

# ECMC Board of Directors Regular Board Meeting

May 26, 2015 at 04:30 PM - 06:30 PM

staff Dining Room

462 Grider Street

Buffalo

ERIE COUNTY MEDICAL CENTER CORPORATION

MINUTES OF THE REGULAR MEETING  
OF THE BOARD OF DIRECTORS

TUESDAY, APRIL 28, 2015

STAFF DINING ROOM

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Voting Board Members  
Present:

Kevin M. Hogan, Esq  
Douglas H. Baker  
Ronald Bennett  
Ronald Chapin  
K. Kent Chevli, M.D.  
Kevin E. Cichocki, D.C.

Jonathan Dandes  
Sharon L. Hanson  
Michael Hoffert  
Dietrich Jehle, M.D.  
Michael A. Seaman

Voting Board Member  
Excused:

Bishop Michael Badger  
Anthony Iacono

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

Non-Voting Board  
Representatives Present:

Richard C. Cleland  
James Lawicki

Kevin Pranikoff, MD

Also Present:

Donna Brown  
Carla Clarke-DiCanio  
Samuel Cloud, D.O.  
Anthony Colucci, Esq.  
Michael Cummings, MD  
Janique Curry  
Leslie Feidt  
John Fudyma, MD  
Stephen Gary  
Susan Gonzalez

Al Hammonds  
Mary Hoffman  
Jarrod Johnson  
Chris Koenig  
Frank B. Mesiah  
Brian Murray, MD  
Susan Ksiazek  
Charlene Ludlow  
Thomas Quatroche  
Karen Ziemianski

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**I. CALL TO ORDER**

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

Patient Experience – Michelle Wienke, CXO read a letter from a gentleman who was a patient on the Russell Salvatore Orthopedic unit. He identified several nurses: Ruby, Tonya, Abbey and Lynn who provided outstanding care while here for a hip replacement.

Michael Seaman also commented on the great care his nephew received at ECMC while a patient after a motorcycle accident.

**II. APPROVAL OF MINUTES OF MARCH 31, 2015 REGULAR BOARD MEETING.**

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

**Motion approved unanimously.**

**III. ACTION ITEMS**

A. Resolution Authorizing the Corporation to Abolish Positions.

Moved by Sharon L. Hanson and seconded by Michael Seaman

**Motion Approved Unanimously**

B. Resolution Approving the Engagement of McGladrey LLP as External Auditor

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

**Motion Approved Unanimously**

K. Kent Chevli, MD abstained due to conflict of interest

C. Resolution Approving DSRIP Funding

Moved by Kevin Cichocki, D.C. and seconded by Sharon L. Hanson

**Motion Approved Unanimously**

D. Resolution Appointing the FOIL Records Officer

Moved by Douglas Baker and seconded by Michael Seaman

**Motion Approved Unanimously**

E. Resolution Approving a Prompt Payment Policy

Moved by Michael Hoffert and seconded by Sharon L. Hanson

**Motion Approved Unanimously.**

F. Approval April 7, 2015 Medical-Dental Staff Appointments and Re-Appointments.

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

**Motion Approved Unanimously.**

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

Moved by Douglas Baker and seconded Michael Hoffert by to enter into Executive Session at 4:50 P.M. to consider matters made confidential by law, including certain compliance-related matters, strategic investments and business plans.

**Motion approved unanimously**

**V. RECONVENE IN OPEN SESSION**

Moved by Kevin Cichocki, D.C. and seconded by K. Kent Chevli, M.D. to reconvene in Open Session at 5:35 P.M. No action was taken by the Board in Executive Session.

**Motion approved unanimously.**

**VI. BOARD COMMITTEE REPORTS**

All reports except that of the Performance Improvement Committee are received and filed in the April 28, 2015 Board book.

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

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

President/COO-Interim CEO: Richard C. Cleland

- Mr. Cleland introduced and welcomed Medical/Dental Staff President Samuel Cloud, M.D.
- Michelle Wienke – Has started with the global facilitation, management and leadership of ECMCC's continued transformation to a patient centered care organization for excellence in patient and employee experiences. She has several new initiatives underway.
- Employees were honored for 10-40 years of service held at Samuel's Grande Manor on April 22nd

- Congratulations to Michelle Swygert RN being named D'Youville's Delta Sigma Award/Marguerite Honor Society honoree.
- Hospital Operations:
  - Chief People Officer – Recruitment is underway for a Senior Vice President Chief People Officer to replace Vice President of Human Resources.
  - WeCare4U Program – employee population healthcare strategy that Maggie Nichols is organizing. More information to follow.
  - Operating Loss – April continues to reflect positive trends. Month to date we are exceeding budget in acute discharges by 13.8% and also seeing improvement in LOS.
  - ECMC exceeded 21.6% MWBE compliance rate for 2014-15 budget year.
  - NYSDOH approved opening of two (2) new operating rooms in the ambulatory center, one will open next week and the other will be phased in.
  - ER modernization project planning design team has been working on the new ED renovation. Plans should be final in the next 30 days.
  - Renal Center of Excellence – interviews for the Renal Center of Excellence Transplant Program Director have started. We look to have this new position filled by mid-summer.
  - Annual Volunteer Recognition Program was held at Classics V on April 18, 2015. We are honored to be supported by such a wonderful group of volunteers.
  - On April 15, 2015, ECMC in association with UNYTS held a “Donate Life Month” event and press conference. This was a great event and attended by many.
  - The Lifeline Foundation –
    - Springfest Gala Party on May 9, 2015 will feature a post-party.
    - Gift Gathering parties have been very successful.
    - Anticipate 1,573 guests at Springfest.
  - Strategic Planning meeting with Executive Leadership scheduled June 5.
  - DSRIP - Al Hammonds has community meetings scheduled to promote DSRIP. Mr. Cleland provided a summary of the DSRIP Board of Managers.

Chief Financial Officer: Stephen Gary

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

**VIII. RECONVENE IN EXECUTIVE SESSION**

Moved by Michael Seaman and seconded by Douglas Baker to re-enter Executive Session at 6:15 P.M. to consider matters made confidential by law, including certain compliance-related matters, strategic investments and business plans.

**Motion approved unanimously.**

**IX. RECONVENE IN OPEN SESSION**

Moved by Kevin Cichocki, D.C. and seconded by K. Kent Chevli to reconvene in Open Session at 6:25 P.M. No action was taken by the Board in Executive Session.

**X. ADJOURNMENT**

Moved by Michael Hoffert and seconded by Ronald Chapin to adjourn the Board of Directors meeting at 6:25 P.M.

  
Sharon L. Hanson  
Corporation Secretary

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

Approved April 28, 2015

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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, the Chief Executive Officer has recommended that 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, the following positions are abolished:

- |    |                                |                             |
|----|--------------------------------|-----------------------------|
| a. | Revenue Cycle Liaison          | Position Number<br>51009281 |
| b. | Denial Prevention Analyst      | Position Numbers            |
|    | 60001423                       | 60000175                    |
|    | 60000173                       | 60000174                    |
|    | 60001047                       | 60000177                    |
|    | 60000976                       | 60001422                    |
|    | 60001048                       | 60001547                    |
|    | 60000176                       |                             |
| c. | Senior Inpatient Billing Clerk | Position Numbers            |
|    | 51008634                       | 51004644                    |
| d. | Hospital Cashier               | Position Numbers            |
|    | 51006577                       | 51004644                    |
| e. | Clerk Typist                   | Position Number<br>1565     |

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f.	Hospital Insurance Clerk RPT	Position Number 60001553
g.	Hospital Insurance Clerks	Position Numbers
	51003115	51005013
	51006468	51002272
	51003113	51004394
	51003112	51000251
	51005083	51003114
	51003116	51003117
	60000231	4716
	4709	4707
	4734	4725
	4724	4711
	4719	4727
	4730	4728
	4729	4710
	4720	4714
	4715	4721
	4723	4732
	4722	4713
	4717	4733

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

3. This resolution shall take effect immediately.

*Sharon L. Hanson*

Sharon L. Hanson  
Corporation Secretary



**A Resolution of the Board of Directors Authorizing the Engagement  
of McGladrey LLP as External Auditor**

Approved April 28, 2015

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WHEREAS, pursuant to Public Authorities Law Section 3642 of the State of New York, Erie County Medical Center Corporation (the "Corporation") is required to have an annual audit performed by an independent certified public accountant; and

WHEREAS, in accordance with the Corporation's Procurement Guidelines, the Corporation prepared and issued Request for Proposals Number 21437 for External Audit Services on December 31, 2014 (the "RFP"); and

WHEREAS, notice of the RFP was published in the New York State Contract Reporter; and six financial institutions returned proposals for consideration by the deadline of January 28, 2015; and

WHEREAS, a selection committee including the Chief Financial Officer evaluated the six proposals on the basis of criteria established for that purpose and agreed and recommended three finalist firms make oral presentations to the Audit Committee on March 25, 2015; and

WHEREAS, based upon the oral presentations, the Audit Committee recommended to the Board of Directors that McGladrey LLP be selected as the firm to provide external independent auditing services on behalf of the Corporation; and

WHEREAS, the Corporation bylaws require that the Corporation Board of Directors approve the engagement of its external auditor.

