

# ECMC Board of Directors Regular Board Meeting

Mar 31, 2015 at 04:30 PM - 06:30 PM

Staff Dining Room - 2nd Floor

462 Grider Street

Buffalo

# AGENDA

REGULAR MEETING OF THE BOARD OF DIRECTORS  
ERIE COUNTY MEDICAL CENTER CORPORATION  
TUESDAY, MARCH 31, 2015

- I. CALL TO ORDER: SHARON L. HANSON, VICE CHAIR
- II. PATIENT EXPERIENCE – DONNA BROWN
- III. APPROVAL OF MINUTES OF FEBRUARY 24, 2015 REGULAR MEETING OF THE BOARD OF DIRECTORS
- IV. RESOLUTIONS MAY BE DISTRIBUTED TO THE BOARD OF DIRECTORS DURING THE MEETING ON MARCH 31, 2015.
- V. BOARD PRESENTATION: ANNUAL AUDIT  
STEVE GARY
- VI. REPORTS FROM STANDING COMMITTEES OF THE BOARD:  
EXECUTIVE COMMITTEE: KEVIN M. HOGAN, ESQ.  
BUILDING & GROUNDS COMMITTEE: RONALD BENNETT  
FINANCE COMMITTEE: MICHAEL A. SEAMAN
- VII. REPORTS FROM SENIOR MANAGERS OF THE CORPORATION:  
  - A. PRESIDENT & CHIEF OPERATING OFFICER AND INTERIM CEO
  - B. CHIEF FINANCIAL OFFICER
  - C. SR. VICE PRESIDENT OF OPERATIONS - MARY HOFFMAN
  - D. SR. VICE PRESIDENT OF OPERATIONS – RON KRAWIEC
  - E. VICE PRESIDENT POST-ACUTE CARE
  - F. CHIEF MEDICAL OFFICER
  - G. CHIEF SAFETY OFFICER
  - H. SENIOR VICE PRESIDENT OF NURSING
  - I. INTERIM VICE PRESIDENT OF HUMAN RESOURCES
  - J. SR. VICE PRESIDENT OF MARKETING & PLANNING
  - K. EXECUTIVE DIRECTOR LIFELINE FOUNDATION
- VIII. REPORT OF THE MEDICAL/DENTAL STAFF: FEBRUARY 23 , 2015
- IX.. EXECUTIVE SESSION
- X. RETURN TO OPEN SESSION
- XI. ADJOURN

ERIE COUNTY MEDICAL CENTER CORPORATION

MINUTES OF THE REGULAR MEETING  
OF THE BOARD OF DIRECTORS

TUESDAY, FEBRUARY 24, 2015

STAFF DINING ROOM

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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. Mesiah  
Michael A. Seaman

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  
Stephen Gary  
Susan Gonzalez  
Mary Hoffman  
Chris Koenig

Susan Ksiazek  
Ronald Krawiec  
Charlene Ludlow  
Arthur Orlick, M.D.  
Thomas Quatroche  
Karen Ziemianski

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**I. CALL TO ORDER**

Chair Kevin M. Hogan called the meeting to order at 4:35 P.M.

**II. APPROVAL OF MINUTES OF JANUARY 27, 2015 REGULAR BOARD MEETING.**

Moved by Kevin Cichocki, D.C. and seconded by Douglas Baker

**Motion approved unanimously.**

**III. ACTION ITEMS**

**A. Resolution of the Board of Directors Granting an Easement to the County of Erie**

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

**Motion Approved Unanimously**

**B. Approval of Medical/Dental Staff Credentials, Resignations, Appointments and Re-Appointments for February 3, 2015**

Moved by Anthony Iacono and seconded by Michael Hoffert

**Motion Approved Unanimously**

**IV. BOARD COMMITTEE REPORTS**

All reports except that of the Performance Improvement Committee shall be included in the February 24, 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

- Mr. Cleland provided a Power Point presentation of where we were years back, where we are today and where we are headed. There have been many positive changes to the campus over the past several years.
- Michelle Wienke (patient advocate), has been promoted to the new position of Chief Experience Officer. She will be leading an innovative cultural transformation resulting in new levels of patient excellence.

- CMS team was on site for 2.5 days to conduct a *Conditions of Participation Survey*. There was only one minor finding that was corrected immediately.
- Mr. Cleland concluded a first round of 2015 “State of the Hospital” addresses.
- The Executive Leadership Team has dedicated 2 hours, 2 days per week to rounding within the hospital.
- Hospital operations continue to reflect favorable trends with continued improvement over prior year actual results.
- ECMC received the CON for two additional operating rooms which will be located in the ambulatory center.
- The grand opening and ribbon cutting ceremonies for the Russell J. Salvatore Orthopaedic Unit are scheduled Thursday, March 12, 2015 at 10:00am – 6<sup>th</sup> floor, north. All are encouraged to attend.

2) Chief Financial Officer: Stephen Gary

A summary of the financial results through January 31, 2015 and a Quarterly Financial Statement and projected statement of Yearly Cash Flows are attached in the Board Book for review.

**VI. BOARD PRESENTATION: DSRIP (DELIVERY SYSTEM REFORM INCENTIVE PAYMENT)  
RICH CLELAND & TOM QUATROCHE**

Rich Cleland and Tom Quatroche provided the current status and timeline of the DSRIP process. DSRIP's purpose is to fundamentally restructure the health care delivery system by reinvesting in the Medicaid program, with the primary goal of reducing avoidable hospital use by 25% over 5 years. Up to \$6.42 billion dollars are allocated to this program with payouts based upon achieving predefined results in system transformation, clinical management and population health. The many layers of DSRIP will be updated and summarized on a monthly basis at future board meetings.

**BOARD PRESENTATION: IGT (INTER-GOVERNMENTAL TRANSFER)**

**STEVE GARY, CHIEF FINANCIAL OFFICER**

At the request of the Executive Committee of the Board, Mr. Gary provided an overview of the various sources of intergovernmental transfer payments received by ECMCC for health care services delivered to those unable to pay.

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

Moved by Anthony Iacono and seconded by Kevin Cichocki, D.C. to enter into Executive Session at 6:05 P.M. to consider matters made confidential by law, including certain compliance-related matters, strategic investments and business plans.

**VIII. RECONVENE IN OPEN SESSION**

**Motion approved** Dietrich Jehle, M.D. and seconded by Anthony Iacono to reconvene in Open Session at 6:25 P.M. No action was taken by the Board in Executive Session.

**Motion approved unanimously.**

**IX. ADJOURNMENT**

Moved by Dietrich Jehle, M.D. and seconded by Michael Hoffert to adjourn the Board of Directors meeting at 6:25 P.M.

  
Sharon L. Hanson  
Corporation Secretary

**A Resolution Granting an Easement  
To the County of Erie**

Approved: February 24, 2015

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WHEREAS, the Corporation became the fee owner of all real property interests at its Grider Street Campus in March 2010 pursuant to a certain Settlement Agreement with the County of Erie, New York; and

WHEREAS, the Corporation has been asked by the County of Erie to grant an easement for the purpose of installation of a transformer, back-up generator, liquid nitrogen tank, and any accompanying pads, bollards, and fencing as needed to reasonably to satisfy Erie County Medical Examiner's Office needs; and

WHEREAS, the easement agreement to be signed by the parties will be negotiated to provide rights of relocation in the event that ECMCC deems it necessary to relocate Erie County services for the purposes of future construction; and

WHEREAS, senior management of the Corporation and counsel have determined that such an easement will be beneficial to the Corporation;

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

1. The Corporation is authorized to grant an easement to the County of Erie pursuant to terms and conditions contained in a written easement agreement that is approved by General Counsel to the Corporation.
2. This resolution shall take effect immediately.

*Sharon L. Hanson*

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Sharon L. Hanson  
Corporation Secretary

**CREDENTIALS COMMITTEE MEETING**  
**February 3, 2015**

**Committee Members Present:**

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

**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 \*  
Gregg I. Feld, MD \*  
Timothy G. DeZastro, 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 - <i>Teleradiology</i>	3/31/15

**FOR INFORMATION**

**CHANGE IN STAFF CATEGORY**

**Neurosurgery**  
Moreland, Douglas, B., MD From Courtesy Staff, *Refer & Follow* 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**

Azadfar, 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. Azadfar, 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

ERIE COUNTY MEDICAL CENTER CORPORATION

**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, Nirmal, 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

**Oral & Maxillofacial Surgery**

Bryan, Amy, DDS Associate Staff

**Plastic & Reconstructive Surgery**

Burke, Mark, 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 2015 on the date indicated.

<b>February 2015 Provisional to Permanent Staff</b>	<b>Provisional Period Expires</b>
<b>Dentistry</b>	
Hinchy, Nicole, V., DDS	Active Staff 2/24/2015
Korff, Kathryn, DDS	Active Staff 2/24/2015
McLean, Terrence, R., DDS	Active Staff 2/24/2015
Rossitto, Rachel, DDS	Active Staff 2/24/2015
<b>Family Medicine</b>	
Hartnett, Christine, M., PA-C	Allied Health Prof 2/24/2015
<i>Supervising MD: Dr. Stephen J. Evans</i>	
Rejewski, Cheryl, ANP	Allied Health Prof 2/24/2015
<i>Collaborating MD: Dr. Stephen J. Evans</i>	
Schonour, Christine, ANP	Allied Health Prof 2/24/2015
<i>Collaborating MD: Dr. Stephen J. Evans</i>	
<b>Internal Medicine</b>	
Brown, Karen, S., FNP	Allied Health Prof 2/24/2015
<i>Collaborating MD: Dr. Alyssa Shon</i>	
Calabrese, Rebecca, MD	Active Staff 2/24/2015
Elkin, Peter, MD	Active Staff 2/24/2015
Sturm, Tracy, J., FNP	Allied Health Prof 2/24/2015
<i>Collaborating MD: Dr. Alyssa Shon</i>	
<b>Neurology</b>	
Radovic, Vladan, M., MD	Active Staff 2/24/2015
<b>Plastic &amp; Reconstructive Surgery</b>	
Rigual, Nestor, R., MD	Active Staff 2/24/2015
<b>Psychiatry</b>	
Vanterpool, Joycelyn, H., MD	Active Staff 2/24/2015
<i>The April 2015 Provisional to Permanent Staff list has been compiled for Chief of Service review and endorsement.</i>	

**FOR OVERALL ACTION**

**AUTOMATIC CONCLUSION- REAPPOINTMENT EXPIRATION, FINAL NOTICE**

None	<b>Reappointment Expiration Date: as indicated</b>
above 2015	<b>Planned Credentials Committee Meeting Date: February 3,</b>
2015	<b>Planned MEC Action Date: February 23,</b>
2015	<b>Planned Board of Directors Meeting Date: February 24,</b>

**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 <b>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.</b></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	
<b>MATERNAL - FETAL MEDICINE Core Privileges</b> 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 <b>OR</b> 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.				
<b>Remote Fetal Monitoring</b>				

ERIE COUNTY MEDICAL CENTER CORPORATION

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 (2 years 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

ERIE COUNTY MEDICAL CENTER CORPORATION

MINUTES OF BOARD OF DIRECTORS REGULAR MEETING

OF TUESDAY, FEBRUARY 24, 2015

ERIE COUNTY MEDICAL CENTER CORPORATION

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,

A handwritten signature in black ink that reads "Robert J. Schuder MD". The signature is written in a cursive style with a prominent "R" and "S".

Robert J. Schuder, MD,  
Chairman, Credentials Committee

**CREREDENTIALS COMMITTEE MEETING**  
**March 3, 2015**

**Committee Members Present:**

Robert J. Schuder, MD, Chairman  
Christopher P. John, PA-C  
Susan Ksiazek, RPh, Director of Medical Staff Quality and Education  
Yogesh D. Bakhai, MD  
Nirmit D. Kothari, MD

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

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

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

Brian M. Murray, MD \*  
Gregg I. Feld, MD \*  
Mark LiVecchi, DMD MD MBA\*  
Timothy G. DeZastro, MD \*  
Richard E. Hall, DDS PhD MD FACS \*  
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 February 3, 2015 were reviewed and accepted. It was noted that the resignation of Herbert G. Young, MD effective 2/28/15 was inadvertently omitted from the January 6, 2015 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
- D. Automatic Processing Conclusion (inactive applications > 180 days from date of signature)
- E. Resignations
 

Gawron, Nicole, DO	Anesthesiology	11/30/14
Pacheco, Kevin, DO	Emergency Medicine	2/6/15
Pugh, Jennifer, MD	Emergency Medicine	2/1/15
Dean, Stacy, ANP	Family Medicine	2/27/15
Clark, Scott, NP	Internal Medicine	2/1/15
Morrell, Joseph, MD	Radiology	12/31/14

**FOR INFORMATION**

**CHANGE IN STAFF CATEGORY**

**Surgery**

Rasmusson, Timothy R., MD  
Active Staff to Associate Staff

**FOR OVERALL ACTION**

**DEPARTMENT CHANGE or ADDITION**

**Internal Medicine – adding Family Medicine**

Skalyo, Cynthia, NP  
Supervising Physician: Stephen Evans, MD  
Allied Health Professional

**FOR OVERALL ACTION**



**PRIVILEGE ADDITION/REVISION**

**Internal Medicine**

Makdissi, Antoine, MD Active Staff

- General Admitting Care Privileges\*
- Ambulatory Care Privileges\*

*\*FPPE waived; location delineations only*

Malayala, Srikrishna, MD Active Staff

- Critical Care\*

*\*FPPE waived; location delineation for existing member with critical care training*

**Orthopaedic Surgery**

Bernas, Geoffrey, MD Active Staff

- Division of scalenus anticus, without resection of cervical rib, w/resection of cervical rib.
- Hip Arthroscopy (*action deferred – see “New Business”*)

**FOR OVERALL ACTION**

**APPOINTMENT APPLICATIONS, recommended**

**A. Initial Appointment Review (13)**

**Anesthesiology**

Childress, Shelley, CRNA Allied Health Professional

**Emergency Medicine**

Cohen, Elizabeth, PA-C Allied Health Professional

*Supervising Physician: Dietrich Jehle, MD*

**Family Medicine**

DiStefano, Mary, NP Allied Health Professional

*Supervising Physician: Stephen Evans, MD*

McVey, Joanne, NP Allied Health Professional

*Supervising Physician: Muhammad Ghazi, MD*

**Internal Medicine**

Chang, Joan, DO Active Staff

Farrell, Megan, MD Active Staff

Luczkiewicz, Debra, MD Active Staff

Marien, Melanie, PA-C Allied Health Professional

*Supervising Physician: Kathleen Grimm, MD*

**Neurology**

Pasek, Lana, NP Allied Health Professional

*Supervising Physician: Dr. Richard Ferguson*

**Orthopaedic Surgery – Podiatry**

Lacivita, Michael, DPM Active Staff

**Orthopaedic Surgery**

O'Donnell, Kyle, PA-C Allied Health Professional

*Supervising Physician: Zair Fishkin, MD*

**Psychiatry**

Canzoneri, Joan, NP Allied Health Professional

*Supervising Physician: Dr. Victoria Brooks*

Leidenfrost, Corey, PhD Allied Health Professional

*\*Application processing slightly in excess of 180 days due to time for SED to issue limited permit. This deemed as good cause by the Credentials Committee and file in order.*

**FOR OVERALL ACTION**

**REAPPOINTMENT APPLICATIONS, recommended**

**B. Reappointment Review – (16)**

**Cardiothoracic Surgery**

Bell-Thomson, John, MD

Active Staff

Grosner, Gary, MD

Associate Staff

**Emergency Medicine**

Lynch, Joshua, DO

Active Staff

**Family Medicine**

Smith-Blackwell, Olivia, MD

Courtesy Staff, *Refer & Follow*

**Internal Medicine**

Lackner, Jeffrey, PSYD

Allied Health Professional

Madhusudanan, Mohan, MD

Courtesy Staff, *Refer & Follow*

Makdissi, Antoine, MD

Active Staff

**Neurosurgery**

Egnatchik, James, MD

Associate Staff

**Orthopaedic Surgery**

Bernas, Geoffrey, MD

Active Staff

Gurske-DePerio, Jennifer, MD

Active Staff

Hamill, Christopher, MD

Active Staff

**Orthopaedic Surgery – Podiatry**

Gutsin, Steven, DPM

Active Staff

**Psychiatry**

Grace, Jeffery, MD

Courtesy Staff, *Refer & Follow*

**Surgery**

Meilman, Jeffrey, MD

Associate Staff

Rasmusson, Timothy R., MD

Associate Staff

Schultz, Raymond, 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 2015 on the date indicated.

**March 2015 Provisional to Permanent Staff**

**Provisional Period Expires**

**Anesthesiology**

Nice, Kimberly, CRNA

Allied Health Professional

3/24/2015

**Cardiothoracic Surgery**

Zynda, Marcella, ANP

Allied Health Professional

3/24/2015

*Collaborating MD: Dr. Mark R. Jajkowski*

**Dentistry**

Frustino, Jennifer, DDS

Active Staff

3/24/2015

**Family Medicine**

Valenti, Sherry, ANP

Allied Health Professional

3/24/2015

*Collaborating MD: Dr. Stephen J. Evans*

**Psychiatry**

Schaeffer, Rebecca, MD

Active Staff

3/24/2015

*The May 2015 Provisional to Permanent Staff list has been compiled for Chief of Service review and endorsement.*

**FOR OVERALL ACTION**

## ***AUTOMATIC CONCLUSION- Reappointment Expiration, FINAL NOTICE***

**None**

**Reappointment Expiration Date: as indicated above**  
**Planned Credentials Committee Meeting Date: March 3, 2015**  
**Planned MEC Action Date: March 23, 2015**  
**Planned Board of Directors Meeting Date: March 31, 2015**

## ***OLD BUSINESS***

### **Radiology/Imaging Services**

It has been confirmed with the Assistant Director of Imaging Services and Chief Safety Officer that the final 2015 Joint Commission Radiology standards do *not* include the CT privileging requirements listed in the draft standards released for comment last year. This item will be removed from the standing agenda for this meeting.

### **Obstetrics and Gynecology**

An updated list of physicians who will be providing Remote Fetal Monitoring services has been received and completion of privileging is underway. Equipment arrival, in-servicing and legal review is progressing.

The initial draft of a core format privilege form for the Department of Obstetrics and Gynecology has been reviewed by the Chief of Service. Additional discussion with the Credentials Chair will be facilitated.

### **Follow Up on Outstanding Dues**

Responses have been received from all but two members. If not received by the due date of March 10, 2015, membership conclusion as a voluntary resignation will be processed.

### **Follow Up on Expired Information**

All outstanding expireable documents have been received from the staff member discussed at previous meetings. The diligence of the Medical-Dental Staff Office and the cooperation of the Credentials Committee were acknowledged.

### **Surgery – Management of Neuro Trauma**

The Surgery privilege form was revised in anticipation of the upcoming ACS survey. Upon further review, the Chief of Service did not endorse the need for a separate privilege for Neuro Trauma Management and it was requested that the approved change be deleted.

### **CORP-002 (Replaces CORP-003)**

S. Ksiazek requested a limited number of additions to the policy, which were accepted and in process.

### **Temporary Privilege Tracker**

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

**FOR OVERALL ACTION**

## ***NEW BUSINESS***

### **Status of Hospice Applications**

The Medical Staff Office has received multiple staff applications from Hospice practitioners requesting Palliative Care privileges in Internal Medicine. Discussion ensued as to the volume and the timing of their on-boarding. The Medical-Dental Staff Office will honor all Chief of Service temporary privilege requests and support all interested parties in meeting patient care needs and full compliance with JC standards.

### **Limited Permits**

The processing of an initial application for a staff member with a limited permit was reviewed and endorsed by the committee. Although ECMC has a precedent for this, S. Ksiazek noted that the Bylaws do not explicitly delineate limited permit as acceptable qualification for membership. As a local benchmark comparison, the same is true for our KH colleagues. S. Ksiazek has suggested that when the 2015 Bylaws Committee is convened, they consider adding the appropriate verbiage for limited permit.

### **Review of Certificates of Insurance**

Due to staffing constraints in the Risk Management Department, the process of prospective COI review has been suspended for approximately the last 3 months. The matter has been discussed with the CMO. The Medical-Dental Staff Office will make every attempt to maintain vigilance and minimize risk.

### **Orthopaedic Surgery**

A Re-appointment applicant hand wrote on the privilege form a request for Hip Arthroscopy. Policy continues to prohibit this practice:

**Additional Privileges:** Physicians may request the addition of privileges to their departmental form. Separate justification must be submitted in writing, endorsed by the Chief of Service, the Credentials Committee, and approved through the MEC and governing body in order to be granted and incorporated onto the privilege form.

The committee endorsed the following actions:

- 1) Defer the privilege request at present (see page 2)
- 2) Contact the Orthopaedic Chief of Service to discuss and if appropriate, add said privilege to form, with any accompanying credentialing criteria
- 3) Revise the form accordingly

### **MDSO Update**

= The proposed Medical-Dental Staff Office re-design update was presented to the committee.

= Developments involving collaboration with Kaleida Hospital credentialing matters

- Automated download of UB Medical Resident demographic information into the system
- On-line re-appointment process
- Unified application under GLH

**FOR OVERALL ACTION**

## ***OPEN ISSUES***

### **Nurse Practitioner Modernization Act**

The Nurse Practitioner form face sheets have been revised and will be placed into production. Revisions reflect the actions in the law and the chair recommends that individual letters not be sent to the practitioners explaining the rationale for maintaining the standard of designating a collaborating physician.

### **MEC action Items**

Action on the AHP Ad-hoc committee and IM AHP Privilege Form will be deferred to the President for follow up with the MEC.

### **Oral and Maxillofacial Applicant**

Defer to the April meeting for report from Chief of Service.

**FOR INFORMATION**

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***OTHER BUSINESS***

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

**FPPE (Focused Professional Practice Evaluation)**

Internal Medicine (2 MDs)

**OPPE (Ongoing Professional Practice Evaluation)**

Internal Medicine – Hospitalist Service (11MDs, 28 AHPs)

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***ADJOURNMENT***

With no other business, a motion to adjourn was received and carried with adjournment at 3:35 PM.

Respectfully submitted,



Robert J. Schuder, MD,  
Chairman, Credentials Committee

att.

