J. Cooney, MD Active Staff

Christopher J. Miller, MD Active Staff

Jorge A. Ramirez, MD Active Staff

Bradley J. Snyder, MD Active Staff

Urology

James A. Turecki, MD Active Staff

FOR OVERALL ACTION

PROVISIONAL APPOINTMENT REVIEW, RECOMMENDED

The following members of the Provisional Staff from the 2012 period are presented for movement to the Permanent Staff in 2013 on the date indicated.

January 2013 Provisional to Permanent Staff

Provisional Period Expires

Emergency Medicine

Szarafin, Diane, MSN ANP Allied Health Professional 01/09/2013

Collaborating Physician: Dr. David Hughes

Internal Medicine

Diaz Del Carpio, Roberto, O., MD Courtesy Staff, Refer and Follow 01/09/2013

Meller, Raphael, A., MD Active Staff 01/09/2013

Meltser, Henry, M., MD Active Staff 01/09/2013

Niemiec, Monika, MD Active Staff 01/09/2013

Schap, Ruth, E., BS MS GNP Allied Health Professional 01/09/2013

Collaborating Physician: Dr. Nelda Lawler

Ophthalmology

Medina, Rafael, R., MD Active Staff 01/09/2013

Radiology / Imaging Services - Teleradiology

Gambino, John, MD PhD Active Staff 01/09/2013

Masson, Vivek, MD Active Staff 01/09/2013

Moon, David, Myungkee, MD Active Staff 01/09/2013

Newman, Barbara, Anne, MD Active Staff 01/09/2013

Novick, Michael, Kevin, MD Active Staff 01/09/2013

Tyler, Ira, Mark, MD Active Staff 01/09/2013

Urology

Rambarran, Brian, MD Associate Staff 01/09/2013

A future March 2013 Provisional to Permanent Staff list was also compiled now for Chief of Service and Collaborating / Supervising physician review 60 days before endorsement to the Medical Executive Committee.

AUTOMATIC MEMBERSHIP CONCLUSION, RECOMMENDED

Expiring in April 2013			Last Board Approval Date
Neurology			
Meyer, Michael, A., MD	Courtesy Staff, <i>Refer & Follow</i>		04/01/2011
Radiology/Imaging Services			
Meyer, Michael, A., MD	Courtesy Staff, <i>Refer & Follow</i>		04/01/2011

Reappointment Expiration Date: April 1, 2013
Planned Credentials Committee Meeting: January 8, 2013
Planned MEC Action date: January 28, 2013
Planned Board confirmation by: February 2013
Last possible Board confirmation by: March 2013
FOR OVERALL ACTION

FUTURE MEMBERSHIP CONCLUSION, UNDER CONSIDERATION

Expiring in May 2013			Last Board Approval Date
Family Medicine			
DaPolito, David, M., RPA-C	Allied Health Professional		05/01/2011
<i>Supervising Physicians: Dr. Mohammad R. Azadfard and Dr. Khalid S. Malik</i>			
Internal Medicine			
Iyer, Vijay S. MD	Active Staff		05/01/2011

Reappointment Expiration Date: May 1, 2013
Planned Credentials Committee Meeting: February 5, 2013
Planned MEC possible action date: February 25, 2013
Planned Board possible confirmation by: March 2013
Last possible Board confirmation by: April 2013
FOR INFORMATION ONLY

OLD BUSINESS

Surgery First Assistants and RNFA Medical Liability Insurance Limits

The change to the ECMCC Medical-Dental Staff Bylaws to add RNFAs to the Supervised/Dependent category of Allied Health Practitioner members was advanced by the substantial affirmative vote of the organized medical staff December 2012. Final approval will be requested of the Board of Directors via a resolution at its January 22, 2013 meeting.

In anticipation of the approval, the Credentials Committee endorses the following:

- 1) The modular RNFA form presented at its December 2012 meeting
- 2) The removal of FA privilege delineation on any of the existing Allied Health Professional privilege forms. Applicants will be referred to the modular form when seeking this privilege.
- 3) The addition of RNFA to the AHP category on the ECMC medical-dental staff appointment and re-appointment forms.

Risk Management informed the committee that medical liability insurance limits of \$1MM/\$6MM are recommended for Registered Nurse First Assistants. It is anticipated that a full list of insurance limits will be made available to the Credentials Committee for reference by the February or March meeting.

Cardiology Mid Levels

There has been no update from Risk Management on the final insurance arrangements for the off-hours Cardiology midlevel coverage.

Privilege Form Revisions

INTERNAL MEDICINE

ERIE COUNTY MEDICAL CENTER CORPORATION

Work continues on a combined Allied Health Professional (Physician Assistant-Nurse Practitioner) Form.

UROLOGY

An initial privilege form draft has been submitted to the Chief of Service for review and revision. The committee recommends the scheduling of a working meeting with the Chief of Service to facilitate its completion.

ORTHOPAEDICS

The committee awaits further feedback from the Chief of Service on the most recent form revision.

Internal Medicine Staff Category Reclassification Letter

The Medical-Dental Staff Office and the Internal Medicine Chief of Service have partnered on the final draft of a letter exercising an existing credentials policy of reclassification of a staff member to another category based on the lack of activity at ECMC for more than a two year period. In this case, it would be to a category which possesses no privileges and therefore does not mandate OPPE (Courtesy Staff, *Refer and Follow*). The wording of the letter was approved by the committee and Dr. Hall, current President of the Medical-Dental Staff.

Child Abuse Registry for Psychiatry Practitioners

Per M. Zuber, all outstanding practitioners will have a registry completed, with copies forwarded to the MDSO for filing in the practitioners' respective dossiers.

MICU Privileges for Exigence Physicians and Midlevels

Due immediate patient care need, temporary privileges were issued, as there was no BOD meeting in December 2012.

Fluoroscanner Credentialing Criteria

Additional clarification for appropriate credentialing criteria is needed. The Radiology/Imaging Services Chief will work with his administrative staff and the Radiation Safety Officer to evaluate best practices and the community standard.

vRad Delegated Credentialing Contract

As outlined in the JC Leadership Chapter, it is incumbent on the organization to confirm that all contracted services are in good standing from a safety and quality perspective. In kind, the results of vRad's most recent JC survey were requested and received; no Requests For Improvement (RFI's) were listed.

In addition, the committee was informed that as previously agreed, the Medical-Dental Staff Office staff continues to perform a complete independent credentialing exercise on each 10th appointment/re-appointment. This quality control check is designated by a "#10" in the meeting minutes to serve as verification. It was reported to the committee that no substantial issues have been identified with the vRad process.

Applicants from Roswell Park

Liability insurance coverage issues remain an issue. As per Risk Management, the matter is under evaluation by ECMCC's legal counsel and executive management. One physician's application is otherwise ready to move forward through the appointment process; the Medical-Dental Staff Office staff is monitoring the 180 day window for processing. The practitioner has been notified that if there is an immediate patient care need, temporary privileges are an option until this administrative matter is resolved.

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 committee received a verbal report regarding current applicants. The current tracking matrix attached.

OVERALL ACTION REQUIRED

NEW BUSINESS

Department of Obstetrics and Gynecology

The Medical-Dental Staff Office was notified that Dr. Armando Arroyo is no longer with the practice plan contracted to provide services at ECMCC. The OBGyn Chief of Service position he held is therefore temporarily vacant. The Office of the CMO has been informed and a meeting with the University Chair of the department is being scheduled.

ERIE COUNTY MEDICAL CENTER CORPORATION

Committee Composition for 2013

The following will be submitted to the President of the Medical-Dental Staff at the January MEC meeting for endorsement:

CREDENTIALS COMMITTEE

- Chair:** Robert J. Schuder, MD
- Members:** Yogesh Bakhai, MD
 Timothy G. DeZastro, MD
 David Ellis, MD
 Gregg I. Feld, MD
 Richard Hall, MD, DDS, PhD
 Christopher P. John, RPA-C
 Nirmitt D. Kothari, MD
 Susan Ksiazek, RPh (without vote)
 Philip D. Williams, DDS
 *ECMCC Legal Counsel, as needed, without vote

Wellcare Delegated Credentialing

Updated requirements were received for participation in the WellCare delegated credentialing. ECMCC is already compliant with each of the new requirements by virtue of its ongoing review and revision of our credentialing procedures. With regard to one requirement, it was perceived that some "wordsmithing" of the attestation page of the ECMCC medical-dental staff application was in order (changes are italicized):

21. <i>ARE YOU PRESENTLY USING ILLEGAL DRUGS OR ABUSING ALCOHOL</i> , OR EVER RECEIVED TREATMENT OR COUNSELING FOR DRUG OR ALCOHOL ABUSE?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>I am familiar with the Erie County Medical Center hospital policies and procedures and applicable department policies, and with the current Bylaws, Rules and regulations and correlating documents of the EMC Medical/Dental Staff and agree to abide by them.</p> <p>I certify that all information contained in this application is true and accurate and that I release from liability all representatives of the hospital and its Medical/Dental Staff in the event that it is necessary to release any information pursuant to the requirements of the New York State Department regulations. <i>I understand that it is my responsibility to immediately notify ECMCC in writing of any new, different or additional information regarding the above questions.</i></p>	

Corvel Delegated Credentialing

Corvel, a third organization has submitted its requirements for annual delegated credentialing and has asked for an annual audit within the next month.

Board of Directors Meeting Dates

The December 2012 and January 2013 BOD meeting will be combined into a single meeting on January 22, 2013. This will also serve as their annual meeting. The December Credentials Committee meeting minutes will go to the Board on 1/22/2013. In addition, the January 2013 Credentials minutes will also be sent to the MEC for endorsement and submitted to the Board for its 1/22/13 meeting for approval.

OPEN ISSUES

Medical Liability Insurance Coverage Levels

The Medical-Dental Staff Office received and filed the necessary documentation of the insurance coverage referenced in last month's minutes.

OVERALL ACTION REQUIRED

OTHER BUSINESS

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

FPPE (Focused Professional Practice Evaluation)

- Family Medicine (2 RPA-Cs)

ERIE COUNTY MEDICAL CENTER CORPORATION

- Internal Medicine (1 ANP, 1 FNP, 3 MDs, 1 RPA-C)
- Plastic and Reconstructive Surgery (1 MD)
- OB/GYN (2 MD)
- Ophthalmology (1 MD)
- Orthopaedic Surgery (1 MD, 1 RPA-C)
- Radiology, Teleradiology (3 MDs)

OPPE (Ongoing Professional Practice Evaluation)

- Ophthalmology OPPE has been successfully completed for 15 MDs.
- Family Medicine OPPE has been successfully completed for 16 practitioners (3 FNPS, 11 MDs, 1 PNP and 1 RPA-C) with 4 practitioners that did not return their documentation.
- Oral and Maxillofacial Surgery OPPE is awaiting sign off from the Chief of Service.
- Neurosurgery OPPE has been completed for all outside surgeons but departmental data is still pending
- Emergency Medicine OPPE is complete for the physicians. Completion for AHPs is promptly expected pending receipt of departmental data.
- Exigence has been contacted to coordinate a round of OPPE.
- Orthopaedic Surgery OPPE has been initiated, with all mailings completed.

PRESENTED FOR INFORMATION

ADJOURNMENT

With no other business, a motion to adjourn was received and carried. The meeting was adjourned at 4:20PM.

Respectfully submitted,



Robert J. Schuder, MD,
Chairman, Credentials Committee

All.

CREDENTIALS COMMITTEE MEETING
December 4, 2012

Committee Members Present:

Robert J. Schuder, MD, Chairman
Richard E. Hall, DDS PhD MD FACS (ex officio)
Nirmit D. Kothari, MD
Brian M. Murray, MD (ex officio)
Timothy G. DeZastro, MD
Philip D. Williams, DDS

Susan Ksiazek, R.Ph., Director of Medical Staff
Quality and Education

Medical-Dental Staff Office and Administrative Members Present:

Jeanne Downey, Appointment Specialist
Elizabeth O'Connor, Reappointment Specialist
Emilie Kreppel, Practice Evaluation Specialist

Members Not Present (Excused *):

Yogesh D. Bakhai, MD (ex officio) *
Gregg I. Feld, MD *
Joseph M. Kowalski, MD (ex officio) *
David G. Ellis, MD (ex officio) *
Dietrich V. Jehle, MD (ex officio) *

CALL TO ORDER

The meeting was called to order at 3 PM by Dr. Robert J. Schuder. The proceedings from the previous meeting of November 6, 2012 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 / overall action.

- D. Deceased – None
- E. Application Withdrawn – None
- F. Resignations:

Joseph L. DiPirro, MD	Internal Medicine	November 1, 2012
Robert K. Brown, MD	Orthopaedic Surgery	November 28, 2012

CHANGE IN STAFF CATEGORY

Emergency Medicine

Heidi Suffoletto, MD
Courtesy, Refer & Follow to Active Staff

Oral & Maxillofacial Surgery and Plastic & Reconstructive Surgery

Basal Sharaf, DDS, MD
Active Staff to Courtesy, Refer & Follow

CHANGE IN DEPARTMENT

James R. Bell, RPA-C *
Neurosurgery to Orthopaedic Surgery

New Supervising MD: Dr. Thomas Duquin

**Per review of privilege request from, no new privileges; waive FPPE*

CHANGE IN COLLABORATING / SUPERVISING ATTENDING

Emergency Medicine

Nycole Brong, RPA-C Allied Health Professional

Supervising MD: Dr. Brian Clemency

Megan Donnelly, RPA-C Allied Health Professional

Supervising MD: Dr. William Dice

Deborah Szetela, RPA-C Allied Health Professional

Supervising MD: Dr. David Hughes

Orthopaedic Surgery

James R. Bell, RPA-C Allied Health Professional

Supervising MD: Dr. Thomas Duquin

FOR OVERALL ACTION

SPECIFIC PRIVILEGE ADDITION OR REVISION

Anesthesiology

Michele Bialy, CRNA Allied Health Professional

Placement of Central Venous Catheter
- Subclavian

Internal Medicine

Misbah Ahmad, MD Active Staff

Critical Care Medicine
- General Admitting Privileges
- Medical Intensive Care
- Consultation – Critical Care Medicine
- Paracentesis
- Ventilator Management

Cindrea Bender, MD Active Staff

Critical Care Medicine
- General Admitting Privileges
- Medical Intensive Care
- Consultation – Critical Care Medicine

Swapnil Munsaf, MD Active Staff

Critical Care Medicine
- General Admitting Privileges
- Medical Intensive Care
- Consultation – Critical Care Medicine
- Temporary Transvenous Pacemaker/ICD Placement

Monika Niemiec, MD Active Staff

Critical Care Medicine
- General Admitting Privileges
- Medical Intensive Care
- Consultation – Critical Care Medicine
- Ventilator Management

Kaunteya Reddy, MD Active Staff

Critical Care Medicine
- Medical Intensive Care

Noelle Lohr, ANP Allied Health Professional

Collaborating MD: Dr. Jenia Sherif

- Abdominal Paracentesis
- Moderate Sedation

ERIE COUNTY MEDICAL CENTER CORPORATION

Joel Noworyta, RPA-C Allied Health Professional
Supervising MD: Dr. Cindrea Bender, MD
Intensive Care Unit Privileges
- Privileges requested for Medical Intensive Care Unit (MIC)
- Perform Intensive Care history and physical exam and write-up
- Initial Intensive Care patient assessment and initial orders
- Follow-up Intensive Care visits, evaluation and orders
- Intensive Care discharge planning, summary and orders
- Moderate Sedation

Orthopaedic Surgery – Podiatry
Roy DeFrancis, DPM Active Staff
Ambulatory Wound Care
- Debridement, Non-Selective and Selective
- Infection, Incision and Drainage
- Debridement of Skin, partial, full, subcutaneous
- Decubitus Ulcer
- Acellular Dermal Replacement
- Dermal Skin Substitute
- Allograft, Acellular Dermal

FOR OVERALL ACTION

SPECIFIC PRIVILEGE WITHDRAWAL

Family Medicine
Mohammed A. Mohiuddin, MD Active Staff
- BASIC management of substance: Intoxication and Withdrawal
BASIC treatment modalities for: Individual and Group
- COMPLEX management of substance: Intoxication and Withdrawal
COMPLEX treatment modalities for: Individual and Group
- Methadone maintenance treatment
Mathews Philip, MD Active Staff
- Basic Substance Intoxication
- Basic Substance Withdrawal
- Basic Individual & Group Treatment Modalities
- Thoracentesis, Emergency

Internal Medicine
Alyssa Whiteside, RPA-C Allied Health Professional
Supervising MD: Dr. Muhammad Achakzai
- Assist with Cardioversion

FOR OVERALL ACTION

APPOINTMENTS AND REAPPOINTMENTS

- A. Initial Appointment Review (4)
- B. Reappointment Review (18)

Four initial appointment and eighteen 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

C. Initial Appointment Review (4)

Anesthesiology
Brian Bish, CRNA Allied Health Professional
Family Medicine
Muhammad A. Ghazi, MD Active Staff
Linda Sudano, FNP Allied Health Professiona

1

Collaborating MD: Dr. Mohammadreza Azadfar
Obstetrics & Gynecology
 Vanessa Barnabei, MD Active Staff

FOR OVERALL ACTION

REAPPOINTMENT APPLICATIONS, RECOMMENDED

D. Reappointment Review (18)

Anesthesiology
 Michele Bialy, CRNA Allied Health Professional

Dentistry
 Catherine Gogan, DDS, MS Active Staff

Emergency Medicine
 Jeffrey Myers, DO Active Staff
 Nycole Brong, RPA-C Allied Health Professional
Supervising MD: Dr. Brian Clemency
 Deborah Szetela, RPA-C Allied Health Professional
Supervising MD: Dr. David Hughes

Internal Medicine
 John Crane, MD, PhD Active Staff
 Mohammad Khan, MD Active Staff
 Romesh Kohli, MD Active Staff
 John Leddy, MD Courtesy, Refer and Follow
 Gerald Logue, MD Active Staff
 James Nolan, MD Active Staff
 Edward Ventresca, MD Active Staff
 Herbert Young, MD Active Staff
 Noelle Lohr, ANP Allied Health Professional
Collaborating MD: Dr. Jenia Sherif
 James Miller, RPA-C Allied Health Professional
Supervising MD: Dr. Gerald Logue

Orthopaedic Surgery – Podiatry
 Roy DeFrancis, DPM Active Staff

Radiology/Imaging Services – Teleradiology
 Leeanne Harshman-Olson, MD Active Staff
 Patrick Shin, MD Active Staff

FOR OVERALL ACTION

PROVISIONAL APPOINTMENT REVIEW, RECOMMENDED

December 2012 Provisional to Permanent Staff		Provisional Period Expires
Oral and Maxillofacial Surgery		
Bracci, Andrew, T., DMD	Active Staff	12/05/2012
Family Medicine		
Mure, Joseph, V., MD	Active Staff	12/05/2012
Neurosurgery		
Noon, Melanie, E., RPA-C	Allied Health Professional	12/05/2012
<i>Supervising MD: Dr. Gregory Castiglia</i>		
Orthopaedic Surgery		
Fishkin, Zair, MD	Active Staff	12/05/2012

FOR OVERALL ACTION

AUTOMATIC MEMBERSHIP CONCLUSION, RECOMMENDED

Expiring in March 2013

Last Board Approval Date

Internal Medicine

Akl, Elie, A. MD

Active Staff

03/01/2011

Reappointment Expiration Date: March 1, 2013

Planned Credentials Committee Meeting: December 4, 2012

Planned MEC Action date: December 17, 2012

Planned Board confirmation by: January 2013

Last possible Board confirmation by: February 2013

FOR OVERALL ACTION

FUTURE MEMBERSHIP CONCLUSION, UNDER CONSIDERATION

Expiring in April 2013

Last Board Approval Date

Internal Medicine

Neiswonger, Raymond, A., ANP Allied Health Professional

04/01/2011

Collaborating MD: Dr. Daniel S. Brockman

Neurology

Meyer, Michael, A., MD

Courtesy Staff, *Refer & Follow*

04/01/2011

Radiology/Imaging Services

Meyer, Michael, A., MD

Courtesy Staff, *Refer & Follow*

04/01/2011

Reappointment Expiration Date: April 1, 2013

Planned Credentials Committee Meeting: January 8, 2013

Planned MEC Action date: January 28, 2013

Planned Board confirmation by: January 2013

Last possible Board confirmation by: March 2013

FOR INFORMATION ONLY

OLD BUSINESS

Mid Level ICU Training

An Internal Medicine meeting with Exigence was conducted to discuss midlevel training. The addition of MICU privileges for select practitioners was signed off by the IM Chief of Service as noted in these minutes. The training plan has been solidified and will be documented via the FPPE process with monitoring by credentialed Exigence practitioners and the Medical Director of the MICU.