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

1. Based upon the recommendation of the Audit Committee, the Corporation is authorized to enter into an agreement with McGladrey LLP to provide external auditing services on behalf of the Corporation.
2. The Chief Financial Officer is authorized to negotiate and execute a written agreement with McGladrey LLP consistent with the language and intent of this resolution and following approval by the General Counsel to the Corporation.
3. The Corporation is authorized to do all other things necessary and appropriate to effectuate this resolution.
4. This resolution shall take effect immediately.

*Sharon L. Hanson*

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Sharon L. Hanson  
Corporation Secretary

**A Resolution of the Board of Directors Approving DSRIP Funding**

Approved April 28, 2015

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WHEREAS, Erie County Medical Center Corporation (the "Corporation") is the lead applicant of the Millennium Collaborative Care Performing Provider System ("PPS") established under New York State's Delivery System Redesign Incentive Payment ("DSRIP") program; and

WHEREAS, as lead applicant, the Corporation is the recipient of funds from the DSRIP Interim Access Assurance Fund and the DSRIP Project Design Grant (collectively the "Grants"), and will be the recipient of further grants and state funding throughout the duration of the DSRIP program; and

WHEREAS, in order to receive funding from New York State for the DSRIP program, the Corporation must first transfer funds to the State, whereupon the State will match the funds and then transfer back to the Corporation double the original funds transferred; and

WHEREAS, the Corporation seeks approval from the Board of Directors to make such transfers to the State for the purposes of the Grants and throughout the duration of the DSRIP program.

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

1. The Corporation hereby ratifies the transfer of funds to New York State for purposes of obtaining DSRIP funding under the Grants.
2. The Corporation is authorized to continue transferring funds to New York State for the purpose of obtaining further funding for the duration of the DSRIP program.
3. The Corporation is authorized to do all things necessary and appropriate to implement this resolution.
4. This resolution shall take effect immediately.



Sharon L. Hanson  
Corporation Secretary

**A Resolution of the Board of Directors Replacing the  
FOIL Records Officer**

Approved April 28, 2015

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WHEREAS, pursuant to Public Officers Law Section 87, Erie County Medical Center Corporation (the "Corporation") is required to "promulgate uniform rules and regulations" regarding Freedom of Information Law ("FOIL") records access, including "the persons from whom such records may be obtained"; and

WHEREAS, the Corporation wishes to designate a new FOIL Records Access Officer to serve as the designated contact for those seeking records access from the Corporation; and

WHEREAS, the Corporation wishes to designate the General Counsel of the Corporation as the FOIL Records Access Officer.

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

1. The Corporation approves the appointment of the General Counsel of the Corporation as the FOIL Records Access officer.
2. The Corporation is authorized to do all other things necessary and appropriate, including revision of the Corporation's FOIL Guidelines, to effectuate this resolution.
3. This resolution shall take effect immediately.

*Sharon L. Hanson*

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Sharon L. Hanson  
Corporation Secretary

**A Resolution of the Board of Directors Approving a Prompt Payment Policy**

Approved April 28, 2015

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WHEREAS, pursuant to New York Public Authorities Law Section 2880, New York requires public benefit corporations to promulgate rules and regulations detailing its policy with respect to making prompt payment to contractors; and

WHEREAS, pursuant to New York Public Authorities Law Section 2880, the Erie County Medical Center Corporation (the "Corporation") Board of Directors is required to adopt a Prompt Payment Policy that includes the following:

- (a) a description of the procedure to be followed by a contractor in requesting payment under a contract;
- (b) a schedule setting forth the time in which the corporation will make prompt payment under a contract;
- (c) a declaration that interest will be paid when prompt payment is not made and a statement of the rate at which such interest will accrue;
- (d) a list of the sources of funds available to the corporation to pay an interest penalty on each type or category of contract; and
- (e) a list of facts and conditions which in the opinion of the Corporation's governing body reasonably justify extension of the date by which contract payment must be made in order for the corporation not to become liable for interest payments;

and

WHEREAS, the Corporation has prepared a Prompt Payment Policy for approval by the Board; and

WHEREAS, the Board has had an opportunity to review the Prompt Payment Policy.

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

1. The Board of Directors of the Corporation approves the Prompt Payment Policy in the form presented at this meeting.
2. The General Counsel of the Corporation hereby is directed to file said Prompt Payment Policy within thirty (30) days with (1) the state comptroller; (2) the state director of the budget (3) the chairman of the senate finance committee; and (4) the chairman of the assembly ways and means committee, as required by Section 2880 of the Public Authorities Law.
3. The Corporation is authorized to do all things necessary and appropriate to effectuate this resolution.
4. This resolution shall take effect immediately.



Sharon L. Hanson  
Corporation Secretary

**CREDENTIALS COMMITTEE MEETING**  
**April 7, 2015**

**Committee Members Present:**

Robert J. Schuder, MD, Chairman	Yogesh D. Bakhai, MD
Timothy G. DeZastro, MD	Richard E. Hall, DDS PhD MD FACS
Christopher P. John, PA-C	Brian M. Murray, MD
Susan Ksiazek, RPh, Director of Medical Staff Quality and Education	

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

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

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

Gregg I. Feld, MD *	Nirmit D. Kothari, MD *
Mark LiVecchi, DMD MD MBA *	Mandip Panesar, MS MD *

**CALL TO ORDER**

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

**ADMINISTRATIVE**

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

- A. Deceased
- B. Applications Withdrawn
- D. Application Processing Cessation
 

Krank, Meghan, NP	Internal Medicine	4/7/2015	
Narby, Lorraine, ANP	Internal Medicine	4/7/2015	
- E. Automatic Processing Conclusion (inactive applications > 180 days from date of signature)
- F. Resignations
 

Jennings, LuJean, MD, PhD	Cardiothoracic Surgery	4/1/15	
Ciancio, Sebastian, DDS	Dentistry		3/23/15
Masud, Nour, DDS	Dentistry	3/19/15	
Adams, Cristine, MD	Emergency Medicine		3/31/15
Behrens, Torsten, MD	Emergency Medicine		2/1/15
Sieminski, Mark, MD	Emergency Medicine		2/1/15
Suffoletto, Heidi, MD	Emergency Medicine		2/1/15
Wiech, Carolyn, MD	Emergency Medicine		2/1/15
Lawniczak, Tania, NP	Family Medicine	3/31/15	
Doemland, Helen, PA-C	Internal Medicine		3/11/15
El-Solh, Ali, MD	Internal Medicine		3/19/15
Geiger, Patricia, NP	Internal Medicine	4/6/15	
Glover, Robert, MD	Internal Medicine	3/15/15	
Sisti, Cary, NP	Internal Medicine		7/1/14
Sitrin, Michael, MD	Internal Medicine	3/9/15	
Sobieraj, Scott, MD	Internal Medicine	4/6/15	
Szarpa, Kristie, ANP	Internal Medicine	3/13/15	
Thomas, Eunice, NP	Internal Medicine	3/10/15	
Barcos, Maurice, MD	Pathology		4/1/15

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Singh, Kamaljot, MD	Plastic & Reconstructive Surgery	3/17/15	
Kavanagh, Joseph, MD	Radiology/Imaging Svcs- <i>Teleradiology</i>		2/25/15
Munroe, Kenneth, DC	Rehabilitation Medicine	2/5/15	

FOR INFORMATION

**PRIVILEGE ADDITION/REVISION**

**Internal Medicine**

McFarland, Siblea, PA-C\*

*Supervising Physician: Nimit Kothari, MD*

- Perform male genital exams
- Suturing of Superficial Lacerations
- Arterial Catheter Insertion, percutaneous
- Endotracheal Intubation, ACLS certified (Expires 10/29/2015)
- Subclavian Puncture
- Subclavian Vein CVP Placement
- Ventilator Management

*\*FPPE satisfied with submission of cases*

**Obstetrics and Gynecology\***

Barnabei, Vanessa, MD	Active Staff
- Remote Fetal Monitoring	
Brebnor, Angelle, MD	Active Staff
- Remote Fetal Monitoring	
Dolensek, Christian, MD	Active Staff
- Remote Fetal Monitoring	
Justicia-Linde, Faye, MD	Active Staff
- Remote Fetal Monitoring	
Malik, Shaveta, MD	Active Staff
- Remote Fetal Monitoring	
Yu, Taechin, MD	Active Staff
- Remote Fetal Monitoring	

*\*FPPE waived; represents "site" delivery of service, not a new clinical privilege*

**Radiology/Imaging Services**

DeZastro, Timothy, MD	Active Staff
- Lumbar Puncture	
- Cisternography	

*\*FPPE waived; "new" privileges the result of form revisions dividing previously single delineation into multiple*

FOR OVERALL ACTION

**APPOINTMENT APPLICATIONS, RECOMMENDED**

**A. Initial Appointment Review (5)**

**Emergency Medicine**

Borton, Jason, MD	Active Staff
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**Family Medicine**

Leiser, Elizabeth, ANP	Allied Health Professional
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*Supervising Physician: Stephen Evans, MD*

**Internal Medicine**

Maloney, Michael, PA-C	Allied Health Professional
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*Supervising Physician: Deepthi Tirunagari, MD*  
 Weldy, Gregory, PA-C Allied Health Professional  
*Supervising Physician: Srikrishna V. Malayala, MD*  
**Radiology/Imaging Services - Teleradiology**  
 Ohson, Aspan, MD Active Staff