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS  
MINUTES OF THE BUILDING & GROUNDS COMMITTEE MEETING  
FEBRUARY 24, 2015  
ECMCC EXECUTIVE CONFERENCE ROOM

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BOARD MEMBERS PRESENT:	RONALD BENNETT, ESQ. RONALD CHAPIN	FRANK MESIAH MICHAEL HOFFERT
ALSO PRESENT:	RONALD KRAWIEC DOUGLAS FLYNN	THOMAS QUATROCHE

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**I. CALL TO ORDER**

Ronald Bennett called the meeting to order at 3:30p.m.

**II. APPROVAL OF OCTOBER 14, 2014 MINUTES:**

Moved Frank Mesiah and seconded by Michael Hoffert to receive and file the Buildings and Grounds Committee minutes of October 14, 2014 as presented.

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

**3rd Floor Relocations**

- Renovation of the new Chief Medical Officer suite was completed in early October & occupied shortly thereafter. Risk Management had also relocated from their former 3<sup>rd</sup> floor office space, now being located on the ground floor. These vacant 3<sup>rd</sup> floor spaces have since been updated and partially occupied members of the DSRIP team with additional DSRIP occupants expected to follow.

**2014 Capital Group A Projects / Signage & Wayfinding Initiative - Site Signage**

- Installation of new site signage was completed in the fall, with applicable punchlist work to be completed upon favorable weather conditions this spring.

**Northern Erie Clinic**

- The Northern Erie Clinic at 2282 Elmwood Avenue has received new carpeting through the majority of the facility, this being a desperately needed aesthetic upgrade.

**2014 Capital Group A Projects / GI Lab Renovations**

- Project was completed and occupied in late December.

**Lifeline Suite Renovations**

- Suite renovations were completed in mid-January and occupied shortly thereafter.

**2014 Capital Group A Projects / 6 Zone 1 Renovation**

- The renovation of 6 Zone 1 was completed and occupied as of late January.

## ERIE COUNTY MEDICAL CENTER CORPORATION

### **Surgical Simulation Lab**

- A portion of the former EP Lab has been retrofitted into a Surgical Simulation Lab. This project was championed by Dr. Brewer and is UB rental space.

### **OEM Specimen Collection Room**

- A former Rehab Exam Room has been renovated into the specimen collection room, pursuant to Dr. Hailoo's service line expansion within the Occupational & Environmental Medicine Clinic.

### **Synergy Bariatric Clinic**

- This Williamsville Clinic has been added to ECMCC's operating certificate, effective as of February 2<sup>nd</sup>.

### **UPS & Data Closet Ventilation Study**

- This study has been completed and is currently being analyzed by HIS relative to their envisioned plans for uninterrupted power systems and improved ventilation of data closets across the campus facilities.

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

### **2014 Capital Group A Projects / Orthopaedic Inpatient Bed Zones**

- The renovation of 6 North into the new Russell Salvatore Orthopaedic Unit is nearing completion, with NYSDOH inspection set for 03/02/15, ribbon cutting set for 03/12/15, with the opening set for 03/18/15.

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

- The mock-up pathways, (4) on the ground floor and (4) on the first floor have now been fully critiqued. The plan going forward is to finalize the details and to release the applicable signage fabrication orders. The implementation plan is to remove the mock-up wayfinding elements as Plant Ops staff applies varying aesthetic and security improvements followed by the installation of the permanent wayfinding elements. Actual installations are scheduled to begin this spring.

### **Emergency Department Modernization Project – Architectural Services**

- Design service proposals for this project were received in December. "Short-list" candidates to be invited to present their qualifications to an applicable Selection Committee in the near future.

### **Main Building Envelope Study**

- Proposals for these consultant services were received in December. Candidates have since been ranked based on qualifications with a detailed fee analysis currently under review. It is our intention to submit this study concept to NYSERDA in the hope that it will qualify for a Flex-Tech agreement, and if so could result in incentive contributions up to 50% of the cost of

## ERIE COUNTY MEDICAL CENTER CORPORATION

the study. Such an agreement would lead to potential future funding incentives that would be based on substantiated energy-saving improvements.

### **Regulatory Testing, Inspection & Maintenance Services**

- Proposals have been fully vetted with viable candidates identified. We continue to work with these candidates toward their full compliance with prerequisite contracting requirements. Depending on results of our efforts we may need to rebid these services for both on & off campus facilities.

### **Energy Management & Project Services**

- Vetting of candidate qualifications is complete, findings to be shared with Administration in the near future.

### **Nurse Call System Replacement**

- New “Responder 5” nurse call systems have been installed throughout the 7<sup>th</sup> and 8<sup>th</sup> floors with work continuing on the 12<sup>th</sup> floor. Full completion is expected to be reached within the next two weeks.

Mr. Bennett stated he would like to see the benefits of the nurse call system replacement. Doug Flynn will provide a link to the Rauland website that will offer any and all information relative to the Responder V Nurse Call System.

### **Operating Rooms C & D @ Ambulatory Center**

- CON approval received, preliminary equipment installations are in progress, full completion by mid-April.

### **Emergency Power Enhancements @ Radiology**

- Installation of emergency power provisions to multiple radiology imaging units, those that support the ED are to be complete by the end of this week, in advance of the pending ACS survey which requires same.

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

### **Orthopedic Clinic Expansion**

- Funding for this project was recently approved. The plan would place the clinic within the former Hemophilia & Oncology Suites. Design work to resume at an accelerated pace in the near future. Prerequisite relocations include GME, Patient Scheduling, Family Medicine, & Ambulatory Administration.

### **Bariatric CT & Fluoroscopy Units**

- The current emphasis is to expedite an applicable Limited Review CON which is expected to be submitted the NYSDOH in the near future. The project scope is includes (3) phases



## ERIE COUNTY MEDICAL CENTER CORPORATION

including (2) CT units and (1) fluoroscopy unit installations. Design work to resume at an accelerated pace in the near future.

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

- A Limited Review CON for this project is also expected to be submitted the NYSDOH within the next few days. The Cath Lab equipment has reached end-of-life status, an expedited replacement is critical.

### **Surgeons Dictation Room**

- The current Assistant Head Nurses Office is to be converted into a Surgeon's Dictation Room. Prior to doing so a series of prerequisite relocations will be necessary, the 1<sup>st</sup> of which is expected to occur shortly.

### **Pathology Renovation**

- The existing pathology department on the ground floor of the lab building is going to be receiving a renovation and modernization effort, a contract stipulation of the incoming Pathologist.

### **Cleve Hill Primary Care Clinic**

- ECMC has resumed discussions with our landlord in regard to significant renovations to our current leased space at the Cleve Hill Clinic. Postponed design work to continue upon acceptance of the landlords design services proposal.

### **Certified Nursing Assistant Training Facility**

- ECMC is interested in participating in a grant program with the Buffalo Public School system that would locate a Certified Nursing Assistant training program here on our campus. Finding an appropriate and available location is the current challenge to moving this initiative forward.

### **Roofing Replacement @ DKMiller**

- Bidding documents are being prepared for a spring roofing replacement project on DK Miller Building.

### **HPD Control Room & Security System Head-End**

- This project would construct a new Police Control Room off of the main lobby, which in turn will house a new cutting edge security system that will integrate both new & legacy systems into a single monitoring & alarm system. The new system equipment shall be leased.

### **Residency Renovations @ 1<sup>st</sup> Flr Dental Clinic**

- The concept of a (3) phase, in-house renovation, within the occupied 1<sup>st</sup> floor Dental Clinic has been approved. Full project completion, design and renovations are to be targeted for

## ERIE COUNTY MEDICAL CENTER CORPORATION

completion prior to July 1<sup>st</sup>, the start of the expanded dental residency program here in the clinic.

### **Education & Training Center**

- This project was approved to start in the 2<sup>nd</sup> half of 2015; however progress is being hampered by the lack of a viable relocation plan for those that shall be displaced during and after the renovation. These prerequisite relocations include the Medical Library (relocated/reduced), Patient Advocates, Volunteers & miscellaneous others. This project is the direct predecessor to the planned 2016 MICU renovation.

### **Medical ICU Renovation**

- Approval of the schematic design has been reached and an applicable cost estimate has been completed at \$4.8 million. Once progress is seen on the Education & Training Center, design work for this project can effectively move forward.

## **VI. ADJOURNMENT**

Moved by Frank Mesiah and second by Michael Hoffert to adjourn the Board of Directors Building and Grounds Committee meeting at 4:25p.m.

Next Building & Grounds meeting – March 31, 2015 at 3:30 p.m. - Executive Conference Room

BOARD OF DIRECTORS  
MINUTES OF THE FINANCE COMMITTEE MEETING  
FEBRUARY 24, 2015  
ECMCC BOARD OF DIRECTORS CONFERENCE ROOM

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VOTING BOARD MEMBERS  
PRESENT OR ATTENDING BY  
CONFERENCE TELEPHONE:

MICHAEL SEAMAN  
BISHOP MICHAEL A. BADGER\*  
DOUGLAS H. BAKER  
DEITRICH JEHLE, MD\*

VOTING BOARD MEMBERS  
EXCUSED:

RONALD BENNETT  
ANTHONY M. IACONO  
THOMAS R. MALECKI, CPA

ALSO PRESENT:

RICHARD CLELAND  
ANTHONY J. COLUCCI, III\*  
STEPHEN GARY  
MARY HOFFMAN  
LESLIE LYMBURNER  
RONALD KRAWIEC  
THOMAS QUATROCHE

\*ATTENDING BY PHONE

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**I. CALL TO ORDER**

The meeting was called to order at 8:32 p.m. by Chairman Michael Seaman.

**II. APPROVAL OF MINUTES**

Motion was made by Douglas Baker, seconded by Deitrich Jehle, and unanimously passed to approve the minutes of the Combined Audit/Finance Committee meeting of January 20, 2015.

**III. DECEMBER, 2014 FINANCIAL REPORTS**

Steve Gary reported that the audit work for 2014 is substantially complete. Two areas subject to further review are the Malpractice Actuary Report and the organization documents for related entities. The audit firm has been provided with ECMC's financial statements, footnotes and a summary of Executive Management's discussion. There have been no proposed adjustments and there are no adjustments expected.

2014 operating results showed income of \$952 Thousand which was higher than 2013 and the 2014 budget. Patient volumes and average length of stayed were both greater than 2013 but did not meet budget expectations. Case mix was lower than 2013 and budget. Operating revenues were 9.4% greater than 2013 and 2.7% greater than budget. Operating expenses were 9.3% greater than 2013 and 2.6% greater than budget. Mr.

Gary discussed the 2014 financial position, debt covenant financial ratios and reviewed the summary statement of operations.

**IV. FREED MAXICK REPORT FOLLOW-UP**

Mr. Gary gave a status report regarding internal processes and controls. Updates were given for People, Processes and Technology. An offer has been made to one individual and a 2<sup>nd</sup> has been interviewed. The organizational chart is being reworked and will be reviewed. Coaching and mentoring continues as does relationship building between Finance, IT and HR. The RFP process for internal audit services has been completed and a contract awarded.

Freed Maxick's recommended approach to third party reimbursement and IGT settlements has been adopted. A schedule has been established for quarterly internal audit review and disciplined cash collection ratio analysis has been implemented. An IT oversight committee has been established to have senior executive oversight over the priorities for the IT department. Review of service line data continues and the reconciliation of the 2014 cost accounting data is nearing completion.

**V. FINANCE DEPARTMENT ORGANIZATIONAL STRUCTURE**

Mr. Gary reviewed the historical organizational chart and explained the new organizational chart describing the changes and additions necessary to make the department more efficient and more productive. Bishop Badger asked about diversity in the department and suggested several sources for finding potential candidates. Rich Cleland stated that staff diversity is a priority in all departments.

**VI. JANUARY, 2015 RESULTS OF OPERATION**

ECMC had operating income of \$1 Thousand compared to budget of \$44 Thousand and operating loss of \$2.4 Million for January 2014. Mr. Gary reviewed discharges, DSH/IGT revenue and other operating revenue.

**VII. ADJOURNMENT**

There being no further business, the meeting was adjourned at 9:30 pm by Chairman, Mr. Seaman

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS

MINUTES OF THE HUMAN RESOURCES COMMITTEE MEETING

TUESDAY, MARCH 10, 2015

ECMCC STAFF DINING ROOM

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VOTING BOARD MEMBERS                    MICHAEL HOFFERT, CHAIR  
PRESENT OR ATTENDING BY                BISHOP MICHAEL BADGER  
CONFERENCE TELEPHONE:                 FRANK MESIAH

BOARD MEMBERS EXCUSED:

ALSO PRESENT:                              CARLA DICANIO-CLARKE                         MARY HOFFMAN  
    BEN LEONARD                                        CHRIS KOENIG  
    NANCY TUCKER                                      ANTHONY DiPINTO  
    NANCY CURRY                                        BELLA MENDOLA

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**I.        CALL TO ORDER**

Chair Michael Hoffert called the meeting to order at 10:05am.

**II.       RECEIVE & FILE**

Moved by Michael Hoffert and seconded by Frank Mesiah to receive the Human Resources Committee minutes of the January 13, 2015 meeting.

**III.      EMPLOYEE RECOGNITION**

Carla DiCanio-Clarke reported that she would like to begin the Committee meetings different going forward. She will recognize an outstanding employee or team at the beginning of each meeting. The outstanding team recognized at the present meeting is the Human Resources staff. The week of March 16<sup>th</sup> is Human Resources week. There are many activities planned. The HR staff is a committed group of individuals who do a great job.

**IV.      LABOR RELATIONS UPDATE**

Meetings with all 3 unions continue. 17 new representatives are being trained for NYSNA. AFSCME is holding elections this month. There are 25 people running for 5 positions.

**V.       WORKERS COMPENSATION AND EMPLOYEE OCCURRENCES**

The Workers Compensation and employee occurrences report was distributed. A discussion on behavioral health/assaults ensued. A full behavioral health report will be given at the next meeting.

**VI.      TERRACE VIEW REPORT**

Reports prepared by Nancy Curry were distributed. A job fair was held on January 28, 2015. The goal was to fill CNA, housekeeping and LPN positions. Attendees preregistered, filled out mini applications and were pre-interviewed. Everyone pitched in from housekeepers to administrators. Another job fair is scheduled next month. A staffing plan is in the works and memorandums of agreement will have to be signed by the unions in order to implement it. The plan will improve staffing, decrease overtime and employees will not have to float as much. More information to come as the plan becomes finalized.

**VII. NURSING TURNOVER REPORT**

**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%**

**February**

**Hires: 7.5 FTEs & 1 PD (LPN: 1 FTE)**

- Med/ Surg: 2 FTEs, 1 PD, 1 LPN
- Behavioral Health: 5 FTEs

**Losses: 7 FTEs & 1 PD (LPN: 2 FTEs)**

- Med/ Surg: 3 FTEs, 1 LPN
- Behavioral Health: 1 FTE, 1 PD, 1 LPN
- Trauma/ ER: 3 FTEs

**Turnover Rate: .9%**

**Turnover Rate YTD: 1.42%**

**VIII. EMPLOYEE TURNOVER REPORTS**

Turnover reports were distributed for January and February 2015. The turnover rate continues to be low. Open houses were held in behavioral health and ads have been placed in the Buffalo News.

**IX. WELLNESS AND BENEFITS**

Wellness week was January 26, 2015-January 30, 2015. Win to Lose, a weight lose contest for employees, will be starting up April 14, 2015.

**X. ADDITIONAL INFORMATION**

Next meeting, an EEO report will be given

**XI. ADJOURNMENT**

Moved by Frank Mesiah and seconded by Bishop Michael Badger to adjourn the Human Resources Committee meeting at 11:10am.

ERIE COUNTY MEDICAL CENTER CORPORATION  
REPORT TO THE BOARD OF DIRECTORS  
RICHARD C. CLELAND MPA, FACHE, NHA  
PRESIDENT, COO & INTERIM CHIEF EXECUTIVE OFFICER  
MARCH 31, 2015

There have been and will continue to be many physical improvements and operational changes throughout ECMCC. Equally important, we are dedicated to an ongoing process of critical self-examination and clinical improvement to ensure we are providing the best possible care for our community. In the end, however, it is dedication to these core commitments that will determine our success:

- We will provide consistently sound and compassionate care to every person who enters our doors...the kind of care we would want for ourselves and our loved ones.
- We will emphasize preventative care and disease management, helping patients learn how to keep themselves and their families healthy.
- We will ensure that patients have their own doctors in the community, and if they don't, we will help them at our hospital or Family Health Centers such as Cleve-Hill, Grider Family Primary Care, and affiliated primary care network.
- We will help uninsured patients find coverage they can afford, and work to ensure that no person fails to seek medical help because they fear the cost.
- We will treat each person — patients, families, and each other — with respect and dignity, and do our best to listen carefully and communicate clearly.
- We will focus on delivering excellent essential medical care of the type most in demand, while expanding relationships with outside experts to ensure every patient has access to necessary specialized medicine.
- We will be good stewards of the funds that help sustain our operations, and do our best to balance the diverse needs of our stakeholders.

Above all, ECMC intends to be a national model of what a state-of-the-art public hospital and community health care system should be. We will set standards in patient care and quality. We are working hard to be a model of accessibility and cultural sensitivity. But our highest priority is right here at home: to earn the public trust as a leader in patient care by meeting — and exceeding — the highest public standards.

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), and 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**

Michelle Wienke has been promoted to the newly created position of Chief Experience Officer for ECMCC effective April 1, 2015. Her work will involve the global facilitation, management and leadership of ECMCC's continued transformation to a patient centered care organization for excellence in patient and teammate experiences. Please join us in congratulating Michelle on her acceptance as the Chief Experience Officer.

Congratulations to all our ECMC family being honored at Samuel's Grand Manor on March 11, 2015 for milestone years of service. The total service of our team being recognized amounts to **3,390 years!!** WOW!! That is a lot of hard work and commitment from the best providers in our health care world. Thank You!

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**

After (2) years, our journey to achieve American College of Surgeons (ACS) Level 1 Trauma Certification has been completed. The ECMC trauma program went through a very rigorous PEER review and the end result was ACS recommending ECMC for Level 1 Trauma Certification. I would like to thank Dr. Flynn, Linda Schwab, Karen Ziemianski, Peggy Cramer, Dr. Manka, Charlene Ludlow, Dr. Murray and all the teammates in Trauma, Emergency Department, Radiology, and Support Services for leading us to this success. Congratulations!!! Official notice will be coming in about 8-10 weeks!!

ECMCC was proud to open the new "Russell J. Salvatore Orthopaedic Unit", (6<sup>th</sup> floor) on March 12, 2015. Our ribbon cutting ceremony was well attended by many ECMCC teammates, Lifeline Foundation members, volunteers, the press, and the general public. Thank you Russell for your generous donation and support for ECMC. This new patient unit is exactly the type of environment our direct care givers need on all of our patient units. Great team work everyone on this accomplishment!!

Ron Krawiec, Senior Vice President of Operations recently advised us of his intention to retire from ECMC. He will be retiring effective March 31, 2015. As I have always said, I have fully enjoyed working with Ron over the past (4) years. He is a pure professional, a gentleman



and a great advocate for ECMCC and our mission. We will miss him but we also wish him much fun and excitement as he enters his new phase of his life.

With Ron's news, I am also pleased to announce Ron's successor, Jarrod Johnson, MBA, FACHE, has been appointed Senior Vice President of Operations. Jarrod comes to ECMCC with over (19) years of healthcare experience. His most recent position was Chief Operating Officer at Brooks Memorial Hospital.

Congratulations to the Ebola preparedness team. Last week, inspection by the Center for Disease Control (CDC) and New York State Department of Health yielded exceptional results. ECMC is now ready to accept Ebola patients. Thank you Karen Ziemianski and Charlene Ludlow for your leadership on this achievement.

I would like to extend my sincere appreciation to our Volunteer Board. This past week, I was honored to meet and review ECMCC's 2015 project requests. This is one of ECMCC's great traditions and this was another banner year! Our Volunteer received and approved \$200,000 worth of requests and projects that will go directly to patient care areas. This is greatly appreciated by everyone! I would like to thank our Volunteer Board and all of our volunteers.

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

Several Key Statistics Include:

Acute discharges - February + 27 or 6% greater than budget (+123 in 2015 or 7% vs. 2014 YTD).

All discharges - February + 7 greater than budget (+134 in 2015 vs. 2014 YTD).

Operating room volumes YTD are 131 YTD greater than budget and 157 YTD greater than 2014 YTD.

Terrace View average daily census at 385.

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.

## DSRIP - Millennium Collaborative Care (MCC)

- Draft Implementation Plan due 3/1 to DSRIP Support Team;
- Final Implementation Plan due 4/1 to DOH;
- DSRIP year one previously ending 12/31/15 has been moved back to 3/31/16;
- DSRIP final attribution and financial budgets will be communicated to all PPC's in April.