Cardiology Mid Levels

There has been no update on the final insurance arrangements for the off-hours Cardiology Midlevel Coverage. It was requested that the issue will be revisited; Risk Management will follow up with administration and ECMCC legal counsel.

Insurance Documentation for Employed Members of the Medical-Dental Staff

The group was updated on the new process for the validation of liability insurance for employed members of the medical-dental staff. HR will maintain the list of employed members eligible for indemnification and forward to Risk Management and the Medical-Dental Staff Office with each update. A copy of the insurance cover sheet was circulated for review.

Privilege Form Revisions

INTERNAL MEDICINE

Work continues on a combined Allied Health Professional (Physician Assistant-Nurse Practitioner) Form. Templates from other organizations have been provided to assist with format and content. If these are not sufficient, The Chair recommends acquisition of a published reference book on Criteria-Based Privileging for combined Non-Physician Practitioners.

UROLOGY

A rough privilege form draft has been submitted to the Chief of Service for review and revision. The committee recommends the scheduling of a working meeting with the Chief of Service to facilitate its completion.

ERIE COUNTY MEDICAL CENTER CORPORATION

ORTHOPAEDICS

The committee awaits further feedback from the Chief of Service on the most recent form revision.

DENTISTRY

The verbiage for Admitting privileges was explained. It serves primarily to meet accreditation standards for residency program directors and preceptors. The revisions were endorsed by the committee.

First Assist Privileging

The required change to the ECMCC Medical-Dental Staff Bylaws to add RN First Assists to the Allied Health Professional category under dependent/supervised practitioners is out for vote by the organized medical staff. Anticipating an affirmative decision, a privilege form has been drafted (attached). It is a non-department specific First Assist privilege form that may be used by both RNs and PAs. The advantage of this approach is to lend consistency of the privilege granting and competency assessments.

Internal Medicine Staff Category Reclassification Letter

The Medical-Dental Staff Office and the Internal Medicine Chief of Service have partnered to draft a letter exercising an existing credentials policy of reclassification of a staff member to another category based on no activity at ECMC. In this case, it would be to a category which does not mandate OPPE (Courtesy Staff, *Refer and Follow*). The wording of the letter remains under discussion, to give the physician the opportunity to provide ECMCC activity not readily available in the data repositories. S. Ksiazek will work with Dr. Hall, incoming President of the Medical-Dental Staff, to refine the letter as appropriate.

Final Wound Care Privilege Form for Internal Medicine

The Wound Care Center is exploring the recruitment of a general internist for both wound care management and HBO delivery. At present, the delineated wound care privileges resides in the IM Infectious Disease form in response to the previous recruitment of an ID specialist for the Center. To avoid the need to assign privileges to forms on a case by case basis, the committee now recommends creating a separate modular IM Wound Care form to ensure that the request of these privileges would be deliberate and intentional. It was also confirmed through benchmarking with other Healogics Wound Care Centers that internists do perform all of the procedures listed on the form.

INTERNAL MEDICINE – Wound Care

Chief of Service action:

INTERNAL MEDICINE – Wound Care LEVEL II PROCEDURAL PRIVILEGES	Init/Reap Volume	Physician Request	Recommend		If Yes, indicate any requirements; If No, provide details. See p. 4
			YES	NO	
These require documented additional subspecialty training and education with an individual of recognized expertise in the area or completion of an accredited fellowship in the area, or related subspecialty board certification or equivalent.					
AMBULATORY WOUND CARE <i>Procedures which primarily involve wound care can be done under local anesthesia and occasionally involve application of temporary skin coverage or application of agents to expedite wound healing. Can be performed by a properly credentialed Internist.</i>					
Debridement, Non-Selective					
Debridement, Selective					
Infection, Incision and Drainage					
Negative Pressure Therapy					
Debridement of Skin, partial					
Debridement of Skin, full					
Debridement of Skin, subcutaneous					
Decubitus Ulcer Management					
Acellular Dermal Replacement					
Dermal Skin Substitute					
Allograft, Acellular Dermal					

ERIE COUNTY MEDICAL CENTER CORPORATION

Hyperbaric Oxygen Therapy See Credentialing Criteria below					
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Medical-Dental Staff Office use: Verify initial completion the UHMS approved Introduction to Hyperbaric Medicine Course.
 Course completion date: _____

Dermatology

Since there has been no additional information regarding the status of new department development, the discussion will be closed.

Joint Commission Readiness

The Medical-Dental Staff Office has proactively anticipated items necessary for Joint Commission readiness.

- Radiology
Qualifications of staff approved by the organized medical staff (JC 03.01.01 EP 16). This was last done 2010 and with any additions, revisions. Though there is no interval for re-review, the Committee felt it was prudent, as with policies, to complete a full review every 3 years. This is being coordinated with the management of radiology/Imaging Services and anticipated to be completed 1Q13.
- vRad
In accordance with standards defined in the JC Leadership chapter, vRad has been contacted to confirm that there were no substantive citations in their last JC accreditation survey. A preliminary affirmative response has been received, with more detail requested.
- Mini C-arm Fluoroscanner
Benchmark comparisons of credentialing criteria were presented. Suggestions to ensure proper use were discussed, and shall be referred back to Radiology/Imaging Services and the Radiation Safety Officer for further follow up.
- Posting of privileges on the hospital system
A plan to list the current privileges of staff members by the end of the year was outlined. S. Ksiazek will review the plan with the Chiefs of Service and Medical Executive Committee prior to the launch and ensure that key departments are educated on the new functionality.

Veriphy Update

In order to facilitate the notification of critical radiologic test results to staff members, the Veriphy application will be included with the other electronic documents sent out for future appointees to the staff. Practitioners will be asked to complete this form and fax to Veriphy as part of the application process.

HBO CME

The credentialing criteria attached to the HBO privileges were taken from the policy of the parent company, Healogics (formerly Diversified). It has been clarified that the 12 CE units every two years required to maintain the privilege is covered by the training course for the first 2 years. The Wound Care Center Director is charged with ensuring that each credentialed practitioner completes the required CE thereafter.

Fluoroscanner Privilege Documentation

Staff members who have not completed Fluoroscanner (mini C-arm) training will be notified that privileges will be deferred until the completion of training defined in the credentialing requirements, or until such time as those requirements are revised. A letter was issued to a new appointee from the Orthopaedics Department (November 2012).

Staff Category Selection

The committee congratulated a recent medical-dental staff member on his retirement, and a letter sent out reminding of the option to join the Emeritus Staff because of his notable medical career and contributions. The office is awaiting his response.

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 attached.

OVERALL ACTION REQUIRED

NEW BUSINESS

Family Medicine Transfusion Privileges

S. Ksiazek presented a unique challenge for Courtesy, *Refer and Follow* staff members who are not based at ECMC yet have the need to initiate ambulatory transfusion therapy. A modification of the Family Medicine privilege form was approved by the Chief of Service to accommodate these infrequent situations. As the Courtesy Refer and Follow category possesses no privileges, any physician in need of this option would need to move to an Associate level of membership. But, given the limited scope of the activity and the administrative nature of the privilege, it was agreed that FPPE and OPPE would be waived. The suggested changes below are endorsed by the Credentials Committee:

AMBULATORY CARE: Active, Associate Staff members; includes individuals whose practices are limited to ambulatory care. **Ambulatory** privileges alone in Family Medicine do not include admission of patients to the hospital.

Chief of Service action:

	Physician Request	Recommend		Special Requirements
		YES	NO	
AMBULATORY CARE PRIVILEGES				
Ordering and monitoring transfusions (special offering for physicians not based at ECMC)				

Internal Medicine INMED-PA Form Revision

Following a request from the Oncology Department and approval of the Chief of Service, the addition of Bone Marrow Aspiration and Biopsy will be added to the Internal Medicine Physician Assistant delineation form in the Basic Procedure section. Suggested credentialing guidelines are included. The Committee endorses the change as listed below:

Internal Medicine Physician Assistant Form

II. BASIC PROCEDURES

<input type="checkbox"/>	Abdominal Paracentesis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Arthrocentesis, Joint Aspiration -Injection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	External Pacer Placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Internal Jugular Puncture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Limited Interpretation of EKG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Lumbar Puncture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	NG Tube Insertion with Guide Wire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Pelvic (Vaginal) Examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Bone Marrow Aspiration and Biopsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

---- Bone Marrow Aspiration and Biopsy 3 certified, supervised procedures

It is anticipated that upon the approval of this addition by the MEC and BOD, two physician assistants in the Oncology Clinic will request the privilege. This has already been endorsed in writing by the clinic's primary physician. This documentation was deemed satisfactory to meet FPPE.

OPEN ISSUES

Leave of Absence request

This previous request was resolved with an updated plan for the credentialing, employment, clinical activity and liability insurance issues. The practitioner is due back December 10, 2012.

Medical Liability Insurance Coverage Levels

The Medical-Dental Staff Office awaits a response from a staff member regarding documentation of the ECMCC requirements for \$1.3/\$3.9 million coverage as opposed to the \$1/\$3 million submitted by the practitioner. The practice plan manager is assisting with bringing this to closure.

OVERALL ACTION REQUIRED

OTHER BUSINESS

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

ERIE COUNTY MEDICAL CENTER CORPORATION

FPPE (Focused Professional Practice Evaluation)

- Anesthesiology (1 CRNA)
- Emergency Medicine (2 MDs, 1 RPA-C)
- Family Medicine, Chemical Dependency (1 FNP, 1 MD, 1 WNP)
- Internal Medicine (2 ANPs, 1 RPA-C)
- Internal Medicine, Exigence (3 ANPs, 2 MDs, 3 RPA-C)
- Orthopaedic Surgery (2 DPMs)
- Psychiatry (4 MDs)
- Radiology (3 MDs)

OPPE (Ongoing Professional Practice Evaluation)

- Internal Medicine OPPE has been successfully completed for 127 practitioners (11 ANPs, 1 DO, 5 FNPs, 1 GNP, 100 MDs, 1 PhD, 1 PSYD and 7 RPA-Cs) with 9 practitioners delinquent in returning the requested documentation.
- Oral and Maxillofacial Surgery OPPE is in process with the third notices sent. Following the receipt of data from the Chief of Service, OPPE will be completed.
- Neurosurgery OPPE is in process with third notices sent and only one outstanding physician. The Chief of Service is expected to provide data this month. Completion once the data is received should be prompt.
- Emergency Medicine OPPE has been started. All mailings are complete and requests for data from the department have been made.
- Family Medicine OPPE has been initiated. All mailing are complete and all in-house OPPEs have been completed.
- A meeting with the Chief of Ophthalmology is planned for later this week to discuss both OPPE and FPPE.

PRESENTED FOR INFORMATION

ADJOURNMENT

With no other business, a motion to adjourn was received and carried. The meeting was adjourned at 4:25PM.

Respectfully submitted,



Robert J. Schuder, MD,
Chairman, Credentials Committee

Minutes from the



Finance Committee

BOARD OF DIRECTORS
MINUTES OF THE FINANCE COMMITTEE MEETING
JANUARY 22, 2013

ECMCC BOARD OF DIRECTORS CONFERENCE ROOM

VOTING BOARD MEMBERS PRESENT OR ATTENDING BY CONFERENCE TELEPHONE:	MICHAEL A. SEAMAN DOUGLAS H. BAKER DIETRICH JEHLE, MD	RICHARD F. BROX
VOTING BOARD MEMBERS EXCUSED:	THOMAS P. MALECKI, CPA ANTHONY M. IACONO	
ALSO PRESENT:	JODY LOMEQ ANTHONY J. COLUCCI, III MICHAEL SAMMARCO RICHARD CLELAND	RONALD KRAWIEC JOHN EICHNER PAUL HUEFNER
NON-VOTING MEMBERS EXCUSED:		

I. CALL TO ORDER

The meeting was called to order at 3:30 p.m. by Michael A. Seaman, Chair.

II. RECEIVE AND FILE MINUTES

Motion was made and accepted to approve the minutes of the Finance Committee meeting of December 18, 2012.

III. DECEMBER, 2012 FINANCIAL STATEMENT REVIEW

Michael Sammarco provided a brief summary of the financial results for December, 2012. He reported that discharge and surgical volumes for the month were stronger than expected. The Hospital experienced an operating surplus for the month of \$175,000. The surplus was due primarily to positive case mix on the revenue side, which was offset by increased pension and malpractice insurance expenses.

The Home experienced an operating loss of \$1.5 million in December, with \$1.3 million due to a prior year upper payment limit settlement.

A balance sheet comparing December 2011 to December 2012 was distributed to those present.

IV. 2012 YEAR-END:

Mr. Sammarco reported pending final year-end adjustments, we expect a breakeven, or close to breakeven, operating margin. A complete year-end report will be provided and reviewed at the next Finance Committee meeting.

V. AMERICAN TAXPAYER RELIEF ACT OF 2012:

Mr. Sammarco spoke briefly about the Taxpayer Relief Act, also known as the Fiscal Cliff Law, and its impact on ECMC.

VI. ADJOURNMENT:

The meeting was adjourned at 3:55 p.m. by Michael Seaman, Chair.



ECMCC Management Team



Chief Executive Officer

ERIE COUNTY MEDICAL CENTER CORPORATION

**REPORT TO THE BOARD OF DIRECTORS
JODY L. LOME, CHIEF EXECUTIVE OFFICER
FEBRUARY 26, 2013**

Hope everyone is enjoying a great winter season so far. It is hard to believe that it is already February; the days go by fast, the winter months have moved quickly and spring is just around the corner.

TERRACE VIEW

On February 8th we held our grand opening event at the new Terrace View facility. By all accounts and measures it was an unbelievable success. We thank our elected officials and others who participated in the event and want to especially thank Lt. Governor Bob Duffy for taking the time out of his busy schedule to support the grand opening.

I am completely overwhelmed by not only the facility but also by the care, planning, and passion in which our team and staff transported 380 plus residents to their new home. The facility is spectacular, state-of-the-art, and a jewel for the east side of Buffalo and Western New York to enjoy for years to come. On February 9th and 10th under the leadership of Rich Cleland, all of the residents from the Alden facility and the SNF here at ECMC were transferred to their new home safely and with compassion. I extend my sincere thanks and gratitude to all the volunteers upwards of 150 who took the time to make the residents feel “at home” and provided tender loving care to each resident as they were introduced to their new home. I would like to single out Mike Seaman and Ron Bennett who greeted almost every patient and represented our Board for two days. They could not have been more helpful or generous with their time. Over a 48 hour period, I proudly witnessed a new sense of teamwork with one single purpose in mind: compassionate, quality care for every patient

2012 YEAR END OPERATIONS/JANUARY FINANCIALS

I am pleased to announce that we will end 2012 with an operating surplus of approximately \$1 million dollars. As you know 2012 has been extremely difficult and has provided us with numerous challenges. Despite our pension cost increasing, reimbursement decreasing, we were still able to increase volume throughout the house and finish the year strong with an operating surplus. Congratulations to all for a tremendous 2012.

In January, acute discharges and total discharges were 3.5 percent and 1.5 percent over the prior year and inpatient and outpatient surgeries were at the same level. While we were up from the year before in discharges, the month of January typically starts slowly financially. As experienced in the prior year, length of stay was at 6.6 days, which resulted in higher staffing levels and increased costs for the month. We continue to work to control these expenses while providing the appropriate level of patient care. The Hospital is expected to have an operating loss of close to \$1 million in January, and the Home will experience a similar operating loss due to the final month of downsizing.

GREAT LAKES HEALTH

We continue to work vigorously to coordinate cardiovascular services with the GVI for the ECMC campus. Beginning March 1st, ECMC will be integrating with the Gates Vascular Institute to create one program servicing two sites, the ECMC Health Campus and the Gates Vascular Institute at the Buffalo General Medical Center. We will be implementing this New York State Department of Health's initiative to coordinate cardiovascular services between the two institutions. ECMC will no longer be performing elective coronary artery bypass graft (CABG) or open heart surgeries. ECMC in conjunction with the Gates Global Vascular Institute will have the capability to perform emergency CABG or surgeries for trauma patients. ECMC will also have full cardiothoracic physician call and capabilities for our trauma patients. The Department of Health has required that this integration occur by March 1, 2013.

Also beginning March 1, 2013, ECMC will no longer provide elective or emergency percutaneous coronary intervention (PCI). These services will be performed the Gates Vascular Institute. ECMC will still provide angiography and diagnostic catheterization in its exiting labs. In order to comply with the Department of Health requirement, ECMC and its physicians have been involved to ensure that appropriate care is delivered in the appropriate setting. Nursing has also developed a protocol for the safe transfer of patients. We also will begin to integrate Electrophysiology Services (EP) with the GVI. This consolidation is expected in the coming months and we will begin to transition these services. A Certificate of Need was filed to remove PCI from our license and transfer our EP labs to Kaleida.