**FOR OVERALL ACTION**

**REAPPOINTMENT APPLICATIONS, RECOMMENDED**

**B. Reappointment Review – (25)**

**Anesthesiology**

Raczka, Michelle, MD Active Staff

*Dentistry*

Goldman, Scott, DMD Active Staff

**Emergency Medicine**

Cassel, Kerry, MD Active Staff

Clemency, Brian, DO Active Staff

**Family Medicine**

Finney, Maureen, PA-C Allied Health Professional

*Supervising Physician: Dr. Ranjit Singh*

Sayalolipavan, Thihalolipavan, MD Courtesy Staff, *Refer & Follow*

**Internal Medicine**

Fudyma, John, MD Active Staff

McFarland, Siblea, PA-C Allied Health Professional

*Supervising Physician: Dr. Nirmith Kothari*

Murray, Brian, MD Active Staff

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

**Neurology**

Sambuchi, Gregory, MD Active Staff

**Neurosurgery**

Landi, Michael, MD Courtesy Staff, *Refer & Follow*

**Ophthalmology**

Schaefer, Daniel, MD Active Staff

**Oral & Maxillofacial Surgery**

Cecere, William, DDS Active Staff

Hall, Richard, DDS Active Staff

**Orthopaedic Surgery**

Dann, Sara, PA-C Allied Health Professional

*Supervising Physician: Dr. Geoffrey Bernas*

Fineberg, Marc, MD Active Staff

**Plastic & Reconstructive Surgery**

Popat, Saurin, MD Active Staff

**Radiology/Imaging Services**

DeZastro, Timothy, MD Active Staff

Tan, Vivian, MD Active Staff

**Radiology/Imaging Services – Teleradiology**

Fiore (Camrud), Marissa, MD Active Staff

Hotchkiss, Laura, MD Active Staff

Parkey, Joe, MD Active Staff

**Rehabilitation Medicine**

Czyrny, James, MD

Active Staff

**Urology**

Chevli, K. Kent, MD

Associate Staff

**C. Triple Department Reappointments (1)**

*Cardiothoracic Surgery*

Roland, Todd, PA-C

Allied Health Professional

*Supervising Physician: Dr. Mark Jajkowski*

*Emergency Medicine*

Roland, Todd, PA-C

Allied Health Professional

*Supervising Physician: Dr. David Ellis*

**Internal Medicine**

Roland, Todd, PA-C

Allied Health Professional

*Supervising Physician: Dr. Muhammad Achakzai*

**FOR OVERALL ACTION**

***PROVISIONAL APPOINTMENT REVIEW, RECOMMENDED***

The following members of the Provisional Staff from the previous year period are presented for movement to the Permanent Staff in 2015 on the date indicated.

<b>April 2015 Provisional to Permanent Staff</b>	<b>Provisional Period Expires</b>
<b>Anesthesiology</b>	
Meyers, Shannon, CRNA      Allied Health Professional	04/29/2015
<b>Emergency Medicine</b>	
Johnson, Margaret, E., ANP      Allied Health Professional	04/29/2015
<i>Collaborating Physician: Dr. Michael A. Manka, Jr.</i>	
Ratchuk, Jill, Marie, FNP      Allied Health Professional	04/29/2015
<i>Collaborating Physician: Dr. Gerald P. Igoe</i>	
<b>Obstetrics/Gynecology</b>	
Ablove, Tova Stram, MD      Active Staff	04/29/2015
<b>Psychiatry</b>	
Wood, Beatrice, L., PhD      Allied Health Prof-Psychologist	04/29/2015
<b>Radiology/Imaging Services</b>	
Aiad, Shahir, E., MD      Active Staff	04/29/2015
DeSouza, Aurea, S., MD      Active Staff	04/29/2015
Iqbal, Azher, MD      Active Staff	04/29/2015
Kartha, Krishnan, MD      Active Staff	04/29/2015
Lieberman, Jeffrey, L., MD      Active Staff	04/29/2015
Loftus, Randall, J., MD      Active Staff	04/29/2015
Lutnick, Robert, E., MD      Active Staff	04/29/2015
<b>Rehabilitation Medicine-Chiropractic</b>	
Frank, Thomas, M., DC      Active Staff	04/29/2015
<b>Surgery-Bariatric Surgery</b>	
Scovazzo, Christina, M., PA-C      Allied Health Professional	04/29/2015
<i>Supervising Physician: Dr. Joseph A. Caruana</i>	

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



**FOR OVERALL ACTION**

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

None

*Planned Credentials Committee Meeting: April 7, 2015*

*Planned MEC Action date: April 27, 2015*

***OLD BUSINESS***

**PRIVILEGE FORMS**

**Orthopaedic Surgery**

The committee received the draft revisions to the Orthopaedic Surgery form (refer to March Credentials Committee meeting minutes) from the Credentials Chair, adding Hip Arthroscopy. The committee recommended deleting the procedure codes.

<b>Requested</b>	<b>Recommended</b>	<b>Procedure</b>
by applicant	by Chief of Service	
<b>(Y/N)</b>	<b>(Y/N)</b>	

**GRAFTS, IMPLANTATION**

_____	_____	<del>29866</del> Arthroscopy, knee, surgical; osteochondral autograft(s)
_____	_____	<del>29867</del> Arthroscopy, knee, surgical; osteochondral allograft
_____	_____	Arthroscopy, hip, surgical ← <b>ADD text</b>
_____	_____	<del>27412</del> Autologous chondrocyte implantation, knee

The committee deferred their final recommendation until confirmation is received from the Chief of Service regarding the need for credentialing criteria. The committee suggested that the Chief of Service harmonize with the Kaleida Health form.

**Oral and Maxillofacial Surgery**

In regard to the privilege for **Laser ablation/surgery**, discussion centered about the terms “certification” and “course”. The Chief of Service clarified the emphasis should be on evidence of Laser Safety training. The revision was approved along with an initial requirement change down to 5 initial cases. The Chief and committee recommended a poll of current department laser privilege policy and criteria to ensure consistency. The Chair of the Credentials Committee will raise this to the Medical Executive Committee.

<b>ORAL and MAXILLOFACIAL SURGERY</b>	<b>Init/Reap Volume</b>				
<b>Laser ablation/surgery</b> For the initial privilege request: <i>Evidence of Laser Safety training and five (5) initial cases</i>	5/xx				

**Dentistry**

A question arose regarding initial and reappointment case volumes for laser privileges in Dentistry. Following discussion with the Oral-Maxillofacial Surgery and Dentistry Chiefs of Service, the following changes to the Dentistry department privilege form were recommended by the committee. Credentialing criteria shall be consistent with that of Oral and Maxillofacial Surgery to require for initial privileging, evidence of Laser Safety training and 5 initial cases. No reappointment laser volumes are specified.

Enter " ✓ " in Dentist Request Column

Action:

DENTISTRY PROCEDURAL Level II CORE PRIVILEGES Submit Documentation	Credentialing Criteria	Dentist Request	Recommend	
			YES	NO
<b>Laser Therapy</b> For the initial privilege request: <i>Evidence of Laser Safety training and five (5) initial cases</i>	<b>Init/Reap Volume</b> <b>5 / xx</b> See Criteria page 6			

**CREDENTIALING CRITERIA LASER THERAPY**

**Request for Laser Therapy Privileges:**

**Training:** The practitioner must have general privileges within the appropriate department. In addition, a certificate of attendance from an accredited didactic course with content pertinent to laser safety and therapy OR proof of previous credentialing for laser therapy at an accredited facility. The practitioner requesting to be credentialed for Laser Therapy has the burden of producing the required information for a proper evaluation of his/her training, experience and current competence in Laser Therapy.

**Experience:** Completion of 5 laser procedures for initial appointment. ~~Completion of at least 10 laser procedures over the past two years.~~ **Documentation must be attached to the privilege request form.**

**Competence: Initial appointment:** Evidence of successful completion of a competency based training course

confirming experience and safety in laser use.

**Reappointment:** Clinical evaluation documenting competence by the Chief of Service or designee fulfill Ongoing Professional Practice Evaluation (OPPE).

**Adopted Medical Executive Committee 8/22/2011** **to be Revised Medical Executive Committee April /xx/ 2015**

Advanced Level II core training, experience and competence requirements for the Dentistry Department are also being clarified. These will first be reviewed with the Chiefs of Service and re-presented to the committee when finalized.

**NP Form Revisions pursuant to the Nurse Practitioner Modernization Act of January 1, 2015**

The committee reviewed the law revision and the accompanying State Education Department Collaborative Relationship Attestation Form. Maintenance of the form in the NP's files is **not necessary** for Nurse Practitioners who practice in accordance with a written practice agreement. The Credentials Committee previously endorsed that ECMC continue to have a designated collaborating physician for the purposes of privilege review and assessment of on-going competency under the JC requirements of PPE. The SED advises that in the presence of written practice agreement, the aforementioned attestation form is not required. The SED guidance is that the practice agreement be kept in the NP's files, but does not specify personal or credentialing. The Medical-Dental Staff Office will nonetheless continue to request a copy upon initial appointment or with a change in collaborating physician.

