

BOARD OF DIRECTORS

Kevin M. Hogan, Esq.
Chairperson

Sharon L. Hanson
Vice Chair

Bishop Michael A. Badger
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Richard F. Brox
Vice Chair

Michael A. Seaman
Vice Chair

Kevin E. Cichocki, D.c.
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Ronald A. Chapin
K. Kent Chevli, M.D.

Michael H. Hoffert
Anthony M. Iacono
Dietrich Jehle, M.D.

Jody L. Lomeo
Thomas P. Malecki
Frank B. Mesiah
Kevin Pranicoff, M.D.
Joseph A. Zizzi, Sr., M.D.

~ Regular Meeting ~



ERIE COUNTY MEDICAL CENTER CORPORATION

Tuesday, May 28, 2013

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

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



Mission

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

Vision

ECMC WILL BE A LEADER IN AND RECOGNIZED FOR:

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

The difference between
healthcare and true care™





Core Values

ACCESS

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

EXCELLENCE

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

DIVERSITY

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

FULFILLING POTENTIAL

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

DIGNITY

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

PRIVACY

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

FAIRNESS and INTEGRITY

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

COMMUNITY

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

COLLABORATION

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

COMPASSION

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

STEWARDSHIP

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

The difference between
healthcare and true care™



AGENDA

REGULAR MEETING OF THE DIRECTORS MEETING
ERIE COUNTY MEDICAL CENTER CORPORATION
TUESDAY, MAY 28, 2013

- | | | |
|-------|---|-------|
| I. | CALL TO ORDER: KEVIN M. HOGAN, ESQ., CHAIR | |
| II. | APPROVAL OF MINUTES OF APRIL 30, 2013 REGULAR MEETING OF THE BOARD OF DIRECTORS. | 5-26 |
| III. | RESOLUTIONS MAY BE DISTRIBUTED TO THE BOARD OF DIRECTORS DURING THE MEETING ON MAY 28, 2013 | |
| IV. | REPORTS FROM STANDING COMMITTEES OF THE BOARD: | |
| | EXECUTIVE COMMITTEE: KEVIN M. HOGAN, ESQ. | ---- |
| | FINANCE COMMITTEE: MICHAEL A. SEAMAN | 28-30 |
| | QI PATIENT SAFETY COMMITTEE: MICHAEL A. SEAMAN | ---- |
| V. | REPORTS FROM SENIOR MANAGERS OF THE CORPORATION: | |
| | A. CHIEF EXECUTIVE OFFICER | 33-38 |
| | B. CHIEF OPERATING OFFICER | 39-42 |
| | C. CHIEF FINANCIAL OFFICER | 43-50 |
| | D. CHIEF SAFETY OFFICER | ---- |
| | E. SR. VICE PRESIDENT OF OPERATIONS – RONALD KRAWIEC | 51-54 |
| | F. CHIEF MEDICAL OFFICER | 55-63 |
| | G. SENIOR VICE PRESIDENT OF NURSING | 64-66 |
| | H. VICE PRESIDENT OF HUMAN RESOURCES | 67-71 |
| | I. CHIEF INFORMATION OFFICER | 72-74 |
| | J. SR. VICE PRESIDENT OF MARKETING & PLANNING | 75-77 |
| | K. EXECUTIVE DIRECTOR, ECMCC LIFELINE FOUNDATION | ---- |
| VI. | REPORT OF THE MEDICAL/DENTAL STAFF MARCH 25, 2013 | 80-90 |
| VII. | OLD BUSINESS | |
| VIII. | NEW BUSINESS | |
| IX. | INFORMATIONAL ITEMS | 91-99 |
| X. | PRESENTATIONS | |
| XI. | EXECUTIVE SESSION | |
| XII. | ADJOURN | |

Minutes from the



Previous Meeting

ERIE COUNTY MEDICAL CENTER CORPORATION

MINUTES OF THE REGULAR MEETING
OF THE BOARD OF DIRECTORS

TUESDAY, APRIL 30, 2013

ECMCC STAFF DINING ROOM

Voting Board Members
Present:

Bishop Michael A. Badger
Richard F. Brox
Ronald A. Chapin
K. Kent Chevli, M.D.
Kevin E. Cichocki, D.C.
Sharon L. Hanson

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

Voting Board Member
Excused:

Kevin M. Hogan, Esq.
Douglas H. Baker

Michael Hoffert
Joseph Zizzi, Sr., M.D.

Non-Voting Board
Representatives Present:

Jody L. Lomeo

Kevin Pranikoff, M.D.

Also
Present:

Richard Cleland
Anthony Colucci, III, Esq.
Janique Curry
Leslie Feidt
John Fudyma, MD
Susan Gonzalez
Richard Hall, MD
Joseph Kowalski, MD

Ronald Krawiec
Brian Murray, M.D.
Thomas Quatroche
Michael Sammarco
Karen Ziemianski
Janet Bulger, CSEA
Lorne Steinhart

I. CALL TO ORDER

Vice Chair Sharon L. Hanson called the meeting to order at 4:40 P.M.

II. APPROVAL OF MINUTES OF FEBRUARY 26, 2013 REGULAR MEETING OF THE BOARD OF DIRECTORS.

Moved by Frank Messiah and seconded Michael Seaman to approve the minutes of the February 26, 2013 regular meeting of the Board of Directors as presented.

Motion approved unanimously.

III. APPROVAL OF MINUTES OF MARCH 26, 2013 REGULAR MEETING OF THE BOARD OF DIRECTORS.

Moved by Michael Seaman and seconded Bishop Michael Badger to approve the minutes of the March 26, 2013 regular meeting of the Board of Directors as presented.

Motion approved unanimously

IV. ACTION ITEMS

A. A Resolution to Abolish a Position

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

Motion Approved Unanimously. Copy of resolution is attached.

B. A Resolution Authorizing the Corporation to Establish an Extension Clinic for Outpatient Pediatric Services.

Moved by Kevin Cichocki and seconded by Michael Seaman

Motion Approved Unanimously. Copy of resolution is attached.

C. A Resolution Granting the State of New York Authority to Perform the Adjustment for the Corporation and Agreeing to Maintain Facilities Adjusted Via State-let Contract.

Moved by Thomas Malecki and seconded by Kevin Cichocki, D.C.

Motion Approved Unanimously. Copy of resolution is attached.

D. A Resolution Granting the State of New York Authority to Perform the Adjustment for the Owner and Agreeing to Maintain Facilities Adjusted Via State-let Contract

Moved by K. Kent Chevli, M.D. and seconded Anthony Iacono.

Motion Approved Unanimously. Copy of resolution is attached.

E. Approval of Medical/Dental Staff Credentials, Resignations, Appointments and Re-appointments for April 2, 2013.

Moved by K. Kent Chevli, MD and seconded Frank Mesiah.

Motion Approved Unanimously. Copy of resolution is attached.

V. BOARD COMMITTEE REPORTS

Moved by Bishop Michael A. Badger and seconded by Anthony Iacono to receive and file the reports as presented by the Corporation's Board committees. All reports, except that of the Performance Improvement Committee, shall be attached to these minutes.

Motion approved unanimously.

VI. PRESENTATION

CHARLENE LUDLOW, CHIEF SAFETY OFFICER

Ms. Ludlow provided an overview of the 2013 Quality Assurance Improvement Plan. The plan consists of five Board approved PI teams who will focus on improvements for the following programs: Behavioral Health, Patient Experience, Stroke and Throughput Initiatives.

VII. REPORTS OF CORPORATION'S MANAGEMENT

- A. Chief Executive Officer:
- B. Chief Operating Officer:
- C. Chief Financial Officer:
- D. Chief Safety Officer
- E. Sr. Vice President of Operations:
- F. Senior 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) Chief Executive Officer: Jody L. Lomeo

- 2013 started slower than usual which put us behind budget. A plan is in place to reduce expenses and enhance revenue.
- Plan is underway for expense and staffing challenges at Terrace View.
- CSEA – the implementation of the new contract is going well. Thank you to our partners at CSEA, Kathleen O’Hara, Mike Sammarco and their teams to ensure a smooth transition for all employees.
- Great Lakes Health
 - ✓ Cardiovascular Program - monitoring volumes and transfers; patient care going well.
 - ✓ Behavioral Health Center construction is on schedule/on budget.
 - ✓ Beam raising for the new CPEP building took place April 18th. The opening is scheduled for January 2014.
 - ✓ Lab consolidation continues to move forward; the implementation of the plan to be completed by August 2013.
- Welcome Christopher Cummings as our new Chief of Police. Chief Cummings previous experience includes serving as Troop A uniforms and BCI investigative operations in the eight county region of Western New York.

ERIE COUNTY MEDICAL CENTER CORPORATION

- We will honor Jackie Wisniewski and her family as the one year anniversary of the tragic events on June 13th.
- Lifeline Springfest Gala will be held May 11th – honoring Douglas Baker, President of Mercy Flight, Peggy Cramer, RN and Michael Manka, MD.
- The first Pre-Gala event was held at Salvatore's Italian Gardens Tuesday April 23rd. More than 600 people attended. It was a huge success.

2) Chief Financial Officer: Michael Sammarco

A summary of the financial results through March 31, 2013 and a Quarterly Financial Statement and projected statement of Yearly Cash Flows are attached in the Board Book for review.

Moved by Kevin E. Cichocki, D.C. and seconded by Bishop Michael A. Badger to receive and file the March 31, 2013 reports as presented by the Corporation's Management.

The motion was approved unanimously.

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

Moved by Kevin E. Cichocki, D.C. and seconded by Michael A. Seaman to enter into Executive Session at 5:15 P.M. to consider matters made confidential by law, including certain compliance-related matters, strategic investments and business plans.

Motion approved unanimously.

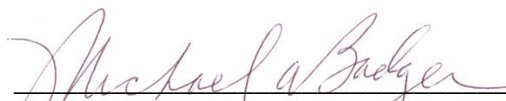
VIII. RECONVENE IN OPEN SESSION

Moved by Michael A. Seaman and seconded by Frank Mesiah to reconvene in Open Session at 6:30 P.M.

Motion approved unanimously.

IX. ADJOURNMENT

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



Bishop Michael A. Badger
Corporation Secretary

**A Resolution of the Board of Directors Authorizing
the Corporation to Abolish A Position**

Approved

WHEREAS, in connection with his duties and responsibilities as set forth in the Corporation's by-laws, the Chief Executive Officer is required to periodically assess the numbers and qualifications of employees needed in various departments of the Corporation and to establish, assess and allocate resources accordingly, subject to the rights of the employees as they may appear in the Civil Service Law or any collective bargaining agreement; and

WHEREAS, the Chief Executive Officer has determined that a number of positions must be abolished for budgetary and efficiency reasons; and

WHEREAS, Chief Executive Officer and the Executive Committee have reviewed this matter and recommend it is in the best interests of the Corporation that the positions indicated below be abolished.


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

1. Based upon the review and recommendation of the Chief Executive Officer and the Executive Committee, the following position be abolished:

Patient Access Services Supervisor Position # 51004722

2. The Corporation is authorized to do all things necessary and appropriate to implement this resolution.

3. This resolution shall take effect immediately.


Bishop Michael A. Badger
Corporation Secretary

ERIE COUNTY MEDICAL CENTER CORPORATION

A Resolution of the Board of Directors of the Corporation Authorizing the Corporation to Establish an Extension Clinic for Outpatient Pediatric Services

Adopted April 30, 2013

WHEREAS, the Corporation has identified the need to establish an extension clinic which shall be licensed to provide outpatient pediatric services (the "Project"); and

WHEREAS, the extension clinic shall be located in office space currently leased by the Corporation at 4224 Ridge Lea Road, Amherst, New York 14228; and

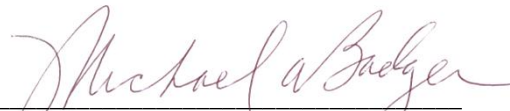
WHEREAS, the establishment of the extension clinic requires the approval of a Certificate of Need by the New York State Department of Health; and

WHEREAS, the Project will not involve construction or renovation; and

WHEREAS, the Chief Operating Officer recommends that the Corporation authorize the preparation and submission of a Certificate of Need application to the New York State Department of Health and such other documents and agreements as may be incidental and necessary to effectuate the purposes of this resolution, following approval by the general counsel of the Corporation.

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

1. The Corporation is authorized to submit a Certificate of Need application to the New York State Department of Health requesting approval of an extension clinic located at 4228 Ridge Lea Road, Amherst, New York which shall be licensed to provide outpatient pediatric services.
2. The Corporation is authorized to enter into agreements as may be incidental and necessary to effectuate the purposes of this resolution, following approval by the general counsel of the Corporation.
3. The Corporation hereby ratifies all actions of the Chief Operating Officer and Chief Executive Officer that are consistent with this resolution.
4. The Chief Executive Officer and the Chief Operating Officer are hereby authorized to do all things necessary to implement this resolution.
5. This resolution shall take effect immediately.



Bishop Michael A. Badger
Corporation Secretary

ERIE COUNTY MEDICAL CENTER CORPORATION

Resolution Granting the State of New York Authority to Perform the Adjustment for the Corporation and Agreeing to Maintain Facilities Adjusted Via State-let Contract

Approved April 30, 2013

WHEREAS, the New York State Department of Transportation proposes the construction, reconstruction, or improvement of Bridge Deck Replacement Program in the City of Buffalo located in Erie County, PIN SABP.12; and

WHEREAS, the State will include as part of the construction, reconstruction, or improvement of the above mentioned project the removal and replacement of the electrical conduit on Hospital Drive Bridge, pursuant to Section 10, Subdivision 24, of the State Highway Law, as shown on the contract plans relating to the project and meeting the requirements of the Corporation; and

WHEREAS, the service life of the relocated and or replaced utilities has not been extended; and

WHEREAS, the Corporation will direct National Grid to de-energize the Hospital Drive lighting and remove the wiring before the State begins its work; and

WHEREAS, the State will provide for the reconstruction of the above mentioned work, as shown on the contract plans relating to the above mentioned project.

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

1. That the Corporation approves of the removal and replacement of the electrical conduit on Hospital Drive Bridge and the above mentioned work performed on the project and shown on the contract plans relating to the project
2. The Corporation will maintain or cause to be maintained the adjusted facilities performed as above stated and as shown on the contract plans.
3. That the Chief Executive Officer of the Corporation has the authority to sign any and all documentation that may become necessary as a result of this project as it relates to the Corporation.
4. That the Corporation's Secretary is hereby directed to transmit four (4) certified copies of the foregoing resolution to the New York State Department of Transportation.

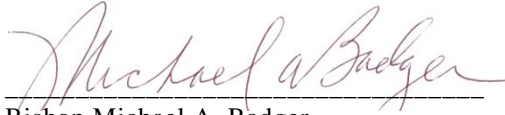


Bishop Michael A. Badger
Corporation Secretary

ERIE COUNTY MEDICAL CENTER CORPORATION

I, Bishop Michael A. Badger, duly appointed and qualified Secretary of the Corporation, do hereby CERTIFY that the foregoing resolution was adopted at a meeting duly called and held in the office of the Corporation, a quorum being present on the 30th day of April, 2013, and that said copy is a true, correct and compared copy of the original resolution so adopted and that the same has not been revoked or rescinded.

WITNESSETH, my hand this 30th day of April, 2013.

A handwritten signature in cursive script that reads "Michael A. Badger". The signature is written in dark ink and is positioned above a horizontal line.

Bishop Michael A. Badger
Corporation Secretary

ERIE COUNTY MEDICAL CENTER CORPORATION

Resolution Granting the State of New York Authority to Perform the Adjustment for the Owner and Agreeing to Maintain Facilities Adjusted Via State-let Contract

Approved April 30, 2013

WHEREAS, the New York State Department of Transportation proposes the construction, reconstruction, or improvement of Bridge Deck Replacement Program in the City of Buffalo located in Erie County, PIN SABP.12; and

WHEREAS, the State will include as part of the construction, reconstruction, or improvement of the above mentioned project the removal and replacement of the water line, valves and appurtenances connected to the Hospital Drive water service, pursuant to Section 10, Subdivision 24, of the State Highway Law, as shown on the contract plans relating to the project and meeting the requirements of the owner, and

WHEREAS, the service life of the relocated and or replaced utilities has not been extended, and

WHEREAS, the State will provide for the reconstruction of the above mentioned work, as shown on the contract plans relating to the above mentioned project.

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

1. That the Corporation approves of the removal and replacement of the water line, valves and appurtenances connected to the Hospital Drive water service and the above mentioned work performed on the project and shown on the contract plans relating to the project.
2. That the Corporation will maintain or cause to be maintained the adjusted facilities performed as above stated and as shown on the contract plans.
3. That the Chief Executive Officer of the Corporation has the authority to sign any and all documentation that may become necessary as a result of this project as it relates to the Corporation.
4. That the Corporation's Secretary is hereby directed to transmit four (4) certified copies of the foregoing resolution to the New York State Department of Transportation.