The Behavioral Health Center of Excellence new CPEP construction started in January and renovation on the 5th floor will begin in February. We look to open first (18) bed unit (transferred from Kaleida Health) by end of September. The new CPEP will be up and operational by end of January 2014.

As a financial investor and partner with the Gates Vascular Institute, ECMC will continue to do everything we can to advance the very best patient care, create efficiencies and ensure growth for the

innovative program. As with the success of the Regional Center of Excellence for Transplantation and Kidney Care and the anticipated success of the Behavioral Health Center of Excellence, this collaboration will improve the care for our community and build a better healthcare system for generations to come in Western New York. I would like to applaud our physicians, nurses and staff for believing in a new integrated way for providing these services to our community.

We are currently working on our lab consolidation with Kaleida Health. This initiative will consolidate many tests that the Kaleida central lab services and will keep a central lab services on the ECMC Health Campus. This system that we will be adopting is currently the same one that exists for the multiple hospitals in the Kaleida Health System. We will continue to keep you informed of the details of this implementation as well as any others that are on the horizon.

CAMPUS UPDATE

In a few short years, we have completely transformed the physical makeup of the ECMC Health Campus. It is now one beautiful setting that our patients in this community can be extremely proud of but we are not done yet. We will be renovating the fifth and sixth floors as part of our Behavioral Health and Orthopaedic expansion. We will continue to build out our Behavioral Health program with the new CPEP which will be located next to our existing Emergency Department entrance. The parking project is nearly complete and as soon as the weather breaks in the spring, the campus will look even more beautiful than it does today.

PATIENT EXPERIENCE

As we have discussed with the Board of Directors at previous Board and QI meetings, we have not met the mark on the patient experience. As we continue to do unbelievable work clinically, our patients feel they are not provided the experience that not only meets their expectations but beyond their expectations. As I have mentioned before, we are no longer tolerant of excuses as to why we cannot be the premier facility providing the best patient experience for not only the patient but for our visitors as well. We are working closely with our physicians, nurses and all of our employees to insure that these goals are met.

MARKETING/BRANDING

We have begun to implement a new public relations strategy and marketing strategy for ECMC. Over the years, we have moved ECMC's perception from a place of last resort to a place of choice and our growth in patient volume has proven that those efforts and other business development efforts have been effective. It is now time for ECMC to be viewed as a leader in the marketplace in healthcare and a \$500 million business, not a "County" entity. With this in mind, we have begun to tell our story. This has resulted in positive press in the Buffalo News and Business First in the last few weeks. We have also appeared on various television and radio shows and presented to various community groups. This will continue to be part of the strategy as we tell our story throughout Western New York. Starting in about a month, we will also begin a marketing campaign that tells our story and presents ECMC as a community and healthcare leader in Western New York. It is the goal of these efforts to continue the growth in patients choosing ECMC and make sure the community understands our clinical expertise and quality, leadership role in economic development in Western New York, financial success, and independence from the County of Erie. We will continue to lead with results, but will also make sure those results are known widely by our community.

All in all, patient volumes continue to be strong and we continue to grow our service lines. However, we must continue to be vigilant to drive our expenses down throughout 2013. We are also continuing to speed up the pace of our collaborative efforts with Kaleida with an eye on clinical and operational integrations to improve quality and efficiency. Thank you for your continued support to rethink and redesign ECMC to bring better care to our community.

Jody. L. Lomeo



Chief Operating Officer

ERIE COUNTY MEDICAL CENTER CORPORATION

REPORT TO THE BOARD OF DIRECTORS
 RICHARD C. CLELAND, MPA, FACHE, NHA
 CHIEF OPERATING OFFICER
 FEBRUARY 2013

EXECUTIVE MANAGEMENT:

Several initiatives currently underway and include:

- Customer Service program modifications/re-engineering to achieve higher level of impact to our customers and our VBP scores and outcomes;
- Length of Stay (LOS) initiatives which include use of discharge hospitality center, patient co-hort plan and assistance from outside group to review and revamp operational areas;
- JCAHO survey preparation with eyes focused on an early survey;
- New Construction Projects: Working with design teams, DOH and internal construction staff to move projects quicker and more efficiently. Goal would be to start both projects in May and look at a end of 2013 completion date;
- First Quarter Goals: Specific items and actions identified by Executive Management that will keep the organization on pace and schedule as we reach our strategic initiatives (see chart below);

Goals	Responsible Party(s)	Completed
<u>2013 First Quarter Goals:</u>		
1) Terrace View-open, close SNF & ECH(hand off to county)	Rich	February 9, 2013
2) Start BHCOE construction	Rich	February 12, 2013
3) CSEA Labor Strategy	Tony, Kathy, Jody	
4) Opening Ceremonies for Terrace View	Tom	February 8, 2013
5) Approval CON MOB	Rich	
6) Submit waiver 1115 for \$400+ million to DOH	Rich	February 5, 2013
7) Open TCU	Rich	
8) Start Super Lab (announce, plan, message)	Ron, Tom, Kathy	January 17, 2013
9) LOS <6 by end of quarter	Rich, Karen, Dr. Murray	
10) Re-design ambulatory care (new model, new staff portion)	Ron	
11) Business service line resource added (Lorne) → Assess new opportunities advise/assist decisions	Tom	January 21, 2013
12) Submit CON – Ortho Inpatient Room	Tom	
13) Outside financial assessment of coding including charge capture, billing, collections, etc. across all service lines	Mike, Rich	
14) Reorganization of medical services office	Dr. Murray	
15) JCAHO mock accelerate preparation for early survey	Charlene	
16) Recruit and hire new security director	Charlene, Donna, Kathy	January 28, 2013
17) Recruit and hire new corporate compliance officer	Tony, Mike	February 5, 2013
18) Implement Nursing Leadership Development Program	Karen	February 1, 2013
19) EM complete Dale Carnegie Leadership course	Everyone-EM	
20) Implement Pinpoint in Revenue	Mike	
21) Implement Pinpoint dashboard roll out and education	Mike	
22) Create and implement a new and comprehensive Patient Experience Plan	Karen, Donna-Everyone-EM	
23) Progress with Stage II Meaningful Use	Leslie	January 28, 2013
24) At <u>least</u> break even financial status (profitability is goal)	Everyone-EM	
25) Terrace View-Hospital Based Medicaid Rates:	Mike	January 22, 2013

ERIE COUNTY MEDICAL CENTER CORPORATION

<p>26) Develop Comprehensive Physician Plan to address:</p> <ul style="list-style-type: none"> → Contracting (by committee) → P4P Reviews (by committee) → Recruiting (a Physician Strategic Plan) <ul style="list-style-type: none"> ▪ i.e. – ACS recommendations (Trauma), Neurosurgery, etc., address where shortages are on the horizon → Liaison/Concierge Service (on boarding) 	<p>Rich, Mike, Tony, Dr. Murray</p>	<p>January 28, 2013</p>
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BEHAVIORAL HEALTH CENTER OF EXCELLENCE:

- Horizon Health is continuing to provide resources and management services for Buffalo General Medical Center (BGMC);
- Construction on CPEP portion of the BHCOE began in January;
- We are expecting construction to be completed and new CPEP operational by the end of January 2014;
- Renovation of 5th floor expected to start by March 1, 2013;
- The first BGMC (18) bed unit is expected to be up and operational by end of September 2013;
- The second BGMC (18) bed unit will be up and operational by end of January 2014;
- Recruited and hired an Intake Coordinator. This position will be pivotal in the regional coordination of patients, admissions, and throughput;
- Recruiting for new CPEP Director. Interviews underway;

TERRACE VIEW:

- Successful (3) day move from the Erie County Home (Saturday 248 residents), Skilled Nursing Facility (Sunday and Monday 131 residents);
- Next on the schedule is allowing the new facility to settle (10-14 days). Upon settling we will need to continue engaging work groups of both employees and residents (family members as well) to work through the cultural issues, the incorporation of campus on boarding, new standards and expectations. The next (6) weeks will be crucial for long term operational optimization and care delivery excellence;

TRANSITIONAL CARE UNIT (TCU):

- Construction will be completed by end of March;
- DOH will be onsite by end of February to conduct inspection;
- Leadership team to begin meeting with physicians and major services (Dr. Orlick, Chuck Rice, Molly Shea).

BEHAVIORAL HEALTH (PSYCHIATRY, CHEMICAL DEPENDENCY, CPEP,

CD OUTPATIENT CLINIC):

- CQI+ outcomes quality management program for psychiatry has been implemented. This will enhance management of both the operational and the quality components of the service line;

ERIE COUNTY MEDICAL CENTER CORPORATION

- 1280 DTC relocated temporarily to basement. By July 2013 new home will be operational at 1291 Main Street;
- Dr. Gunther, Program Manager of the Inpatient Chemical Dependency program has resigned. He accepted a new position with Horizon Health as Assistant Vice President of Behavioral Health-Chemical Dependency and will remain at ECMC. In his new role he will be directing both the inpatient and outpatient chemical dependency program;
- JCAHO survey on Detox unit 9 zone 3 was very successful;

OTHER:

- Received approval from the New York State Department of Health for the construction and renovation pertaining to Behavioral Health Center of Excellence (CPEP & Behavioral Health areas);
- DOH on site for outpatient renal survey. Exit survey indicated minor issues. A statement of deficiency will be issued and a plan of correction submitted in the next 30-45 days;
- All Executive Management annual competency assessments completed and included assignment of specific goals;
- JCAHO survey on Detox unit 9 zone 3 was very successful. (3) minor deficiencies were noted. A plan of correction will be submitted within the next 30 days.



Chief Financial Officer



The Culture of Care

Internal Financial Reports
For the month ended January 31, 2013

Prepared by ECMCC Finance

Erie County Medical Center Corporation

Balance Sheet January 31, 2013 and December 31, 2012

(Dollars in Thousands)

	January 31, 2013	Unaudited December 31, 2012	Change from Prior Year End
ASSETS			
Current assets:			
Cash and cash equivalents	\$ 9,730	\$ 20,611	\$ (10,881)
Investments	6,582	3,112	3,470
Patient receivables, net	43,896	42,548	1,348
Prepaid expenses, inventories and other receivables	53,806	49,459	4,347
Total Current Assets	114,014	115,730	(1,716)
Assets Whose Use is Limited:			
Designated under self-insurance programs	94,380	93,151	1,229
Designated by Board	25,000	25,000	0
Restricted under debt agreements	32,143	32,479	(336)
Restricted	25,218	25,436	(218)
	176,741	176,066	675
Property and equipment, net	254,074	247,113	6,961
Deferred financing costs	3,078	3,091	(13)
Other assets	4,667	4,621	46
Total Assets	\$ 552,574	\$ 546,621	\$ 5,953
LIABILITIES AND NET ASSETS			
Current Liabilities:			
Current portion of long-term debt	\$ 6,950	\$ 6,936	\$ 14
Accounts payable	31,471	29,369	2,102
Accrued salaries and benefits	17,518	18,661	(1,143)
Other accrued expenses	21,076	17,386	3,690
Estimated third party payer settlements	27,664	27,651	13
Total Current Liabilities	104,679	100,003	4,676
Long-term debt	179,974	180,354	(380)
Estimated self-insurance reserves	57,402	56,400	1,002
Other liabilities	100,834	99,827	1,007
Total Liabilities	442,889	436,584	6,305
Net Assets			
Unrestricted net assets	98,835	99,187	(352)
Restricted net assets	10,850	10,850	0
Total Net Assets	109,685	110,037	(352)
Total Liabilities and Net Assets	\$ 552,574	\$ 546,621	\$ 5,953



Erie County Medical Center Corporation

Statement of Operations

For the month ended January 31, 2013

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net Patient Revenue	\$ 33,341	\$ 32,168	\$ 1,173	\$ 30,530
Less: Provision for bad debts	(1,985)	(1,919)	(66)	(1,871)
Adjusted Net Patient Revenue	31,356	30,249	1,107	28,659
Disproportionate Share/IGT Revenue	4,396	4,513	(117)	4,702
Other Revenue	2,448	2,464	(16)	1,835
Total Operating Revenue	38,200	37,226	974	35,196
Operating Expenses:				
Salaries / Wages / Contract Labor	14,278	13,005	(1,273)	13,384
Employee Benefits	9,033	8,945	(88)	8,431
Physician Fees	4,203	4,301	98	4,416
Purchased Services	2,770	2,763	(7)	2,292
Supplies	5,652	5,589	(63)	4,729
Other Expenses	717	679	(38)	529
Utilities	625	467	(158)	564
Insurance	599	550	(49)	527
Depreciation & Amortization	1,486	1,506	20	1,442
Interest	439	439	-	447
Total Operating Expenses	39,802	38,244	(1,558)	36,761
Income (Loss) from Operations	(1,602)	(1,018)	(584)	(1,565)
Non-operating gains (losses):				
Grants - HEAL 21	255	833	(578)	-
Interest and Dividends	336	88	248	337
Unrealized Gains/(Losses) on Investments	756	178	578	2,379
Non-operating Gains(Losses), net	1,347	1,099	248	2,716
Excess of (Deficiency) of Revenue Over Expenses	\$ (255)	\$ 81	\$ (336)	\$ 1,151
Post Retiree Health Insurance	1,007	1,010	(3)	1,135
Impact of Post Retiree Health on Operating Margin	\$ (595)	\$ (8)	\$ (587)	\$ (430)



Erie County Medical Center Corporation

Statement of Operations

For the one month ended January 31, 2013

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net Patient Revenue	\$ 33,341	\$ 32,168	\$ 1,173	\$ 30,530
Less: Provision for bad debts	(1,985)	(1,919)	(66)	(1,871)
Adjusted Net Patient Revenue	31,356	30,249	1,107	28,659
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Post Retiree Health Insurance	1,007	1,010	(3)	1,135
Impact of Post Retiree Health on Operating Margin	\$ (595)	\$ (8)	\$ (587)	\$ (430)



Erie County Medical Center Corporation

**Statement of Changes in Net Assets
For the month and one months ended January 31, 2013**

(Dollars in Thousands)

	<u>Month</u>	<u>Year-to-Date</u>
<u>UNRESTRICTED NET ASSETS</u>		
Excess (Deficiency) of Revenue Over Expenses	\$ (255)	\$ (255)
Other Transfers, Net	(97)	(97)
Contributions for Capital Acquisitions	-	-
Net Assets Released from Restrictions for Capital Acquisition	-	-
	<hr/>	<hr/>
Change in Unrestricted Net Assets	(352)	(352)
<u>TEMPORARILY RESTRICTED NET ASSETS</u>		
Contributions, Bequests, and Grants	-	-
Net Assets Released from Restrictions for Operations	-	-
Net Assets Released from Restrictions for Capital Acquisition	-	-
	<hr/>	<hr/>
Change in Temporarily Restricted Net Assets	-	-
	<hr/>	<hr/>
Change in Total Net Assets	(352)	(352)
	<hr/>	<hr/>
Net Assets, Beginning of Period	110,037	110,037
	<hr/>	<hr/>
NET ASSETS, End of Period	\$ 109,685	\$ 109,685
	<hr/>	<hr/>



The Culture of Care

Erie County Medical Center Corporation

Statement of Cash Flows

For the month and one months ended January 31, 2013

(Dollars in Thousands)

	Month	Year-to-Date
<u>CASH FLOWS FROM OPERATING ACTIVITIES</u>		
Change in net assets	\$ (352)	\$ (352)
Adjustments to Reconcile Changes in Net Assets to Net Cash Provided by (Used in) Operating Activities:		
Depreciation and amortization	1,486	1,486
Provision for bad debt expense	1,985	1,985
Net Change in unrealized (gains) losses on Investments	(756)	(756)
Transfer to component units	97	97
Capital contribution to/from Erie County	-	-
<u>Changes in Operating Assets and Liabilities:</u>		
Patient receivables	(3,333)	(3,333)
Prepaid expenses, inventories and other receivables	(4,347)	(4,347)
Accounts payable	2,102	2,102
Accrued salaries and benefits	(1,143)	(1,143)
Estimated third party payer settlements	13	13
Other accrued expenses	3,690	3,690
Self Insurance reserves	1,002	1,002
Other liabilities	1,007	1,007
Net Cash Provided by (Used in) Operating Activities	1,451	1,451
<u>CASH FLOWS FROM INVESTING ACTIVITIES</u>		
Additions to Property and Equipment, net		
Campus expansion	(5,804)	(5,804)
Routine capital	(2,630)	(2,630)
Use of bond proceeds for campus expansion	935	935
Decrease (increase) in assets whose use is limited	(1,610)	(1,610)
Purchases (sales) of investments, net	(2,714)	(2,714)
Investment in component units	(97)	(97)
Change in other assets	(46)	(46)
Net Cash Provided by (Used in) Investing Activities	(11,966)	(11,966)
<u>CASH FLOWS FROM FINANCING ACTIVITIES</u>		
Principal payments on long-term debt	(366)	(366)
Increase (Decrease) in Cash and Cash Equivalents	(10,881)	(10,881)
Cash and Cash Equivalents, Beginning of Period	20,611	20,611
Cash and Cash Equivalents, End of Period	\$ 9,730	\$ 9,730



