

ECMC Board of Director's Regular Meeting

Feb 24, 2015 at 04:30 PM - 06:30 PM

Erie County Medical Center

462 Grider Street

Buffalo

ERIE COUNTY MEDICAL CENTER CORPORATION

MINUTES OF THE REGULAR MEETING
OF THE BOARD OF DIRECTORS

TUESDAY, JANUARY 27, 2015

STAFF DINING ROOM

Voting Board Members
Present:

Kevin M. Hogan, Esq
Bishop Michael Badger
Douglas H. Baker
Ronald Bennett
Ronald Chapin
K. Kent Chevli, M.D.
Kevin E. Cichocki, D.C.
Sharon L. Hanson

Michael Hoffert
Anthony Iacono
Dietrich Jehle, M.D.
Thomas P. Malecki, CPA
Frank B. Messiah
Michael A. Seaman
Ronald Bennett

Voting Board Member
Excused:

Joseph Zizzi, Sr., M.D.

Non-Voting Board
Representatives Present:

Richard C. Cleland
James Lawicki

Kevin Pranikoff, MD

Also Present:

Donna Brown
Anthony Colucci, Esq.
Carla Clarke
Janique Curry
Leslie Feidt
Stephen Gary
Susan Gonzalez

Mary Hoffman
Susan Ksiazek
Ronald Krawiec
Charlene Ludlow
Brian Murray, M.D.
Thomas Quatroche
Karen Ziemianski

I. CALL TO ORDER

Chair Kevin M. Hogan called the meeting to order at 4:30 P.M.

Kevin Hogan introduced and welcomed ECMC's newly elected non-voting Board member, James Lawicki.

II. APPROVAL OF MINUTES OF NOVEMBER 25, 2014 REGULAR BOARD MEETING.

Moved by Kent Chevli, M.D. and seconded by Kevin Cichocki, D.C.

Motion approved unanimously.

III. ACTION ITEMS

- A. Resolution of the Board of Directors Attesting to the Use of Funding Provided to ECMCC Pursuant to Part I of Chapter 60 of the Laws of 2014

Moved by Michael Hoffert and seconded by Kevin Cichocki, D.C.

Motion Approved Unanimously

- B. Approval of Medical/Dental Staff Credentials, Resignations, Appointments and Re-Appointments for December 2, 2014

Moved by Douglas Baker and seconded by Michael Hoffert

Motion Approved Unanimously

- C. Approval of Medical/Dental Staff Credentials, Resignations, Appointments and Re-appointments for January 6, 2015.

Moved by Sharon Hanson and seconded by Douglas Baker.

Motion Approved Unanimously

IV. BOARD COMMITTEE REPORTS

All reports except that of the Performance Improvement Committee shall be included in the January 27, 2015 Board book.

V. REPORTS OF CORPORATION'S MANAGEMENT

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

1) President/COO; Interim CEO: Richard C. Cleland

- NYSDOH announced that ECMC's MICU was one of three hospitals in NYS being recognized for exceptional rates in Hospital Acquired Infections.
- Executive Leadership is committed to the patient experience and to drastically improving quality and customer service.
- The National Committee for Quality Assurance recognized ECMC's immunodeficiency services as a Patient Center Medical Home Level 3 Achievement of Recognition for Systematic use of Patient Centered Coordinated Case Management Processes.
- Volumes remain solid with continued improvement over prior year.
- 2014 is looking to break even or better.
- ER use still remains high with many patients not having PMD's.
- ECMC received a CON for two additional operating rooms to be located in the ambulatory center.
- Physician survey completed in early January. Overall we received a 46% participation which is significantly higher than 2009.
- The Russell J. Salvatore Orthopedic unit remains scheduled to open in February/March 2015.
- Executive Leadership is updating the ECMCC strategic plan.
- DSRIP is a high level initiative for 2015.

2) Chief Financial Officer: Stephen M. Gary

A summary of the financial results through December 31, 2014 and a Quarterly Financial Statement and projected statement of Yearly Cash Flows are in the Board Book for review.

3) Lifeline Executive Director: Susan Gonzalez

Springfest 2015 is Saturday, May 9, 2015, featuring the Village People and The Spinners. Sponsorship packets will be mailed the end of week.

Patrick Lee Foundation interview scheduled later this week for a behavioral health program.

The mammogram bus has reached a milestone of 4000 screens after 30 months in operation. This activity has resulted life-saving treatment for several women.

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

Moved by Michael Badger and seconded by Kevin Cichocki, D.C., 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.


VII. RECONVENE IN OPEN SESSION

Motion approved Kevin Cichocki, D.C. and seconded by Bishop Badger to reconvene in Open Session at 6:30 P.M. No action was taken by the Board in Executive Session.

Motion approved unanimously.

VIII. ADJOURNMENT

Moved by Michael Hoffert and seconded by Frank Mesiah to adjourn the Board of Directors meeting at 6:30 P.M.



Sharon L. Hanson
Corporation Secretary

**A Resolution of the Board of Directors Attesting to
the Use of Funding Provided to ECMCC
Pursuant to Part I of Chapter 60 of the Laws of 2014**

Approved January 27, 2015

WHEREAS, the New York State 2014-15 Enacted Budget included funding for the provision of a two percent increase in annual salary and salary-related fringe benefit costs for Direct Support staff (CFR 100 series titles) and Direct Care staff (CFR 200 series titles), effective January 1, 2015;

WHEREAS, the New York State 2014-15 Enacted Budget included funding for the provision of an additional two percent increase in annual salary and salary-related fringe benefit costs for Direct Support staff (CFR 100 series titles) and Direct Care staff (CFR 200 series titles), effective April 1, 2015;

WHEREAS, the New York State 2014-15 Enacted Budget included funding for the provision of a two percent increase in annual salary and salary-related fringe benefit costs for Clinical staff (CFR 300 series titles), effective April 1, 2015; and

WHEREAS, the New York State 2014-15 Enacted Budget requires each provider to submit an attestation confirming that the funding increases will be used solely to support salary and salary-related fringe benefit increases.

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

1. The Board of Directors of Erie County Medical Center Corporation hereby attests that the funding received pursuant to Part I of Chapter 60 of the Laws of 2014 for the period beginning January 1, 2015, will be used solely to support salary and salary-related fringe benefit increases for direct care staff and direct support professionals as defined by the Commissioner and in accordance with standards prescribed by the Commissioner.
2. The Board of Directors of Erie County Medical Center Corporation hereby attests that the funding received pursuant to Part I of Chapter 60 of the Laws of 2014 for the period beginning April 1, 2015, will be used solely to support salary and salary-related fringe benefit increases for direct care staff, direct support professionals, and clinical staff as defined by the Commissioner and in accordance with standards prescribed by the Commissioner.
3. The Board of Directors of Erie County Medical Center Corporation hereby attests that the funding received pursuant to Part I of Chapter 60 of the Laws of 2014 will not be used for any other purpose or expense except for those purposes and expenses as herein described.
4. The Corporation is authorized to do all things necessary and appropriate to implement this resolution.
5. This resolution shall take effect immediately.



— Sharon L. Hanson —
Corporation Secretary

CREDENTIALS COMMITTEE MEETING

December 2, 2014

Committee Members Present:

Robert J. Schuder, MD, Chairman
 Timothy G. DeZastro, MD
 Christopher P. John, PA-C
 Mandip Panesar, MS MD

Brian M. Murray, MD
 Richard E. Hall, DDS PhD MD FACS
 Nirmitt D. Kothari, MD

Medical-Dental Staff Office and Administrative Members Present:

Tara Boone, Medical-Dental Staff Services Coordinator
 Judith Fenski, Credentialing Specialist

Members Not Present (Excused *):

Yogesh D. Bakhai, MD *
 Susan Ksiazek, RPh, Director of Medical Staff Quality and Education *
 Gregg I. Feld, MD *

CALL TO ORDER

The meeting was called to order at 3 PM by Dr. Robert J. Schuder. The proceedings from the previous meeting of November 4, 2014 were reviewed and accepted. It was noted that Dr. Brian McGrath, Department of Orthopaedic Surgery, was inadvertently omitted from the list of re-appointments in the October 2014 meeting minutes.

ADMINISTRATIVE

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

- A. Deceased
- B. Applications Withdrawn
- C. Application Processing Cessation - None
- D. Automatic Processing Conclusion (inactive applications > 180 days from date of signature)
- E. Resignations

Werth, Christopher, MD	Anesthesiology	11/13/14
Crowley Kathleen, FNP	Emergency Medicine	11/15/14
Olsen, Erica, MD	Emergency Medicine	12/02/14
Neiswonger, Raymond, ANP	Internal Medicine	10/14/14
Plouffe, Giovanni, ANP	Internal Medicine	10/06/14
Sullivan, Laurie, ANP	Internal Medicine	10/08/14
Jung, Hoon, MD	Ophthalmology	10/01/14
Heiler, Stacy, PA-C	Orthopaedic Surgery	09/22/14
Quinlan, Kathleen, MD	Psychiatry	10/17/14

FOR INFORMATION

PRIVILEGE ADDITION/REVISION

Emergency Medicine

Johnson, Margaret, NP Allied Health Professional

Collaborating Physician: Dr. Michael Manka

- Moderate Sedation

***FPPE satisfied with completion of training; documentation on file**

Internal Medicine

ERIE COUNTY MEDICAL CENTER CORPORATION

- Zachariah, Mareena, MD Active Staff
- Level II- Management of CRRT
 - Level II- Hemodialysis, management, including hemofiltration. Peritoneal Dialysis, management including CAPC/CCPD
 - Level II- Insertion of Temporary Venous Access for Dialysis-Femoral Vein, Jugular Vein, Subclavian Vein
 - Level II- Percutaneous Kidney Biopsy, Percutaneous Transplant Biopsy

Oral & Maxillofacial Surgery

- Campbell, John, IV, DDS, MS Active Staff
- Level III- Facial reanimation surgery
 - Level I- Temporomandibular Joint Surgery- Arthroscopy of temporomandibular joint, diagnostic

**FPPE satisfied with completion of training; documentation to be forwarded to file as per OMFS COS*

Cardiothoracic Surgery

Murphy, Mary, PA Allied Health Professional

Supervising Physician: Dr. Janerio Aldridge

- II. Basic Procedures- Thoracentesis

Surgery

Glick, Philip, MD Active Staff

- Hand Surgery-Ganglion excision
- Extremities- Ligate artery or vein

Rajeev, Sharma, MD Active Staff

- Radiologic Procedures (Operative)
 - Needle Biopsy of Kidney, pancreas under ultrasound localization
- Genito-Urinary Tract
 - Kidney-partial or complete resection
 - Urinary, bladder-cystotomy
- General & Colorectal Surgery
 - Cyst excision
 - Foreign body removal
 - Inguinal herniorrhaphy
 - Laceration repair
 - Lipoma excision
 - Skin lesion excision
 - Umbilical herniorrhaphy

FOR OVERALL ACTION

PRIVILEGE WITHDRAWAL

Cardiothoracic Surgery (*No/low volume practitioners on staff for coverage only)

Murphy, Mary, PA* Allied Health Professional

Supervising Physician: Dr. Janerio Aldridge

- Chest Tube Placement (ACLS Expired-insufficient time to renew)

Wittman-Klein, Sharon, PA-C* Allied Health Professional

Supervising Physician: Dr. John Bell-Thomson

- Maintenance of Open Airway in non-intubated, unconscious patient with ventilation by bag or mask
- Chest tube Placement
- Endotracheal Intubation

FOR OVERALL ACTION

APPOINTMENT APPLICATIONS, RECOMMENDED

A. Initial Appointment Review (7)

Family Medicine

Harding, Elizabeth, MD Active Staff

Internal Medicine

Denall, Kelly, ANP Allied Health Professional

Supervising Physician: Christopher Jacobus, MD

ERIE COUNTY MEDICAL CENTER CORPORATION

Nanjunde Gowda, Madan, MD	Active Staff
Walter, Michele, DO	Active Staff
Orthopaedic Surgery	
McNichol, Meghan, PA-C	Allied Health Professional
<i>Supervising Physician: Lindsey Clark, MD</i>	
Pathology	
Nakhla, Hassan, MD	Active Staff
Zhang, Nan, MD	Active staff

FOR OVERALL ACTION

REAPPOINTMENT APPLICATIONS, RECOMMENDED

B. Reappointment Review (24)

Anesthesiology

Hastings, Lisa, CRNA	Allied Health Professional
Haws, Brianna, CRNA	Allied Health Professional

Cardiothoracic Surgery

Demmy, Todd, MD	Associate Staff
Hennon, Mark, MD	Associate Staff
Murphy, Mary, PA-C	Allied Health Professional

Supervising Physician: Janerio Aldridge, MD

Family Medicine

Singh, Ranjit, MB, BCh	Active Staff
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Internal Medicine

Curtis, Anne, MD	Active Staff
Kalinka Lisa, ANP	Allied Health Professional

Supervising Physician: Arthur Orlick, MD

Min, Inkee, MD	Active Staff
Thomas, Eunice, ANP	Allied Health Professional

Collaborating Physician: Nagaraja Sridhar, MD

Zachariah, Mareena, MD	Active Staff
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Ophthalmology

Pfohl, George, MD	Courtesy Staff, <i>Refer & Follow</i>
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Oral and Maxillofacial Surgery

Campbell, John, MD	Active Staff
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Orthopaedic Surgery

Callahan, John, MD	Active Staff
Rohrbacher, Bernhard, MD	Active Staff
Treanor, Joseph, PA-C	Allied Health Professional

Supervising Physician: Mark Anders, MD

Otolaryngology

Simpson, George, MD	Active Staff
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Psychiatry

Tan, Alfonso, MD	Active Staff
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Radiology

Feld, Gregg, MD Active Staff
 Serghany, Joseph, MD Active Staff

Teleradiology

Petrovich, Linda, MD Active Staff

Surgery

Glick, Philip, MD Active Staff
 Kordasiewicz, Lynn, ANP Allied Health Professional

Collaborating Physician: William Flynn, MD

Sharma, Rajeev, MD Active Staff

C. Dual Reappointments (1)

Family Medicine and Internal Medicine

Rzepakowski, Neal, MD Active Staff

FOR OVERALL ACTION

PROVISIONAL APPOINTMENT REVIEW, RECOMMENDED

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

December 2014 Provisional to Permanent Staff Provisional Period Expires

Bou-Abdallah, Jad, MD Active Staff 12/17/2014
 Dhanekula, Nischala, MD Active Staff 12/17/2014
 Hart, Virginia, M., DNP Allied Health Professional 12/17/2014

Collaborating Physician: Dr. George Matthews

Surgery

Caruana, Joseph, A., MD Active Staff 12/17/2014
 Cavaretta, Mark, F., MD Active Staff 12/17/2014

The future February 2015 Provisional to Permanent Staff list will be compiled and distributed in December for Chief of Service and Collaborating / Supervising physician review 60 days before endorsement to the Medical Executive Committee.

FOR OVERALL ACTION

AUTOMATIC CONCLUSION- REAPPOINTMENT EXPIRATION, RECOMMENDED

Internal Medicine	Reason	Expiration Date
Pone, Entela MD	<i>Application incomplete</i>	12/31/14
Stall, Robert, MD	<i>Application incomplete</i>	01/01/15

Erie County Medical Center Corporation April 2014

Credentials Procedures Manual Page 18

....failure to provide any requested information is deemed a voluntary resignation from the staff and shall result in expiration of appointment at the end of the current appointment period.

POTENTIAL AUTOMATIC CONCLUSIONS FOR NEXT MEETING (No RESPONSE TO RE-APPOINTMENT REQUESTS TO DATE)

Internal Medicine	Expiration
Reed, Pamela, MD	01/31/15
Orthopaedic Surgery	
Roliczek, Noreen, RNFA	02/01/15

OLD BUSINESS

Vendor for Corporate Compliance Due Diligence

The process was implemented November 2014. The policy revision is in need of additional wordsmithing, primarily with regard to operations detail. Proposed wording has been forwarded to the Corporate Compliance Office Staff. The Director of Medical Staff Quality and Education has also advised the Corporate Compliance Officer to meet with IT to evaluate the Meditech systems limitations which do not allow for the flagging of sanctioned practitioners in the Provider Dictionary – perhaps a custom enhancement could be pursued?

Internal Medicine

Discussions have been conducted with the Chief of Service, the Chief Medical Officer and the Acute Geriatrics Group regarding a plan for the assurance of the best possible patient care and with practitioner guidance. A letter was issued by the AGS group, detailing the provisions for training, mentorship and supervision. These can be incorporated into the FPPE process as per our current policy. The Medical-Dental Staff Office awaits the response of the Chief of Service as it applies to the open applicant dossier. The Credentials Committee was reminded that the application is approaching the 180 day processing window and a decision is needed prior to the January 2015 meeting.

The status of the letter revision for the NP applicant deliberated by the MEC at its October meeting was solicited.

Pathology

All but one KH pathologist is on our staff. The last should be processed early 2015.

Case Volumes/Credentialing Criteria

The Medical-Dental Staff Office asked the Committee to re-affirm its interpretation of the case volume column on some departmental privilege forms. It had previously been stated by the Credentials Committee that these are NOT required, but rather suggested case volumes to serve as a guide. The current Credentials Committee opined that this continues to be the interpretation. These numbers are a reference to be used by the Chief of Service when reviewing a dossier.

→There is no requirement that the applicant provide these numbers unless requested to do so by the Chief of Service. This interpretation excludes those privileges with “credentialing criteria” that contain specific training and case volumes.

→With the above interpretation re-affirmed, the Medical-Dental Staff Office is not required to obtain case volumes in order to have a complete dossier, with the exception of those specifically delineated in separate credentialing criteria.

Dental Department Form Revisions

The Credentials Chair and the Chiefs of Oral-Maxillofacial Surgery and Dentistry met to discuss the requested changes to the Dentistry form. Initial revisions are listed below:

Enter “✓” in Dentist Request Column

DENTISTRY PROCEDURAL Level II CORE PRIVILEGES Submit Documentation	Credentialing Criteria	Dentist Request	Action:	
			YES	NO
Implants: restoration; alveolectomy & alveoplasty to prepare mouth for prosthesis. ENTRY REVISED	Documentation of experience or specialty training			
Operating Room Privileges				
Dental Clinic: Use of N ₂ O (Anxiolysis)				
Laser Use	See Criteria page 6 Document 10 procedures over past 2 years			
Moderate Sedation: Attach Dental Anesthesia/Sedation Certificate	See Criteria on page 6			

ERIE COUNTY MEDICAL CENTER CORPORATION

MAXILLOFACIAL PROSTHETICS / DENTISTRY

Privileges to be recommended by the Chief of Service

Dentist Request for Maxillofacial Prosthetics / Dentistry Privileges:

Training: Completion of an approved residency in Dentistry. Privileging in the Procedural Level II Core group and Advanced Privileges require additional training in prosthodontics or equivalent training.

Experience: Completion of at least 50 dental exams / consults over the past 2 years and 10 dental procedures in each core group requested. Advanced privileges require documentation of at least 5 performed in the past 2 years. Documentation must be attached to the privilege form.

Competence: Initial appointment: Three letters of reference from physicians/dentists acquainted with the applicant's clinical and professional status and skills in the area of Dentistry.
Reappointment: Clinical evaluation documenting competence by the Chief of Dentistry to fulfill Ongoing Professional Practice Evaluation (OPPE).

Enter "✓" in Dentist Request Column

Chief of Service action:

MAXILLOFACIAL PROSTHETICS PROCEDURAL Level II Core PRIVILEGES Submit Documentation	Credentialing Criteria	Dentist Request	Recommend		
			YES		NO
			Independent	Under Supervision	
Maxillofacial prosthetics	Level II group requires additional training in prosthodontics or equivalent training.				
Oral and maxillofacial surgery including complicated dental extractions, removal of hyperplastic tissue, epuli and extirpation and curettage of bone cysts.	50 dental exams / consults and 10 dental procedures over the past two years.				

Enter "✓" in Dentist Request Column

Chief of Service action:

MAXILLOFACIAL PROSTHETICS Advanced PROCEDURAL PRIVILEGES (Individual and Clustered) Level II Submit Documentation	Credentialing Criteria	Dentist Request	Recommend		
			YES		NO
			Independent	Under Supervision	
Integrated implants and super structures for osseointegrated implants (intraoral and extraoral)	Requires additional training prosthodontics or equivalent training 5 advanced procedures over the past two years				

Consistent with policy, any privilege requests that would cross specialty lines would continue to be reviewed through an ad-hoc process, which would include the Oral Maxillofacial Department. MEC 7/28/14
(Applicant: Please sign page 5)

Additional revisions may be forthcoming from the Dentistry Chief of Service. The Committee asked that the "Independent" and "Under Supervision" categories be specifically defined and recorded on the form.

Temporary Privilege Tracker

Refer to attached

FOR OVERALL ACTION

NEW BUSINESS

Orthopaedic Surgery

A form clarification to the Orthopaedic section of the First Assist privilege form to clearly indicate the need to complete credentialing requirements for Percutaneous (Closed) Tenotomy. The following revision is presented:

ERIE COUNTY MEDICAL CENTER CORPORATION

ORTHOPAEDIC SURGERY	
First Assist with Bone graft harvesting	
First Assist with Percutaneous (Closed) Tenotomy -must complete credentialing criteria – see page 5	

Psychiatry Staff Categories

As per the Professional Billing Department, if a physician admits a patient covered by an insurance of which the physician is not a participating provider, the hospital stay will not be paid for. The question has been posed as to whether locum tenens physicians/newly licensed psychiatrists not enrolled with local insurers be asked to defer admitting privileges until recognized as a participating practitioner. The Committee felt it would not be practical to defer admitting privileges despite the fact that it may take months to achieve participating provider status and in such situations, to simply use alternate staff members to admit the patient. Further discussion will be had at the next meeting.


Board of Directors Meeting

The December Board of Directors meeting has been cancelled. The Medical-Dental Staff Office will issue temporary privileges for any new applicant who will be seeing patients before the January 2015 BOD meeting (date TBD). As the Medical-Dental Staff Office processes re-appointments 2 months ahead of expiration in as a matter of routine to ensure no appointment expirations if a BOD meeting is cancelled for any reason. The automatic conclusion referenced previously is as per policy a voluntary resignation, so too, does not require BOD action.

Obstetrics and Gynecology Remote Fetal Monitoring

The contract has been finalized and in the interest of patient care, it has been requested that additional KH physicians be credentialed at ECMC by early 2015. It has been determined that for those new appointees who will be selecting this as their singular privilege, all appointment/re-appointment fees and annual dues will be waived. The Medical-Dental Staff Office has customized the cover letter to the appointment packet and will explore a way to flag these practitioners in the credentialing software so that they will not receive dues and re-appointment fee notices.

An expeditious form revision to the current Obstetrics and Gynecology form was endorsed by the committee to facilitate the



2014-2015 Appointments/Reappointments
DEPARTMENT OF GYNECOLOGY/OBSTETRICS

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4">MD REQUEST</th> </tr> <tr> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Independent</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">With Consultation</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">With Consultation Assistant</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Not Requested</td> </tr> </table>	MD REQUEST				Independent	With Consultation	With Consultation Assistant	Not Requested	Applicant _____ Print Name	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4">DEPT. ACTION</th> </tr> <tr> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Recommended</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">With Consultation</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">With Consultation Assistant</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Not Recommended</td> </tr> </table>	DEPT. ACTION				Recommended	With Consultation	With Consultation Assistant	Not Recommended
MD REQUEST																		
Independent	With Consultation	With Consultation Assistant	Not Requested															
DEPT. ACTION																		
Recommended	With Consultation	With Consultation Assistant	Not Recommended															
<p>ULTRASOUND</p> <p>_____ Consultative Ultrasound _____</p>																		
<p>OTHER OBSTETRICS</p> <p>_____ Remote Fetal Monitoring _____</p>																		

transition:

A draft of a potential form for the Department of Obstetrics and Gynecology was presented to the committee. Sections are listed in core-cluster format. Consideration to limit Level II procedures will be discussed to address an emergent/consultative service. The committee recommended review by the Chief of Service, with return of a final draft for endorsement.

Delegated Credentialing Audit

The annual Fidelis credentialing audit has been scheduled for December 12, 2014.

Cardiothoracic Surgery

Dr. Von Fricken indicated to the Medical-Dental Staff Office in October of upcoming military leave effective November 30th. As defined in policy, a written letter with the duration of the military leave was requested, but not received. Therefore, written confirmation by the Chief of Service was solicited and received. The leave will be to April 2015. A copy of the written confirmation will be placed in the practitioner's file.

Family Medicine

Dr. Andrea Manyon was approved as COS at the 11/25/14 BOD meeting.