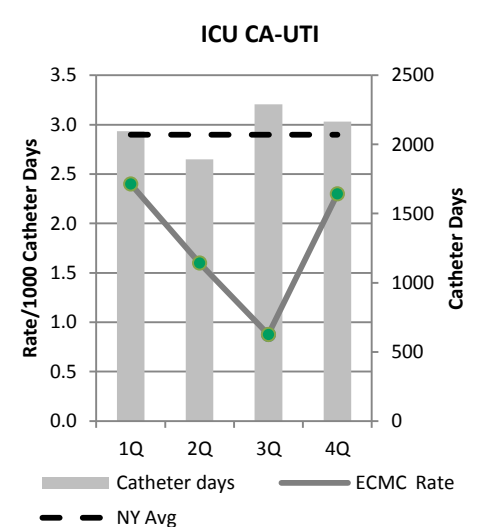
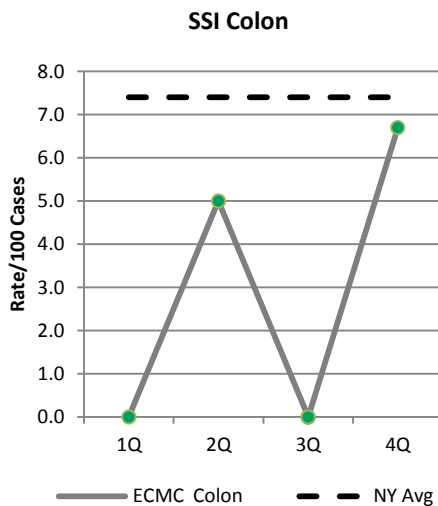
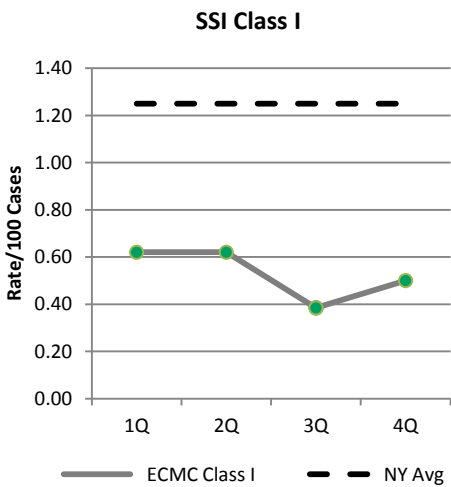
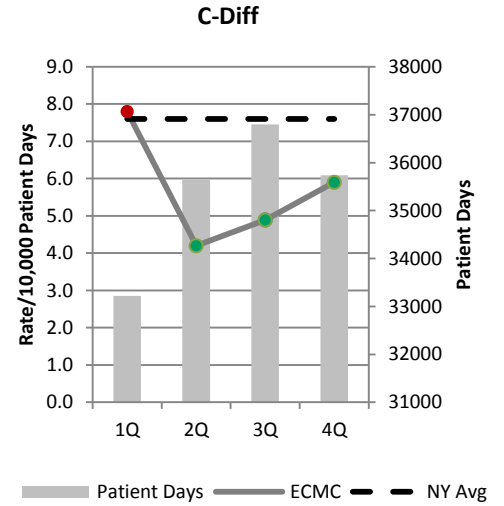
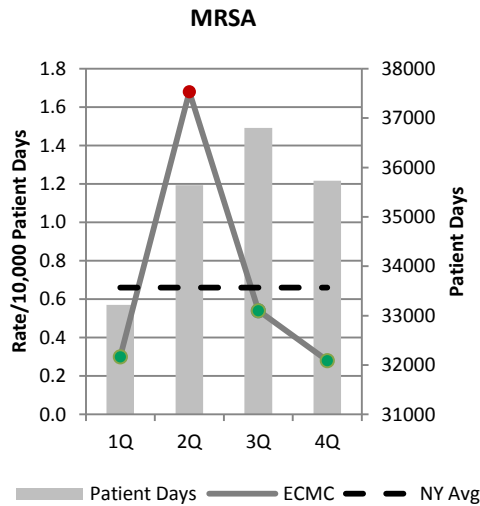
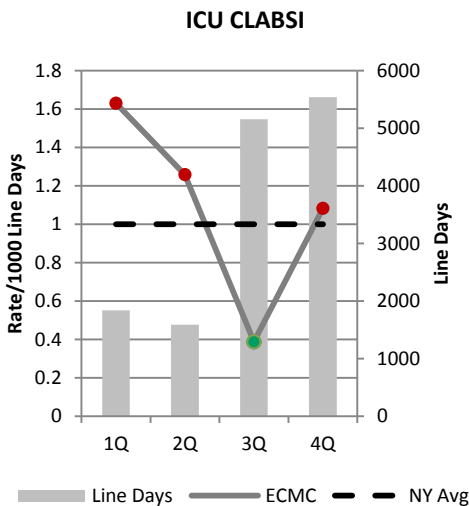
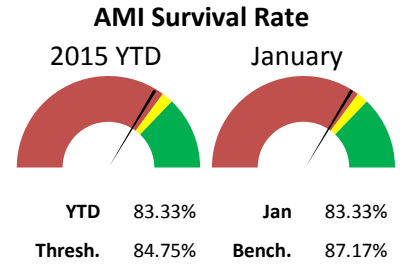
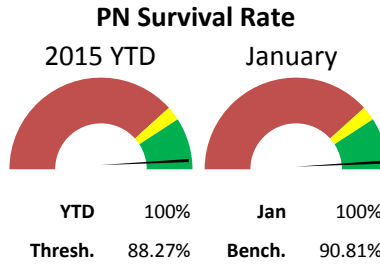
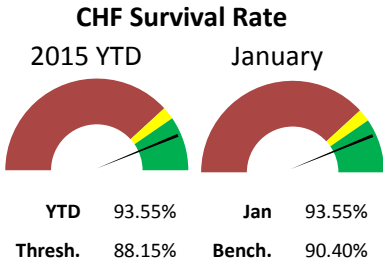
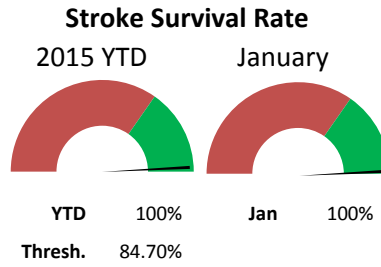
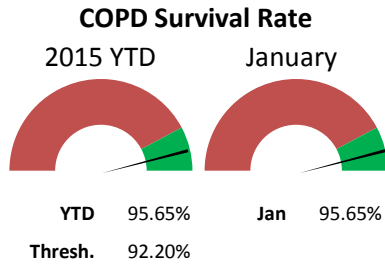
I am pleased to announce that Millennium Collaborative Care (MCC) named Al Hammonds Executive Director effective April 6, 2015. Al is currently Chief Operating Officer of the Community Health Center of Buffalo and has the ideal mix of health-care experience, community credibility and political experience. A certified Six Sigma Black Belt practitioner, Mr. Hammonds also served as an adjunct professor for the Empire State College FORUM Management Program. Mr. Hammonds graduated from Purdue University with a degree in industrial management and industrial engineering. He also graduated from the UCLA/Johnson & Johnson Health Care Executive Management Program. Mr. Hammonds also served as Deputy County Executive for Chris Collins. We are honored to have Al leading MCC and look forward to his start.

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 Dashboard - March 2015



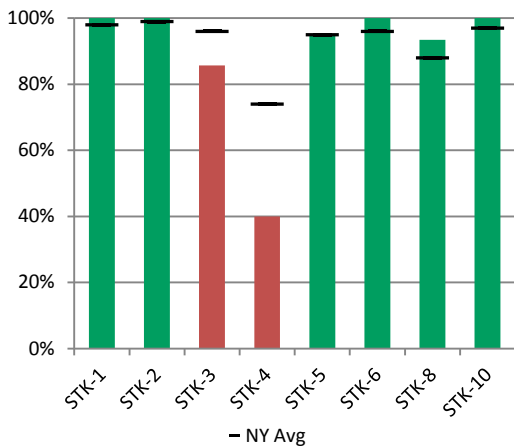
To enable quick interpretation, please note the following:

- - - Black lines represent benchmarks
- Red represents worse than the benchmark

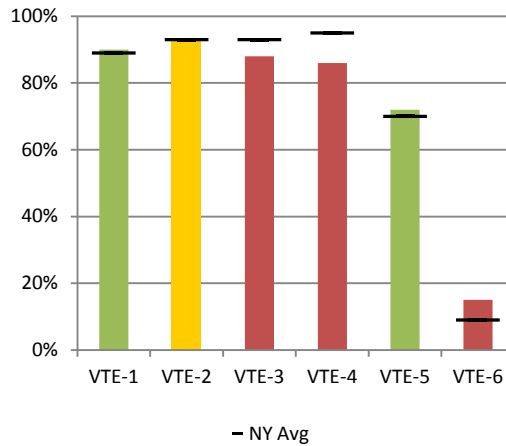
- Yellow represents equal to the benchmark
- Green represents better than the benchmark

# Executive Dashboard - March 2015

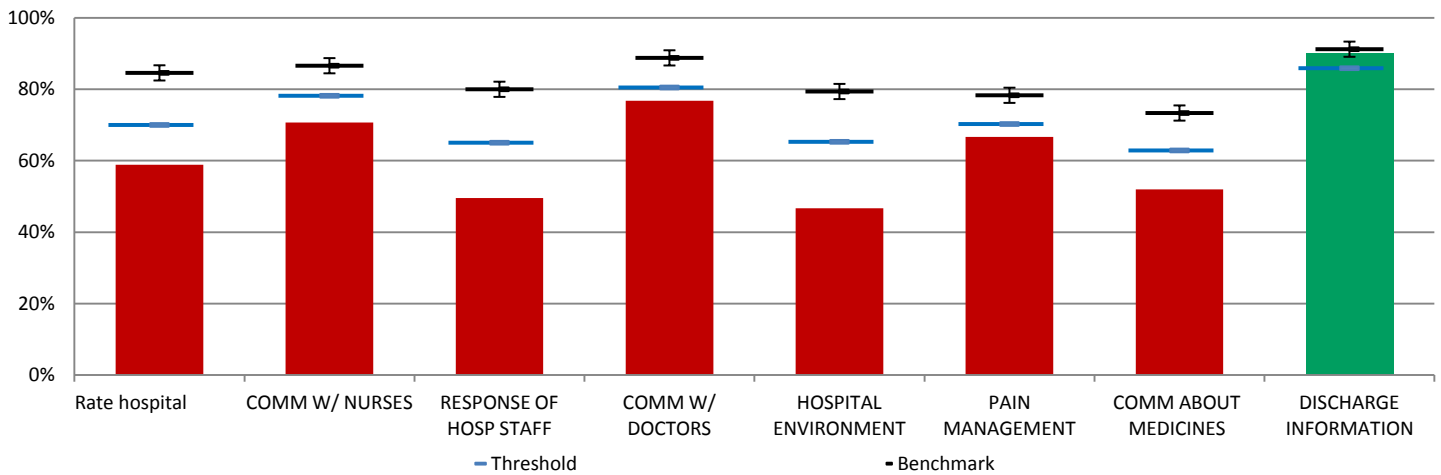
STK 1Q-4Q 2014



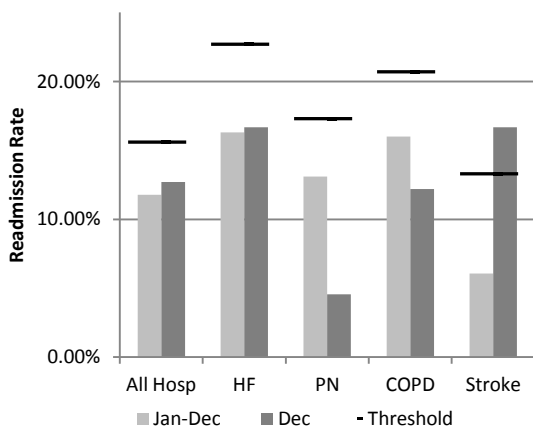
VTE 1Q-4Q 2014



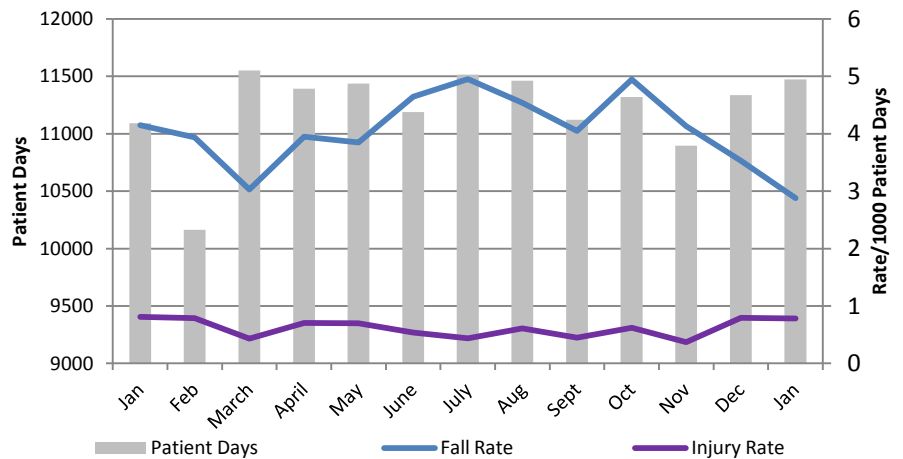
HCAHPS - January 2015



30 Day Readmissions



Hospital Wide Fall Rate



To enable quick interpretation, please note the following:

- - - Black lines represent benchmarks
- Red represents worse than the benchmark

- Yellow represents equal to the benchmark
- Green represents better than the benchmark

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

GOALS	RESPONSIBLE PARTY	UPDATE
<b>2015 First Quarter Goals</b>		
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. <b>Franklin Allen, the patient experience advisor for Press Ganey, is on site and meeting with departments every other week. His schedule is as follows 3/27/15, 4/10/15, 4/24/15.</b> (a) [CL] Need IT interface completed for PG to Crimson. <b>Still in progress.</b> (a) [KZ] Nursing has submitted master plan for 2015 to Donna Brown – Nursing has patient experience meetings once a month where data/speakers/presentation occur. Nursing has mandatory rounding form 10 – noon, 5 days a week – with audits submitted for QI purpose. Nurse executive has rounding sheets that are submitted for QI purpose also. Nursing started engagement strategy cards for verbal and written compliments by patients, families, etc. Over 85 cards have been remitted for 2015.
b. Mandatory leadership support		(b) [DB & MH] All EL has signed the ECMC Executive Leadership contract on 1/13/15 for Patient Experience. [DB] Contract has been signed by all EL. <b>[DB] Holding EL accountable for submission of weekly rounding logs. Some are out of compliance. Will continue to reinforce and address with Rich.</b> <b>(b) [KZ] Nursing has submitted all required rounding forms.</b>
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. <b>RFP has been revised and will be sent to purchasing on 3/27/15.</b> <b>(c) [KZ] Nursing has completed meetings for Immunization x3/ VTE x3/ and stroke education to maximize VBP points.</b>
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. <b>Developed template for department managers to use in the drafting of their PE plans. Met with IT, Environmental Services, and the ED. We will be meeting every two weeks until 4/30 to draft plans which will be presented to their EL for support and by-in.</b> (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. <b>(e) [KZ] Leadership Education once a month for hospital sponsored by</b>

GOALS	RESPONSIBLE PARTY	UPDATE
		nursing.
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. <b>The meeting is pushed back to the w/o 3/30/15.</b>
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. <b>Received some input from EL team. Waiting for the OMH Patient Bill of Rights. Final draft to be forwarded to Rich w/o 3/30/15.</b> <b>[CL] Under review for regulatory requirements.</b>
g. Implementation of “Consider it Done”		(g) [DB] I have not develop a plan for the implementation
h. 2 <sup>nd</sup> 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” will be discontinued and a total revamp and retooling of the program will take place. (j) [KZ] Dietary continues to struggle (year 3).
k. Patient Experience data for providers		(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. <b>Working with IT and Press Ganey to make sure we have all providers in the Press Ganey database. W/O 3/30/15 to be completed.</b> (k) [CL] Need IT interface for provider specific data.
l. Roll out MWBE plan to meet the 30% goal for 2015		(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. <b>Working with SG on business model to expand the department to carry work load and once in place we will roll out the department through a hospital wide education.</b>
m. Expand Patient Experience department to include CXO and to function globally for the hospital.		(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. <b>ECMC announcement made naming Michelle Wienke as Chief Experience Officer. Nursing is interviewing to</b>

GOALS	RESPONSIBLE PARTY	UPDATE
		<p>back fill Michelle's old position. Michelle will train new advocate and then step into her role as CXO 4/1/15.</p> <p>(m) [CC] Position approved by Erie County and incumbent hired and started effective 2/16/2015.</p>
2) DSRIP/Millennium Collaborative Care:	Cleland/ Quatroche	(a) [TQ] Medical Director hired. Offer made to Chief Integration Officer. Executive Director interview process started. <b>Executive Director hired.</b>
a. Key staff appointments		(b) [TQ] Two (2) Board of Managers meetings held.
b. Appoint Board of Managers		(c) [TQ] Structure developed.  (c) [CL] Working with MCC on clinical integration process reporting & data requirement.
c. Develop infrastructure to insure readiness plan for 4/1/2015		
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><b>[KZ] ACS survey completed, 2015- exit interview positive for designation. Preliminary preparations have begun for next survey.</b></p> <p>[BM] Had final review of PQRS which was submitted.</p> <p><b>[CL] Awaiting final report.</b></p>
4) Update ECMC's Strategic Plan:	Cleland/ Quatroche	[TQ] First meeting retreat held with Executive Management. Management/Physician retreat and Board of Managers retreat being scheduled. <b>Management/Physician retreat planned for April 30<sup>th</sup>.</b>
a. 3 <sup>rd</sup> Party facilitator/assistance		
b. Board of Directors/EL Retreat		
5) Develop comprehensive service line profile report which includes the following information:	Murray/Ludlow/ Gary/Feidt	(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. <b>Adding Rehab service for indicators.</b>
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		(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.
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		(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.
c. Identify key service line <u>quality reporting</u> , develop master schedule to insure timely submission of materials and organizational awareness		(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. (c) [BM] Document circulated by C. Ludlow.
d. Complete assessment of <u>productivity</u> and establish benchmark productivity levels		(d) [SG] Productivity consultant selected, data assembled and assessment process is underway with expected 4/1/15 due date for results. Consultant

GOALS	RESPONSIBLE PARTY	UPDATE
		<p>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. Met with consultants for review March 2015.</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>	<p>Murray/Colucci/Cleland/Hoffman</p>	<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>Murray/Hoffman/Ludlow</p>	<p>(a) [BM] Search Committee underway.</p>
<p>b. Prepare for UNOS review-April 2015</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. <b>Monthly QI meetings being held.</b></p> <p>(b) [MH] Actively preparing.</p>
<p>c. Develop and hire leadership/manager for dialysis service line</p>		<p>(c) [MH] Theresa Sitgreaves to begin 2/23/15.</p>
<p>d. Develop a CKD Transition Clinic;</p>		<p>(d) [MH] Analysis underway.</p> <p>[BM] Ongoing negotiations with HeathNow.</p>
<p>e. Improve STAR Rating of the Chronic Hemodialysis Program</p>		<p>(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. <b>Plan of Correction accepted.</b></p> <p>(e) [MH] Focus for 1<sup>st</sup> qtr.</p>
<p>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:</p> <p>a. CMS/Core Measures</p>	<p>Ludlow</p>	<p>(a) [CL] Master list of all indicators tracked has been developed; will work with Finance to define financials attached. Third party contract incentives developed.</p>
<p>b. Leapfrog</p>		<p>(b) Next survey period open April – June 2015. <b>Hospital Safety score from 2014 = 3.11.</b></p>
<p>c. Payer Incentives</p>		<p>(c) 2014 payer incentive data submitted. 2015 contract initiatives defined with IH + HealthNow. <b>Final indicators for Univera submitted 1/22/15. All contracts signed.</b></p>
<p>d. Value Based Purchasing(Press Ganey)</p>		<p>(d) Working with Press Ganey on a VBP dashboard that will identify variances monthly to physician champions and provide outcome data</p>



GOALS	RESPONSIBLE PARTY	UPDATE
		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. <b>Developed process to oversee POC/surveys 2015.</b>
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. <b>[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. Nursing awaiting physician designated unit response 3/15.</b>
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.
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 <b>[KZ] Results of fishbone have resulted in over 30 projects that will assist the organization in loss reduction.</b>
17) Create Employee Concierge Program: a. Same day scheduling for clinics and dental b. Increase primary care population;	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

GOALS	RESPONSIBLE PARTY	UPDATE
c. Capture higher levels of surgical and acute care; d. Co-Pay waiver-reimbursement		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 stage for Health Now, Univera and IHA contracts expiring on 12/31/15	Gary	Draft of a strategy is prepared and ready for presentation at an upcoming 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	[CL] Attending NYC meeting on 1/23/15. Education requirements being met monthly and employee monitoring process in development. CDC visit on 3/4/15 successful. NYSDOH CDESS training completed; lab equipment ordered; policy updates completed. 3/11/15 - Lab validation completed with CDC & NYS – no deficiencies. 3/27/15 – Submitted for NYS Grant for Ebola designated Center money. [KZ] Nursing participated, educated and reviewed all aspects of Ebola designation – Positive survey results.
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	CONs approved. Scheduled to open April 13 <sup>th</sup>

GOALS	RESPONSIBLE PARTY	UPDATE
27) Update ECMC website	Quatroche	Key stakeholders identified and to be interviewed; plan developed. Stakeholders interviewed. Designs to be presented in April.
28) Roll out 2015 ECMC marketing campaign	Quatroche	First meeting held with Foundation and Jon Dandes, Chair of Capital Campaign. Russell J. Salvatore Orthopedic Unit campaign underway. Continuing ECMC ad in April and planning new commercial/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 was the champion for all aspects of the Russell Salvatore Orthopedic Unit. Unit opening successful and patients moved to new zone on 3/17/15.
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 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/	[BM] Have reached out to Quantros to see if they can develop a Lessons

GOALS	RESPONSIBLE PARTY	UPDATE
	Colucci	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	<b>No report</b>
37) Develop comprehensive Medical/Physician Affairs plan to address: <ul style="list-style-type: none"> <li>a. Updating and keeping current Provider Dictionary;</li> <li>b. Liaison/Concierge Service(on boarding);</li> <li>c. Insure all physician and allied provider credentialing is in compliance to ECMC By Laws;</li> <li>d. Staffing and structure in place and department optimal in effectiveness</li> </ul>	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"> <li>a. Rebranding of ECMC Foundation to be more clearly and closely align the Foundation to the hospital;</li> <li>b. Finalize the capital campaign cabinet and solicitation team;</li> <li>c. Finalize the ER renovation's capital campaign marking concepts;</li> <li>d. Kick off capital campaign silent phase through identification of major/naming rights donors and begin solicitation of those identified;</li> <li>e. Capital Campaign kickoff to Executive Leadership and ECMC Physicians;</li> <li>f. New 4 Mile Chase partnership-fundraiser event;</li> <li>g. Expand Professional/Development Opportunities, ECMC Employees</li> </ul>	Gonzalez	2/12 Foundation Board approves organizational name change; approval now needed from NYS. 2/12 Foundation Board approves organization logo change; logo by Martin Group adopted 2/17 Capital Campaign Case brief approved by TQ & SG; case statement draft 1 now to be written by Martin Group. Initial campaign cabinet discussion held 1/8 and top 3 naming rights prospects identified – no update Leadership kick-off - no update 4 mile chase event meetings change to weekly to start process and permits; sponsor solicitation to begin. Study materials purchased by Foundation for Respiratory Therapy to begin prep for exams and Reference materials purchased for Head & Neck staff as requested.