In the absence of a written agreement, the SED guidance is that the current attestation form must be maintained by the nurse practitioner and be available at the practice location upon the SED's request.) The form will provide evidence of the collaborative process (e.g. physician consultation), documentation in the patient record plus a dispute resolution process. The existing laws that newly licensed nurse practitioners however are required to provide a written practice agreement to the SED remains in effect.

The committee suggested developing the preface of the Nurse Practitioner privilege request form to include highlights of the Nurse Modernization Act as well as to include ECMC's requirements for Nurse Practitioners. Specific instructions regarding the applicability of "chart review" by the collaborating physician to only those with less than 3600 hours is to be included as well.

**Obstetrics and Gynecology**

The Chief of Service will re-review the previous draft for any additional changes. Upon receipt, the new form will be presented to the Credentials Committee for endorsement.

**Anoscopy Services in the Immunodeficiency Clinic**

S. Ksiazek provided an update of the transition of service, training requirements and liability insurance discussions. A follow up report will be presented next month as more definitive detail is available.

**Application Processing Cessation**

The committee reviewed the details regarding application deficiency and endorsed the processing cessation action on two applicants indicated above. Written communication will be sent.

The Internal Medicine Chief of Service, Chief Medical Officer and the Credentials Committee recommended that the applicable question on the self-disclosure page be modified to make more clear. In the spirit of harmonization with Kaleida Health, their form was reviewed and appears to not address employment. S.Ksiazek will work with the KH MDSO to optimize the wording on a harmonized form.

**Obstetrics and Gynecology - Remote Fetal Monitoring Credentialing and Privileging**

The committee received an update on the status of Remote Fetal Monitoring credentialing efforts. Explanation to the applicants of the rationale for the process and the waiving of all fees and dues should facilitate participation. The matter is being addressed personally by the Chief of Service.

**Temporary Privilege Tracker**

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

**FOR OVERALL ACTION**

***NEW BUSINESS***

**Center for Wound Care and Hyperbaric Management**

The committee is pleased to welcome the Serena Group to the ECMCC family and offers its support with matters of credentialing and privileging. The regional and site managers have met with S. Ksiazek and changes to the credentialing criteria for Wound Care and bariatric privileges, consistent with their corporate standards, are forthcoming.

**Privilege Form Revisions for Rehabilitation Medicine and Neurology**

The long standing privileges for the performance and interpretation of evoked potentials in Rehabilitation Medicine and Neurology should include their performance in the intraoperative setting. The following additions have been endorsed by the committee:

**Rehabilitation Medicine Form**

1. The applicant is qualified in electrodiagnostic medicine to perform and interpret:
  - Diagnostic electromyography and electrodiagnosis
  - Motor and sensory nerve conduction testing
  - Somatosensory evoked potentials **ADD →including intra operative monitoring**
  - Auditory and visual evoked potentials **ADD →including intra operative monitoring**

**Neurology Form**

4. Somato Sensory Evoked Responses: **ADD →including intra operative monitoring**

**Reconciliation of Kaleida and ECMC Application Forms**

ECMC and KH continue to work toward the on-line application process. A goal is to harmonize to a single application form under Great Lakes Health. With the 2010 collaboration, we achieved ~90% consistency. ECMC would need to revert back to separate forms for the physicians and the Allied Health Professionals. The Credentials Chair will be reviewing the forms for the two organizations and identify those sections/verbiage/nomenclature might pose a challenge.

**Board Certification**

The end date of 2<sup>nd</sup> 4 year extension for a member of the medical-dental staff is approaching. This was referred to the Chief of Service for follow up.

**MDSO Operations**

=As a quality control check, an Appointment Expiration Report last month was run to ensure no practitioner went greater 24 months between re-appointments. Result: 0

=Distribution of re-appointments over a 24 month period is uneven again. The MDSO will go back to assigning the FIRST re-appointment date to the lowest volume month nearest to the 2nd due month.

ERIE COUNTY MEDICAL CENTER CORPORATION

=Collaboration with KH on the on-line application has been deemed a high priority by GLH. ECMC must shift focus to completing the privilege form build in IntelliCred to include the qualifications, front text page, credentialing criteria, etc. Also pursuing with M+T Bank setting up the capability of accepting credit cards.

**FOR OVERALL ACTION**

***OPEN ISSUES***

Privilege deferral letter template and practitioner specific letter from March 2015 meeting

**FOR INFORMATION**

***OTHER BUSINESS***

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

**FPPE (Focused Professional Practice Evaluation)**

23 FPPEs completed since the last meeting.

- =Anesthesiology (3 CRNAs)
- =Emergency Medicine (2 NP waived, 6 PAs waived)
- =Family Medicine (1 MD waived, 1 PA waived)
- =Internal Medicine (7 MDs waived)
- =Psychiatry (1 MD, 1 PA)
- =Radiology- Teleradiology (1 MD waived)

**OPPE (Ongoing Professional Practice Evaluation)**

No report from the Patient Safety Office.

***ADJOURNMENT***

With no other business, a motion to adjourn was received and carried with adjournment at 4:30 PM.

Respectfully submitted,



Robert J. Schuder, MD,  
Chairman, Credentials Committee

Att.



**PRIVILEGE WITHDRAWAL**

**Urology**

Gilbert, Richard, MD                      Active Staff  
-      Moderate Sedation

**APPOINTMENT APPLICATIONS, recommended**

**A. Initial Appointment Review (10)**

**Family Medicine**

Golding, Douglas, MD                      Courtesy Staff, *Refer and Follow*  
Rajeswary, Jyotsna, MD                      Active Staff

**Gynecology and Obstetrics**

Ionescu, Adina, MD                      Active Staff

**Internal Medicine**

Banas, Anne, MD                      Active Staff  
Ministero, Jennifer, PA-C                      Allied Health Professional

*Supervising Physician: Nagaraja Sridhar, MD*

Muthulingam, Varathaseelan, MD                      Active Staff

**Orthopaedic Surgery**

Prybylski, Monica, NP                      Allied Health Professional

*Collaborating Physician: Christopher Mutty, MD*

**Pathology**

Brandwein-Gensler, Margaret, MD                      Active Staff - Chief of Service

**Psychiatry**

Delregno, Paula, MD                      Active Staff  
Wirth, Kathryn, PA-C                      Allied Health Professional

*Supervising Physician: Victoria Brooks, MD*

**FOR OVERALL ACTION**

**REAPPOINTMENT APPLICATIONS, recommended**

**B. Reappointment Review – (26)**

**Anesthesiology**

Syed, Masroor, MD                      Active Staff

**Emergency Medicine**

Chauncey, Amanda, PA-C                      Allied Health Professional

*Supervising Physician: David G. Ellis, MD*

Dice, William, MD                      Active Staff

McCarthy, Elizabeth, PA-C                      Allied Health Professional

*Supervising Physician: Dietrich V. Jehle, MD*

**Internal Medicine**

Chaudhuri, Ajay, MD                      Active Staff  
Krasner, Susan, PhD                      Allied Health Professional

**Neurology**

Samie, M. Reza, MD                      Active Staff

**Neurosurgery**

Bennett, Gregory, MD                      Active Staff

**Ophthalmology**

Knapp, Russell, MD                      Courtesy Staff, *Refer & Follow*  
Niles, Charles, MD                      Associate Staff

Reidy, James, MD                      Active Staff

Schoene, Karen, MD                      Courtesy Staff, *Refer & Follow*

**Oral & Maxillofacial Surgery**

Nigalye, Sanil, DDS, MD Active Staff  
 Park, Etern, DDS, MD Active Staff

**Orthopaedic Surgery**

Bone, Lawrence, MD Active Staff  
 Rauh, Michael, MD Active Staff  
 Szymanski, Talia, PA-C Allied Health Professional

*Supervising Physician: Michael A. Rauh, MD*

**Pathology**

Higgs, Donald, MD, PhD Active Staff

**Plastic & Reconstructive Surgery**

Gerretsen, Carly, FNP Allied Health Professional

*Collaborating Physician: Thom R. Loree, MD*

**Psychiatry & Behavioral**

Deakin, Christopher, MD Courtesy, Refer & Follow  
 Improta, John, MD Active Staff

**Radiology**

Sarai, Paul, MD Active Staff

**Surgery**

Kulaylat, Mahmoud, MD Active Staff  
 Passmore, Natalie, ANP Allied Health Professional

*Collaborating Physician: Daniel Leary, MD*

Pell, Michael, MD Active Staff

**Urology**

Griswold, John, MD Active Staff

**FOR OVERALL ACTION**

***PROVISIONAL APPOINTMENT REVIEW, recommended***

The following members of the Provisional Staff from the previous year period are presented for movement to the Permanent Staff in 2015 on the date indicated.