Additional Responsibilities for the Medical-Dental Staff Office

The HIS Department has recommended that the MDSO become the business owner for the Provider Dictionary. A meeting was held and the MDSO Director sketched a proposed revision to the departmental organizational chart to accommodate this additional workload and level of expertise. It was also suggested that a model of a shared partnership has greater potential for success than a perceived sole ownership. More discussion to come.

The HIS Department has recommended that the MDSO take on the responsibility of credentialing for electronic prescribing of Controlled Substances, which goes into effect March 2015. The MDSO Director has suggested that we reach out to KH to see if this might be done as a collaboration through GLH to collectively determine the most effective and efficient model for our prescriber customers.

With a budgeted department of 4.0 FTEs and most of 2014 at 2.0 FTEs, the MDSO has been given clearance to hire another credentialing specialist. A very well qualified candidate has been interviewed and is anticipated to come on board January 2015. The MDSO Director commends the current staff for the quality and quantity of work achieved despite the prolonged period of 50% staffing.

Podiatry Form

Based on the review of a new podiatry applicant, the Orthopaedic Surgery Chief of Service and MDSO staff again raise a question regarding the current wording for Level III procedural privileges:

Procedural Level III Advanced Privileges: Level III privileges require the completion of additional postgraduate work with a copy of the certificate of completion filed with the application for privileges. This course should include didactic and hands-on work.

The applicant in question did not provide additional documentation with the privilege form. Residency course work does not appear to apply, as that is the criteria for Level II privileges:

Procedural Level II Core Privileges: Level II privileges are those able to be performed after successful completion of an accredited Podiatry Surgery residency program and Board Certification in the American Board of Podiatric Surgery.

As this issue transcends any departmental privilege form using the core/cluster format and poses a processing challenge for the Chief of Service, the Medical-Dental Staff Office and the Credentials Committee, the wording for the Level III Procedural Privileges should be revisited to either add clarity or latitude. Specific to the Department of Orthopaedic Surgery, it was suggested that the Chief of Service consider designated a podiatrist as a service line designee to assist with the pre-review of practitioner dossiers and completion of competency assessments. This has been suggested in the past and again recently, with the Chief of Service opting to not pursue. Anticipating a change to the criteria for Level III privileges on the Podiatry form, the director of the applicant's podiatry residency will be contacted to attest to the experience and competency for the requested privileges. This will be included in the candidate's dossier for review by the Chief of Service.

OPEN ISSUES

Outstanding Dues

The Director of Medical Staff Quality and Education, upon the recommendation of the Credentials Committee, developed a letter to the limited number of practitioners delinquent for ≥ 2 years. Due to time constraints, this will need to be deferred to the January 2015 meeting.

Ad hoc BOD Committee Report - Oral Maxillofacial applicant

No update. The Credentials Committee awaits the detail requested.

Internal Medicine Combined Allied Health Professional Privilege Form

ERIE COUNTY MEDICAL CENTER CORPORATION

No update. The proposed PA-NP Internal Medicine privilege form will be incorporated into the deliberations of the ad-hoc MEC AHP committee to be convened by the President of the Medical-Dental Staff.

NP Law change effective January 2015

The Committee was presented with the proposed revisions to the face sheet of the ECMC Nurse Practitioner privilege forms. The Credentials Committee and MEC have endorsed that ECMC retain the process of a designated collaborating physician for the purposes of privilege review, and attesting to current competency (FPPE/OPPE). In addition, a letter will be composed and issued to all nurse practitioners on staff explaining the rationale for ECMC maintaining its current process. The CMO recommended the letter be reviewed by ECMC Legal Counsel to ensure appropriate verbiage of the interpretation and application of the new law in a hospital setting.

The following changes to the cover sheets of all Nurse Practitioner forms were presented:

STAFF CATEGORY: Allied Health Professional

No meetings obligated, No office held, No voting, No admit, Dues as defined, Selected privileges

Requests for Privileges

Applicants should select each procedure individually that they are competent to perform and wish to exercise at ECMC.

The Chief of Service shall recommend privileges and indicate particular conditions/ limitations as appropriate.

Reappointment applicants with insufficient activity at ECMC to evaluate performance and competency should provide verification from other institutions (from the Medical Director/Chief of Service, or equivalent) regarding the extent of and current competency for the requested privileges.

ADMITTING PRIVILEGES: Not extended to Nurse Practitioners in the Department of xxxxxxxx at this time.

PRACTICE AGREEMENT and PRACTICE PROTOCOLS:

For newly licensed Nurse Practitioners with less than 3600 hours of practice (2years full time)

Please submit Practice Agreement and Practice Protocol.

~~ANNUAL REVIEW OF PRACTICE AGREEMENT: See page 6-~~

SUBJECT: Rules and Regulations of Practice established by the State Education Department

Nurse Practitioner Modernization Act effective

1/1/2015

Nurse Practitioner Collaborative Practice Relationships

The New York State Education Law and related regulations provide that nurse practitioners work within a specialty area in collaboration with a qualified physician. Collaborative relationships are consistent with Medicare’s billing requirement about NP’s and collaboration. NP’s make referrals as necessary and communicate by phone or in writing to exchange information with licensed physicians as needed with privileges at a hospital institution in order to provide comprehensive care.

Practice Agreements and Practice Protocols are not required for experienced Nurse Practitioners with greater than 3600 hours of practice.

An attestation form (to be developed before 1/1/2016) will be maintained (not filed with the SED) indicating they hold one or more collaborative relationships. **(Although the law does not require physician name and signatures, ECMC would prefer to have a designated collaborating physician for the purposes of privilege review, FPPE/OPPE and retain their signatures on the applications and privilege forms.)** Attestation will also include a dispute resolution process.

Evidence of the collaborating process (e.g. physician consultation) shall be maintained with documentation in the patient record as needed to verify compliance. Attestation forms and relationship evidence shall be provided upon the State Education Department’s request with a misconduct penalty if absent.

Also presented for the committee are highlights of the Nurse Practitioner Modernization Law:

HIGHLIGHTS OF THE NEW LAW

Newly licensed Nurse Practitioners with less than 3,600 hours of practice continue to be subject to current requirements, including:

- Maintaining a Written Practice Agreement (WPA) signed by the NP and physician
- Identifying practice protocols approved by the State Education Department
- Chart reviews

For Nurse Practitioners with greater than 3600 hours of practice (approximately 2 years full-time), regardless of the NP's specialty (ie Acute, Adult, Family, Mental Health, etc...):

- No signed written practice agreement is required
- No practice protocols need to be identified
- NP shall maintain collaborative relationships

Collaborative relationships.

- Are consistent with Medicare's billing requirement about NPs and collaboration

In New York, this means:

- NP communicates with licensed physician(s) as needed OR a Hospital that provides services through licensed physicians qualified to collaborate in the specialty involved and having privileges at such institution:
 - by phone or in writing
 - to exchange information (two way street)
- in order provide comprehensive patient care make referrals as necessary

SED Attestation Form (To be developed prior to January 1st, 2015)

- An attestation form will be maintained in the NP's files, and is NOT filed with SED. The NP attests that they hold one or more collaborative relationships (Law does not require identifying physician names/license numbers and no signatures are required)
- Will include a dispute resolution process
- Dispute resolution process is established by NP and physician, but, if conflict, physician prevails (consistent with existing law. The NP always has the option of consulting with another physician).
- The NPA intends on working with SED on the form development

NPs also to maintain evidence of such collaborative relationships

- For example, throughout the course of a patient encounter, should the NP need to consult with a physician, the NP may document the discussion in the patient record. This is one form of evidence of a collaborative relationship.
- This type of record keeping is not required for all encounters, only necessary for purposes of showing compliance with requirement of "collaborative relationships," as needed.

NP to produce attestation form/collaborative relationship evidence upon SED's request

- Failure to do so is considered professional misconduct
- This is consistent with midwives' statute

There will be Data Collection and a Report on the NP Profession Issued

- SED to collect data about profession and availability of NPs as part of triennial certification process
- Similar to physician data collection
- De-identified information posted to website
- SED to issue the report to the Legislature by September 1, 2018

NPMA Effective Date:

- January 1, 2015

Sunset

- NPMA will expire on June 30th, 2021, in order to provide opportunity to revisit, and determine further expansions
- This is NOT a demonstration project.
- The NPA will continue to work with all stakeholders throughout the time period to recommend enhancements as needed.

FOR INFORMATION

OTHER BUSINESS

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

FPPE (Focused Professional Practice Evaluation)

- Emergency Department (1 AHP)
- Internal Medicine (1 MD)
- Ophthalmology (1MD)
- Orthopaedic Surgery (1 AHP)

FPPE challenges:

- 1) The department of IM is too large and decentralized to effectively assign FPPE
- 2) New Surgical privileges – how do we know when that procedure is being done? Some clinical departments are not taking ownership and rely on the MDSO for cases, which is a resource drain. Is this a role for the MDSO? If so, this will need to await the arrival of the 2nd credentialing specialist—perhaps with HIM assistance?

Specific to the need to increase the clinical department role in FPPE, the Credentials Committee recommends that including this as contractual obligation in0 Chiefs of Service contracts might add teeth to what is already defined as a Chief of Service duty in the ECMCC Medical-Dental Staff Bylaws.

OPPE (Ongoing Professional Practice Evaluation)

No report from the Patient Safety Office

ADJOURNMENT

With no other business, a motion to adjourn was received and carried with adjournment at 4:15 PM.

Respectfully submitted,



Robert J. Schuder, MD,
Chairman, Credentials Committee

Att.

ERIE COUNTY MEDICAL CENTER CORPORATION

Diina, David, ANP

Allied Health Professional

Supervising Physician: Mark LiVecchi, MD

CHANGE OR ADDITION IN COLLABORATING/SUPERVISING ATTENDING

Internal Medicine

Kalinka, Lisa, ANP

Allied Health Professional

Collaborating Physician: Arthur E. Orlick, MD

Orthopaedic Surgery

Orlowski, Mark, PA-C

Allied Health Professional

Supervising Physician: John J. Callahan, MD

PRIVILEGE ADDITION/REVISION

Emergency Medicine*

Busse, Donald, PA-C

Allied Health Professional

- Moderate Sedation

Donnelly, Megan, PA-C

Allied Health Professional

- Moderate Sedation

Guyette, Lance, ACNP

Allied Health Professional

- Moderate Sedation

**FPPE satisfied with completion of competency based training course; documentation on file*

Family Medicine

Parikh, Sandhyaben, PA-C

Allied Health Professional

Supervising Physician: Mohammad R. Azadfar, MD

- Simple suturing and suture removal as per protocol*

**FPPE waived; core competency*

Cardiothoracic Surgery

Wittman-Klein, Sharon, PA-C*

Allied Health Professional (*Submitted new*

ACLS)

Supervising Physician: John Bell-Thomson, MD

- Maintenance of Open Airway in non-intubated, unconscious patient
with ventilation by bag or mask

- Chest tube Placement

- Endotracheal Intubation

**FPPE waived; possessed these privileges previously*

Internal Medicine

Achakzai, Mohammed, MD*

Active Staff

- Level II Procedural Privileges-Tracheostomy Tube Replacement

**FPPE waived; practitioner with advanced critical care training/experience*

Crane, John, MD

Active Staff

- Level II Procedural Privileges- Infection, Incision and Drainage*

**FPPE waived; core competency for Infectious Disease practitioner*

Orthopaedic Surgery - Podiatry

DeFrancis, Roy, DPM*

Active Staff

-Level III Procedural Privileges (Podiatry)-Endoscopic Plantar Fasciotomy
(patients >17 yrs of age) with Fluoroscopy*

**FPPE waived; already possesses same privilege for patients < 17 years old*

Psychiatry

ERIE COUNTY MEDICAL CENTER CORPORATION

Switzer, Kyle, PA-C

Allied Health Professional

Supervising Physician: Victoria L. Brooks, MD

- Management of COMPLEX of Substance Abuse & Chemical Dependence
- Advanced Substance Intoxication
- Advances Substance Withdrawal

FOR OVERALL ACTION

PRIVILEGE WITHDRAWAL

Internal Medicine

Shisler, Tomi, FNP

Allied Health Professional

Supervising Physician: Oleh G. Pankewycz, MD

- Critical Care- Admission history, physical exam and write-up
- Critical Care- Physical assessment and initial orders
- Critical Care- Follow- up visits, evaluation and orders
- Critical Care- Discharge planning, summary and orders- inpatient and outpatient
- Critical Care- Instruction of patients, including demonstration of use of equipment
- Critical Care- Formulation of diagnostic and therapeutic plans
- Critical Care- Patient education regarding diagnosis and treatment
- Maintenance of open airway in non-intubated, unconscious patient

Rehabilitation Medicine

Randazzo, Tina M., PA-C

Allied Health Professional

Supervising Physician: Tat S. Fung, MD

- Dual appointment in the Department of **Rehabilitation Medicine** and all corresponding privileges

Skalyo, Cynthia A., ANP

Allied Health Professional

Supervising Physician: Mary R. Welch, MD

- Dual appointment in the Department of **Rehabilitation Medicine** and all corresponding privileges

FOR OVERALL ACTION

APPOINTMENT APPLICATIONS, RECOMMENDED

C. Initial Appointment Review (11)

Family Medicine

Schmidt, Jessica, PA-C

Allied Health Professional

Supervising Physician: Antonia J. Redhead, MD

Internal Medicine

Chubineh, Saman, MD

Active Staff

Gbadamosi, Fatai, MD

Active Staff

Hare, Katie, PA-C

Allied Health Professional

Supervising Physician: Riffat Sadiq, MD

Wanser, Nicole, NP

Allied Health Professional

Supervising Physician: Riffat Sadiq, MD

Neurosurgery

Guzzetta, Lindsay, PA-C

Allied Health Professional

Supervising Physician: Gregory J. Castiglia, MD

Oral Maxillofacial Surgery

Rifkind, Jacob, DDS, MD

Active Staff

Orthopaedic Surgery - Podiatry

Avula, Harshini, DPM

Active Staff

Psychiatry

Ali, Muneer, DO

Active Staff

Frank, Tawni, MD

Active Staff

Rehabilitation Medicine

Tague, Dana, ANP

Allied Health Professional

Supervising Physician: Mark LiVecchi, MD

FOR OVERALL ACTION

REAPPOINTMENT APPLICATIONS, RECOMMENDED

D. Reappointment Review (26)

Anesthesiology

Bialy, Michelle, CRNA Allied Health Professional
 Mason, Molly, CRNA Allied Health Professional

Emergency Medicine

Brong, Nycole, PA-C Allied Health Professional

Supervising Physician: Brian M. Clemency, DO

Szetela, Deborah, PA-C Allied Health Professional

Supervising Physician: David P. Hughes, MD

Family Medicine

Gorsline, Leah, PA-C Allied Health Professional

Supervising Physician: Stephen J. Evans, MD

Parikh, Sandhyaben, PA-C Allied Health Professional

Supervising Physician: Mohammad R. Azadfar, MD

Sacks, Dawn, ANP Allied Health Professional

Supervising Physician: Stephen J. Evans, MD

Internal Medicine

Crane, John, MD Active Staff
 Khan, Mohammad, MD Active Staff
 Kohli, Romesh, MD Active Staff
 Leddy, John, MD Courtesy Staff, *Refer & Follow*
 Logue, Gerald, MD Active Staff
 Lohr, Noelle, ANP Allied Health Professional

Supervising Physician: Mohammad I. Achakzai, MD

Miller, James, PA-C Allied Health Professional

Supervising Physician: Mohamed S. Ahmed, MD PhD

Reed, Pamela, MD Courtesy Staff, *Refer & Follow*

Speta, Kathleen, FNP Allied Health Professional

Supervising Physician: James K. Farry, MD

Ventresca, Edward, MD Active Staff

Ophthalmology

Lema, Gareth, MD Active Staff
 Pihlblad, Matthew, MD Active Staff

Orthopaedic Surgery

Ablove, Robert, MD Active Staff

Orthopaedic Surgery - Podiatry

DeFrancis, Roy, DPM Active Staff

Psychiatry

Elberg, Zhanna, MD Active Staff
 Park, Wonhoon, MD Active Staff
 Switzer, Kyle, PA-C Allied Health Professional

Supervising Physician: Victoria L. Brooks, MD

Radiology and Imaging Services – Teleradiology

Harshman-Olson, Leanne, MD Active Staff

Urology

Danforth, Teresa, MD Active Staff

FOR OVERALL ACTION

OLD BUSINESS

Ad hoc BOD Committee Report - Oral Maxillofacial applicant

The Credentials Committee continues to await the data requested by the ad hoc committee in 2013. The Chief of Oral Maxillofacial Surgery will contact the practitioner and suggest that the involved privileges be voluntarily withdrawn at this time. This item will be removed from the standing Credentials Committee agenda until new information is made available.

Fidelis Audit

The Medical-Dental Staff Office underwent its annual Fidelis Delegated Credentialing audit in December 2014. No issues were identified. The reviewer stated that ECMC has the best, most complete and organized files, making the audit very easy to do. Specific credit is extended to the Medical-Dental Staff Office Team, who has maintained high quality despite our staffing challenges.

Podiatry Form Level III criteria completion

The committee endorses a re-wording of the criteria for Level III privileges. The Chief of Orthopaedic Surgery will be asked to name a podiatrist with whom the Credentials Chair can work to revise the existing verbiage. The Podiatry applicant has voluntarily withdrawn the previously requested Level III privileges until the criteria is clarified and revised.

Psychiatry - Staff Members pending insurance enrollment

The committee revisited the matter of potential non-payment for an inpatient stay if the admitting physician is not a participating provider in the patient's insurance plan. This potential at present appears to be greatest in the Department of Psychiatry given its reliance on locum tenens and newly licensed physicians for staffing CPEP.

The suggestion to defer admitting privileges for these practitioners until insurance credentialing is approved was felt to be impractical due to lean staffing. The medical leadership of the Department of Psychiatry did offer to heighten everyone's awareness to this and encourage his physicians and midlevels to be ever cognizant of their insurance participation status. For those not covered, when possible, the admission order will be written by a participating physician so the inpatient stay will be reimbursed. At this point, this appears the best balance between fiscal responsibility and ensuring patient care needs continue to be safely met.

Delinquent Dues

The Director of Medical Staff Quality and Education, upon the recommendation of the Credentials Committee, developed a letter to the limited number of practitioners who have dues outstanding for two or more years. The letter content mirrors the bylaws requirements, was approved by the committee and will be issued via certified mail.

Nurse Practitioner Law 2015

The Credentials Committee and Medical Executive Committee have endorsed that ECMC retain the process of designating a collaborating physician for purposes of privilege review, and attesting to current competency (FPPE/OPPE). Revision of the privilege forms is in process and a letter will be issued to each staff Nurse Practitioner explaining the rationale for the maintenance of the current process.

Obstetrics and Gynecology Privilege Form Draft

A draft of a potential form revision for the Department of Obstetrics and Gynecology was presented to the committee. Sections are listed in core-cluster format. Consideration to limit Level II procedures will be discussed to address the scope of service delivery at ECMC as an emergent/consultative service. The draft form revisions have already been forwarded to the Chief of Service for comment and further wordsmithing. Once completed, the form draft will return to the Credentials Committee for endorsement.

Dental Department Form Revisions

The Chair of the Credentials Committee and Chief of Oral Maxillofacial Surgery met with the Chief of Dentistry to address the requested Department of Dentistry form revisions. Following committee discussion and concurrence of the Chief of Service a recommendation was approved to qualify privilege recommendations as "Independent" or "With Consultation", consistent with terminology used in another departmental form and with the key at the bottom of each privilege form:

ERIE COUNTY MEDICAL CENTER CORPORATION

RECOMMENDED WITH THE FOLLOWING REQUIREMENTS (if any)	KEY: CHIEF OF SERVICE ACTION OPTIONS For the applicable privilege requests, indicate: NOT RECOMMENDED DUE TO (provide details below)
A) With Consultation, Supervision/Assistance, Proctoring or Other requirements (please define)	1) Missing documentation Action deferred pending info/withdrawal
	2) Missing required training/experience Action deferred pending info/withdrawal
	3) Lack of current competence (Databank Reportable)
	4) Other (please define) (e.g., Exclusive Contract)

The verbiage change has been endorsed by the Chief of Service of Dentistry, and will appear as follows:

Enter "✓" in Dentist Request Column

MAXILLOFACIAL PROSTHETICS PROCEDURAL Level II Core PRIVILEGES Submit Documentation	Credentialing Criteria	Dentist Request	Chief of Service action: Recommend		
			YES		NO
			Independent	With Consultation	
Maxillofacial prosthetics including: Fabrication extraoral and intraoral prostheses, Radiation protection and indexing prostheses, Stents to stabilize soft and hard tissues after surgery.	Level II group requires additional training in prosthodontics or equivalent training.				
Oral and maxillofacial surgery including: Complicated dental extractions, Removal of benign hyperplastic tissue, i.e. epuli, Extirpation and curettage of bone cysts.	50 dental exams / consults and 10 dental procedures over the past two years.				

Enter "✓" in Dentist Request Column

MAXILLOFACIAL PROSTHETICS Advanced PROCEDURAL PRIVILEGES (Individual and Clustered) Level II Submit Documentation	Credentialing Criteria	Dentist Request	Chief of Service action: Recommend		
			YES		NO
			Independent	With Consultation	
Integrated implants and super structures for osseointegrated implants (intraoral and extraoral)	Requires additional training prosthodontics or equivalent training 5 advanced procedures over the past two years				

Consistent with policy, any privilege requests that would cross specialty lines would continue to be reviewed through an ad-hoc process, which would include the Oral Maxillofacial Department. MEC 7/28/14

Temporary Privilege expirations during Pending Initial Applications
Please refer to the attached Temporary Privilege tracker and status report.

FOR OVERALL ACTION

NEW BUSINESS

Corvel Audit Preparations

The Staff Office is preparing for a remote desk audit by the CorVel Corporation Case Management Services. A total of 40 records will be included in the January 2015 audit.

Surgery Privilege Form

The addition of "Management of Neuro Trauma" to the specialty listing on the Surgery Privilege Form has been requested and formatted as below:

ERIE COUNTY MEDICAL CENTER CORPORATION

Requested Recommended **SURGICAL SPECIALTY**

by applicant by Chief of Service

Y / N Y / N

Management of Neuro Trauma - See credentialing criteria page pg. 16

Medical-Dental Staff Office Use Only → Date of Attestation: _____

The credentialing criteria are as follows:

MANAGEMENT OF NEURO TRAUMA CREDENTIALING CRITERIA

1. Current ATLS Verification
2. Signed attestation of completion of joint Surgery/Neurosurgery course syllabus (on file in the Department of Surgery) upon initial privilege request and bi-annually thereafter

Adopted Medical Executive Committee 1/26/2015

Oral and Maxillofacial Surgery – Privilege reclassification

The Oral Maxillofacial Surgery Chief of Service requests the reclassification of “Facial Reanimation Surgery (adult)” currently in the Level III category group. The committee recommended that this request be reconciled against the Otolaryngology and Plastic Surgery privilege forms before any formal action is taken. The Credentials Chair will report back to the committee at its February meeting.

FOR OVERALL ACTION

OPEN ISSUES

OBGYN – Remote Fetal Monitoring Privileges

Administrative details regarding Remote Fetal Monitoring continue to surface and undergo discussion. Privilege form revision has been completed. To date, this list of KH practitioners who will participate has not been received.

OTHER BUSINESS

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

FPPE (Focused Professional Practice Evaluation)

Dentistry (1 DDS)

Internal Medicine (1 MD, 1 AHP FPPE concluded due to resignation)

OPPE (Ongoing Professional Practice Evaluation)

Anesthesiology (19 CRNAs)

No update from the Patient Safety Office. A sense of urgency to formulate a plan was discussed in a meeting of the CMO Team in December. A potential solution for the much needed clerical resource in the Patient Safety Office to be submitted to the CEO for deliberation and approval.

FOR INFORMATION

ADJOURNMENT

With no other business, a motion to adjourn was received and carried with adjournment at 4:00 PM.

Respectfully submitted,

Robert J. Schuder, MD,

ERIE COUNTY MEDICAL CENTER CORPORATION

Chairman, Credentials Committee
att.

CREREDENTIALS COMMITTEE MEETING
February 3, 2015

Committee Members Present:

Robert J. Schuder, MD, Chairman	Yogesh D. Bakhai, MD
Richard E. Hall, DDS PhD MD FACS	Christopher P. John, PA-C
Nirmit D. Kothari, MD	Mark LiVecchi, DMD MD MBA
Susan Ksiazek, RPh, Director of Medical Staff Quality and Education	

Medical-Dental Staff Office and Administrative Members Present:

Tara Boone, Medical-Dental Staff Services Coordinator
 Judith Fenski, Credentialing Specialist
 Kerri Lock, Credentialing Specialist

Members Not Present (Excused *):

Brian M. Murray, MD *	Timothy G. DeZastro, MD *
Gregg I. Feld, MD *	Mandip Panesar, MS MD

CALL TO ORDER

The meeting was called to order at 3 PM by Dr. Robert J. Schuder. The proceedings from the previous meeting of January 6, 2015 were reviewed and accepted.