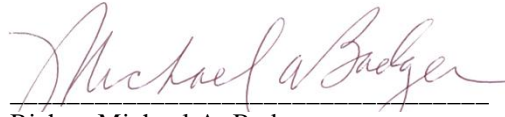


Bishop Michael A. Badger
Corporation Secretary

ERIE COUNTY MEDICAL CENTER CORPORATION

I, Bishop Michael A. Badger, duly appointed and qualified Secretary of the Corporation, do hereby CERTIFY that the foregoing resolution was adopted at a meeting duly called and held in the office of the Corporation, a quorum being present on the 30th day of April, 2013, and that said copy is a true, correct and compared copy of the original resolution so adopted and that the same has not been revoked or rescinded.

WITNESSETH, my hand and seal this 30th day of April, 2013.

A handwritten signature in cursive script, reading "Michael A. Badger", written in dark ink. The signature is positioned above a horizontal line.

Bishop Michael A. Badger
Corporation Secretary

CREDENTIALS COMMITTEE MEETING
April 2, 2013

Committee Members Present:

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

Medical-Dental Staff Office and Administrative Members Present:

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

Members Not Present (Excused *):

Yogesh D. Bakhai, MD (ex officio) * David G. Ellis, MD (ex officio) *
Gregg I. Feld, MD * Christopher P. John, RPA-C *
Susan Ksiazek, RPh, Director of Medical Staff
Quality and Education*

CALL TO ORDER

The meeting was called to order at 3 PM by Dr. Robert J. Schuder. The proceedings from the previous meeting of March 5, 2013 were reviewed and accepted.

RESIGNATIONS

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

- A. Deceased – None
- B. Application Withdrawn – None
- C. Resignations:

Nancy Prospero, FNP	Family Medicine	March 11, 2013
Aravind Herle, MD	Internal Medicine	March 15, 2013
Susan C. Rajczak, ANP	Surgery	March 25, 2013
Sharon Galbo, FNP	Family Medicine	March 29, 2013

FOR INFORMATION

APPLICATION PROCESSING CONCLUSION

Cardiothoracic Surgery

Mary Murphy, PA Allied Health Professional

Obstetrics and Gynecology

Abeer Eddib, MD Associate Staff

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

FOR OVERALL

ACTION

CHANGE IN STAFF CATEGORY

Dentistry

ERIE COUNTY MEDICAL CENTER CORPORATION

Stuart L. Fischman, DMD	From Courtesy, <i>Refer & Follow</i> To Emeritus Staff
Neurology	
Robert N. Sawyer, Jr., MD	From Courtesy, <i>Refer & Follow</i> To Active Staff
Gil I. Wolfe, MD	From Courtesy, <i>Refer & Follow</i> To Active Staff
Psychiatry	
Ana N. Cervantes, MD	From Active Staff To Courtesy, <i>Refer & Follow</i>
Jeffrey D. Kashin, MD	From Associate Staff To Active Staff
Aimee Stanislawski, MD	From Active Staff To Courtesy, <i>Refer & Follow</i>

FOR OVERALL ACTION

CHANGE IN DEPARTMENT

Coleen M. Clark, ANP **From** Internal & Rehab Medicine **to** Family Medicine

Collaborating MD: Dr. Mohammadreza Azadfar

*Carrie G. Silliman, FNP **From** Plastic & Reconstructive Surgery **to** Internal Medicine

Collaborating MD: Dr. Oleh Pankewycz

**Practitioner is currently in an exclusively administrative position and DEA registration has expired. It was confirmed with the practitioner that upon request for change in department, renewal of DEA certificate would be pursued. A written communication will be sent to the practitioner and the matter placed on the MDSO open issues log to ensure expedient renewal.*

FOR OVERALL ACTION

CHANGE IN COLLABORATING / SUPERVISING ATTENDING

Jennifer Anzelone-Kieta, PA-C **From** Dr. Nancy Ebling **To** Dr. Yahya Hashmi

Coleen M. Clark, ANP **From** Dr. Jenia Sherif & Dr. Mary Welch

To Dr. Mohammadreza Azadfar

Tracy Lis, ANP **From** Dr. Daniel Brockman **To** Dr. Nancy Ebling

Raymond Neiswonger, ANP **From** Dr. Daniel Brockman **To** Dr. Nancy Ebling

Carrie G. Silliman, FNP **From** Dr. Thom Loree **To** Dr. Oleh Pankewycz

Todd Thomas, PA-C **From** Dr. Nirmith Kothari **To** Dr. Misbah Ahmad

Lisa Venuto, PA-C **From** Dr. Rocco Venuto **To** Dr. Mandip Panesar

FOR OVERALL ACTION

SPECIFIC PRIVILEGE ADDITION OR REVISION

Family Medicine

Coleen M. Clark, ANP Allied Health Professional

Collaborating MD: Dr. Mohammadreza Azadfar

- Basic Substance Intoxication
- Basic Substance Withdrawal
- Basic Individual and Group Treatment Modalities

Internal Medicine

Robert F. Glover, MD Active Staff

- Internal Jugular Puncture (with/without catheter)*

**FPPE deferred; extension of existing privileges with revision of privilege form*

Thihalolipavan Sayalolipavan, MD Active Staff

- NG Tube Insertion with Guide Wire*

**FPPE deferred; extension of existing privileges with revision of privilege form*

Kirsten Parker, FNP Allied Health Professional

Collaborating MD: Dr. Christopher Jacobus

- Palliative Care Management

**FPPE already satisfied*

Siblea F. McFarland, PA-C Allied Health Professional

Supervising MD: Dr. Nirmith Kothari

- Arterial Puncture
- Maintenance of Open Airway in non-intubated, unconscious patient with ventilation by bag or mask
- NG Tube Insertion without Guide Wire

ERIE COUNTY MEDICAL CENTER CORPORATION

- Vein Puncture
- Internal Jugular Puncture
- Internal Jugular Vein CVP Placement
- Femoral Vein CVP Placement
- Moderate Sedation*

*FPPE satisfied with competency based training (on file)

Orthopaedic Surgery

William M. Wind, Jr., MD Active Staff
- Fluoroscan – Mini C-Arm*

*FPPE satisfied with competency based training (on file)

Urology

K. Kent Chevli, MD Associate Staff
- Implantation of artificial sphincter
- Repair of vesicovaginal fistula, open, transvaginal, laparoscopic or combine approach, with or without Martius labial flap, peritoneal flap or omental flap
- Percutaneous nephrolithotomy, Endopyelotomy and resection of collecting system tumors
- Ureteroscopic lithotripsy, biopsy or resection of ureteral or collecting system lesions
- Endourologic Nd:YAG:KTP Laser Privileges

FOR OVERALL ACTION

SPECIFIC PRIVILEGE WITHDRAWAL

Family Medicine

David M. DaPolito, PA-C Allied Health Professional
Supervising MD: Dr. Mohammadreza Azadfard
- Writing of Admission orders in long term care unit and acute care after consultation with and approval of admitting physician

Obstetrics & Gynecology

Majid Shaman, MD Active Staff
- Fetal Surgery and/or IUT (intrauterine transfusion)
- Chorionic Villus Sampling

FOR OVERALL ACTION

APPOINTMENTS AND REAPPOINTMENTS

- A. Initial Appointment Review (10)
- B. Initial Dual Dept. Appointment (0)
- C. Reappointment Review (29)
- D. Reappointment Triple Dept. Review (1)

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

APPOINTMENT APPLICATIONS, RECOMMENDED

A. Initial Appointment Review (10)

Emergency Medicine

Cristina Bruni, PA-C Allied Health Professional
Supervising Physician: Dr. Kerry P. Cassel

Mark Sieminski, MD Active Staff

Stephanie Snios, PA-C Allied Health Professional
Supervising Physician: Dr. Kerry P. Cassel

Family Medicine

Melanie Weishaar, ANP Allied Health Professional
Collaborating Physician: Dr. Stephen J. Evans

Internal Medicine

Therese Ball, ANP Allied Health Professional

ERIE COUNTY MEDICAL CENTER CORPORATION

Collaborating Physician: Dr. Cindrea Bender

Patricia

Robert S. Stall, MD Active Staff

Neurosurgery

Emily Grisante, PA-C Allied Health Professional

Supervising Physician: Dr. John G. Fahrback

John Pollina, MD Active Staff

Orthopaedic Surgery

Elise Cruce, PA-C Allied Health Professional

Supervising Physician: Dr. Andrew C. Stoeckl

Jennifer Ripstein, PA-C Allied Health Professional

Supervising Physician: Dr. Michael A. Rauh

FOR OVERALL ACTION

REAPPOINTMENT APPLICATIONS, RECOMMENDED

B. Reappointment Review (29)

Anesthesiology

Michele C. Raczka, MD Active Staff

Dentistry

Scott M. Goldman, DMD Active Staff

Emergency Medicine

Kerry P. Cassel, MD Active Staff

Brian M. Clemency, DO Active Staff

Heidi N. Suffoletto, MD Active Staff

Family Medicine

Thihalolipavan Sayalolipavan, MD Active Staff

Maureen F. Finney, PA-C Allied Health Professional

Supervising MD: Dr. Ranjit Singh

Internal Medicine

John R. Fudyma, MD Active Staff

Robert F. Glover, MD Active Staff

Brian M. Murray, MD Active Staff

Zerline Tiu-Snyderman, MD Courtesy Staff, *Refer & Follow*

Patricia A. Geiger, ANP, DNP Allied Health Professional

Collaborating MD: Dr. Reza Banifatemi

Siblea F. McFarland, PA-C Allied Health Professional

Supervising MD: Dr. Nirmil Kothari

Magdalene S. Tukov, ANP Allied Health Professional

Collaborating MD: Dr. Muhammed Achakzai

Neurology

Gregory D. Sambuchi, MD Active Staff

Neurosurgery

Michael K. Landi, MD Courtesy Staff, *Refer and Follow*

Ophthalmology

Daniel P. Schaefer, MD Active Staff

Oral & Maxillofacial Surgery

William L. Cecere, DDS, MD Active Staff

Richard E. Hall, DDS, MD, PhD Active Staff

Orthopaedic Surgery

Marc S. Fineberg, MD Active Staff

Sara K. Dann, PA-C Allied Health Professional

Supervising MD: Dr. Geoffrey Bernas

Plastic & Reconstructive Surgery

Saurin R. Papat, MD Active Staff

Radiology/Imaging Services

Timothy G. DeZastro, MD Active Staff

Vivian C. Tan, MD Active Staff

ERIE COUNTY MEDICAL CENTER CORPORATION

Radiology/Imaging Services – Teleradiology

Marissa A. Camrud, MD Active Staff
 Laura A. Hotchkiss, MD Active Staff
 Joe E. Parkey, MD Active Staff

Rehabilitation Medicine

James J. Czynny, MD Active Staff

Urology

K. Kent Chevli, MD Associate Staff

C. Triple Reappointments

Cardiothoracic Surgery

Todd A. Roland, PA-C Allied Health Professional

Supervising MD: Dr. Stephen Downing

Emergency Medicine

Supervising MD: Dr. David Ellis

Internal Medicine

Supervising MD: Dr. Nancy Ebling

FOR OVERALL ACTION

PROVISIONAL APPOINTMENT REVIEW, RECOMMENDED

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

April 2013 Provisional to Permanent Staff

Provisional Period Expires

Anesthesiology

Stercula, Edna, M., CRNA Allied Health Professional 04/24/2013

Dentistry

Sullivan, Maureen, Nasca, DDS Active Staff 04/24/2013

Internal Medicine

Blazier, Linda, M., ANP Allied Health Professional 04/24/2013

Collaborating Physician: Dr. Nimit D. Kothari

Goldstein, Jeffrey, A., MD Active Staff 04/24/2013

Webb, Kristen, PA-C Allied Health Professional 04/24/2013

Supervising Physician: Dr. Michael D. Sitrin

Neurology

Wolfe, Gil, I., MD Active Staff 04/24/2013

Oral and Maxillofacial Surgery

Sharaf, Basel, MD DDS Courtesy Staff, *Refer & Follow* 04/24/2013

Rehabilitation Medicine - Chiropractor

Bialecki, John, Matthew, DC Allied Health Professional 04/24/2013

FOR OVERALL ACTION

AUTOMATIC MEMBERSHIP CONCLUSION, RECOMMENDED

Expiring in July 2013

Last Board Approval Date

Radiology/Imaging Services

Stephen R. Rudin, PhD Allied Health Professional 07/12/2011

Harold Tanenbaum, MD Courtesy Staff, *Refer and Follow* 07/12/2011

Reappointment Expiration Date: July 1, 2013

Planned Credentials Committee Meeting: April 2, 2013

Planned MEC Action date: April 22, 2013

ERIE COUNTY MEDICAL CENTER CORPORATION

Planned Board confirmation by: May 2013
Last possible Board confirmation by: June 2013
FOR OVERALL ACTION

FUTURE MEMBERSHIP CONCLUSION, UNDER CONSIDERATION

Expiring in August 2013

Last Board Approval Date

Cardiothoracic Surgery

Jennings, Lujean, MD, PhD

Courtesy Staff, *Refer and Follow*

08/02/2011

Internal Medicine

Bilen, Ziya, MD

Courtesy Staff, *Refer & Follow*

08/02/2011

Obstetrics & Gynecology

Gugino, Lawrence J., MD

Active Staff

08/02/2011

Ophthalmology

Knapp, Russell G., MD

Courtesy Staff, *Refer & Follow*

08/02/2011

Otolaryngology

Prince, Beverly C., MD

Courtesy Staff, *Refer & Follow*

08/02/2011

Psychiatry

Quinlan, Kathleen M., MD

Active Staff

08/02/2011

Reappointment Expiration Date: August 1, 2013

Planned Credentials Committee Meeting: May 7, 2013

Planned MEC Action date: May 20, 2013

Planned Board confirmation by: June 2013

Last possible Board confirmation by: July 2013

FOR INFORMATION ONLY

OLD BUSINESS

Recent Appointment-Cardiothoracic Surgery

Elisabeth U. Dexter, MD Active Staff

March 2013: The committee endorsed positive action on this appointment upon receipt of medical liability insurance documentation.

Per legal counsel and affirmed by Risk Management, medical liability coverage by RPCI for Elisabeth U. Dexter, MD is defined in her contract. Documentation has been placed in her Credentials dossier.

Cardiology Mid Levels

The committee awaits any information regarding changes to the Cardiology service coverage as the integration with the GVI continues.

Privilege Form Revisions

INTERNAL MEDICINE

The initial draft of an integrated Allied Health Professional (Physician Assistant-Nurse Practitioner) form has been provided to the Chief of Service for preliminary comments. The Chief of Service suggests that AHP reps of Credentials Committee and the Medical Executive Committee assist with the review and design process. Meeting to be scheduled upon return of the Credentials Committee Chair.

UROLOGY

A rough privilege form draft has been submitted to the Chief of Service for review and revision with progress in May anticipated.

ORTHOPAEDICS

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

Fluoroscan Privilege Documentation

Live training and written competencies conducted with the Orthopaedics attending and residents March 7, 2013. Documentation placed in the files of all credentialed Orthopaedics staff. Orthopaedics administration to assist with submission of privilege requests for all practitioners anticipating to use the mini C-arm post training.

The process for the Emergency Department remains open; referred to Radiology management and the Radiation Safety Officer to finalize.

Health Screening for Older Physicians

As a follow up of ongoing periodic conversations on this topic, the Credentials Committee was informed that the AMA has voiced support of some screening process and is discussing what the reviews should entail, age of screening onset and frequency of evaluations. If a formal position statement is issued, this will be forwarded to the Credentials Committee. At present, there is no specific mandate in the Medical Staff JC standards on this matter. The Credentials Committee will re-visit as more information becomes available.

Importing UB Medical Residents into Intellicred

One of the opportunities resulting from of the partnership with KH on the same credentialing software platform is the ability to flow UB medical and surgical residents from the software into the downstream Meditech Provider Dictionary. Benefits include the elimination of duplicative manual work for IT staff and harmonization of mnemonics as the ECMC/KH Lab initiative evolves. Much work within the existing resident roster of the Provider Dictionary is necessary to accomplish this task for the incoming 2013 residency class. Customized reports will be generated by the ECMC IT Department to assist with quantifying the volume of prep work and the feasibility for implementation for 2013.

Temporary Privilege expirations during Pending Initial Applications

A tracking system has been formalized to list Urgent and Temporary Privilege expiration periods and the status of application completion. One of the practitioners granted temporary privileges has not exercised them due to administrative issues. The committee recommended that the temporary privileges therefore be suspended at this time (refer to attached).