Erie County Medical Center Corporation

Key Statistics

Period Ended January 31, 2013

Current Period				Year to Date			
Actual	Budget	% to Budget	Prior Year	Actual	Budget	% to Budget	Prior Year
Discharges:				Discharges:			
957	987	-3.0%	919	957	987	-3.0%	919
121	123	-1.6%	120	121	123	-1.6%	120
21	28	-25.0%	26	21	28	-25.0%	26
193	211	-8.5%	210	193	211	-8.5%	210
31	33	-6.1%	23	31	33	-6.1%	23
1,323	1,382	-4.3%	1,298	1,323	1,382	-4.3%	1,298
Patient Days:				Patient Days:			
6,724	5,875	14.5%	6,260	6,724	5,875	14.5%	6,260
457	394	16.0%	438	457	394	16.0%	438
466	534	-12.7%	474	466	534	-12.7%	474
2,666	2,760	-3.4%	2,848	2,666	2,760	-3.4%	2,848
853	786	8.5%	662	853	786	8.5%	662
11,166	10,349	7.9%	10,682	11,166	10,349	7.9%	10,682
Average Daily Census:				Average Daily Census:			
217	190	14.5%	202	217	190	14.5%	202
15	13	16.0%	14	15	13	16.0%	14
15	17	-12.7%	15	15	17	-12.7%	15
86	89	-3.4%	92	86	89	-3.4%	92
28	25	8.5%	21	28	25	8.5%	21
360	334	7.9%	345	360	334	7.9%	345
Average Length of Stay:				Average Length of Stay:			
7.0	6.0	18.0%	6.8	7.0	6.0	18.0%	6.8
3.8	3.2	17.9%	3.7	3.8	3.2	17.9%	3.7
22.2	19.1	16.4%	18.2	22.2	19.1	16.4%	18.2
13.8	13.1	5.6%	13.6	13.8	13.1	5.6%	13.6
27.5	23.8	15.5%	28.8	27.5	23.8	15.5%	28.8
8.4	7.5	12.7%	8.2	8.4	7.5	12.7%	8.2
4,035	4,154	-2.9%	4,142	4,035	4,154	-2.9%	4,142
130	134	-2.9%	134	130	134	-2.9%	134
Occupancy:				Occupancy:			
65.5%	60.7%	7.9%	62.7%	65.5%	60.7%	7.9%	62.7%
82.0%	74.5%	10.1%	82.4%	82.0%	79.9%	2.7%	79.9%
88.3%	74.5%	18.5%	84.0%	88.3%	79.9%	10.5%	83.4%
Case Mix Index:				Case Mix Index:			
1.86	1.80	3.3%	1.82	1.86	1.80	3.3%	1.82
1.95	2.04	-4.2%	2.08	1.95	2.04	-4.2%	2.08
190	99	91.9%	108	190	99	91.9%	108
427	450	-5.1%	441	427	450	-5.1%	441
675	698	-3.3%	639	675	698	-3.3%	639
28,088	29,367	-4.4%	27,941	28,088	29,367	-4.4%	27,941
5,311	5,377	-1.2%	5,106	5,311	5,377	-1.2%	5,106
40.8	40.0	2.0%	38.3	40.8	40.0	2.0%	38.3
6.5%	6.5%	0.2%	6.8%	6.5%	6.5%	0.2%	6.8%
2,481	2,307	7.6%	2,365	2,481	2,307	7.6%	2,365
3.08	2.95	4.3%	3.15	3.08	2.95	4.3%	3.15
\$ 12,875	\$ 12,504	3.0%	\$ 12,165	\$ 12,875	\$ 12,504	3.0%	\$ 12,165
\$ 15,648	\$ 15,093	3.7%	\$ 15,182	\$ 15,648	\$ 15,093	3.7%	\$ 15,182
Erie County Home:				Erie County Home:			
7,797	7,936	-1.8%	11,251	7,797	7,936	-1.8%	11,251
252	256	-1.8%	363	252	256	-1.8%	363
284	278	2.2%	360	284	278	2.2%	360
6.5	6.2	4.1%	5.7	6.5	6.2	4.1%	5.7



**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
February 26, 2013

LABORATORY – JOSEPH KABACINSKI

In January, ECMCC and Kaleida Health formally announced an effort to pursue a collaborative laboratory service strategy. The project is a physician-driven collaboration between ECMCC and Kaleida Health under the umbrella of Great Lakes Health. The venture will operate similarly to the process at Kaleida hospitals where certain tests are sent to the central production laboratory at Flint Road and other tests remain at the essential services lab (ESL) at each hospital. Physician leadership is taking into consideration the unique services at ECMCC including the Regional Adult Trauma Center, The Regional Center of Excellence in Transplantation and Kidney Care, and HIV services. The primary benefits accruing from a consolidated laboratory include a significant reduction in the cost of labor, equipment, supplies and consumables, conservation of capital resources, and savings through group purchasing. In addition, by nature of its larger size, a more robust Great Lakes' Laboratory will be able to develop a growth strategy to increase total market share. The joint Project Steering Committee is meeting weekly establishing set deadlines and assuring necessary steps are completed timely. The Information Systems team consisting of IT and Laboratory staff from both organizations has been established to recommend an integrated Lab Information System platform solution critical to the success of the project. A timeline for the project is in development and depends on the timetable for the completion of the IT solution.

Lab Administration and the Blood Bank are working with the ECMCC Oncology Clinic to transfuse outpatients within the Oncology Department. Transfusions within Oncology should improve patient flow and timeliness of the transfusion.

ECMCC is investigating the acquisition of a bedside, wireless, mobile phlebotomy wrist band scanner and specimen labeling system. The ECMCC IT and Nursing departments are assisting in evaluating alternative vendors and systems. System demonstrations are in process. A second demo by *Iatrics* is scheduled for Wednesday, February 27, 2013. The system will be invaluable in reducing patient ID and specimen labeling errors.

The next UNYTS blood drive will be held on Thursday, February 28, 2013. In 2012, we collected 362 units of blood. This is a 28% increase from 2011.

AMBULATORY SERVICES – BONNIE SLOMA

Ambulatory Care Reorganization: The re-organization of the leadership in Ambulatory Care continues. A new Program Manager for the Cleve Hill Family Clinic is

scheduled to start on February 25, 2013. The search continues for a Business Manager and two additional Program Managers.

Operational Initiatives: Centralized scheduling is experiencing some challenges; therefore we are reassessing and refining process prior to the implementation of future clinics. Cleve Hill went live in January 28, 2013 and IMC is scheduled for go-live March 1, 2013.

The efficiency review of clinic staff, including total FTE's, staff hours of work and cross-training continues. Positions are not being filled within individual clinics with the objective to promote cross training and revise existing staffing models in an effort to minimize future cost. Education programs to the clinic staff will be provided by nursing and outside agencies. The analysis of throughput and the impact on patient experience continues considering patient flow, triage of the patients, and their referral to support services. This review involves working with patient registration, Radiology, and Laboratory to improve times and coordination of patient throughput. The cleanliness of our clinics is a concern. We are completing environment of care rounds with environmental services to improve the cleanliness of all clinic areas. Orthopedics has been completed and in the midst of assessing Grider and Cleve-Hill to meet JCAHO requirements.

The Allscripts Steering Committee collaboration in preparation for go-live in IMC and the 4 sub-specialties on March 18 remains on track. Simultaneously, we will be completing the Patient Centered Medical Home (PCMH) standards for IMC and Cleve Hill. Gap analysis is complete and implementation is on target to meet HEAL grant requirements. We are meeting with NYSDOH to finalize the requirements necessary to meet the conditions of being selected one of only two NYS Behavioral Innovator sites in our Primary Care Clinics. In addition, we are also working with EMRS and HealthierER for case management from ER to Primary Care. The goal is to improve communication with Primary Care for at risk patients through better case management and to decrease ER visits and hospitalizations. The HealthierER and PCMH programs go hand in hand to improve continuity and follow-up of care in our patient population.

Fiscal Initiatives: Ambulatory Care leadership is meeting with Finance to establish a clinic dashboard to show clinic metrics with correlation to productivity, profitability and efficiency of staffing models. A number of revenue stream projects are continuing. The new financial analysis will include a P&L statement by cost center to analyze clinic productivity/profitability. Denial management is being expanded to identify process issues and provide education at clinic level to prevent future denials. This review also exams how we are capturing charges, both on the professional and technical side, to maximize our revenue streams. The track of phone logs clinic by clinic will determine volume, missed calls, and drive patient satisfaction improvement. The hire of the Ambulatory Business Manager will provide a dedicated individual to concentrate on this comprehensive evaluation and assure its completion and related improvements.

PHARMACEUTICAL SERVICES – RANDY GERWITZ

IV Pump Upgrade: The Department of Pharmaceutical Services (DPS) continues to press on with preparation for an IV pump conversion. Drug library preparation is well underway and is expected to be completed near the end of February. A house-wide conversion could take place as early as late April or early May.

Bedside Medication Carts: In collaboration with Nursing, HIS, and Administration the DPS was able to begin the process of replacing our existing bedside medication carts. The roll out of new bedside medication carts has now reached a total of 45 carts, touching all of the 7th and 8th floors as well as 12Z3. An additional 30 carts will be onsite by the end of February. To date the Nursing feedback has been very positive and the deployment has proceeded on schedule despite competing with several other IT/Pharmacy projects.

Computerized Physician Order Entry (CPOE): The DPS has dedicated large numbers of man hours to the CPOE project. A tremendous amount of effort has been expended in preparation for our next pilot area, 8 north. We expect this to be a very successful pilot and one that we hope will teach us a great deal as we set our sites on critical care and the medical surgical units.

IMAGING – ERIC GREGOR

FEBRUARY RADIOLOGY STATISTICAL REPORT:

Total Procedural Volumes in January were **1,104** or **8.25%** higher than previous year.

Inpatient Procedural Volumes in January were **267** or **4.53%** higher than previous year.

Outpatient Procedural Volumes in January were **840** or **11.24%** higher than in previous year.

Inpatient / Outpatient Procedural mix in January was **42.8%/57.20%**, a more favorable mix than in previous year.

Peripheral Supply Cost/Case in Angio/VAC is **4.60%** less than in previous year. That represents an annual savings of \$52,275.

Denials in January were **15.13%** less than in previous year.

The 2012 Image Repeat Rate has been determined to be **2.68%**, well under the National Average of 4.00%. That works out to be over 2,000 less radiation exposures to patient & staff.



Chief Medical Officer

ERIE COUNTY MEDICAL CENTER CORPORATION
REPORT TO MEDICAL EXECUTIVE COMMITTEE
BRIAN M. MURRAY, MD, CHIEF MEDICAL OFFICER
FEBRUARY 2013

UNIVERSITY AFFAIRS

Dr Richard Quigg, the new UB Chair for Nephrology has assumed his duties as of early January, He will be formally installed as the Arthur M. Morris Professor of Medicine and Chair of Nephrology on Thursday March 7th.

The Office of GME has developed a more formal process for the approval of Outside the Annual Plan (OAP) rotations for residents. This process requires completion of a formal application outlining the basis for the request and the process will likely take up to 3 months. The criteria for approval, particularly for offsite rotations outside UB affiliated hospitals, will largely be based on whether the offsite rotations are required for completion of the resident's training and cannot be provided in a UB affiliated hospital.

PROFESSIONAL STEERING COMMITTEE

Next meeting will be in March.

MEDICAL STAFF AFFAIRS

See separate report by Sue Ksiazek for full details.

CLINICAL ISSUES

UTILIZATION REVIEW	November	December	January	vs. 2012 YTD
Discharges	892	907	957	up 5.0%
Observation	165	150	190	up 36.4%
LOS	6.2	6.5	6.6	down 3.8%
ALC Days	391	212	306	down 92.5%
CMI	2.08	2.15	1.94	down 5.7%
Surgical Cases	855	831	868	down 0.6%
Readmissions (30d)	Na	NA		

CARDIOVASCULAR SERVICES

ECMC has been working with the New York State Department of Health and Kaleida Health to integrate ECMC cardiac services with the Gates Vascular Institute (GVI) to improve cardiac care in our region, continue to support the clinical success of ECMC's Trauma Center, and advance the expertise offered by the GVI.

This integration was developed and recommended by the Professional Steering committee made up of physicians from both ECMC and Kaleida. This resulted in the decision to integrate ECMC with the GVI to create one cardiac program at two sites: The ECMC Health Campus and the GVI at the Buffalo General Medical Center. While ECMC will continue to have full cardiology medical services and diagnostic catheterization services, the following areas will be integrated with the Global Vascular Institute in order to meet deadlines set by the Department of Health:

1. Cardiovascular Services. Coronary Artery Bypass Graft (CABG) or "open heart" surgeries performed electively at ECMC will be integrated with the GVI. ECMC, in conjunction with the Gates Global Vascular Institute, will have the capability to perform emergency CABG for Trauma patients. ECMC will also have full Cardio Thoracic physician call and capabilities for Trauma patients. This integration will occur by 3/1/13.
2. Percutaneous Coronary Intervention (PCI). Elective and emergency PCI at ECMC will be integrated with the GVI. These services will be performed by the Gates Vascular Institute. ECMC will still provide angiography and diagnostic catheterization in its existing labs. This integration will occur by 3/1/13.
3. Electrophysiology (EP). EP services at ECMC will be integrated with the GVI. This service will be integrated at the Gates Vascular Institute. This integration will occur by 6/1/13.

ECMC and its physicians have been meeting to ensure that appropriate care is delivered in the appropriate setting. Nursing has also developed a protocol for the safe transfer of patients in the case of an emergency.

SUPPLEMENTAL INSURANCE

New York State has altered its policy on providing supplemental malpractice insurance for hospital-based physicians due to potential shortage of funds. The number of physicians that a hospital can obtain coverage for under this program is now capped based on historical numbers.

ECMC has been impacted as follows:

ECMC requested coverage for 165 doctors affiliated under this program for the 2012-2013 year but was only granted 157 . Of those 110 were doctors who had been in the program for >3 years and were “grandfathered” and only 47 additional slots were allocated. The hospital has therefore had to select, largely on the basis of potential exposures the 48 physicians that it will select for this additional level of coverage. Other physicians should they desire can obtain this coverage but it would be at their own expense.

DELINQUENT CHARTS

The CMO’s office is working with HIM and IT to improve the accuracy of our Incomplete Record List and our ability to communicate it to our physicians. IT has built a report that has a selectable list of providers that have an incomplete record in Meditech. Once providers are selected it will show all relevant information about the record that makes it incomplete by provider. This list can now be sent out to each provider on a regular basis to inform them of this.

Instead of mailing/faxing the notice every two weeks, we are compiling a complete list of relevant emails which could be set to receive the list daily/weekly/monthly. We hope to implement this shortly. Chiefs are urged to make sure that their physicians have provided the Medical Staff Office with current functioning emails.

CMO Memorandum

To: BOARD OF DIRECTORS

CC: MEDICAL EXECUTIVE COMMITTEE

From: BRIAN M. MURRAY, MD, CMO

Date: January 28, 2013

Re: APPOINTMENTS/REAPPOINTMENTS CHIEF OF SERVICE AND ASSOCIATE CHIEF OF SERVICE

APPOINTMENT OF CHIEF OF SERVICE AND ASSOCIATE CHIEF OF SERVICE

Each Chief of Service shall be and remain physician members in good standing of the Active Staff, shall have demonstrated ability in at least one of the clinical areas covered by the department, and shall be willing and able to faithfully discharge the functions of his/her office. Each Chief of Service shall be certified by an appropriate specialty board, or affirmatively establish comparable competence through the credentialing process.

1. **Appointment:** Each Chief of Service and Associate Chief of Service shall be appointed by the Board for a one to three (1-3) year term.
2. **Term of Office:** The Chief of Service and Associate Chief of Service shall serve the appointment term defined by the Board and be eligible to succeed himself.
3. **Removal:** Removal of a Chief of Service from office may be made by the Board acting upon its own recommendation or a petition signed by fifty percent (50%) of the Active department members with ratification by the Medical Executive Committee and the Board as outlined in Section 4.1.6 for Removal of Medical Staff Officers within the Medical/Dental Staff Bylaws.
4. **Vacancy:** Upon a vacancy in the office of Chief of Service, the Associate or Assistant Director, or division chief of the department shall become Chief of Service or other such practitioner named by the Board until a successor is named by the Board.

The following physician members are currently members in good standing of our Active Medical/Dental Staff and are being recommended for the position of Chief of Service within their departments:

DEPARTMENT	NAME	TERM	APPT	REVIEW DATE
Anesthesiology	Howard Davis, MD	3 YRS	JAN 2013	JAN 2016
Cardiothoracic Surgery	Stephen Downing, MD	3 YRS	JAN 2013	JAN 2016
Dentistry	Catherine Gogan, DDS	3 YRS	JAN 2013	JAN 2016
Emergency Medicine	Michael Manka, MD	3 YRS	JAN 2013	JAN 2016
Family Medicine	Khalid Malik, MD	3 YRS	JAN 2013	JAN 2016
Internal Medicine	Joseph Izzo, Jr., MD	3 YRS	JAN 2013	JAN 2016
Laboratory Medicine	Daniel Amsterdam, PhD	3 YRS		
Neurology	Richard Ferguson, MD	3 YRS	JAN 2013	JAN 2014
Neurosurgery	Gregory Bennett, MD	3 YRS	JAN 2013	JAN 2016
Obstetrics & Gynecology	Vanessa Barnabei, MD	3 YRS	JAN 2013	JAN 2016
Ophthalmology	James Reidy, MD	3 YRS	JAN 2013	JAN 2016
Oral & Maxillofacial Surgery	Richard Hall, DDS, PhD, MD	3 YRS	JAN 2013	JAN 2016
Orthopaedic Surgery	Philip Stegemann, MD	3 YRS	JAN 2013	JAN 2016
Otolaryngology	William Belles, MD	3 YRS	JAN 2013	JAN 2016
Pathology	James Woytash, MD	3 YRS	JAN 2013	JAN 2016
Plastics & Reconstructive Surgery	Thom Loree, MD	3 YRS	JAN 2013	JAN 2014
Psychiatry	Yogesh Bakhai, MD	3 YRS	JAN 2013	JAN 2016

DEPARTMENT	NAME	TERM	APPT	REVIEW DATE
Radiology	Timothy DeZastro, MD	3 YRS	JAN 2013	JAN 2016
Rehabilitation Medicine	Mark LiVecchi, MD	3 YRS	JAN 2013	JAN 2016
Surgery	William Flynn, MD	3 YRS	JAN 2013	JAN 2016
Urology	Kevin Pranicoff, MD	3 YRS	JAN 2013	JAN 2016

The following physician members are currently members in good standing of our Active Medical/Dental Staff and are being recommended for the position of ASSOCIATE Chief of Service within their departments:

DEPARTMENT	NAME	TERM	APPT
Chemical Dependency	Mohammadreza Azadfar, MD	1	BY CHIEF OF SERVICE
Internal Medicine, General Med.	Regina Makdissi, MD	1	BY CHIEF OF SERVICE
Internal Medicine, Specialty Med.	Rocco Venuto, MD	1	BY CHIEF OF SERVICE
Internal Medicine, Volunteer Fac.	Neil Dashkoff, MD	1	BY CHIEF OF SERVICE
Dentistry	Philip Williams, DDS	1	BY CHIEF OF SERVICE
Neurosurgery	Greg Castiglia, MD	1	BY CHIEF OF SERVICE
Radiology	Gregg I. Feld, MD	1	BY CHIEF OF SERVICE

(Bold depicts new appointments)



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

January, 2013

Committee Appointment:

ViAnne Antrum, RN, Acting Assistant Director of Nursing, Medical/Surgical, has been named President-Elect of the Western New York Healthcare Executive Forum. ViAnne is currently the co-chair of the Healthcare Executive Forum's Program Committee.