ADMINISTRATIVE

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

- A. Deceased
- B. Applications Withdrawn
 - Fox, Carrie, FNP Internal Medicine
- C. Application Processing Cessation - None
- D. Automatic Processing Conclusion (inactive applications > 180 days from date of signature)
- E. Resignations

Hull, Chris, ANP	Emergency Medicine	2/1/15
Jacobs, Laurieann, PA-C	Emergency Medicine	1/9/15
Piazza, Gina, DO	Emergency Medicine	2/1/15
King, Stella, MD	Family Medicine	1/30/15
Maciejewski, Juliane, MD	Family Medicine	1/25/15
Cellino, Michael, MD	Internal Medicine	1/23/15
Johnson, Rurik, MD	Surgery	1/8/15
Brull, James, MD	Radiology/Imaging Services - Teleradiology	3/31/15

FOR INFORMATION

CHANGE IN STAFF CATEGORY

Neurosurgery	
Moreland, Douglas, B., MD	From Courtesy Staff, <i>Refer & Follow</i> to Active Staff

PRIVILEGE ADDITION/REVISION

Emergency Medicine*

Guyette, Lance, NP Allied Health Professional

Collaborating Physician: Michael R. Manka, Jr., MD

- Moderate Sedation

Stefke, Deana, NP Allied Health Professional

Collaborating Physician: Ronald M. Moscati, MD

- Moderate Sedation

Brong, Nycole, PA-C Allied Health Professional

Supervising Physician: Brian M. Clemency, DO

- Moderate Sedation

Ciesla, Tera, PA-C Allied Health Professional

Supervising Physician: Kerry P. Cassel, MD

- Moderate Sedation

Hurd, James, PA-C Allied Health Professional

Supervising Physician: Gerald P. Igoe, MD

- Moderate Sedation

Pecyne, Madelyn, PA-C Allied Health Professional

Supervising Physician: Ronald M. Moscati, MD

- Moderate Sedation

*FPPE satisfied with the completion of competency based training (on file)

Family Medicine

Azadfard, Mohammad Reza, MD Active Staff

- General Admitting Privileges-Pediatric

- Level II- Substance Abuse & Chemical Dependency -Methadone maintenance treatment

*FPPE waived; new privileges represent an extension of existing clinical and administrative privileges

DaPolito, David, PA-C Allied Health Professional

Supervising Physician: Mohammad R. Azadfard, MD

- Insertion of a peripheral intravenous line as ordered by the physician

- Advanced Substance Intoxication

- Advanced Substance Withdrawal

- Advanced Individual & Group Treatment Modalities

Plastic & Reconstructive Surgery

Marczak, Juliet, ANP Allied Health Professional

Collaborating Physician: Thom R. Loree, MD

- Special Procedures: Throat/Neck: Biopsy of mass

- Special Procedures: Throat/Neck: Laceration repair

FOR OVERALL ACTION

APPOINTMENT APPLICATIONS, recommended

A. Initial Appointment Review (3)

Internal Medicine

Patil, Trupti, MD* Active Staff

Sawalha, Leith, MD Active Staff

Radiology/Imaging Services - Teleradiology

Fallahian, Amir, MD Active Staff

FOR OVERALL ACTION

REAPPOINTMENT APPLICATIONS, recommended

B. Reappointment Review – April (19)

Anesthesiology

Schwanekamp, Karen, CRNA Allied Health Professional

Cardiothoracic Surgery

Picone, Anthony, MD Active Staff

Emergency Medicine

Donnelly, Megan, PA-C Allied Health Professional

Supervising Physician: William H. Dice, MD

Family Medicine

Azadfard, Mohammadreza, MD Active Staff

Internal Medicine

Addagatla, Sujatha, MD Courtesy Staff, *Refer & Follow*

Kothari, Nimit, MD Active Staff

Troen, Bruce, MD Active Staff

Orthopaedic Surgery

Dudziak, Daniel, PA-C Allied Health Professional

Supervising Physician: Paul D. Paterson, MD

Salvamoser, Mary, PA-C Allied Health Professional

Supervising Physician: Phillip M. Stegemann, MD

Plastic & Reconstructive Surgery

Loree, Thom R., MD Active Staff

Marczak, Juliet, ANP Allied Health Professional

Collaborating Physician: Thom R. Loree, MD

Psychiatry

Chapin, V. Thomas, PNP Allied Health Professional

Collaborating Physician: DeviNalini Misir, MD

Kaye, David, MD Active Staff

Pataki, Agnes, MD Courtesy Staff, *Refer & Follow*

Radiology & Imaging Services - Teleradiology

Batten, Dean, MD Active Staff

Cooney, Michael, MD Active Staff

Snyder, Bradley, MD Active Staff

Rehabilitation Medicine - Chiropractic

Stewart, Maxine, DC Allied Health Professional

Urology

Turecki, James, MD Active Staff

Reappointment Review May (8)

Family Medicine

DaPolito, David, PA-C Allied Health Professional

Supervising Physician: Mohammad R. Azadfard, MD

Internal Medicine

Duff, Michael, MD Associate Staff

Iyer, Vijay, MD Active Staff

Singh, Anurag, MD Associate Staff

Sperry, Howard, MD Active Staff

White, Thomas, MD Associate Staff

OLD BUSINESS

Radiology/Imaging Services

The 2015 JC standards for radiology appear to not contain the volume criteria for select procedures previously reviewed. The medical leadership of the Department of Radiology has been asked to confirm that these did not advance from the out for comment stage to the final edits.

Podiatry Form - Level III criteria revision

At the previous meeting, the committee advised a re-wording of the criteria for Level III Podiatry privileges. The revision was endorsed by the committee and is presented for Medical Executive action:

On page 1: Drop "postgraduate work" and replace it with competency based training program, related to the privilege(s) requested and with evidence of satisfactory completion

NEW TEXT:

Procedural Level III Advanced Privileges: Level III privileges require the completion of an additional ~~postgraduate work~~ competency based training program related to the privilege(s) requested and with a copy of the certificate of satisfactory completion filed with the application for privileges. This course should include didactic and hands-on work.

Orthopaedic Surgery - Podiatry



Chief of Service action:

PODIATRY LEVEL III PROCEDURAL PRIVILEGES <i>An additional competency based training program related to the privilege(s) requested must be completed and a copy of the certificate of satisfactory completion must be filed with the application for privileges. This course should include didactic and hands-on work.</i>	Podiatrist Request	Recommend		If Yes, indicate any requirements; If No, provide details. See p.7
		YES	NO	

Obstetrics and Gynecology Privilege Form Draft

An initial draft of a potential privilege form the Department of Obstetrics and Gynecology is awaiting review by the Chief of Service. The inclusion of "Remote Fetal Monitoring" has been added to the draft below:

LEVEL II PRIVILEGES



Chief of Service action:

LEVEL II PROCEDURAL PRIVILEGES	Physician Request	Recommend		If Yes, indicate addl requirements If No, provide details. See p. 11
		YES	NO	
MATERNAL - FETAL MEDICINE Core Privileges To be eligible for privileges in Maternal-Fetal Medicine, the practitioner must meet the minimum threshold criteria for core privileges in Obstetrics and Gynecology and have successfully completed a Fellowship in Maternal-Fetal Medicine OR possess equivalent training and skills that have been substantiated by a board certified perinatologist.				
Privileges include, but are not limited to, admission, evaluation, diagnosis, consultation and treatment of females with medical complications of pregnancy, such as cardiac, pulmonary and connective tissue disorders, and fetal malformations, conditions, or diseases, except for those special privileges listed below. Privileges include, but are not limited to targeted obstetric ultrasound, nuchal assessment, percutaneous umbilical blood sampling (PUBS), genetic amniocentesis, chorionic villus sampling (CVS), intrauterine fetal transfusion, fetal surgical procedures, management of higher order multiples, and selective reduction of higher order multiples.				
Remote Fetal Monitoring				

Until such time as the revised format is formally approved, "Remote Fetal Monitoring" has been added to the existing form.

Nurse Practitioner Modernization Act

The Credentials Committee and MEC have endorsed that ECMC retain the process of designating a collaborating physician for purposes of privilege review, and attesting to current competency (FPPE/OPPE). Revision of the privilege forms and communication with staff Nurse Practitioners will explain the rationale for the maintenance of the current process.

Effective January 1, 2015, revisions to the Rules and Regulations established by the State Education Department have altered Nurse Practitioner collaborative practice relationships. The committee endorsed the following changes to the preamble of all Nurse Practitioner privilege forms:

PRACTICE AGREEMENT and PRACTICE PROTOCOL submission not required

~~For newly licensed Nurse Practitioners with less than 3600 hours of practice (2years full-time)~~

~~Please submit Practice Agreement, Practice Protocol and Chart Reviews.~~

~~ANNUAL REVIEW OF PRACTICE AGREEMENT: See page 6.~~

2014-2015 Appointments/Reappointments **DEPARTMENT OF INTERNAL MEDICINE**

SUBJECT: Rules and Regulations of Practice established by the State Education Department
Nurse Practitioner Modernization Act effective 1/1/2015

Nurse Practitioner Collaborative Practice Relationships

The New York State Education Law and related regulations provide that nurse practitioners work within a specialty area in collaboration with a qualified physician. Collaborative relationships are consistent with Medicare's billing requirement about NP's and collaboration. NP's make referrals as necessary and communicate by phone or in writing to exchange information with licensed physicians as needed with privileges at a hospital institution in order to provide comprehensive care.

~~Practice Agreements and Practice Protocols are not required for experienced Nurse Practitioners with greater than 3600 hours of practice.~~

An attestation form (to be developed before 1/1/2016) will be maintained (not filed with the SED) indicating they hold one or more collaborative relationships. (Although the law does not require physician name and signatures, ECMC would prefer to have a designated collaborating physician for the purposes of privilege review, FPPE/OPPE and retain their signatures on the applications and privilege forms.) Attestation will also include a dispute resolution process.

Evidence of the collaborating process (e.g. physician consultation) shall be maintained with documentation in the patient record as needed to verify compliance. Attestation forms and relationship evidence shall be provided upon the State Education Department's request with a misconduct penalty if absent.

Oral and Maxillofacial Surgery

The Oral Maxillofacial Surgery Chief of Service has revised a previous request for the reclassification of a particular privilege to that of privilege removal. "Facial Reanimation Surgery (adult)" will be removed from the Level III category group. The committee endorsed the revision.

Corvel Delegated Credentialing Audit

100% score achieved. Perfect scores were achieved for all 3 annual delegated credentialing audits for this past year. This is a considerable accomplishment given the staffing challenges experienced by the MDSO in 2014 and a testament to the dedication and hard work of the current team.

Follow Up on Outstanding Dues

The committee received an update on the receipt of outstanding dues. The follow up by the Medical-Dental Staff Office has been effective.

Surgery – Management of Neuro Trauma

A privilege form and criteria revision for the Management of Neuro Trauma was discussed and approved at the previous Medical Executive Committee meeting. To improve attestation review documentation, the committee endorsed a revised check box for use by the Medical-Dental Staff Office:

Management of Neuro Trauma - See credentialing criteria page pg. 16

Medical-Dental Staff Office Use Only → ATLS verified _____	Date _____
Course Attestation _____	Date - verified initially and bi-annually _____

Temporary Privileges Tracker

Refer to the attached tracker of Urgent and Temporary Privilege issuance and expiration.

FOR OVERALL ACTION

NEW BUSINESS

Document Retention Requirements

At the request of the Medical-Dental Staff Office, the time frames defined in the current ECMC Administrative Policy, ADM-021 Retention, Storage and Destruction of Patient Medical Records, Documents and Equipment were researched. It was relayed by the policy author that as ECMC is a PBC, SUNY rules would apply:

Medical Staff Credentialing -	All applications and supporting material relating to credentialing and privileges	100 years	Keep for lifetime of applicant.
Medical Staff Bylaws/Governing Body Records	All records of medical staff governance and governing body functions.	PERMANENT	Sufficient to meet administrative operational needs

The ECMC Policy will be revised to reflect the change to the retention of credentialing files; the MDSO has already changed its process accordingly. The Risk Management Department was notified to bookmark January 2015 as the date when the above referenced SUNY timeframe became known to the MDSO.

MDSO Workflow

With the addition of a second credentialing specialist, the Medical-Dental Staff Office has returned to processing re-appointment applications 3 months in advance of their 24 month expiration date. This allows for a greater workflow cushion in the event of cancellation of BOD meetings, unanticipated staff turnover or large projects.

FOR OVERALL ACTION

OPEN ISSUES

Delinquent credentialing documents

The committee reviewed the multiple efforts to secure credentialing documents from a member of the Staff. A certified return receipt letter will be issued with a defined due date for return. If not received, the committee endorses the action defined in the Medical-Dental Staff Bylaws Part II, voluntary resignation from the Staff.

AHP Ad-Hoc Committee

The committee awaits the discussion between the Immediate Past and current MEC President as to the commissioning of the proposed committee.

OTHER BUSINESS

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

FPPE (Focused Professional Practice Evaluation)

Internal Medicine (1 MD)

OPPE (Ongoing Professional Practice Evaluation)

Laboratory Services (1 MD, 1 PhD)

No report from the Patient Safety Office. PPE policy review and revision is due by June; the involved departments have been asked to facilitate given the process changes made in 2014.

ADJOURNMENT

With no other business, a motion to adjourn was received and carried with adjournment at 4:20 PM.

Respectfully submitted,



Robert J. Schuder, MD,
Chairman, Credentials Committee

Att.

BOARD OF DIRECTORS
 MINUTES OF THE COMBINED AUDIT/ FINANCE COMMITTEE MEETING
 TUESDAY, JANUARY 20, 2015
 ECMCC BOARD OF DIRECTORS CONFERENCE ROOM

VOTING BOARD MEMBERS
 PRESENT OR ATTENDING BY
 CONFERENCE TELEPHONE:

MICHAEL SEAMAN
 DOUGLAS H. BAKER
 RONALD BENNETT
 DEITRICH JEHL, MD
 THOMAS R. MALECKI, CPA

KENT CHEVLI, MD
 FRANK MESIAH

VOTING BOARD MEMBERS
 EXCUSED:

BISHOP MICHAEL A. BADGER
 ANTHONY M. IACONO

ALSO PRESENT:

RICHARD CLELAND
 ANTHONY J. COLUCCI, III
 STEPHEN GARY

MARY HOFFMAN
 RONALD KRAWIEC
 LESLIE LYMBURNER
 THOMAS QUATROCHE

GUESTS

ALAN GRACIE
 CHRISTOPHER ECKERT

RYAN GILBERT

I. CALL TO ORDER

The meeting was called to order at 8:02 p.m. by Finance Chairman Michael Seaman.

II. APPROVAL OF MINUTES

Motion was made by Douglas Baker, seconded by Ronald Bennett, unanimously passed to approve the minutes of the Finance Committee meeting of December 16, 2015. Motion to approve the Audit Committee meeting minutes was stayed until later in the meeting at which time the motion was made by Chairman Chevli, seconded by Frank Mesiah and unanimously passed.

III. FREED MAXICK ADDITIONAL PROCEDURE ENGAGEMENT

Steve Gary discussed the events that led to the engagement of Freed Maxick. Based on Mr. Gary's observations of the department and reporting procedures, a decision was made to engage the Audit Firm to assist in the evaluation of the structure and nature of our internal reporting controls.

Alan Gracie presented the findings and recommendations made by Freed Maxick to the committee. Mr. Gracie explained the process that occurred and answered questions regarding the proposed steps to be taken in the future.

Mr. Gary summarized the Management response to the findings, described the plan to be followed and the timing and milestones anticipated.

IV. Executive Session with Freed Maxick

The Audit Chairman, Dr. Chevli, called for an Executive session with the auditors at 9:02 AM, after which Management was excused. Management returned at 9:20 AM to continue the meeting.

V. Internal and External Audit RFP Status

Mr. Gary updated the committee on the status of the RFP for Internal and External Audit.

VI. ADJOURNMENT

There being no further business, the meeting was adjourned at 9:29 pm by the Finance Chairman, Mr. Seaman.

DRAFT

ERIE COUNTY MEDICAL CENTER CORPORATION

REPORT TO THE BOARD OF DIRECTORS
RICHARD C. CLELAND MPA, FACHE, NHA
PRESIDENT, COO & INTERIM CHIEF EXECUTIVE OFFICER
FEBRUARY 24, 2015

Modern healthcare is changing by the minute. At ECMC, we're changing to meet the demands of a dynamic and diverse community, where the need for top-quality, yet affordable, accessible healthcare services has never been greater. We are absolutely committed to being the healthcare institution that makes the full spectrum of world-class services available to all of Western New York.

We will continue communicating milestones as we reach them. It is important that we keep our board of directors, the ECMCC family (physicians and teammates), our community up to date on all the changes and the exciting challenges we will all face together. We are up for the challenge and I am honored to be among those leading the effort.

CUSTOMER SERVICE (VALUE BASED PURCHASING) & QUALITY

Our partnership with Press Ganey in the Value Based Purchasing Strategies continues yielding some great benefits. We have drastically improved our customer service data, providing the ability to drill down into specific service lines and determine more timely interventions and actions. Press Ganey's ECMC account representative (Franklin) customizes reports for all of our constituencies. Our executive team has executed a symbolic contract focusing on excellence in the ECMCC patient experience (see attachment). This agreement holds the executive team accountable for nine (9) principles insuring that ECMCC will continue the cultural transformation that has been underway for the last five (5) years. I have attached a copy of this to my report.

A CMS team of surveyors was on site at ECMC for 2.5 days to conduct a Conditions of Participation Survey. This was unannounced, included all areas of ECMC and the focus was on patient rights and nursing services. This survey included many patient and family interviews, monitoring of care and an extensive review of a significant number of patient records. At the exit, no significant issues were noted and only one (1) very minor finding presented (which was fixed at the time it was found). I would like to thank Karen Ziemianski, her nursing leadership team and the front line nurses who, everyday, provide the best possible care under very challenging conditions. I also would like to thank the other direct care providers (physicians, therapy, and nursing in-service, patient safety) and the support departments including environmental services, plant operations, dietary and many others who contributed to this outcome.

Michelle Wienke (patient advocate), has been promoted to the new position of Chief Experience Officer (CXO). Michelle will be leading an innovative cultural transformation resulting in new levels of patient excellence. The CXO will be responsible for integrating our patient engagement programs throughout the organization (i.e. all 3,000+ FTE's all rowing in the

same direction). Michelle will be reporting to Donna Brown, Associate Hospital Administrator of Patient Experience and Cultural Diversity.

I recently concluded a first round of 2015 “State of the Hospital” addresses, speaking with over 300 ECMC teammates. The feedback was very positive and I thanked everyone at ECMC for making 2014 a very successful year. I did have one session taped, so we will have it available on our website for view. I plan to roll out another round of addressees and will include offsite clinics (Cleve-Hill, 1285 & 1010 Main Street Clinics and Terrace View Nursing Home).

My thoughts and attention have turned to better ways for me to communicate consistently, to a larger audience and to enhance teammate engagement. With so many dynamic things happening here at ECMC and with the rapid amount of change in the healthcare industry, here are a couple of ideas I will be rolling out in the next 30 days (in addition to Executive rounding-4-6 hours a week):

- Weekly “ECMC Express E-mails”-these would communicate celebrations, hot topics in healthcare, ECMC initiatives, and summarize my executive rounding acknowledging the many faces and talents of our great organization.
- “Adopt Rich”-Front line teammate engagement for which I will dedicate two eight (8) hour shifts a month working in any department that wants me. This will help me understand the challenges and the great things happening here at ECMC each day.

My plan is for real leadership that compels high engagement, higher performance, and a culture of accountability that starts with me and our executive leadership team!

HOSPITAL OPERATIONS

Volumes continue to reflect favorable trends with continued improvement over prior year actual results (by an average of 6 % across the board). January 2015 will break even financially. Management continues executing its operational performance plan.

Several Key Statistics Include:

- Acute discharges - January + 60 over budget (+76 in 2015 vs. 2014)
- All discharges - January + 40 over budget (+77 in 2015 vs. 2014)
- January Operating room volumes were 6.5% higher than budget +48 over 2014.
- Emergency Department saw a 4.1% increase over budget in January and in comparison to 2014 growth is 3% higher (106 visits).

February 2015 is trending along very much the same.

We received our Certificate of Need for two additional operating rooms which will go into the ambulatory center. This will help us with flexibility of schedules associated with our continued growth. Leaders in this growth include orthopedics, bariatrics, Head, Neck and Plastics and transplant. This work should be completed by end of April 2015.

We completed our physician survey in early January. Overall we received a 44% participation, which is significantly higher than 2009. The Physician Strategic Council with the assistance of Sue Ksiazek and Amy Pearl (facilitating), came up with a list of identified areas that came through the survey as in need of improvement. A few to mention included EMR, communication, UB relations. An action plan will be developed and the Strategic Council has agreed to oversee the implementation of change to insure that we do follow through on the data and make noted improvements.

Construction continues on the Russell J. Salvatore Orthopedic unit. The 22-bed unit will open in March 12, 2015 with a ribbon cutting ceremony. The new units are spectacular and I would like to thank our physicians, Karen and her team for great planning and design.

Executive Leadership 2015 first quarter goal report updated and attached. Overall we have over forty (40) goals identified for the first quarter (many are yearlong + goals which will get underway in this first quarter). We determined the priorities and have identified customer and patient engagement, DSRIP/Millennium Collaborative Care, Level 1-Trauma Certification, reviewing and modifying our strategic plan and service line profile reporting (profitability, quality outcomes and measures, productivity and patient satisfaction) as top priorities.

The American College of Surgeons will be at ECMC on March 10th and 11th to survey our Trauma Program for Level One Certification.

The CDC will be at ECMC on March 4th to survey ECMC as an Ebola Certified Facility.

DSRIP - Millennium Collaborative Care (MCC)

- Independent Assessor recommendations made public 2/2/15;
- DSRIP Project Approval & Oversight Team public hearings and meetings re: Independent Assessor recommendations, 2/17-20;
- Capital Restructuring Financing Program applications due 2/20/15;
- Project Plan Awards expected in early March 2015;
- Draft Implementation Plan due 3/1 to DSRIP Support Team;
- Final Implementation Plan due 4/1 to DOH;
- 230,975 lives attributed our DSRIP/Millennium Collaborative Care;
- 3,855 providers in our DSRIP/Millennium Collaborative Care;

MCC came in at the 10th highest rated PPS in the state.

Dr. Anthony Billittier, has been named Medical Director of MCC (see attached press release). We also have added a Chief Reporting Officer (Jamie Bono), a Clinical Integration Officer (not public at this time), we are very close to appointing a Population Health Manager and a Corporate Compliance Officer. In addition, final interviews are being held in the next 10 days on appointing an Executive Director for MCC.

In the spirit of collaboration and to better address major cardiac health disparities in Niagara County, ECMC will be transferring one of its Cardiac Catheter Lab licenses to Kaleida Health. Kaleida Health then in turn will start up a Catheter Lab at Niagara Falls Memorial Medical Center. This is a great DSRIP collaborative project between the three (3) organizations which will address these disparities with access to needed care.

In closing, I want to express my gratitude to each of you for the time, guidance and the support you provided to ECMCC as well as the individuals I am privileged to work with. On behalf of those we all serve, thank you.