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**Internal Financial Reports**  
For the month ended February 28, 2015

**Erie County Medical Center Corporation**  
**Management Discussion and Analysis**  
**For the month ended February 28, 2015**  
**(Amounts in Thousands)**

An operating loss of \$1,401 was incurred for the month of February which is unfavorable to budget by \$1,504 and favorable to the prior year by \$557. On a year to date basis, ECMCC incurred the operating loss of \$1,400 which is unfavorable to budget by \$1,620 and favorable to the prior year by \$2,941. The primary reasons for the unfavorable performance in February include increased average length of stay and its resulting labor and supply costs, as well as lower than anticipated outpatient volumes.

Discharges of 1,343 for February were 57 (4.4%) greater than the prior year and 7 (.05%) greater than budget at 1,286 and 1,336 respectfully. The favorable February discharge variance is primarily due to 27 more acute services and 4 more medical rehab services which were offset by 19 fewer behavioral health services, 2 fewer transitional care services and 3 fewer chemical dependency services.

Average length of stay in February amounted to 8.6 days compared to a budget of 7.8 days and prior year of 8.4 days. The average daily census of 411 is 40 greater than the budget of 371, however 37 more attributable to the increase in average length of stay.

The blended acute case mix for February was 1.79 compared to budget of 1.84 and a prior year of 1.87.

Outpatient visits at 23,305 were 11.6% less than budget due to reduced clinic volumes across multiple services and emergency volumes at 4,529 were 4.4% less than budget.

Other revenue was greater than budget by \$581 due to DSRIP IAAF grant revenue recognition, as well as favorable third party payer quality incentive payments.

Salaries and contract labor were unfavorable to budget for February by \$1,000. Favorable rate and productivity were partially offset by unfavorable volume, contract labor and PTO liability variances.

Benefits were unfavorable to budget for February by \$339 primarily due to the increased costs associated with employment related taxes, health insurance and post retirement benefits.

**Erie County Medical Center Corporation**  
**Management Discussion and Analysis**  
**For the month ended February 28, 2015**  
**(Amounts in Thousands)**

Depreciation expense was unfavorable to budget in February by \$449 primarily due the decision to use the component depreciation method used for Terrace View and the CPEP program after the budget was completed. This has been offset by the recording of the corresponding third party revenue.

A summary of the major variance in revenue and expenses for the month of February and year to date is as follows: (in thousands)

	<u>Revenue</u>	<u>Expenses</u>	<u>MTD Net Income</u>	<u>YTD Net Income</u>
Volume	2,255	(1,284)	971	2,304
Rate Variances	(5,086)	475	(4,611)	(7,011)
Productivity/Efficiency		273	273	828
Fixed Cost		(407)	(407)	(632)
3rd Party Adjustments	241		241	461
IGT/UPL	249		249	497
Bad Debt & Charity	1,777		1,777	1,880
Other Revenue	891		891	918
Professional Billing/Physician Fees	(310)	560	250	324
Benefits		(393)	(393)	(243)
Depreciation & Interest		(441)	(441)	(481)
Other Expenses, Net		(304)	(304)	(465)
Operating Income/(Loss)	<u>17</u>	<u>(1,521)</u>	<u>(1,504)</u>	<u>(1,620)</u>

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## Erie County Medical Center Corporation

### Balance Sheet February 28, 2015 and December 31, 2014

(Dollars in Thousands)

	February 28, 2015	Unaudited December 31, 2014	Change from December 31st
<b>Assets</b>			
Current Assets:			
Cash and cash equivalents	\$ 32,653	\$ 6,251	\$ 26,402
Investments	26,712	10,830	15,882
Patient receivables, net	49,370	51,491	(2,121)
Prepaid expenses, inventories and other receivables	30,155	76,930	(46,775)
<b>Total Current Assets</b>	<b>138,890</b>	<b>145,502</b>	<b>(6,612)</b>
Assets Whose Use is Limited:			
Designated under self-Insurance programs	86,490	85,296	1,194
Restricted under third party agreements	12,913	11,201	1,712
Designated for long-term investments	20,915	22,200	(1,285)
<b>Total Assets Whose Use is Limited</b>	<b>120,318</b>	<b>118,697</b>	<b>1,621</b>
Property and equipment, net	284,470	288,997	(4,527)
Other assets	24,299	23,726	573
<b>Total Assets</b>	<b>\$ 567,977</b>	<b>\$ 576,922</b>	<b>\$ (8,945)</b>
<b>Liabilities &amp; Net Assets</b>			
Current Liabilities:			
Current portion of long-term debt	\$ 7,557	\$ 8,137	\$ (580)
Accounts payable	28,173	34,076	(5,903)
Accrued salaries and benefits	18,801	22,274	(3,473)
Other accrued expenses	44,222	40,930	3,292
Estimated third party payer settlements	17,118	20,511	(3,393)
<b>Total Current Liabilities</b>	<b>115,871</b>	<b>125,928</b>	<b>(10,057)</b>
Long-term debt	166,764	166,579	185
Estimated self-insurance reserves	46,332	45,525	807
Other liabilities	121,607	119,859	1,748
<b>Total Liabilities</b>	<b>450,574</b>	<b>457,891</b>	<b>(7,317)</b>
<b>Net Assets</b>			
Unrestricted net assets	106,354	107,982	(1,628)
Restricted net assets	11,049	11,049	0
<b>Total Net Assets</b>	<b>117,403</b>	<b>119,031</b>	<b>(1,628)</b>
<b>Total Liabilities and Net Assets</b>	<b>\$ 567,977</b>	<b>\$ 576,922</b>	<b>\$ (8,945)</b>

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## Erie County Medical Center Corporation

### Statement of Operations

For the month ended February 28, 2015

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
<b>Operating Revenue:</b>				
Net patient revenue	\$ 30,651	\$ 33,241	\$ (2,590)	\$ 32,277
Less: Provision for uncollectable accounts	571	(1,206)	1,777	(1,860)
Adjusted Net Patient Revenue	31,222	32,035	(813)	30,417
Disproportionate share / IGT revenue	5,353	5,104	249	5,759
Other revenue	4,445	3,864	581	1,978
<b>Total Operating Revenue</b>	<b>41,020</b>	<b>41,003</b>	<b>17</b>	<b>38,154</b>
<b>Operating Expenses:</b>				
Salaries & wages / Contract labor	15,034	14,034	(1,000)	14,044
Employee benefits	8,846	8,453	(393)	8,773
Physician fees	4,709	5,269	560	4,974
Purchased services	3,325	3,056	(269)	2,908
Supplies	5,316	5,373	57	5,227
Other expenses	1,398	1,276	(122)	921
Utilities	594	681	87	797
Depreciation & amortization	2,549	2,100	(449)	1,801
Interest	650	658	8	667
<b>Total Operating Expenses</b>	<b>42,421</b>	<b>40,900</b>	<b>(1,521)</b>	<b>40,112</b>
<b>Income/(Loss) from Operations</b>	<b>(1,401)</b>	<b>103</b>	<b>(1,504)</b>	<b>(1,958)</b>
<b>Non-operating Gain/(Loss):</b>				
Interest and dividends	164	-	164	201
Unrealized gain/(loss) on investments	839	333	506	1,853
Non-operating Gain/(Loss)	1,003	333	670	2,054
<b>Excess of Revenue/(Deficiency) Over Expenses</b>	<b>\$ (398)</b>	<b>\$ 436</b>	<b>\$ (834)</b>	<b>\$ 96</b>
Retirement health insurance	1,520	1,421	99	1,375
New York State pension	1,903	1,856	47	2,141
<b>Impact on Operations</b>	<b>\$ 3,423</b>	<b>\$ 3,277</b>	<b>\$ 146</b>	<b>\$ 3,516</b>

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## Erie County Medical Center Corporation

### Statement of Operations

For the two months ended February 28, 2015

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
<b>Operating Revenue:</b>				
Net patient revenue	\$ 66,563	\$ 69,539	\$ (2,976)	\$ 68,973
Less: Provision for uncollectable accounts	(655)	(2,535)	1,880	(3,874)
Adjusted Net Patient Revenue	65,908	67,004	(1,096)	65,099
Disproportionate share / IGT revenue	10,706	10,209	497	10,018
Other revenue	8,459	7,851	608	3,798
<b>Total Operating Revenue</b>	<b>85,073</b>	<b>85,064</b>	<b>9</b>	<b>78,915</b>
<b>Operating Expenses:</b>				
Salaries & wages / Contract labor	31,522	29,973	(1,549)	30,035
Employee benefits	17,701	17,459	(242)	17,699
Physician fees	9,901	10,535	634	10,117
Purchased services	6,694	6,193	(501)	5,974
Supplies	10,720	11,193	473	10,600
Other expenses	2,818	2,550	(268)	2,384
Utilities	1,121	1,426	305	1,468
Depreciation & amortization	4,655	4,199	(456)	3,602
Interest	1,341	1,316	(25)	1,377
<b>Total Operating Expenses</b>	<b>86,473</b>	<b>84,844</b>	<b>(1,629)</b>	<b>83,256</b>
<b>Income/(Loss) from Operations</b>	<b>(1,400)</b>	<b>220</b>	<b>(1,620)</b>	<b>(4,341)</b>
<b>Non-operating Gain/(Loss):</b>				
Interest and dividends	285	-	285	737
Investment Income/(Loss)	(332)	667	(999)	449
Non-operating Gain/(Loss)	(47)	667	(714)	1,186
<b>Excess of Revenue/(Deficiency) Over Expenses</b>	<b>\$ (1,447)</b>	<b>\$ 887</b>	<b>\$ (2,334)</b>	<b>\$ (3,155)</b>
Retirement health insurance	3,040	2,842	198	2,750
New York State pension	3,753	3,643	110	4,213
<b>Impact on Operations</b>	<b>\$ 6,793</b>	<b>\$ 6,485</b>	<b>\$ 308</b>	<b>\$ 6,963</b>

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**Erie County Medical Center Corporation**

<p><b>Statement of Changes in Net Assets</b>  <b>For the month and two months ended February 28, 2015</b></p>
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*(Dollars in Thousands)*

	Month	Year-to-Date
<b>Unrestricted Net Assets:</b>		
Excess/(Deficiency) of revenue over expenses	\$ (398)	\$ (1,447)
Other transfers, net	(92)	(181)
Contributions for capital acquisitions	-	-
Net assets released from restrictions for capital acquisition	-	-
	(490)	(1,628)
Change in Unrestricted Net Assets	(490)	(1,628)
<b>Temporarily Restricted Net Assets:</b>		
Contributions, bequests, and grants	-	-
Other transfers, net	-	-
Net assets released from restrictions for operations	-	-
Net assets released from restrictions for capital acquisition	-	-
	-	-
Change in Temporarily Restricted Net Assets	-	-
Change in Net Assets	(490)	(1,628)
Net Assets, beginning of period	117,893	119,031
<b>Net Assets, end of period</b>	<b>\$ 117,403</b>	<b>\$ 117,403</b>

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## Erie County Medical Center Corporation

### Statistical and Ratio Summary

	February 28, 2015	December 31, 2014	ECMCC 3 Year Avg. 2012 - 2014
<b><u>Liquidity Ratios:</u></b>			
Current Ratio	1.2	1.2	1.1
Days Operating Cash, includes current Investments	39.2	12.7	13.6
Days in Designated Cash & Investments (Covenant 57 days)	110.1	92.3	110.6
Days in Patient Receivables	44.2	45.3	45.2
Days Expenses in Accounts Payable	18.6	25.2	27.3
Days Expenses in Current Liabilities	76.5	93.3	90.3
Cash to Debt	83.7%	58.6%	63.0%
Working Capital	\$ 23,019	\$ 19,574	\$ 15,298
<b><u>Capital Ratios:</u></b>			
Long-Term Debt to Fixed Assets	58.6%	57.6%	63.5%
Assets Financed by Liabilities	79.3%	79.4%	79.5%
EBIDA Debt Service Coverage (Covenant > 1.1)	1.9	2.3	1.8
Capital Expense	9.9%	3.2%	3.0%
Debt to Capitalization	62.1%	61.8%	63.5%
Average Age of Plant	11.6	11.3	13.8
Debt Service as % of NPSR	3.8%	4.0%	3.8%
Capital as a % of Depreciation	2.7%	99.2%	280.1%
<b><u>Profitability Ratios:</u></b>			
Operating Margin	-1.6%	0.2%	0.2%
Net Profit Margin	-2.2%	0.9%	2.1%
Return on Total Assets	-1.5%	0.7%	1.5%
Return on Equity	-7.4%	3.5%	7.5%
<b><u>Productivity and Cost Ratios:</u></b>			
Total Asset Turnover	0.9	0.9	0.9
Total Operating Revenue per FTE	\$ 175,852	\$ 186,752	\$ 175,781
Personnel Costs as % of Total Revenue	57.4%	52.5%	54.6%

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**Erie County Medical Center Corporation**

**Key Statistics**

**Period Ended February 28, 2015**

<b>Current Period</b>				<b>Year to Date</b>				
<b>Actual</b>	<b>Budget</b>	<b>% to Budget</b>	<b>Prior Year</b>	<b>Actual</b>	<b>Budget</b>	<b>% to Budget</b>	<b>Prior Year</b>	
<b>Discharges:</b>				<b>Discharges:</b>				
879	852	3.2%	830	Med/Surg (M/S) - Acute	1,884	1,795	5.0%	1,761
270	289	-6.6%	254	Behavioral Health	541	611	-11.5%	537
115	119	-3.4%	128	Chemical Dependency (CD) - Detox	260	244	6.6%	259
25	24	4.2%	22	CD - Rehab	55	49	12.2%	49
25	21	19.0%	22	Medical Rehab	49	49	0.0%	53
29	31	-6.5%	30	Transitional Care Unit (TCU)	61	59	3.4%	57
<b>1,343</b>	<b>1,336</b>	<b>0.5%</b>	<b>1,286</b>	<b>Total Discharges</b>	<b>2,850</b>	<b>2,807</b>	<b>1.5%</b>	<b>2,716</b>
<b>Patient Days:</b>				<b>Patient Days:</b>				
6,214	5,282	17.6%	5,201	M/S - Acute	12,883	11,223	14.8%	10,775
3,436	3,324	3.4%	3,762	Behavioral Health	7,035	7,028	0.1%	7,847
412	407	1.2%	409	CD - Detox	913	834	9.5%	856
471	441	6.8%	485	CD - Rehab	1,000	901	11.0%	940
538	542	-0.7%	533	Medical Rehab	1,191	1,264	-5.8%	1,297
440	394	11.7%	395	TCU	822	750	9.6%	795
<b>11,511</b>	<b>10,390</b>	<b>10.8%</b>	<b>10,785</b>	<b>Total Patient Days</b>	<b>23,844</b>	<b>22,000</b>	<b>8.4%</b>	<b>22,510</b>
<b>Average Daily Census (ADC):</b>				<b>Average Daily Census (ADC):</b>				
222	189	17.6%	186	M/S - Acute	218	190	14.8%	183
123	119	3.4%	134	Behavioral Health	119	119	0.1%	133
15	15	1.2%	15	CD - Detox	15	14	9.5%	15
17	16	6.8%	17	CD - Rehab	17	15	11.0%	16
19	19	-0.7%	19	Medical Rehab	20	21	-5.8%	22
16	14	11.7%	14	TCU	14	13	9.6%	13
<b>411</b>	<b>371</b>	<b>10.8%</b>	<b>385</b>	<b>Total ADC</b>	<b>404</b>	<b>373</b>	<b>8.4%</b>	<b>382</b>
<b>Average Length of Stay:</b>				<b>Average Length of Stay:</b>				
7.1	6.2	14.0%	6.3	M/S - Acute	6.8	6.3	9.4%	6.1
12.7	11.5	10.6%	14.8	Behavioral Health	13.0	11.5	13.1%	14.6
3.6	3.4	4.7%	3.2	CD - Detox	3.5	3.4	2.7%	3.3
18.8	18.4	2.5%	22.0	CD - Rehab	18.2	18.4	-1.1%	19.2
21.5	25.8	-16.6%	24.2	Medical Rehab	24.3	25.8	-5.8%	24.5
15.2	12.7	19.4%	-	TCU	13.5	12.7	6.0%	-
<b>8.6</b>	<b>7.8</b>	<b>10.2%</b>	<b>8.4</b>	<b>Average Length of Stay</b>	<b>8.4</b>	<b>7.8</b>	<b>6.7%</b>	<b>8.3</b>
<b>Occupancy:</b>				<b>Occupancy:</b>				
89.0%	77.6%	14.6%	80.6%	% of M/S Acute staffed beds	85.0%	77.6%	9.5%	79.1%
<b>Case Mix Index:</b>				<b>Case Mix Index:</b>				
1.79	1.84	-2.7%	1.87	Blended (Acute)	1.74	1.85	-6.0%	1.85
156	216	-27.8%	195	Observation Status	344	448	-23.2%	404
408	417	-2.2%	411	Inpatient Surgeries	832	884	-5.9%	862
503	574	-12.4%	566	Outpatient Surgeries	1,048	1,189	-11.9%	1,184
23,305	26,367	-11.6%	25,365	Outpatient Visits	49,901	53,977	-7.6%	50,781
4,529	4,735	-4.4%	4,720	Emergency Visits Including Admits	9,989	10,051	-0.6%	10,028
44.5	44.2	0.7%	51.0	Days in A/R	44.5	44.2	0.7%	51.0
-2.5%	3.8%	-166.1%	6.4%	Bad Debt as a % of Net Revenue	0.7%	3.8%	-82.3%	6.3%
2,520	2,437	3.4%	2,468	FTE's	2,492	2,436	2.3%	2,444
3.53	3.69	-4.5%	3.58	FTE's per Adjusted Occupied Bed	3.54	38.97	-90.9%	3.63
\$ 11,937	\$ 12,095	-1.3%	\$ 11,704	Net Revenue per Adjusted Discharge	\$ 11,779	\$ 127,762	-90.8%	\$ 11,960
\$ 16,151	\$ 15,362	5.1%	\$ 15,521	Cost per Adjusted Discharge	\$ 15,448	\$ 161,258	-90.4%	\$ 15,361
<b>Terrace View Long Term Care:</b>				<b>Terrace View Long Term Care:</b>				
10,800	10,691	1.0%	10,676	Patient Days	22,736	22,471	1.2%	22,430
386	382	1.0%	381	Average Daily Census	385	381	1.2%	380
427	446	-4.4%	442	FTE's	422	446	-5.4%	442
6.3	6.7	-5.3%	6.6	Hours Paid per Patient Day	5.9	6.3	-6.5%	6.3

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

**AMBULATORY SERVICES:**

- Ambulatory Services continues to prepare for DSRIP implementation and the new phases of care provision in our outpatient care areas:
  - Training sessions have begun with both staff and providers regarding updating practices to PCMH 2014 standards (meeting guidelines set forth by DSRIP). Annette Phillips, PCMH Clinical Manager, is also presenting to all UBMD residents (those who are placed at ECMC, and outside) and information regarding PCMH will be incorporated into the July Residency Orientation packet.
  - The PCMH Steering Committee has been re-established and will hold monthly meetings. The committee includes physician staff, Administration, clinic staff and IT cohorts.
  - Two Practice Coordinator positions were approved and posted for recruitment. These individuals will play a key role in the implementation, monitoring and compliance with PCMH standards and Meaningful Use goals. They will also support the ongoing needs of EHR implementation in all Ambulatory areas, insuring our success with all related initiatives as we proceed forward.
  - Nurse Case Managers have been hired for Specialty Care, Cleve Hill, and Internal Medicine. They will play key roles in multiple initiatives (Transition of Care, Process Improvement) as well as the overall framework for PCMH and DSRIP.
  
- Patient Portal has gone live for our PCMH Level 3 Primary Care locations (Internal Medicine, Cleve Hill, and Immunodeficiency). Marketing efforts to expand enrollment are being carried out, including adding messages to our Tavoka appointment reminder system, kiosks and interns in the waiting rooms, and signage. We will continue to try and boost this initiative as it is a key factor in Meaningful Use for our providers.
  
- Process improvement initiatives in conjunction with Revenue Cycle/Centralized Scheduling/Registration continue. Patient Access Service Representatives have been hired for all the Ambulatory areas. First transition wave will occur in Immunodeficiency, and Specialty Care. Additionally, Centralized Scheduling has taken on the scheduling tasks for three more Specialty Clinics (Cardiology, Neurology and Surgery). This only leaves two remaining areas for Centralized Scheduling uptake (Orthopedics and Immunodeficiency). A six (6) month plan for completion for both front-window transitions, and Centralized Scheduling has been developed.
  
- Volunteer Board Requests were awarded for the following Ambulatory areas:
  - Internal Medicine: Digital scale with handrails (for improved patient safety).
  - Specialty Care: Four (4) wheelchairs to be located and utilized in clinics for transport, rooming patients (will improve throughput and patient experience). We were also provided with funding for a bariatric, high-low exam table to accommodate our patients with physical impairments.

- Julie Sousis, Certified Medical Office Assistant in COEM, was awarded ECMC Employee of the Month for March. Julie previously was an MOA in Internal Medicine and is a valued member of our Ambulatory Team. We are very proud of Julie, and feel this award is well-deserved.

### **BEHAVIORAL HEALTH:**

- CPEP visits = 911; admits from CPEP = 271; average time in CPEP = 13.4 hours
- CPEP 2014 organizational and emergency services plan (*please see attached at end of report*) and 2014 CPEP evaluation (*on file*) has been completed and submitted to OMH for survey anticipated in May.
- Instituted new QI model for department: inpatient clinical team, outpatient clinical team, and psychiatry will meet and review all data as independent groups. Plan for correction will be submitted, using PDSA model, to steering committee for review and accountability - beginning with a quality management review with UPP psychiatric staff to provide overview of statistics and other quality measures we are seeking to improve which includes use of restraints/seclusion, LOS, participation in team meetings, and readmissions within 30 days. Data will be trended and presented monthly.
- CPEP task force is working on revising the flow of patients through the system to improve throughput. Brief visits documentation and clarification of regulatory requirements enabled the CPEP management team to develop a plan for patients who require minimal intervention in a CPEP setting so we can charge for these visits.
- Held first internal recruitment reception to introduce Behavioral Health Nursing to staff currently working in other areas of ECMC. More than 20 staff members expressed interest in future work in Behavioral Health. The second reception, for outside candidates, is scheduled for April 2015.
- Initiated role clarification project to determine tasks that each title is responsible for and what tasks are interchangeable. This is intended to be beneficial for both the patients and staff.
- Two meetings have taken place to continue collaboration with OPWDD and People Inc. to develop transitional housing for autistic youths and adults.
- Donations from Dr. Yogesh Bakhai and The Foundation allowed us to purchase 200 books on managing groups for nurses. They are being distributed in the new Behavioral Health Concepts education classes.
- PMCS classes continue – over 50% of staff complete annual education. Classes pending for psychiatry team.
- Drum Circles have started on all the adult units and the EOB. Training was completed in January and we completed the roll-out this month. The patients state that it reduces their anxiety and feelings of aggression. The staff is also very positive about this group as they feel it promotes a calm and healthy atmosphere for all. The grant from East Hill Foundation has been completed and a follow-up report was submitted to the Foundation for submission.
- Initiated a marketing plan to review and update department brochures and other materials. Photos were taken of staff to promote teamwork and encourage them to have pride in the department. These photos will be utilized during Mental Health Awareness Month in May 2015. We have several plans for the month including street banners, community education, staff education of BH staff and Med/Surg/Critical Care staff on caring for this population.
- Three (3) behavioral health managers attended leadership training at Daemen College to improve skills in organization and time management.