MLK Health Fair:

ECMC was represented at the Martin Luther King Health Fair which was held at Buffalo City Hall on January 22nd. Information was displayed and distributed by Andrew Grzeskowiak, Nursing Case Manager, on the topics of Diabetes Management, Healthy Eating and the Benefits of Physical Activity. The information was well-received.

Journal Club:

Nursing staff on the night shift held a Journal Club on January 29th. Topics discussed at the 3:15 AM get-together were "Team-Building", "Stress Reduction", and "Staff Camaraderie", followed by a group discussion.

Educational Seminars:

- Patricia Kiblin, RN, Unit Manager for 7 zone 3, attended a conference held on January 28th on the topic of, "Managing Challenging Patient and Family Behavior".
- Paula Quesinberry, RN, Stroke Program Coordinator, participated in the Central and Western New York Stroke Coordinator Meeting in Geneva, New York on January 18th.

SUNY School of Nursing - Dean's Visit:

Dean Marsha Lewis of the UB School of Nursing and her Marketing Coordinator, Donna Tyrpak, spent the afternoon at ECMC on Wednesday, January 31st. They were taken on a tour of the soon to be opened Terrace View Nursing Home, as well as our Critical Care and CPEP areas. In addition, they met with Behavioral Health management, who shared with them our plans for the new Behavioral Health building construction that is currently underway on the campus.

2013 Nurse of Distinction and Outstanding Staff Nurse Awards:

The Nursing Recognition Committee recently met to select ECMC's nominations for two prestigious nursing awards:

- Sonja Melvin, RN, Unit Manager of 12 zone 3 is our nominee for the District I Nursing Award. Sonja's unit houses chronic and weaning ventilator patients, as well as patients on cardiac drip and stroke patients. She has led 12 zone 3 to achieve the distinction of being named a "TCAB" Unit (*Transforming Care at the Bedside*, which required a supportive nurse manager. Sonja was able to facilitate an advanced level of problem-solving and resource allocation to accomplish significant improvements in patient care, demonstrating true leadership qualities.
- Daniel McCartan, RN, has been nominated for the "Outstanding Staff Nurse" Award. In addition to serving as ECMC's Emergency Preparedness Coordinator, Dan is also the Regional Hospital Emergency Coordinator for the 8 counties of Western New York.

Dan was also recently nominated by Governor Cuomo to serve on the "NYS READY" Commission after Hurricane Sandy, to minimize damage after future emergencies that may occur in New York State.

Dan also serves as a youth role model, having been involved with the Boy Scouts of America for the past forty years.

Award winners will be honored at a banquet to be held later this year.

Oncology Nursing Presentation:

JoAnn Wolf, 7 zone 2 Unit Manager, reported that her Unit and the Head and Neck Service submitted a poster board presentation proposal for the Oncology Nurses Society Conference to be held in April. The presentation is based on the monthly learning sessions that are held for the staff. Different topics are chosen by the staff each month, related to head and neck cancers. Their poster presentation was accepted and will be presented at the upcoming conference in Washington, DC. This was a great opportunity for staff from both areas to work together and build relationships for the benefit of our patient population.



Chief Information Officer



HEALTH INFORMATION SYSTEM/TECHNOLOGY

February 2013

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

Clinical Automation/Strategic Initiatives.

Great Lakes Health Care System - Lab Integration. A team consisting of Kaleida and ECMC staff has been formed to develop the IT strategy to support the integration of the laboratory services. Two viable solutions have been identified and have been presented to Laboratory Services leadership from both organizations. We will be working with this team to determine best fit that will meet the business model.

Great Lakes Health Care System - Cardiovascular Services. We are working with clinical leadership and Kaleida staff to ensure that clinicians will have appropriate access of cardiologic images from Kaleida as well as accessing Kaleida's images while at ECMC. We will be providing access through our newly implemented Merge iConnect Access solution.

ARRA Meaningful Use - Inpatient and Outpatient Report Card. Continue to monitor MU stage 1 for inpatient through the Clinical Informatics Steering Committee. In preparation for MU Stage 2.

Inpatient Computer Physician Order Entry (CPOE) and Medication Reconciliation. The team is preparing for the Rehabilitation unit as the first pilot area for inpatient POM. This includes optimization for all ordering dictionaries, workflow design, training program and device management. We will also roll out a limited version of medication reconciliation.

Allscripts Ambulatory Clinic Electronic Medical Record. Preparing to go live for Internal Medicine and four sub-specialist clinics for March 19, 2013. In the process of finalizing interface development, Patient Centered Medical Home (PCMH) workflow re-design, staff and physician training and update of policies and procedures. In addition, we welcomed Paul Cavo to the IT Clinical Support team.

Long Term Care Building and EMR. Provided technical and operational support during the transition to Terrace View. This also included successfully re-badging all workforce members with a new security badge that contains smart technology. We are also working with LTC leadership to implement Meditech LTC module within their organization. Our attention is now back on meeting a May go live for the first phase of the LTC EHR implementation.



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
February 26, 2013

Marketing

New image campaign underway
Further marketing efforts for Regional Center of Excellence in Transplantation and Kidney Care underway

Planning and Business Development

Cardiac CON for PCI and EP submitted
Operation room expansion CON approved, planning meetings in progress
Medical Office Building CON filed
Planning underway for Orthopedic Floor
Coordinating integration of cardiac services with GVI
Working with Professional Steering Committee
Developing primary care and specialty strategy and have had multiple confidentiality agreements signed
Primary care practices growing and specialties seeing patients at locations

Media Report

- **The Buffalo News: Editorial- Terrace View will improve patient care and save money.** “The patient-centered care is a remarkable achievement for ECMC. The facility will improve care for its hundreds of residents while being more efficient.”
- **WIVB-TV: WNY exceeds average ER wait times.** Though the wait is long, often there is a lot of testing going on before you are admitted. Tom Quatroche quoted.
- **The Buffalo News; Buffalo Business First; Buffalo Rising; WBFO Radio 89.7; YNN; Pharmacy Choice; WBEN Radio 930; and various other local TV and radio stations: ECMC Opens Terrace View Long –Term Care.** The move from Alden to ECMC’s Health Campus focuses on providing higher quality, state-of-the-art care for residents. Jody Lomeo and Rich Cleland are quoted.
- **The Buffalo News: Modernizing a mission, ECMC welcomes County Home transferees to new facility.** The decision to close the nursing home in Alden was mission, and not financially driven. The new nursing home will reduce current operating losses by 60%. Jody Lomeo, Charlene Ludlow and Tom Quatroche are quoted.
- **Serve and Protect: Serve and Protect welcomes Chaplain Garney Davis.** Davis currently serves as the Chief Trauma Chaplain for the Erie County Medical Center.
- **Buffalo Business First: WNY hospitals cash in on incentive program.** ECMC is one of several area hospitals who will receive money in incentive payments for quality improvements.
- **The Buffalo News; WBFO Radio 89.7: In Focus- Erie County Medical Center’s Jody Lomeo.** Buffalo News reporter Brian Mayer discusses advances made at ECMC with CEO Jody Lomeo including the opening of a brand new nursing home.
- **HEALTHeLINK: Improving care quality through clinical information exchange.** Erie County Medical Center emergency room physician, Dr. David Ellis, talks about making timely decisions regarding patient care- often without knowing the patient’s medical history.
- **WGRZ-TV, Channel 2: Jody Lomeo is guest on “Western New York Living”.** Janet Snyder speaks with ECMC CEO Jody Lomeo about ECMC, its image and the growth on the campus.
- **The Buffalo News; Pharmacy Choice: Hospitals in WNY, nationwide penalized for patient readmissions.** In October, Medicare started fining hospitals, including 12 in WNY, for too many

patients returning within 30 days of discharge. ECMC amongst the lowest. Dr. Brian Murray is quoted.

- **Buffalo Healthy Living: ECMC Immunodeficiency Clinic earns NYS Department of Health Award.** The Immunodeficiency Services department at ECMC won the 2012 New York State Department of Health AIDS Institute Award of Excellence in Quality Performance.
- **WGRZ-TV, Channel 2: Update on chicken pox, shingles and flu.** ECMC doctor John Fudyma, MD, talks about chicken pox and how they differ from shingles and gives an update on the flu.
- **US News: ECMC doctor is listed in US New Top Doctors.** Erie County Medical Center's Dr. Thom Loree, who specializes in Head and Neck Cancer, Reconstructive Surgery, Thyroid Cancer and Breast Reconstruction is listed as a top doctor in national magazine.
- **WBEN, Hardline with Dave Debo: Jody Lomeo is guest on Sunday Morning Show.** Dave Debo speaks ECMC CEO Jody Lomeo about ECMC.

Community and Government Relations

Lifeline Foundation Mobile Mammography Unit screening patients and has 750 women screened

Several tours held with community leaders and potential donors

Continuing to work with other PBC hospitals on legislation and advocacy efforts and currently working with them on pension smoothing efforts

Working with other NYS State PBC's on NYS Medicaid waiver



Executive Director, ECMC Lifeline Foundation

Springfest Gala

Co-Chairs

**Todd & Kimberley
Brason**

President & CEO Willcare

Committee

Patrick Casilio, Jr
CEO Casilio Companies

Shawn Connolly
Jensen, Mark, Langer &
Vance LLC

Timothy DeZastro, MD
Chief of Radiology ECMC

Susan Gonzalez
Executive Director
ECMC Lifeline Foundation

Dan Ingersoll
Molnlycke Healthcare

Ellen Kaminsky
Parkview Health Systems

Jody Lomeo
Chief Executive Officer ECMCC

Robert Mayer
VP Finance Weinberg Campus

Vanessa Meyers
Community Volunteer

Michelle Mooney, RN
ECMC

Peggy Morgante
VP & Sr. Manager First Niagara

Thomas Quatroche, Jr, PhD
Sr. VP Marketing & Planning
ECMC

Stacy Roeder
Development & Marketing
Director
ECMC Lifeline Foundation

Michael Sammarco
Chief Financial Officer ECMCC

Joseph Sciandra
Eberle-Sciandra

Michael Straeck
President Buffalo Ultrasound

Mark Wachowiak
VP Sr. Relationship Manager
KeyBank

Dawn Walters, RN
Asst. Director of Nursing ECMC



January 28, 2013

ECMC Corporation and ECMC Lifeline Foundation are pleased to announce plans for the 24th annual Springfest Gala! Our black-tie event will be held Saturday, May 11th, at the Buffalo Niagara Convention Center, where we will honor three outstanding members of the ECMC Community. Our 2013 Honorees are:

Distinguished Physician Award

Michael Manka, MD

Chief of Service, Department of Emergency Medicine, ECMC Corp.

Distinguished Nursing Award

Peggy M. Cramer RN, MS

Vice President, Trauma and Emergency Services, ECMC Corp.

Distinguished Service Award

Douglas H. Baker

Founder and President, Mercy Flight, Inc.

The evening will include three-time Grammy Award winning entertainers "**KC and the Sunshine Band.**" With hits "Get Down Tonight," "Shake Your Booty" and "That's the Way (I like it)" the evening promises to be a party you won't soon forget. Tickets will be limited and the event is sure to sell out quickly. **Because of your support of ECMC and the ECMC Lifeline Foundation, we are giving you the first opportunity to participate before opening sponsorship to the general public on February 18th.**

All proceeds from Springfest Gala directly benefit the life-saving medical mission of ECMC, our area's Regional Adult Trauma Center. ECMC is also home to the area's Center of Excellence for Transplantation and Kidney Care and ground will soon be broken on a new Center of Excellence in Behavioral Health Care. In addition, ECMC Lifeline Foundation provides the region's only mobile mammography coach, ensuring that every woman in WNY has access to life-saving cancer screening.

Attached, you will find several sponsorship proposals for your review. As always, we would be happy to customize a package to better fill your needs. Call our offices at 716-898-5800 or email Stacy Roeder at sroeder@ecmc.edu. We look forward to welcoming you on May 11th to WNY's premier gala; ECMC's Springfest Gala.

Best regards,

Jody L. Lomeo
Chief Executive Officer
ECMC Corporation

Susan M. Gonzalez
Executive Director
ECMC Lifeline Foundation

The ECMC Lifeline Foundation, Inc. is a 501(c)(3) not-for-profit corporation.
NYS Charity Registry # 05-65-69 Federal Tax ID # 22-3283946



Springfest Gala 2013

PRESENTING SPONSOR \$35,000

- Company featured on all event promotional material, including invitation (commitment by 3/1)
- Company featured in ECMC newsletter "Pulse" (8,000 corporate and community leaders)
- Link on ECMC Lifeline website home page for one (1) year from time of agreement
- Company featured in targeted news releases
- Company featured on the ECMC Lifeline Foundation's website event page
- Company featured in media & ECMC community advertisements for ECMC Gala (commitment by 3/1)
- Premium seating of three (3) VIP tables for 10 for a total of 30 guests.
- One Junior Suite overnight accommodation at the Hyatt Regency Buffalo
- Company recognition from podium and during audiovisual presentation
- Two (2) full-pages in the program book. Company executive will receive a full page for welcome address and one (1) full page for company advertisement. Opportunity for choice of placement
- Company name and logo on signage & gobo lighted logo display at gala
- Ten (10) Complimentary tickets to Springfest Gala Pre-Party featuring a fabulous raffle & auction
- Complimentary morning foursome and signage at the Tournament of Life Golf Classic with discounted upgrade to afternoon play.
- \$2500 Bronze Race sponsorship package at ECMC's Heroes 5k Healthwalk & Run
- Year round partnership with ECMC Lifeline Foundation to include invitation to select events and

PLATINUM SPONSOR \$20,000

- Company featured on all event promotional material, including invitation (commitment by 3/1)
- Company featured in ECMC newsletter "Pulse" (8,000 corporate and community leaders)
- Link on ECMC Lifeline website home page for one (1) year from time of agreement
- Company featured in targeted news releases
- Company featured on the ECMC Lifeline Foundation's website "event page"
- Company featured in media & ECMC community advertisements for ECMC Gala (commitment by 3/1)
- Premium seating of two (2) tables for twenty (20) guests
- One Deluxe Room overnight accommodation at the Hyatt Regency Buffalo
- Company recognition from podium and during audiovisual presentation
- Full page ad in program book
- Company name and logo on signage & gobo lighted logo display at gala
- Eight (8) Complimentary tickets to Springfest Gala Pre-Party featuring a fabulous raffle & auction
- Complimentary morning foursome and signage at the Tournament of Life Golf Classic with discounted upgrade to afternoon play.
- One Water Station Sponsorship at ECMC's Heroes 5k Healthwalk & Run
- Invitation to CEO Circle Events



Springfest Gala 2013

GOLD SPONSOR \$10,000

- Company featured on all event promotional material, including invitation (commitment by 3/1)
- Company featured in ECMC Newsletter "Pulse" (8,000 corporate and community leaders)
- Company featured on the ECMC Lifeline Foundation's website event page
- Company featured in media & ECMC community advertisements for ECMC Gala
- Company featured in advertisements for ECMC Gala (commitment by 3/1)
- Premium Seating of one (1) table for twelve (12) guests
- One overnight room accommodation at the Hyatt Regency Buffalo
- Company recognition from podium and during audiovisual presentation
- Full page ad in program book
- Company name and logo on signage at gala
- Six (6) Complimentary tickets to Springfest Gala Pre-Party featuring a fabulous raffle & auction

SILVER SPONSOR \$5,000

- Company featured on all event promotional material (commitment by 3/1)
- Company featured in ECMC newsletter "Pulse" (8,000 corporate and community leaders)
- Company featured on the ECMC Lifeline Foundation's website event page
- Company featured in ECMC community advertisements for ECMC Gala
- Company featured in advertisements for ECMC Gala (commitment by 3/1)
- Preferred seating of one (1) table for ten (10) guests
- Company recognition during audiovisual presentation
- Half page ad in program book
- Company name and logo signage at gala
- Four (4) Complimentary tickets to Springfest Gala Pre-Party featuring a fabulous raffle & auction

BRONZE SPONSOR \$3,500

- Company featured on all event promotional material (commitment by 3/1)
- Company featured in ECMC newsletter "Pulse" (8,000 corporate and community leaders)
- Company featured on the ECMC Lifeline Foundation's website event page
- Company featured in ECMC community advertisements for ECMC Gala
- Company featured in advertisements for ECMC Gala (commitment by 3/1)
- Seating of one (1) table for ten (10) guests
- Company recognition during audiovisual presentation
- Quarter page ad in program book
- Two (2) Complimentary tickets to Springfest Gala Pre-Party featuring a fabulous raffle & auction



2013 SPONSOR COMMITMENT

Company Name _____

As it should appear in advertising & signage

Contact Name _____ Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Signature _____

My signature indicates authorization to make this commitment on behalf of my company

- PRESENTING SPONSOR** **\$35,000**
- PLATINUM SPONSOR** **\$20,000**
- GOLD SPONSOR** **\$10,000**
- SILVER SPONSOR** **\$5,000**
- BRONZE SPONSOR** **\$3,500**

- Payment enclosed**
- Invoice at above address**
- Invoice other** _____
- Contact me to charge by phone**
- I've charged through PayPal at www.ecmclifeline.org**
(Please click on "donate now" button)

Contact for Artwork/Logo _____

Email _____ Phone _____

Deadline for logo submission and program ad: April 8, 2013

Note: Program booklet size 5½ X 8½ - full page size 5 X 8

- A high resolution pdf – B&W 300dpi ad will be submitted to sroeder@ecmc.edu
- Please design an ad of your choice, specially crafted for the event, with our logo

**For questions or to customize your package please call
Susan Gonzalez or Stacy Roeder at 716-898-5800**

*Thank you for your support.
The ECMC Lifeline Foundation, Inc. is a 501(c)(3) not-for-profit corporation.
NYS Charity Registry # 05-65-69 Federal Tax ID # 22-3283946*

TERMS: This event does not endorse or promote any product or service of the Sponsor(s) or of any third party. The entire liability of the ECMC Lifeline Foundation, and its sponsors' exclusive remedy for damages from any cause related to or arising out of the Agreement/Event, will not exceed a refund of actual funds paid to the ECMC Lifeline Foundation by the Sponsor and not yet expended by the ECMC Lifeline Foundation.