Sincerely Yours,

Richard C. Cleland

**Executive Leadership
Goal Report
2015 Quarter #1**

GOALS	RESPONSIBLE PARTY	UPDATE
2015 First Quarter Goals		
1) Develop a comprehensive 2015 customer service and patient engagement plan: a. Maximizes Press Ganey capabilities(training, education, forms and strategies)	Brown/ Executive Leadership	(a) [DB] Press Ganey will be on site beginning 1/30 from 10am-2pm bi-weekly to meet with various team members to enhance their knowledge on the Press Ganey suite of Patient Experience resource tools. Ongoing. (a) [CL] Need IT interface completed for PG to Crimson. (a) [KZ] Nursing meets with Press Ganey on site every other Friday.
b. Mandatory leadership support		(b) [DB & MH] All EL have signed the ECMC Executive Leadership contract on 1/13/15 for Patient Experience. [DB] Contract has been signed by all EL. (b) [KZ] Nursing has submitted all required rounding forms.
c. All reports-all organizations-all daily practice to mimic Press Ganey top hospitals		(c) [DB] Working with Juan to develop 2 RFPs for Patient Experience training. RFPs will be completed the week of 1/26/15 and will go out to bid. Should be able to begin year long training 3/15/15. RFP's are complete and will go advertised 2/23/15. (c) [KZ] Nursing has completed meetings for Immunization x3/ VTE x3/ and stroke education to maximize VBP points.
d. Includes monthly department and employee training and development		(d) [DB] Next steps to work with EL and department managers on the development of PE plans for their areas. I have met with IT and Environmental Services. They are developing plans. Will review plans w/o 2/23/15. (d) [KZ] Nursing has completed action plans for all managers and units within hospital. Current volume in census has affected all PT experience scores. (Dec 91.7/40 ranks) in communication with nursing dimension.
e. Roll Out of " Point of Care" rounding tool		(e) [DB] I have sent Leslie the requirements for the Point of Care rounding tool. We will meet w/o 1/19/15 to discuss next steps towards implementation. The meeting is pushed back to the w/o 2/23/15.
f. Update Patient Information Booklet		(f) [DB] Meeting with committee w/o 1/19/15 to review draft of Patient Information booklet. Met with committee; making final tweaks will forward to committee for review 2/20/15 then to EL for final input 2/24/15.
g. Implementation of "Consider it Done"		(g) [DB] I have not develop a plan for the implementation
h. 2 nd annual Patient Experience Fair		(h) [DB] We will have our kick-off meeting for the annual Patient Experience Summit the w/o 1/19/15. We had our meeting and the date for the PES is in April but may push back to 10/15. There is a lot going on and we are working short staffed and this may not be a good time to have it.
i. Add additional resources-advocates to CPEP, Outpatient and Behavioral Health(inpatient)		(i) [DB] I need to meet with BH to discuss the vision and what the need is.
j. Expands "Catering By Demand" to all inpatient survey units		(j) [DB] Dietary brought in a team to do a "Fresh Eyes" assessment. Ron was provided with the report and from what I can tell "Catering on Demand"

GOALS	RESPONSIBLE PARTY	UPDATE
		<p>will be discontinued and a total revamp and retooling of the program will take place.</p> <p>(j) [KZ] Dietary continues to struggle (year 3).</p>
k. Patient Experience data for providers		<p>(k) [DB] Working with IT and Press Ganey to develop the necessary fields in our data upload so that our physicians can review their Patient Experience data. Meeting with IT and Press Ganey 2/23/15 to determine what the data set needs to be for the upload of this information.</p> <p>(k) [CL] Need IT interface for provider specific data.</p>
l. Roll out MWBE plan to meet the 30% goal for 2015		<p>(l) [DB] Will bring a workgroup together 1/26/15; finance, purchasing, IT, plant operations, etc. to develop MWBE 2015 goal plan. Team has been brought together to begin the discussion but we needed to meet some DSRIP deadlines so we will regroup the w/o 2/23/15.</p>
m. Expand Patient Experience department to include CXO and to function globally for the hospital.		<p>(m) [DB] Developed the CXO job description and reporting structure. Waiting to hear back from Civil Service. Position has been approved and Michelle Wienke has been placed in the position as of 2/16/15. However she will not be released from Nursing until 3/19/15. She will continue to support Nursing and where she can she will begin to work on various patient experience projects as needed.</p> <p>(m) [CC] Position approved by Erie County and incumbent hired and started effective 2/16/2015.</p>
2) DSRIP/Millennium Collaborative Care: a. Key staff appointments	Cleland/ Quatroche	(a) [TQ] Medical Director hired. Offer made to Chief Integration Officer. Executive Director interview process started.
b. Appoint Board of Managers		(b) [TQ] Two (2) Board of Managers meetings held.
c. Develop infrastructure to insure readiness plan for 4/1/2015		<p>(c) [TQ] Structure developed.</p> <p>(c) [CL] Working with MCC on clinical integration process reporting.</p>
3) Level 1-Trauma Certification-American College of Surgeons:	Ziemianski/ Murray	<p>[BM] Received commitment from Dr. Moreland to be the third neurosurgeon. Dr Flynn developing neurotrauma policy.</p> <p>[KZ] Gathering all trauma related research. Neuro surgery policy completed. Research has been gathered and approved by Dr. Murray. Ongoing daily preparations and review occurring for 3/10/15 and 3/11/15 – ACS Survey.</p> <p>[BM] Had final review of PQRS which was submitted. ACS will be onsite 3/10.</p>
4) Update ECMC's Strategic Plan: a. 3 rd Party facilitator/assistance b. Board of Directors/EL Retreat	Cleland/ Quatroche	[TQ] First meeting retreat held with Executive Management. Management/Physician retreat and Board of Managers retreat being scheduled.

GOALS	RESPONSIBLE PARTY	UPDATE
<p>5) Develop comprehensive service line profile report which includes the following information:</p> <p>a. Finalize service line and physician dashboards in Crimson and achieve “monthly” distribution to service line physician leadership. This is so we achieve <u>BRIDGE</u> initiative goals and take ownership of this function</p> <p>b. Complete the evaluation of service line <u>profitability</u> and establish action plan for services with a negative operating margin, including maintaining service sure to core mission</p> <p>c. Identify key service line <u>quality reporting</u>, develop master schedule to insure timely submission of materials and organizational awareness</p> <p>d. Complete assessment of <u>productivity</u> and establish benchmark productivity levels</p>	Murray/Ludlow/ Gary/Feidt	<p>(a) [CL] Orthopaedic dashboard developed; attended QI meeting on 1/15. Surgery dashboard developed. Medicine dashboard developed; will further develop each service line under medicine and provide data to each service line champion. Psych developed. ED & Family Med developed. Rehab in progress.</p> <p>(a) [BM] Nothing new of significance beyond the Bridge project reports that we continue to refine. We have added some OR metrics to Surgery. Dashboard being refined by M. Lindstrom in response to physician input.</p> <p>(b) [SG] Cost accounting system for 2013 is reconciled with 2014 reconciliation in process. Currently evaluating system/platform for cost accounting and decision support which may result in the sunset of the 5 software tools currently in place and result in one single source of truth.</p> <p>(c) [CL] Master list of quality indicators developed and will be distributed to exec leaders. Timeline document will be shared also. Grid of measures being updated to reflect third party incentives and dollars.</p> <p>(c) [BM] Document circulated by C. Ludlow.</p> <p>(d) [SG] Productivity consultant selected, data assembled and assessment process is underway with expected 4/1/15 due date for results. Consultant has completed their data analysis and is in process of scheduling a 4-hour meeting with ELT to review draft results and process for engagement of department leadership.</p> <p>(d) [KZ] Nursing participated with all productivity consultations, data collection and meetings.</p>
<p>6) Physician Contract Management-Streamline involvement, prioritize involvement, prioritize by impact, manage regularly and hold accountable (currently Medical Director/Legal/Compliance/Finance/Executive Leadership/Service Line Management/Contract Manager</p>	Murray/Colucci/ Cleland/Hoffman	<p>[BM] Developed list of service lines and departments and established relevant executive managers, CMO and Associate Medical Directors. Final version to be approved at Executive management next Tuesday.</p> <p>[MH] Met on February 10; follow up meeting being scheduled March 11. Process being drafted by Katie L.</p>
<p>7) Reorganize Renal Service Line</p> <p>a. Recruit and hire full-time Renal Transplant Program Director</p> <p>b. Prepare for UNOS review-April 2015</p> <p>c. Develop and hire leadership/manager for dialysis service line</p> <p>d. Develop a CKD Transition Clinic;</p>	Murray/Hoffman/ Ludlow	<p>(a) [BM] Search Committee underway.</p> <p>(b) [BM] Performed review of UNOS and CMS plans of correction.</p> <p>(b) [CL] QAPI program developed and monthly meetings organized. Dashboard developed for each program as was as task groups to address indicators that need improvement. Submission on status of POC.</p> <p>(b) [MH] Actively preparing.</p> <p>(c) [MH] Theresa Sitgreaves to begin 2/23/15.</p> <p>(d) [MH] Analysis underway.</p> <p>[BM] Ongoing negotiations with HeathNow.</p>

GOALS	RESPONSIBLE PARTY	UPDATE
e. Improve STAR Rating of the Chronic Hemodialysis Program		(e) [CL] Dashboard for dialysis program expanded. Monthly meetings are held. Minutes of meetings provide tasks and responsibilities assigned for addressing indicators that require improvement initiatives. Successful OP dialysis CMS survey in February 2015. (e) [MH] Focus for 1 st qtr.
8) Restructure PI to focus on all publicly reported and Pay for Performance data. Incorporate monthly updates of performance in all areas should be consolidated and reported regularly with action plans and accountability: a. CMS/Core Measures b. Leapfrog c. Payer Incentives d. Value Based Purchasing(Press Ganey)	Ludlow	(a) [CL] Master list of all indicators tracked has been developed; will work with Finance to define financials attached. Third party contract incentives developed. (b) Next survey period open April – June 2015. (c) 2014 payer incentive data submitted. 2015 contract initiatives defined with IH + HealthNow. Final indicators for Univera will be submitted 1/22/15. All contracts signed. (d) Working with Press Ganey on a VBP dashboard that will identify variances monthly to physician champions and provide outcome data quarterly.
9) Identify key current hospital quality reporting, develop master schedule to insure timely submission of materials and organizational awareness	Ludlow	[CL] Completed/Ongoing; will add POC requirements.
10) Develop a comprehensive Business Intelligence/Enterprise Decision Making structure and begin implementation of that structure	Gary	Organization structure developed pending best practice data from productivity consultant. Identified lead candidate and in process of recruiting for this leadership role. Productivity consultant confirmed structure. Lead candidate completing interview process.
11) Head & Neck/Oral Oncology –hospital and physicians aligned, support operational model.	Quatroche	[TQ] Model developed. Managers in place for each department. [KZ] Nursing met with key physicians in oncology to set up a designated unit, service and education to set up an inpatient service line. Nursing coordinated with finance review of potential inpatient service line.
12) Center for Occupational & Environmental Medicine Clinic - opened and operational	Krawiec	Opened and seeing patients. Lab contract prices and letterhead set. Dr. Hailoo in the community promoting the clinic services with various labor and other organizations.
13) Secure new contracts for South town primary care practices a. Establish permanent space to replace current temporary sites.	Krawiec	Sharma Medical signed new three year extension for Hamburg site. Lease for new bldg site in Legal for review. Orchard Park practice agreed to go the Krog/Kaleida site on Rte 20A on 7-1-15. Design drawings complete, permit process in progress. Expedited timeline with current lease ending 6-30-15.

GOALS	RESPONSIBLE PARTY	UPDATE
14) Security improvements to insure access control.	Krawiec	In Process: access controls in place on doors. Will activate employee entrance during off hours first. Dock area will be activated with expansion of VeriRep. Buzz-in intercom system being installed in DK Miller.
15) Establish active capital budget process and associated review committee.	Gary	First draft of process is complete. Process to be reviewed at an upcoming ELT meeting. Process reviewed at ELT meeting. Scheduled for final review at ELT meeting by end of February.
16) 5.7 LOS	Hoffman	Daily focus; current LOS = 6.7 [KZ] Nursing is conducting process improvement audit every 2 hours beginning 2/17/15 in both Inpatient and the ER is completing audit tool approved by ER physician. Nursing has opened 7-4 as overflow / ER hold 2/15.
17) Create Employee Concierge Program: a. Same day scheduling for clinics and dental b. Increase primary care population; c. Capture higher levels of surgical and acute care; d. Co-Pay waiver-reimbursement	Clarke/Gary	[CC] Met with Steve Gary on project status, follow up scheduled. Meeting scheduled with vendor on 2/27/2015. [SG] Contracted with a firm to develop RFP for consulting support to establish the employee discount/co-pay waiver program.
18) Kronos Improvements-enforcing the overtime timekeeping requirement	Clarke	Investigating; setting up meetings to explore the issue, in the meantime enforcing the pre-approval of OT rules.
19) Update Human Resources Intranet Page	Clarke	Assigned and planning begun for employee portal function to be added to general website re-design.
20) Civil Service-fully implement transition from EC to ECMCC: a. Integrate ECMCC's Position Manager System with NYS Civil Service Testing Division	Clarke	Assigned, awaiting go live date
21) Update Employee Handbook	Clarke	Assigned and awaiting the transition of civil service as many of the edits would change based upon the civil service implementation.
22) Employee Health Updates including: a. Revise annual employee assessment form; b. Revise new employee questionnaire; c. Increase compliance for annual physicals; d. Increase compliance for flu shots; e. RFP Employee Health physician services	Clarke	Added to goals for Sue Sponholz for first quarter, first meeting scheduled. New technology exploration begun with IT for increased compliance in annual physicals and flu shots.
23) Develop and agree to a comprehensive managed care strategy setting the	Gary	Draft of a strategy is prepared and ready for presentation at an upcoming

GOALS	RESPONSIBLE PARTY	UPDATE
stage for Health Now, Univera and IHA contracts expiring on 12/31/15		ELT meeting. Univera and IHA contracts that were scheduled to expire on 12/31/14 have been successfully negotiated extensions to 12/31/15.
24) EBOLA certification designation;	Ludlow	Attending NYC meeting on 1/23/15. Education requirements being met monthly and employee monitoring process in development. CDC visit planned on 3/4/15. NYSDOH CDESS training completed; lab equipment ordered; policy updates in progress.
25) Regulatory-stay within compliance for the following agencies: a. UNOS-CMS-transplant b. JC, DOH, OMH	Ludlow	CMS survey by NYSDOH 1/20-1/21/2015 on patient rights and nursing service. Grid of surveys can be attached. Monthly grid of regulatory events developed.
26) Receive approval of CON's for two new OR's	Quatroche	CON's approved.
27) Update ECMC website	Quatroche	Key stakeholders identified and to be interviewed; plan developed.
28) Roll out 2015 ECMC marketing campaign	Quatroche	First meeting held with Foundation and Jon Dandes, Chair of Capital Campaign.
29) Open the new Russell J. Salvatore Orthopedic Unit	Krawiec	[RK] DOH inspection scheduled for 3-2-15. Ribbon cutting 3-12-15. First patients arrive on 3-18-15. [KZ] Nursing coordinates meetings with all key stakeholders for successful opening of unit in March and orthopedic model.
30) Meet NYS EPCS	Murray Feidt	[BM] Working with Leslie and UB to achieve this goal. [LF] Pilot for e-prescription in TCU completed, results in review. Implemented electronic discharge process for BH and CD, began pharmacy collection by registration in ER and PACU, collection of key provider demographics at 65%, began roll-out of e-prescription in outpatient clinics. Risks: Allscripts upgrade and clinic roll-out, unknown LTC solution and identification of waiver program. Working with PM to mitigate risks.
31) Surgery electronic physician documentation	Feidt	Targeted roll-out date for 2/10/15. This will include PDOC and Dragon. Final sign off for templates in progress with Dr. Cooper and HIM Committee. Training in progress. No identified risks at this time.
32) Implement Network vulnerability and scanning	Feidt	Scope defined including the identification of key financial and clinical data systems. Targeted first scan will be 2/2/15 with targeted date of final report 3/30/15.
33) Provider dictionary optimization update	Feidt	Completed the de-centralization of data entry process with oversight of the

GOALS	RESPONSIBLE PARTY	UPDATE
		MDS office. Interface development in progress with targeted date of 3/31/15. Continual effort to define appropriate use and access of supporting dictionary elements is in progress. Clean up of current dictionaries and reporting requirements are at risk due to resource. Working with PM to mitigate.
34) Complete Virtual desktop infrastructure assessment	Feidt	Initial assessment in progress with targeted date completed 1/30/15. IT leadership will review, approve and develop project plan for initial roll-out. Recommendations will be presented to IT Governance Board.
35) Re-organize Quantros occurrence system	Murray/ Colucci	[BM] Have reached out to Quantros to see if they can develop a Lessons Learned field and improve the ease of closing the loop with those originating complaints. Awaiting response from Quantros.
36) Implement NSQIP to focus on quality improvement for surgical patients(replace SCIP)	Murray	No report
37) Develop comprehensive Medical/Physician Affairs plan to address: <ul style="list-style-type: none"> a. Updating and keeping current Provider Dictionary; b. Liaison/Concierge Service(on boarding); c. Insure all physician and allied provider credentialing is in compliance to ECMC By Laws; d. Staffing and structure in place and department optimal in effectiveness 	Murray	Ongoing. Looking to hire a Systems Manager for MDSO. Hiring in MDSO so that Sue Ksiazek can fulfill this position. Need a plan for OPPE. See above. One position still needs to be filled.
38) Consolidate and streamline research efforts across organization (dialysis, transplant, H&N, oral oncology, etc)	Hoffman Murray Lisandrelli Cleland Gary	[SG] Reviewed and provided ECMCC research team feedback to the UB research report from Huron Consulting. Directed ECMCC team regarding business plan parameters for the ongoing development of research. [BM] Attempting to develop agreements with UB to cover data extraction by all UB personnel. [BM] Most will be covered by our agreement with Research Foundation. For those hired via practice plans there is an agreement between UB/Kaleida/ECMC. The practice plan must provide a Letter of Indemnification for the individual's research activities.
39) Support organization for ACS Cancer Center Designation (or decide and communicate to physicians that we are not supporting this initiative)	Quatroche	Center supported and timeline for accreditation developed.
40) <u>Lifeline Goals:</u> <ul style="list-style-type: none"> a. Rebranding of ECMC Foundation to be more clearly and closely align the Foundation to the hospital; b. Finalize the capital campaign cabinet and solicitation team; 	Gonzalez	1/12 - Design selected, Martin Group to provide final artwork by 1/30. Capital Campaign case statement & marketing meeting held 1/12; draft being prepared. Initial campaign cabinet discussion held 1/8 and top 3 naming rights

GOALS	RESPONSIBLE PARTY	UPDATE
<ul style="list-style-type: none"> c. Finalize the ER renovation's capital campaign marking concepts; d. Kick off capital campaign silent phase through identification of major/naming rights donors and begin solicitation of those identified; e. Capital Campaign kickoff to Executive Leadership and ECOM Physicians; f. New 4 Mile Chase partnership-fundraiser event; g. Expand Professional/Development Opportunities, ECOM Employees 		<p>prospects identified.</p> <p>Leadership kick-off - no update.</p> <p>4 mile Chase event meetings continue bi-weekly to start process and permits.</p> <p>Currently working to add Respiratory Therapy Certificates to professional development menu of opportunities for employees and meeting set for possible employee advancement scholarship initiative.</p> <p>[KZ] Nursing has gift gathering party each year that many staff in Nursing support as volunteers / assistants for all endeavors.</p>

ECMC Executive Leadership Commitment for Patient Experience and Excellence

FIRST

I will commit that each meeting I attend as it relates to ECMC, we will start with a patient experience story. I will refer to our employees and staff as teammates!

SECOND

I, along with Donna Brown, will meet with each of my department managers to explain the reason for a patient experience plan. We will evaluate the current state of each department.

THIRD

I will require that the plan be submitted for review 2 weeks after our initial meeting. In this plan the vision for the department must be identified by the manager and include realistic and measureable goals.

FOURTH

I will require that each department manager report to me monthly on the plan implementation. What are the barriers to excellence? Do we need scripting, role playing or other educational resources? I will discuss with my managers barriers that need to be addressed in order to implement our plan. I will work in a timely manner to remove these barriers.

FIFTH

We will celebrate our successes and work through our challenges together. I will work with my managers to recognize and reward our team members when a good job is done. This can be a written notice of achievement or a verbal acknowledgement. This must be visible throughout ECMC, either in email, bulletin board, or during Management Council.

SIXTH

I will report monthly during Executive Leadership on the patient experience journey.

SEVENTH

We will commit to a comprehensive educational and development plan that will begin with leadership and include all departments and ECMC teammates in the organization.

EIGHTH

We will commit to establishing a department of Patient Engagement and hire a Chief Engagement Officer.

NINTH

Starting January 18, 2015, I will block off or schedule (2) hours a day, Monday, and Friday from 10 am to 12 noon, 4pm to 6pm or 10pm to 12am for the purpose of rounding ECMC (hospital, off site clinics, Terrace View) where applicable. These two hours are to be used in engaging 2 teammates and 2 of our customers (patients, patient's families) in determining where we can enhance our leadership through communication, positive reinforcement, problem solving, support and acknowledgement of our teammates and our mission.

Starting February 16, 2015, I will block off or schedule (2) hours a day, Monday, Wednesday and Friday from 10 am to 12 noon, 4pm to 6pm or 10am to 12am for the purpose of rounding ECMC (hospital, off site clinics, Terrace View) where applicable. These two hours are to be used in engaging 2 teammates and 2 of our customers (patients, patient's families) in determining where we can enhance our leadership through communication, positive reinforcement, problem solving, support and acknowledgement of our teammates and our mission.

Richard Cleland

Richard Cleland
President/COO
Interim CEO

Donna M. Brown

Donna Brown

Carla DiCanio-Clarke

Carla DiCanio-Clarke

Anthony Colucci

Anthony Colucci

Leslie A. Feidt

Leslie Feidt

Stephen Gary

Stephen Gary

Mary Hoffman

Mary Hoffman

Ronald Krawiec

Ronald Krawiec

Charlene Ludlow

Charlene Ludlow

Brian Murray, M.D.

Brian Murray, M.D.

Thomas Quatroche

Thomas Quatroche

Karen Ziemianski

Karen Ziemianski

Chris Koenig

Chris Koenig



MESSAGE FROM THE CEO, CMO AND MEDICAL-DENTAL STAFF PRESIDENT

We all join in thanking those of the Medical-Dental Staff who responded to the 2014 satisfaction survey and are eager to share the results with you. We had an unprecedented 42% response rate indicative of your commitment to creating a better work environment and improved care for your patients. We pledge to use your feedback and partner with you to use the data to achieve the goals.

Attached, please find the full survey results. These were previewed by the Strategic Council, a group of your medical-dental staff colleagues functioning for the past year as a sounding board for strategic planning with the CEO. The assessment of the Council was that we are definitely on the right track, with most ratings showing improvement as compared to the 2007 and 2009 results. Though we celebrate these successes, we hear your voice that there is still work to be done.

The Strategic Council viewed the following as priority areas based on your survey responses. A common thread is communication and collaboration. We've included some immediate actions taken in response to your feedback to show that your voice is heard. These are intended only as initial steps until focus groups of your peers work with us to develop an action plan meaningful to you.

PRIORITY	ACTION
Strengthening communication from Administration	An executive manager has been assigned to each clinical department, with the expectation of attending department meetings at least twice a year for direct access and dialogue.
Making the Electronic Medical Record faster and more user friendly	Installation of the Dragon Dictation System on each clinical PC has been made the number one priority by the IT Steering Committee.
Improving how we communicate with you	Re-design of the biannual Medical-Dental Staff meetings to a Town Hall format. Agenda to include strategic planning with Administrators, quality presentations by clinical departments and an update from the University. For those who cannot attend, a meeting summary will be issued.
Strengthening ECMC's relationship with the University	A representative of the UB School of Medicine will attend each Medical Executive Committee.
Increasing the level of involvement of the Allied Health Professionals	More active recruitment of AHPs in medical-dental staff committees and strategic planning.
Facilitating clinical research at ECMC	Identify further opportunities to clarify and streamline research approval and administration.

Did we get it right? Did we miss something significant? Would you like to be part of a focus group?

Please reply to this e-mail and tell us what you think and how you would like to help.

Stay tuned, more to come.....

Signatures of CEO, CMO, President of the Medical-Dental Staff

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Internal Financial Reports
For the month ended December 31, 2014

County Medical Center Corporation

Management Discussion and Analysis
For the year ended December 31, 2014

The operating performance for Erie County Medical Center Corporation for the year ended December 31, 2014 exceeded both budget expectations as well as 2013 results. Operating income amounted to \$952 Thousand which is \$365 Thousand (62%) greater than the budgeted results of \$587 Thousand and \$55 Thousand (6%) greater than the actual 2013 results. This level of performance is due to many factors including:

- Net patient revenue being 1% less than budget and 12% greater than 2013 due to an 8% unfavorable variance compared to budget in discharges which was offset by greater than anticipated revenues per patient and a 9% increase in discharges compared to 2013 as well as increases in revenue per patient. Similar volume and revenue relationships are noted in outpatient and emergency visits.
- Disproportionate Share and IGT revenues were 29% greater than budget and 7% greater than 2014 associated with reductions that were anticipated in the budget that did not materialize and favorable settlements of prior year amounts due to ECMCC.
- Other revenues were 10% greater than budget and 10% less than 2013 due to the award of an IAAF grant associated with the NYS DSRIP program and increases in revenues from professional billing for physician services that have been offset by the elimination of the HEAL grant that was awarded in 2013.
- Overall operating revenues were 3% greater than budget and 9% greater than 2013 due to the aforementioned.
- Overall operating expenses were 3% greater than budget and 9% greater than 2013 with significant variances noted as follows.
- Salaries were 2% greater than budget and 7% greater than 2013. The variances are the result of FTE's being 2% greater than both budget and 2013 as well as increases in the average hourly rate associated with wage increases in collective bargaining agreements and increased overtime.
- Employee benefits were 7% less than budget and 2% greater than 2013 with favorable variances noted in health insurance and pension expense that has been offset by increased post employment health insurance (GASB 45) expenses.
- Physician fees were 15% greater than budget and 22% greater than 2013. These increases have been partially offset by the increase in professional revenues noted above with the principal unfavorable variance associated with increased on call compensation.
- Supply expenses amounted to 16.7% of net patient revenue compared to 15.7% budgeted and 17.4% in 2013. Anticipated supply chain savings in the budget did not materialize and increases in certain medical / surgical supplies as well as pharmaceuticals contributed to the unfavorable budget performance. That said, dedicated supply chain management efforts mitigated these factors and resulted in improved performance compared to 2013.
- Depreciation expense was 22% greater than budget and 31% greater than 2013 and is largely associated with a full year of depreciation for the Terrace View facility and the CPEP building put into service early in 2014. In addition, depreciation on these new facilities is being recognized on a componentized method rather than an overall facility useful life method resulting in a shorter effective useful life.