OVERALL ACTION REQUIRED

NEW BUSINESS

Rehabilitation Medicine - Baclofen Pump Criteria

The committee was reminded of the change to the Baclofen Pump credentialing criteria requirements effective February 2012:

**MANAGEMENT OF INTRATHECAL BACLOFEN PUMP
CREDENTIALING CRITERIA**

Physicians who are granted this privilege will need to meet the following criteria:

1. Physicians shall possess competency in the form of post graduate training or pain specialty certification.

The criteria will be revisited when the Department of Rehabilitation Medicine Privilege Form is revised with the Chief of Service.

Physician Assistant Title Change

Effective January 1, 2013, all Physician Assistants in New York State have had their titles changed from RPA-C to PA-C (or from RPA to PA).

At the end of May 2012, Governor Cuomo signed a bill NYSSPA submitted to the state legislature. Nicknamed the "PA/SA Bill", Governor Cuomo signed S4376B-2011 as part of Chapter 48 of the Laws of 2012 on May 31, 2012. He directed state government agencies to implement the changes in it by January 1, 2013. Specialist Assistants (SAs) have been placed under their own practice act and are no longer referenced under the Physician Assistant practice act.

ECMC will amend its titling processes accordingly.

Transitional Care Unit

The new Transitional Care Unit opened March 27, 2013. The consensus of the Credentials Committee, CMO and Internal Medicine Chief of Service was that no separate privilege delineation is needed if have staff members covering the TCU possess current acute care privileges.

Liver Biopsy Privileges – Internal Medicine

A request has been made by the new Director of GI Services for liver biopsy privileges to be made available to a new attending who will be managing a hepatitis clinic. The need to revise existing credentialing criteria and involvement of radiography are two issues that must be addressed before the matter can be placed before the Credentials Committee.

Dental History and Physical Documentation

In the Department of Dentistry, Clinic Privileges include the provision of a Dental H&P which is a limited Medical History & Physical documentation for the purposes of dental care delivery. For procedures in the Operating Room which involve anesthesiology services, a formal Medical History and Physical by a qualified practitioner outside of ECMC's medical-dental staff cannot be reviewed and annotated as defined in the Rules and Regulations, as this is beyond the scope of a licensed dentist. A new preoperative screening procedure involving a Department of Anesthesiology physician and nurse practitioner will facilitate Dental Surgery pre-op evaluation consistent with existing policy, scope of practice and CMS requirements.

National Shortage of PPD

Practitioners are notifying the Medical-Dental Staff Office that some are having difficulty fulfilling their responsibility to have their annual TB testing performed due to the lack of testing agent. The ECMC Personnel Health Office is out of stock and so not an option. It appears that ECMC may receive a shipment in June. The CMO and CSO have advised the MDSO to temporarily cease the automated e-mail alerts for upcoming yearly PPDs due until the testing agent outage is alleviated. The MDSO will track the outstanding PPD test results for remediation once the acute shortage is resolved.

OVERALL ACTION REQUIRED

OPEN ISSUES

- Physician Assistant Palliative Care Management privileges have now been published, requested and in process for approval for applicants.

ERIE COUNTY MEDICAL CENTER CORPORATION

- The RNFA privilege delineation form is available for a Plastic and Reconstructive Surgery applicant and ready for a May Credentials Committee consideration. The temporary privilege process may be used should privileges be required sooner.
- The Internal Medicine nuclear cardiology privilege form format clarifications have been obtained and filed.
- Another communication with Behavioral Health was made, identifying those practitioners on staff for whom a child abuse registry has not been received and filed.
- Ongoing Joint Commission survey readiness continues.

OTHER BUSINESS

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

FPPE (Focused Professional Practice Evaluation)

- Emergency Medicine (1 MD)
- Internal Medicine (3 MDs)
- Neurosurgery (1 MD)
- Orthopaedic Surgery (1 MD)

OPPE (Ongoing Professional Practice Evaluation)

- Orthopaedic Surgery OPPE is has been successfully completed for 50 practitioners (3 DOs, 5 DPMs, 1 MBBS, 28 MDs and 13 RPA-Cs). Two practitioners did not return their documentation.
- Anesthesiology OPPE has been successfully completed for 29 practitioners (11 CRNAs, 2 DOs, 1 FNP, and 15 MDs).
- Surgery OPPE has been successfully completed for 34 practitioners (5 ANPs, 1 FNP, 1 MBBS, 24 MDs, and 3 RPA-Cs). Six practitioners did not return the requested documents.
- Second mailings have gone out for the department of Psychiatry.
- The department of Pathology has been contacted to initiate OPPE. A transition in the department has caused a slight delay but the Chief of Service has a plan in place.
- Teleradiology OPPEs have been received from vRad and are awaiting the Chief of Service's signature.
- Two practitioners identified as requesting additional MICU privileges clarified as extension of existing privileges. This has been noted on FPPE tracking sheet.

PRESENTED FOR INFORMATION

ADJOURNMENT

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

Respectfully submitted,

A handwritten signature in cursive script, appearing to read "R. Schuder".

Robert J. Schuder, MD,
Chairman, Credentials Committee

Att.

Action Items



For Approval



Executive Committee

Minutes from the



Finance Committee

BOARD OF DIRECTORS
MINUTES OF THE FINANCE COMMITTEE MEETING
APRIL 23, 2013

ECMCC BOARD OF DIRECTORS CONFERENCE ROOM

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

I. CALL TO ORDER

The meeting was called to order at 8:35 a.m. by Michael A. Seaman, Chair.

II. RECEIVE AND FILE MINUTES

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

III. MARCH, 2013 FINANCIAL STATEMENT REVIEW

Michael Sammarco provided a summary of the financial results for March, 2013 which addressed volume, income statement activity and key financial indicators.

Total discharges were under budget by 46 for the month of March. Year-to-date discharges were under budget by 156, and 3 under the prior year. Acute discharges were under budget by 55 for the month, under budget by 100 year-to-date, and 15 over the prior year.

Observation cases were 160 for the month. The average daily census was 357, compared to a budget of 361 and 338 the prior year. Average length of stay was 6.7 for March, compared to a budget of 6.0 and 6.9 year-to-date. Non-Medicare case mix was 1.78 for the month compared to a budget of 2.20, and Medicare case mix was 1.88, compared to a budget of 1.64.

Inpatient surgical cases were 26 under budget for the month, 2 over budget year-to-date and 39 over the prior year. Outpatient surgical cases were under budget by 13 for the month, under budget by 247 year-to-date, and 94 less than the prior year.

Emergency Department visits were under budget for the month by 430, and 141 less than the prior year.

Hospital FTEs were 2,342 for the month, compared to a budget of 2,336 and 2,357, or 15, under the prior year. Terrace View FTEs were 426 for the month, compared to a budget of 443 and 328 in the prior year.

The Hospital had an operating loss for the month of \$609,000, due primarily to discharge volume and non-Medicare case mix. Terrace View had an operating loss of \$433,000 for the month, due primarily to patient days.

The consolidated, year-to-date operating loss was \$4.8 million. Days operating cash on-hand was 42.1, and days in accounts receivable were 41.1 for the month.

IV. COST REDUCTION AND REVENUE ENHANCEMENT PLAN

Mike Sammarco explained that Executive Management has developed a plan of action to address the financial loss for the first quarter, as well as the impact of the new CSEA agreement.

Richard Cleland added that, after several planning sessions, the following initiatives have been identified as priority for 2013:

- Expediting the Behavioral Health consolidation.
- Materials Management supply cost restructuring.
- Restructuring of Ambulatory Services.
- Overtime reduction plan.
- Developing business plans, financial dashboards and report cards to manage individual service lines.

V. CASH FLOW PROJECTIONS:

Mr. Sammarco distributed a 5-year cash flow projection and reviewed 2013 details with the committee members.

VI. ADJOURNMENT:

The meeting was adjourned at 9:23 a.m. by Michael Seaman, Chair.

Minutes from the



QI /Patient Safety Committee Meeting



ECMCC Management Team



Chief Executive Officer

ERIE COUNTY MEDICAL CENTER CORPORATION

REPORT TO THE BOARD OF DIRECTORS
JODY L. LOMELO, CHIEF EXECUTIVE OFFICER
MAY 28, 2013

I hope everyone is doing well as we look forward to more summer-like weather and prepare for the “busy season” for ECMC.

HOSPITAL OPERATIONS

As noted last month and in our Finance and Executive committee meetings, the first quarter of 2013 started out slower than anticipated. We have seen a surge of volume in the hospital in April that continues in May. As you all know, we are entering our busiest months of the year and have a plan in place for the surge volume.

Financial results and highlights for April:

- Total discharges for April were 29 over the prior April and we are 27 discharges over the prior year-to-date.
- Acute discharges were under the prior April by 19 for the month and under the prior year-to-date by 3.
- Average length of stay improved to 6.3 in April.
- Medicare case mix was 2.02 in April compared to 1.88 in March and Non-Medicare case mix was 1.88 in April compared to 1.78 for the same period in March.
- Inpatient surgical cases were 24 under budget for the month.
- Outpatient surgical cases were over budget and the prior year by 9 for the month and 47 for the year-to-date.
- The hospital had an operating loss of \$601,000 for the month compared to the prior year’s monthly loss of \$1.1 million.
- Terrace View had an operating loss of \$298,000 for April compared to \$433,000 loss in March.
- The consolidated year-to-date operating loss was \$5.7 million.

As we discussed at length in last month's meeting, the Executive Team has implemented a cost reduction-revenue enhancement plan. We have seen some initial positive results from this plan, including a reduction in overtime hours and other expense. We remain focused on efficient internal operations while continuing to keep a keen eye on revenue and growth opportunities.

SERVICE LINE PLANNING

As we discussed in last month's meeting, we are implementing service line planning strategies around our core services as well as other services in the hospital. We have been meeting internally with teams throughout the hospital to implement these plans and it appears that there is great support for this type of process.

We are continuing to develop metrics, changes in processes to improve quality and financials, and engage physicians in the overall service line strategies. The service line teams have met and are beginning their work to develop business plans.

TERRACE VIEW

We continue to assess Terrace View operations with the view towards assimilating the now blended work force. We have developed a plan to move the Terrace View program forward and with that plan have made a few management changes. We have appointed an interim Administrator and an interim Director of Nursing. Like the entire organization, the goal for Terrace View is to provide the highest quality of care to each person we are privileged to serve.

ECMCC MWBE PROGRAM

The MWBE (Minority & Women Business Enterprises) Program is designed to broaden our network of business partners while increasing business opportunities for minorities and women. The MWBE program at ECMCC is intended to comply with New York State law, as well. The MWBE program at ECMCC aligns resources with new initiatives to create a comprehensive hospital-wide focus on economic opportunities for diverse suppliers. This program has positively impacted every contract and spending opportunity since September 2011 and has grown significantly since that time. ECMCC has an MWBE Compliance Coordinator

(Janique S. Curry) with oversight by the board-level MWBE Subcommittee and direct involvement by the ECMCC Executive Management Team, the ECMC Associate Hospital Administrator (Donna M. Brown) and ECMCC Legal Counsel.

In September 2011, Governor Cuomo mandated that Public Authorities like ECMCC adopt a goal of 20% MBE/WBE participation. I am quite proud to advise you that a full year of focused effort has resulted in ECMCC exceeding the Governor's goal with MWBE participation at 20.8% as of March 31, 2013. I want to publicly congratulate Janique Curry, our MWBE Compliance Coordinator, and the entire MWBE team for implementing outreach and collaborative initiatives. More opportunities for MWBE participation are available within the ECMCC community, but the organization is off to a good start. In short, diversity is good business.

ECMCC PATIENT EXPERIENCE UPDATE

The Patient Experience Journey has begun to take shape here at ECMC as is reflected in our most recent HCAHPS scores for the first quarter of 2013. A multi-disciplinary approach to the Patient Experience has shown improvement in some scores. We are not content to have incrementally positive scores and will continue to implement strategies to develop a more positive long-term trend, but wanted the Board to have the following updates:

- Overall hospital rating is up 10% from 53.1% to 63.1%.
- Nurse Communication is up 7% from 64.4% to 71.5%.
- Courtesy and respect of Nurses is up 9% from 73.8 to 82.1%

The ongoing efforts include:

- Development of a Nursing-Wide Patient Experience Plan
- Improved accountability & reporting
- Centralized focus
- Ongoing Education and professional development

Thank you to all involved for believing in a patient centered hospital campus.

JUNE 13

It is hard to believe that nearly one year has passed since the tragic events of June 13, 2012. First and foremost, despite the passage of that time, we remember Jackie and her family in our thoughts and prayers. On the first anniversary of that day, we will honor Jackie with a prayer service and a moment of silence. Again, I thank every member of our ECMCC family for their support of one another and Jackie's family.

LIFELINE FOUNDATION

May 11, 2013 will go down in history as one of the great events in the history of ECMC. Nearly 1,400 people supported ECMC at the Buffalo Convention Center and honored three great individuals: Dr. Mike Manka, Peggy Cramer, RN and Doug Baker, President of Mercy Flight. While the event was a fitting tribute to the three honorees, it was a celebration for the entire ECMCC family. Physicians, nurses, support staff and supporters from all areas of our health system enjoyed an evening together. The "feel" of the room was tremendous, and I thank everyone for their support and belief for a better tomorrow not only for ECMCC, but for the entire community. A special thank you to Sue Gonzalez and her team for all their hard work on that wonderful evening which was enjoyed by all.

GREAT LAKES HEALTH

Quick update on Great Lakes Health initiatives; the cardiovascular surgical program integrated with the Gates Vascular Institute is going well. We continue to monitor volume and transfers and are happy to note that things are going well from the patient care perspective.

We continue to see the Behavioral Health Center of Excellence construction on schedule/budget. We are working with the Behavioral Health teams including Physician Leadership to better manage the program and ensure that the program itself matches the excellence of the facility. We are keenly aware that the Behavioral Health service line is a difficult service to manage and we are working tirelessly to make sure that our patients and families receive the best care and treatment possible. We continue to see growth in this program and have been fast tracking the consolidation with Kaleida.

The lab consolidation continues to move forward. Our physicians have worked hard to determine the tests and our teams from ECMCC and Kaleida are working extremely well in putting the two programs together. We are currently looking at a start date of late summer. Thank you to Joe Kabacinski and Leslie Feidt for all of their efforts in putting the program together.

In closing, I thank you once again for your continued support and commitment to ECMC and our community.

Jody



Chief Operating Officer

ERIE COUNTY MEDICAL CENTER CORPORATION

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

EXECUTIVE MANAGEMENT:

Several initiatives currently underway and include:

- 1) Customer Service- program modifications/re-engineering to achieve higher level of impact to our customers and our VBP scores and outcomes;
- 2) JCAHO survey preparation with eyes focused on an early survey;
- 3) New Construction Projects- Working with design teams, DOH and internal construction staff to move projects quicker and more efficiently. Goal would be to start both projects (MOB) in May and look at a end of 2013 completion date for the (2) ambulatory surgery OR's and new cafeteria (October 2013);
- 4) Financial Challenges- Executive Management working with Senior Management in identifying opportunities (i.e. \$10 million impact in the 2013 budget). This will take form of expense reduction or net revenue(margin) in operations;
- 5) 2nd Quarter Goals-
 - 1) Approval CON MOB
 - 2) Open TCU
 - 3) LOS <6 by end of quarter
 - 4) Re-design ambulatory care-Phase II revenue & efficiency enhancement
 - 5) Super Lab –fiscal model and testing period
 - 6) JC Survey
 - 7) Business service line Development:
 - Trauma/Burn Services
 - Orthopedics
 - Behavioral Health/Chemical Dependency
 - Head, Neck and Breast
 - Transplant/Renal
 - LTC
 - Ambulatory Services/Clinics
 - Immunodeficiency
 - Rehabilitation Services
 - 8) Submit CON – Ortho (Phase II & Phase III)
 - 9) Outside assessment case management
 - 10) Reorganization medical services office
 - 11) EM complete Dale Carnegie Leadership course
 - 12) Implement Pinpoint Service Line Dashboards and Report Cards
 - 13) Progress with Stage II Meaningful Use
 - 14) Be at least break even financial status(profitability is goal)
 - 15) Develop Comprehensive Physician Plan to address:
 - Contracting (by committee)
 - P4P Reviews (by committee)
 - Recruiting (a Physician Strategic Plan)
 - i.e. – ACS recommendations (Trauma), Neurosurgery, etc., address where shortages are on the horizon
 - Liaison/Concierge Service(on boarding)
 - 16) Head and Neck/Oncology Practice Manager(consolidation)
 - 17) Terrace View Restructuring
 - 18) Automate Switchboard
 - 19) Level III Observation – Sitter Service
 - 20) OR On-Call Reduction to (1) Team
 - 21) Redesign ECMC Patient Transport

ERIE COUNTY MEDICAL CENTER CORPORATION

- 22) CSEA Per Diem and Part-Time Plan
- 23) Purchasing Assessment – Cardinal
- 24) Contract and Purchased Services Review
- 25) Overtime managed down to 65 FTEs

BEHAVIORAL HEALTH CENTER OF EXCELLENCE (PSYCHIATRY, CHEMICAL DEPENDENCY, CPEP):

- Strategic Oversight Planning Committee on the BHCOE consolidation created in June. This will insure all objectives are met;
- Horizon Health is continuing to provide resources and management services for Buffalo General Medical Center(BGMC);
- Construction on CPEP & Outpatient Center started this past January and will be completed in January 2014. The “Final Beam” raising ceremony was on April 22;
- Renovation of 5th floor started in March and the first BGMC (18)bed unit is expected to be up and operational by end of September 2013;
- The second BGMC (18)bed unit will be up and operational by end of January 2014;
- New CPEP Director starting med June 2013;
- ECMC-1280 Main Street has secured a new location at 1285 Main Street. Move to take place in July;
- Weekly conference calls and/or communication with OMH, OASAS and DOH on the consolidation project. This to insure we keep them involved in the process;

TERRACE VIEW:

- A Steering Committee has been developed and meets weekly. This is to insure that settling and cultural integration takes place and issues that have surfaced are addressed. Several areas have been noted to need further attention including front line staffing, training and development, communication and customer service;
- Continuing to monitor both operational and financial performance;
- ECMC should be completely out of the EC Home by end of June;
- Leadership change took place on May 21, 2013. Chuck Rice – Interim Administrator, Jennifer Cronkhite – Interim Director of Nursing;

TRANSITIONAL CARE UNIT (TCU):

- Up and operational in early April. Department of Health survey was deficiency free. Currently expanding patient base to managed Medicare.