"Supporting the Lifesaving Medical Services of ECMC"

2013 SPONSORSHIP UNDERWRITING OPPORTUNITIES



Table Wine Sponsor - \$3,000 (4 available)

- Company Name and Logo on Signage
- Opportunity for company logo table tent cards
- Full-Page Ad in Program Book
- Four Tickets with Premium Seating To Gala

Table Centerpiece Sponsor - \$3,000 (4 available)

- Company Name and Logo on Signage
- Opportunity for company logo table tent cards
- Full-Page Ad in Program Book
- Four Tickets with Premium Seating To Gala

Valet Parking Sponsor - \$2,500

- Company Name and Logo on Signage
- Opportunity To Place A Marketing Piece In Each Car (Provided By Sponsor)
- Half-Page Ad in Program Book
- Two Tickets To Gala

Photo Sponsor - \$2,500

- Company Name and Logo on Signage at designated photo area
- Half-Page Ad in Program Book
- Two tickets to Gala

Gourmet Dessert & Coffee Station Sponsor - \$2,500 (4 available)

- Company Name and Logo on Signage at gourmet pastry stations and coffee bar
- Half Page Ad in Program Book
- Two Tickets to Gala

ECMC Outstanding Employee Sponsor - \$2,000

- Table of 10 guests to be utilized by ECMC's Extraordinary Staff. We will invite on your behalf from a random lottery of all interested employees from our outstanding team of Nurses, Technicians and other personnel.
- Company Name and Logo on Table Signage
- Half-Page Ad in Program Book

Reception Sponsor - \$1,000 (5 available)

- Company Name and Logo on Signage at Hors d'oeuvres Stations
- Quarter-Page Ad in Program Book

Cocktail Hour Sponsor - \$1,000 (5 available)

- Company Name and Logo on Signage at Cocktail Stations
- Quarter-Page Ad in Program

Champagne Welcome Sponsor - \$1,000 (5 available)

- Company Name and Logo on Signage
- Quarter-Page Ad in Program Book

Pastry Sponsor - \$1,000 (5 available)

- Company Name and Logo on Signage at Biscotti & Coffee Station at event exit
- Quarter-Page Ad in Program Book

**For questions or to customize your package please call
Susan Gonzalez or Stacy Roeder at 716-898-5800**



UNDERWRITING SPONSOR COMMITMENT

Company Name _____

As it should appear in advertising & signage

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Address _____

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Phone _____ Fax _____ Email _____

Signature _____

My signature indicates authorization to make this commitment on behalf of my company

- Table Wine Sponsor** **\$3,000**
- Centerpiece Sponsor** **\$3,000**
- Valet Sponsor** **\$2,500**
- Photo Sponsor** **\$2,500**
- Dessert/Coffee Sponsor** **\$2,500**
- ECMC Employee Sponsor** **\$2,000**
- Reception Sponsor** **\$1,000**
- Cocktail Sponsor** **\$1,000**
- Champagne Welcome Sponsor** **\$1,000**
- Pastry Sponsor** **\$1,000**

- Payment enclosed**
- Invoice at above address**
- Invoice other** _____
- Contact me to charge by phone**
- I've charged through PayPal at www.ecmclifeline.org**
(Please click on "donate now" button)

Contact for Artwork/Logo _____

Email _____ Phone _____

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Note: Program booklet size 5½ X 8½ - full page size 5 X 8

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"Supporting the Lifesaving Medical Services of ECMC"

NEW BUSINESS

OLD BUSINESS



Medical-Dental Executive Committee

MEDICAL EXECUTIVE COMMITTEE MEETING

MONDAY, JANUARY 28, 2013 AT 11:30 A.M.

Attendance (Voting Members):

D. Amsterdam, PhD	C. Gogan, DDS	
Y. Bakhai, MD	R. Hall, MD, DDS	
W. Belles, MD	M. LiVecchi, MD	
G. Bennett, MD	K. Malik, MD	
M. Chopko, MD	M. Manka, MD	
H. Davis, MD	M. Panesar, MD	
R. Desai, MD	K. Pranikoff, MD	
N. Ebling, DO	A. Stansberry, RPA-C	
R. Ferguson, MD	P. Stegemann, MD	
W. Flynn, MD	R. Venuto, MD	

Attendance (Non-Voting Members):

B. Murray, MD	K. Ziemianski, RN	A. Victor-Lazarus, RN
R. Cleland	S. Gonzalez	M. Sammarco
J. Fudyma, MD	T. Quatroche	
S. Ksiazek	R. Gerwitz	
J. Lomeo	R. Krawiec	
A. Orlick, MD	C. Ludlow, RN	

Excused:

M. Azadfard, MD	T. Loree, MD	
S. Cloud, DO	J. Reidy, MD	
N. Dashkoff, MD	R. Schuder	
T. DeZastro, MD	J. Woytash, MD, DDS	
S. Downing, MD		
J. Izzo, MD		

Absent:

I. CALL TO ORDER

- A. Dr. Richard Hall, President, called the meeting to order at 11:40 a.m. Dr. Hall welcomed new At-Large Representatives Mandip Panesar, MD, and Michael Chopko, MD, Andrew Stansberry, RPA-C, Allied Health Representative (without vote), and officers Khalid Malik, MD, Secretary, Timothy DeZastro, Treasurer, and Samuel Cloud, President-Elect.
- B. **Agenda Correction** – Delete Item # III. GME Report was provided in December 2012 by Dr. Berger.

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

- A. The Seriously Delinquent Records report was included as part of Dr. Hall's report. Dr. Murray advised that the Joint Commission survey will likely occur earlier than expected perhaps as soon as April. Therefore, please direct your attention to the delinquent records list and complete records as soon as possible and maintain lower numbers as per requirements. Please direct your staff to complete reports timely.

Dr. Murray advised that he will be taking a more direct approach to record completion. He will be contacting those with large numbers of incomplete records with serious expectation of timely completion including, when necessary, involvement of the Medical Executive Committee.

III. CEO/COO/CFO BRIEFING

A. CEO REPORT -

- a. **ANNUAL MEETING OF THE BOARD OF DIRECTORS** – The annual meeting of the Board of Directors commenced on January 22, 2013 and Mr. Lomeo provided an overview of 2012. The presentation is online and he encouraged all to review it. The Board has set initiatives for the hospital and is stressing improvement on the Patient Experience survey scores. The Board is no longer accepting scores as they are now so Mr. Lomeo is putting together a strategic plan with hospital leadership to improve.
- b. **2012 FINANCIAL RESULTS** – Mr. Lomeo advised that the hospital will likely break even for 2012. While they are pleased to break even, they are hoping to improve over the coming year. Areas of attention include labor costs and obtaining a centralized lab with Kaleida which should generate additional revenue.
- c. **TRAUMA SURVEY** – Mr. Lomeo advised that the surgical team did an outstanding job preparing for the recent visit from the American College of Physicians. Process changes will need to be put in place to address some areas of deficiency that were identified. Excellent feedback from the surveyors identified ECMC trauma as one of the best in the country.
- d. **TERRACE VIEW GRAND OPENING – FEBRUARY 8, 2013 – 10:00 a.m.-** The new facility is completed and all are encouraged to come and see this beautiful, state-of-the art facility. It is expected that all residents will be transferred and in place in their new home by the following week.

B. COO'S REPORT – Richard Cleland, COO

- a. **BEHAVIORAL HEALTH CENTER OF EXCELLENCE** – Site prep for the new facility is already underway and construction will start in a couple of weeks. Some of the consolidation will be expedited and one

unit will be added to the fifth floor of the main hospital tower once the skilled residents are transferred. A considerable amount of activity is expected on the floor with construction as well as the Center of Excellence building. It is expected that the full merger of the behavioral health programs will be completed by January of 2014.

C. FINANCIAL REPORT – Michael Sammarco, CFO

- a. VOLUMES/FINANCIAL REPORT** – December volumes were strong compared to the previous year. It is expected that the hospital will break even, with a few payments yet to be received. This was achieved with no county subsidy and providing the highest level of charity care in the region. Further, this includes a winding down of the Erie County Home which also challenged the operational side of the organization.

VI. CHIEF MEDICAL OFFICER REPORT – B. Murray, M.D.

- A.** Dr. Murray did not have a formal report but expanded on comments made by Mr. Lomeo stressing the need for the Medical Staff to “reinvent” itself and find ways to improve how care is delivered. It is clear patients are not satisfied and there is need for collaboration with medical staff, nursing and the entire healthcare team. Things like reducing unnecessary testing, how physicians communicate with nursing and discharge planning, and make practice more efficient.
- B. LIBRARY UPDATE** – Mr. Ed Leisner, Librarian at ECMC for many years, is retiring at the end of the month. The hospital has decided not to replace the position leaving just a part-time librarian and this will reduce the services provided by the library significantly. Dr. Murray suggested that an Ad Hoc Committee be established to look at the services of the medical library and what services can be maintained going forward. Discussion ensued regarding the importance of having this resource for the medical staff and for education programs.

VII. ASSOCIATE MEDICAL DIRECTOR REPORT – John Fudyma, MD

- A.** Dr. Fudyma will provide report during executive session.

VIII. DIRECTOR OF PHYSICIAN QUALITY AND ED. – S. Ksiazek

- A.** Ms. Ksiazek’s written report was received and filed. A new publication of the Bylaws and Rules and Regulations of the ECMC Medical Staff was provided to all members as they were recently modified.
- B. SLATE OF COMMITTEE CHAIRS** –
A review of the MEC Committees was provided and the following committee chairs and membership were presented for approval.

1. BYLAWS COMMITTEE

This is an ad-hoc committee. Review and revision of each section of the bylaws and accompanying policies were completed in 2012. If further changes are necessary for 2013, the committee will be convened, with the composition as per the directive of the Medical-Dental Staff President.

2. CREDENTIALS COMMITTEE

Chair: Robert J. Schuder, MD
Members: Yogesh Bakhai, MD
Timothy G. DeZastro, MD
David Ellis, MD
Gregg I. Feld, MD
Richard Hall, MD, DDS, PhD
Christopher P. John, RPA-C
Nirmit D. Kothari, MD
Susan Ksiazek, RPh, without vote
Philip D. Williams, DDS
*ECMCC Legal Counsel, as needed, without vote

3. NOMINATING COMMITTEE

This is an ad-hoc committee, convened every 2 years on the even year.

4. PRACTITIONER HEALTH ADVISORY COMMITTEE

This is an ad-hoc committee, the composition based on the nature of the need. A goal for 2013 is to explore the means to operationalize the educational component of the committee.

5. MEDICAL/DENTAL STAFF QUALITY IMPROVEMENT COMMITTEE

Chair: John R. Fudyma, MD
Members: Medical Executive Committee

6. RESOURCE UTILIZATION COMMITTEE

Chair:	Arthur E. Orlick, MD		
Physician Members:		Admissions:	Dave Anderson
Psychiatry	Yogesh D. Bakhai, MD	Finance:	Deb Cudzillo
Surgery	Raphael Blochle, MD	IT:	Leslie Feidt
Ortho (ad hoc)	Thomas R. Duquin, MD	Case Management:	C. Krol, P. Maciejewsk, S. Montesano
Rehabilitation Medicine	Tat Shing Fung, MD	Safety:	Charlene Ludlow
Medicine E	Nancy C. Ebling, DO	HIM:	M. Mychalzuk
Medicine	Regina Makdissi, MD	Corporate Compliance:	[currently vacant]
Family Medicine	Khalid S. Malik, MD	Nursing:	Vi-Anne Antrum
		Denial Management:	K. Sweeney & J. Welch
		SW/Discharge Planning:	C. Paluh

MOTION to approve the slate of Committee Chairs and members as presented.

MOTION UNANIMOUSLY APPROVED.

- C. MEDICAL LEADERSHIP EDUCATION PROGRAM – MARCH 6, 2013** – Saturn Club. Ms. Ksiazek included the agenda of the program in her written report.

IX. LIFELINE FOUNDATION – Susan Gonzalez

- A. Written report received and filed. Ms. Gonzalez advised that new officers will be put in place this week per the Foundation’s annual meeting.
- B. **SPRINGFEST** – The following staff have been selected to be honored at the Springfest event - Dr. Michael Manka - Physician Honoree, Peggy Cramer - Nurse Honoree and Doug Baker - Distinguished Service honoree.

X. CONSENT CALENDAR

	MEETING MINUTES/MOTIONS	ACTION ITEMS
A.	MINUTES OF THE Previous MEC Meeting: December 17, 2012	Received and Filed
1.	CREDENTIALS COMMITTEE: Minutes of January 8, 2013	Received and Filed
	- Resignations	Reviewed and Approved (1/18/2013)
	- Appointments	Reviewed and Approved (1/18/2013)
	- Reappointments	Reviewed and Approved (1/18/2013)
	- Dual Reappointment Applications	Reviewed and Approved (1/18/2013)
	- Provisional to Permanent Appointments	Reviewed and Approve (1/18/2013)
1.	HIM Committee: Minutes of December 20, 2012	Received and Filed
	1. Report of a Computed Tomography Scan of a Pregnant Patient	Reviewed and Approved
	2. Report of Radiography/Fluoroscopy of a Pregnant Patient	Reviewed and Approved
	3. Pre-Transplant Surgery Pre-Operative Note	Reviewed and Approved
	4. Kidney & Pancreas Transplant Intra-Operative Data Sheet	Reviewed and Approved
2.	P & T Committee Meeting – January 2, 2013 Minutes	Received and Filed
	1. Behavioral Health - Pharmacy Minutes - approve	Reviewed and Approved
	2. IV Acetaminophen, restricted to Anesthesiology- add to Formulary	Reviewed and Approved
	3. Belatacept (Nulojix®)- add to Formulary	Reviewed and Approved
	4. Didanosine 200 mg EC - add to Formulary	Reviewed and Approved
	5. Didanosine 400 mg EC- Delete from Formulary	Reviewed and Approved
	6. TI-14 Risperidone Liquid - accept revision	Reviewed and Approved
	7. TI-23 Sleep Aids - accept revision	Reviewed and Approved
	8. F-09 ASO- accept revision	Reviewed and Approved
	9. IV-11 Adult Intravenous Octreotide Administration for Esophageal Varices – delete Policy	Reviewed and Approved
	10. TI-30 Scheduled & PRN Oral Disintegrating Tablets- delete Policy	Reviewed and Approved

	MEETING MINUTES/MOTIONS	ACTION ITEMS
	11. IV-07 Parenteral Nutrition Solution- approve review	Reviewed and Approved
	12. IV-08 Adult Potassium Chloride Intravenous Administration- approve review as revised	Reviewed and Approved
	13. IV-10 Vancomycin Intravenous Administration Guidelines- approve review	Reviewed and Approved
	14. IV-12 Concentrated Electrolytes - approve review	Reviewed and Approved
	15. TI-29 Heparin - approve review	Reviewed and Approved
	16. High Alert Medications - approve addition of opioids to the listing	Reviewed and Approved

X. CONSENT CALENDAR, CONTINUED

- A. MOTION:** Approve all items presented in the consent calendar for review and approval. (Of note, the Credentials Committee action items were approved via email vote received and filed as of 1/18/2013 and was forwarded to the Board of Directors for approval on 1/22/2013.)

MOTION UNANIMOUSLY APPROVED.

XII. OLD BUSINESS

- A. NONE**

XIII. NEW BUSINESS

- A. CHIEFS OF SERVICE SLATE** – The slate of Chiefs and Associate Chiefs was presented as an informational item and will be submitted for Board approval.
- B. POLICY – Palliative Care and Consult Referral policy** was presented as an informational item.

XIV. 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 12:30 p.m.

Respectfully submitted,



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

**MEDICAL EXECUTIVE COMMITTEE MEETING
MONDAY, DECEMBER 17, 2012 AT 11:30 A.M.**

Attendance (Voting Members):

Amsterdam, Daniel, PhD	Ferguson, Richard, MD	Stegemann, Philip, MD
Bakhai, Yogesh, MD	Flynn, William, MD	
Belles, William, MD	Gogan, Catherine, DDS	
Bennett, Gregory, MD	Hall, Richard, MD	
Cloud, DO, Samuel	Izzo, Joseph, MD	
Dashkoff, Neil, MD	Kowalski, Joseph, MD	
Davis, Howard, MD	LiVecchi, Mark, MD	
Desai, Ravi, MD	Manka, Michael, MD	
Downing, Stephen, MD	Pranikoff, Kevin, MD	
Ebling, Nancy D.O.	Schuder, Richard, MD	

Attendance (Non-Voting Members):

J. Fudyma, MD	A. Victor-Lazarus, RN	
B. Murray, MD	R. Krawiec	
J. Lomeo	R. Cleland	
S. Ksiazek	Siskin, Stewart	
C. Ludlow, RN		
M. Sammarco		

Excused:

A. Arroyo, MD	R. Venuto, MD	
M. Azadfard, MD	J. Woytash, MD	
T. Loree, MD		
K. Malik, MD		
J. Reidy, MD		

Absent:

J. Lukan, MD		
A. Chauncey, PA		

I. CALL TO ORDER

- A. Dr. Joseph Kowalski, President, called the meeting to order at 11:40 a.m. Being his last meeting as President, he was presented by Dr. Richard Hall, President-Elect, with a beautiful glass award for his two years of excellent service. Dr. Kowalski thanked administration and officers for all their support.

II. MEDICAL STAFF PRESIDENT’S REPORT – J. Kowalski, MD

- A. The Seriously Delinquent Records report was included as part of Dr. Kowalski’s report. Please direct your staff to complete reports timely.

III. UNIVERSITY REPORT – Roseanne Berger, MD – Assoc. Dean

- A. **GME ANNUAL REPORT** – Dr. Roseanne Berger provided a report on the University Medical School Programs highlighting the following:
- 59 Programs and 3 are dually accredited by ACGME and AOA. This process is expected to change shortly and the programs will only need to be accredited by one body.
 - ECMC hosts about 20% of the university training programs
 - Accreditation Cycle lengths vary from 1-10 years where most will fall under the 10 year cycle.
 - One item noted as a result of recent surveys is residents must have protected didactic time which was not always properly achieved.
 - Resident satisfaction scores are very high (internal)
 - ACGME resident satisfaction survey showed a similar response – 84% very likely recommend the program.
 - Residents staying in Erie County – 75 at the end of this year which is up slightly from last year.
 - Accreditation System (Accreditation Council for Graduate Medical Education) – will be changing going forward – those changes are:
 - Changing from process to outcomes driven
 - Focus on patient safety and quality and being able to respond to systems changes.
 - Data driven review – resident survey, faculty survey, EMR, Quality Improvement, Handoffs, Inter-Professional Teams and Backup when fatigued.
 - Every six months, programs will be required to submit data on board performance, resident survey, faculty survey, clinical experience, milestones, scholarly activity, program structure and resources and the clinical learning environment review.
 - Milestones are narrative descriptions of the way residents perform in the six competencies. Residents will be evaluated on these milestones every six months.
 - 7 initial programs will begin in the new evaluation system.
 - ACGME will begin surveying hospitals every 18 months to review the learning environment –
 1. EMR
 2. Patient Safety
 3. Duty Hours
 4. Fatigue Management
 5. Handoff
 6. Backoff when Fatigued
 - Survey will require administration be available for a 2-3 day period to round in the hospital, along with the Assoc.