## **BRIDGE UPDATE:**

- BRIDGE initiative is in operational mode assuring processes initiated with Novia are imbedded into day to day operations.
- Dashboard is being distributed monthly.
- 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.
- Teams are focusing on drill downs into discharge delays.

## **CARE MANAGEMENT:**

- Continued implementation of the staffing model plan to merge the RN Case Manager with the Utilization RN role; 75% 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:* This month we implemented a concurrent feedback process regarding received denials to the specific Care Management staff member who reviewed that case. By adding this component, the additional education to the Case Managers should provide them with the skills to prevent future denials of similar situations. The physician advisor is also reviewing and signing all appeal letters that are being sent to the payers. We will be monitoring these practice changes for the potential positive financial impact.
- *ALC process:* We continued to struggle with a high number of Alternate Level of Care (ALC) patients. We are reaching out to several community organizations to strengthen our relationships in the community and to ensure we are offering our patients all available services. We are also reaching out to service providers outside of Western New York to meet the needs of all the patients we serve.

## **DIALYSIS:**

### **Outpatient Dialysis**

- Current home census = 161, PD = 12
- NYS DOH survey results: nine (9) deficiencies, four (4) related to infection control, two (2) related to plant operations, two (2) related to safety issues, one (1) related to QAPI documentation. Plan of correction developed, completed, and submitted to DOH.
- New Director of Dialysis started February 23 – Theresa Sitgreaves – overseeing outpatient, inpatient, and home programs.
- In process of transitioning from MIQS (dialysis EMR) to Meditech – due to multiple issues with MIQS, and to improve coordination of care between outpatient hemo, inpatient hemo, and hospital. Potential transition date for early summer.
- Working on solution to begin collecting patient co-pays for each dialysis treatment.
- Finalizing contract for NxStage Home Hemodialysis – have two (2) patients waiting to start training.

### **Inpatient Dialysis**

- 223 treatments done in unit: 185 on 10N, 38 off-station (in ICUs, etc.)
- 25 plasmapheresis treatments completed.



## **RADIOLOGY:**

### **Equipment**

- A CON is being developed for two (2) CT units and one (1) R&F (Radiology& Fluoroscopy room) to include a handicap/bariatric restroom – ongoing.

### **Staffing / Succession Planning**

- Sr. Radiologic Technologist position has been filled by Kim Stevens.
- During downtime staff members are shadowing PACS and QA staff that will be retiring.

### **Upgrade for Compliance**

- PACS personnel will be working on software and hardware upgrade for compliance for CMS and Joint Commission in regard to reporting radiation dose per study. This is a (6) month initiative and we are on target to meet deadline set by Joint Commission and to be able to receive 100%; awaiting legal approval of BAA for ACR.

### **Radiologist Quality Issues**

- All issues involving misread of Imaging are being entered in Quantros and reported to Dr. Serghany.

## **REHABILITATION SERVICES:**

Overall the department of Rehabilitation Therapy Services has begun the new year looking at departmental goals and methods towards achieving these goals over 2015. At the All Rehab Meeting in the month of February, it was shared with staff what we have been doing as a department related to service line updates with our physician team and addition of physician extenders.

Plans for clinical rotations for a small portion of staff members were developed this month to establish competency throughout the continuum and assist with smooth transfer of FTEs to areas as needed to maximize staff productivity throughout the year.

Volunteer board requests were developed and submitted for each sub area of Rehab Medicine for updated equipment or programming that falls outside of the general budget lines.

### **Departmental Goals in 2015:**

- Continued marketing of Rehab services for both inpatient and outpatient under the direction of Physiatry.
- Decrease manual data collection by all staff through DR reports and creation of meaningful dashboards.
- Develop an inclusive, prioritized list of equipment needs for entire department and identify sources to obtain desired equipment.
- Continue to grow Driver Evaluation program by at least 5%.
- Successfully obtain at least one source of grant funding for equipment/programming in the Rehab department.
- Evaluate, implement and monitor weighted procedures/RVUs for the department to demonstrate acuity and productivity.
- Provide education opportunities for staff in line with the hospital and departmental mission.

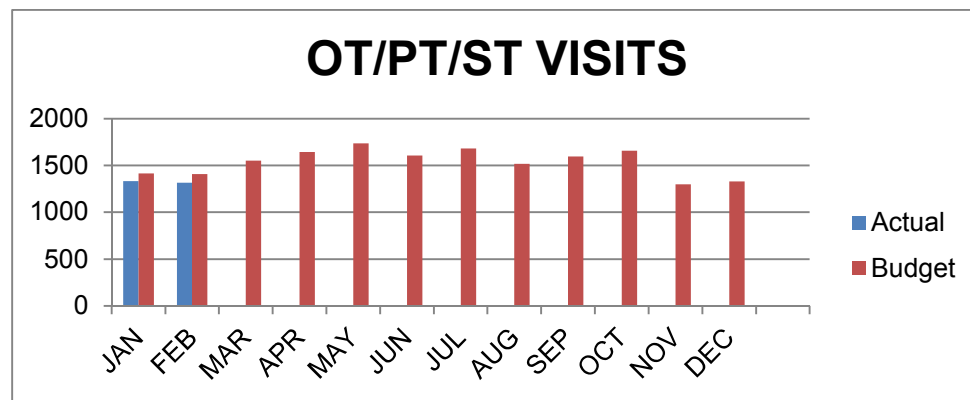
- Successfully internally market PEDS program so that it is a recognizable part of ECMC services.
- Stay within 3% variance for departmental budget MTD and YTD.

### Inpatient Rehab Services

- Participated in the 4 day kick-off of Zynx care plan revisions.
- Provided in-service on the basics of FIM reports at All Rehab Meeting.
- Inpatient visits over budget volume by 3% at the end of February.
- Evaluating training plan for SLPs during lower volume times to gain new competency in FEES.
- Continue to participate in Ortho-Total Joint meetings and prepare for the opening of the new therapy gym on the 6<sup>th</sup> floor. Requested two (2) Rehab aides to be used for transport and set up of ortho patients.
- Mike Abrams, Inpatient Rehab Supervisor, retired effective March 27, 2015.

### Outpatient Rehab Services - ECMC

- Overall OT/PT/ST volume down 92 visits MTD and down 176 visits YTD. Extreme cold and weather conditions continue to affect attendance. Primary areas with decreased volumes were Speech and PT; will monitor as per routine.



- Third of fourth presentations completed by Laura Morey, PT for the Center for Occupational and Environmental Medicine.
- Purchased the AMPAC (Activity Measure Post Acute Care) Outcome tool which can be utilized for all therapy disciplines throughout the system, including Terrace View. Will begin training phase.
- Dr. Keenan's area ran 12 groups. She completed one Schwartz Rounding presentation and prepared for upcoming presentation on the Brain Injury Reading Group.

### Pediatric Educational and Diagnostic Services (PEDS)

- Considering purchase of iPads or laptops for PEDS providers to promote security of business and increased efficiencies in data input/"EMR".
- In process of collecting returned contracts/proof of insurance for PEDS providers (Conversion of 23 staff to employee status; 30 have decided to remain contractors).

- Submitted a grant for pediatric outreach into the community to help with early identification of children with delays/special needs.
- Submission of letter of intent to partner with Kaleida (including ECMC Immuno clinic, CPEP, behavioral health and PEDS) to collaborate in their intended Pediatric Health Home.

#### **School 84 PT and OT**

- OT Department saw 63 students for 259 visits and 523 units which is a decrease from last year due to open staff position.
- PT has 43 students on program: 99 visits and 188 units which is comparable to last year (96 visits and 188 units).

#### **MRU**

- Census on inpatient unit increase with the decision to accept more patients with medically complex diagnosis.
- Physicians completed 31 visits in the outpatient clinic in addition to caseload on the MRU.

#### **SERVICE LINES:**

##### **Bariatric**

- ACS survey for certification of “Bariatric Excellence” took place on March 27.

##### **Wound Care**

- The Serena Group assumed management of ECMC’s Center for Hyperbaric & Wound Care, effective March 1, 2015.

#### **TRANSPLANT SERVICES:**

- Transplant Medical Director change to take place April 1, Dr. Mareena Zacchariah was named.
- Working with national recruiter regarding our transplant director position.
- April is Donate Life Month, we are working collaboratively with UNYTS on events. The main ECMC event will take place on April 15 at 10: 30AM in Smith Aud.
- Transplant volume down YTD:
  - January 2 - deceased transplants, 1 living donor transplant
  - February 1 - 1 deceased transplant
  - March 2 - 1 deceased transplant
  - Total YTD = 6 transplants

OPO has only had four (4) local donors this year compared to 11 local donors this time last year. Two (2) living donors cancelled due to recipient illness.

- Guidry & East on site to do a review of 2013 cost report and transplant finances.

**ERIE COUNTY MEDICAL CENTER**



**COMPREHENSIVE PSYCHIATRIC EMERGENCY PROGRAM**

**CPEP**

**ORGANIZATIONAL PLAN  
And  
EMERGENCY SERVICES PLAN  
2014**

## **SCOPE OF SERVICES**

The mission of the Behavioral Health Department is to provide a safe, supportive patient and family centered environment that allows for the rapid stabilization of psychiatric symptoms and promotes an integrated transition into the community.

The Comprehensive Psychiatric Emergency Program (CPEP) of Erie County Medical Center is a specialized psychiatric emergency assessment stabilization service for persons in the Buffalo Niagara area and surrounding counties, targeting individuals presumed to be in acute mental health crises and provides emergency observation, evaluation, stabilization, treatment, and discharge planning in a safe and secure environment.

CPEP services provided at the ECMC hospital location at 462 Grider Street in Buffalo, NY, include:

- Brief emergency evaluation
- Full psychiatric emergency evaluation and stabilization
- Extended Observation Beds
- Crisis intervention services
- Triage and referral services

The CPEP at ECMC also contracts with affiliate providers to

- Perform crisis outreach services
- Provide access to crisis residential beds

CPEP services are available 24 hours seven days a week.

The services provided by the ECMC CPEP are part of a comprehensive array of mental health services and agencies as outlined in the 2014 Erie County Department of Mental Health unified service plan.

CPEP crisis intervention services are available to any person who presents in acute psychiatric crisis; special emphasis is placed on making CPEP services available to persons who would otherwise have difficulty in obtaining crisis psychiatric services, regardless of impoverishment, lack of insurance, indigence, or any person who may have difficulty in accessing healthcare resources.

The CPEP takes all reasonable measures to provide culturally competent care and accommodate any cultural considerations unique to patients who present for services, including those who are non-English-speaking, or members of minority cultural groups.

The CPEP does not discriminate against any individual based upon race, creed, color, ethnic origin, gender, sexual orientation, HIV status, age, or ability to pay.

***Line of Authority***

CPEP Program Director reports directly to the ECMC VP/AVP of Behavioral Health. The CPEP Medical Director reports to the ECMC Chief of Service and Clinical Director of Psychiatry.

Services of the CPEP are subject to the oversight of various departments in the ECMC, including Risk Management, Quality Improvement, Patient Safety Department, and Medical Executive Committee, with ultimate accountability to the ECMC Board of Directors.

**EMERGENCY SERVICES PLAN**

The CPEP at ECMC provides services to the Niagara Frontier region of Western New York State including the cities of Buffalo and Niagara Falls, and servicing Erie County as well as neighboring Niagara, Chautauqua, Wyoming, Genesee and Orleans counties.

***Crisis Intervention Services***

Crisis intervention services performed at the ECMC campus include brief psychiatric evaluations, consisting of face-to-face interactions between the patient and a staff physician, to determine the scope of emergency services required. Individuals who present to the ECMC Emergency Department, who are determined to be in a psychiatric crisis, may be referred to the Comprehensive Psychiatric Emergency Program, a dedicated specialty service located in close proximity to the emergency department at ECMC.

Full emergency evaluations are performed by a psychiatrist and multidisciplinary team of behavioral health clinicians and specialists. The full evaluation includes a psychiatric diagnostic examination, psychosocial assessment, medical examination, resulting in the development of a comprehensive psychiatric emergency treatment plan and/or discharge plan.

***Crisis Outreach Services***

Crisis outreach services are available seven days per week, 24 hours per day and are conducted by clinicians who perform psychiatric evaluations outside of the hospital setting. Crisis outreach services are provided through *Suicide Prevention and Crisis Services, Inc.*, of Buffalo New York. Crisis Outreach Services allow community based assessment by qualified clinical professionals.

***Extended Observation Beds***

The CPEP at ECMC also provides Extended Observation Beds (EOB) for patients who require extended observation and care beyond 24 hours. Treatment in the EOB may not exceed 72 hours. Patients who require EOB placement are housed separately, but adjacent to those undergoing initial psychiatric evaluation. No person is retained in the CPEP for more than 24 hours unless they are admitted to the EOB.

The CPEP at ECMC is certified to operate a maximum of 8 extended observation beds, 6 adult beds and 2 child/adolescent beds. Operational statistics over the past year justify this number

due to high volumes and acuity of persons presenting to the CPEP who require more than 24 hours to diagnose or stabilize an acute psychiatric crisis.

### ***Triage and Referral***

Following assessment and triage of patients who are admitted to the CPEP, psychiatric social workers arrange for referral, transfer and aftercare appointments once the initial psychiatric crisis has stabilized. Patients who require inpatient psychiatric treatment may be admitted to the inpatient psychiatric services of ECMC, or referred to other appropriate community providers.

### ***Affiliations and Provider Agreements***

#### ***Crisis Outreach Services***

Provider agreements exist between ECMC and Suicide Prevention and Crisis Service Inc., to provide crisis outreach and interim services.

#### ***Crisis Residential Services***

Provider agreements exist between ECMC a community provider to provide crisis residential services for adults who do not have safe short term housing or oversight following discharge from the CPEP. Affiliate Provider:

Housing Options Made Easy, Inc. Main Office  
75 Jamestown Street  
Gowanda, NY 14075

### ***Community Linkages***

*Emergency Medical Services* are provided by the Emergency Department of ECMC. Any patient currently admitted to CPEP Crisis Intervention or EOB who exhibits an unstable or deteriorating medical condition will be transferred to the ED.

*Alcohol and Drug Services* are also provided through the ED of ECMC.

*OPWDD* services are accessed through Western New York Development Disabilities Regional Offices by CPEP psychiatric social workers.

Referrals for comprehensive wraparound social services are also made through various agencies both in Erie County and in surrounding communities.

*Police Department* As part of the contract with Suicide Prevention and Crisis Services, Inc., the subcontractor represents the ECMC CPEP at community coalition meetings between the Buffalo Police Department and agencies who provide services to the mentally ill in Erie County.

*Peer Support Services and referrals* are provided through referral to trained Peer and Family Advocate Specialists affiliated with Western New York Independent Living Inc, and Mental Health Association of Erie County Inc; Peer Advocate Specialists are current or former recipients of mental health services who have encountered similar experiences. The Peer Advocate Services include: locating and securing safe, affordable housing in the community;

providing resources and support to enhance daily living skills such as budgeting, shopping and navigating a new community. Tools to develop a network of supports in the community including self-help and advocacy groups. Skills to address individual access to and engagement in individualized mental health treatment services. Peer sharing of symptom and medication management systems. Sharing learning for self advocacy skills. Clients are able to access the Friendship Resource and Peer Support Line (WarmLine) Toll Free: 1-877-426-4373 (1-877-I AM HERE) The Friendship Line operates 24/760 to provide telephone peer support in non-crisis situations, covering three counties.

*Substance Abuse Services* are coordinated through the Alcohol and Drug Abuse Services of ECMC.

### **Admission & Discharge Process**

#### ***Admission Criteria***

Admission criteria for CPEP services include any individual who presents to the ECMC emergency department or another hospital's emergency department with presumed psychiatric crises, including but not exclusively suicide attempts, suicidal ideation with plan, severe depression, dangerousness to self or others by reason of psychiatric impairment, severe hallucinations or delusions, or other severe and acute deterioration in functioning attributed to a primary mental illness.

#### ***Exclusion Criteria***

Patients who require specialized services beyond the capabilities of the CPEP may be referred to appropriate providers. Such patients may include those who are medically compromised or otherwise medically unstable requiring medical intervention beyond the capabilities of the CPEP: patients presenting in a situational crisis marked by behavioral disturbances that are clearly social, behavioral or criminal in nature, with no obvious or presumed psychiatric etiology; patients who are in acute withdrawal from alcohol or sedative hypnotic substances who require medically supervised detoxification; individuals who were acutely intoxicated with no other psychiatric crisis presenting a danger to self or others; and any individual who is uncontrollably violent towards others who could not be reasonably or safely contained in the CPEP environment.

#### ***Discharge Criteria***

Patients who require more intensive or extensive stabilization services may be admitted to the acute psychiatric unit of ECMC or other acute inpatient psychiatric unit.

Patients who are stabilized to a point where they no longer require 24 hour skilled nursing observation and care to maintain safety, and who have completed a psychiatric evaluation may be referred to appropriate aftercare services based upon their individual needs in the community.

Discharge planning will include: a review of the patient's psychiatric and physical needs; referrals to appropriate community service providers appropriate to address the person's



identified needs; appointments with community providers following discharge from CPEP, and/or referral to crisis outreach team for crisis interim visits as ordered by the physician.

Each patient admitted to the CPEP will be given the opportunity to participate in the development of his or her discharge plan. Family members and caretakers will also be involved in the discharge and aftercare plan, whenever possible and when allowed by the patient. No person or family member shall be required to agree to the persons discharge. A notation shall be made in the person's medical record if such person objects to discharge plan or any part thereof.

### ***Special Treatment Procedures***

Patients who present in immediate danger to themselves or others and who cannot otherwise be safely contained or managed may require, under a physician's order, seclusion or restraint. All efforts are made to de-escalate and avoid the need for seclusion and restraint. In the event seclusion and restraint is implemented, guidelines of the New York Office of Mental Health and CMS are adhered to.

The CPEP does not provide Electroconvulsive Therapy.

The CPEP does not utilize any aversive conditioning techniques.

The CPEP does not engage in any experimental procedures, or clinical trials of medication.

### **Goals and Objectives**

2014 Goals and Objectives include:

1. Open the new Comprehensive Psychiatric Emergency Program located on the first floor of the new Out Patient Behavioral Health Building.
2. Safety:
  - Reduction in Restraint and Seclusion
  - Development of a comprehensive lethality assessment
  - Implement violence aggression tool
  - Develop processes for de-escalation and staff education
  - Develop a shared governance model
3. Re-organization of the CPEP
  - Implement new staffing model with the Addition of a CPEP Director, Team Leader, and increase the budgeted FTEs
  - Add additional Psychiatrists
  - Hire Nurse Practitioner
  - Hire Physician Assistants
  - Increase the Social Work FTEs to plan for 24/7 Social Work coverage
  - Increase hours of Peer and family advocacy services.
  - Implement and Hire Pastoral Care
4. Program Development
  - Implement new staffing model in the EOB to provide consistent patient assessment and documentation

- Provide treatment plan education for the nursing staff
- EOB length of stay will not exceed 72 hours
- Develop and maintain the group process in the EOB

**Staffing**

The CPEP at ECMC is staffed 24 hours a day, 7 days a week.

Core staffing includes:

	1 <sup>st</sup> Shift	2nd Shift	3 <sup>rd</sup> Shift
Psychiatrist	1-3	1-3	1-2
Nurse Practitioner	varied	varied	
Physician Assistant	varied	varied	varied
RN	7	7	7
Ancillary Staff includes Mental Health Technicians, LPNs, Hospital Aides	3	3	3
Social Worker	2-4	2-4	

**Staff Qualifications**

Psychiatrist - individuals currently licensed as a physician by the New York State Education Department who is certified by or eligible to be certified by, the American Board of Psychiatry and Neurology. Board eligible psychiatrists are overseen by the ECMC Chief of Psychiatry. In affiliation with the University of Buffalo, medical students and interns may do supervised rotations through the CPEP working under the direct supervision of a qualified psychiatrist.

Social Worker - social workers are either currently licensed as LMSW or LCSW, or are other Masters level mental health professionals recognized by the Office of Mental Health.

Registered Nurses - registered nurses hold current licenses from programs approved by the New York State Education Department, with specialized training in working with the mentally ill.

Security - security is provided by the ECMC Police Department and/or contracted security agencies. Security personnel are trained to work in healthcare settings and are not permitted to carry side arms into the CPEP.

Physician Assistant – Physician Assistants hold a current license in New York State.

Nurse Practitioner – Nurse Practitioners hold a current license in New York State.

**Annual Review**

An annual review of CPEP Goals and Objectives will be conducted by an appointed CPEP sub-committee. Findings and recommendations regarding CPEP operations will be forwarded to the Governing Board of ECMC.

Erie County Medical Center Corporation  
Report to the Board of Directors  
Ronald J. Krawiec, Senior Vice President of Operations  
March 31, 2015

**PHARMACEUTICAL SERVICES – RANDY GERWITZ**

**Pharmacy Residency Program:**

The Department of Pharmaceutical Services (DPS) has provided a post-graduate year 1 (PGY1) residency experience for pharmacists seeking advanced training in clinical pharmacy practice for several years. Each year we participate in a program that matches residency candidates to accredited residency programs. In the process the program and the prospective residents rank each other. This is naturally a very competitive process and one in which the strongest candidates have an opportunity to select the strongest programs. Not all programs match with a residency candidate. We are pleased to announce that our program was successful in the match process.