OTHER:

- VHA-Novia has been hired to complete an assessment of our case management, discharge planning, social work departments/services and revenue cycle. This assessment will be two-phased and will begin in mid May. Areas of focus will include department staffing, skill set, clinical documentation, coding, charge capture, revenue cycle-denials etc. In addition, significant emphasis will be placed on Length of Stay(6.7 days), Alternate Level of Care(ALC's) and Observation Unit practices and performance;
- Anoma Mullegama has been recruited and hired as Vice President of Integrated Care and Services. Anoma will be starting June 10, 2013. In this position she will

ERIE COUNTY MEDICAL CENTER CORPORATION

oversee the case management, discharge planning, social work, and utilization departments;

- The Dale Carnegie Executive Management Leadership Training program (all Executive Management is participating) continues and should be completed by end of May.



Chief Financial Officer

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Internal Financial Reports
For the month ended April 30, 2013

Erie County Medical Center Corporation

Balance Sheet April 30, 2013 and December 31, 2012

(Dollars in Thousands)

	April 30, 2013	Audited December 31, 2012	Change from December 31st
ASSETS			
Current assets:			
Cash and cash equivalents	\$ 45,054	\$ 20,611	\$ 24,443
Investments	1,936	3,112	(1,176)
Patient receivables, net	46,014	42,548	3,466
Prepaid expenses, inventories and other receivables	24,624	49,459	(24,835)
Total Current Assets	117,628	115,730	1,898
Assets Whose Use is Limited:			
Designated under self-Insurance programs	96,447	93,151	3,296
Designated by Board	25,000	25,000	0
Restricted under debt agreements	28,994	32,479	(3,485)
Restricted	23,797	25,436	(1,639)
	174,238	176,066	(1,828)
Property and equipment, net	258,047	247,113	10,934
Deferred financing costs	3,038	3,091	(53)
Other assets	4,364	4,621	(257)
Total Assets	\$ 557,315	\$ 546,621	\$ 10,694
LIABILITIES AND NET ASSETS			
Current Liabilities:			
Current portion of long-term debt	\$ 6,992	\$ 6,936	\$ 56
Accounts payable	25,588	29,369	(3,781)
Accrued salaries and benefits	15,111	18,661	(3,550)
Other accrued expenses	29,333	17,386	11,947
Estimated third party payer settlements	29,956	27,651	2,305
Total Current Liabilities	106,980	100,003	6,977
Long-term debt	178,827	180,354	(1,527)
Estimated self-insurance reserves	58,076	56,400	1,676
Other liabilities	102,710	99,827	2,883
Total Liabilities	446,593	436,584	10,009
Net Assets			
Unrestricted net assets	99,653	98,968	685
Restricted net assets	11,069	11,069	0
Total Net Assets	110,722	110,037	685
Total Liabilities and Net Assets	\$ 557,315	\$ 546,621	\$ 10,694

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Erie County Medical Center Corporation

Statement of Operations

For the month ended April 30, 2013

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net Patient Revenue	\$ 33,493	\$ 33,433	\$ 60	\$ 31,633
Less: Provision for bad debts	(1,914)	(1,863)	(51)	(1,815)
Adjusted Net Patient Revenue	31,579	31,570	9	29,818
Disproportionate Share/IGT Revenue	4,396	4,396	-	4,702
Other Revenue	2,249	2,426	(177)	1,915
Total Operating Revenue	38,224	38,392	(168)	36,435
Operating Expenses:				
Salaries / Wages / Contract Labor	14,844	13,222	(1,622)	13,157
Employee Benefits	8,462	8,856	394	8,813
Physician Fees	4,214	4,251	37	4,259
Purchased Services	2,745	2,697	(48)	2,764
Supplies	5,674	5,492	(182)	5,515
Other Expenses	666	652	(14)	566
Utilities	521	455	(66)	425
Insurance	(402)	550	952	514
Depreciation & Amortization	1,682	1,648	(34)	1,469
Interest	717	716	(1)	433
Total Operating Expenses	39,123	38,539	(584)	37,915
Income (Loss) from Operations	(899)	(147)	(752)	(1,480)
Non-operating gains (losses):				
Grants - HEAL 21	1,271	833	438	-
Interest and Dividends	176	-	176	589
Unrealized Gains/(Losses) on Investments	1,110	267	843	(314)
Non-operating Gains(Losses), net	2,557	1,100	1,457	275
Excess of (Deficiency) of Revenue Over Expenses	\$ 1,658	\$ 953	\$ 705	\$ (1,205)
Retirement Health Insurance	782	1,321	(539)	1,469
New York State Pension	2,062	2,492	(430)	1,761
Total impact on operations	\$ 2,844	\$ 3,813	\$ (969)	\$ 3,230

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Erie County Medical Center Corporation

Statement of Operations

For the four months ended April 30, 2013

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net Patient Revenue	\$ 132,208	\$ 131,659	\$ 549	\$ 124,050
Less: Provision for bad debts	(7,647)	(7,379)	(268)	(7,369)
Adjusted Net Patient Revenue	124,561	124,280	281	116,681
Disproportionate Share/IGT Revenue	17,583	17,583	-	18,808
Other Revenue	8,147	9,703	(1,556)	7,262
Total Operating Revenue	150,291	151,566	(1,275)	142,751
Operating Expenses:				
Salaries / Wages / Contract Labor	56,019	52,164	(3,855)	50,913
Employee Benefits	35,055	35,538	483	34,485
Physician Fees	17,066	16,963	(103)	16,847
Purchased Services	10,932	10,788	(144)	10,188
Supplies	22,132	22,002	(130)	20,492
Other Expenses	2,744	2,617	(127)	2,363
Utilities	2,596	1,820	(776)	1,937
Insurance	402	2,200	1,798	2,058
Depreciation & Amortization	6,497	6,451	(46)	5,795
Interest	2,578	2,585	7	1,745
Total Operating Expenses	156,021	153,128	(2,893)	146,823
Income (Loss) from Operations	(5,730)	(1,562)	(4,168)	(4,072)
Non-operating Gains (Losses)				
Grants - HEAL 21	2,760	3,333	(573)	-
Interest and Dividends	994	-	994	1,466
Unrealized Gains/(Losses) on Investments	3,049	1,066	1,983	4,130
Non Operating Gains (Losses), net	6,803	4,399	2,404	5,596
Excess of (Deficiency) of Revenue Over Expenses	\$ 1,073	\$ 2,837	\$ (1,764)	\$ 1,524
Retirement Health Insurance	4,278	5,315	(1,037)	5,876
New York State Pension	8,368	8,155	213	7,108
Total impact on operations	\$ 12,646	\$ 13,470	\$ (824)	\$ 12,984

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Erie County Medical Center Corporation

**Statement of Changes in Net Assets
For the month and four months ended April 30, 2013**

(Dollars in Thousands)

	<u>Month</u>	<u>Year-to-Date</u>
<u>UNRESTRICTED NET ASSETS</u>		
Excess (Deficiency) of Revenue Over Expenses	\$ 1,658	\$ 1,073
Other Transfers, Net	(94)	(388)
Contributions for Capital Acquisitions	-	-
Net Assets Released from Restrictions for Capital Acquisition	-	-
	<hr/>	<hr/>
Change in Unrestricted Net Assets	1,564	685
	<hr/>	<hr/>
<u>TEMPORARILY RESTRICTED NET ASSETS</u>		
Contributions, Bequests, and Grants	-	-
Net Assets Released from Restrictions for Operations	-	-
Net Assets Released from Restrictions for Capital Acquisition	-	-
	<hr/>	<hr/>
Change in Temporarily Restricted Net Assets	-	-
	<hr/>	<hr/>
Change in Total Net Assets	1,564	685
	<hr/>	<hr/>
Net Assets, Beginning of Period	109,158	110,037
	<hr/>	<hr/>
NET ASSETS, End of Period	\$ 110,722	\$ 110,722
	<hr/> <hr/>	<hr/> <hr/>

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Erie County Medical Center Corporation

Statement of Cash Flows

For the month and four months ended April 30, 2013

(Dollars in Thousands)

	Month	Year-to-Date
<u>CASH FLOWS FROM OPERATING ACTIVITIES</u>		
Change in net assets	\$ 1,564	\$ 685
Adjustments to Reconcile Changes in Net Assets to Net Cash Provided by (Used in) Operating Activities:		
Depreciation and amortization	1,682	6,497
Provision for bad debt expense	1,914	7,647
Net Change in unrealized (gains) losses on Investments	(1,110)	(3,049)
Transfer to component units	94	388
<u>Changes in Operating Assets and Liabilities:</u>		
Patient receivables	(2,831)	(11,113)
Prepaid expenses, inventories and other receivables	(4,642)	24,835
Accounts payable	(1,991)	(3,781)
Accrued salaries and benefits	(2,181)	(3,550)
Estimated third party payer settlements	(940)	2,305
Other accrued expenses	1,854	11,947
Self Insurance reserves	(261)	1,676
Other liabilities	433	2,883
Net Cash Provided by (Used in) Operating Activities	(6,415)	37,370
<u>CASH FLOWS FROM INVESTING ACTIVITIES</u>		
Additions to Property and Equipment, net		
Campus expansion	(1,717)	(12,384)
Routine capital	(341)	(4,994)
Use of bond proceeds for campus expansion	517	6,073
Decrease (increase) in assets whose use is limited	(1,645)	(4,245)
Purchases (sales) of investments, net	3,878	4,225
Investment in component units	(94)	(388)
Change in other assets	250	257
Net Cash Provided by (Used in) Investing Activities	848	(11,456)
<u>CASH FLOWS FROM FINANCING ACTIVITIES</u>		
Principal payments on long-term debt	(370)	(1,471)
Net Cash Provided by (Used in) Financing Activities	(370)	(1,471)
Increase (Decrease) in Cash and Cash Equivalents	(5,937)	24,443
Cash and Cash Equivalents, Beginning of Period	50,991	20,611
Cash and Cash Equivalents, End of Period	\$ 45,054	\$ 45,054

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Erie County Medical Center Corporation

Key Statistics

Period Ended April 30, 2013

Current Period				Year to Date				
Actual	Budget	% to Budget	Prior Year	Actual	Budget	% to Budget	Prior Year	
876	956	-8.4%	895	Discharges:				
137	138	-0.7%	142	Acute	3,662	3,841	-4.7%	3,665
30	28	7.1%	26	CD - Detox	507	506	0.2%	503
216	193	11.9%	182	CD - Rehab	100	113	-11.5%	104
41	40	-62.5%	41	Psych	830	815	1.8%	803
15	40	-100.0%	-	Rehab	131	165	-20.6%	143
				TCU	15	40	-62.5%	-
1,315	1,395	-5.7%	1,286	Total Discharges	5,245	5,480	-3.9%	5,218
				Patient Days:				
5,494	5,690	-3.4%	5,383	Acute	24,740	22,862	8.2%	23,085
451	442	2.0%	391	CD - Detox	1,782	1,620	10.0%	1,599
568	534	6.4%	541	CD - Rehab	2,083	2,155	-3.3%	2,028
2,646	2,524	4.8%	2,667	Psych	10,582	10,660	-0.7%	10,680
562	953	-41.0%	841	Rehab	2,955	3,931	-24.8%	3,267
197	480	-59.0%	-	TCU	197	480	-59.0%	-
9,918	10,623	-6.6%	9,823	Total Days	42,339	41,708	1.5%	40,659
				Average Daily Census:				
183	190	-3.4%	179	Acute	206	191	8.2%	191
15	15	2.0%	13	CD - Detox	15	14	10.0%	13
19	18	6.4%	18	CD - Rehab	17	18	-3.3%	17
88	84	4.8%	89	Psych	88	89	-0.7%	88
19	32	-41.0%	28	Rehab	25	33	-24.8%	27
7	16	-59.0%	-	TCU	2	4	-59.0%	-
331	354	-6.6%	327	Total ADC	353	348	1.5%	336
				Average Length of Stay:				
6.3	6.0	5.4%	6.0	Acute	6.8	6.0	13.5%	6.3
3.3	3.2	2.8%	2.8	CD - Detox	3.5	3.2	9.8%	3.2
18.9	19.1	-0.7%	20.8	CD - Rehab	20.8	19.1	9.2%	19.5
12.3	13.1	-6.3%	14.7	Psych	12.7	13.1	-2.5%	13.3
13.7	23.8	-42.5%	20.5	Rehab	22.6	23.8	-5.3%	22.8
13.1	12.0	9.4%	0	TCU	13.1	12.0	9.4%	-
7.5	7.6	-1.0%	7.6	Average Length of Stay	8.1	7.7	5.6%	7.8
				Occupancy:				
81.0%	79.0%	2.5%	79.7%	% of acute staffed beds	88.3%	83.1%	6.2%	81.4%
				Case Mix Index:				
2.02	1.80	12.4%	1.75	Medicare	1.87	1.73	7.9%	1.77
1.88	2.04	-7.8%	2.00	Non-Medicare	1.84	2.09	-11.7%	1.97
168	114	47.4%	124	Observation Visits	675	454	48.7%	493
398	422	-5.7%	399	Inpatient Surgeries	1,646	1,668	-1.3%	1,608
651	642	1.4%	604	Outpatient Surgeries	2,451	2,689	-8.9%	2,498
27,779	29,504	-5.8%	28,082	Outpatient Visits	113,330	118,979	-4.7%	113,261
5,162	5,499	-6.1%	5,223	Emergency Visits Including Admits	20,391	21,741	-6.2%	20,650
41.8	40.0	4.5%	35.9	Days in A/R	41.8	40.0	4.5%	35.9
6.4%	6.2%	3.1%	5.9%	Bad Debt as a % of Net Revenue	6.5%	6.2%	4.3%	6.6%
2,358	2,307	2.2%	2,387	FTE's	2,481	2,307	7.5%	2,365
3.86	3.92	-1.6%	3.95	FTE's per adjusted occupied bed	3.86	3.52	9.7%	3.95
\$ 11,002	\$ 11,679	-5.8%	\$ 12,957	Net Revenue per Adjusted Discharge	\$ 12,116	\$ 11,773	2.9%	\$ 11,957
\$ 13,493	\$ 14,200	-5.0%	\$ 15,841	Cost per Adjusted Discharge	\$ 14,998	\$ 14,268	5.1%	\$ 15,448
Terrace View Long Term Care:				Patient Days				
11,214	11,466	-2.2%	10,302	Patient Days	39,590	41,952	-5.6%	42,997
374	382	-2.2%	343	Average Daily Census	330	350	-5.6%	355
423	440	-4.0%	338	FTE's	362	397	-8.8%	342
6.3	6.4	-1.8%	5.8	Hours Paid per Patient Day	6.3	6.5	-3.1%	5.4



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

Erie County Medical Center Corporation
Report to the Board of Directors
Ronald J. Krawiec, Senior Vice President of Operations
May 28, 2013

LABORATORY – JOSEPH KABACINSKI

Recent Surveys Results:

The American Association of Blood Banks (AABB) completed a comprehensive survey on May 7 and 8, 2013. The AABB surveyor reviewed Blood Bank, Transfusion Services, SOPs, quality improvement activities, and the Blood Bank module of the Lab information system. She also observed day-to-day activities and quality control in the Blood Bank, dispensing and administration of blood products, and proper storage of blood products. The AABB was complimentary and noted three minor non-conformities. The non-conformities were resolved before they left the premises. Our AABB accreditation is for a two year period and demonstrates our satisfaction of rigorous requirements established for excellence in Transfusion Medicine.