Dean and residents. The surveyors will meet with various groups including residents and faculty.

- Key questions for the survey were outlined.

- Quality improvement projects are underway with residents.
- Duty Hour Monitoring – Currently being monitored on a daily basis and if they are not compliant, due to institutional issues, it will be brought to the attention of the administration. Survey data was reviewed and is comparable to national data.

IV. CEO/COO/CFO BRIEFING

A. CEO REPORT -

- a. **ADMINISTRATIVE CHANGES** – Richard Cleland has accepted the position of Chief Operating Officer. Charlene Ludlow has accepted the promotion of Patient Safety Officer and Susan Ksiazek will have increased responsibilities. Further changes among present administrators were briefly discussed.
- b. **2013 KEY PROJECTS** - Terrace View Long Term Care Facility will be opening February 9, 2013. Further development of the one program, two sights for the Cardiac Service Line will continue in 2013. Behavioral health project is in process working with Kaleida and ground breaking is scheduled for January. The “Super Lab” concept, joining with Kaleida and the University, as an essential service lab will be underway. This is a multi-million dollar proposition for ECMC and will be developed further in the coming year.

B. COO’S REPORT – Richard Cleland, COO

- a. No additional report.

C. FINANCIAL REPORT – Michael Sammarco, CFO

- a. **VOLUMES/FINANCIAL REPORT** – The November financials are not yet finalized. Financials will be reported next month.

VI. CHIEF MEDICAL OFFICER REPORT – B. Murray, M.D.

- A. **PROFESSIONAL STEERING COMMITTEE** – An update was provided regarding the HealthNow Physician Network which currently has 250 MDs and 250 primary care physicians enrolled. Roll out is scheduled for January 2013. The plan is to look at practices within the organization and try to influence quality and efficiency. A report on the on-going integration of cardiac services was provided. Developing a perfusion service is underway. Mr. Cleland provided a presentation on the Behavioral Health project. ECMC representation for the coming year was

submitted as voted by the MEC to the Professional Steering Committee including the candidate for chair, Dr. Yogesh Bakhai.

VII. ASSOCIATE MEDICAL DIRECTOR REPORT – John Fudyma, MD

- A. No report.

VIII. DIRECTOR OF PHYSICIAN QUALITY AND ED. – S. Ksiazek

- A. **BYLAWS CHANGE VOTE** – The vote, adding RNFAs as a category of the medical dental staff, will conclude on December 19, 2012.
- B. **MEMBERS PROFILES IN THE MEDICAL DENTAL STAFF DATA BASE** – Profiles of the members of the medical dental staff will now be available electronically for those who may need to review that information and will go live on December 27, 2012. A preview was provided at the Chiefs Meeting and is provided as part of Sue’s written report.

IX. LIFELINE FOUNDATION – Susan Gonzalez

- A. Written report received and filed.

X. CONSENT CALENDAR

	MEETING MINUTES/MOTIONS	ACTION ITEMS
A.	MINUTES OF THE Previous MEC Meeting: November 19, 2012	Received and Filed
1.	CREDENTIALS COMMITTEE: Minutes of December 4, 2012	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
1.	HIM Committee (no minutes)	
	1. Arrival Information	Reviewed and Approved
	2. Communication log	Reviewed and Approved
	3. Complex or Palliative Wound Management	Reviewed and Approved
	4. Wound or Non Wound Condition Profile	Reviewed and Approved
	5. Final Discharge Note	Reviewed and Approved
	6. Hyperbaric Orientation	Reviewed and Approved
	7. HBO Risk Assessment	Reviewed and Approved
	8. HBO Screening	Reviewed and Approved
	9. HBO Treatment and Safety Record	Reviewed and Approved
	10. HBO Treatment Physician Orders	Reviewed and Approved
	11. Initial History and Physical	Reviewed and Approved
	12. Initial Risk and Education Assessment	Reviewed and Approved
	13. Interdisciplinary Case Management Guide Continuation	Reviewed and Approved
	14. Interdisciplinary Case Management Guide	Reviewed and Approved
	15. Medication Reconciliation	Reviewed and Approved
	16. Nursing Care Plan	Reviewed and Approved
	17. Nursing Non Wound Assessment	Reviewed and Approved
	18. Nursing Wound Assessment	Reviewed and Approved
	19. Patient Consent to HBO Treatment	Reviewed and Approved

	MEETING MINUTES/MOTIONS	ACTION ITEMS
	20. Patient Consent to Wound Care Treatment	Reviewed and Approved
	21. Patient History	Reviewed and Approved
	22. Patient Inquiry Intake	Reviewed and Approved
	23. Patient Instructions	Reviewed and Approved
	24. Patient or Caregiver Education and Visit Discharge	Reviewed and Approved
	25. Patient Summary	Reviewed and Approved
	26. Patient Summary Procedure Addendum	Reviewed and Approved
	27. Physician Order	Reviewed and Approved
	28. Physician Progress Procedure Note	Reviewed and Approved
	29. PTCO2 Monitoring Record	Reviewed and Approved
	30. Risk Assessment	Reviewed and Approved
2.	P & T Committee Meeting – December 5, 2012 Minutes	Received and Filed
	1. Testosterone Patch 2 mg/24 hr – make Therapeutically Equivalent to the 2.5 mg/24 hr testosterone patch.	Reviewed and Approved
	2. Prochlorperazine injection – delete from Formulary	Reviewed and Approved
	3. Scopolamine Ophthalmic 0.25% - delete from Formulary	Reviewed and Approved
	4. TI-05 Statins – Approve Revisions	Reviewed and Approved
	5. Rosuvastatin – delete from the Formulary	Reviewed and Approved
	6. F-11 Standard Times of Medication Administration – approve revisions	Reviewed and Approved
	7. IV-5 - Med. Admin by MD – approve deletion of Gonadorelin HCL from Policy	Reviewed and Approved
	8. TI-19 - Sodium Phosphate and Potassium Phosphate – approve review	Reviewed and Approved
	9. TI-20 - Corticosteroid Oral Inhaler Interchange – approve review	Reviewed and Approved
	10. TI-21 - Citalopram – approve review	Reviewed and Approved
	11. TI-22 - Topical Antibiotic Ointment – approve review	Reviewed and Approved
	12. TI-23 - Sleep Aids – approve review	Reviewed and Approved
	13. TI-24 - Diltiazem (Cardizem®) – approve review	Reviewed and Approved
	14. TI-26 - Potassium Chloride Oral Administration- – approve review	Reviewed and Approved
	15. TI-27 - Insulin – approve review	Reviewed and Approved
	16. TI-28 - Venlafaxine – approve review	Reviewed and Approved
	17. IV-01 - Adult General Intravenous Drug Administration – approve review	Reviewed and Approved
	18. IV-08 - Potassium Chloride – approve review	Reviewed and Approved
	19. IV-13 - Hypotonic Solutions – approve review	Reviewed and Approved
	20. A caution be placed in Meditech concerning use of dabigatran in patients over the age of 75.	Reviewed and Approved
	21. Med/Exec endorse the formation of a multidisciplinary committee to address improving the Picker Scores for Communication about Medications.	Reviewed and Approved
	22. Testosterone Patch 2 mg/24 hr – make Therapeutically Equivalent to the 2.5 mg/24 hr testosterone patch.	Reviewed and Approved
	23. Prochlorperazine injection – delete from Formulary	Reviewed and Approved

X. CONSENT CALENDAR, CONTINUED

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

MOTION UNANIMOUSLY APPROVED.

XII. OLD BUSINESS

A. NONE

XIII. NEW BUSINESS

- A. **CRITICAL VALUES REPORT** – Dr. Amsterdam presented the review and revision of the critical values report that are received as the values that will be considered “critical”. Changes were outlined by Dr. Amsterdam and reviewed by the committee. (Noted: Dual reporting to both nurse and physician will continue.)

MOTION to accept the revised **critical values list** as submitted effective January 1, 2013.

MOTION UNANIMOUSLY APPROVED.

- B. **FUNDING FOR LUNCHESES FOR MEDICINE GRAND ROUNDS** – It is noted that lunches are no longer provided for Medicine Grand Rounds and attendance has depleted considerably. While the committee would like to support it, it would not be possible to fund all departments for this type of activity. Dues for faculty are being considered by the department. The MEC refers the matter back to the department of Internal Medicine for resolution.

XIV. 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 12:20 p.m.

Respectfully submitted,



Timothy DeZastro, M.D., Secretary
ECMCC, Medical/Dental Staff

Reading Material



**From the
Chief Executive Officer**

Thursday February 21, 2013
The Buffalo News.com

Opinion



{ for local story } 250 residents of the Erie County Home in Alden were moved to Terrace View Long-Term Care Facility next to ECMC in Buffalo, Saturday, Feb. 9, 2013. Resident Barbara Kaminski arrived. She is greeted by LPN Donna Hopkins from the Alden facility. She used to be Kaminski's nurse and then switched to a different wing. Now they're together again. Behind is Alden volunteer Ray Hartman. {Sharon Cantillon / Buffalo News}

Terrace View will improve patient care and save money

Updated: February 14, 2013, 04:47 PM Published: February 17, 2013, 12:01 AM

The location of the Erie County Home in Alden, so far away from the families of its residents, always made it a problem for those wishing to visit loved ones. The move away from an outdated building in a rather remote location to a new facility on the Erie County Medical Center campus is welcome, and long overdue.

Several hundred nursing home residents have made the move from Alden into the \$103 million Terrace View Long-Term Care Facility on Grider Street along the Kensington Expressway. The new nursing home not only reflects a sound business decision under the leadership of CEO Jody L. Lomeo, it also is in keeping with today's efforts to better reflect the needs of the home's residents.

As reported in *The News*, the new nursing home is organized into small-scale, 12-bed households, each with a living room and fireplace, kitchen and dining room. It also includes a 60-bed short-term rehabilitation area, a 20-bed ventilation unit and beds dedicated to residents with Alzheimer's disease, dementia and traumatic brain injury.

Terrace View is named for the design feature of multiple terraces providing outside areas for residents. It is a patient-centered approach that was woefully missing with the old facility in a decrepit, 87-year-old institution across from the county jail.

The fact that the attractive, state-of-the-art 275,000-square-foot building is connected to the hospital and two other facilities on the ECMC campus via public corridor is a huge benefit to the residents.

This move not only serves residents and their families who live in the Buffalo area, it benefits the majority of the 400 employees who also live in the city. The idea of a difficult, 16-mile bus commute for workers, as Lomeo pointed out, is not just a minor inconvenience. Getting and retaining good workers to care for the residents, many of whom are on Medicaid, can be a challenge. Making it easier to get to work helps.

Also saved is the estimated \$900,000-a-year cost to ECMC to transport residents back and forth between the hospital and the home. Lomeo told The News that the old home lost from \$4 million to \$12 million a year. The new nursing home is expected to reduce current operating losses by 60 percent.

The new home is one of many changes as ECMC continues to transform itself from a county agency dependent on a county subsidy to a public benefit corporation that can act independently. The new \$27 million Regional Center of Excellence for Transplantation & Kidney Care opened on the campus a year ago. The hospital announced a \$35 million Regional Behavioral Health Center of Excellence, a consolidation of Kaleida's and ECMC's behavioral health and substance treatment facilities, into one expanded area of ECMC.

Terrace View and the centers of excellence are part of a five-year, \$200 million expansion on ECMC's health campus that is 80 percent complete.

The patient-centered Terrace View is a remarkable achievement for ECMC. The facility will improve care for its hundreds of residents while being more efficient.

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ECMC Opens Terrace View Long-Term Care

Facility



buffalo rising

1

Erie County Medical Center Corp. dedicated its new \$103 million, 390-bed nursing home on the ECMC Health Campus on Grider Street yesterday. Terrace View Long-Term Care Facility, named for the design feature of multiple terraces providing outside areas for residents, replaces the 87-year-old Erie County nursing home in Alden. Terrace View also combines in one location existing long-term care beds from ECMC.



Patients will be transferred from Alden into the new facility today and from the Skilled Nursing Facility at ECMC on Sunday.

The move from Alden to ECMC's Health Campus focuses on providing higher quality, state-of-the-art care for residents. It also moves residents closer to family, increases access to employment for Buffalo and suburban residents and reduces operating costs for ECMC Corp. Terrace View will save almost \$1 million annually simply by eliminating resident transportation costs between Alden and Buffalo.

Terrace View will also bring approximately 400 jobs back to the City of Buffalo. In the past, the Erie County Home was challenged to provide employment opportunities for city residents who had limited transportation to Alden.

"This move to ECMC's Grider Campus took vision from our board of directors and collaboration with our community. Most importantly, this improves the lives of our residents and employees and saves ECMC Corp., Erie County and New York State taxpayers a great deal of money," said ECMC CEO Jody L. Lomeo. "We're especially pleased that residents will move to a fresh, state-of-the-art facility that incorporates the very latest in resident-centered thinking."

Medicaid is expected to reimburse portions of the construction and the operating costs based on the number of residents who receive Medicaid. The Erie County Fiscal Stability Authority financed the project through its bonding authority.

The project came together rapidly after a July 2011 ground breaking. The new home is organized into small-scale, 12-bed households, each with a living room and fireplace, kitchen and dining rooms. Each floor features a generous outdoor terrace and an indoor terrace lounge with a view to the terrace.

"The new facility at ECMC is a clear step forward in design for a livable senior care community," said Richard Cleland, ECMC's chief operating officer.

Design and work on the building came mostly from local sources, including Cannon Design of Grand Island.

"What's innovative is the personal space of each room, with a bay window, the small-scale households, the cascading terraces, the array of destinations. Shared communal spaces on the first floor, with adjacent gardens and courtyards, deliver the texture and diversity for a stimulating community for residents, families and staff," Cleland said.



According to recent resident and employee censuses, residents' families and nursing home workers will find the new home much more convenient. Eighty percent of the residents are from Buffalo or the first-ring suburbs. Terrace View will allow residents to be closer to family and loved ones who can participate in their care and well-being.

The facility, for which current residents had design input, is 275,500 square feet on five levels. It contains three floors of 96 skilled nursing beds each; one floor containing 66 sub-acute rehab beds; a 20-bed ventilator unit and 16-bed behavioral intervention unit on the ground floor, for a total of 390 beds.

The building is connected to the existing hospital and to other facilities on campus via a public corridor that will be used to transport patients and residents in need of varying degrees of medical care.

Photos by Charles Waldorf

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Urban Commitment



A nice project that improves the quality of care for the residents and benefits the city as well.

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February 9, 2013 8:43 AM

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Cirillo, Joe

From: Google Alerts <googlealerts-noreply@google.com>
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News

1 new result for **ECMC**

[ECMC Opens Terrace View Long-Term Care Facility](#)

Buffalo Rising

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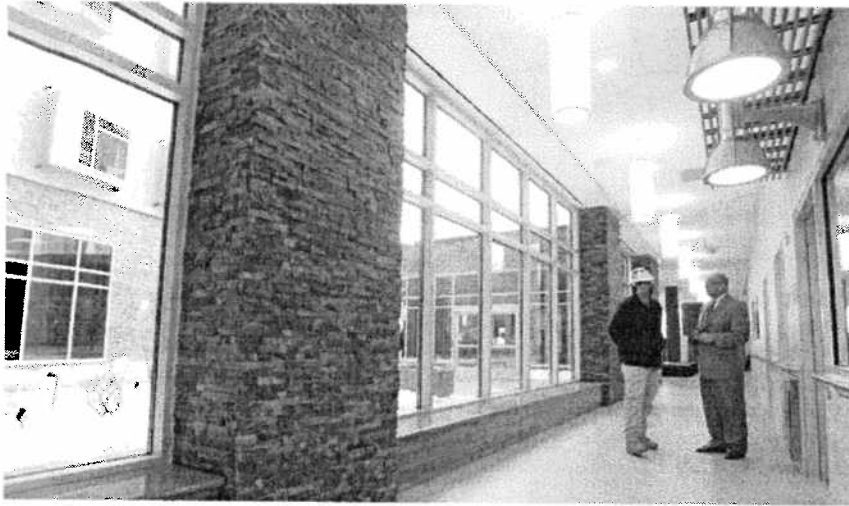
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Friday February 08, 2013
The Buffalo News.com (/)

City & Region



CEO Jody L. Lomeo, right, of ECMC confers with project chief Chuck Mallia of LPCiminelli as Terrace View Long-Term Care Facility, built with "family atmosphere," awaits transferees from County Home in Alden, which Lomeo says "served us well."

Modernizing a mission, ECMC welcomes County Home transferees to new facility

BY: [Henry Davis \(mailto:hdavis@buffnews.com\)](mailto:hdavis@buffnews.com)

Published: February 8, 2013, 12:51 AM

Updated: February 8, 2013, 02:09 AM

A fleet of wheelchair vans and ambulances will transfer hundreds of elderly residents this weekend into a new nursing home on the Erie County Medical Center campus.

Officials today dedicate the 390-bed Terrace View Long-Term Care Facility, which will combine – in one location – long-term care beds from ECMC's outdated County Home in Alden and its skilled nursing facility inside the hospital.

"The Alden Home served us well, but its age and location made it a problem," said Jody L. Lomeo, CEO of the medical center. "Now we have a smaller, more efficient facility that offers a family atmosphere and is in line with our mission."

The transition, months in the planning, will start Saturday with the move of 250 residents from Alden and continue Sunday, when 122 residents from the hospital's skilled nursing facility move into the \$103 million Terrace View, the new building that rises noticeably along the Kensington Expressway at Grider Street.

The new nursing home is organized into small-scale, 12-bed households, each with a living room and fireplace, kitchen and dining room.

Each floor features an outdoor terrace and an indoor terrace lounge with a view to the terrace.

It also includes a 60-bed short-term rehabilitation area, a 20-bed ventilation unit and a 12-bed behavioral intervention unit, as well as beds dedicated to residents with Alzheimer's disease, dementia and traumatic brain injury. The 275,500-square-foot building is connected to the existing hospital and to other facilities on campus via a public corridor.

In addition to the movement of residents, about 400 employees, many of them from the city, will now work on the ECMC campus.

A large portion of the employees, as well as the residents and their families, live in Buffalo or the city's

first-ring suburbs, making the new nursing home a more convenient location to work and visit, officials said.

"The Home in Alden is 16 miles away, and it's a difficult bus route. That made it hard to recruit and retain employees," Lomeo said.

Hospital officials estimated that ECMC spent about \$900,000 a year to transport residents back and forth between the hospital and the Home, a cost that was on top of the facility's large annual losses.