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County Medical Center Corporation

Management Discussion and Analysis
For the year ended December 31, 2014

Patient accounts receivable increased by 1% from 2013 to 2014, however the days revenue in accounts receivable has decreased from 47.4 days to 42.8 days for a 10% improvement.

Investments in property and equipment totaled \$26,024 and long term debt was reduced by \$5,640 for a use of operating cash and net investment in the future of ECMCC of \$31,664. This cash flow was funded from depreciation, a non cash expense, amounting to \$26,394 and other internally generated resources. The net investment in property and equipment resulted in a decrease in the average age of plant from 14.9 years to 12.4 years, a 17% improvement.

Days cash on hand amounted to 74 which is 17 days greater than the debt covenant of 57 days and 28 less than December 31, 2013, largely attributable to the net investment noted above.

Debt service coverage ratio amounted to 2.2 which is 2 times greater than the debt covenant of 1.1 and 1.4 times greater than December 31, 2013, largely attributable to the operating results as noted above.



Erie County Medical Center Corporation

Balance Sheet December 31, 2014 and December 31, 2013
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(Dollars in Thousands)

	<u>December 31, 2014</u>	<u>Audited December 31, 2013</u>	<u>Change from December 31st</u>
Assets			
Current Assets:			
Cash and cash equivalents	\$ 9,949	\$ 8,235	\$ 1,714
Investments	270	2,394	(2,124)
Patient receivables, net	48,344	47,815	529
Prepaid expenses, inventories and other receivables	80,725	60,597	20,128
Total Current Assets	<u>139,288</u>	<u>119,041</u>	<u>20,247</u>
Assets Whose Use is Limited:			
Designated under self-Insurance programs	67,518	77,428	(9,910)
Designated by Board	-	15,546	(15,546)
Restricted under third party agreements	28,617	25,063	3,554
Designated for long-term investments	21,837	23,183	(1,346)
Total Assets Whose Use is Limited	<u>117,972</u>	<u>141,220</u>	<u>(23,248)</u>
Property and equipment, net	291,253	289,224	2,029
Other assets	31,601	9,109	22,492
Total Assets	<u>\$ 580,114</u>	<u>\$ 558,594</u>	<u>\$ 21,520</u>
Liabilities & Net Assets			
Current Liabilities:			
Current portion of long-term debt	\$ 7,527	\$ 7,226	\$ 301
Accounts payable	33,437	37,359	(3,922)
Accrued salaries and benefits	22,274	19,689	2,585
Other accrued expenses	40,933	22,041	18,892
Estimated third party payer settlements	25,054	22,133	2,921
Total Current Liabilities	<u>129,225</u>	<u>108,448</u>	<u>20,777</u>
Long-term debt	167,188	173,129	(5,941)
Estimated self-insurance reserves	44,801	50,894	(6,093)
Other liabilities	119,859	110,115	9,744
Total Liabilities	<u>461,073</u>	<u>442,586</u>	<u>18,487</u>
Net Assets			
Unrestricted net assets	107,992	104,959	3,033
Restricted net assets	11,049	11,049	-
Total Net Assets	<u>119,041</u>	<u>116,008</u>	<u>3,033</u>
Total Liabilities and Net Assets	<u>\$ 580,114</u>	<u>\$ 558,594</u>	<u>\$ 21,520</u>

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Erie County Medical Center Corporation

Statement of Operations

For the twelve months ended December 31, 2014

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net patient revenue	\$ 437,398	\$ 441,072	\$ (3,674)	\$ 392,067
Less: Provision for uncollectable accounts	(25,397)	(24,642)	(755)	(23,710)
Adjusted Net Patient Revenue	412,001	416,430	(4,429)	368,357
Disproportionate share / IGT revenue	65,883	51,111	14,772	61,786
Other revenue	33,921	30,800	3,121	37,800
Total Operating Revenue	511,805	498,341	13,464	467,943
Operating Expenses:				
Salaries & wages / Contract labor	183,473	179,799	(3,674)	172,109
Employee benefits	100,296	107,385	7,089	98,405
Physician fees	65,851	57,167	(8,684)	54,008
Purchased services	42,104	37,648	(4,456)	35,835
Supplies	68,905	65,513	(3,392)	64,160
Other expenses	7,852	12,900	5,048	6,822
Utilities	7,628	7,357	(271)	7,151
Depreciation & amortization	26,394	21,641	(4,753)	20,219
Interest	8,350	8,344	(6)	8,337
Total Operating Expenses	510,853	497,754	(13,099)	467,046
Income/(Loss) from Operations	952	587	365	897
Non-operating Gain/(Loss):				
Interest and dividends	5,278	-	5,278	4,665
Investment Income/(Loss)	(2,094)	3,500	(5,594)	3,564
Non-operating Gain/(Loss)	3,184	3,500	(316)	8,229
Excess of Revenue/(Deficiency) Over Expenses	\$ 4,136	\$ 4,087	\$ 49	\$ 9,126
Retirement health insurance	17,898	16,638	1,260	12,505
New York State pension	23,436	25,272	(1,836)	23,639
Impact on Operations	\$ 41,334	\$ 41,910	\$ (576)	\$ 36,144

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Erie County Medical Center Corporation

<p>Statement of Changes in Net Assets For the month and twelve months ended December 31, 2014</p>
--

(Dollars in Thousands)

	Year-to-Date
Unrestricted Net Assets:	
Excess/(Deficiency) of revenue over expenses	\$ 4,136
Other transfers, net	(1,103)
Contributions for capital acquisitions	-
Net assets released from restrictions for capital acquisition	-
Change in Unrestricted Net Assets	3,033
Temporarily Restricted Net Assets:	
Contributions, bequests, and grants	-
Other transfers, net	-
Net assets released from restrictions for operations	-
Net assets released from restrictions for capital acquisition	-
Change in Temporarily Restricted Net Assets	-
Change in Net Assets	3,033
Net Assets, beginning of period	116,008
Net Assets, end of period	\$ 119,041

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Erie County Medical Center Corporation

Statement of Cash Flows For the month and twelve months ended December 31, 2014
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(Dollars in Thousands)

	Year-to-Date
Cash Flows from Operating Activities:	
Change in net assets	\$ 3,033
Adjustments to Reconcile Changes in Net Assets to Net Cash Provided by/(Used in) Operating Activities:	
Depreciation and amortization	26,394
Provision for bad debt expense	25,397
Net change in unrealized (gain)/loss on Investments	2,094
Transfer to component units	1,103
<u>Changes in Operating Assets and Liabilities:</u>	
Patient receivables	(25,926)
Prepaid expenses, inventories and other receivables	(20,128)
Accounts payable	(3,922)
Accrued salaries and benefits	2,585
Estimated third party payer settlements	2,921
Other accrued expenses	18,892
Self insurance reserves	(6,093)
Other liabilities	9,744
Net Cash Provided by/(Used in) Operating Activities	36,094
Cash Flows from Investing Activities:	
Additions to Property and Equipment, net	
Campus expansion	(6,601)
Routine capital	(21,822)
Use of bond proceeds for campus expansion	2,399
Decrease/(increase) in assets whose use is limited	20,849
Sale/(Purchase) of investments, net	30
Investment in component units	(1,103)
Change in other assets	(22,492)
Net Cash Provided by/(Used in) Investing Activities	(28,740)
Cash Flows from Financing Activities:	
Principal payments on long-term debt	(5,640)
Increase/(Decrease) in Cash and Cash Equivalents	1,714
Cash and Cash Equivalents, beginning of period	8,235
Cash and Cash Equivalents, end of period	\$ 9,949

Erie County Medical Center Corporation

Key Statistics

Period Ended December 31, 2014

	Year to Date			
	Actual	Budget	% to Budget	Prior Year
Discharges:				
Med/Surg (M/S) - Acute	11,445	12,218	-6.3%	10,983
Behavioral Health	3,709	4,442	-16.5%	2,776
Chemical Dependency (CD) - Detox	1,595	1,586	0.6%	1,554
CD - Rehab	308	308	0.0%	302
Medical Rehab	362	430	-15.8%	462
Transitional Care Unit (TCU)	377	457	-17.5%	239
Total Discharges	17,796	19,441	-8.5%	16,316
Patient Days:				
M/S - Acute	72,721	73,199	-0.7%	71,482
Behavioral Health	45,635	51,101	-10.7%	36,188
CD - Detox	5,553	5,322	4.3%	5,214
CD - Rehab	5,660	6,066	-6.7%	5,734
Medical Rehab	9,208	9,609	-4.2%	10,015
TCU	4,726	5,474	-13.7%	3,188
Total Patient Days	143,503	150,771	-4.8%	131,821
Average Daily Census (ADC):				
M/S - Acute	199	201	-0.7%	196
Behavioral Health	125	140	-10.7%	99
CD - Detox	15	15	4.3%	14
CD - Rehab	16	17	-6.7%	16
Medical Rehab	25	26	-4.2%	27
TCU	13	15	-13.7%	0
Total ADC	393	413	-4.8%	352
Average Length of Stay:				
M/S - Acute	6.4	6.0	6.1%	6.5
Behavioral Health	12.3	11.5	7.0%	13.0
CD - Detox	3.5	3.4	3.8%	3.4
CD - Rehab	18.4	19.7	-6.7%	19.0
Medical Rehab	25.4	22.3	13.8%	21.7
TCU	12.5	12.0	4.7%	-
Average Length of Stay	8.1	7.8	4.0%	8.1
Occupancy:				
% of M/S Acute staffed beds	82.4%	86.4%	-4.7%	74.5%
Case Mix Index:				
Medicare (Acute)	1.76	1.82	-3.0%	1.81
Non-Medicare (Acute)	1.77	1.78	-0.5%	1.87
Observation Status	2,370	2,019	17.4%	2,192
Inpatient Surgeries	5,668	5,829	-2.8%	5,171
Outpatient Surgeries	7,700	8,126	-5.2%	7,544
Outpatient Visits	375,676	373,872	0.5%	347,509
Emergency Visits Including Admits	66,416	69,924	-5.0%	64,702
Days in A/R	43.4	45.0	-3.6%	49.1
Bad Debt as a % of Net Revenue	6.3%	6.2%	2.5%	6.7%
FTE's	2,445	2,510	-2.6%	2,390
FTE's per Adjusted Occupied Bed	3.47	3.49	-0.5%	3.72
Net Revenue per Adjusted Discharge	\$ 11,779	\$ 11,027	6.8%	\$ 11,363
Cost per Adjusted Discharge	\$ 14,238	\$ 13,095	8.7%	\$ 14,181
Patient Days	139,308	140,160	-0.6%	132,704
Average Daily Census	382	384	-0.6%	364
FTE's	447	441	1.4%	433
Hours Paid per Patient Day	6.7	6.5	2.0%	6.8

REPORT TO THE BOARD OF DIRECTORS
MARY L. HOFFMAN
SENIOR VICE PRESIDENT OF OPERATIONS
FEBRUARY 2015

AMBULATORY SERVICES:

- Ambulatory Services continues to prepare for DSRIP implementation and the new phases of care provision in our outpatient care areas. Administration has increased involvement in DSRIP work groups, and planning processes.
- Annette Phillips, PCMH Clinical Manager, attended the NCQA Introduction and Advanced Training conference in New Orleans to gain knowledge and insight to the requirements and guidelines set forth under the 2014 PCMH standards.
- SNAPCAP: Completed comprehensive assessment of all member Primary Care practices to evaluate readiness for the members to meet the new guidelines. All three of Ambulatory Services Primary Care practices: Internal Medicine, Cleve Hill Family Health Center, and Immunodeficiency Services participated. Results reflected positively on our level of preparation.
- Staffing plans are being developed to transition care to Population Health model and maximize access available to our patient populations, as we shift towards quality-based outcomes and patient-centered care.
- An intern from Canisius College will be working with our patients in the waiting areas to register for the Patient Portal, helping us to reach our Meaningful Use goals for that project.
- The renovation plans for the new Orthopedic Care Center have been approved. The plans for this renovation have been a collaborative effort, including input from all of the outpatient providers and staff. The expansion will increase our available exam rooms from 9 to 14, improve work flows, and enhance usable work spaces. This renovation will be a wonderful representation of the Orthopedic Department and ECMC as a whole. Additionally, once renovation and construction of the new space is completed, this will free space in the current Ortho Clinic footprint. This space will be repurposed for Sub-Specialty Care providers currently located in Internal Medicine. By relocating these services, access for Primary Care can be expanded in Internal Medicine.
- We are seeing reductions in the appointment waiting times in multiple Specialty Care areas. Dr. Saman Chubineh/UBMD has started working in both the GI Lab, and the outpatient GI Clinic. Dr. Chubineh is working with our new Specialty Nurse Practitioner, Therese Ball, to expand available appointments for GI Clinic, decreasing the back log of patients waiting to be seen. We are also seeing reduction in appointment wait times in Dermatology, due to Dr. Kalb and Dr. Helm expanding their availability and in ENT with the addition of Dr. Young's services.
- ECMCC Immuno clinic has been awarded HIV/HCV co-infection grant for 5 years, total of \$625,000
- Gregory Jankewicz, Medical Office Assistant in Internal Medicine, was chosen as ECMC Employee of the Month. This is well deserved, and congratulations was offered by all of our staff.

BEHAVIORAL HEALTH:

- Transition Unit 4zone3, was surveyed by the DOH on January 29, initial feedback from survey team was positive, pending final written report. (LOS 9.3). Seclusion restraints significantly lower than on general unit.
- Lee Foundation toured Behavioral Health facilities as part of the grant application process toward developing an urgent care and specialty inpatient units.
- Meeting scheduled with OPWDD on February 27 in an attempt to collaborate regarding placement options for autistic youths and adults.
- Drum circles initiated on all adult units; very positive response by patients and staff.
- ECMC Chemical Dependency programs were awarded a 3-year operating certificate after successful survey.
- Implementing monthly education sessions to include enhancements and reinforce learning opportunities for all staff.
- Targeted recruitment for BH nurses, especially in CPEP has begun. Planning internal and external recruitment drives to get additional candidates for positions.

BRIDGE UPDATE:

- BRIDGE initiative is in operational mode assuring processes initiated with Novia are imbedded into day to day operations.
- Dashboard has been developed for monitoring purposes.
- Physician dashboards have been developed and are being integrated into monthly department meetings. Regular medical and surgical care redesign meetings have been established to maintain ongoing accountability.
- All teams focusing on sustainability.

CARE MANAGEMENT:

- *Case Management:* Continued implementation of the staffing model plan to merge the RN Case Manager with the Utilization RN role. 25% of the team has been cross-trained and functioning in the new model while continuing to provide coverage to the rest of the hospital.
- *Appeal and Denials:* Developed an informational letter to be sent to each physician who has received an insurance denial on a specific case. This letter will serve as an educational component to prevent future similar denials and to also provide the physician with an opportunity to provide feedback on the case being appealed.
- *ALC process:* Restructured the reporting process of patients on ALC status and ALC days, so they are being accounted for correctly from a finance and compliance perspective. This revised practice has led to an increase in reporting of ALC days.
- Reaching out and strengthening community relationships to assist us in providing additional discharge options for our patients. This initiative has assisted us in placing 11% more patients to SNF/Adult Residence so far in 2015 when comparing the same time frame in 2014. Though due to our increased admission volume, we have not seen a decrease in our ALC days at this time.

DIALYSIS:

- Theresa Sitgreaves has accepted position of Director of Dialysis for ECMCC beginning February 23, 2015. She will be responsible for leading both acute inpatient dialysis and chronic outpatient dialysis. She comes to us with a broad range of experience with dialysis including inpatient, outpatient, and home hemo programs. She will work closely with our Transplant Administrator to assure we provide the most comprehensive care in our Regional Center of Excellence for Transplantation & Kidney Care.
- Outpatient Dialysis unit was awarded the 5-Diamond recognition award for patient safety.
- New York State Health Department Survey of the outpatient dialysis unit was conducted February 2-4. Statement deficiencies due February 27.
- Hemodialysis census has increased by seven (7) in January and by three (3) in February.
- Dialysis Social Work office is assuming discharge planning of appropriate hospital patients to increase our dialysis census with new patients being referred status post hospitalization.
- Full-time coder for department started as part of revenue recovery initiative.
- Additional Medical Secretary has been hired due to the growth of the program.

POST ACUTE CARE:

Christopher Koenig has been appointed Vice President of Post Acute Care for ECMCC effective February 9, 2014. In his new role, Chris will be the Administrator of Record for the Transitional Care Unit and be the hospital executive responsible for Terrace View Nursing Home, working closely with Anthony DePinto and his team. Chris will be responsible for leading a number of initiatives in the post-acute arena including Hospice and Palliative care, establishment of a Comfort House, development of a women's long term Behavior unit and numerous other initiatives associated with DSRIP in collaboration with Millennium Collaborative Care. Chris has submitted a separate report to the Board of Directors.

RADIOLOGY:

- A CON is being developed for two (2) CT units and one (1) R&F (Radiology & Fluoroscopy room) to include a handicap/bariatric restroom.
- Volumes are slightly down, consistent with December 2014.

Staffing

- Initiatives underway to assure succession planning for Sr. Radiologic Technologist and cross-training between CT and MRI technicians.

Upgrade for Compliance

- PACS personnel will be working on software and hardware upgrade for CMS and Joint Commission in regard to reporting radiation dose per study. This is a six (6) month initiative and we are on target to meet deadline set by Joint Commission and to be able to receive 10% CMS reimbursement.

Research Studies

- *Carestream*: Dr. Marzo, UB ortho and Sports Medicine and ECMCC are scheduled to begin testing the Carestream mini CT unit examining standing Patellar imaging in comparison with conventional CT knee imaging. This is scheduled to begin in early March pending IRB approval.
- *BioMet*: ECMCC, Drs. Duquin/Stegemann and BioMet are involved in a blind study of shoulder replacement which will include 50-120 patients.
- *Trumatch/Conformis*: ECMCC, Dr. Violante and Trumatch/Conformis are examining CT scan for knee replacements.

REHABILITATION SERVICES:

Inpatient

- On-call by Nurse practitioners initiated with back-up coverage by physiatrists.
- Practice councils in place; all committees working on evidence-based practice changes.
- Press Ganey contract initiated for inpatient services – 8North and TCU.
- Inpatient visits over budget by 6% at the end of January.
- Case Mix:
 - ECMC 2.38
 - Regional 1.32
 - National 1.34
- Continue to participate in Ortho-Total Joint meetings and prepare for the opening of the new therapy gym on the 6th floor. Evaluating need for transport/therapy aides.

Outpatient

- Overall OT/PT/ST/BH volume down by 84 visits YTD.
- Decreased YTD visits due to primarily low volume in speech and a six day sick leave of our FT psychologist. Exploring potential referrals from UB concussion clinic to improve speech visit volume. Speech therapist transferring hours to inpatient area.

Pediatric Educational & Diagnostic Services (PEDS)

- Mary Iwanenko, new PEDS Director, started on January 20, 2015. Patti Migaj, former Director retired on January 30, 2015.
- Compilation of the Consolidated Fiscal Report completed for Sept-Dec.

School 84 & OT

- Both senior staff members are participating in an initiative to maintain compliance with restraints as per the NYS law.
- OT saw 63 students for 359 visits and 696 units which is a decrease from last year due to an open staff position.
- PT has 39 students on program and completed 162.5 visits and 311 units. This is below last year due to three students discharged from senior's caseload.

SERVICE LINES:

Bariatric

- Union Road site, former Synergy Bariatric practice, was surveyed and approved as an article 28 clinic for ECMC. Practice began at that site on February 11.

Wound Care

- Process is underway to transition to a new management group, The Serena Group, effective March 1, 2015.

TRANSPLANT SERVICES:

- Visit in January from Dianne Rudow LaPoint, Living Donor Consultant, for review of corrective actions completed. Program on track, a few updates to processes given. She indicated program has improved since last visit.
- Outreach started. Education of Dialysis Social Workers completed; excellent attendance.
- Positions added to focus on waitlist management.
- YTD – One (1) living donor transplant and two (2) cadaveric transplants in January. No living donors scheduled in February due to recipient issues.

Erie County Medical Center Corporation
 Report to the Board of Directors
 Ronald J. Krawiec, Senior Vice President of Operations
 February 24, 2015

PHARMACEUTICAL SERVICES – RANDY GERWITZ

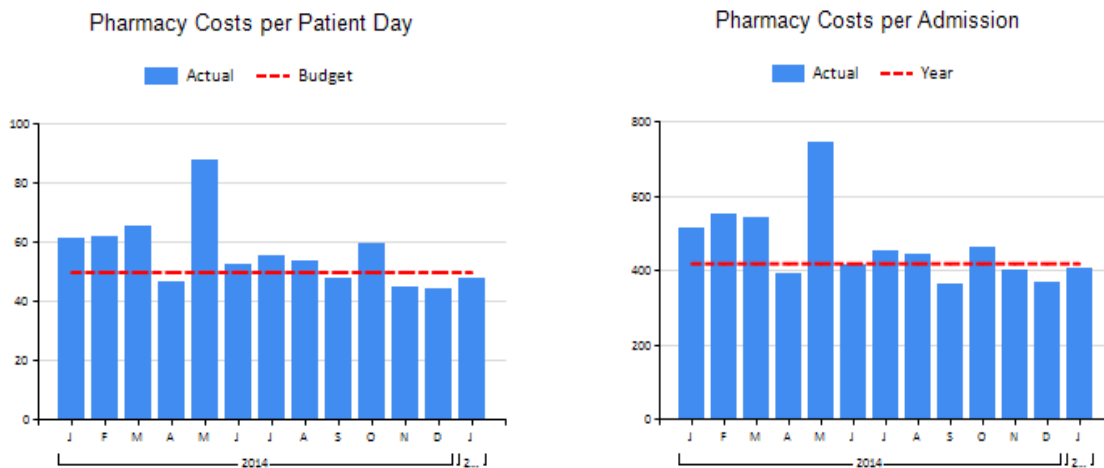
MAPC Pharmacy Distribution Task Force update:

As reported in January, ECMCC’s Director of Pharmaceutical Services has dedicated significant time to the Mid-Atlantic Purchasing Coalition (MAPC) pharmacy distribution task force, acting as the co-chair of this 8-member group. The task force was challenged to oversee and develop a request for enhancement to the VHA national agreement for this service. The goal of the distribution initiative was to leverage a pre-committed aggregate group of health care organizations with the express purpose of selecting one distribution partner for a 3-year agreement with services to begin in 2015. The final outcomes of that initiative can now be reported. McKesson was awarded the bid, receiving 93% of the total votes cast by the members. Savings for both the group and ECMC are substantial and were more than twice the minimal savings threshold established at the beginning of the process. The year one and three year savings are as follows:

- Year one savings for ECMC \$480,000, group total savings \$21.47 million.
- Total 3 year savings for ECMC \$1.24 million, group total savings \$58.2 million.

DPS financial report:

Despite pharmaceutical inflation rates in excess of 10% annually, the Department of Pharmaceutical Services is pleased that the ongoing cost savings initiatives have continued to hold the line on medication expenses as displayed in the graphs below.



PLANT OPERATIONS – DOUG FLYNN

General Project Updates:

- New Orthopedic Unit on 6 Zone 1 is complete and opened.
- Campus security measures continue to be implemented with access controls added to various entrances, expansion and upgrade to cameras and various personal and door alarms implemented in stages.
- Millennium Collaborative Care (DSRIP) has moved into their new office space on the 3rd floor vacated by Medical Staff and Risk departments.
- Exterior Signage Project is substantially complete. Punch list items to be finished and some old foundations removed in the spring.
- Orthopedic Inpatient Care on 6 North on target for occupancy in mid March.
- Renovation of the Lifeline Suite is complete and occupied.
- A new surgical simulation lab has been established for Surgical residents.
- A new surgical dictation room will start soon once multiple offices are relocated to accommodate the new space.
- Snow removal has been a substantial issue prompted by the lack of a thaw. Plant Operations has started to utilize front end loaders to remove snow from parking lots to regain their size and improve sight lines.