**DPS financial report:**

Through February the DPS is pleased to announce that the department is 8.2%, approximately \$345,000 under budget. This is primarily driven by savings in drug expenditures, 15% under budget, and salary expenses 7% under budget.

**Overtime Expenses:**

The DPS is pleased to report that despite both vacant pharmacy aid and pharmacist positions we are exactly on budget for overtime through the current pay period.

**PLANT OPERATIONS – DOUG FLYNN**

**General Project Updates:**

- New Orthopedic Unit on 6 Zone North 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 3<sup>rd</sup> 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.
- A new surgical simulation lab has been established for surgical residents.
- A new surgical dictation room has been started with completion of the multiple offices relocations to accommodate this new space.

## **GRIDER FAMILY HEALTH - MAGDALENA NICHOLS**

### **Meaningful Use Stage 1 Phase 2:**

The Grider Clinic is currently working to get to a 5% patient portal utilization before the end of the year. MU1-2 is portal heavy and requires this patient utilization of the outpatient portal. IT has started to enroll patients in the outpatient portal using a mobile laptop. The Grider Clinic is also currently under review for their PCMH recognition.

The current high volumes and new patient interest are justifying the need for a new provider. With that, GFHC is currently finalizing a hire of a replacement Nurse Practitioner and recruiting a new physician to start in the practice.

### **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.

## **DIETARY – MORRISON**

### **Patient Experience:**

Morrison's national "Fresh Eyes" team visited ECMC to review the entire dietary department and its systems to provide suggestions and alternatives to improve both the patient satisfaction and the operational efficiency. This review and evaluation of our Patient Services department was from Morrison's "Touch Point" sister company.

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. The status of the plan is reviewed with administration weekly. Morrison management at ECMC has gone through a number of training sessions in Atlanta and went on a field trip to Fairfax, Virginia to visit a certified "Catering To You" hospital. They have determined a number of "Best Practices" that will be implemented in the next several weeks to improve our "Catering To You" training and outcomes. In addition, Tara Churchfield and Steve Hotz are having weekly meetings with Nursing to review any issues with Dietary. These meetings are scheduled with Judy Dobson along with all of the charge nurses from each floor in the hospital. So far these meetings have proven to be beneficial for everyone.

The Dietary department was accident free for the last eight weeks.

Report to the Board of Directors  
Christopher Koenig, PT, DPT, MBA, NHA  
Vice President of Post Acute Care  
3/19/15

***Terrace View:***

Six additional positions were approved by Executive Leadership in recent months: MDS Director, MDS Specialist, Rehab Director, Occupational Therapist, Physical Therapist Assistant, and Occupational Therapist Assistant. The MDS Director position has been filled with Beth Lange who will start on March 23<sup>rd</sup>. The MDS specialist position has been filled by Tia Sawyer, who will begin April 20<sup>th</sup>. Both positions will have a positive impact on patient care, quality measures, and reimbursement. The therapy positions are actively being pursued. The nursing staffing levels when compared to last reported on CMS Nursing Home Compare show improvement on 13 minutes per patient per day for LPNs and a three minute increase in RN staffing.

The Case Mix Index (CMI) for January 2015 will finish near 0.93; 0.03 higher than last projection, and 0.12 higher than last CMI period. The additional staff procured will assist to ensure that we are properly submitting MDS reports to capture all of the care our patients and residents receive.

Quality Measures (QM) at Terrace View continue to improve. Nearly all QMs have shown improvement, with physical restraints, falls, catheter insertion, and antipsychotic medication use showing the greatest improvements. Patient's who report pain has also shown great improvement.

The payer mix for Terrace View has averaged 52% Medicare, and 48% HMO/MCO since the beginning of the year, consistent with last year. We have seen an increase of the Rehab Ultra category by 8%, achieved by increasing the amount of available therapy minutes per patient to better handle increased need. For custodial and long term residents, we have a YTD of 80% Medicaid/Medicaid pending with an increase in private/no payment source to 10%, higher than 4% previously. The YTD census has averaged 98.5%, compared to 97.3% last year, and 91.9% in WNY. The higher census can be associated with an uptick in sub acute and skilled transfers.

Leading Age will be conducting a mock survey at Terrace View along with TV Administration on March 23<sup>rd</sup> and 24<sup>th</sup>. Numerous efforts across the multidisciplinary team at Terrace View and at ECMC have been put in place in an effort to have a successful survey and mitigate any potential concerns.

***Tertiary Care Unit (TCU)***

The TCU census continues to hold steady near 15/19 occupied beds per day, with a high of full occupancy (19/19) in recent weeks. As of this writing, TCU is under their DOH certification survey, and will be reported on next month. TCU QMs are below the NYS average in seven areas.

***Palliative Care:***

A presentation is scheduled for the Board of Directors of ECMC Foundation on March 19<sup>th</sup> at 11:30 to discuss the ECMC Comfort House. Dr. Grimm and Sandra Lauer will present and ask for BOD support on the project. Meetings have commenced to begin to operationalize the project, and encourage and enlist community support. A breakfast meeting will be held with local Church leaders March 30<sup>th</sup> at ECMC. Initial feedback from the community on this project has been very positive and encouraging. A committee has been identified to begin to develop policy and procedure for the Comfort House, with the assistance of representatives from Cross Roads Comfort House in Batavia. Elder Manuel Wiggins and Sandra Lauer are working toward completion of Mercy Doula training. Once they complete the training they will facilitate training with the Pastoral volunteers to begin working with the residents of the Comfort House when completed.

Community outreach with the "Conversation Project" continues with events planned every other month at Terrace View. These events bring to light often difficult conversations surrounding Advanced Directives, and how and when to make decisions surrounding end of life. A presentation was recently commenced at the United Auto Workers Union at their request, and a meeting will be upcoming at the WNY Caregivers Coalition, Episcopal Diocese, the VA, and WNY Parish Homes in the coming months.

A walk through of the beds chosen to be utilized by Hospice at Terrace View Commenced on March 16<sup>th</sup>. Two beds were agreed upon, as they meet all stipulations of the contract with Hospice. Meetings will be held with Hospice representatives over the next two weeks to begin to train Terrace View staff as the bed contract becomes activated.

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

**MEDICAL STAFF AFFAIRS**

See separate report by Sue Ksiazek for full details.

**UTILIZATION REVIEW**

**See attached Flash report**

**CLINICAL ISSUES**

March 4, 2015

**State's VBP Revised Roadmap Released; Responds to Some, But Not All of HANYS' Concerns**

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- The state's Draft VBP Roadmap for DSRIP, released for official public comment today, includes some of the changes actively pursued by HANYS prior to the official comment period, but key issues related to the Roadmap's speed, scope, and complexity remain. Additionally, the state has yet to commit to not imposing DSRIP VBP concepts on the commercial marketplace.
  - The Roadmap's structure is critical and serves as the state's multi-year plan for
-

comprehensive Medicaid payment reform, laying out the design and requirements for Performing Provider Systems (PPSs)/individual providers and Medicaid MCOs to rapidly transition and engage in VBP arrangements. It must be thoughtfully crafted with input from all stakeholders, as it is the only mechanism by which the state plans to reinvest savings accrued by DSRIP activities into the health system.

## American College of Surgeons (ACS) Trauma Certification Visit

On March 10<sup>th</sup> and 11<sup>th</sup>, the ACS surveyors were at ECMC to perform an extensive review and survey of our trauma program with a view to ECMC being designated as a Level 1 Trauma Center. I am glad to report that the Survey went well. The surveyors indicate that they did not find any deficiencies and indeed identified several best practices. They will be making the recommendation that ECMC be designated as a Level 1 Trauma Center. While not final we are hoping to receive the official designation in the next 12 weeks.

## Change to medication reconciliation see email LG from 3/12/15

Revised medication history collection label  
Effective 3/16/15

Meditech will be relabeling the option for stating a patient is no longer taking a home medication on 3/16/15.

Preferred Pharmacy		Walgreens Drug Store 03257 1328 ABBOTT RD LACKAWANNA NY 14216...	
Medication Reconciliation			
Last Updated by: ANDREW J KWIATKOWSKI on 3/13/15 @ 0847			
Home Meds (1)	Last Action	Last Taken	Generic
ARIPiprazole* 15 Mg Tab (Abilify*) 15 Mg P.O. DAILY	New Order Reported 3/13/15 @ 0847	<Last Taken>	ARIPiprazole*
			No Longer Taking

The dialog box shows the following options: Cancel, No Longer Taking (highlighted), Reorder, Hold, and Continue From Amb-Queue. An arrow points from the 'No Longer Taking' option in the table above to this dialog box.

You will still be presented with the same reasons as before for why a patient is no longer taking the home medication:

The dialog box lists the following reasons for discontinuation: ADR (Adverse Drug Reaction), CHANGE (Change in Drug/Dosage), CHECK (Check with Primary Care), END (End of Treatment), MD (MD Ordered), NONCOMP (Patient Non-compliant), and SIDE EFFECT (Side Effects). Buttons for Error, New, Cancel, and OK are visible at the bottom.

If there are any issues, please call the EMR help line at x5601 or the help desk at x4477.



## Focus on Quality Newsletter

The first CMO Focus on Quality Newsletter was issued in collaboration with the office of the Patient Safety Officer and focused on the prevention of deep vein thrombosis an important quality measure that features in both the Core Measures and Hospital Acquired Conditions section of CMS Value Based Purchasing.


## E-prescribing update (see email of Drew Kwiatkowski from 3/18/15)

Since there has been a lot of information coming out about e-prescribing over the last month, I wanted to send out our most up-to-date information regarding the status of ECMC:

- **The delay of the EPCS is official.** Providers now have one additional year in order to comply with all prescriptions sent electronically to the pharmacy.
- The PAC has agreed to continue to move forward (default option would be TRANSMIT, use of 2 factor authentication for controlled substances):
  - **Pilot** – Medical Rehab Unit (estimated to begin 3/24-3/31)
  - **1 weeks post-pilot** - Behavioral Health/Chemical Dependency/CPEP (include BH/CD clinics)
  - **2 weeks post-pilot** - Inpatient Med/Surg/PACU
  - **To be determined** – ED, Transplant clinic
  - **NOTE** – Meditech is working on a fix for an issue we discovered with resident electronic prescriptions and until that is fixed, **Residents will not be included in the initial go-lives** and will continue to print prescriptions.
  - Option to print prescriptions would still be available
  - We will be finalizing our training and support model next week
- LTC and outpatient clinics are reassessing implementation dates based on necessary upgrades and review of project scope
- Dental clinic is moving forward within the month of April
- Registration of EPCS software with NYSDOH (Step 3):
  - Initial list of Attendings, NPs will be loaded by Charlene Ludlow, satisfying the requirement
    - We will be setting a cut-off for this and new providers will need to register online through ROPES
  - PAs must fill out the paper form and include supervising attending information
  - Residents do not need to register and list will be maintained by IT

## Physician Survey Follow-Up

The results of the survey were reviewed by the Physician Strategic Council which formulated the following goals to address the issues raised.



**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 enhancing your work environment and the quality of care for your patients. We pledge to use your feedback and partner with you to make ECMC a better place for you to practice.


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 action taken in response to your feedback to show that your voice is heard. Focus groups will work with us to formulate the more impactful next steps.


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.

**Are we on the right track?**  
**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.....

  
**Richard Cleland**  
 Chief Executive Officer

  
**Brian Murray, MD**  
 Chief Medical Officer

  
**Samuel Cloud, DO,**  
 Medical-Dental Staff President



ECMC Flash Report for 2/28/2015

Budget	MTD	Diff	Diff %	PMTD	Acute Summary	Budget	YTD	Diff	Diff %	PYTD
844	878	34	4.0 %	809	Admissions	1,799	1,875	76	4.2 %	1,733
854	879	25	2.9 %	830	Discharges	1,799	1,884	85	4.7 %	1,761
6.2	7.1	0.9	14.3 %	6.3	Avg Length of Stay	6.2	6.8	0.6	10.4 %	6.1
-	4.9	-	-	4.8	Expected Length of Stay	-	4.8	-	-	4.9
6.2	7.1	0.9	13.7 %	7.3	Discharge LOS	6.2	6.8	0.6	10.4 %	6.7
-	5.7	-	-	5.3	Average LOS w/o Outliers	-	5.6	-	-	5.3
-	86.1	15 Outliers		143.8	Discharge LOS - Outliers	-	87.4	28 Outliers		101.9
-	94.9	11 ALC pts		636.0	Discharge LOS - ALC	-	85.6	18 ALC pts		233.5
5,282	6,231	949	18.0 %	5,201	Patient Days	11,223	12,900	1,677	14.9 %	10,775
323	889	566	175.2 %	208	ALC Days	686	1,763	1,077	157.0 %	427
143	109	-34	-23.8 %	137	One Day Stays	287	247	-40	-13.9 %	265
1.8429	1.7767	-0.0662	-3.6 %	1.8512	Case Mix	1.8429	1.7292	-0.1137	-6.2 %	1.8440
6.3	7.0	1.0	16.4 %	6.5	Medicare Avg Length of Stay	6.3	6.9	0.9	14.9 %	7.4
-	96	-	-	79	Admissions from Observation	-	197	-	-	173
Budget	MTD	Diff	Diff %	PMTD	Behavioral Health	Budget	YTD	Diff	Diff %	PYTD
276	277	1	0.4 %	242	Admissions	610	543	-67	-11.0 %	535
289	270	-19	-6.6 %	254	Discharges	611	541	-70	-11.5 %	537
11.5	12.6	1.1	9.9 %	14.8	Avg Length of Stay	11.5	13.0	1.5	12.7 %	14.6
3,324	3,413	89	2.7 %	3,762	Patient Days	7,028	7,012	-16	-0.2 %	7,847
Budget	MTD	Diff	Diff %	PMTD	Chemical Dependency	Budget	YTD	Diff	Diff %	PYTD
140	141	1	0.7 %	150	Admissions	297	312	15	5.1 %	309
143	140	-3	-2.1 %	150	Discharges	293	315	22	7.5 %	308
848	883	35	4.1 %	894	Patient Days	1,735	1,913	178	10.3 %	1,796
Budget	MTD	Diff	Diff %	PMTD	Rehab Medicine	Budget	YTD	Diff	Diff %	PYTD
17	38	21	123.5 %	16	Admissions	47	59	12	25.5 %	46
21	25	4	19.0 %	22	Discharges	49	49	0	0.0 %	53
542	538	-4	-0.7 %	533	Patient Days	1,264	1,191	-73	-5.8 %	1,297
Budget	MTD	Diff	Diff %	PMTD	Transitional Care	Budget	YTD	Diff	Diff %	PYTD
34	26	-8	-23.5 %	33	Admissions	62	62	0	0.0 %	60
31	29	-2	-6.5 %	30	Discharges	59	61	2	3.4 %	57
394	440	46	11.7 %	395	Patient Days	750	824	74	9.9 %	795
Budget	MTD	Diff	Diff %	PMTD	Terrace View / LTC	Budget	YTD	Diff	Diff %	PYTD
-	41	-	-	43	Admissions	-	94	-	-	100
-	44	-	-	47	Discharges	-	92	-	-	98
10,691	10,800	109	1.0 %	10,676	Patient Days	22,471	22,734	263	1.2 %	22,430
Budget	MTD	Diff	Diff %	PMTD	Operating Room	Budget	YTD	Diff	Diff %	PYTD
819	909	90	11.0 %	807	General Surgeries	1,739	1,865	126	7.2 %	1,713
390	429	39	10.0 %	385	Inpatient	828	855	27	3.3 %	813
429	480	51	11.9 %	422	Outpatient	911	1,010	99	10.9 %	900
Budget	MTD	Diff	Diff %	PMTD	Emergency Department	Budget	YTD	Diff	Diff %	PYTD
3,761	3,618	-143	-3.8 %	3,809	ER Visits	8,052	8,073	21	0.3 %	8,158
671	720	49	7.3 %	695	ER Admits	1,431	1,578	147	10.3 %	1,482
17.8 %	19.9 %		2.1 %	18.2 %	% of ER Visit Admits	17.8 %	19.5 %		1.8 %	18.2 %
216	156	-60	-27.8 %	198	Observation	448	341	-107	-23.9 %	409
974	911	-63	-6.5 %	911	CPEP Visits	1,999	1,915	-84	-4.2 %	1,870
263	258	-5	-1.9 %	243	CPEP Admits	579	499	-80	-13.8 %	535
27.0 %	28.3 %		1.3 %	26.7 %	% of CPEP Visit Admits	29.0 %	26.1 %		-2.9 %	28.6 %
4,735	4,529	-206	-4.4 %	4,720	Total ED Volume	10,051	9,988	-63	-0.6 %	10,028
Budget	MTD	Diff	Diff %	PMTD	Outpatient Visits	Budget	YTD	Diff	Diff %	PYTD
2,077	2,352	275	13.2 %	2,108	Behavioral Health	4,069	4,984	915	22.5 %	4,129
4,694	4,155	-539	-11.5 %	4,306	Chemical Dependency	9,243	8,673	-570	-6.2 %	8,405
5,945	5,048	-897	-15.1 %	5,462	Clinics - A	12,382	10,778	-1,604	-13.0 %	11,067
2,150	2,130	-20	-0.9 %	1,678	Clinics - B	4,361	4,487	126	2.9 %	3,234
1,605	1,679	74	4.6 %	1,599	Dialysis	3,303	3,413	110	3.3 %	3,265
3,433	1,409	-2,024	-59.0 %	2,978	Referred / Ancillary	7,094	3,002	-4,092	-57.7 %	6,178
651	640	-11	-1.7 %	672	Surgical	1,367	1,330	-37	-2.7 %	1,274
1,409	1,349	-60	-4.3 %	1,357	Therapy	2,825	2,710	-115	-4.1 %	2,577
451	381	-70	-15.5 %	441	Transplant / Vascular	947	775	-172	-18.2 %	915
Budget	MTD	Diff	Diff %	PMTD	Radiology	Budget	YTD	Diff	Diff %	PYTD
3,037	2,711	-326	-10.7 %	2,904	CT Scan	6,282	5,890	-392	-6.2 %	5,947
7,771	7,284	-487	-6.3 %	7,310	Diagnostic Imaging	16,715	15,700	-1,015	-6.1 %	15,803
333	293	-40	-12.0 %	304	MRI	711	636	-75	-10.5 %	633
339	306	-33	-9.7 %	339	Nuclear Medicine	685	598	-87	-12.7 %	685
543	596	53	9.8 %	588	Ultrasound	1,135	1,191	56	4.9 %	1,168
4,840	4,714	-126	-2.6 %	4,188	Total Inpatient Procedures	10,319	9,893	-426	-4.1 %	9,052
7,227	6,476	-751	-10.4 %	7,257	Total Outpatient Procedures	15,290	14,122	-1,168	-7.6 %	15,184

# ERIE COUNTY MEDICAL CENTER CORPORATION

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

March, 2015

*The Department of Nursing reported the following in the month of March:*

- On March 12<sup>th</sup> we celebrated the opening of the Russell J. Salvatore Orthopaedic Unit on the 6<sup>th</sup> floor
- Clinical Ladder Sessions have begun! We have eight sessions that the staff can take advantage of throughout the month of March and April to assist in the clinical ladder preparation. Fourteen nurses were success in achieving clinical ladder status.
- Two applications were submitted to the Professional Nurses Association for two special awards being given out. The awards were for the Outstanding Staff Nurse Award (Tara Gregorio) and the Nurse of Distinction Award (Michelle Swygert). The banquet will be taking place June 9, 2015 at Salvatore's Italian Gardens.
- Jim Turner submitted an application to JCC for Edna Stercula to be considered for the Alumni Nurse of Distinction Award
- An application was submitted for the HANYS 2015 Pinnacle Award for Quality and Patient Safety. The two named initiatives were: Step down Trauma Transition Program and The E-Assignment Board.
- A nomination for Michelle Swygert was submitted for the Delta Sigma Award and membership in the Marguerite d'Youville Honor Society through D'Youville College.
- A Gift Gathering Party was hosted at Peggy Cramer's house for the Lifeline Foundations Pre-fest party. Our guest of honor was Cameron Schmidt who will be receiving the Distinguished Nurse Award at the Spring Fest Gala this year. Over 45 nurses attended this event.
- Our new Engagement Strategy is in place. Over 80 nurses have participated in this. Prizes include journals, key chains, lunch totes and movie tickets!
- There is some exciting news regarding the Academy Medical Surgical Nurses Local Buffalo Chapter #604. Our second event in February was held at Chef's Restaurant with Dr. David Davidson, DPM. Over 30 nurses attended this event. Dr. Davidson gave a presentation entitled "Wound Care 101" that was a tremendous success!



ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS

MINUTES OF THE HUMAN RESOURCES COMMITTEE MEETING

TUESDAY, MARCH 10, 2015

ECMCC STAFF DINING ROOM

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VOTING BOARD MEMBERS                    MICHAEL HOFFERT, CHAIR  
PRESENT OR ATTENDING BY                BISHOP MICHAEL BADGER  
CONFERENCE TELEPHONE:                 FRANK MESIAH

BOARD MEMBERS EXCUSED:

ALSO PRESENT:                                CARLA DICANIO-CLARKE                        MARY HOFFMAN  
    BEN LEONARD                                        CHRIS KOENIG  
    NANCY TUCKER                                      ANTHONY DIPINTO  
    NANCY CURRY                                        BELLA MENDOLA

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**I.        CALL TO ORDER**

Chair Michael Hoffert called the meeting to order at 10:05am.

**II.       RECEIVE & FILE**

Moved by Michael Hoffert and seconded by Frank Mesiah to receive the Human Resources Committee minutes of the January 13, 2015 meeting.

**III.      EMPLOYEE RECOGNITION**

Carla DiCanio-Clarke reported that she would like to begin the Committee meetings different going forward. She will recognize an outstanding employee or team at the beginning of each meeting. The outstanding team recognized at the present meeting is the Human Resources staff. The week of March 16<sup>th</sup> is Human Resources week. There are many activities planned. The HR staff is a committed group of individuals who do a great job.

**IV.      LABOR RELATIONS UPDATE**

Meetings with all 3 unions continue. 17 new representatives are being trained for NYSNA. AFSCME is holding elections this month. There are 25 people running for 5 positions.