**May 2015 Provisional to Permanent Staff Provisional Period Expires**

**Dermatology**

Helm, Thomas, N., MD Active Staff 05/20/2015

**Internal Medicine**

Antalek, Matthew, David, DO Active Staff 05/20/2015

Braunscheidel, Denise, ANP Allied Health Professional 05/20/2015

*Collaborating Physician: Joseph A Zizzi, Jr MD*

Randazzo, Tina, Marie, PA-C Allied Health Professional 05/20/2015

*Supervising Physician: Deepthi Tirunagara MD*

Ryan, Shavawn, K., PA-C Allied Health Professional 05/20/2015

*Supervising Physician: Misbah Ahmad, MD*

Vaqar, Sarosh, MD Active Staff 05/20/2015

**Psychiatry**

Gokhale, Vinayak, S., MD Active Staff 05/20/2015

**Rehabilitation Medicine - Chiropractic**

Birzon, Lawrence, R., DC Allied Health Professional 05/20/2015

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

**FOR OVERALL ACTION**

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

None

**Reappointment Expiration Date: as indicated above**  
**Planned Credentials Committee Meeting: May 5, 2015**  
**Planned MEC Action date: May 18, 2015**

***OLD BUSINESS***

**Anoscopy Services in the Immunodeficiency Clinic**

S. Ksiazek completed a report of the transition of service, training requirements and liability insurance discussions for Anoscopy services in the Immunodeficiency Clinic.

**Letter Templates**

The Credentials Chair and Director of Medical Dental Staff Quality and Education continue to add to the bank of letter templates for use by the Medical-Dental Staff Office staff. These will not only support the office staff, but ensure consistency of communication from the Credentials Committee.

**Orthopaedic Surgery**

The committee received final recommendations from the Chief of Service for the addition of Hip Arthroscopy to the Orthopaedic Surgery form. Procedure codes shall be removed. Criteria will be inserted below the procedure request for requirement clarity. The following changes were endorsed by the committee:

<b>Requested</b> by applicant (Y/N)	<b>Recommended</b> by Chief of Service (Y/N)	<b>Procedure</b>
---	--	------------------

**GRAFTS, IMPLANTATION**

_____	_____	Arthroscopy, knee, surgical; osteochondral autograft(s)
_____	_____	Arthroscopy, knee, surgical; osteochondral allograft
_____	_____	Autologous chondrocyte implantation, knee
_____	_____	Arthroscopy, hip, surgical *

**\*Arthroscopy, hip, surgical CREDENTIALING CRITERIA**

Initial privilege requests shall require completion of the training standards and competency verification indicated below.

1. Evidence of training in Hip Arthroscopy as demonstrated by residency/ fellowship completion, competency based training course, or attestation letter from program director or other hospital affiliation.
2. Case volumes of at least 5 needed for initial appointment, preferably within the past 2 years unless competency otherwise demonstrated.

**Adopted Medical Executive Committee 5/xx/2015**

Medical-Dental Staff Office use: Original date initial privilege granted / criteria satisfied: \_\_\_\_\_

**NP Form Revisions pursuant to the Nurse Practitioner Modernization Act of January 1, 2015**

Work continues on the development of a preface of the Nurse Practitioner privilege request form to include highlights of the Nurse Modernization Act as well as to include ECMC's requirements for Nurse Practitioners.

**Dentistry**

At a December 2014 meeting with the Chiefs of Dentistry, of Oral & Maxillofacial Surgery and Credentials Chair, Advanced Level II core training, experience and competence requirements for the Dentistry Department were defined. A question arose regarding a particular requirement to apply at initial appointment, reappointment or both. Without the presence of the Oral Max chief, a deferred offline discussion was suggested to resolve this matter.



**Internal Medicine Privilege form**

At the April credentials meeting, the committee suggested including specific requests for genital examinations to be understood as part of a comprehensive physical examination rather than as separate procedure. The committee should also discuss any impact upon the Staff Office electronic procedure list. Changes proposed by the committee inserting additional text and deleting separated procedure items versus keeping the original format:

**GENERAL DEPARTMENTAL PRIVILEGES**

Perform Inpatient and/or Ambulatory care history and physical exam and write-up.

Elicit a detailed and accurate history; perform comprehensive initial routine and physical examination **ADD->** (including genital exams); record these along with progress notes in the chart.

~~Perform pelvic (vaginal) examinations. \_\_\_\_\_~~

~~Perform male genital exams. \_\_\_\_\_~~

Recognizing a potential impact upon the IntelliCred privilege delineations, the suggested changes will also be reviewed with the Chief of Service to determine if this revision is of sufficient gravity to pursue.

**Laser Policy Poll**

At the April meeting, the Chief of Oral and Maxillofacial Surgery and committee suggested a considered move toward consistent laser privilege policy and criteria across department lines. Since current laser privilege definition is quite broad with limited credentialing criteria defined in 17 department areas, the committee recommended a canvas of the Chiefs of Service for advice and proposals.

**Temporary Privilege Tracker**

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

**FOR OVERALL ACTION**

**NEW BUSINESS**

**Orthopaedic Surgery- Form Clarification**

The Chief of Service and Medical Staff Office offered a clarification to the Percutaneous (Closed) Tenotomy privilege selection. The addition of (Tenex®) and the movement of the credentialing criteria will minimize selection overlook. Proposed changes below:

\_\_\_\_\_ Percutaneous (**Closed**) Tenotomy\* (Tenex®)

Medical-Dental Staff Office use: Original date initial privilege granted / criteria satisfied: \_\_\_\_\_

**\*Percutaneous (Closed) Tenotomy (Tenex®) CREDENTIALING CRITERIA**

Initial privilege requests shall require completion of the training standards and competency verification indicated below.

Training and education course completion documentation to include setup, programming and ultrasound guided identification, cutting, excision and debridement of diseased or pathologic pain-generating musculoskeletal tissue. Training experience will include the performance of 5 cadaver procedures within shoulder, elbow, knee, ankle or foot areas.

Case volumes needed for initial appointment are as defined in the training course. Current competence for reappointment requires periodic performance of the procedure. Reappointment case volumes shall be determined by the Chief of Service.

**Adopted Medical Executive Committee 6/23/2014**

Credentialing policy reminding applicants of the proper process to seek new departmental privilege delineation on an existing form will also be inserted on page 1:

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

**Credentials Procedure Manual**

Three application processing cessations in recent months have raised the question of time frames for re-application. The Credentials Committee was asked to evaluate adding some reference to this section of the procedure manual. Review of local and regional institutions revealed unaddressed to absent policies. The committee discussed various scenarios and advised decisions regarding reapplication be applied on a case by case basis. The following underlined text was recommended for addition to the applicable Credentials Procedure section, Article I Application Policy, Section B: Significance of Applicant Authorization and Accountability:

Agrees that any misrepresentation or misstatement in, or omission from the application, whether intentional or not, shall constitute cause for immediate cessation of the processing of the application and no further processing shall occur. When and if the practitioner will be afforded the opportunity to reapply will be determined on a case by case basis, with the nature of the misrepresentation, misstatement or omission as the primary criteria. A second application fee may be applied based on the circumstances.

**Anesthesiology**

TEE credentialing criteria for anesthesia may no longer be met due to decreased local cardiac surgery volume. While the re-credentialing criteria do provide options for continued demonstration of competence and experience, the committee suggested adding a qualification to the privilege request area on the Anesthesiology form. Guidance will be sought from the Chief of Service as to the specific wording.

ANESTHESIOLOGY LEVEL III ADVANCED PRIVILEGES	Physician Request	Recommend		If Yes, indicate any requirements; If No, provide details. See p.6
		YES	NO	
<b>Intraoperative Transesophageal Echocardiography (TEE)</b> <i>[Credentialing criteria include the performance of a minimum of 10 exams under the direct supervision of a privileged anesthesiologist or cardiologist OR documentation of having passed the perioperative TEE exam administered by the National Board of Echocardiography.] See Credentialing Criteria p 6.</i>				

**RE-CREDENTIALING CRITERIA FOR TEE AS INTRAOPERATIVE MONITORING**

1. Physicians should perform a satisfactory number of cases per annum with acceptably low mortality and morbidity rates.
2. If an individual's procedure volume falls below the recommended case load, performance will be observed on several procedures chosen at random by the Director or his designee in order to attest to current competency.
3. If an individual has performed the majority of TEE procedures at other institutions, documentation of case material, mortality and morbidity data must be provided to the Chief of Service of Anesthesiology.

Rev. Med Exec 10/2001

**Surgical and Related Intradepartmental Criteria Currency**

Following a question related to Carotid Endarterectomy privileging criteria, the committee suggested the need for a review of the current literature and clinical practice, and based on such, revision of the criteria and the process for enforcement. This will require input from subject experts.

The committee suggested that with the annual review of the departmental privilege forms, the Credentials Chair identify other credentialing criteria that may be due for review with the department Chief of Service. The Medical-Dental Staff Office staff also requests that if and when any grandfathering has or will be applied to credentialing criteria, this be printed directly on the form.

**Leave of Absence**

The committee was informed that Dr. Kurt VonFricken has returned from military leave. All documentation as required by policy is in the credentials dossier.

## Plastic and Reconstructive Surgery

Following a request for the addition of a Physician Assistant to the Department of Plastic and Reconstructive Surgery, a new privilege form was developed which reflects a similar structure to that of the current Nurse Practitioner form. Language consistent with current Physician Assistant forms was employed along with the delineation of privilege levels. The committee endorsed its adoption.

**FOR OVERALL ACTION**

## Remaining Items

- Received information regarding new categories of evolving Nursing Practice;
- Advised of the renewal status of Pre-Employ contracts for background checks;
- and the receipt of a new JC standard effective July 2015 addressing "*categories of physicians as listed at 482.12(c)(1) and nonphysician practitioners who are determined to be eligible for appointment by the governing body.*" The current ECMC Medical-Dental Staff Bylaws already address this standard.