GRIDER FAMILY HEALTH - MAGDALENA NICHOLS

Group Visits:

Clinic is currently looking into implementing work flow, scheduling process and billing for medical group visits. The visits would be diagnosis based and scheduled with a medical provider. The need for alternative visit types has a strong emphasis in the 2014 PCMH guidelines.

Meaningful Use Stage 1 Phase 2:

MU1-2 is portal heavy and requires the patient utilization of the outpatient portal. IT will be coming to the clinic starting 2/16/2015 to enroll patients in the outpatient portal using a mobile laptop.

DIETARY – MORRISON

Patient Experience:

Morrison's national "Fresh Eyes" team visited ECMC to review the entire dietary department and it's systems to provide suggestions and alternatives to improve both the patient satisfaction and the operational efficiency.

The results of that survey were delivered to ECMC as a detailed work plan to improve each of the areas of concern. The implementation guide shows specific tasks to be completed and the person responsible for completing them. The 33 items are scheduled immediately and will be completed by April 20, 2014.

Webtrition and Menu Labeling:

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Menu Management & Nutrition Solutions

BRIGHT IDEAS FOR YOUR BUSINESS
Online recipe management for food professionals

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Password: _____
Forgot your password? Click here. Help
Login

All NEW Customizable Menu PDF Signs are available!

Current Price Table

Item Name	Unit	Price	Status
Apple Turnover	Each	1.50	Active
Chicken	Each	2.50	Active
Salmon	Each	3.50	Active
Vegetable Burgers	Each	2.50	Active
French Vegetables	Each	2.50	Active
Salmon Potato Gratin	Each	3.50	Active
Apple Turnover	Each	1.50	Active
French Vegetables	Each	2.50	Active
Rice	Each	1.50	Active
Carrots	Each	1.50	Active
Green Beans	Each	1.50	Active
Onions	Each	1.50	Active
Potatoes	Each	1.50	Active
Spinach	Each	1.50	Active
Tomatoes	Each	1.50	Active
Zucchini	Each	1.50	Active

Deli

Item Name	Unit	Price	Status
Apple Turnover	Each	1.50	Active
Chicken	Each	2.50	Active
Salmon	Each	3.50	Active
Vegetable Burgers	Each	2.50	Active
French Vegetables	Each	2.50	Active
Salmon Potato Gratin	Each	3.50	Active
Apple Turnover	Each	1.50	Active
French Vegetables	Each	2.50	Active
Rice	Each	1.50	Active
Carrots	Each	1.50	Active
Green Beans	Each	1.50	Active
Onions	Each	1.50	Active
Potatoes	Each	1.50	Active
Spinach	Each	1.50	Active
Tomatoes	Each	1.50	Active
Zucchini	Each	1.50	Active

Today's Best Choices

- Chicken and Apple-Curry Stew
\$15.99
- Red Rice Pasta
\$12.99
- Curried Noodle Casserole and Bread
\$11.99

Webtrition is a web-based proprietary ingredient, recipe and menu management solution from the Compass Group. Each ingredient is linked to our preferred product and contains up-to-date costing. This allows our chefs and managers to manage production, yield and waste. Best-in-class recipes are built and tested by culinary teams, validated by nutritionists and then utilized to build menus that meet client and customer needs.

Customizable, stream-lined signage and customer-facing websites are powered with the menus and nutrition information. Webtrition's centralized database helps ensure recipe quality, reliable nutrition data and production management features that result in increased sales and patient/customer satisfaction.

Report to the Board of Directors
Christopher Koenig, Vice President of Post Acute Care
Erie County Medical Center
2/14/15

Terrace View Long Term Care Facility

- Staffing Patterns; Rehabilitation and MDS Departmental Growth
 - o Six positions were approved in an effort to streamline the MDS process and enhance the therapy programs at Terrace View. These positions were justified via financial projections that will result from these positions and their direct impact on the following: Quality Measures, Medicare Revenue Part A and B, Case Mix Index efficiency and overall patient quality of care. The six positions are MDS Supervisor, MDS Specialist, Director of Rehabilitation, Physical Therapist Assistant, Occupational Therapist, and Certified Occupational Therapist Assistant.
- Case Mix Index
 - o As a result of increased management and collaboration surrounding the Medicaid Case Mix Index submission, Terrace View's CMI will be submitted in the vicinity of 0.90, nearly a one tenth increase over the previous submission, and nearing the NYS average CMI. The result will be an increase in Medicaid reimbursement starting July 2015. Operational plans have been set in motion to maintain and improve on this score, so as to capture the complexity of care that is delivered at Terrace View.
- Quality Measures
 - o Continued growth in Quality Measure (QM) Management and Quality Assurance and Performance Improvement (QAPI) programs has shown continued statistical improvements. QM's in the following areas have improved: pain; short term and long term complaints, falls and falls with injury, antipsychotic use, and excess weight loss.
- DOH Survey preparation
 - o *Leading Age* will collaborate with the Terrace View team and perform an independent mock survey to identify potential areas of concern prior to DOH survey this year (tentatively scheduled for March). QI team will utilize data for continuous monitoring of concerns prior to State survey.
- Occupancy:
 - o 98.5% for January, many days at or near 100%
- TCU:

- Occupancy improved over previous months; 15.5 / 19 occupied beds on average
- Will participate with Terrace View in *Leading Age* Mock Survey to prepare for upcoming DOH survey window

Palliative Care Programs

- Hospice Collaboration
 - A meeting with Hospice Erie County was held on 2/6/15 to review a contract for two acute care beds to be utilized for Hospice patients, and to see the feasibility of transferring these beds to Terrace View. It was agreed upon that Terrace View would be the most appropriate location for these beds to meet all needs of the contract. Two beds will be identified, and an implementation plan will be set to activate the contract in the coming weeks
- Comfort House
 - The Palliative Care team at ECMC has brought forth a proposal to construct or renovate a home to develop a comfort house for patients on end of life care with limited or no resources. Efforts are under way to analyze operational needs and test feasibility
 - A site visit to Cross Roads Comfort House in Batavia was conducted on 2/12/15 to review operations. Cross Roads holds two beds for patients on end of life care and provides palliative care services in conjunction with home health agencies and volunteers. Their operational model will be reviewed and assist ECMC with planning of a comfort house in Erie County, of which there are currently none.
 - An implementation plan will be developed in the coming weeks for ECMC's comfort house.
- Palliative Care Center of Excellence
 - The Joint Commission holds a certification board on Palliative Care; the ECMC Palliative Care team has met and will be reviewing the feasibility and cost associated with achieving this high level certification. Meetings will take place throughout February in an effort to assess this proj

ERIE COUNTY MEDICAL CENTER CORPORATION
REPORT TO MEDICAL EXECUTIVE COMMITTEE
BRIAN M. MURRAY, MD, CHIEF MEDICAL OFFICER
FEBRUARY 2015

UNIVERSITY AFFAIRS

Jeffrey Lackner, PsyD, has been appointed the Vice Chair for Research for the Department of Medicine. He takes the place of Sanjay Sethi, MD, who has recently been appointed as the inaugural Assistant Vice President for Health Sciences/Medical Director, Clinical Research Office at the University at Buffalo. During Dr. Sethi's tenure as the Vice Chair for Research for the Department of Medicine, he established a clinical trials office that has been highly successful in managing clinical trials and assisting clinical investigators with regulatory issues, budgets, and clinical coordination of clinical trials. In fact, the office has been so successful that it now functions as the clinical trials office for the School of Medicine and Biomedical Sciences

PROFESSIONAL STEERING COMMITTEE

There was no meeting this month.

UTILIZATION REVIEW

See attached Flash report

CLINICAL ISSUES

Clinical decision support (CDS) requirement for CMS radiology orders effective January 2017

New legislation was passed in April 2014 requiring the use of clinical decision support (CDS) for CMS radiology orders effective January 2017. The use of CDS will largely be provided by integrating clinical decision support into the physician's EMR and their computerized physician order entry (CPOE) systems.

In its simplest form, the same system used by ordering physicians today will add a CDS capability having a minimal impact on the ordering physician. And the benefit of more appropriate imaging orders along with the reduction in unnecessary studies will deliver both operational and financial improvements for provider organizations.

ECMC as an EBOLA Treatment Center

On March 4th the CDC and DOH will be onsite for the day to decide if ECMC meets the requirements to be a designated Ebola Treatment Center capable not only of screening and identifying cases but also ongoing care of the EBV infected patient.

Trauma Certification Visit

One week later the American College of Surgeons will be here for two days (March 10th and 11th) for their follow-up visit with a view to EECMC being designated a Level 1 Trauma Center.

ECMC Flash Report for 1/31/2015

Budget	MTD	Diff	Diff %	PMTD	Acute Summary	Budget	YTD	Diff	Diff %	PYTD
956	995	39	4.1 %	924	Admissions	956	995	39	4.1 %	924
945	1,005	60	6.3 %	931	Discharges	945	1,005	60	6.3 %	931
6.3	6.6	0.3	5.0 %	6.0	Avg Length of Stay	6.3	6.6	0.3	5.0 %	6.0
-	4.8	-	-	5.0	Expected Length of Stay	-	4.8	-	-	5.0
6.3	6.7	0.4	5.8 %	6.2	Discharge LOS	6.3	6.7	0.4	5.8 %	6.2
-	88.8	13 Outliers		68.4	Discharge LOS - Outliers	-	88.8	13 Outliers		68.4
-	71.0	7 ALC pts		99.3	Discharge LOS - ALC	-	71.0	7 ALC pts		99.3
5,954	6,650	696	11.7 %	5,574	Patient Days	5,954	6,650	696	11.7 %	5,574
364	870	506	139.0 %	219	ALC Days	364	870	506	139.0 %	219
144	138	-6	-4.2 %	128	One Day Stays	144	138	-6	-4.2 %	128
1,8468	1,6772	-0.1696	-9.2 %	1,8376	Case Mix	1,8468	1,6772	-0.1696	-9.2 %	1,8376
6.3	6.9	0.9	15.2 %	8.1	Medicare Avg Length of Stay	6.3	6.9	0.9	15.2 %	8.1
-	100	-	-	94	Admissions from Observation	-	100	-	-	94
Budget	MTD	Diff	Diff %	PMTD	Behavioral Health	Budget	YTD	Diff	Diff %	PYTD
334	266	-68	-20.4 %	293	Admissions	334	266	-68	-20.4 %	293
322	271	-51	-15.8 %	283	Discharges	322	271	-51	-15.8 %	283
11.5	13.3	1.8	15.5 %	14.4	Avg Length of Stay	11.5	13.3	1.8	15.5 %	14.4
3,704	3,598	-106	-2.9 %	4,085	Patient Days	3,704	3,598	-106	-2.9 %	4,085
Budget	MTD	Diff	Diff %	PMTD	Chemical Dependency	Budget	YTD	Diff	Diff %	PYTD
157	171	14	8.9 %	159	Admissions	157	171	14	8.9 %	159
150	175	25	16.7 %	158	Discharges	150	175	25	16.7 %	158
887	1,030	143	16.1 %	902	Patient Days	887	1,030	143	16.1 %	902
Budget	MTD	Diff	Diff %	PMTD	Rehab Medicine	Budget	YTD	Diff	Diff %	PYTD
30	21	-9	-30.0 %	30	Admissions	30	21	-9	-30.0 %	30
28	24	-4	-14.3 %	31	Discharges	28	24	-4	-14.3 %	31
722	653	-69	-9.6 %	764	Patient Days	722	653	-69	-9.6 %	764
Budget	MTD	Diff	Diff %	PMTD	Transitional Care	Budget	YTD	Diff	Diff %	PYTD
28	37	9	32.1 %	27	Admissions	28	37	9	32.1 %	27
28	32	4	14.3 %	27	Discharges	28	32	4	14.3 %	27
356	401	45	12.6 %	400	Patient Days	356	401	45	12.6 %	400
Budget	MTD	Diff	Diff %	PMTD	Terrace View / LTC	Budget	YTD	Diff	Diff %	PYTD
-	53	-	-	57	Admissions	-	53	-	-	57
-	46	-	-	51	Discharges	-	46	-	-	51
11,780	11,936	156	1.3 %	11,754	Patient Days	11,780	11,936	156	1.3 %	11,754
Budget	MTD	Diff	Diff %	PMTD	Operating Room	Budget	YTD	Diff	Diff %	PYTD
899	957	58	6.5 %	908	General Surgeries	899	957	58	6.5 %	908
434	426	-8	-1.8 %	429	Inpatient	434	426	-8	-1.8 %	429
465	531	66	14.2 %	479	Outpatient	465	531	66	14.2 %	479
Budget	MTD	Diff	Diff %	PMTD	Emergency Department	Budget	YTD	Diff	Diff %	PYTD
4,278	4,455	177	4.1 %	4,349	ER Visits	4,278	4,455	177	4.1 %	4,349
744	855	111	14.9 %	787	ER Admits	744	855	111	14.9 %	787
17.4 %	19.2 %		1.8 %	18.1 %	% of ER Visit Admits	17.4 %	19.2 %		1.8 %	18.1 %
217	188	-29	-13.4 %	211	Observation	217	188	-29	-13.4 %	211
1,023	1,005	-18	-1.8 %	959	CPEP Visits	1,023	1,005	-18	-1.8 %	959
310	234	-76	-24.5 %	292	CPEP Admits	310	234	-76	-24.5 %	292
30.3 %	23.3 %		-7.0 %	30.4 %	% of CPEP Visit Admits	30.3 %	23.3 %		-7.0 %	30.4 %
5,301	5,460	159	3.0 %	5,308	Total ED Volume	5,301	5,460	159	3.0 %	5,308
Budget	MTD	Diff	Diff %	PMTD	Outpatient Visits	Budget	YTD	Diff	Diff %	PYTD
1,992	2,620	628	31.5 %	2,021	Behavioral Health	1,992	2,620	628	31.5 %	2,021
4,549	4,337	-212	-4.7 %	4,099	Chemical Dependency	4,549	4,337	-212	-4.7 %	4,099
6,437	5,759	-678	-10.5 %	5,605	Clinics - A	6,437	5,759	-678	-10.5 %	5,605
2,211	2,352	141	6.4 %	1,556	Clinics - B	2,211	2,352	141	6.4 %	1,556
1,698	1,735	37	2.2 %	1,666	Dialysis	1,698	1,735	37	2.2 %	1,666
3,661	1,561	-2,100	-57.4 %	3,200	Referred / Ancillary	3,661	1,561	-2,100	-57.4 %	3,200
716	689	-27	-3.8 %	602	Surgical	716	689	-27	-3.8 %	602
1,416	1,332	-84	-5.9 %	1,220	Therapy	1,416	1,332	-84	-5.9 %	1,220
496	401	-95	-19.2 %	474	Transplant / Vascular	496	401	-95	-19.2 %	474
Budget	MTD	Diff	Diff %	PMTD	Radiology	Budget	YTD	Diff	Diff %	PYTD
3,245	3,177	-68	-2.1 %	3,043	CT Scan	3,245	3,177	-68	-2.1 %	3,043
8,944	8,415	-529	-5.9 %	8,493	Diagnostic Imaging	8,944	8,415	-529	-5.9 %	8,493
378	343	-35	-9.3 %	329	MRI	378	343	-35	-9.3 %	329
346	288	-58	-16.8 %	346	Nuclear Medicine	346	288	-58	-16.8 %	346
592	595	3	0.5 %	580	Ultrasound	592	595	3	0.5 %	580
5,479	5,172	-307	-5.6 %	4,864	Total Inpatient Procedures	5,479	5,172	-307	-5.6 %	4,864
8,063	7,646	-417	-5.2 %	7,927	Total Outpatient Procedures	8,063	7,646	-417	-5.2 %	7,927

Chief Safety Officer Annual Report

2014

Charlene Ludlow RN, MHA, CIC

Achievements of 2014 Goals

- 1) Support Customer service initiative
 - a. Security enhancement of patient flow in the main lobby and expansion of staff to support employees and visitors.
 - b. Plant Operations and Environmental services- development of a team to perform patient room enhancement and updates to improve customer satisfaction.

- 2) Joint Commission Survey
 - a. January 2014 – Intracycle monitoring completed and accepted
 - b. August 2014 – Intracycle monitoring completed and accepted for Hospital and Laboratory,
 - c. October 2014- onsite Hospital Performance improvement plan validation. One follow up item identified and corrected while surveyor was onsite.

- 3) Surveys 2014: Office of Mental Health- inpatient, CPEP and outpatient sites.
 - Transplant- UNOS and CMS
 - Home Land Security
 - CMS – Conditions of Participation
 - OASAS – Inpatient and Outpatient Detox services
 - CARF – Rehabilitation accreditation received
 - Infection Control – HAI validation

- 4) Emergency Preparedness deliverables achieved to meet NYS and Joint Commission standards. Participated in 2 regional drills in 2014. Three storm related actual events in 2014. Long term care- one drill. Two actual fire events. After action follow up completed.

- 5) Root Cause analysis process revised with process redesigned to reach root cause and provide communication of outcomes to front line staff. Staff dedicated to Root Cause communication was identified. There were four cases that required full RCA and 10 case reviews were completed for identification of improvement opportunities. 130 Behavioral Health cases were reviewed based on Justice Center criteria.

- 6) Utilized a Space Committee to address allocation and strategic plan for space utilization with focus on efficiencies. (Meets monthly)

- 7) Chief Safety Officer facilitated Environment of Care Team composed of Infection Control staff, Plant Operations, Environmental Services & Security. All areas of ECMCC were surveyed in 2014. Staff awareness was improved on Environment of Care standard compliance through this interdisciplinary approach. Safety fair was conducted in April 2014 to educate staff on safety measures.

- 8) Chief Safety Officer involved in construction design process and active monitoring of construction area for compliance with Interim Life Safety Compliance and Infection Control standards.

Patient Safety Department Infection Prevention

- 1) Surveillance: Infection Preventionist rounding on every Nursing unit weekly.
 - 2) Expanded use of Medmine program for reports and improved efficiency of program.
 - 3) Focused surveillance in critical care areas for Ventilator associated pneumonias (VAP). Benchmarked with NHSN data – VAP rate did not exceed mean. Benchmarked in NHSN for Partnership for Patients project.
 - 4) Focused surveillance for catheter related bacteremia (CR-BSI) was conducted for Critical Care; rates did not exceed NHSN benchmark. MICU was recognized for achievement of maintaining target zero for 9 quarters (2012 – 2014)
 - 5) Surgical Site Infection Surveillance was conducted for inpatient and outpatient cases. Concurrent surveillance and post discharge physician letters sent quarterly was utilized. Physician reporting was 90% or above all 4 quarters of 2014. Rates were benchmarked with CDC expectations per surgical class. Colon, Hip procedure infection rates reported in NHSN. Comparison with NYS Infection rates by procedure. (Did not exceed benchmark overall) Class 1 procedure rates remain below 1%. Expanded Surveillance to include specific rates for Total Knee cases, Total Shoulder cases and Kidney Transplant cases.
 - 6) Improvement in 2014 rates for HA- C.diff rates was recognized. Reporting through NHSN lab ID events of C.difficile for inpatient population. Implementation of an Antibiotic Stewardship program with Pharmacy.
- Provided education at orientation, reorientation and for specific issues on Infection Control standards.
 - Interactions with Plant Operations on maintenance and testing of water disinfection system for Legionella prevention based on NYSDOH guidelines and expanded to Terrace View.
 - Collaborated with Employee Health for exposure incidents, employee influenza immunization and percutaneous injury review. Reviewed percutaneous injury trends and data with Physicians for awareness and improvement.
 - Continued promotion of employee vaccination for influenza based on NYS legislation.
 - Monitored Sepsis protocol to screen patients for indicators of sepsis on admission and during inpatient stay.

Emergency Preparedness

Training on Incident command was provided live and via online training modules

Meet NYS Emergency Preparedness grant deliverables with full reimbursement.

Provided Employee training at the April Safety Fair

Regulatory/ Reporting

Completed CMS core measure reporting expanded to include new measures for Psychiatry, Emergency Department and out patient indicators.

Maintained Crown Web reporting for Dialysis patients.

Reporting: Sepsis process with submission and approval from NYSDOH

Maintained and submitted NDNQI data to CMS and Partnership for Patients

Stroke program data submitted and approved by NYSDOH and GWTG

ECMC achieved Gold plus recognition for Get with the Guideline for CHF.

Continued to train staff on New Justice Center reporting process, managed all reports through NIMRS reporting.

Maintained OMH and NYPORTS electronic reporting for data and regulatory compliance

Dashboards: Data dashboards were developed to continue on data management from prior Bridge project. Physician Service line dashboards for Utilization and Quality data have been developed and are being expanded to meet each service lines needs to promote performance improvement.

Committees:

Implemented **Patient Safety Council**- utilized a shared governance model. Allows frontline staff to identify and improve practices for patient safety.

Implemented an **Antibiotic stewardship Committee**- to identify areas for improvement for antibiotic utilization.

Ebola Designation: Implementation of a program to comply with NYSDOH Commissioners order and to meet criteria as a designated center. Staff education was implemented in October 2015. Program for assessment and treatment was developed and continues to be modified to reach goal of CDC approval.

2015 PLAN:

- Focused surveillance – VAP, SSI, CR-BSI- expand to full house, CAUTI- full house
- Meet NYS and CMS mandatory reporting requirements. Report all MRSA positive blood specimens through NHSN , Lab ID events for C.difficile and CRE
- BSI-dialysis. (bench mark NHSN)
- NSQIP program will be implemented 1st Quarter 2015
- Schedule of reporting deadlines will be met by Patient Safety Department.
- Provide education at orientation, reorientation and for specific issues on Infection Control and Patient Safety standards.
- Improve Hand Hygiene compliance – goal greater than 90%
- Participate in plan to utilize Medmine for Antibiotic stewardship program implementation with Pharmacy.
- Report indicators to IPRO related to Sepsis legislation requirements.
- Dashboards – service line specific data will be presented to support Departmental Performance Improvement initiatives
- Hospital PI plan will be completed 2/2015 and departmental plans will be completed by 3/1/2015.
- Emergency Preparedness drills will be conducted with a focus on improvement of Labor pool and Incident Command Process.
- ECMC will be a CDC designated Ebola Assessment & Treatment facility in NYS.

ERIE COUNTY MEDICAL CENTER CORPORATION

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

February, 2015

The Department of Nursing reported the following in the month of February:

- On February 5, Karen Ziemianski along with Dr. Linda Steeg presented at the VA Hospital in Buffalo. The topic was The Future of Nursing and the presentation was well received.
- On February 7, 2015 ECMC's Lifeline Foundation, assisted by Kathy Fryling and Donna Oddo of the ECMC Nurse Management team, sponsored a Ski Day at Kissing Bridge. Approximately 150 of ECMC's employees, family and friends enjoyed skiing, snowboard, tubing and a delicious meal. It was great weather and a good time was had by all!
- On February 12 the AACN presented 'End of Life Care in the Critical Care Setting'. It was held at the Hotel Lafayette in downtown Buffalo. Several nurses from the Critical Care Unit attended including: Karen Ziemianski, Peggy Cramer, Judy Dobson, Melinda Lawley, Ginny Leyh, and Cheryl Nicosia and many front line nurses of the critical care area.
- On February 17, AMSN presented the Wound Care Conference with Dr. Davidson. Over 30 ECMC nurses attended this event. Karen Ziemianski, Judy Dobson, Renee Delmont, Beth Weslow, Michelle Mooney and many front line nurses of the medical surgical care unit.
- Final preparations for 6 North are occurring so that the Russell J. Salvatore Orthopaedic Unit will be opening in early March, 2015.