**V.       WORKERS COMPENSATION AND EMPLOYEE OCCURRENCES**

The Workers Compensation and employee occurrences report was distributed. A discussion on behavioral health/assaults ensued. A full behavioral health report will be given at the next meeting.

**VI.      TERRACE VIEW REPORT**

Reports prepared by Nancy Curry were distributed. A job fair was held on January 28, 2015. The goal was to fill CNA, housekeeping and LPN positions. Attendees preregistered, filled out mini applications and were pre-interviewed. Everyone pitched in from housekeepers to administrators. Another job fair is scheduled next month. A staffing plan is in the works and memorandums of agreement will have to be signed by the unions in order to implement it. The plan will improve staffing, decrease overtime and employees will not have to float as much. More information to come as the plan becomes finalized.

**VII. NURSING TURNOVER REPORT**

**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%**

**February**

**Hires: 7.5 FTEs & 1 PD (LPN: 1 FTE)**

- Med/ Surg: 2 FTEs, 1 PD, 1 LPN
- Behavioral Health: 5 FTEs

**Losses: 7 FTEs & 1 PD (LPN: 2 FTEs)**

- Med/ Surg: 3 FTEs, 1 LPN
- Behavioral Health: 1 FTE, 1 PD, 1 LPN
- Trauma/ ER: 3 FTEs

**Turnover Rate: .9%**

**Turnover Rate YTD: 1.42%**

**VIII. EMPLOYEE TURNOVER REPORTS**

Turnover reports were distributed for January and February 2015. The turnover rate continues to be low. Open houses were held in behavioral health and ads have been placed in the Buffalo News.

**IX. WELLNESS AND BENEFITS**

Wellness week was January 26, 2015-January 30, 2015. Win to Lose, a weight lose contest for employees, will be starting up April 14, 2015.

**X. ADDITIONAL INFORMATION**

Next meeting, an EEO report will be given

**XI. ADJOURNMENT**

Moved by Frank Mesiah and seconded by Bishop Michael Badger to adjourn the Human Resources Committee meeting at 11:10am.





## HEALTH INFORMATION SYSTEM/TECHNOLOGY February 2015

Identity Theft Monitoring services has been instituted for members of the Board of Directors and other ECMC personal whose personal information is possible exposed due to public disclosure requirements.

**Millennium Collaborative Care (MCC).** We are working closely with MCC leadership to develop the project design for developing the integrated delivery system solution (2.a.i) as well as providing office automation support to the staff. We will be working with the IT Data Governance and KPGM to develop the business operating model and requirement document for this initiative. This will drive our IT solution model for developing the integrated delivery solution.

Several meetings have been established with Great Lakes Health IT leadership to discuss interdependencies and the alignment of this project in relation to the Great Lakes Health and OPA strategies for population health analytics and care coordination.

### **Meaningful Use (MU).**

ECMC has attested to successfully meeting the core measures for Medicare MU1 Year 2 for several ambulatory care providers. They are as follows: Dr. Holmes, Dr. Singh, Dr. Ghazi, Dr. Redhead, Dr. Bakhai, Dr. Stewart, and Dr. Shon. Total anticipated payment for these providers is \$82,320. In addition, we will be attesting to the Medicaid MU measures of 'adopting, implementing and upgrading', (A/I/U), model for the remaining ambulatory care medical and surgical providers. Each provider qualifies for a payment of \$21,250 for this phase. We are in the process of compiling the final provider list and estimated anticipated payment and will report to the executive leadership upon completion.

### **Clinical Automation**

NYS Electronic Prescription of Control Substances. On March 13, 2015 Governor Andrew M. Cuomo and the New York State Legislature amended the Public Health Law and the Education Law to extend the implementation date for mandatory electronic prescribing to March 27, 2016. This includes the electronic prescribing of controlled substances. We will continue our plan to roll out inpatient electronic prescribing for our inpatient areas with a target completion date of June and will further work with our ambulatory care and LTC EHR vendors to resolve their systems deficiencies.

ED Summary Report. Working with WNYHealthlink we have begun to transmit the ED Provider Report summarizing the care received while in our emergency room. This occurs immediately upon patient discharge and after provider has finalized the documentation. This allows the practice plans in the community view their patients ED visits records.

Automation of Surgery Physician Documentation. Working with the Surgery Providers, we have successfully rolled out electronic provider documentation and voice recognition for the inpatient surgery areas. We will continue to work with the remaining inpatient and consulting services to

fully transition the organization from dictation and paper to a fully electronic solution by Qtr 4 of this year.

### **Infrastructure Support**

ECMC is developing a strategy to migrate from a decentralized desktop support model to a centralized model of virtual desktop infrastructure (VDI). VDI is the practice of hosting a desktop operating system within a virtual machine (VM) running on a centralized server. VDI is a variation on the client/server computing model, sometimes referred to as server-based computing. We have completed the virtual desktop infrastructure (VDI) organization assessment. This assessment provided us with the fundamental requirements for the development of our request for proposal (RFP). We will be submitting the RFP for vendor and solution selection by April 6<sup>th</sup>. We are working with executive leadership and the IT Governance Team to secure appropriate funding and resources.

**Marketing and Development Report**  
**Submitted by Thomas Quatroche, Jr., Ph.D.**  
**Sr. Vice President of Marketing, Planning and Business Development**  
**March 31, 2015**

**Marketing**

New Russell J. Salvatore Orthopedic advertising underway  
ECMC Medical Minutes subjects have included Obesity, Salivary Gland Tumors, Irritable Bowel Syndrome and Virus vs. Bacteria  
New television commercial on air focusing on major services  
Continuing marketing to primary care physicians and internal audience  
Interviews held with departments for website redesign and new designs to be presented

**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 Alleghany Health System joined ECMC PPS  
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  
CON for new Cath Lab to be submitted  
Operating room CON approved and DOH inspection April 13th  
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**

- **WIVB-TV, Channel 4: 1400 patrons of local pizzeria may have been exposed to Hep A.** Dr. Anthony Billitier of the Erie County Medical Center discusses Hep A symptoms and treatment.
- **Buffalo Business First; MCC News: Hammonds named to lead Millennium Collaborative Care.** Al Hammonds has been named as executive director of Millennium Collaborative Care, leading more than 1,800 providers across Western New York in a Medicaid redesign effort.
- **Mental Health Weekly; Buffalo Business First: ECMC funded for new behavioral health program.** ECMC will become one of the country's first hospitals to introduce a new therapy in its behavioral health program that focuses on reading and e-learning to treat mental health issues.
- **Buffalo Business First: ECMC Investing \$1.6 M to reopen cardiac lab.** A year after announcing a consolidation of cardiac services at the Gates Vascular Institute, Erie County Medical Center is investing \$1.6 million to reopen a lab at its Grider Street Campus.
- **Buffalo Business First; The Buffalo Criterion; WKBW-TV, Channel 7; In Good Health; WBFO: Salvatore donates money for new ECMC Wing.** The Erie County Medical Center cut the ribbon on March 12<sup>th</sup> on a \$12.5 million expansion to provide 22 state-of-the-art, in-patient, private rooms for orthopedic patient recovery. Richard Cleland quoted.
- **TWCnews.com: ECMC becomes first hospital in Erie County to Accept Unwanted Medications and Needles.** The latest locations for the prescription and sharps boxes are in the

Erie County Medical Center lobby and emergency room waiting areas and controlled by the Erie County Sheriff's office. Dr. Michael Cummings is quoted.

- **Buffalo Business First: Niagara Falls Memorial, Kaleida work to expand cardiac care.** NFMCC is working to open a cardiac catheterization lab in Niagara County by relying on approval from the state Department of Health to allow Erie County Medical Center to transfer one of its cath labs to Kaleida, which would then operate the lab at Heart Center in Niagara Falls Memorial's campus. Rich Cleland quoted.
- **Buffalo Business First: Billitier named to lead Medicaid reform effort.** Dr. Anthony Billitier IV has been named medical director of Millennium Collaborative Care, an entity led by ECMC, representing more than 400 hospital and health-care providers in Western New York in a Medicaid redesign effort.
- **Buffalo Business First: Clinic helps retirees find hidden health issues.** Dr. Wajdy Hailoo and his staff travel around Western New York, speaking to retirees who show no symptoms to tell them about the services of the Center for Occupational and Environmental Medicine at ECMC.
- **Buffalo Healthy Living: When is Getting Zero a Perfect Score?** Recently, Erie County Medical Center was recognized by the NYS Department of Health regarding hospital-acquired infections. Charlene Ludlow 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**

- ECMC has seen a 7% growth in acute discharges in 2015 YTD in comparison to 2014 YTD.
- ECMC has seen a 8.4% growth in surgeries(inpatient and outpatient) in 2015 YTD in comparison 2014 YTD.
- The recovery area is now functioning with phase 1 of electronic physician discharge orders and prescriptions sent directly to the patients pharmacy



March 27, 2015

Fellow ECMC Lifeline Foundation Board of Director's &  
Members of the ECMCC Hospital Board of Directors

Yesterday at a planning meeting for the Springfest Gala, a discussion was raised on Hospital Employee attendance at the event. At \$300 a ticket, the event is financially out of reach for the majority of the rank and file. The Foundation has offered an "Outstanding ECMC Employee Sponsorship" level which affords complimentary donated tickets to employees through a raffle each year. To date a number of administrators, several doctors and even several Foundation board members have graciously taken the Foundation up on the offer to purchase these discounted tickets to be raffled. However, as it currently stands, the over 3100 employees of ECMC will only be represented in the 30-40 person range through the drawing.

I would like to start an effort to have our two Boards collectively raise the funds amongst us to donate at least one more table to the employees. Sue Gonzalez will coordinate the invitations once secured through a random drawing. Employees who have been fortunate enough to "win" tickets in previous years have shown tremendous appreciation; that is truly humbling.

I am happy to start the Inaugural Board of Directors Outstanding ECMC Employee Table Campaign off with a \$250.00 pledge which will cover the cost of one employee and hope you all consider a donation of any size to help us boost the employee representation at this fantastic event. The gift we "give back" this week will have the employees talking for a year! The winners will be told that they are being invited as guests of both our Boards.

In addition if any previously ordered tables have open seats or if there are last minute cancels at your tables I am sure Sue could gladly find willing employees to fill them.

Time is of the essence as tables are going fast, only 150 seats remain available. Cash, Checks and even Credit Cards are graciously accepted. Simply respond to [sgonzalez@ecmc.edu](mailto:sgonzalez@ecmc.edu) to be invoiced for your support or call Stacy at 898-5881 to charge by phone and the foundation employees will do the rest.

Mark Jerge  
Partner  
Salvatore Properties  
Lifeline Board Member

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**MEDICAL EXECUTIVE COMMITTEE MEETING  
MONDAY, FEBRUARY 23, 2015 AT 11:30 A.M.**

**Attendance (Voting Members):**

M. Anders, MD	J. Izzo, MD	
S. Anillo, MD	N. Kothari, MD	
M. Azadfard, MD	M. LiVecchi, MD	
Y. Bakhai, MD	M. Manka, MD	
L. Balos, MD	M. Panesar, MD	
V. Barnabei, MD	P. Stegemann, MD	
R. Calabrese, MD	J. Serghany, MD	
S. Cloud, DO	R. Venuto, MD	
M. Cummings, MD		
T. DeZastro, MD		
W. Flynn, MD		
R. Ferguson, MD		
K. Grimm, MD		
W. Guo, MD		
R. Hall, MD, DDS, PhD		

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

D. Ford, PA	R. Berger, MD (University Rep.)	N. Mund, RN
R. Cleland	R. Gerwitz	C. Cavaretta
S. Ksiazek	S. Gonzalez	C. Davis
A. Orlick, MD	R. Krawiec	
K. Ziemianski, RN	C. Ludlow, RN	
M. Hoffman, RN	A. Victor-Lazarus, RN	

**Excused:**

B. Murray, MD	M. Jajkowski, MD	J. Reidy, MD
J. Fudyma, MD	E. Jensen, MD	R. Schuder, MD
M. Cain, MD	T. Loree, MD	
D. Amsterdam, PhD	M. Sullivan, DDS	
W. Belles, MD	A. Manyon, MD	
G. Bennett, MD	K. Pranikoff, MD	

**Absent:**

None.		

**I. CALL TO ORDER**

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

**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. **National Search – Director of Transplant Program** – A search is underway working with the University and Kaleida Health. It is hoped that a candidate will be in place by summer.
2. **Physician Survey (S. Ksiazek)** – Received a 42% response rate. Strategic Council, Medical Dental Staff Officers and Administration have reviewed the results and have identified some areas of opportunity including strengthening communication, improvement to the EMR, strengthening relationship with the University, increasing level of involvement of the Allied Health Professionals and facilitating clinical research at ECMC. Results will be presented to the staff at the **Medical Dental Staff Meeting on April 22, 2015 at 6:00 pm**. It will be a Town Hall format and the results will be presented by members of the Strategic Council.
3. **DSRIP** – Dr. Anthony Billitier has been named the Medical Director for the DSRIP initiative.
4. **Volume Report** – Mr. Cleland reports that unprecedented volumes are being realized at ECMC and are not being seen elsewhere in the community. Due to the volume increase, additional nursing lines are being added to the budget to meet demand.

#### B. COO Report – Mary Hoffman

1. **Theresa Sitgreaves, RN, BNSc, CNN** – Joined the ECMC Team as the Director of Dialysis. She comes with many years of experience in Dialysis nursing and management. Her most recent position was clinical manager for Niagara Renal Center. Ms. Sitgreaves will be responsible for inpatient, outpatient and home dialysis programs.
2. **Mental Health Month – May** – Celebrating Mental Health Month in May will include education, awareness and recognition of staff. Thank you to Dawn Walters, Vice President of Nursing and Dr. Michael Cummings, Administrative Director of Behavioral Health for their collaboration and assistance with program content. Included in the educational programs will be the medical-surgical nurses as we are admitting more patients into medical surgical units who also have mental health issues.
3. **Wound Care Center** – Ms. Hoffman announced that management of the Wound Center will be transitioning from HealLogics to the Serena Corporation. The change should be seamless for the medical dental staff members providing care in the Wound Center.



- C. CHIEF NURSE REPORT – Karen Ziemianski, RN**
- 1. 2015 Nurse of Distinction** – Michelle Swygert, RN, NCC, has been selected as the Nurse of Distinction. Tara Gregorio, RN, 8 North, has been selected as the 2015 Outstanding Staff Nurse. Congratulations to the exemplary nurses!
  - 2. Throughput** – Ms. Ziemianski shared details of a project currently underway to investigate the time from filing of an electronic discharge order to the time of physical discharge from the hospital looking for opportunities to decrease delays, decompress the ER during times of surge and improve overall throughput for the hospital.
  - 3. Volume Increase Strategy** – Ms. Ziemianski states that given the surge of patient volume, every attempt is being made to maintain the highest level of bedside care. Examples include limiting meetings, nurse managers coming in during off hours to assist with care and keeping staff morale up.
  - 4. Survey Preparation** – Preparation for the upcoming ACS Trauma Accreditation and Bariatric Services Accreditation is underway.

**D. CFO REPORT – Steve Gary**

- 1. January 2015** – Steve reported that the 2014 operating results are now complete with ECMC generating improved operating results with income of \$952,000 compared to 2013 operating income of \$897,000. Furthermore the audit is substantially complete and no adjustments are anticipated. Steve thanked the medical staff for their many contributions to this success.

Steve reported that ECMC generated \$1,000 in operating income for January, 2015 which is a substantial improvement compared to the operating loss of \$2.4 Million incurred in January, 2014.

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

**A. 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

**B. PROFESSIONAL STEERING COMMITTEE**

There was no meeting this month.

**C. UTILIZATION REVIEW**

January 2015 Flash Report was distributed and reviewed.

**D. 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.

**E. ECMC as an EBOLA Treatment Center**

On March 4<sup>th</sup> 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.

**F. Trauma Certification Visit**

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

**V. ASSOCIATE MEDICAL DIRECTORS REPORTS**

A. Dr. Arthur Orlick – No formal report.

**VI. LIFELINE FOUNDATION – S. Gonzalez**

- A. **Employee Assistant Fund** – On behalf of the Medical Dental Staff Officers, \$10,000 has been issued from the Medical Dental Staff Treasury to benefit the Lifeline Employee Assistance Fund. Many thanks for this continued annual support. Ms. Gonzalez will continue to provide updates on how employees are benefiting from the fund.
- B. **Springfest Update - May 9, 2015** – Much preparation and pre-parties are underway to support this event.

## VII. CONSENT CALENDAR

MEETING MINUTES/MOTIONS		ACTION ITEMS
A.	MINUTES OF THE Previous MEC Meeting: January 26, 2015	<i>Received and Filed</i>
1.	CREDENTIALS COMMITTEE: Minutes of February 3, 2015	<i>Received and Filed</i>
	- Resignations	<i>Reviewed and Approved</i>
	- Appointments	<i>Reviewed and Approved</i>
	- Reappointments	<i>Reviewed and Approved</i>
	- Dual Reappointment Applications	<i>Reviewed and Approved</i>
	- Provisional to Permanent Appointments	<i>Reviewed and Approved</i>
1.	HIM Committee: Minutes of January 23, 2015	<i>Received and Filed</i>
	• Surgery PDOC Documents	<i>Reviewed and Approved</i>
2.	P & T Committee Meeting – Minutes of February 3, 2015	<i>Received and Filed</i>
	1. Amiloride 5 mg – add to Formulary	<i>Reviewed and Approved</i>
	2. Guanfacine 1 mg – add to Formulary	<i>Reviewed and Approved</i>
	3. Capsaicin 0.025% Cream – add to Formulary	<i>Reviewed and Approved</i>
	4. Budesonide 0.5 mg/2 mL Nebulizer Suspension – add to Formulary	<i>Reviewed and Approved</i>
	5. Oseltamivir (Tamiflu®) Suspension 6 mg/mL – add as Line Extension	<i>Reviewed and Approved</i>
	6. F-29 Angiotensin Converting Enzyme Inhibitors and Angiotensin II Receptor	<i>Reviewed and Approved</i>
	7. Blockers Prior to Scheduled Surgery – from Anesthesiology – stop ACEI & ARBs prior to Surgery – approve Policy	<i>Reviewed and Approved</i>
	8. IV-2 - Med. Admin by MD & RN – approve revision	<i>Reviewed and Approved</i>
	9. IV-4 - Med. Admin in Presence of a Physician by CC RN – approve revision	<i>Reviewed and Approved</i>
	10. IV-5 - Med. Admin by MD – approve revision	<i>Reviewed and Approved</i>
	11. F-3 Automatic Intravenous to Oral Therapy Conversion – approve Inactivation	<i>Reviewed and Approved</i>
	12. F-4 - Prescription Drug Samples – approve revision	<i>Reviewed and Approved</i>
	13. F-4A - Attachment A – approve deletion	<i>Reviewed and Approved</i>
	14. F-5 - Drug Recall – approve revision	<i>Reviewed and Approved</i>
	15. F-6 - Auto. Therapeutic Interchange – approve revision	<i>Reviewed and Approved</i>
	16. F-7 - Adverse Drug Reactions – approve revision	<i>Reviewed and Approved</i>

MEETING MINUTES/MOTIONS		ACTION ITEMS
	17. F-7A - Attachment A – approve deletion	<i>Reviewed and Approved</i>
	18. TI-43 Low Molecular Weight Heparin – approve deletion	<i>Reviewed and Approved</i>
	19. TI-44 Antibiotic Extended Infusion- approve revision	<i>Reviewed and Approved</i>
	20. TI-45 Antiemetics – approve revision	<i>Reviewed and Approved</i>
	21. TI-47 Oral Vancomycin for Antibiotic Associated Diarrhea – approve review	<i>Reviewed and Approved</i>

**VII. CONSENT CALENDAR, CONTINUED**

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

**VIII. OTHER NEW/OLD BUSINESS**

A. None

**IX. ADJOURNMENT**

There being no further business, a motion was made to adjourn to Executive Session, seconded and unanimously approved to adjourn the regular session of the Medical Executive Committee meeting at 12:30 p.m.

Respectfully submitted,



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

From the Buffalo Business First

:[http://www.bizjournals.com/buffalo/blog/health\\_matters/2015/03/hammonds-named-to-lead-millennium-collaborative.html](http://www.bizjournals.com/buffalo/blog/health_matters/2015/03/hammonds-named-to-lead-millennium-collaborative.html)

# Hammonds named to lead Millennium Collaborative Care

Mar 19, 2015, 3:05pm EDT



Tracey Drury

Buffalo Business First Reporter- *Buffalo Business First*

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Al Hammonds has been named as executive director of Millennium Collaborative Care, leading more than 1,800 providers across Western New York in a Medicaid redesign effort.

Hammonds comes to the organization from the Community Health Center of Buffalo, where he served as chief operating officer for the past two years.

Other experience includes a past post as Erie County deputy county executive, and executive posts at the University at Buffalo, including assistant director of outreach for the Office of Economic Development and senior project director at the UB Center for Industrial Effectiveness.

Millennium Collaborative Care (MCC) is a performing provider system led by Erie County Medial Center and including hospitals and health care providers across eight counties.

It is one of 25 systems recognized by the State Department of Health in the state's Delivery System Reform Incentive Payments (DSRIP) program, designed to reduce costs and improve health outcomes for Medicaid recipients over a five-year period.

Hammonds joins Dr. Anthony Billittier IV, who was named as medical director for the organization last month.

MCC will serve 230,975 Medicaid recipients through 12 projects, ranging from resolving excess capacity in its inpatient and nursing facilities; to achieving connectivity through electronic health records with safety net primary care locations; and engaging patients in an integrated delivery system at all levels.

Richard Cleland, ECMC president, chief operating officer and interim CEO, said Hammonds has the ideal mix of health care experience, community credibility and political experience to succeed.

"Medicaid reform, improved patient care, community health and overall savings are goals of this effort and AI is positioned to make it happen," he said.

In his most recent post at the Community Health Center of Buffalo, Hammonds' responsibilities included directing and managing all day-to-day operations of the federally-qualified health center. The CHCB serves 15,000 patients, many of them from the Medicaid population, at locations in Buffalo, Niagara Falls and Lockport.

Hammonds holds a degree from Purdue University in industrial management and industrial engineering. He is also a graduate of the UCLA/Johnson & Johnson Health Care Executive Management Program. He started his career at Delphi Automotive Systems.

Tracey Drury covers health/medical, nonprofits and insurance

# MENTAL HEALTH WEEKLY

Essential information for decision-makers

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## IN THIS ISSUE...