**FOR INFORMATION ONLY**

## ***OTHER BUSINESS***

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

#### **FPPE (Focused Professional Practice Evaluation)**

10 FPPEs completed since the last meeting.

=Cardiothoracic Surgery (1 PA waived)

=Family Medicine (1 PA)

=Orthopaedics (1 PA)

=Orthopaedic Surgery (2 DPMs waived, 1 PA)

=Psychiatry (1 MD waived)

=Radiology- Teleradiology (2 MD's waived)

=Rehabilitation Medicine (1 NP)

#### **OPPE (Ongoing Professional Practice Evaluation)**

No report from the PSO

The PPE policy review is due by June 2015. The policy has been circulated to current stakeholders. At this writing, the plan is to submit the policy as reviewed May 2015 with no revisions.

## ***ADJOURNMENT***

With no other business, a motion to adjourn was received and carried with adjournment at 4:10 PM.

Respectfully submitted,



Robert J. Schuder, MD,  
Chairman, Credentials Committee

Att.

BOARD OF DIRECTORS  
MINUTES OF THE FINANCE COMMITTEE MEETING  
APRIL 21, 2015  
ECMCC BOARD OF DIRECTORS CONFERENCE ROOM

VOTING BOARD MEMBERS  
PRESENT OR ATTENDING BY  
CONFERENCE TELEPHONE:

MICHAEL SEAMAN  
BISHOP MICHAEL A. BADGER  
DOUGLAS H. BAKER

KEVIN HOGAN  
DEITRICH JEHLE, MD

VOTING BOARD MEMBERS  
EXCUSED:

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

ALSO PRESENT:

RICHARD CLELAND  
ANTHONY J. COLUCCI, III  
STEPHEN GARY  
VANESSA HINDERLITER

MARY HOFFMAN  
JARROD JOHNSON  
LESLIE LYMBURNER  
THOMAS QUATROCHE

**I. CALL TO ORDER**

The meeting was called to order at 8:36 p.m. by Chairman Michael Seaman.

**II. APPROVAL OF MINUTES**

Motion was made by Bishop Badger, seconded by Doug Baker, and unanimously passed to approve the minutes of the Combined Audit/Finance Committee meeting of March 24, 2015.

**III. MARCH, 2015 FINANCIAL REPORTS**

ECMC had an operating loss of \$560 Thousand compared to budget income of \$2.0 Million and operating loss of \$650 for January 2014. For the first quarter, ECMC had an operating loss of \$1.9 Million compared to budget income of \$2.3 Million and operating loss of \$5.0 for January 2014. Mr. Gary reviewed discharges, length of stay and volumes. Mr. Seaman asked about the management of length of stay. Mary Hoffman and Rich Cleland responded with steps that are being taken by management and staff. Mr. Gary then discussed key financial ratios and reviewed the comparative balance sheet and the accounts receivable analysis.

**IV. 2015 FINANCIAL PROJECTIONS**

Mr. Gary stated that first quarter trends and variances have been applied to the budget for the remainder of the year. Any known or reasonably assured adjustments have been

incorporated into baseline projections. A management action plan has been developed with specific accountabilities and time line. The baseline plus the management action plan quantified to date have resulted in \$50 Thousand operating income projected for 2015 which is \$5.1 Million short of budget.

**V. 2014 SERVICE LINE ANALYSIS**

Mr. Gary stated that the analysis was reconciled to audited financial statements and that additional refinements will be implemented in the future Mr. Gary then reviewed the Service Line Profitability Summary.

**VII. ADJOURNMENT**

There being no further business, the meeting was adjourned at 9:24 am by Chairman, Mr. Seaman

DRAFT

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS

MINUTES OF THE HUMAN RESOURCES COMMITTEE MEETING

TUESDAY, MAY 12, 2015

ECMCC STAFF DINING ROOM

---

VOTING BOARD MEMBERS                      MICHAEL HOFFERT, CHAIR  
PRESENT OR ATTENDING BY  
CONFERENCE TELEPHONE:

BOARD MEMBERS EXCUSED:

ALSO PRESENT:

CARLA DICANIO-CLARKE	MARY HOFFMAN
BEN LEONARD	CHRIS KOENIG
NANCY TUCKER	ANTHONY DIPINTO
NANCY CURRY	BELLA MENDOLA
MARY HOFFMAN	BILL WILKINSON

---

**I. CALL TO ORDER**

Chair Michael Hoffert called the meeting to order at 10:00am.

**II. RECEIVE & FILE**

Moved by Michael Hoffert to receive the Human Resources Committee minutes of the March 10, 2015 meeting.

**III. EMPLOYEE RECOGNITION**

Carla DiCanio-Clarke recognized the team members of 12 Zone 1, particularly Teneisha Neal. She was the first person to be assigned permanently to 12 Zone 1. The unit is not a typical med/surg unit. It was an ICU unit so it was not fully equipped at first. Teneisha has overcome obstacles and really focused on teamwork. She has also been recognized by the nursing recognition committee.

**IV. EEO REPORT**

Carla distributed the report that she composes annually. Next meeting she will distribute the industry standard report.

**V. WORKERS COMPENSATION AND EMPLOYEE OCCURRENCES**

The Workers Compensation and employee occurrences report was distributed. The number of employees still out from Workers Compensation injuries at Terrace View has spiked. Shirley Chojnacki will help monitor those numbers.

**VI. BEHAVIORAL HEALTH REPORT**

Carla distributed a report showing the assault trends with job title, zone, and time of day. The many committees that investigate incidents were discussed. Assaults escalate in the evening because the patient becomes agitated when they find out they are not being discharged. The NDNQI data will compare ECMC to other hospitals with behavioral health programs.

**VII. NURSING TURNOVER REPORT**

**March**

**Hires: 10 FTEs & 1 PD (LPN: 2 FTEs)**

- Med/ Surg: 4.5 FTEs
- Behavioral Health: 5.5 FTEs & 1 PD

**Losses: 4 FTEs & 7 PD**

- Med/ Surg: 3 FTEs & 3 PD

ERIE COUNTY MEDICAL CENTER CORPORATION

- Behavioral Health: 2 PD
- Critical Care: 1 FTE & 2 PD

**Turnover Rate:** .5%

**Turnover Rate YTD:** 1.9%

**April**

**Hires: 23 FTEs & 4 PD (LPN:1 FTE) to date**

- Med/Surg: 16.5 FTEs & 3 PD(LPN:1 FTE)
- Behavioral Health: 4FTEs & 1 PD
- Critical Care: 2.5 FTEs

**Losses: 2FTEs & 1 PD**

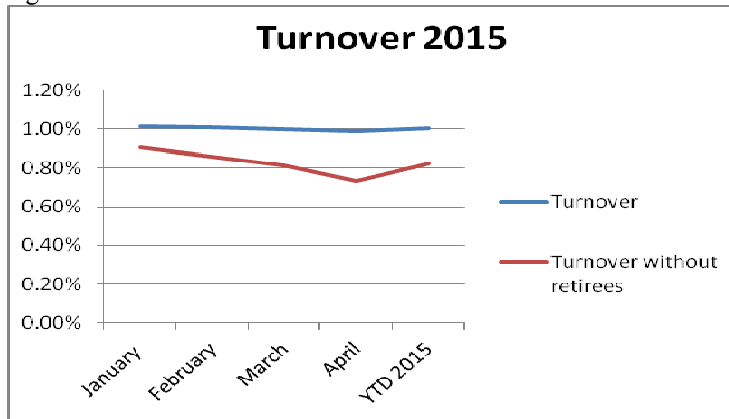
- Med/ Surg: 2 FTEs
- Critical Care: 1 PD

**Turnover Rate:** .3%

**Turnover Rate YTD:** 2.2%

**VIII. EMPLOYEE TURNOVER REPORTS**

Turnover reports were distributed. The turnover rate has been consistent. The number of employees that are retiring has increased.



**IX. TERRACE VIEW REPORT**

A job fair was held at Terrace View on May 12<sup>th</sup> for RN and LPN applicants. A CNA job fair is being planned for the end of June. A recognition event was held on April 29<sup>th</sup>. Extra Charge Nurses were added to the staffing plan.

**X. RECRUITMENT/JOB FAIRS**

A report was distributed depicting the past job fairs that human resources staff have attended.

**XI. WELLNESS/BENEFITS**

The Lose to Win Weight loss challenge is under way. 125 employees are participating. Nancy Tucker is assessing on whether a Retirement Planning Seminar is needed. The benefits fair is scheduled for Wednesday, October 14<sup>th</sup>. This will be the kickoff to the open enrollment period.

**XII. LABOR RELATIONS**

Carla DiCanio-Clarke reported that there is a runoff election taking place for AFSCME President and Grievance Chair. Ballots are due on May 22. The AFSCME contract expires at the end of 2015. Management has begun preliminary meetings to discuss negotiations.

**XIII. ADJOURNMENT**

Moved by Michael Hoffert to adjourn the Human Resources Committee meeting at 10:40am.