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS

THE HUMAN RESOURCES DEPARTMENT

TUESDAY, FEBRUARY 24, 2015

I. EMPLOYEE NUMBERS

ECMC ACTIVE EMPLOYEES 2/2015: 2700
 TERRACE VIEW ACTIVE EMPLOYEES 2/2015: 435

II. EMPLOYEE HIRING

Nursing-- January

Hires: 24.5 FTEs & 3 PD (LPN: 6FTEs)

- Med/ Surg: 10.5 FTE & 3 PD
- Behavioral Health: 14 FTEs

Losses: 3.5 FTEs & 1PD

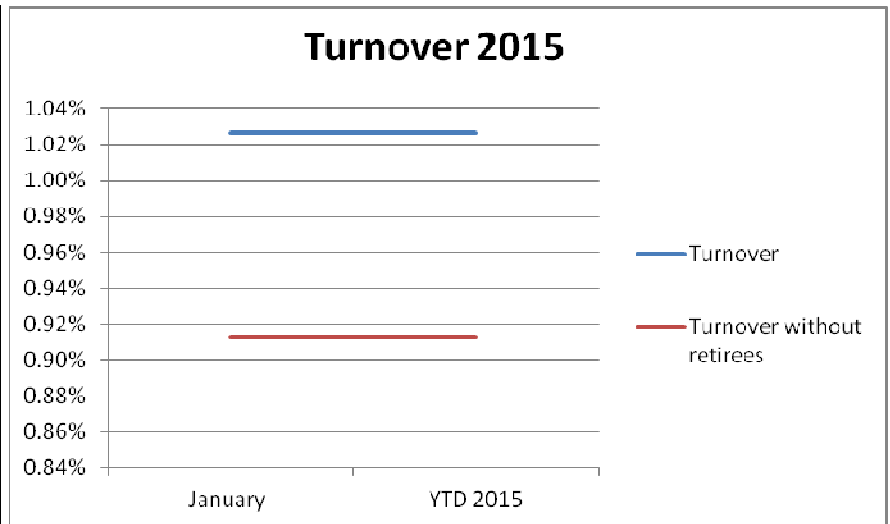
- Med/ Surg: 2.5 FTEs
- Behavioral Health: 1 FTEs

Turnover Rate: .4%

Turnover Rate YTD: .4%

ECMCC- January ALL

	January	YTD 2015
Deceased	0	0
Disability Retirement	0	0
Failed Probation	0	0
Laid Off	0	0
Removed	7	7
Resigned	17	17
Retired	3	3
Term (Temp)	0	0
1 yr Leave w/o Pay	0	0
Total Separations	27	27
# Emp.	2630	2630
Turnover	1.03%	1.03%
Turnover without retirees	0.91%	0.91%



III. WELLNESS/BENEFITS- WELLNESS WEEK JANUARY 25-31ST:

ECMC

Wellness table

11:00 a.m. to 1:00 p.m.

2nd Floor, outside the Café

*****2015 Wellness packets will be available*****

Schedule of Events:

Terrace View

Wellness table

Tues, 1/27 & Thurs, 1/29

11:00 a.m. to 1:00 p.m.

Ground Floor outside Café

*****Fitness Center Open House *****

Wednesday, 1/28

11am – 1pm

Wellness Seminars

Enjoy your lunch while receiving health & wellness information.

Tuesday, 1/27 – “Easy Nutrition for Hectic Lifestyles”

Meeting, travel, conventions, social events and kids’ activities lead to busy weeks and challenge healthy meal planning. Learn new and quick recipes, snacking tips, how to make healthy choices at restaurants and how to develop and eating pattern that ensures optimal nutrition and energy all day long.

Thursday, 1/29- “Strive through Stress”

Learn valuable strategies and skills to buffer stress by channeling energy in a positive way. Learn new ways to achieve life balance and peace of mind, worry less, and identify personal stress symptoms and the warning signs to distress, to better manage it by using positive resources.

IV. TRAINING

RECRUITING AND HIRING TRAINING FOR MANAGERS ONGOING

CIVIL SERVICE INTRO TRAINING ONGOING

ERIE COUNTY MEDICAL CENTER CORPORATION

Marketing and Development Report
Submitted by Thomas Quatroche, Jr., Ph.D.
Sr. Vice President of Marketing, Planning and Business Development
February 24, 2015

Marketing

ECMC Medical Minutes have covered Platelet Donation, Vitamin B-12 and lung cancer screening.
New television commercial on air focusing on major services
Continuing marketing to OPA primary care physicians and internal audience
Plan developed and internal department interviews to be held for website redesign

Planning and Business Development

Leading DSRIP efforts for ECMC with community collaborations
ECMC PPS now has 3,800 providers and over 230,000 Medicaid lives
Niagara Falls and Upper Allegheny Health System joining ECMC PPS
Received \$500,000 planning award from state for this new partnership
Meeting with Rural Hospitals to develop new and continue existing relationships
Collaborating with Kaleida on new business initiatives
Business Development Director visiting primary care and dentists office to develop relationships for specialists
Service line development and margin analysis underway and have developed metrics and business plans
CON for renovating two new OR's submitted and new Cath Lab to be submitted shortly
Working with Professional Steering Committee.
Developing primary care and specialty strategy and have had multiple confidentiality agreements signed
Primary care practices growing and specialty physicians seeing patients at locations
Various discussions with healthcare partners underway with confidentiality agreement signed

Media Report

- **The Buffalo News: ECMC credited with reducing infections.** A state report on hospital infections singles out Erie County Medical Center among those institutions that experienced success at reducing infections
- **UB, Kaleida and ECMC name Schwaitzberg new chair of surgery and medical director of surgical program development.** The joint announcement was made by Michael E. Cain, Jody Lomeo and Rich Cleland.
- **NewsX : Texting and walking more dangerous than texting while driving.** While talking on the phone is a distraction, texting is much more dangerous because you can't see the path in front of you. Dr. Detrich Jehle is quoted
Buffalo Business First: Hospitals plan program and service expansions. ECMC plans to grow with the Russell J. Salvatore Orthopedic Unit at a cost of \$12.5 million with a 22 – room unit slated to open in February; two new operating rooms under renovation; and other projects in the works for radiology and imaging services and at the diagnostic Catheterization lab.
- **Buffalo Healthy Living: Erie County Medical Center Immunodeficiency Services earns national recognition as NCQA “Patient-Centered Medical Home™”.** This certification confirms that ECMC Immunodeficiency Services has tools, systems and resources provided by qualified and skilled staff members to deliver the care patients expect and prefer. Rich Cleland is quoted.

Community and Government Relations

Advocating to Legislators and DOH for DSRIP, partnership with Lakeshore Hospital, and legislative initiatives for ECMC

Community Relations resources allocated toward DSRIP to support Community Based Organizations
Mammography coach has screened over 4,000 women

CLINICAL DEPARTMENT UPDATES

Surgical Services- end of year

- January was a strong month for the Main OR and surgical center; 55 additional cases were done in the main OR and 9 additional cases were done in the surgical center compared to January, 2014.
- Growth of volume came from General surgery and Excelsior orthopedics.
- The Expansion of two additional OR suits in the surgical center is underway with a goal of at least one being operational by spring 2015
- The recovery area is now functioning with phase 1 of electronic physician discharge orders and prescriptions sent directly to the patients pharmacy



You're Invited to a Gift Gathering Party

**Tuesday, March 3, 2015
5:30 p.m. - 7:30 p.m.**



RESURGENCE

**Resurgence Brewing Company
1250 Niagara Street, Buffalo NY**

**Food Stations
Resurgence Craft Beers**

Resurgence IPA, Loganberry Witt,
Sponge Candy Stout, The Bridge Lager

Wines & Seasonal Sangria

Hosted by:

Rich Cleland, Donna Brown, Tony Colucci,
Carla DiCanio-Clarke, Leslie Feidt, Steve Gary,
Susan Gonzalez, Mary Hoffman, Chris Koenig, Ron Krawiec,
Charlene Ludlow, Tom Quatroche, Karen Ziemianski

Please RSVP by February 25th

Liz Longest at: 898-5804 of 128

llongest@ecmc.edu

Help support Springfest by:

**Purchasing a \$100 Raffle Ticket
at the Gift Gathering Party
Top Prize - \$10,000 CASH**

Cash-Check-CC Accepted

A maximum of 300 Tickets will be sold

**Less than 100 tickets remain, call now to
reserve your ticket before they sell out!**

**Check Out Our Registries:
Online or In-Store**

JENSS

**Organization Registry Name:
ECMC Springfest 2015
jenssdecor.com**

TARGET

**Target Registry:
First Name: ECMC
Last Name: Springfest
target.com**

OR

*Use your own creativity or see our
gift "idea list" below!*

Dining Certificates • Retail Gift Cards
Wine & Spirits • Themed Gift Baskets
Bed & Bath • Kitchen Gadgets
Home Décor • Fitness & Sports
Baby & Child's Play • Gardening
Backyard Entertaining • Spa Day
Fragrance • Accessories • Jewelry

**Springfest, May 9, 2015
featuring "The Spinners" and "Village People"
at the Buffalo Niagara Convention Center**

You're Invited

ECMC ♥ LIFELINE FOUNDATION

Springfest

Gift Gathering Luncheon

Monday, March 2, 2015

11:00 a.m. - 1:30 p.m.

Lunch Served Promptly at Noon

Mary Seaton Room at Kleinhans Music Hall

3 Symphony Circle, Buffalo, NY

Hosted by:

Mrs. Nance Basil | Dr. Smita Bakhai | Mrs. Sarah Carney | Mrs. Marsha Cleland | Mrs. Sheila Kowalski
Mrs. Mary Lomeo | Mrs. Vanessa Myers | Mrs. Jodi Quatroche | Mrs. Melissa Raccuia | Mrs. Rita Hubbard-Robinson

Springfest

Gift Gathering Luncheon

Sponsored by:

Vivian L. Lindfield, MD, FACS

Women New York
Breast Health

Mobile Mammography Coach Tours

11:00 a.m. - 12:00 p.m.

1:00 p.m - 2:00 p.m.



Providing true care to those that need it the most!

Each year, thousands of patients come to ECMC with serious injuries and debilitating conditions seeking medical treatment and rehabilitation.

Because of the high level of skill and dedication required to earn the designation of Adult Regional Trauma Center, ECMC is recognized for outstanding and gifted physicians, surgeons, nurses, and other medical professionals.

*Kindly bring a gift to be displayed at the luncheon and featured at
ECMC's Springfest Pre-Party and Auction*

Check Out Our Registries - Online or In-Store:

Jenss Stores

**Organization Registry Name: ECMC Springfest 2015
jenssdecor.com**

Target

**Target Registry: First Name: ECMC • Last Name: Springfest
target.com**

Or use your own creativity or see our gift "idea list" below!

Dining Certificates • Retail Gift Cards • Wine & Spirits • Themed Gift Baskets

Bed & Bath • Kitchen Gadgets • Home Décor • Fitness & Sports • Baby & Child's Play • Gardening

Backyard Entertaining • Spa Day • Fragrance • Accessories • Jewelry

*Springfest Pre-Party
Silent Auction, Basket Raffle,
and \$10,000 Reverse Raffle!*

**Tuesday, March 24, 2015
5:30 p.m. - 8:30 p.m.
Salvatore's Italian Gardens**

**Food Stations & Open Bar
\$40.00 per person**

**Tickets on Sale Now
Call: 898-5800**



*Springfest Pre-Party
Reverse Raffle
\$10,000 Cash Grand Prize!*

**Ten CASH Prizes Awarded in
Reverse Order.**

Only 300 Tickets Will be Sold!

**Drawing: Tuesday, March 24, 2015
\$100.00 Donation**



**Saturday, May 9th
Buffalo Niagara Convention Center**

Honoring:

***Distinguished Physician Award*
Yogesh D. Bakhai, MD
Chief of Service-Psychiatry ECMC**

***Distinguished Nursing Award*
Cameron L. Schmidt, MS, RN
Clinical Teacher-Critical Care Education**

***Distinguished Service Award*
Russell J. Salvatore
Russell's Steaks, Chops & More**

Featured Entertainment

**Gala Mainstage:
The Spinners**



**Opening Act:
Village People**



Luncheon Menu Catered by Oliver's

Please select one of the two luncheon options below

- Milanese chicken breast over baby arugula bed with marinated cherry tomato, crisp cucumber, slivered red onion, shaved parmigiano-reggiano with balsamic reduction*
- Grilled portobello mushroom vegetarian option with above presentation*

Oliver's signature bread basket with whipped butter

House made pastry & cookie delectables

Coffee & tea service

Yes, I am able to attend.
Please attach enclosed card to your gift

Name

Unfortunately, I am unable to attend.
Please accept the enclosed gift card
or donation made payable to
ECMC Lifeline Foundation.

Address

Unfortunately, I am unable to attend.

**MEDICAL EXECUTIVE COMMITTEE MEETING
MONDAY, JANUARY 26, 2015 AT 11:30 A.M.**

Attendance (Voting Members):

D. Amsterdam, PhD	W. Guo, MD	
M. Anders, MD	R. Hall, MD	
S. Anillo, MD	N. Kothari, MD	
M. Azadfard, MD	M. LiVecchi, MD	
Y. Bakhai, MD	M. Manka, MD	
L. Balos, MD	A. Manyon, MD	
G. Bennett, MD	M. Panesar, MD	
R. Calabrese, MD	K. Pranikoff, MD	
S. Cloud, DO	R. Schuder, MD	
M. Cummings, MD	P. Stegemann, MD	
T. DeZastro, MD	J. Serghany, MD	
W. Flynn, MD	R. Venuto, MD	
R. Ferguson, MD		
D. Ford, RPA-C		
K. Grimm, MD		

Attendance (Non-Voting Members):

B. Murray, MD	S. Gary	
R. Cleland	C. Cavaretta	
J. Fudyma, MD	C. Davis	
S. Ksiazek	T. Quatroche	
K. Ziemianski, RN	S. Gonzalez	
M. Hoffman, RN		

Excused:

V. Barnabei, MD	M. Sullivan, DDS	
W. Belles, MD	J. Reidy, MD	
J. Izzo, MD		
M. Jajkowski, MD		
E. Jensen, MD		
T. Loree, MD		

Absent:

None.		

I. CALL TO ORDER

- A.** Dr. Samuel Cloud, President, called the meeting to order at 11:40 a.m. A gavel was presented to Dr. Cloud as the newly elected President of the Medical Dental Staff. Dr. Cloud thanked Dr. Hall as serving as mentor and guide. He then welcomed all the new members of the MEC – Daniel Ford, Dr. Anders, Dr. Guo, Dr. Kothari and officers Dr. Grimm and Cummings.

II. MEDICAL STAFF PRESIDENT'S REPORT – S. CLOUD, MD

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

III. CEO/COO/CFO BRIEFING

A. CEO REPORT – Richard Cleland

1. **Provider Survey** – Thank you for the excellent response rate on the recently conducted survey at greater than 40%. Mr. Cleland advised that it is hoped to take the data and look at areas that need some improvement.
2. **Annual Board of Directors Meeting** – The annual meeting will be conducted tomorrow, January 27, 2015. Strategic initiatives for 2015 will be reviewed by the Board. Acute discharges in 2014 are 10% higher than previous year, outpatient and ER visits are also growing. OR volumes are about 5% higher.
3. **MICU Central Line Infections** – No central line infections were acquired in the MICU for 18 months. This was recognized by the DOH and CMS in this outstanding effort. VAPs are also at zero which is an amazing accomplishment. Thank you to the hospitalists, intensivists and nurses who work in that unit and have accomplished this.
4. **Patient Centered Medical Home, Level III** – Received this designation for the Immuno Clinic. Excellent achievement to acquire this designation.
5. **6 Zone 1** – Opened for orthopedic patients – 22 private rooms will open shortly for orthopedic recoveries in March.
6. **Patient Experience Commitment** – All administrators have signed a letter of commitment to this initiative. There will be intentional rounding with patients and families on a weekly basis to identify and address and concerns and/or needs.
7. **2014 Accomplishment Presentation and 2015 Initiatives** – Mr. Cleland requested permission from President Cloud to present this at next month's MEC meeting.

B. COO Report – Mary Hoffman

1. **Bridge Initiative/Novia** – Ms. Hoffman advised that the initiatives and process improvement that were identified are being integrated into the organization now that the relationship with Novia has ended.
2. **Theresa Sitgreaves, New Director of Inpatient Dialysis** – Candidate has accepted the position and will be in place shortly.

B. CHIEF NURSE REPORT – Karen Ziemianski, RN

1. **CMS Site Visit** – There was a survey conducted of the nursing department last week. Many interviews were conducted with both

staff and patients. Early results are very positive but final report has not yet been received.

2. **Planning for Summer Underway** – Supply review, medications and staffing for summer planning is underway.

D. CFO REPORT – Steve Gary

1. **End of Year Report** – ECMC ended the year with a \$900,000 surplus. \$3.1 million DSRIP funding was received aiding the bottom line. The November snow storm cost an additional \$1 million in staff costs. More detail will be shared after the financial reports are finalized.

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

A. UNIVERSITY AFFAIRS

The Dean recently announced the appointment of Steven D. Schwaitzberg, MD, FACS as Chair of the Department of Surgery at the University at Buffalo School of Medicine and Biomedical Sciences. Dr. Schwaitzberg will also serve as the Medical Director, Surgical Program Development, at Kaleida Health and ECMCC This appointment will be effective on or before June 1, 2015.

The Dean also announced the appointment of Alan J. Lesse, MD, as the Interim Senior Associate Dean for Medical Curriculum in the School of Medicine and Biomedical Sciences. Dr. Lesse's leadership appointment was effective January 2, 2015. He will continue to serve as Vice Chair for Education in the Department of Medicine and Chief of the Infectious Disease Section at the VA. Dr. Lesse is an Associate Professor of Medicine, Pharmacology and Toxicology, and Microbiology and Immunology.

B. PROFESSIONAL STEERING COMMITTEE

Dr. Murray provided a verbal update on the meeting held January 12th 2015. Updates were provided on Transplant, Dean provided an update on University affairs including the new Chair of Surgery and Associate Dean of Curriculum. Buffalo Research Consortium will be submitting a large multi-million dollar training grant. Dr. Tom Rosenthal provided an update on the primary health initiative. He focused on some of the challenges in coordinating care and obtaining information on patients in both the inpatient and outpatient setting.

C. UTILIZATION REVIEW

December 2014 Flash report was distributed and reviewed.

D. CLINICAL ISSUES

1. Ebola Virus

Governor Andrew M. Cuomo appointed ten hospitals in New York State in October to be key medical response centers to provide the extensive treatment necessary for Ebola patients. The Governor and the New York State Department of Health (DOH) are pleased that the CDC has recognized five of those hospitals to treat a patient with Ebola. The five New York-designated hospitals currently on the HHS-approved list are:

- North Shore System LIJ/Glen Cove Hospital; Glen Cove, New York
- Montefiore Health System; New York City, New York
- New York-Presbyterian/Allen Hospital; New York City, New York
- NYC Health and Hospitals Corporation/HHC Bellevue Hospital Center; New York City, New York
- The Mount Sinai Hospital; New York City, New York

To qualify to be on the HHS list of approved treatment centers, a facility must be surveyed by CDC to assess staffing, equipment and infrastructure to provide care. ECMC was notified that we will be visited on March 4th 2015 by the NYSDOH/CDC with a view to being the sixth center so designated in New York State.

2. CMS Introduces New Chronic Care Management Code for 2015

Starting in January 2015, Medicare will pay doctors to coordinate the care of Medicare beneficiaries. This significant policy change is in response to growing evidence that patients with chronic illnesses suffer from disjointed, fragmented care. This will cover the 70% of 54 million Medicare beneficiaries who are still in the traditional fee-for-service Medicare program (about 30% are in HMOs and other private health plans). Although this is already work many doctors are doing on behalf of their patients, they have historically not been paid for it. Medicare will begin paying monthly fees to doctors who manage care for patients with two or more chronic conditions like heart disease, diabetes, and depression. Two-thirds of Medicare beneficiaries have at least two chronic conditions, and they account for 93% of Medicare spending according to HHS. Doctors will draft and help carry out a comprehensive plan of care for each patient who signs up for one. Under new federal rules, these patients will have access to doctors or other healthcare providers on a doctor's staff 24 hours a day and seven days a week to deal with urgent chronic care needs. As part of the new

service, doctors will assess patients' medical, psychological, and social needs; check whether they are taking medications as prescribed; monitor the care provided by other doctors; and make arrangements to ensure a smooth transition when patients move from a hospital to their home or to a nursing home. Doctors can expect to receive about \$42 a month for managing the care of a Medicare patient. Care management services can be provided only if patients agree in writing. Patients will pay about 20 percent of the \$42 fee, the same proportion as for many other doctor services. The new G-code can be used for chronic care management services provided to patients with two or more chronic conditions that are expected to last at least a year. The code could be billed only once a month for each patient. Now more than ever, with these new rules in place it is important to use the right revenue cycle management (RCM) solution. The new care management services can be provided not only by doctors but also by nurse practitioners, physician assistants and certain other health professionals. Medicare officials said they expected doctors and other providers to focus on sicker patients with four or more chronic conditions.

3. DOH Discusses e-Prescribing Waiver with HANYS' HIT Strategy Group

More than 200 HANYS members participated on HANYS' HIT Strategy Group call Tuesday regarding the New York State Department of Health's (DOH) electronic prescribing waiver process. Officials from DOH's Bureau of Narcotic Enforcement (BNE) walked through the waiver process, established at HANYS' request, which will allow providers making a good faith effort to achieve compliance to seek a waiver from the state's e-prescribing mandate, otherwise effective March 27, 2015.

According to BNE, waivers may be granted based upon a showing by a practitioner that his or her ability to issue an electronic prescription is unduly burdened by economic hardship, technological limitations that are not reasonably within the practitioner's control, or other exceptional circumstances.

BNE officials provided examples of scenarios that might be considered technical limitations under the waiver, including a delay in vendor software application becoming compliant with the Drug Enforcement Agency's Electronic Prescribing of Controlled Substances (EPCS) requirements, or insufficient time from vendor delivery date of certified software application to fully implement, test, and accommodate workflow changes essential to ensuring patient safety or timely patient access to prescriptions.

The waiver process for Article 28 hospitals will allow them to facilitate waiver applications on behalf of multiple practitioners; it will also allow practitioners to file a waiver request directly. HANYS emphasized to BNE the importance of a rapid turnaround time of waiver decisions to give providers ample

time for planning and ensure predictability. Specifically, HANYS asked BNE to allow a provider's date of submission of the application for a waiver to be considered the working approval date, given how backlogs of applications under review may cause BNE to be unable to process all requests before March 27.

BNE has indicated that the waiver application and guidance documents will be formally finalized shortly. HANYS will notify HIT Strategy Group members as soon as the waiver materials are available.

4. ECMC Goals for 2015

- 1) Develop a comprehensive 2015 customer service and patient engagement plan:
 - a. Maximizes Press Ganey capabilities(training, education, forms and strategies);
 - b. Mandatory leadership support;
 - c. All reports-all organizations-all daily practice to mimic Press Ganey top hospitals;
 - d. Includes monthly department and employee training and development;
 - e. Roll Out of “ Point of Care” rounding tool;
 - f. Update Patient Information Booklet;
 - g. Implementation of “Consider it Done”;
 - h. 2nd annual Patient Experience Fair;
 - i. Add additional resources-advocates to CPEP, Outpatient and Behavioral Health(inpatient);
 - j. Expands “Catering By Demand” to all inpatient survey units;
- 2) DSRIP/Millennium Collaborative Care:
 - a. Key staff appointments;
 - b. Appoint Board of Managers;
 - c. Develop infrastructure to insure readiness plan for 4/1/2015;
- 3) Level 1-Trauma Certification-American College of Surgeons:
- 4) Develop comprehensive service line profile report which includes the following information:
 - a. Finalize service line and physician dashboards in Crimson and achieve “monthly” distribution to service line physician leadership. This is so we achieve BRIDGE initiative goals and take ownership of this function;
 - b. Complete the evaluation of service line profitability and establish action plan for services with a negative operating margin, including maintaining service sure to core mission;
 - c. Identify key service line quality reporting, develop master schedule to insure timely submission of materials and organizational awareness;
 - d. Complete assessment of productivity and establish benchmark productivity levels;

- 5) Restructure PI to focus on all publicly reported and Pay for Performance data. Incorporate monthly updates of performance in all areas should be consolidated and reported regularly with action plans and accountability:
 - a. CMS/Core Measures;
 - b. Leapfrog;
 - c. Payer Incentives;
 - d. Value Based Purchasing(Press Ganey);
- 6) 5.7 LOS
- 7) EBOLA certification designation;
- 8) Open the new Russell J. Salvatore Orthopedic Unit
- 9) Meet Federal/New York State ePrescribing guidelines
- 10) Implement NSQIP to focus on quality improvement for surgical patients(replace SCIP);
- 11) Develop comprehensive Medical/Physician Affairs plan to address:
 - Updating and keeping current Provider Dictionary;
 - Liaison/Concierge Service(on boarding);
 - Insure all physician and allied provider credentialing is in compliance to ECMC By Laws;
 - Staffing and structure in place and department optimal in effectiveness;
- 12) Work with UB to streamline the review and approval of research studies while assuring compliance with HIPAA and Anti-Kickback statutes.

V. ASSOCIATE MEDICAL DIRECTORS REPORTS

- A. **Dr. John Fudyma** – Press Ganey representative will be working with ECMC to build physician profiles to provide physician-specific data.