The NY State licensed Patient Service Center for Specimen Collection at the Cleve-Hill Family Health Center had a routine annual surprise inspection. We received the Survey Report on May 2, 2013. There were no deficiencies or issues of non-compliance.

KH-ECMCC Lab Integration:

Vigorous efforts continue to implement the ECMCC and Kaleida Health integrated laboratory service strategy. The transition will occur in August or September depending on the Information Systems timeframe for linking the KH and ECMCC information systems. The final timeline for the project is being determined by KH-ECMCC IT leadership. The Laboratory venture with KH will mirror the provision of Lab services at the Kaleida Health system where certain tests are sent to the central production laboratory at Flint Road and other tests remain at the essential services lab (ESL) at each hospital. The primary benefits accruing from a consolidated laboratory include a significant reduction in the cost of labor, equipment, supplies and consumables; conservation of capital resources; savings through group purchasing and use of common analyzer platforms; and a more robust Great Lakes' Laboratory growth strategy to increase market share.

The integration project Steering Committee meets weekly and three ECMCC-KH workgroups have been meeting on a weekly basis since April 17. The three workgroups are Logistics and Sample Transfer; Technology, Production and Service Levels; and Information Systems. A reference lab model will be used for clinical pathology with interfaces between Meditech (ECMCC) and Cerner (KH); and a Cerner solution will be used for anatomic pathology. This will be in place in August. The ECMCC Human Resources Department is working with management to refine the positions and staff that will be affected. A meeting is scheduled with the Erie County Personnel Department to insure compliance with all aspects of civil service rules and precedents.

Supply chain personnel from KH and ECMCC are pursuing common procurement options to reduce costs of consumables, reference lab testing and equipment.

AMBULATORY SERVICES – BONNIE SLOMA

The re-organization of the leadership in Ambulatory Care is almost complete. The last program manager will start in late June. The team has identified the following initiatives as priorities for staff and physicians:

- Patient Cycle Time
- Referral Process for in-house specialty
- Patient Experience improvement
- Patient Satisfaction with Telephone access
- Same Day Appointment availability as part of Patient Centered Medical Home
- Improve physical environment of ambulatory service areas
- Reducing ambulatory patient's usage of ED for non urgent care
- Improved clinic metrics
- Improved Financial Performance
 - Improved Revenue Capture
 - Improved efficiency of labor and other costs

In collaboration with the Allscripts steering Committee, the Internal Medicine Clinic (IMC) and its four specialty clinics have gone live and remain on track. Our NYS HEAL Grant requires IMC and Cleve Hill to reach PCMH level 2 certification by December 31, 2013. We have been completing the PCMH standards for IMC and Cleve Hill and currently we are on target to meet level 2 requirements but continue to aim for level 3.

PHARMACEUTICAL SERVICES – RANDY GERWITZ

IV Pump Upgrade:

The Department of Pharmaceutical Services (DPS) is pleased to report the successful implementation of the Baxter Sigma IV pumps. This collaborative project with Nursing, HIS, BioMed and Purchasing provides our nurses and patients with state of the art medication delivery, enhanced safety features, large easy to read screens, and wireless communication which allows rapid deployment of drug library updates. Wireless communication allows for real time quality assurance and performance data to be reported quickly and easily. This project also moved ECMC from a tier 2 Baxter account to a tier 12 account, resulting in projected savings of nearly \$90,000 annually.

Metered Dose Inhaler savings initiative:

In cooperation with Respiratory Therapy, the DPS was able to implement an initiative designed to provide superior respiratory medication delivery to ventilated patients while dramatically decreasing medication costs. In the first month of the program, pharmacy has realized a savings of \$10,500. Annualized savings are projected to be between \$125,000 - \$130,000.

Waste minimization in outpatient Dialysis:

The outpatient dialysis center has struggled with epoetin waste following the transition from Meditech to MIQS. Several different models have been attempted with disappointing results. Our most recent effort centered on a return to an older, somewhat cumbersome communication form and phone validation. This model has effectively eliminated the waste issue. In the first two weeks post implementation we documented a single dose wasted in week one and two doses in week two. This reduction would save \$8,300 for the two weeks alone.

IMAGING – ERIC GREGOR

The Department of Radiology/Imaging Services is busy preparing for three onsite surveys, which should occur during the next few months. The annual New York State Department of Health & MQSA (Mammography) surveys is slated for early to mid-Summer, as is the Joint Commission survey. Radiology's Performance Improvement, EOC, and Joint Commission Committees continue to plan, educate, and communicate with staff and physicians with respect to these critical visits.

The Department, in an effort to further reduce radiation dose to its patients, physicians, and employees, have entered into negotiations with Bayer Healthcare on a potential purchase of RDM eXposure, a "Radiation Dose Managing Software," and Radimetrics, a "Contrast Dose Managing Software." If purchased and implemented, both radiation and contrast dosing protocols may be reduced by as much as 50% from their current levels. These reductions would represent the most significant radiation and medication safety accomplishments in the history of ECMC's Imaging Services Department.

MONTHLY STATISTICS:

Inpatient Procedural Volumes in April were 919 (-15.61%) less than in previous year.

Outpatient Procedural Volumes in April were 341 (4.18%) more than in previous year.

The Inpatient / Outpatient Procedural mix in April was 37%/43%.

Denials through April 2013 are \$24,504.82 (64%) less in previous year.

Radiology OT in April was at .277 of Total Hours Worked, down from 5.25% in March.

Through April, Inpatient Report Time indicated a 26% improvement from previous year.



Chief Medical Officer

ERIE COUNTY MEDICAL CENTER CORPORATION

**REPORT TO MEDICAL EXECUTIVE COMMITTEE
BRIAN M. MURRAY, MD, CHIEF MEDICAL OFFICER
MAY 2013**

UNIVERSITY AFFAIRS

Bruce R. Troen, MD, has agreed to become our first Chief of the Division of Geriatric and Palliative Medicine, with an appointment as Professor in the Department of Medicine. The appointment of Dr. Troen marks the integration of the formerly separate divisions of geriatrics and of palliative care into one. Dr. Troen will also have an appointment with the VA Western New York Healthcare System and the Buffalo VA Medical Center.

Dr. Troen received both his undergraduate and medical degrees with honors from Harvard College and Harvard Medical School. He completed his medical residency at Barnes Hospital in St. Louis, MO. He then joined the Laboratory of Molecular Biology with the National Cancer Institute in Bethesda, MD followed by a fellowship in geriatric medicine at the University of Michigan. Dr. Troen has been with the University of Miami, Miller School of Medicine since 2002 and has been their interim chief of the Division of Gerontology and Geriatric Medicine since 2011.

PROFESSIONAL STEERING COMMITTEE

Next meeting of the Committee will be in June.

MEDICAL STAFF AFFAIRS

See separate report by Sue Ksiazek for full details.

UTILIZATION REVIEW	February	March	April	YTD vs. 2013 Budget
Discharges	872	949	874	-4.7%
Observation	157	160	168	+47.8%
TCU	NA	NA	15	-62.5%
LOS	6.5	6.8	6.8	+10.9%
ALC Days	326	408	397	-14.5%
CMI	1.92	1.85		-8.9%
Surgical Cases	899	850	834	- 8.2%
Readmissions (30d)	NA	NA		

CLINICAL ISSUES

Details for: CMS PROPOSALS TO IMPROVE QUALITY OF CARE DURING HOSPITAL INPATIENT STAYS

CMS PROPOSALS TO IMPROVE QUALITY OF CARE DURING HOSPITAL INPATIENT STAYS

OVERVIEW: On Apr. 26, 2013, the Centers for Medicare & Medicaid Services (CMS) issued a proposed rule that would update Medicare payment policies and rates under the Inpatient Prospective Payment System (IPPS) and Long-Term Care Hospitals Prospective Payment System (LTCH PPS) in Fiscal Year (FY) 2014.

The proposed rule, which would apply to approximately 3,400 acute care hospitals and approximately 440 LTCHs, would affect discharges occurring on or after October 1, 2013.

In addition to setting the standards for payment for Medicare-covered inpatient services, the FY 2014 hospital payment proposed rule lays out a proposed framework for implementation of the new Hospital-Acquired Conditions Reduction Program, which would begin in 2015. The proposed rule would also update the measures and financial incentives in the Hospital Value-Based Purchasing (VBP) and Readmissions Reduction programs. It would also revise measures for the Hospital Inpatient Quality Reporting (IQR) program, Inpatient Psychiatric Facility Quality Reporting and Long-Term Care Hospital (LTCH) Quality Reporting programs, and PPS-Exempt Cancer Hospital Quality Reporting Program.

This fact sheet discusses major quality-related provisions of the proposed rule. A separate fact sheet on proposed payment changes is available on the CMS Web page at: www.cms.gov/apps/media/fact_sheets.asp.

NEW HOSPITAL-ACQUIRED CONDITION REDUCTION PROGRAM

Section 3008 of the Affordable Care Act required CMS to establish a financial incentive for IPPS hospitals to improve patient safety by imposing financial penalties on hospitals that perform poorly with regard to hospital-acquired conditions (HACs).

HACs are conditions that patients did not have when they were admitted to the hospital, but that developed during the hospital stay. This proposed rule outlines a general framework for the HAC Reduction Program for the FY 2015 implementation.

Under this program, hospitals that rank in the lowest-performing quartile of hospital acquired conditions would be paid 99 percent of what they would otherwise be paid under the IPPS beginning in FY 2015. To determine this quartile, CMS is proposing quality measures and a scoring methodology as well as a process for hospitals to review and correct their data.

For FY 2015, the first year of the program, CMS is proposing to measure HACs using measures that are either calculated using claims or are part of the Inpatient Quality Reporting program and would consist of two domains of measure sets.

The proposed Domain 1 measures would include six patient safety indicator (PSI) measures developed by the Agency for Health Care Research and Quality (AHRQ). These measures are: pressure ulcer rate; volume of foreign object left in the body; iatrogenic pneumothorax rate; postoperative physiologic and metabolic derangement rate; postoperative pulmonary embolism or deep vein thrombosis rate, and accidental puncture and laceration rate. An alternative to Domain 1 is also being proposed, which would consist of a composite PSI measure set.

The proposed Domain 2 measures would include two healthcare-associated infection measures developed by the Centers for Disease Control and Prevention's (CDC) National Health Safety Network: Central Line-Associated Blood Stream Infection and Catheter-Associated Urinary Tract Infection.

Under the scoring methodology proposed, hospitals would be given a score for each measure within the two domains. A domain score would be calculated and the two domains would be weighted equally to determine a total score under the program. Risk factors such as the patient's age, gender, and comorbidities would be considered in the calculation of the measure rates so that hospitals serving a large proportion of sicker patients would not be unfairly penalized. In accordance with the statute, we propose a process for hospitals to review and correct their information. We welcome comment on this proposal.

HOSPITAL READMISSIONS REDUCTION PROGRAM

The Hospital Readmissions Reduction program began on October 1, 2012. The maximum reduction under this program, which was one percent of payment amounts in FY 2013, will increase to two percent of payment amounts in FY 2014, as specified under the Affordable Care Act.

CMS currently assesses hospitals' readmission penalties using three readmissions measures endorsed by the National Quality Forum (NQF): heart attack, heart failure, and pneumonia. For FY 2014, CMS proposes a revised methodology to take into account planned readmissions for these three existing readmissions measures. CMS also proposes to add two new readmission measures, which would be used to calculate readmission penalties beginning for FY 2015: readmissions for hip/knee arthroplasty and chronic obstructive pulmonary disease.

PROPOSED CHANGES TO THE HOSPITAL IQR PROGRAM AND THE EHR INCENTIVE PROGRAM

The Hospital IQR Program grew out of the Hospital Quality Initiative developed by CMS in consultation with hospital groups. By statute, hospitals that do not participate successfully in the Hospital IQR program have their annual payment updates reduced by 2.0 percentage points. Since the implementation of this financial penalty, hospital participation has increased to well over 99 percent of Medicare-participating hospitals that are reimbursed under the IPPS.

Measures reported under the IQR Program are published on the *Hospital Compare* Web site (<http://www.hospitalcompare.hhs.gov/>), and may later be adopted for use in the Hospital VBP Program, mandated by the Affordable Care Act, which affects payment rates to hospitals beginning in FY 2013.

The Hospital IQR Program measure set has grown from a starter set of 10 quality measures in 2004 to the set of 57 quality measures listed in this proposed rule. These measures include chart-abstracted measures, such as heart attack, heart failure, pneumonia, and surgical care improvement measures; claims-based measures such as mortality and readmissions; healthcare-associated infections measures; a surgical complications measure; survey-based measures, such as patient experience of care; immunization measures, and structural measures that assess features of hospitals—such as hospital volume, how the hospital deploys staff, or provider qualifications—to assess their capacity to improve quality of care.

For the FY 2016 payment determination and subsequent years, we are proposing to remove four chart abstracted measures and one structural measure as well as adopt five new claims based measures.

We are proposing to validate two new chart abstracted HAI measures: hospital-onset methicillin-resistant *staphylococcus aureas* (MRSA) bacteremia, and *clostridium difficile*. We also are proposing to reduce the number of records used for HAI validation from 48 to 36 patient charts for individual hospitals annually for the FY 2015 payment determination and subsequent years. We also propose to provide hospitals with the option to securely transmit electronic versions of medical information to meet validation requirements.

CMS also proposes to reduce providers' reporting burden by expanding several Medicare Electronic Health Record (EHR) Incentive Program policies with the Hospital IQR Program policies. This would include expanding the submission period for electronic clinical quality measures to begin January 2, 2014; allowing eligible hospitals and critical access hospitals that would like to submit aggregate data for Meaningful Use the option of attesting, and streamlining the submission of aggregate population data in order to invoke the case number threshold exemption for an electronic clinical quality measure.

CMS is proposing that hospitals participating in the IQR program have the option to electronically submit one quarter's data for 16 quality measures from four measure sets. Hospitals that do not submit electronically would have to submit a full year's worth of data via chart-abstraction. CMS also proposes collection and reporting of this measure data through Certified Electronic Health Record Technologies (CEHRTs).

CMS believes the use of CEHRTs will greatly simplify and streamline reporting for many hospital quality-reporting programs. We also anticipate that through electronic reporting, hospitals will be able to leverage electronic health records for Hospital IQR Program quality data that is now manually abstracted from charts. Our intent is to harmonize measures across hospital quality reporting programs, improve care, and

minimize the reporting burden on hospitals. If hospitals choose to electronically report these four measure sets, this will satisfy the reporting requirement for both the CQM component of the Medicare EHR Incentive program and the requirement to report these measures under the Hospital IQR program.

PROPOSALS FOR LTCH, PPS-EXEMPT CANCER AND INPATIENT PSYCHIATRIC QUALITY REPORTING PROGRAMS:

The rule also proposes new quality reporting measures for LTCHs, PPS-Exempt Cancer Hospitals, and Inpatient Psychiatric Facilities in 2015 and beyond.

LTCH Quality Reporting. CMS is continuing to expand the LTCH Quality Reporting Program and is proposing five new LTCH quality measures that would affect the FY 2017 and FY 2018 payment updates. For the FY 2017 payment determination, the proposal includes: an all-cause unplanned readmission measure for 30 days post-discharge from long-term care hospitals, the CDC's National Healthcare Safety Network (NHSN) facility-wide inpatient hospital-onset MRSA bacteremia outcome measure, and the NHSN facility-wide inpatient hospital-onset *clostridium difficile* infection (CDI) outcome measure. CMS is also proposing to apply the NQF measure of the percent of residents experiencing one or more falls with major injury (long stay) for the FY 2018 payment determination.

PPS-Exempt Cancer Hospital Quality-Reporting Program. The NPRM proposes new quality measures for the PPS-Exempt Cancer Hospital Quality-Reporting Program, an Affordable Care Act program. A total of 11 PPS-Exempt Cancer Hospitals would be covered in this program. In this rule, CMS proposes to add one new measure of surgical site infection for the FY 2015 program, and 13 new measures covering surgical processes of care, patient experience of care, and oncology for the FY 2016 program.

Inpatient Psychiatric Facility Quality Reporting Program. The Affordable Care Act also authorized the Secretary of the Health and Human Services to establish an Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program. Under the IPFQR Program, inpatient psychiatric facilities (IPFs) are required to submit quality data to CMS on selected quality measures. For the FY 2016 payment determination and subsequent years, CMS is proposing three new measures: alcohol use screening; alcohol and drug use status after discharge; and follow-up after hospitalization for

mental illness. These measures would be added to the six measures adopted in FY 2013.