ERIE COUNTY MEDICAL CENTER CORPORATION

REPORT TO THE BOARD OF DIRECTORS

RICHARD C. CLELAND MPA, FACHE, NHA

PRESIDENT, COO & INTERIM CHIEF EXECUTIVE OFFICER

MAY 26, 2015

I would like to commend our entire organization for all of their professionalism, hard work and commitment day in and day out. Over the last few months, our executive leadership team has rounded and met with many departments and ECMC Teammates. Each of these meetings and personal contacts have been very important. We have all learned a lot and have been extremely impressed with everyone. It is very clear from these meetings and discussions that everyone cares about ECMC. So it is my honor to continue leading this great organization. I will make sure we remain focused on what is important, ensure our strategic course is strong, visionary and committed to our long term success.

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

**PATIENT AND TEAMMATE ENGAGEMENT (VALUE BASED PURCHASING) & QUALITY**

ECMC received its spring 2015 Leap Frog Hospital rating. We improved to a B! Great work everyone!

VERRAS Healthcare International has recognized ECMC as one of New York's ten "Best Value Hospitals" for 2014. This is great news and Dr. Murray and I will be going to the June 4th event to receive this award.

"Walk in My Shoes" CEO working alongside various Teammates, will soon be rolled out in June. I am looking forward to spending time fully engaged with many of our departments obtaining valuable knowledge and understanding what is faced on a daily basis.

Congratulations to all our ECMC family recently honored at Samuel's Grand Manor on April 22, 2015 for milestone years of service. The total service of our team being recognized amounted to 2,910 years!! WOW!! That is a lot of hard work and commitment from the best providers in our health care world. Thank You!

Since January, we have added 100 additional nurses. This will help in so many ways. First, these additional professionals will ensure sufficient staffing. Second, more nurses means higher nurse satisfaction and lower turnover. Third, more nurses correlates to higher patient



satisfaction and quality outcomes. We will continue to be patient centered, focus on quality and patient satisfaction. This is the future of healthcare.

A Town Meeting was held at Terrace View on April 9, 2015. The meeting's agenda included reviewing 2014 accomplishments here at ECMC and Terrace View, reviewing 2015 goals and Q & A. Great turnout!

In celebration of Nurse's Week thank you to Karen Ziemianski and her leadership team in making the week very special and sincere as we acknowledge the great nurses we have here at ECMC. Great job by Joann Wolf in organizing another successful ice cream sundae tour!

Over the past few week's several of ECMC's nurses have been recognized for "Excellence" and personal achievement by several outside organizations. This is truly amazing and so greatly deserving to these individuals.

- Karen Ziemianski-Senior Vice President of Nursing-Nurse Executive/Leadership Award from the Network of Religious Communities;
- Cameron Schmidt, MS, RN, Clinical Teacher, Critical Care Education, Distinguished Nursing Award-Life Line Foundation;
- Michelle Swygert, RN, being named this year's D'Youville's Delta Sigma Award/Marguerite Honor Society honoree;
- Edna Stercula, CRNA was recently honored by the Jamestown Community College Alumni Association as the JCC 2015 Alumni Nurse of Distinction;
- Tara Gregorio, RN selected as the Outstanding Staff Nurse Award by the Professional Nurses Association of WNY

Kudos to Karen Ziemianski and Tim Kline on their publication, CLABSI: A Quality Initiative, which was in the May 3, 2015 issue of WNY Nurses. A great group picture of the MICU team was included. Congratulations to all!

Congratulations to Lisa Pelton RN on her Daisy Award for the second quarter of 2015. We all appreciate what Lisa has done and she is so deserving of this award.

## HOSPITAL OPERATIONS

Volumes continue to reflect favorable trends with continued improvement over prior year actual results. In April, we unfortunately had a \$914K operating loss. On a year to date basis, ECMCC has incurred an operating loss of \$2,872 million which is favorable to \$4,978 during same period in 2014(improvement of \$2,106). Management continues executing its operational performance plan. This includes focusing on expense reduction in three areas FTE's, OT and consultant use.

Several Key Statistics Include:

- Acute discharges – 17% higher than budget for April. YTD versus budget 6.7% higher than budget and 8% higher in comparison to 2014.
- All discharges – 5.3% higher than budget for April. YTD versus budget 2.1% higher than budget and 5.2% higher in comparison to 2014.
- Operating room volumes YTD are 4% greater than budget and 3.1% greater than 2014 YTD.
- Emergency Department volumes are 2.8 % greater than budget and 2% greater than 2014 YTD.
- Length of Stay (LOS) for April was (6.3) April 2014(6.8). 2015 YTD 6.8 and 2014 YTD 6.3.
- Terrace View average daily census at 383.

May continues to reflect positive trends. Month to date we are exceeding budget in acute discharges by 10.8 % and also seeing improvement in LOS.

Executive Leadership 2015 second quarter goal report updated and attached. I separated goals that have been accomplished from those underway. Overall we have over forty (40) goals identified for the first quarter (many are yearlong goals). We determined the priorities and have identified customer and patient engagement, reviewing and modifying our strategic plan, physician contracting, LOS reduction, and service line profile reporting (profitability, quality outcomes and measures, productivity and patient satisfaction) as top priorities.

During April, I held meetings with our ECMC primary care physicians. This includes both our employed physicians and our affiliated group practices which make up our growing primary care system. The meeting served as a “Thank You” for all that they do. It also served as a way of directly communicating with our primary care physicians. We determined directly what is working, what needs to improve, and what we can do to further grow our system. The information received was very important and will help us greatly as we enhance our population health strategies.

CMS-Federal survey took place the week of 4/21 in our Immunodeficiency Clinic. This planned survey assessed the entire operations including structure, patient services and clinical outcomes. Survey exit conference included many positive comments and findings. We are awaiting the final written report.

ECMC is moving forward with creating the “Anthony V. Mannino Comfort Room.” The room is a tribute to a man who battled cancer during his young adult years. The Comfort Room will be located in the outpatient oncology center. The room’s décor is a reflection of Anthony’s passion for the martial arts. These symbolic decorations will provide much needed benefit and inspiration to the patients in the center while keeping Anthony’s legacy alive.

With the opening of two (2) new operating rooms in the ambulatory center, surgeon scheduling and volumes have both improved. May is seeing historic volumes and we continue being the hospital of choice for so many surgeons and physicians.

The Emergency Department Modernization Project Planning design team has been working on the new ED renovation. We are optimistic a final plan will be completed in the next thirty (30) days.

E-CARE4U is a new employee health/concierge program that will be launching on campus aimed at improving the employee experience at ECMC. The goal of E-CARE4U is to deliver on what we call the Triple-E (Exceptional Employee Experience @ ECMC). This initiative will include a health and wellness component that will be comprised of primary care services, dental services as well as specialty services. We also will provide same day appointment access for ECMC employees who select a primary care provider at ECMC or its satellite clinics. To make the scheduling process as simple as possible we will have a designated employee-only line that will be manned by concierge staff who will take your information and schedule your requested appointment(s) for you. More details in a few weeks!! Maggie Nichols, Assistant Vice President of Primary Care Development (just recently promoted into this new position) is leading this exciting initiative.

Kaleida Health, ECMC and MASH Care Network have teamed up to develop a new population health management model for Western New York. The initiative is designed to align ECMC and Kaleida Health’s hospitals, nursing homes, clinics and home care (the VNA) with MASH’s urgent care, transportation, physician services and mobility management to provide a seamless experience for patients.

Transplant search and recruitment of new Program Director to lead our Great Lakes Health program has identified a candidate and it looks very optimistic that an announcement will soon be made. With the announcement it looks very favorable the new Program Director will be onboard in early July.

Recruitment of Chief People Officer continues. Three (3) finalists have been identified.

### **LIFE LINE FOUNDATION**

The Life Line Foundation has continued its long tradition of excellence. Over the past few months several successful events have taken place. I would like to thank Jon Dandes, Executive Director of Life Line Board of Director's and the Life Line Board of Directors for all that they do for the Foundation and ECMCC. Sue Gonzalez and her team of Stacy Roeder and Molly Schmand continue to raise the bar, find new ways to build on previous successes and knock it out of the park! Sue has made each event an absolute, signature event. Everyone here at ECMCC and in the community are amazed by her accomplishments. Over the past few months, the Life Line Foundation has held the following events.

- Gift Gathering Event at Peggy Cramer's House-February 27, 2015;
- Ladies Luncheon at the Mary Seton Room at Kleinhan's-March 2, 2015;
- Gift Gathering Party at Resurgence Brewery-March 3, 2015;
- Pre Gala Raffle and Auction at Salvatore's on Tuesday March 24, 2015;
- Springfest Gala May 9, 2015 for which 1,600 attended. Once again a truly signature event and the bar continues to be raised as each year passes.

On behalf of ECMCC, I would like to thank the Life Line Foundation for their vision, commitment and leadership in assuring that ECMCC's mission continues well into the future.

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

Sincerely yours,

Richard C. Cleland

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**Internal Financial Reports**  
For the month ended April 30, 2015

# Erie County Medical Center Corporation

## Management Discussion and Analysis

### For the month ended April 30, 2015

#### (Amounts in Thousands)

An operating loss of \$914 was incurred for the month of April which is unfavorable to budget by \$2,727 and unfavorable to the prior year by \$927. On a year to date basis, ECMCC incurred an operating loss of \$2,872 which is unfavorable to budget by \$6,937 but favorable to the prior year by \$2,106 (42%). The primary reasons for the unfavorable performance in April are due to increased salary and benefit costs and physician fees offset by the favorable impacts of volume, other operating revenue, and length of stay improvements. Year to date unfavorable performance is due to increased salary and benefit costs and physician fees as well as increased average length of stay and its resulting labor and supply costs, and other factors as detailed below.