VI. LIFELINE FOUNDATION – S. Gonzalez

- A. **Employee Assistant Fund** - \$15,000 has been distributed to various employees who have needed assistance from home fire, to illness keeping them from work, etc. The Medical Dental Staff has provided gifts to the fund in the past and it is requested that funding again be provided.
- B. **Springfest Update** – Please consider supporting the raffle and attending the event on May 9th. It is expected that the event will sell out quickly so if you would like to reserve a table, please let the Foundation staff to hold your spot.

VI. CONSENT CALENDAR

MEETING MINUTES/MOTIONS		ACTION ITEMS
A.	MINUTES OF THE Previous MEC Meeting: December 15, 2014	Received and Filed
1.	CREDENTIALS COMMITTEE: Minutes of January 6, 2015	Received and Filed
	- Resignations	Reviewed and Approved
	- Appointments	Reviewed and Approved
	- Reappointments	Reviewed and Approved

MEETING MINUTES/MOTIONS		ACTION ITEMS
	- Dual Reappointment Applications	Reviewed and Approved
	- Provisional to Permanent Appointments	Reviewed and Approved
1.	HIM Committee: No Report	Received and Filed
2.	P & T Committee Meeting – Minutes of December 2, 2014	Received and Filed
	1. Common Use Respiratory Canister Policy – Endorse concept to proceed with feasibility pursuing a Respiratory Therapy Model	Reviewed and Approved
	2. Levocarnitine injection 200 mg/mL – add to Formulary	Reviewed and Approved
	3. Amoxicillin and Clavulanate 250 mg – delete from Formulary	Reviewed and Approved
	4. Tiagabine 2 mg, 4 mg – delete from Formulary	Reviewed and Approved
	5. Clopidogrel 300 mg – delete from Formulary	Reviewed and Approved
	6. Tolterodine LA (Detrol® LA) 2 mg, 4 mg – delete from Formulary	Reviewed and Approved
	7. Danazol 200 mg capsules – delete from Formulary	Reviewed and Approved
	8. TI-17 Dose Adjustment based on Renal Function – approve revision	Reviewed and Approved
	9. TI-62 Alzheimer Treatment Agents – approve revision	Reviewed and Approved
	10. TI-65 Tolterodine – approve new Policy	Reviewed and Approved
	11. F-1 Pharmacy and Therapeutic Committee	Reviewed and Approved
	12. F-2 Drug Formulary – approve review & revision	Reviewed and Approved
	13. Bi-Annual Review of Policies & Procedures	Reviewed and Approved
	14. TI-35 Vaginal Antifungal Agents	Reviewed and Approved
	15. TI-36 Lactobacillus acidophilus	Reviewed and Approved
	16. TI-37 Loop Diuretics	Reviewed and Approved
	17. TI-39 Ophthalmic Antihistamines and Decongestants	Reviewed and Approved
	18. TI-40 Fosphenytoin (Cerebyx®)	Reviewed and Approved
	19. TI-41 Antibiotic Ophthalmic Ointment and Solution	Reviewed and Approved
	20. TI-40 Fosphenytoin (Cerebyx®)	Reviewed and Approved
	21. TI-41 Antibiotic Ophthalmic Ointment and Solution	Reviewed and Approved
	22. TI-42 Parenteral Iron Preparations	Reviewed and Approved
3.	Transfusion Committee: Minutes of December 18, 2014	Received and Filed

VI. CONSENT CALENDAR, CONTINUED

A. MOTION: Approve all items presented in the consent calendar.
MOTION UNANIMOUSLY APPROVED.

B. MOTION: Approve 2015 Critical Values as presented. (See attached list at end of minutes report).
MOTION UNANIMOUSLY APPROVED.

C. MOTION: Approve Commercial Lab Suppliers as presented.
MOTION UNANIMOUSLY APPROVED.

Reference Laboratory Testing

Lab Corporation of America (LCA) – (prime vendor)

LCA was selected based upon a competitive RFP process which included five criteria: customer service; quality; TAT; LIS interface capability; and cost. We are currently working on an expired six-year contract on a month-to month basis.

Other Reference Laboratories and Consultants

On occasion, local laboratories may be selected based upon test menu and/or rapidity of response.

For Pathology Consults, molecular genomics, in-situ hybridization studies, and special stains the following organizations have been utilized.

*Agendia
Bostwich Labs
Genomic Health
Integrated Oncology
Mayo Clinic
Neogenomics
US Labs*

Blood and Blood Products (except albumin and immune globulins)

UNYTS and Memorial Blood Centers of Minnesota
American Red Cross, NY/PA Regions

D. MOTION: Policy Approval: Trach Reinsertion.

MOTION UNANIMOUSLY APPROVED.

E. MOTION: Policy Approval: The Use of Patient Safety Companions.

MOTION UNANIMOUSLY APPROVED.

F. 2015 Committee Members Slate presented and discussed for acceptance.

COMMITTEE COMPOSITION

Consistent with Article VII of the ECMCC Medical-Dental Staff Bylaws, all medical/dental staff members serving on committees and committee chairs are appointed by the President of the Medical/Dental Staff. Appointments are for a 2 year term and members may serve until a successor is appointed. The Medical/Dental Staff President, the Chief Medical Officer and the Chief Executive Officer , or their respective designees, are ex-officio members of all standing and special committees of the Staff. On an annual basis at the first meeting of the calendar year, the list of committee chairs is to be presented to the

President of the Medical/Dental Staff for recommendation and the Medical Executive Committee for endorsement.

The following slate of chairs and credentialed members for the committees defined in Part II of the ECMCC Medical/Dental Staff Rules and Regulations is presented to the President and MEC:

BYLAWS COMMITTEE

The review and most recent revision dates for each section of ECMCC Medical-Dental Staff Bylaws and accompanying policies are as follows:

Bylaws Parts I and II	January 2013
Rules and Regulations Part I	December 2013
Rules and Regulations Part II	August 2012
Credentials Manual	April 2014

As defined in the Joint Commission standards and ECMCC Policy on Policies, documentation of a comprehensive policy review is required minimally every three years. The activation of the Bylaws Committee will be required in 2015 to perform minimally a review of the Bylaws Parts I and II as well as Part II of the Rules and Regulations. Committee composition and activation will be at the direction of the Medical-Dental Staff President.

CREDENTIALS COMMITTEE

Chair: Robert J. Schuder, MD

Members: Yogesh Bakhai, MD
Timothy DeZastro, MD
Gregg Feld, MD
Richard Hall, MD, DDS, PhD
Christopher John, PA-C
Nirmit Kothari, MD
Mark A. LiVecchi, MD
Mandip Panesar, MD
Susan Ksiazek, RPh, without vote

*ECMCC Legal Counsel, as needed, without vote

NOMINATING COMMITTEE

No need to activate, not an election year.

PRACTITIONER HEALTH ADVISORY COMMITTEE

Chair: Yogesh Bakhai, MD - Psychiatry

Members: Mandip Panesar, MD - Renal
Gregory Bennett, MD - Neurosurgery
Susan Ksiazek, RPh
Ad-hoc Members: As needed

MEDICAL/DENTAL STAFF QUALITY IMPROVEMENT COMMITTEE

Chair: Brian M. Murray, MD
Members: Medical Executive Committee

RESOURCE MANAGEMENT COMMITTEE

Chair: Arthur Orlick, MD
Physician Members: Michael Cummings, MD
Mark Gunther, Ph.D.
Nirmit Kothari, MD
Mark LiVecchi, MD
James Lukan, MD
Michael Manka, MD
Mandip Panesar, MD
Philip Stegemann, MD
Representative from the Department of Surgery
Ad-hoc Members: As needed

**MOTION - Approve the 2015
Committee Members Slate.**

MOTION UNANIMOUSLY APPROVED.

VIII. OTHER NEW/OLD BUSINESS

- A. **Physician Communication** – Dr. Calabrese presented a situation for consideration by the MEC. She and Dr. Orlick attend a discharge meeting with case managers and social work on a daily basis. It has been identified that there is a need for improved communication between physicians caring for similar patients. It was also suggested to have residents more quickly escalate issues of communication leading to extended LOS. There is concern some residents are not communicating with the attending and may not understand the care plan for the patient. It is suggested that improved methods of communication need to be explored. It was suggested to expand the use of secured texting via Cortext (application). It is available to anyone who wishes to use the system.

X. 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 1:15 p.m.

Respectfully submitted,

A handwritten signature in blue ink, appearing to read "Michael Cummings, MD". The signature is fluid and cursive, with the first name "Michael" and the last name "Cummings" clearly visible, followed by "MD".

Michael Cummings, MD, Secretary
ECMCC, Medical/Dental Staff

**Erie County Medical Center Clinical Laboratories
Department of Laboratory Medicine**

Critical Values

Test Name	Units	Age	Low	Critical High
<u>Clinical Biochemistry & Toxicology</u>				
Blood Gases – Arterial	pH		7.19	7.61
	pCO ₂		19	61
	pO ₂		49	
	HCO ₃		11	41
Blood Gases – Venous	pH		7.19	7.66
	pCO ₂		19	66
	pO ₂		19	
	HCO ₃		11	41
Calcium	mg/dL		6.5	13
Calcium, Ionized, Whole Blood	mg/dL		3.4	
Carbon Dioxide (CO ₂), Total	mmol/L		15	
Digoxin	ng/mL			3.1 (3.01)
Glucose, Serum/Whole Blood	mg/dL	0-2 d	40	200
	mg/dL	3 d-10 y	45	250
	mg/dL	>10 y	45	450
Lithium	mEq/L			2.0
Potassium ion (K), Serum/Whole Blood	mmol/L	0 d-2 m	2.9	6.6
		>2 m	2.8	6.3
Sodium ion (Na), Serum/Whole Blood	mmol/L		119	155
<u>Hematology/Coagulation/Blood Bank</u>				
WBC Count	x10 ⁹ /L	0 d-1 m	0.9	35
		>1 m	0.9 ()	50
Absolute Neutrophil Count	x10 ⁹ /L		<1	
Hemoglobin	g/dL	0 d-1 m	9.9	24.1
		>1 m	6.5	20
Hematocrit	%	0 d-1 m	29.9	70.1
		>1 m	20	60
Platelet Count	x10 ¹² /L		30	999
Platelet Chamber Count (PLCH)	x10 ¹² /L		<10	
PT	sec	0 d-12 y		20
INR, Venous Thrombosis			>12 y	4.5
INR, Mechanical Heart Valve				4.5
Partial Thromboplastin Time (PTT)	sec	0-14 d		>55
		15 d-18 y		≥40
		>18 y		135
<u>Clinical Microbiology/Immunology/Virology</u>				
Microbial and Viral agents detected by NAA/cultured in Blood/CSF/Sterile Body Fluids				Positive
Respiratory Viral Agents				Detected/Cultured
Hep A IgM Ab				Positive
Chlamydia/GC/Herpes - Ob/Gyn				Positive
TB Smear and Culture				Positive

Mamudu/Critical Values.doc

Thursday, February 12, 2015

TheBuffaloNews.com

CITY & REGION

- [City & Region](#)

ECMC credited with reducing infections

on January 31, 2015 - 9:33 AM

A state report on hospital infections singles out Erie County Medical Center among those institutions that experienced success at reducing infections.

The medical center reduced central line-associated bloodstream infections to zero in 2013 and during the first half of 2014 in its medical intensive-care unit, a rate that was significantly below the state average.

A central-line infection occurs through the catheters that deliver medication and fluids to patients, and a central line is different from standard peripheral catheters because it goes farther into the body, ending near the heart, and may be used for weeks or months.

“The continuity of providers has resulted in a team dynamic which facilitates communication and prioritizes prevention of infections.” Charlene Ludlow, ECMC’s chief safety officer, said in a statement.

The report from the state Health Department did not note results beyond the second half of 2014. But ECMC said the zero infection rate has continued into 2015.

Overall, rates of infections in central lines and surgical sites and *Clostridium difficile* infections, a type of bacteria that is a common cause of diarrhea in hospitals, have declined since public reporting began in 2007, but the declines in central-line infections leveled off in 2013, according to the report.

UB Reporter > Campus > Schwartzberg named chair of Surgery

Schwartzberg named chair of Surgery

Published February 5, 2015

Steven D. Schwartzberg, chief of surgery at the Cambridge Health Alliance and a professor of surgery at Harvard Medical School, has been appointed chair of the Department of Surgery in the School of Medicine and Biomedical Sciences and medical director of surgical program development for Kaleida Health and Erie County Medical Center.

The joint announcement was made by Michael E. Cain, vice president for health sciences and dean of the medical school; Jody L. Lomeo, president and CEO, Great Lakes Health System of WNY and Kaleida Health; and Richard C. Cleland, president and chief operating officer of Erie County Medical Center (ECMC).

The appointments will take effect on or before June 1.

The announcement brings to 15 the number of new chairs and chair-level appointees named by Cain since he became dean in 2006. These hires, Cain says, are a critical piece of his strategic vision for the medical school's future, especially as the new UB medical school building, which will open in 2017, takes shape on the Buffalo Niagara Medical Campus.

Over the next five years, UB plans to hire 250 new faculty members across all academic units, 100 of whom will join the medical school. Major New York State investments to this effort include Gov. Andrew M. Cuomo's NYSUNY 2020 bill, a historic piece of higher education legislation that is enabling the university to pursue the next phase of its UB 2020 strategic plan.

Schwartzberg has been with Cambridge Health Alliance since 2005, when he became a visiting associate professor of surgery at Harvard Medical School. In 2009, he was appointed a full-time member of the Harvard Medical School faculty, where he is currently professor of surgery.

From 1986 until 2005, Schwartzberg served as an assistant and then associate professor of surgery at Tufts University School of Medicine, and held several administrative posts at the former New England Medical Center, now Tufts Medical Center, including medical director, director of surgical research, vice chairman and executive committee chairman of its Institutional Review Board.

Schwartzberg has focused his research in five areas: device development, prevention of intra-abdominal adhesions, skill acquisition in minimally invasive surgery, clinical evaluation of antibiotics and clinical outcomes.

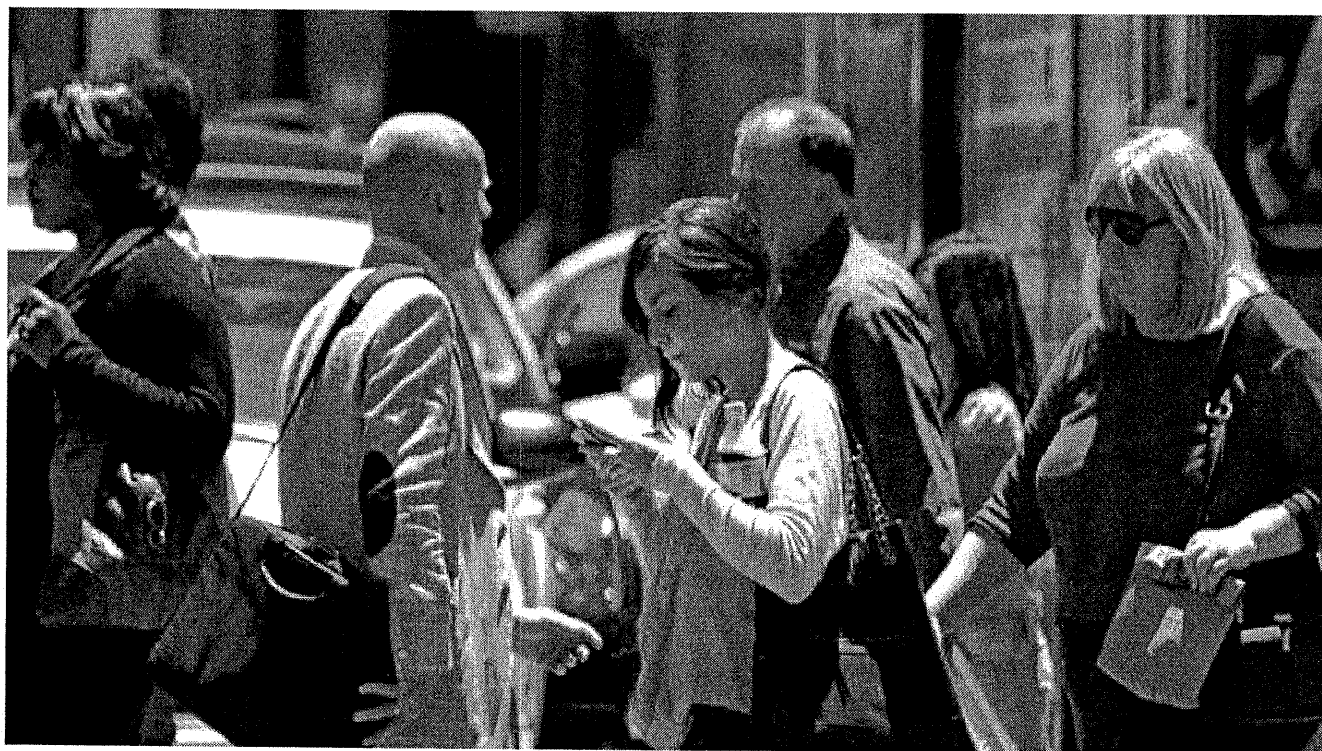
One of his most important achievements is his research demonstrating the feasibility of using microwaves to warm blood to facilitate transfusions. His research led to the development and federal approval of a practical device.

His basic laboratory work on an anti-adhesion device in abdominal surgery progressed to a pivotal clinical trial supporting its use in patients. He also has conducted research designed to promote skill acquisition in minimally invasive surgery in the U.S. and around the globe, and has made contributions in the preclinical and clinical use of surgical robots. Schwartzberg holds three U.S. patents.

His research has been funded by the National Institutes of Health, the National Science Foundation and industry; he currently is funded to study outcomes in biliary tract surgery. He also is a principle investigator on a national, prospective clinical trial of "natural orifice" versus conventional laparoscopic, or minimally invasive, gall bladder removal.

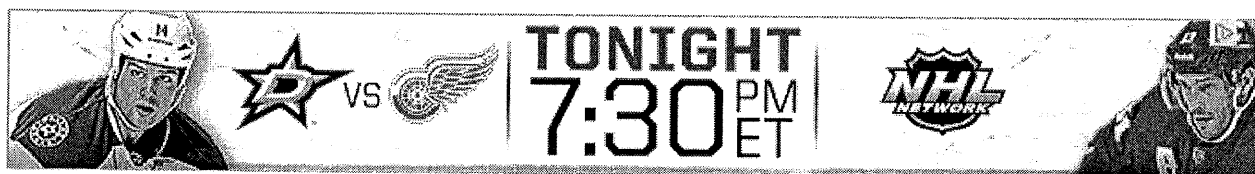
The author of more than 200 peer-reviewed manuscripts, articles, book chapters and editorials and clinical reviews, Schwartzberg has won numerous awards including the American College of Surgeons 2010 Health Policy Scholar award, the Computerworld/National Smithsonian Honors 21st Century Laureate Achievement award and many awards for teaching excellence. He is a fellow of the American College of Surgeons and serves on its Board of Governors. He is past president of the Society of American Gastrointestinal Endoscopic Surgeons.

Schwartzberg earned his undergraduate degree from Johns Hopkins University and his MD from Baylor College of Medicine. He completed his surgical residency at the Baylor Affiliated Hospitals and a fellowship at the Pediatric Trauma Institute, Floating Hospital for Children.

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SUNDAY, 01 FEBRUARY 2015 13:07 NEWSX BUREAU (WITH PTI INPUTS)

TEXTING AND WALKING MORE DANGEROUS THAN TEXTING WHILE DRIVING



Texting while walking may result in more injuries per mile than distracted driving, scientists have found.

Consequences of distracted walking include bumping into walls, falling down stairs, tripping over clutter or stepping into traffic. The issue is so common that in London, bumpers were placed onto light posts along a frequented avenue to prevent people from slamming into them, researchers from University at Buffalo in the US said.

"When texting, you're not as in control with the complex actions of walking," said Dietrich Jehle, professor of emergency medicine at the University at Buffalo. "While talking on the phone is a distraction, texting is much more dangerous because you can't see the path in front of you," said Jehle, who is also an attending physician at Erie County Medical Center, a regional trauma center in Western New York.

Though injuries from car accidents involving texting are often more severe, physical harm resulting from texting and walking occurs more frequently, Jehle said. Jehle explained that pedestrians face three types of distraction: manual, in

which they are doing something else; visual, where they see something else; and cognitive, in which their mind is somewhere else.

Tens of thousands of pedestrians are treated in emergency rooms across the US each year, and Jehle believes as many as 10 per cent of those visits result from accidents involving cell phones.

He said the number of mishaps involving texting and walking is likely higher than official statistics suggest, as patients tend to underreport information about themselves when it involves a behaviour that is embarrassing. Cell phone related injuries have skyrocketed over the past 10 years, coinciding with the rise of smartphones, said Jehle.

With social media so pervasive, texting isn't the only concern. It's not uncommon to find a person walking, head down, scrolling through their Twitter feed or checking email, Jehle said. Laws discouraging texting and walking have been written up, but are strongly voted down, said Jehle.

He suggests mobile applications that text via voice command or use the phone's camera to display the approaching streetscape while pedestrians text.

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Hospitals plan program and service expansions

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Tracey Drury

Buffalo Business First Reporter- *Buffalo Business First*

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Here's a look at who plans to grow programs and services this year.

- Olean General Hospital/Upper Allegheny Health System: Expansion planned for primary care network and strengthening of home care business, especially in Bradford, Pa.
- Erie County Medical Center: Russell J. Salvatore Orthopedic Unit, \$12.5 million, 22-room unit slated to open in February; two new operating rooms under renovation; and other projects in the works for radiology and imaging services and at the diagnostic catheterization lab.
- Roswell Park Cancer Institute: Work continues on \$40 million clinical sciences center, set to open in 2016.
- VA WNY Health Center: An infusion room ...

Tracey Drury covers health/medical, nonprofits and insurance

Cirillo, Joe

From: Jack Connors, Publisher <reply@mail-1.bizjournals.com>
Sent: Friday, January 23, 2015 6:24 AM
To: Cirillo, Joe
Subject: In this issue: Hospitals plan program and service expansions

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ECMC Immunodeficiency Services earns National Recognition as NCQA "Patient-Centered Medical Home™"

Buffalo Healthy Living · January 20, 2015

SHARE



BUFFALO, NY; January 20, 2015—Erie County Medical Center (ECMC) Corporation today announced that its Immunodeficiency Services Department recently received formal certification from the National Committee for Quality Assurance (NCQA) designating the service as a Patient Center Medical Home™ (PCMH™)* – Level 3 on Achievement of Recognition for Systematic use of Patient-Centered, Coordinated Care Management Processes.

The Patient-Centered Medical Home™ model of care provides primary care that emphasizes care coordination and communication to transform primary care into "what patients want it to be." Medical homes can lead to higher quality and lower costs, and can improve the patient and provider experience of care.

"This certification confirms that ECMC Immunodeficiency Services has the tools, systems and resources provided by qualified and skilled staff members to deliver the care patients expect and prefer," stated Richard C. Cleland, MPA, FACHE, NHA, President/Chief Operating Officer and Interim Chief Executive Officer, ECMC Corporation.

The Patient-Centered Medical Home program reflects the input of the American College of Physicians (ACP), American Academy of Family Physicians (AAFP), American Academy of Pediatrics (AAP) and American Osteopathic Association (AOA) and others in extension of the Physician Practice Connections Program. It was developed to assess whether physician practices are functioning as medical homes and recognize them for these efforts. The Patient-Centered Medical Home standards emphasize the use of systematic, patient-centered, coordinated care that supports access, communication and patient involvement.

ABOUT NCQA: NCQA is a private, non-profit organization dedicated to improving health care quality. NCQA accredits and certifies a wide range of health care organizations. It also recognizes clinicians and practices in key areas of performance. NCQA is committed to providing health care quality information for consumers, purchasers, health care providers and researchers. NCQA recognizes the vital role clinicians play in advancing quality. The Recognition Programs assess whether clinicians and practices support the delivery of high-quality care. The Recognition Programs are built on evidence-based, nationally recognized clinical standards of care. The official NCQA directory of Recognized Clinicians can be accessed at <http://recognition.ncqa.org>

*Patient-Centered Medical Home™ (PCMH™) is a trademark of the National Committee for Quality Assurance

ABOUT ECMC: The Erie County Medical Center (ECMC) Corporation includes an advanced academic medical center (ECMC) with 602 inpatient beds, on- and off-campus health centers, more than 30 outpatient specialty care services and Terrace View, a 390-bed long-term care facility. ECMC is the regional center for trauma, burn care, behavioral health services, transplantation, 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 and/or members of a private practice plan. More Western New York residents are choosing ECMC for exceptional patient care and patient experiences—the difference between healthcare and true care™.

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