CMS also proposes to request voluntary information on IPFs' efforts to assess the patient experience of care for the FY 2016 payment determination. Submission of this information would be completely voluntary and would not in any way affect a facility's FY 2016 payment determination.

PROPOSED CHANGES IN THE HOSPITAL VBP PROGRAM:

Proposed Program Requirements for FY 2014. The proposed rule outlines operational details for FY 2014, including an increase in the applicable percent reduction to base operating DRG payment amounts (1.25 percent) and the total estimated amount available for value-based incentive payments (approximately \$1.1 billion).

Proposed Program Requirements for FY 2016. The proposed rule would readopt all finalized FY 2015 Clinical Process of Care measures for the FY 2016 measure set, except primary percutaneous coronary intervention received within 90 minutes of hospital arrival; blood cultures performed in the emergency department prior to initial antibiotic received in hospital, and discharge instructions for heart failure patients.

CMS also proposes to adopt new measures for FY 2016, including one new clinical process measure, influenza immunization, and two new healthcare-associated infection measures, Catheter-Associated Urinary Tract Infection (CAUTI) and Surgical Site Infection (SSI), the latter of which is stratified into two separate surgery sites.

The proposed rule outlines the proposed performance and baseline periods for the FY 2016 program, and proposes re-classification of the Hospital VBP program domains to more closely align with the National Quality Strategy in FY 2017. It proposes weighting for the proposed aligned domains for 2017, as well as proposed domain weighting under the current domain structure for FY 2016.

The proposed rule proposes performance standards, including achievement thresholds and benchmarks for the FY 2016 program, including the "floors" for all eight Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) dimensions.

The proposed rule proposes to use the same scoring methodology and performance standards previously adopted for the three 30-day mortality and Agency for Healthcare Research and Quality (AHRQ) patient safety composite measures for FYs 2017-2019. CMS has also proposed performance and baseline periods, as well as performance standards, for the three 30-day mortality and Agency for Healthcare Research and Quality (AHRQ) patient safety composite measures for FYs 2017-2019.

Additional Proposed Policies. CMS has also proposed a disaster/extraordinary circumstance waiver process under the Hospital VBP program, for a hospital struck by a natural disaster or experiencing extraordinary circumstances.

CMS proposes to allow a hospital to request a Hospital VBP program waiver at the same time that it makes a similar request under the Hospital Inpatient Quality Reporting (IQR) program. Based on prior experience with the Hospital IQR program, CMS anticipates providing such waivers only to a small number of hospitals.

More information about the Hospital VBP program is available online at:
<http://www.cms.gov/hospital-value-based-purchasing>.

CMS will accept comments on the proposed rule until June 25, 2013, and will respond to all comments in a final rule to be issued by August 1, 2013. The proposed rule, which includes tables for the proposed and previously adopted measures referenced in this fact sheet, can be downloaded from the *Federal Register* at:
<http://www.ofr.gov/inspection.aspx?AspxAutoDetectCookieSupport=1>.

The proposed rule will appear in the May 10, 2013 *Federal Register*.



Senior Vice President of Nursing

ERIE COUNTY MEDICAL CENTER CORPORATION

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

April, 2013

Educational Presentations:

- On April 10th, Andrew Grzeskowiak, RN, Diabetes Education Case Manager, along with Rita Hubbard-Robinson, Director of Institutional Advancement, met with representatives of the American Diabetes Association and Blue Cross/Blue Shield. The purpose of the meeting was to gather ideas from all parties on how we can help people take better care of their diabetes.
- Paula Quesinberry, RN, ECMC's Stroke Program Coordinator, provided stroke information at a health fair at the St. John Towers Senior Apartments on April 11th.
- JoAnn Wolf, RN, Unit Manager of 12 zone 1, and Carly Garretson, Nurse Practitioner in the Head & Neck, Plastic & Reconstructive Surgery Department, gave a poster board presentation at the Western New York Professional Nurses Association Scholar Day. The purpose of the event, held on April 16th at the Hearthstone Manor, was to educate the non-oncology nurse and improve their comfort level in caring for the oncology patient.

Northeast Kidney Foundation Honor:

Kristine Reed, RN, Renal Nurse Clinician was honored by The Northeast Kidney Foundation at their "Gift of Life" celebration on April 18th at the Brookfield Country Club. The event, sponsored in part by ECMC, paid tribute to those individuals who help to advance the mission of improving the lives of those affected by kidney disease and renal conditions, and to increase organ donation.

Buffalo News Recognition:

The Buffalo News selected Sonja Melvin, RN, to be featured in a special Nurses' Week *Buffalo News* insert as a "Nurse of Distinction" nominee, as well as Dan McCarten, RN, for "Outstanding Staff Nurse".

Nursing Newsletter:

Spring, 2013 welcomed the very first edition of our Nursing Newsletter, “The Scope”. The newsletter contains timely information on the nursing profession, as well as upcoming educational and social events for the staff. Congratulations to Nicole Derenda, Nursing Care Coordinator, who is doing a great job as the paper’s Editor.

Critical Care News

Lindsey Blair, RN, a charge nurse in the MICU, was chosen this month by her peers as the 2013 recipient of the *Patricia Losi Award for Excellence in Critical Care Nursing*. Congratulations, Lindsey!

The Western New York Chapter of the American Association of Critical Care Nurses hosted a conference on April 24th at the Buffalo Millennium Hotel. Over 130 nurses from throughout Western New York attended the conference on the topic of, “Basing Your Practice on the Evidence”. Assistant Director of Nursing, Michael Ackerman gave a sneak preview of the presentation he will be giving at this year’s AACN National Teaching Institute. ECMC’s Dr. Sergio Anillo also participated as a speaker at the event.

Pulmonary Conference:

Michael Ackerman, RN, along with Nicole Cretacci, RN, Unit Manager on 8 zone 1, attended a program in Binghamton, New York sponsored by VHA. Initiatives to reduce length of stay for patients with pulmonary disease was the theme of the April 25th program.



Vice President of Human Resources

**Report for the
Board of Directors
Human Resources Department
May 21, 2013**

- I. NYSNA Negotiations
The parties met in April to further discuss proposals. Additional sessions have been scheduled.
- II. Benefits & Wellness
Wellness: For National Walk at Lunch Day, participants met in the connecting hallway between the Hospital and Terrace View as the first joint activity.
- III. Workers Compensation Report – Hospital 2nd quarter
Total Incidents Reported: 49
Employees No Lost Time: 50
RTW/Modified Duty: 5
Employees W/Lost Time 9
Days Away from Work 76
- IV. Terrace View **Flash Report**
For 4/14/13 – 4/20/13
Number of new lost work days: 0
Number of employees on modified duty: 4
Number of employees who returned to work: 1
Total number of employees out on W/C: 9
Retired: 0
Number of new occurrences: 1
Terminations: 0
Injuries: when redirecting resident to room, Aide was punched in chest
- For 4/21/13-4/27/13
Number of new lost work days: 1
Number of employees on modified duty: 4
Number of employees who returned to work: 1
Total number of employees out on W/C: 9
Retired: 0
Number of new occurrences: 1
Terminations: 0
Injuries: boosting resident up in bed, right shoulder strain
- For 4/28/13- 5/7/13
Number of new lost work days: 3 (all from old injuries)
Number of modified workers: 5
Number of employees who returned to work: 0
Total number of employees out on W/C: 12

Retired: 0
Number of new occurrences: 1
Terminations: 0
Injuries: Exacerbation of old back injury – chronic pain - LPN

- V. Employee Turnover Report
Hospital: April 2013 = 0.62%
Terrace View: 1st Quarter = 0.05%
- VI. Recruitment Activities for period from 1/2/13 – 4/16/13
(1) All Applicants - total of 8,177 applicants
(2) New Hires - total of 244 new hires
- VII. Consolidation of Services
Discussions are on-going with Kaleida Health regarding the Behavioral Health and the Laboratory Medicine consolidations.
- VIII. Terrace View
Report prepared by Nancy Curry, Associate Director of Administration
1. A Steering Committee was formed to address multiple issues in the new facility. Members of committee include all levels of the organization. First meeting was held April 12, 2013 and has met weekly. Committee is currently focused on staffing issues, improving communication, training, supply distribution and resident transport. Three sub-committees have been formed:
 - a. Resident Independence
 - b. Policy & Procedure
 - c. Housekeeping/Support Services
 2. A new consultant has been hired. Jeannine Brown-Miller will work with Steering Committee and sub-committees. She has had lengthy experience working with both public sector and health care employees. Ms. Brown-Miller will assist us in problem analysis and determining goals and actions to resolve issues.
 3. Management staff is having open meetings with staff monthly to address concerns. Meetings are timed so that there is an opportunity for all shifts to attend.
 4. A staff suggestion box has been installed. Suggestions so far include; more variety in café, outside area for staff break area, fast food franchise to replace resident used clothing room, increased housekeeping supervision on weekends, swipe entry for mailroom.
 5. Upcoming trainings for all staff:
 - a. Attendance Guidelines by O'Hara and Staff
 - b. Customer Service
 - c. Communication Skills
 6. Training that has been held since opening:
 - a. Neighborhood Staff Orientation

- b. Ceiling Lifts
 - c. Meditech
 - d. Wound Vac
 - e. Basic Life Support
 - f. New IV Pump
 - g. Feed Pumps
 - h. Parker Tub
7. PESH Update-last meeting with PESH representatives was held 4/22/13 in which union reps attended. We are on track with meeting compliance. We did not receive the training grant. Audits are on-going with use of lift equipment.
8. New Hires

Position	Number of Hires
Certified Nursing Assistant	11
Licensed Practical Nurse	11
Security	5
Housekeeping	3
Bio Med Tech	1
RN	1
Telephone Operator	1
Total Outside Hires	33
Internal Transfers	8
Total New Staff	41

Home Zip	Hire Number
Buffalo 14215	9
Buffalo 14211	2
Buffalo 14214	2
Buffalo 14216	2
Other Buffalo Zips	3
Total City Hires	18
Suburban	15

Vacancies currently posted	Number of Positions
Licensed Practical Nurse	19
Certified Nursing Assistant	12
RN	5
Housekeeping	2
Occupational Therapist	1
Total	39

IX. RETIREMENTS

ECMCC

2013 Retirement Tracking

N. Tucker

4/29/2013

CSEA Includes ECMC & Terrace View

Month

Retirements	Jan, 2013	Feb, 2013	Mar, 2013	Apr, 2013	May, 2013	June, 2013	YTD TOTAL
Regular	2	3	10	5			20
Disability	0	0	1				1
Total	2	3	11	5	0	0	21

AFSCME Includes ECMC & Terrace View

Month

Retirements	Jan, 2013	Feb, 2013	Mar, 2013	Apr, 2013	May, 2013	June, 2013	YTD TOTAL
Regular	4	2	3	1			10
Disability	0	1	0				1
Total	4	3	3	1	0	0	11

NYSNA Includes ECMC & Terrace View

Month

Retirements	Jan, 2013	Feb, 2013	Mar, 2013	Apr, 2013	May, 2013	June, 2013	YTD TOTAL
Regular	2	2	3	5			12
Disability	0	0	0	0			0
Total	2	2	3	5	0	0	12



Chief Information Officer



HEALTH INFORMATION SYSTEM/TECHNOLOGY

May 2013

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

Clinical Automation/Strategic Initiatives.

Great Lakes Health Care System - Lab Integration. Working with the clinical steering committee, the IT team is working toward an August 1, 2013 deliverable date for transitioning the Anatomical Pathology services to the Super Lab model. We are establishing a permanent 'dark fiber' self-provisioned data link between ECMC and Kaleida Health allowing for secure enhanced data communication between the two organizations. Establishing the 'reference model' for the remaining Laboratory Services requires a larger build, configuration and testing strategy therefore requiring more time to effectively implement., The team has also agreed to develop the solution in each of the facilities new release of our health care information system. With this in mind, we are striving toward an early September delivery date and are in the process of finalizing specifications and milestone dates. We will present to the Great Lakes Steering Committee no later than May 29, 2013. **Cardiovascular (CVIS) System Integration.** Working with Kaleida's IST department we are developing a prototype for physicians to access patient CVIS images through a vendor neutral tool. Proposal will be presented to the physician leadership to define next steps. In addition, the ECMC team is working with its current vendor to reduce the annual software maintenance cost to accurately align with our current volume of tests.

Allscripts Ambulatory Clinic Electronic Medical Record. We have successfully completed the Internal Medicine Clinic go live. While continuing to provide daily support to this clinic, we have now partnered with the Immunodeficiency Clinic to begin a 90 day roll out strategy. We are also working toward completing the PCMH configuration and reporting requirements. Working with Ambulatory leadership, we will be defining an 18 month strategy for implementing the EHR throughout the campus. We are aggressively recruiting 2.5 FTE's to support the initiatives listed above.

ARRA Meaningful Use - Inpatient and Outpatient Report Card. Continue to monitor MU stage 1 for inpatient through the Clinical Informatics Steering Committee. To date, we are maintaining the appropriate reporting mechanisms required for MU Stage 1. In preparation for Meaningful Use Stage 2 we are focusing on the following initiatives

- Successfully completed Meditech 5.66 pp 1 installation in our test region. We will begin working with our business owners to perform unit and integrated/validation testing.
- Working with WNY Healthelink to interface inpatient immunization information to NYS.
- Scheduled CPOE with limited medication reconciliation go live for TCU. In the initial stages for workflow design and requirement design for ICU's area.

Security System Expansion. Working with the Security/Police Chief and his team, we are in the process of performing a system analysis and to develop a workplace for future enhancements. This will include

recommendation for a comprehensive power redundancy solution for our data network throughout the campus. In addition, we have handed off the daily operations of the access badge process to Human Resource. This along with the production of the badges to support the re-badging of the ECMC workforce will allow the organization to begin to utilize the new system for parking and access control throughout the entire campus.

Operational Efficiencies.

- Finalizing the proposal for to replace existing audio/video equipment in the Staff Dining Room and Board of Directions.
- Expansion of system management tools to account for the growth of network and computer devices within our system.
- With the HP Managed Print contract in place, we have kicked off the managed print project with the vendor. Our goal is to improve end user efficiencies; reliability of the services provided and takes advantage of cost efficiencies. We will develop milestone dates and end user requirements over the next several weeks.
- Upgrading our current firewall to redundant Checkpoint appliances. This will improve performance and the resiliency of our current solution.
- Upgraded our anti-virus environment and transitioned it to our virtual server environment. This change represents a signification processing enhancement and improvement.



Sr. Vice President of Marketing & Planning

Marketing and Development Report
Submitted by Thomas Quatroche, Jr., Ph.D.
Sr. Vice President of Marketing, Planning and Business Development
May 28, 2013

Marketing

New image “It’s happening here” campaign underway
Further marketing efforts for Regional Center of Excellence in Transplantation and Kidney Care underway

Planning and Business Development

GVI transfer of PCI transfer completed and EP transfer to be completed June 1st
Operation room expansion planning completed and DOH conditions answered
Medical Office Building Approved
Planning underway for Orthopedic Floor
Coordinating integration of cardiac services with GVI
Working with Professional Steering Committee
Developing primary care and specialty strategy and have had multiple confidentiality agreements signed
Primary care practices growing and specialties seeing patients at locations

Media Report

- **The Buffalo News; WIVB-TV, Channel 4: Retired State Police major takes over ECMC security.** Retired State Police Maj. Christopher L. Cummings has been named chief of security at Erie County Medical Center.
- **MetroWNY: Neil Dashkoff receives Gold DOC award.** Erie County Medical Center recently received notification from the Arnold P. Gold Foundation that ECMC Cardiac Catheterization Director Neil Dashkoff, MD is being recognized by the foundation with a “Gold DOC” award.
- **WGRZ-TV, Channel 2; YNN: ECMC Celebrates the 24th Annual Springfest Gala at Buffalo Niagara Convention Center.** Almost 1,400 attendees came together to honor Dr. Michael Manka, Peggy Cramer, RN, MS and Douglas H. Baker, President and Founder of Mercy Flight, Inc.
- **Auto123.com; bignewsnetwork.com: Study shows that SUVs are safer than cars in head-on collisions.** A new US study to be presented at an emergency medicine conference claims that the driver of an SUV is as much as 10 times more likely to survive in a head-on collision with a passenger car. Dr. Detrich Jehle is quoted.
- **The Buffalo News: HEALTHeLINK appoints new board members.** Erie County Medical Center’s CEO, Jody Lomeo is appointed a director of the HEALTHeLINK Board.

Community and Government Relations

Lifeline Foundation Mobile Mammography Unit has screened over 1,000 women
Several tours held with community leaders and potential donors
Continuing to work with other PBC hospitals on legislation and advocacy efforts and currently working with them on “pension smoothing” efforts
Working with other NY State PBC’s on NYS Medicaid waiver.