The Mental Health and Substance Use Disorder Stakeholder Group are awaiting a response from HHS Secretary Sylvia Burwell following a submission of 10 recommendations, including parity implementation, to be worked on before the end of the Obama administration. A more immediate priority, says the group, is funding for the block grant programs. . . . See top story, this page

Complex AOT law, lack of training cited for low usage in Mich. . . . See page 3

Grant supports innovative reading program for TBI patients . . . See page 5

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Foster children not receiving required health, MH screenings . . . See page 7

Failed inspection prompts Oregon facility closing . . . See page 8

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## Field encouraged by federal interest in addressing key behavioral health issues

With only 22 months left in the Obama administration, the field is optimistic about ramping up the behavioral health agenda following a meeting February 27 with Health and Human Services (HHS) Secretary Sylvia Burwell and a subsequent submission of key recommendations, including parity implementation and addressing workforce needs, that could go a long way toward impacting the mental health and substance use disorder arena.

During the meeting with Burwell and Substance Abuse and Mental Health Services Administration (SAMHSA) Administrator Pam Hyde, the Behavioral Health Stakeholder Group highlighted four areas: the Affordable Care Act (ACA) and parity, care integration and value purchasing, the opioid issue, and workforce needs.

Following the meeting, the group

### Bottom Line...

*The behavioral health community is awaiting a response from HHS Secretary Burwell and SAMSHA Administrator Hyde on next action steps for pushing BH agenda forward.*

was asked by a member of Burwell's staff to submit 10 key recommendations for action that the secretary and the Obama administration could undertake to advance behavioral health work.

The preparation of the recommendations submitted March 2 was spearheaded by Ron Manderscheid, Ph.D., executive director of the National Association of County Behavioral Health and Developmental Disability Directors; Robert Morrison, executive director of the National Association of State Alcohol and

See **BURWELL** page 2

## New APA training recommendations emphasize integrated care

Citing a need to cut health care costs and improve access to mental health services, the American Psychiatric Association (APA) released new training recommendations March 9 that call for residency programs to educate current and future psychiatrists in integrated behavioral health care.

The new recommendations are

featured in a report, "Training Psychiatrists for Integrated Behavioral Health Care," soon to be published online in *Academic Psychiatry*.

Most medical education training regarding mental illness takes place in traditional psychiatric settings, such as hospitals, community mental health centers and clinics, and is based on traditional psychiatrist roles, according to the report. As the care system shifts from the current norm toward integrated models of care, there is a need across the medical education continuum — undergraduate, graduate and continuing

See **APA** page 6

### Bottom Line...

*Gaps in the health care system can lead to new opportunities for psychiatrists to help improve the mental health care of patients in primary care.*

## Grant supports innovative reading program for TBI patients

A Buffalo, N.Y.-hospital-based program that two years ago introduced a reading therapy program among its behavioral health services has received a Quality of Life grant from the Christopher & Dana Reeve Foundation to expand the program and provide Kindles for its patients.

Erie County Medical Center (ECMC) Rehab Behavioral Health Services addresses the cognitive and physical needs of patients with traumatic brain and spinal cord injuries through bibliotherapy.

ECMC was among 75 nonprofit grantees receiving grant funding from the Reeve Foundation to provide to nonprofit organizations that improve quality of life through access, inclusion, independence and opportunities for community engagement. ECMC received a \$13,534 grant.

The bibliotherapy program commenced in July 2012 as a weekly group for individuals who sustained brain injuries, said Lisa Keenan, Ph.D., licensed health psychologist with the Department of Rehabilitation Medicine at ECMC. "This group addressed the need for cognitive stimulation, abstract thinking, comprehension, social skills training and development of empathy," Keenan told *MHW*.

"We follow patients through the recovery continuum at ECMC," Keenan explained. Many complete their structured acute and post-acute therapies but are unable to return to competitive employment, she said. They would report spending significant time at home and being isolated with limited activity, Keenan said. "For each of them their injury was a huge 'stop' sign that put their lives on hold," she said. "Many were also resistant to 'school-like' programs and tended to shy away from traditional support groups."

Volunteers help manage behavior of participants especially in groups with individuals with brain injuries who may have impulsivity and reduced social awareness, she

said. Peers are also important to the program," Keenan said. "This is an opportunity for them to meet with others in a similar situation and share a personal story."

The Reeve Foundation grant will allow them to purchase 35 Kindles for the reading group participants and for the facilitators and volunteers, said Keenan. They plan to start a veterans group in April.

### England beginnings

Keenan said she learned of the Reading Cure movement from Kenneth Sroka, an English professor and volunteer facilitator in her reading group. He directed her to the website to read about this work. "Cur-

and other advances we have lost many of the benefits of face-to-face interactions. Health care is also focusing on empathy training or physicians to improve patient care. This is a very large movement."

Keenan continued, "The importance of empathy is also very crucial to mental health for both patient and provider. When we read about this [program] we thought surely something is being done in the U.S. and Canada but we could not find any programs like this anywhere in this country — particularly in the health care settings, where reduced quality of life and reactionary mood disturbances can be common."

**'The importance of empathy is also very crucial to mental health for both patient and provider.'**

Lisa Keenan, Ph.D.

rently in England there are nearly 100 [places] near London and Liverpool using this approach based on the idea that literature can make us emotionally and physically stronger," said Keenan. The "bibliotherapy," or "the reading cure," is supported by the country's Reading Organisation

The reading cure in England has also reportedly decreased depressive symptoms in participants, she said. "Studies are showing that reading literary works versus popular literature is demonstrating enhanced empathy in the reader," said Keenan. "There is even an empathy library online at [empathylibrary.com](http://empathylibrary.com) that can help guide reading clubs on text selections," Keenan said.

"We created these reading clubs partly out of the recognized need to cultivate empathy in our community," said Keenan. "With technology

### Cost-effective, replicable

The program is cost-effective and easily replicated, noted Keenan. ECMC received a small \$600 grant two years ago from the hospital volunteer board, which allowed them to purchase enough Dover edition texts to easily last up to two years, she said. "You can also supplement with other mediums such as art and music," Keenan said.

"We select texts that have richness and that are challenging," said Keenan. "Our ABI [Acquired Brain Injury] group is currently reading *A Midsummer Night's Dream* by Shakespeare." Classic literature is much more preferred rather than popular books like the *The Hunger Games*, for example, she said. The group previously read *The Elephant Man*.

The program has demonstrated effectiveness in England in nursing

Continues on next page



Continued from previous page  
homes, neurological centers, rehab centers, prisons, substance abuse clinics and caregiver groups, she said. Keenan is presenting at the Society of Behavioral Medicine annu-

al conference in San Antonio on April 22–25 to outline the steps for successful development and implementation of these reading groups, she said.

“Our goal is to develop more formalized research on this valid al-

ternate therapeutic tool and to operationalize the benefits we are already seeing in our participants,” said Keenan. “This is an incredible opportunity for the mental health community to grab on to this.” •

## Senate introduces bipartisan Mental Health First Aid Act bill

A bipartisan group of Senate lawmakers on March 12 introduced the Mental Health First Aid Act of 2015 that would expand mental health first aid training and authorize \$20 million in grants to organizations to help the public identify, understand, and address crisis situations safely.

The bill was introduced by Sens. Kelly Ayotte (R-N.H.) and Richard Blumenthal (D-Conn.) and cosponsored by Sens. Chuck Grassley (R-Iowa), Michael Bennet (D-Colo.), Marco Rubio (R-Fla.), Chris Coons (D-Del.), Rob Portman (R-Ohio), Jack Reed (D-R.I.), Dean Heller (R-Nev.), Heidi Heitkamp (D-N.D.) and Jeanne Shaheen (D-N.H.).

Ayotte and Blumenthal helped introduce similar legislation last Congress, and provisions of their bill were included in the Mental Health Awareness and Improvement Act, which received 95 votes on the Senate floor when it was offered as an amendment. The updated bill would provide grants for mental health first aid training programs for groups of eligible individuals, such as teachers, first responders, police officers, school and college administrators,

veterans and nurses, among others in the community.

The legislation also calls for protocols for initiating timely referrals to mental health services available in the community and places a particular focus on making training available in rural areas.

Under the bill, mental health first aid training would help:

- Teach the warning signs and risk factors for schizophrenia, major clinical depression, panic attacks, anxiety disorders, trauma and other common mental disorders;
- Teach crisis de-escalation techniques; and
- Provide trainees with a five-step action plan to help individuals in psychiatric crisis connect to professional mental health care.

### Improving access

“An important part of supporting the well-being of families in North Dakota and across the country is making sure they have access to comprehensive health care, including critical mental health services,” Heitkamp told *MHW*. “This bipartisan bill would

take a great first step toward improving that access and getting folks the mental health care they need by training our fellow neighbors and fellow community members on ways to identify the signs of mental illnesses.”

Heitkamp added, “By coming together and being proactive in our communities, we can make significant strides in our efforts to provide quality mental health care for all.”

“Last year, I worked across the aisle to include funding for mental health first aid training for schools in the budget of the Substance Abuse and Mental Health Services Administration,” Ayotte said in a statement. “Our bipartisan legislation would expand the eligible training audiences to allow for even more individuals to receive this critical training.”

“Senators Ayotte and Blumenthal are true champions for the one in five Americans who live with mental illness,” said Linda Rosenberg, president and CEO of the National Council for Behavioral Health, in a statement. “Mental Health First Aid can better allow each of us to recognize the symptoms of distress and know how to connect people with the help they need and deserve.” •

APA from page 1

medical education — for programmatic change to teach and lead about integrated care practice.

The financial cost of inadequately treated mental illness is staggering, and the additional health care cost of patients with physical and behavioral disorders in 2012 was estimated at \$293 billion, the report noted. Other research has demonstrated that collaborative care

models — one form of integrated care — have shown decreased health care costs.

“We’re expecting that the practice of psychiatry is going to change significantly to include a lot more behavioral health care,” Richard F. Summers, M.D., chairman of the APA’s Council of Medical Education and Lifelong Learning, which developed the report, told *MHW*. Psychiatry plays a substantial role in prima-

ry care, said Summers, a clinical professor of psychiatry and co-director of residency training in the University of Pennsylvania’s Department of Psychiatry.

Added Summers: “The report is a call to action. There’s a great need for integrated care skills.”

Integrated care improves access, outcomes and quality, and represents a decisive new direction for the transformed American health

From the Buffalo Business First

:<http://www.bizjournals.com/buffalo/news/2015/03/18/ecmc-investing-1-6m-to-restart-cardiac-services.html>

## ECMC investing \$1.6M to reopen cardiac lab

Mar 18, 2015, 9:41am EDT Updated: Mar 18, 2015, 3:45pm EDT



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A year after announcing a consolidation of cardiac services at the Gates Vascular Institute, **Erie County Medical Center** is investing \$1.6 million to reopen a lab at its Grider Street campus.

The hospital last week filed plans with the state Department of Health to reopen a cardiac catheterization lab and replace outdated lab equipment in a seven-year old lab.

ECMC is a sister system to Kaleida Health under Great Lakes Health. Last year, the two systems announced a consolidation of all heart surgery, angioplasty and heart attack care at the GVI on the **Buffalo Niagara Medical Campus** adjacent to Kaleida's **Buffalo General Medical Center**.

The plan called for ECMC to continue to offer on-site cardiology medicine services, diagnostic catheterization and thoracic services for trauma patients.

ECMC invested \$20 million in the \$291 million facility, which includes Buffalo General's emergency department and clinical space on the bottom floors, and research space on the upper floors owned by the University at Buffalo as well as a floor in the middle that houses the Jacobs Institute.

So why spend \$1.6 million at ECMC just a year after consolidating programs at the GVI?

Officials said though the cardiac service moved to the GVI, the cath labs remained on campus to handle diagnostic cases and vascular procedures.

ECMC has two labs on site, but its procedure lab was closed in January 2014 because repair parts were not available for its obsolete table. Hospital officials told the state it needs new equipment for its existing cath lab to support vascular interventions and cardiac diagnostic procedures related to trauma center care, as well as for patients served

by its Center of Excellence for Kidney and Transplantation Services, bariatrics surgeries and planned interventional radiology services.

The size of the table is also an issue for some bariatrics patients: The new table would be able to accommodate patients up to 550 lbs, versus the existing weight capacity of 480.

It also needs updated lab equipment to meet accreditation requirements through the American College of Surgeons as a Level I trauma center. More importantly, reopening the second lab provides back up if something goes wrong with the first, says Tom Quatroche, ECMC vice president.

"We have the need and the volume and it's put a strain on our system because we have all this volume and we're operating just one lab right now," he said.

The hospital also moved interventional radiology work from its radiology unit to the cath lab to accommodate increased volume.

Last year, ECMC completed 2,044 procedures in its cath labs, including 364 diagnostic cardiac; 857 interventional radiology cases; and 1,826 vascular and peripheral cases.

All of ECMC's angioplasty and stenting procedures now take place at the GVI, which opened three years ago. That site now handles more than 8,000 catheterization procedures and nearly 1,000 heart surgeries coming from both Kaleida and ECMC.

Shifting angioplasty and stenting procedures to the GVI opens up more capacity at ECMC for diagnostic and vascular procedures, Quatroche said.

"We've seen an increase in both medical and surgical volume here at ECMC and all the systems are tied together. We have a lot of people with different types of kidney issues or cardiac issues, and many have vascular issues," he said.

Tracey Drury covers health/medical, nonprofits and insurance

From the Buffalo Business First

:<http://www.bizjournals.com/buffalo/news/2015/02/24/niagara-falls-memorial-kaleida-work-to-expand.html>

## Niagara Falls Memorial, Kaleida work to expand cardiac care

Feb 24, 2015, 3:02pm EST Updated: Feb 24, 2015, 3:51pm EST



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For the second time in five years, **Niagara Falls Memorial Medical Center** is working to open a cardiac catheterization lab in Niagara County in collaboration with **Kaleida Health**.

The project relies on approvals from the state Department of Health to allow Erie County Medical Center to transfer one of its cath labs to Kaleida, which would then operate the lab at Heart Center at Niagara Falls Memorial's campus.

If approved, it would become the first cardiac cath lab in Niagara County, a community sorely in need of the service: In 2013, nearly 1,900 individuals traveled down to Buffalo for elective and emergency heart procedures, more than 80 percent of them coming to Kaleida's Gates Vascular Institute at Buffalo General Hospital.

Two certificate-of-need applications were filed this week with the DOH requesting permission for the shift.

Announcing the plan Tuesday morning, Memorial CEO Joseph Ruffolo pointed to the disparity in access to cardiac care among the county's minority and disabled populations, and called on community members to voice their support to state officials.

"This is a call to action," he said. "One out of three in Niagara County will die of cardiac disease."

In late 2011, the state denied a similar application by Kaleida and Buffalo General, as well as a competing plan from Mercy Hospital to build a new lab at Mount St. Mary's Hospital. In both cases, the state cited a needs analysis that there simply was no need for additional capacity in the region.

This time around, the project specifically targets disparities in the availability of care to African Americans, individuals with mental and developmental disabilities as well as people living in poverty. Officials from the hospital and the Niagara County Department of Health cited statistics on mortality tied to cardiac disease: Nearly one in three county residents dies from heart disease, and the death rate among African Americans is 23 percent higher.

The cardiac cath lab is one part of the hospital's new Full Circle of Heart Care prevention effort, a three-point plan to help address those disparities. The other two include better management of cardiac disease in the community among primary care providers; and health literacy education with the public.

"The time has come for the community to come together to connect the broken circle of heart health," said Sheila Kee, chief operating officer at Memorial.

Hospital officials stressed the difficulties faced by many residents of Niagara Falls just getting to Buffalo to access care, as well as the difficulties for their families. One in five households in the city do not have a car; and patients have repeatedly said they prefer to receive care near home.

Jody Lomeo, president and CEO at Kaleida, said the GVI has seen tremendous results, but the hospital also realizes the importance of providing care in the community.

"We're very proud of the results that have happened at the Gates Vascular Institute. Now it's time for those results to be cascaded over all of the community, especially here in Niagara County," he said. "We have talked about access for a long, long time. We stand ready to come to Niagara Falls and do great work."

The companion applications will require separate approvals at the DOH.

The program is also designed to meet a Medicaid redesign mandate by the state aimed at reducing avoidable hospitalization by 25 percent over five years. All three hospitals are part of the Millennium Collaborative Care performing provider system, led by ECMC, part of the state's Delivery System Reform Incentive Payment (DSRIP) program.

The group hopes to receive \$1 million in capital funding from the state to help fund the \$2 million cardiac cath lab project through DSRIP.

Richard Cleland, ECMC chief operating officer and interim CEO, said the project is among 10 under development by thousands of providers in the eight-county region to help restructure care.

"This is the beginning of many great collaborations among the performing providers," he said. "We are a team and we're going to make a difference here."

Tracey Drury covers health/medical, nonprofits and insurance

From the Buffalo Business First

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## Billittier named to lead Medicaid reform effort

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Dr. Anthony Billittier IV has been named medical director of Millennium Collaborative Care, an entity representing more than 400 hospital and health-care providers in Western New York in a Medicaid redesign effort.

Billittier, an emergency physician with UBMD and a partner in Mobile Healthcare Partners, served as commissioner of the Erie County Department of Health for nearly a dozen years. More recently, he was the founding dean of the D'Youville College School of Health Professions.

Millennium Collaborative Care, led by **Erie County Medical Center**, is one of two state-designated performing provider systems for Western New York. The second is led by Catholic Medical Partners. The health-care partners within each system will work to create a series of pilot projects aimed at improving patient care and saving costs in the Medicaid population over the next five years.

It's part of a state-wide effort known as DSRIP, or the Delivery System Reform Incentive Payment program, through which the state and federal government are providing \$8 billion two dozen PPS groups across New York. In addition to ECMC, Millennium's major providers include Kaleida Health, **Niagara Falls Memorial Medical Center** and Upper Allegheny Health System.

In a media release, Billittier acknowledged the task will not be easy.

"This Medicaid reform program is an immense challenge for the region," he said. "But the benefits of making this work are huge for Western New York."

Richard Cleland, ECMC president, chief operating officer and interim CEO, said Billittier's expertise in both the ER and in public health made him the ideal choice for the post.

As medical director, Billittier will oversee initiatives focused on evidence-based medicine and population health management. He will also lead the integrated delivery system's care-coordination and care-management functions, including population health, emergency department care coordination and continuing education components.

A graduate of the University at Buffalo School of Medicine & Biomedical Sciences, he has written or co-written more than 60 publications on emergency medicine and public health topics. He also is a clinical associate professor at UB's medical school and continues to provide medical oversight such emergency medical services agencies as Mercy Flight and the Buffalo Fire Department.

He also serves on the boards for UNYTS, HealthLink the Seneca Nation of Indians Health Commission.

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From the Buffalo Business First

:<http://www.bizjournals.com/buffalo/print-edition/2015/02/20/clinic-helps-retirees-find-hidden-health-issues.html>

# Clinic helps retirees find hidden health issues

## Erie County Medical Center

Feb 20, 2015, 6:00am EST

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As director of the Center for Occupational and Environmental Medicine at Erie County Medical Center, Dr. Wajdy [Hailoo](#) and his staff treat the sick.

But he also travels around Western New York, speaking to retirees who show no symptoms to tell them about the services of the clinic that opened last April.

"A big component of what we do here is prevention, training, education and awareness," [Hailoo](#) said. "I attend many meetings of retirees and others to talk about risks and our services which are available to them."

The clinic, located on the first floor of ECMC, is one of ...

David Bertola covers small business, energy and marketing



## When is Getting Zero a Perfect Score? Hospital-Acquired Infections

By Annette Pinder

Recently, Erie County Medical Center was recognized by the NYS Department of Health regarding hospital-acquired infections (HAIs). The hospital was recognized for achieving zero Central Line-Associated Bloodstream Infections (CLABSIs) in the intensive care unit, where patients are at a higher risk for infections.

This is important because HAIs are infections people acquire while receiving treatment for a condition in a health care setting. HAIs can happen to inpatients at hospitals or outpatients at ambulatory surgical centers, renal disease facilities, and long-term care facilities such as nursing homes and rehabilitation centers.

**How Do Patients Get HAIs?** HAIs come from infectious agents, such as bacteria, fungi, and viruses. Often they occur from insertion of medical devices. They also can occur from surgical procedures, injections, and germs that are present in the health care facility. Sometimes HAIs come from communicable diseases that spread amongst patients and staff members. HAIs, such as C-Diff, can also come from overuse or improper use of antibiotics.

**HAIs Are A Significant Problem.** According to the Office of Disease Prevention and Health Promotion about one in every 25 inpatients acquires a hospital-related infection. These infections cost the U.S. health care system billions of dollars each year and result in the loss of tens of thousands of lives. These infections can have devastating emotional, financial and medical consequences. Most hospital-acquired HAIs are urinary tract infections, surgical site infections, bloodstream infections, and pneumonia.

**Reducing HAIs is a Priority.** The U.S. Department of Health and Human Services (HHS) has made the reduction of HAIs a priority. So when the NYS Department of Health (NYSDOH) recently recognized ECMC's Medical Intensive Care Unit (MICU) for its success in reducing central line-associated bloodstream infections (CLABSIs) to zero, it was a big deal.

Charlene Ludlow, MHA, RN, CIC, Chief Safety Officer explains that often a central line (CL) catheter must be placed into a large vein in the neck, chest, arm or groin in order to give fluids, medications, and monitor the patient's conditions. A CL goes farther into the body than a regular intravenous line, and is sometimes necessary for weeks or even months. Ludlow says, "Bloodstream infections can occur when bacteria travel along or through the catheter and then enter the bloodstream."

The report published by the NYSDOH recognizes that ECMC has remained CLABSI-free throughout 2013. Ludlow states, "The continuity of ECMC providers has resulted in a team dynamic that facilitates communication and prioritizes infection

prevention.” She adds, “This accomplishment is verification of ECMC’s ongoing efforts to establish, assess and improve procedures to enhance safety protocols.”

In response to the positive results, Karen Ziemianski, MS, RN, Senior Vice President of Nursing, ECMC Corp., stated, “Our nursing staff is committed to following proven safety guidelines. The data in the NYSDOH report confirms our commitment to eliminating infections and providing quality patient care.”

To learn more about hospital and health care acquired infections visit [health.ny.gov](http://health.ny.gov).