ECMC's nursing home caters to residents dependent largely on Medicaid, the state-federal health plan that picks up long-term-care costs once elderly individuals become poor. Lomeo estimated that the Home's losses ranged from \$4 million to \$12 million a year, a situation that posed a challenge for ECMC's overall financial health.

Hospital officials estimate that use of the new facility will reduce current operating losses by 60 percent.

"Our board might have chosen to close the nursing home, but it made a decision that was mission-, and not financially, driven," Lomeo said. "The new nursing home will continue to be a challenge, but it's a far more efficient facility."

The hospital, a public-benefit corporation, borrowed \$98 million for the nursing home project through financing arranged by the Erie County Fiscal Stability Authority. The state-appointed control board was able to borrow money at a lower interest rate than the hospital and shortened the repayment period from 30 years to 15.

About 85 percent of the construction cost is reimbursed by Medicaid, according to Thomas J. Quatroche, ECMC's senior vice president for marketing and planning.

The county also allocated \$11.5 million toward construction, under a settlement agreement that ECMC reached with the county in 2009.

The new facility represents a reduction from ECMC's current total of 586 long-term care beds at the Home and 126 in the hospital, as well as 10 ventilator beds in the hospital. The reduction is based on a state Health Department recommendation for fewer nursing home beds in the region.

Preparations for the transition began about three months ago and follow the hospital's plan in case of a crisis.

About 20 wheelchair vans, with emergency vehicles on standby, will ferry residents the 16 miles from Alden to Buffalo on Saturday. A similar process will ensue Sunday when residents move from the hospital's skilled nursing facility.

The operation required a thorough review of the medical needs of each resident, including whether each would need a staff person to accompany the patient, as well as communication with municipalities along the route in case a problem arises, said Charlene J. Ludlow, ECMC's chief safety officer.

"We're following the same procedure we do in our drills in case of a crisis," she said.

After a dry run last week, hospital officials estimated that it will take about 45 minutes per trip from Alden, which includes the time it takes to load and unload the residents in their wheelchairs. The operation is expected to take place in waves over the course of the day.

About 75 people volunteered to help Saturday and 60 people Sunday, Ludlow said.

Even the move from the hospital's skilled nursing facility poses a challenge because there are not enough employees available to push that many people in wheelchairs down the public corridor, she said. As a result, those residents also will be transported by wheelchair van.

The Erie County Home dates from 1829, when a facility known as the county poorhouse opened in the city, according to a history provided by ECMC. The poorhouse provided accommodations to paupers and vagrants. As services later turned toward long-term care to the elderly, the Erie County Board of Supervisors in 1926 built the massive 600,000-square-foot County Home in Alden.

ECMC will turn over the Home to the county as part of a past agreement.

The county hired Hamilton Houston Lownie Architects to mothball the facility and investigate a possible

reuse, although officials in the past have noted that it will be difficult to find a reuse for the building. Hospital officials estimated that it would take at least \$18 million in improvements to bring the Home up to modern standards.

Mothballing will include shutting off the heat, draining water lines, disconnecting utilities and installing a fence and security system, according to Peter Anderson, a spokesman for County Executive Mark C. Poloncarz.

The new nursing home joins Kaleida Health's HighPointe on Michigan nursing home, which opened in late 2011, in filling a gap in long-term services left by the closings, in recent years, of Grace Manor, Nazareth, St. Francis and other skilled nursing facilities in the city. It also is part of a five-year, \$200 million expansion on ECMC's campus that includes a Regional Center of Excellence for Transplantation & Kidney Care that opened last year.

email: hdavis@buffnews.com

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SERVE & PROTECT IS PLEASED TO WELCOME CHAPLAIN GARNEY DAVIS - BUFFALO NY.
32nd Chaplain, 20th State

Chaplain Davis is a graduate and Colonel for International Police Fire Chaplains Association, and serves as a Western NY Law Enforcement Chaplain. He currently serves as the Chief Trauma Chaplain for Erie County Medical Center. He serves on the Leadership Team for the Palliative Care and Schwartz Rounds. Chaplain Davis is a DAT and DSHR volunteer for the Greater Buffalo American Red Cross since 2009.

Chaplain Garney Davis served 17 years as the Minister of Music when God called him to preach in 2003. In 2005 Garney was ordained by Bishop William T. Clark Jr., pastor of New Bethel Community Church, where he now serves as an associate pastor. For 14 years Garney worked for American Axle & Manufacturing as a machine operator and chaplain. He was appointed Assistant Regional Director Chaplain for United Auto Workers of America, where he managed all chaplaincy programs in Western NY and parts of New Jersey and Community Outreach Chairman for Local 846.

In 2006, Chaplain Davis began traveling international, building, strengthening and equipping churches in Uganda, Africa and South Africa. He trained over 150 men and women to be chaplains both in the work place and Block Club's. He travel's twice a year, sometime's leading teams from different churches throughout the region.

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From the Business First

:<http://www.bizjournals.com/buffalo/news/2013/02/06/wny-hospitals-cash-in-on-incentive.html>

Feb 6, 2013, 8:34am EST

WNY hospitals cash in on incentive program



Tracey Drury

Buffalo Business First Reporter- *Business First*

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Quality improvements are paying off for area hospitals, which received millions in incentive payments last year from Univera Healthcare and its parent, Excellus Healthcare.

The insurer's hospital performance incentive program paid out \$26 million collectively to 54 hospitals, including 19 from the Western New York region. Since the program began, incentive payments have exceeded \$145 million.

Local hospitals receiving payments in 2012 included: two hospitals from the Lake Erie Regional Health System; Catholic Health's three hospitals; Eastern Niagara Health System's two hospitals; **Erie County Medical Center**; the five hospital sites within Kaleida Health; **Mount St. Mary's Hospital**; **Niagara Falls Memorial Medical Center**; **Roswell Park Cancer Institute**; **United Memorial Medical Center**; **WCA Hospital**; and the Chautauqua Integrated Delivery System, an independent practice association.

Participating hospitals are evaluated annually on more than 300 performance measures. The four areas targeted for improvement include clinical outcomes, patient safety, patient perception of care and patient satisfaction and efficiency.

In 2012, hospitals achieved 87 percent of all target quality levels.

Total incentive payments have increased in recent years, growing from \$21 million in 2011 and \$19 million in 2010.

Univera executives said it the insurer will continue to work with its hospital partners to drive improvement in quality of care and patient safety.

Tracey Drury covers health/medical, nonprofits and insurance



Local
Funeral services set for Buffalo
Police officer Patricia Parete



Local
Press Pass: ECMC growth &
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Local

9:00 AM MON FEBRUARY 4, 2013

Press Pass: ECMC growth & Buffalo's blue economy

By EILEEN BUCKLEY (/PEOPLE/EILEEN-BUCKLEY) AND BRIAN MEYER (/PEOPLE/BRIAN-MEYER)

This week in our Press Pass conversation, WBFO's Eileen Buckley and Buffalo News reporter Brian Meyer discuss advances made at the Erie County Medical Center. They also tell us what the Buffalo Niagara Riverkeeper says is the "blue economy." Eileen and Brian begin their conversation with ECMC's plans to open a brand new nursing home this month on the Grider campus replacing the former home in Alden.



<http://mediad.publicbroadcasting.net/p/wbfo/files/201302/Brian-Meyer-Studio.jpg>

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Credit WBFO News file photo
Brian Meyer, Buffalo News in WBFO studio

WBFO's Press Pass with Eileen Buckley & Buffalo News reporter Brian Meyer.

Lawmakers to mull ECMC pact

By Rick Miller Olean Times Herald | Posted: Sunday, February 3, 2013 12:11 am

OLEAN — For the past several years, Erie County Medical Center staff have been offering monthly clinics at the Cattaraugus County Health Department for people in the Southern Tier who are HIV-positive.

The Cattaraugus County Legislature's Human Services Committee and the Finance Committee will vote Wednesday on the county Health Department's recommendation for an open-ended renewal of the contract retroactive to Jan. 1. There is no cost to the county.

Dr. Kevin Watkins, the county Health Department's public health director, said the program has been successful for HIV-positive individuals from four counties who don't have to travel to the Erie County Medical Center's AIDS Center/Immunodeficiency Services in Buffalo.

The HIV Clinic at the Health Department offices in the County Office Building in Olean serves people from Cattaraugus, Allegany, Steuben and Wyoming counties, Dr. Watkins said.

There are 18 Cattaraugus County residents who currently have HIV/AIDS, according to the Health Department, which tracks HIV/AIDS cases within the county. No new positive HIV cases were reported in the previous 12 months, Dr. Watkins said. In the past few days, however, one new HIV diagnosis was made involving a county resident.

Ten of the Southern Tier HIV/AIDS cases involve Allegany County residents.

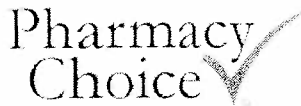
HIV/AIDS, for example, can be contracted from unprotected sex with someone who has the virus, from the sharing of a needle with someone who has HIV/AIDS, from blood transfusions or by otherwise coming into contact with HIV-infected blood.

The monthly clinics are important follow-up visits because they help determine the viral loads of individuals and a chance to examine the individuals to make sure they are taking their antivirals, Dr. Watkins explained. The clinics are used as an educational opportunity.

"We have a very low number of HIV-positive patients in this county," Dr. Watkins said. "We have 18 now that we know are HIV-positive. Until this week, we hadn't had any new cases in the past year."

Dr. Watkins said, "HIV patients have a very long life expectancy because of the new drugs available." With new drugs that are becoming available, "They will reduce the viral load to allow HIV patients to almost alleviate developing the last stage of HIV, the AIDS virus."

(Contact reporter Rick Miller at rmiller@oleantimesherald.com)



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Pharmacy News Article

2/1/13 - Hospitals here, nationwide penalized for patient readmissions [The Buffalo News, N.Y.]

Feb. 01 Lillian Cretacci went into Mercy Hospital sick on Christmas Eve, and when she returned to her West Seneca home a few days later, the hospital did something hospitals never used to do.

She received special attention at discharge and then a visit from a nurse at her home to make sure her medications were all in order and a follow-up appointment with a doctor was scheduled.

Business changed big time for hospitals this year, and Cretacci's case is one small example of what's playing out across the nation as a result of new Medicare policies under the federal health reform law.

In October, Medicare started fining facilities, including 12 in Western New York, for too many patients returning within 30 days of discharge because of complications.

And in January, Medicare started rewarding or penalizing hospitals based on their performance on basic quality measures and surveys of patient satisfaction. A disproportionate number of Buffalo hospitals were penalized.

The new policies are meant to make hospitals more financially accountable for the care they provide. It is the government's biggest effort yet in a movement to pay health care providers for the quality and not just the quantity of care they deliver.

Medicare penalized 71 percent of the nation's hospitals, including 12 in Western New York, for having too many preventable readmissions, according to an analysis by Kaiser Health News. The penalties here ranged from \$2,000 at Brooks Memorial Hospital in Dunkirk to \$33,000 at Kenmore Mercy to \$938,000 at Kaleida Health, according to initial estimates from the Healthcare Association of New York State.

On the quality measures, 92 percent of hospitals in Buffalo received a penalty and 8 percent got a bonus, making it one of the worst performing regions in the country, Kaiser found.

Nationally, on average, 48 percent of hospitals received a penalty and 52 percent a bonus.

Hospital officials see the measures as works in progress that will require refinement.

"Churning patients through hospitals and not creating comprehensive systems of care, that's not good for patients or for costs," said Joseph McDonald, chief executive officer of Catholic Health.

"Everybody recognizes that the reimbursement system has to take into account quality of care. That historically has not happened," said Dr. Brian Murray, chief medical officer at Erie County Medical Center.

Murray and others noted that the way hospitals have been paid in the past encouraged shorter patient stays and, as result, risked discharging patients too soon.

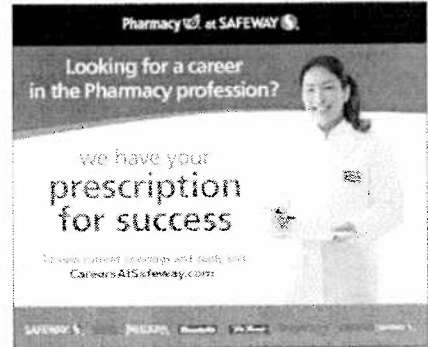
"Now we're planning for discharge from the time a patient comes in," he said.

Medicare is the federal health program for individuals 65 and older. About 20 percent of hospitalized Medicare patients 2.3 million people are readmitted to a hospital within 30 days of discharge, according to a key study on readmissions in the New England Journal of Medicine. About 90 percent of the readmissions were unplanned and cost the government \$17.4 billion in 2004 alone, the study found.

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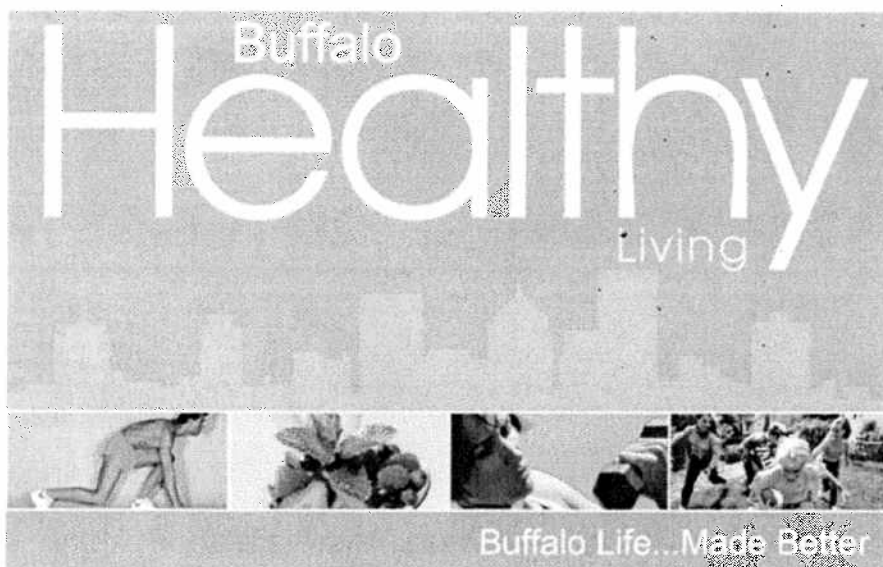
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Wednesday, January 30, 2013

Immunodeficiency Clinic earns NYS Department of Health Award

The difference between healthcare and true care™



462 Grider Street * Buffalo * New York * 14215

BUFFALO, NEW YORK; January 30, 2013—The Immunodeficiency Services Department at Erie County Medical Center has won the 2012 New York State Department of Health AIDS Institute Award for Excellence in Quality Performance. The award recognizes a clinic that achieves and sustains measurably high quality care. The immunodeficiency clinic received the award for demonstrating sustained improvement for patient retention and viral load suppression, as well as improving linkages to care as shown through its participation in NY Links and the In + Care Campaign.

"The award is a result of the combined efforts of the clinic's physicians, nurses, social workers, pharmacists and others," emphasized Thomas A. Russo, MD, Professor and Chief of the Infectious Disease Department of Medicine, S.U.N.Y. at Buffalo. "It is truly a team award."

The clinic, staffed in part by division faculty, is the largest and only comprehensive HIV and AIDS care center in Western New York. Physicians in the infectious diseases fellowship train at the facility during ambulatory rotations.

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By Annette Pinder Perhaps you have seen it on TV. It has been on Rachel Ray, Dr. Oz, and others. If you did, you might have

The award is one of several given by the HIV Quality of Care Program, a statewide initiative for systematically monitoring the quality of HIV medical care and support services. It will be presented March 14th, 2013, in New York City.

To refer to this award announcement on the UB site, log-on to:
<http://medicine.buffalo.edu/departments/medicine/news-and-events/news/infectious-disease.host.html/content/shared/smb/news/2013/01/infectious-diseases-hiv-aids-award-227.detail.html>

The ECMC Corporation includes an advanced academic medical center (ECMC) with 550 inpatient beds and 136 skilled-nursing-home beds, on- and off-campus health centers, more than 30 outpatient specialty care clinics and a long-term care facility. ECMC is the regional center for trauma, burn care, and rehabilitation and is a major teaching facility for the University at Buffalo. Most ECMC physicians, dentists and pharmacists are dedicated faculty members of the university. More Western New York residents are choosing ECMC for exceptional patient care and patient experiences—the difference between healthcare and true care.

Posted by Editor Buffalo Healthy Living at 12:11 PM 

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Labels: ECMC, HIV Quality of Care Program, Immunodeficiency Services, MD, NYSDOH Aids Institute Award for Excellence, Thomas A. Russo

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by Annette Pinder Have you ever felt dizzy or lightheaded? Lost your balance? Experienced vertigo (a feeling of spinning)? One in 3 peopl...

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UBMD Opens Addiction Medicine Practice March 28, 2012. Amherst, New York. The multi-specialty physician group, UBMD's Department of Family Medicine has opened an addiction medicin...

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Update on Chicken Pox, Shingles, & Flu

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BUFFALO, N.Y. -- Lots of people are buzzing about the chicken pox, thanks to Barbara Walters.

The legendary broadcaster has them and remains in the hospital. The 83-year-old never had the chicken pox as a child and never got vaccinated for it.

Wednesday on Channel 2 News First at Five, Dr. John Fudyma from ECMC/UB joined us to talk about the condition, how the shingles are different and to give us an update on the flu.

Watch his segment in the video player above.



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Jan 30, 2013



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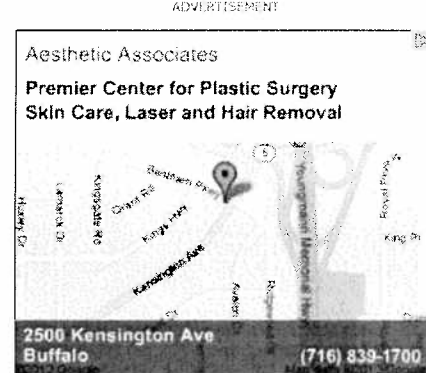
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About This Physician

Gender	Male
Type of Specialist	Plastic Surgeon
Special Expertise	Breast Reconstruction Head & Neck Cancer Reconstructive Surgery Thyroid Cancer
Admitting Hospital(s)	Erie County Medical Center
Board Certification(s)	Surgery
Latest Certification Date(s)	2010
	Plastic Surgery
	2004
Obtained Medical Degree From	George Washington University
	1982
Residency(ies)	Surgery
	St Lukes-Roosevelt Hosp
	New York, NY
	1982 - 1987
	Plastic Surgery
	St Lukes-Roosevelt Hosp
	New York, NY
	1987 - 1989
Fellowship(s)	Head & Neck Surgical Oncology
	Meml Sloan-Kettering Cancer Ctr



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