Surgical Services

Operating room volume up 1% or 35 cases
Total joint surgical volume growth up 35% or 65 cases
Consolidation of cardiac services line with GVI, elective open heart and interventional catheterization will be done at the GVI; Trauma surgical care will be maintained along with diagnostic catheterizations.

Ongoing development of two addition OR suits in the renal building to streamline ambulatory surgical care, projected to open January 2014

Patient experience meetings help with pre and post op staff with various hospital departments

Oncology

2,317 visits through May

Hiring nursing management

Chart audits being conducted for proper documentation

Lisa Zoltak, RN (Specialty Clinics Charge Nurse) currently working with Oncology nurses for Joint Commission readiness

RN's currently taking chemo courses at RPCI

New infusion pumps implemented

NEW BUSINESS

OLD BUSINESS



Medical-Dental Executive Committee

**MEDICAL EXECUTIVE COMMITTEE MEETING
MONDAY, APRIL 22, 2013 AT 11:30 A.M.**

Attendance (Voting Members):

Amsterdam, Daniel, PhD	Flynn, William, MD	
Bakhai, Yogesh, MD	Hall, Richard, MD, DDS, PhD	
Bennett, Gregory, MD	Izzo, Joseph, Jr., MD	
Cloud, Samuel, DO	Kowalski, Joseph, MD	
Dashkoff, Neil, MD	LiVecchi, Mark, MD	
Davis, Howard, MD	Malik, Khalid, MD	
Desai, Ravi, MD	Manka, Michael, MD	
DeZastro, Timothy, MD	Panesar, Mandip, MD	
Ebling, Nancy, DO	Venuto, Rocco, MD	
Ferguson, Richard, MD		

Attendance (Non-Voting Members):

Murray, Brian, MD	Stansberry, Andrew, PA	
Cleland, Richard	Feidt, Leslie	
Fudyma, John, MD	Gerwitz, Randy	
Ksiazek, Susan	Krawiec, Ronald	
Lomeo, Jody	Victor-Lazarus, Ann, MS, RN	
Orlick, Arthur, MD	Sammarco, Michael	

Excused:

Azadfard, Mohammadreza, MD	Loree, Thom, MD	
Barnabei, Vanessa, MD	Reidy, James, MD	
Belles, William, MD	Stegemann, Philip, MD	
Chopko, Michael, MD	Woytash, James, MD	
Downing, Stephen, MD		
Gogan, Catherine, DDS		

Absent:

None		

I. CALL TO ORDER

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

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

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

III. TRANSITIONAL CARE UNIT PRESENTATION – A. Orlick, MD

- A. Dr. Orlick provided an overview of the new TCU unit, noting that it is the only one in Western New York. He provided explanation of the difference between TCU, Sub-Acute Rehab and Inpatient services.

Proper billing was also reviewed for consultations provided within the unit. Benefits to the patient and the hospital were explained. A more detailed account can be found in the Chief Medical Officer's report.

IV. PRESENTATION TO MR. ED LEISNER, SR. LIBRARIAN

- A. **Mr. Ed Leisner, Sr. Librarian**, has announced his retirement after 37 years of dedicated service. He was presented with a beautifully framed print of the hospital and commemorative plaque. Additionally, the conference room in the library will be named the "Edward Leisner Conference Room" in further recognition of his dedicated service.

V. CEO/COO/CFO BRIEFING

- A. **CEO REPORT -**
1. **LIFELINE FOUNDATION** – A pre-auction party, as part of the Springfest Gala, will be held tomorrow, April 23, 2013 at Salvatores. Tickets are still available for those who wish to attend. For the May 11, 2013 Springfest, 200 tickets are remaining.
 2. **OPERATIONS** – Volumes are slightly down at present. More focused service line planning is expected, starting with Trauma. Administration will be working with each department as part of this initiative. Mr. Lomeo advised that administration is looking at cutting \$10 million from the budget both by growing revenue and reducing expenses as this is the expected budget impact.
 3. **PARKING** – Mr. Lomeo met with physician leadership last week to discuss some issues related to parking and how it effects their patients and their practice on campus. The financial impact is significant if parking fees were eliminated. It was proposed to have the first four hours be \$2.00, the next four hours \$2.00 for a total of \$4.00 and free parking after 4:00 p.m. and on weekends. The long-term trauma patients were identified as another group of people who should be considered for free or reduced parking.
- D. **RAISING THE BEAM CEROMONY TODAY, APRIL 22** – Mr. Cleland reports that the "raising the beam" will occur today on the new Behavioral Health building. The first 18 bed unit should be open by September as part of the consolidation with Kaleida and CPEP renovation complete by January.
- E. **AMBULATORY SURGERY CENTER** – An expedited schedule has been requested and it is hoped that the ORs will be up and operational by December. The medical office space should be completed soon thereafter in early 2014 for occupancy.

F. FINANCIAL REPORT – Michael Sammarco, CFO

- a. FINANCIALS** – Discharge volume is down from last year. LOS is up to 6.7 in March. Census is higher than anticipated. FTEs are under control. Case mix index on non-Medicare patients was low. Loss for the month of March (consolidate) was \$1 million with a year to date of \$4.8 million loss.

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

A. UNIVERSITY AFFAIRS

Dr. Murray regrettably reports that after an appeal and repeat inspection of the program, the Residency Review Committee of the ACGME has decided to stand by its initial decision to withhold accreditation from the UB Dermatology residency program. The program, will arrange for the transfer of all remaining residents to other programs and will need to work on an application to reestablish a new residency program

B. PROFESSIONAL STEERING COMMITTEE

Next meeting of the Committee will be in June. A verbal report was provided by the CMO.

C. MEDICAL STAFF AFFAIRS

See separate report by Sue Ksiazek for full details.

D. UTILIZATION REVIEW	January	February	March	YTD vs. 2013 Budget
Discharges	957	872	949	-3.6%
Observation	190	157	160	+49.7%
LOS	6.6	6.5	6.8	+15.9%
ALC Days	306	326	408	-9.6%
CMI	1.94	1.92	1.85	-8.9%
Surgical Cases	868	899	850	down 4.0%
Readmissions (30d)	NA	NA		

E. CLINICAL ISSUES

a. TRANSITIONAL CARE UNIT AT ECMC

The TCU bridges the transition from acute hospitalization to discharge home by delivering acute care services to patients no longer

requiring acute care inpatient services but continue to need specialized medical, nursing, and/or restorative services before being ready for discharge. The ultimate goal is to assist patients in regaining their independence so that they may return home with confidence.

The following services are provided in the TCU:

1. Acute medical therapies such as IV antibiotics and other medications, complex wound care, tube feeding and respiratory therapies etc.
2. Physical, occupational and speech therapies
3. Nutritional counseling
4. Ongoing educational programs directed towards the underlying medical problem
5. Recreational therapies

The composition of the staff as well as nursing ratios allow us to provide the acute medical therapies for the patients and is what sets us apart from a traditional subacute unit. The staff is assigned to exclusively provide services to the patient's of the unit. The disciplines represented are: Nurses with acute care background, an attending physician assisted by a mid-level provider, physical and occupational therapists, dietitians, social workers, and activity specialist. The staff works together to develop a care plan individualized for each patient. Multidisciplinary rounds are held each day to monitor the progress of each patient. Adjustments to the care plan are made as necessary in order to assure that the most appropriate and highest quality care is being delivered to the patient's in the unit.

The TCU is a separate and self contained unit with a home like environment located on 6 zone 2. There is a state of the art bath facility, a dedicated gym, dining and lounge area and an activities area.

The TCU patient is an individual who is unable to actively participate in therapies for the required time in the acute rehabilitation unit yet needs more intense skilled nursing care and restorative therapies than the skilled nursing facility can provide. The following are examples of the types of patients that would be appropriate for TCU admission:

1. Postoperative orthopedic/neurologic patient's with complex medical problems
2. Deconditioned cardiopulmonary patients
3. Patients with complex wounds requiring specialized wound care and intravenous antibiotics
4. Acute dialysis patients requiring intravenous antibiotics for underlying infection or other medical interventions
5. Post renal transplant patients requiring additional medical interventions or restorative therapies prior to discharge.

6. Medically complex patient with multiple medical problems requiring restorative therapies to ensure a safe discharge

The goal LOS for the TCU patient's will be between 7 and 14 days with the majority of the patient's having a defined discharge plan in place prior to admission to the TCU. It is expected that most of the patient's will be discharged home.

We plan on assessing our performance by tracking the following quality and outcome measures:

1. Length of stay by primary DRG
2. Change in risk adjusted FIM score (Functional Independence Measure)
3. Change in ambulation distance by DRG
4. Change in assist scale
5. Readmission rates to acute hospital
6. % discharge to home
7. Pressure ulcer rate
8. Fall rate
9. Pain management results
10. Patient satisfaction survey results

b. NY State ENACTS “RORY’S LAW”.

Every hospital in New York must adopt aggressive procedures for identifying [sepsis](#) in patients, including the use of a countdown clock to begin treatment within an hour of spotting it. Specific requirements include:

405.4 Medical staff.

(a) Medical staff accountability. The medical staff shall be organized and accountable to the governing body for the quality of medical care provided to all patients.

(4) The medical staff shall adopt, implement, periodically update and submit to the Department evidence-based protocols for the early recognition and treatment of patients with severe sepsis and septic shock (“sepsis protocols”) that are based on generally accepted standards of care. Sepsis protocols must include components specific to the identification, care and treatment of adults, and of children, and must clearly identify where and when components will differ for adults and for children. These protocols must include the following components:

(i) a process for the screening and early recognition of patients with sepsis, severe sepsis and septic shock;

(ii) a process to identify and document individuals appropriate for treatment through severe sepsis and septic shock protocols, including explicit criteria defining those patients who should be excluded from the protocols, such as patients with certain clinical conditions or who have elected palliative care;

(iii) guidelines for hemodynamic support with explicit physiologic and biomarker treatment goals, methodology for invasive or non-invasive hemodynamic monitoring, and timeframe goals;

(iv) for infants and children, guidelines for fluid resuscitation with explicit timeframes for vascular access and fluid delivery consistent with current, evidence-based guidelines for severe sepsis and septic shock with defined therapeutic goals for children;

(v) a procedure for identification of infectious source and delivery of early antibiotics with timeframe goals; and

(vi) criteria for use, where appropriate, of an invasive protocol and for use of vasoactive agents.

(5) The medical staff shall ensure that professional staff with direct patient care responsibilities and, as appropriate, staff with indirect patient care responsibilities, including, but not limited to laboratory and pharmacy staff, are periodically trained to implement sepsis protocols required pursuant to paragraph (4) of this subdivision. Medical staff shall ensure updated training when the hospital initiates substantive changes to the protocols.

(6) Hospitals shall submit sepsis protocols required pursuant to paragraph (4) of this subdivision to the Department for review not later than September 3, 2013. Hospitals must implement these protocols after receipt of a letter from the Department indicating that the proposed protocols have been reviewed and determined to be consistent with the criteria established in this Part. Protocols are to be implemented no later than December 31, 2013. Hospitals must update protocols based on newly emerging evidence-based standards. Protocols are to be resubmitted at the request of the Department, not more frequently than once every two years unless the Department identifies hospital-specific performance concerns.

(7) Collection and Reporting of Sepsis Measures.

i) The medical staff shall be responsible for the collection, use, and reporting of quality measures related to the recognition and treatment of severe sepsis for purposes of internal quality improvement and hospital reporting to the Department. Such measures shall include, but not be limited to, data sufficient to evaluate each hospital's adherence rate to its own sepsis protocols, including adherence to timeframes and implementation of all protocol components for adults and children.

(ii) Hospitals shall submit data specified by the Department to permit the Department to develop risk-adjusted severe sepsis and septic shock mortality rates in consultation with appropriate national, hospital and expert stakeholders.

(iii) Such data shall be reported annually, or more frequently at the request of the Department, and

(8) Definitions. For the purposes of this section, the following terms shall have the following meanings:

(i) sepsis shall mean a proven or suspected infection accompanied by a systemic inflammatory response;

(ii) for adults, severe sepsis shall mean sepsis plus at least one sign of hypoperfusion or organ dysfunction; for pediatrics, severe sepsis shall mean sepsis plus two organ dysfunctions or acute respiratory distress syndrome; and

(iii) for adults, septic shock shall mean severe sepsis with persistent hypotension or cardiovascular organ dysfunction despite adequate IV fluid resuscitation; for pediatrics, septic shock shall mean severe sepsis and cardiovascular dysfunction despite adequate IV fluid resuscitation.

- F. **HISTORY AND PHYSICAL AUDIT** – An audit was performed of charts in the first quarter of 2013 to ensure H & Ps are completed within 24 hours. The report was provided to the Committee and a reminder of the requirement was outlined. A written report is received and filed.

VII. ASSOCIATE MEDICAL DIRECTOR REPORT – John Fudyma, MD

- A. **PATIENT EXPERIENCE** – ECMC is currently in its measurement period. Data was presented at the recent Medical Staff meeting on April 17th. Physician communication scores are improving. Additional individual physician reports will be provided to the top volume providers and departmental reports will also be provided (it will be blinded). Dr. Fudyma noted that including patients in their treatment plan is one of the lower scores and female patients tend to rate communication with physicians lower than male patients.

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

- A. Written report provided. Ms. Ksiazek advised about the progress of the practitioner health advisory committee which was elaborated under “old business”.

IX. LIFELINE FOUNDATION – Susan Gonzalez

- A. In addition to Mr. Lomeo’s comments, a written report was provided.

X. CONSENT CALENDAR

	MEETING MINUTES/MOTIONS	ACTION ITEMS
A.	MINUTES OF THE Previous MEC Meeting: March 25, 2013	Received and Filed
B.	CREDENTIALS COMMITTEE: Minutes of April 2, 2013	Received and Filed
	- Resignations	Reviewed and Approved
	- Appointments	Reviewed and Approved
	- Reappointments	Reviewed and Approved
	- Dual Reappointment Applications	Reviewed and Approved
	- Provisional to Permanent Appointments	Reviewed and Approved
C.	HIM Committee: Minutes of March 28, 2013	Received and Filed
	1. PDOC Template Physician Discharge Summary (Medicine Services)	Reviewed and Approved
	2. Head & Neck Cancer & Reconstructive Surgery Survey	Reviewed and Approved
	3. Physician Discharge Order Form	Reviewed and Approved
D.	P & T Committee Meeting – April 3, 2013 Minutes	Received and Filed
	1. Antimicrobial Subcommittee Minutes	Reviewed and Approved
	2. Increase maximum concentration of vancomycin to 10 mg/mL	Reviewed and Approved
	3. Eribulin, Levoleucovorin, Pegfilgrastim, Pralatrexate – Add to Formulary	Reviewed and Approved
	4. Radiopharmaceuticals: add Nuclear Medicine agents to Formulary	Reviewed and Approved
	5. Tranexamic acid – add to Formulary and F-08 Non-FDA Approved Uses	Reviewed and Approved
	6. F-08 Utilization Of Drugs For Non FDA Approved Uses – add tranexamic acid	Reviewed and Approved
	7. Darunavir 800 mg tablets – add line extension to Formulary	Reviewed and Approved
	8. Darunavir 400 mg tablets – delete from Formulary	Reviewed and Approved
	9. TI-57 – ACE/ARB Interchanges	Reviewed and Approved
	10. IV-09 Adult Standard Solutions – approve revision for norepinephrine	Reviewed and Approved
	11. Look-Alike, Sound-Alike Medications – approve revisions	Reviewed and Approved
E.	Clinical Informatics Committee – February 25, 2013 Minutes & March 25, 2013	Received and Filed
F.	OR Committee – February 13, 2013 Minutes	Received and Filed

X. CONSENT CALENDAR, CONTINUED

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

MOTION UNANIMOUSLY APPROVED.

B. MOTION: The Medical Dental Staff will grant a gift in the amount of \$10,000 to the Jackie Wisniewski Scholarship Fund to honor her memory in support of her son to be drawn from the Medical Staff Account.

MOTION UNANIMOUSLY APPROVED.

C. MOTION: Consideration of purchase of (2) GlideScope Rangers for Mercy Flight in the amount of \$20,000 from the Medical Dental Staff Treasury. This device allows the practitioners to view the condition of the patient's throat in the field and assists in better trach placement. Currently no device is available to assist the field teams and funding is not available via Mercy Flight.

MOTION FAILED.

DISCUSSION: As ECMC is not the exclusive user of Mercy Flight, the MEC members empower CEO Jody Lomeo to work with the CEO of Mercy Flight to reach out to our community partners in finding the funding for these devices. ECMC Medical Dental Staff is willing to participate in this effort. Additionally, a request to support this purchase has been submitted to the Lifeline Foundation.

MOTION to empower CEO Jody Lomeo to reach out to CEO of Mercy Flight as part of a corporate challenge to obtain funding from multiple users of Mercy Flight service for the purchase of (4) GlideScope Rangers for use on the (4) Mercy Flight helicopters. ECMC Medical Dental Staff is willing to participate in this effort.

MOTION UNANIMOUSLY APPROVED.

XII. OLD BUSINESS

A. Medical Dental Staff Meeting Held April 17, 2013. Approximately 60 were in attendance at the staff meeting.

B. Activation of the Practitioner Health Advisory Committee. Dr. Hall announced the following members have volunteered to participate on the committee:

Yogesh Bakhai, MD – Psychiatry (Chair)
Richard Hall, MD – President/Officer Representative (Ex-Officio)
Brian Murray, MD – CMO (Ex-Officio)
Mandip Panesar, MD – Renal
Mark Laftavi, MD – Transplant
Michael Manka, MD – Emergency
David Shapiro, MD – Anesthesia
Kathleen Quinlan, MD – Psychiatry
Nour Masud, MD – Dentistry
James Woytash, MD – Pathology
Stella King, MD – Family Medicine (Chem Dependency)

John Campbell, MD – Oral/Maxillo Facial Surgery
Ravi Desai, MD – Pulmonologist/Critical Care
Joseph Kowalski, MD – Orthopedic Surgery
Andrew Stansberry, PA – Allied Health

The committee will hold its first meeting on May 8, 2013 and plans to meet quarterly or more frequently if need arises. Many thanks to all those who agreed to participate.

XIII. NEW BUSINESS

- A. **MEDICAL LIBRARY REPORT** – Dr. Murray provided a report on the status of the medical library. The report is received and filed. It is intended that upon Mr. Leisner’s retirement, Administration will not fill his position reducing the number of FTE’s in the library from 1.5 FTEs to .5 FTEs. Additionally a reduction in journals and hours of operation will be impacted. This also would limit access to the computer room as it is only open during operational hours when the librarian is present. The Medical Dental Staff provides \$30,000 toward purchase of journals which with the reduction in cost, Dr. Murray proposed that this money be used to maintain the book collection which is nearly the same amount. In turn, a proposal will be presented to administration to hire an additional .5 FTE for expanded hours of operation. The importance of this fine asset was stressed by members and the desire to have both the Medical Staff and administration continue to support the level of excellence provided by the library, being one of the finest hospital medical libraries in the area.

MOTION: The Medical Dental Staff will continue to provide financial support as is currently provided up to \$60,000 per year as needed to purchase journals and other book items in the library.

MOTION UNANIMOUSLY APPROVED.

XIV. ADJOURNMENT

There being no further business, a motion was made to adjourn to Executive Session, seconded and unanimously approved to adjourn the regular session of the Medical Executive Committee meeting at 12:45 p.m.

Respectfully submitted,



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

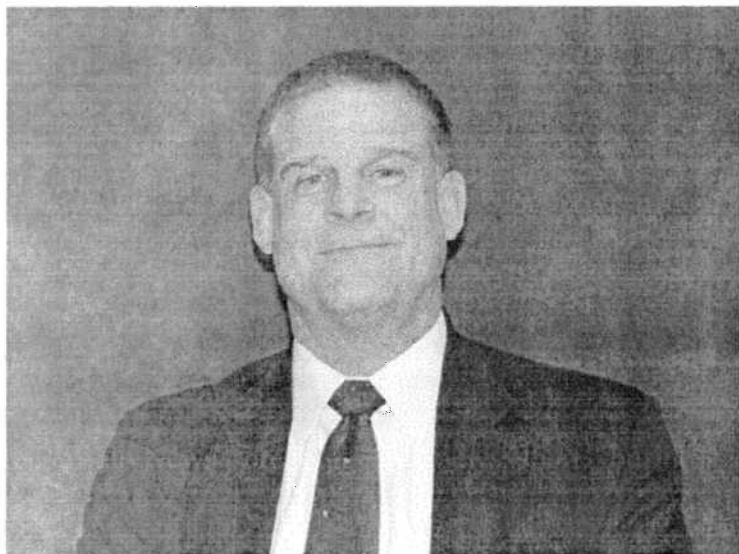
Reading Material



**From the
Chief Executive Officer**

Monday, April 29, 2013
The Buffalo News.com (/)

City & Region



Christopher L. Cummings says he is "proud to be part of the team" at ECMC.

Retired State Police major takes over ECMC security

BY: [Lou Michel \(mailto:lmichel@buffnews.com\)](mailto:lmichel@buffnews.com)

Published: April 27, 2013, 05:47 PM

Updated: April 27, 2013, 05:58 PM

Retired State Police Maj. Christopher L. Cummings has been named chief of security at Erie County Medical Center.

Cummings, who supervised about 450 sworn personnel and civilian employees as head of the New York State Police's Troop A in Western New York, replaces Kevin Comerford, who left the post last year.

"After a lengthy search process, we are extremely pleased to get someone of Chris Cummings' caliber," said ECMC chief executive officer Jody L. Lomeo. "We look forward to Chris Cummings' leadership as we continue our commitment to maintain the safest environment for our patients and visitors."

Cummings, 53, played a key role in helping the Buffalo Police Department by providing resources in the effort to dismantle street gangs. He also provided state trooper patrols in the city's high crime neighborhoods under Project Impact.

"After a fulfilling career with the State Police, I was looking for an organization that was focused on our community. ECMC is a perfect fit," Cummings said. "I have watched for decades as ECMC's Regional Trauma Unit, ER doctors and staff saved numerous lives and played a leadership role in our community, and I am proud to be part of the team."

He is a 29-year veteran of the State Police.

Cummings' duties will include a review and redesign of the hospital's safety and security measures, according to ECMC officials.

Cummings remains active in a number of police organizations, including the New York State Executive Committee on Counter Terrorism, the Western New York Chiefs of Police Association, and the 100 Club of Buffalo.

He is also a board member of the Erie County Community College Alumni Association.

Rising through the ranks of the State Police, Cummings served as a lieutenant and zone captain in Canandaigua, and as captain of the Western Region Internal Affairs Bureau before becoming the highest-

ranking state police official in this region as major.

He has also received six New York State Police Superintendent's commendations, including one for his supervision of law enforcement in response to the crash of Colgan Air Flight 3407 in Clarence Center in 2009, which killed 50 people.

email: fmichel@buffnews.com

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Reaching beyond the doors of the ER

HealthiER gives UB students opportunity to become well-rounded doctors

By HANNAH BENDER

Freelance Writer

Published: Thursday, April 25, 2013

Updated: Thursday, April 25, 2013 19:04

Amy Rockwood noticed a problem. She realized many patients using the Erie County Medical Center (ECMC) emergency room shouldn't actually be there.

Rockwood, a licensed master social worker (LMSW) at ECMC's University Emergency Medical Services, said there is a lack of primary care providers in Buffalo. So, patients visit the ER for non-emergent issues.

In May 2012, Rockwood won a \$2.7 million state grant regarding health care costs and their correlation to health improvement in local citizens. She used it to create the program HealthiER to educate citizens on self-managing their issues that come with chronic health problems instead of relying on the ER.

"The [traditional] health system sort of ignores the social determinants of health," said Anthony Billittier IV, an attending physician at ECMC, assistant professor of emergency

medicine at UB and dean of the School of Health Professions at D'Youville College. "The reality is that the root of their problems is seated in their socioeconomic environment."

Rockwood believes social factors play a major role in health care. Her experience in the social aspect of medical care in Buffalo caused her to notice the area is severely deficient in primary doctors.

She feels this lack of availability turns into an absence of education and resources, forcing patients who would usually be able to self-manage their chronic illnesses – like diabetes, high blood pressure or arthritis – to visit the ER every time their condition flares up. Rockwood saw the grant as a perfect opportunity to help take some of the pressure off Buffalo's emergency rooms.

Liza Pomerantz and Juliana Wilson, residents in the UB School of Medicine, will work with the program over the summer and conduct house visits of patients with chronic illnesses. The visits will encourage patients to keep themselves as healthy as possible while exposing the doctors to other parts of health care that are not taught in the classroom.

Heading the design proposal, Rockwood brainstormed with Billittier. She delivered the proposal in June and received the grant a few weeks later.

In a mere three months, Rockwood and her team created HealthiER and transformed the program from an idea in her head to a functional organization with a trained staff, ready to enroll patients.

The program's employees are known as "community health workers," individuals living in the same areas as the patients HealthiER plans to reach. Rockwood feels that using members from the community to help the public allows them to make a connection that is impossible to have between the doctor and patient.

Community health workers will contact patients who live in the City of Buffalo and have visited the ER at least twice in the past year. These individuals often have chronic problems that are difficult to manage, usually due to a lack of resources or poor education about their conditions, according to Billittier.

The community health workers will work with the patients, assisting in giving the patient access to a primary care provider, health insurance applications and other medical services if needed. These connections will serve to educate patients and connect them with resources

that allow them to manage most of the symptoms of their illnesses without a trip to the doctor's office.

"Once we send patients on their way, we won't actually leave them," Billittier said in an interview for *ED Management*, a medical publication. "The community health workers will do what they can to make patients' lives better, so they will have better health."

For Rockwood, the best aspect of HealthiER is its involvement of all facets of health care. HealthiER combines the social aspects, usually not addressed by an ER doctor, with the medical aspects seen inside the doors of the emergency room.

"It's a tremendous opportunity for the collision of the medical and scientific side of human care and the human service and social service side of human care to come together to treat patients in a holistic way," Rockwood said. "They can be exposed to the whole person and take care of them that way."

While the program allows doctors to view patient interaction in a different light, Rockwood also believes student involvement, from all fields, is pivotal. UB's medical students will be engaged, assisting on-call doctors with house visits to learn about social and economic correlations to health problems. Rockwood believes this is a great way to learn the many facets of providing health care and what it truly entails.

Rockwood hopes the program will lead to well-rounded health care in the future when the students themselves are doctors.

Email: news@ubspectrum.com

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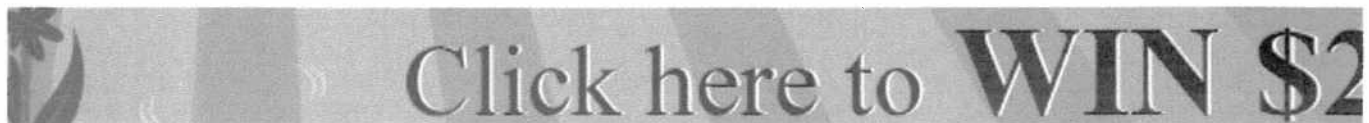
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Articles



Neil Dashkoff receives Gold DOC award

Thursday April 25, 2013 | By: Metro Source Staff | News

BUFFALO - The Erie County Medical Center (ECMC) Corporation recently received notification from the Arnold P. Gold Foundation that ECMC Cardiac Catheterization Director Neil Dashkoff, MD, is being recognized by the foundation with a "Gold DOC" award.

The Gold Foundation established this recognition to give patients and their family members the opportunity publicly to pay tribute to physicians when they feel the care they have received demonstrates exemplary skill, sensitivity and compassion.


Promoting the vital importance of humanistic medical practice is central to the mission of the Gold Foundation, which guides patients and their caregivers to seek, and be able to identify, exemplars of compassionate care as well as clinical excellence.

The humanistic director (Gold DOC) demonstrates a variety of attributes including: integrity, excellence, compassion, altruism, respect, empathy and service. When practiced, humanism in medicine fosters relationships with patients and other caregivers that are compassionate and empathetic. It also describes attitudes and behaviors that are sensitive to the values, autonomy, cultural and ethnic backgrounds of others.

To review the Gold DOC recognition directory, now including Dr. Dashkoff, visit <http://bit.ly/FindYourGoldDOC>.



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Death most likely in smaller, lighter vehicle in a two-vehicle crash

Big News Network (UPI) Wednesday 15th May, 2013

BUFFALO, N.Y. -- Consumers should consider the greater safety of sport utility vehicles in head-on crashes with cars when making a purchase, U.S. researchers suggest.

Dr. Dietrich Jehle, University at Buffalo professor of emergency medicine at Erie County Medical Center, and colleagues said drivers of passenger cars were more than four times more likely to die even if the passenger car had a better crash rating than the SUV.

In addition, the researchers found in head-on collisions between passenger cars and SUVs, drivers in passenger cars were nearly 10 times more likely to die if the SUV involved had a better crash rating.

The University at Buffalo researchers analyzed severe head-on motor vehicle crashes from the Fatality Analysis Reporting System database from 1995-2010. The database includes all motor vehicle crashes that resulted in a death and includes 83,521 vehicles involved in head-on crashes.

The crash ratings, from one to five stars, are based on data from frontal, side barrier and side pole crashes that compare vehicles of similar type, size and weight. The one- to five-star safety rating system was created in 1978 by the National Highway Traffic Safety Administration.

Jehle, the study's lead author, said after manufacturers addressed the rollover problem with SUVs that plagued these vehicles in the 1980s and 1990s, such crashes are now much less common.

"Currently, the larger SUVs are some of the safest cars on the roadways with fewer rollovers and outstanding outcomes in frontal crashes with passenger vehicles," Jehle said. "But even when the two vehicles are of similar weights, outcomes are still better in the SUVs. In frontal crashes, SUVs tend to ride over shorter passenger vehicles, due to bumper mismatch, crushing the occupant of the passenger car."

The study is scheduled to be presented Thursday at the annual meeting of the Society of Academic Emergency Medicine in Atlanta.

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Target 11: Top 5 cars for complaints

Thursday May 23, 2013
[The Buffalo News.com \(/\)](http://www.buffalonews.com/)

Business

On the Record / May 3, 2013

Updated: May 3, 2013, 07:11 AM Published: May 3, 2013, 07:11 AM

Hires/Promotions/Honors

HEALTHeLINK appointed Dr. David Scamurra chairman of the organization's board of directors. Scamurra is president of Eastern Great Lakes Pathology and a member of X-Cell Laboratories. Other officers: vice chairmen, Cheryl Howe, executive vice president of operations at BlueCross BlueShield of Western New York, and Art Wingerter, president of Univera Healthcare. Directors: Dr. Anthony Billittier, dean, D'Youville College School of Health Professions; Dr. Michael Cain, vice president for health sciences and dean, School of Medicine and Biomedical Sciences, University at Buffalo; Dr. Michael Cropp, president and CEO, Independent Health Association; Dennis Horrigan, president and CEO, Catholic Medical Partners IPA; James Kaskie, president and CEO, Kaleida Health System; Jody Lomeo, CEO, Erie County Medical Center; Kenneth Oakley, CEO, Rural Health Education Center; Anne Marie Odrobina, administrative vice president, manager of employee benefits administration, M&T Bank; and Dr. Donald L. Trump, president and CEO, Roswell Park Cancer Institute.

...

Ann Beckley-Forest, a licensed clinical social worker in Depew, earned the Registered Play Therapist-Supervisor credential conferred by the Association for Play Therapy.

Company Connections

Astronics Advanced Electronic Systems Corp., the wholly owned subsidiary of Astronics Corp., signed a multiyear agreement with Panasonic Avionics Corp. to provide Astronics' Empower In-Seat Power Systems for installation with Panasonic's In-Flight Entertainment and Connectivity Systems on Airbus A350 aircraft.

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Locust Street Art School, a nonprofit organization that provides accessible free studio classes to people interested in developing talent and skills in painting, drawing, clay, screen printing, and black and white film photography, has retained R.W. Miller Jr. & Associates, a human resource and management consulting firm, to provide human resources assistance in several human resource functions.

Contributing

BlueCross BlueShield of Western New York's employees presented local charities \$2,500 each at a ceremony at the company's corporate headquarters recently. Employees contribute to this fund via payroll deduction, personal contributions, and by supporting a series of fund raising events each October through December. The 2013 recipients: The Alzheimer's Association, Black Dog Second Chance Rescue, Bornhava, Buffalo City Mission, Buffalo Inner City Ballet, Catholic Charities, Cradle Beach Camp, Hospice Buffalo, Make-A-Wish Foundation, Mercy Flight, Ronald McDonald House, SPCA of Erie County, St. Luke's Mission of Mercy and Wounded Heroes Fund.

Patents

Title: Inhibitors of dihydrofolate reductase with antibacterial antiprotozoal, antifungal and anticancer properties

No.: 8,426,432

Inventors: Pelphrey, Phillip M. (Williamsville); Anderson, Amy C. (Storrs, Conn.); Wright, Dennis L. (Storrs, Conn.); Joska, Tammy M. (Hartford, Vt.); Bolstad, Erin S. D. (Vernon, Conn.); Bolstad, David B. (Vernon, Conn.); Popov, Veljko (Hanover, N.H.)

Assignee: University of Connecticut (Farmington, Conn.)

Date issued: April 23, 2013