Discharges of 1,586 for April were 121 (8.3%) greater than the prior year and 80 (5.3%) greater than budget at 1,465 and 1,506 respectfully. The favorable April discharge variance to budget is primarily due to 150 more acute services and 16 more chemical dependency services which were offset by 85 less behavioral health services, and 1 more medical rehab services. Transitional care services met budgeted discharge expectations at 32 discharges for the month.

Average length of stay in April amounted to 7.7 days compared to a budget of 8.1 days. The average daily census of 408 is on target with both budget and prior year of 405.

The blended acute case mix for April was 1.69 which is 9.6% lower than budgeted case mix of 1.87 and 8.6% lower than the prior year case mix of 1.85. This is consistent with year to date blended acute case mix of 1.70 which is 7.0% lower than budgeted case mix of 1.82 and 8.1% lower than the prior year case mix of 1.85.

Outpatient visits at 27,374 were 10.5% less than budget due to reduced clinic volumes across multiple services. Emergency volumes at 5,562 were 2.8% greater than budget and 3% higher than the prior year.

Other revenue for the month of April was greater than budget by \$275 and on a year to date basis by \$1,420 substantially due to higher than expected rebate and incentive revenues. Recognition of DSRIP Planning Grant revenue further contributed to the better than budget performance, however, this was offset by increased expenses related to the grant. The DSRIP IAAF grant terminated effective March 31, 2015 and accordingly no revenue related to this grant was budgeted or recognized in April.

Salaries and contract labor were unfavorable to budget for April by \$1,342 and year to date by \$3,698. The variance for April is driven by an additional 38 FTE's and an increase in overtime incurred. Year to date, this variance was driven by unfavorable PTO liability growth as well as increased inpatient volumes. FTE's are 3.7% over budget year to date but FTE's per adjusted occupied bed are running below budget by 0.8% year to date.

Benefits were unfavorable to budget in April by \$727 and \$1,326 year to date driven primarily by increases in salary costs and increased health insurance claims costs. Benefits year to date are 55.8% of salaries compared to a budgeted rate of 57.1%.

Purchased services were unfavorable to budget for April by \$490 and on a year to date basis by \$2,158 primarily due to increased costs related to the cost segregation depreciation studies for Terrace View and CPEP and costs for reimbursable grant expenses including consulting related to DSRIP. This was partially offset by the recognition of DSRIP IAAF Planning Grant revenue as noted above.

Depreciation expense was unfavorable to budget in April by \$222 and on a year to date basis by \$888 primarily due the use of component depreciation method for Terrace View and the CPEP program after the budget was completed. This has been offset by the recording of the corresponding third party revenue.

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## Erie County Medical Center Corporation

### Balance Sheet April 30, 2015 and December 31, 2014

(Dollars in Thousands)

	April 30, 2015	Audited December 31, 2014	Change from December 31st
<b>Assets</b>			
Current Assets:			
Cash and cash equivalents	\$ 8,987	\$ 6,251	\$ 2,736
Investments	22,658	10,830	11,828
Patient receivables, net	53,473	51,491	1,982
Prepaid expenses, inventories and other receivables	38,941	76,930	(37,989)
<b>Total Current Assets</b>	<b>124,059</b>	<b>145,502</b>	<b>(21,443)</b>
Assets Whose Use is Limited:			
Designated under self-Insurance programs	69,769	68,242	1,527
Restricted under third party agreements	32,293	28,617	3,676
Designated for long-term investments	0	21,837	(21,837)
<b>Total Assets Whose Use is Limited</b>	<b>123,084</b>	<b>118,696</b>	<b>4,388</b>
Property and equipment, net	284,377	288,997	(4,620)
Other assets	31,849	23,726	8,123
<b>Total Assets</b>	<b>\$ 563,369</b>	<b>\$ 576,921</b>	<b>\$ (13,552)</b>
<b>Liabilities &amp; Net Assets</b>			
Current Liabilities:			
Current portion of long-term debt	\$ 7,588	\$ 8,137	\$ (549)
Accounts payable	27,724	34,076	(6,352)
Accrued salaries and benefits	19,372	22,274	(2,902)
Other accrued expenses	35,673	40,930	(5,257)
Estimated third party payer settlements	20,392	20,511	(119)
<b>Total Current Liabilities</b>	<b>110,749</b>	<b>125,928</b>	<b>(15,179)</b>
Long-term debt	165,078	166,579	(1,501)
Estimated self-insurance reserves	47,440	45,525	1,915
Other liabilities	123,355	119,859	3,496
<b>Total Liabilities</b>	<b>446,622</b>	<b>457,891</b>	<b>(11,269)</b>
<b>Total Net Assets</b>	<b>116,747</b>	<b>119,031</b>	<b>(2,284)</b>
<b>Total Liabilities and Net Assets</b>	<b>\$ 563,369</b>	<b>\$ 576,921</b>	<b>\$ (13,553)</b>

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## Erie County Medical Center Corporation

### Statement of Operations

For the month ended April 30, 2015

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
<b>Operating Revenue:</b>				
Net patient revenue	\$ 37,473	\$ 37,359	\$ 114	\$ 36,850
Less: Provision for uncollectable accounts	(739)	(1,336)	597	(2,186)
Adjusted Net Patient Revenue	36,734	36,023	711	34,664
Disproportionate share / IGT revenue	5,104	5,104	-	5,459
Other revenue	3,282	3,007	275	3,166
<b>Total Operating Revenue</b>	<b>45,120</b>	<b>44,134</b>	<b>986</b>	<b>43,289</b>
<b>Operating Expenses:</b>				
Salaries & wages / Contract labor	16,345	15,003	(1,342)	15,252
Employee benefits	9,251	8,524	(727)	8,935
Physician fees	6,637	5,269	(1,368)	5,064
Purchased services	3,603	3,113	(490)	2,994
Supplies	5,199	5,653	454	6,006
Other expenses	1,381	1,276	(105)	1,558
Utilities	622	724	102	721
Depreciation & amortization	2,322	2,100	(222)	2,053
Interest	674	658	(16)	693
<b>Total Operating Expenses</b>	<b>46,034</b>	<b>42,320</b>	<b>(3,714)</b>	<b>43,276</b>
<b>Income/(Loss) from Operations</b>	<b>(914)</b>	<b>1,814</b>	<b>(2,728)</b>	<b>13</b>
<b>Non-operating Gain/(Loss):</b>				
Interest and dividends	121	-	121	149
Unrealized gain/(loss) on investments	332	333	(1)	21
Non-operating Gain/(Loss)	453	333	120	170
<b>Excess of Revenue/(Deficiency) Over Expenses</b>	<b>\$ (461)</b>	<b>\$ 2,147</b>	<b>\$ (2,608)</b>	<b>\$ 183</b>
Retirement health insurance	1,520	1,421	99	1,375
New York State pension	1,928	1,821	107	2,098
<b>Impact on Operations</b>	<b>\$ 3,448</b>	<b>\$ 3,242</b>	<b>\$ 206</b>	<b>\$ 3,473</b>

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## Erie County Medical Center Corporation

### Statement of Operations

For the four months ended April 30, 2015

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
<b>Operating Revenue:</b>				
Net patient revenue	\$ 140,259	\$ 144,463	\$ (4,204)	\$ 141,455
Less: Provision for uncollectable accounts	(2,431)	(5,243)	2,812	(8,291)
Adjusted Net Patient Revenue	<u>137,828</u>	<u>139,220</u>	<u>(1,392)</u>	<u>133,164</u>
Disproportionate share / IGT revenue	21,163	20,417	746	21,737
Other revenue	<u>16,337</u>	<u>14,917</u>	<u>1,420</u>	<u>9,519</u>
<b>Total Operating Revenue</b>	<u>175,328</u>	<u>174,554</u>	<u>774</u>	<u>164,420</u>
<b>Operating Expenses:</b>				
Salaries & wages / Contract labor	64,250	60,552	(3,698)	60,420
Employee benefits	35,872	34,546	(1,326)	35,140
Physician fees	21,880	21,074	(806)	20,417
Purchased services	14,613	12,455	(2,158)	12,196
Supplies	21,705	22,831	1,126	23,057
Other expenses	5,482	5,105	(377)	4,141
Utilities	2,408	2,895	487	3,526
Depreciation & amortization	9,286	8,398	(888)	7,724
Interest	<u>2,704</u>	<u>2,633</u>	<u>(71)</u>	<u>2,777</u>
<b>Total Operating Expenses</b>	<u>178,200</u>	<u>170,489</u>	<u>(7,711)</u>	<u>169,398</u>
<b>Income/(Loss) from Operations</b>	<u>(2,872)</u>	<u>4,065</u>	<u>(6,937)</u>	<u>(4,978)</u>
<b>Non-operating Gain/(Loss):</b>				
Interest and dividends	589	-	589	1,148
Investment Income/(Loss)	<u>362</u>	<u>1,333</u>	<u>(971)</u>	<u>129</u>
Non-operating Gain/(Loss)	<u>951</u>	<u>1,333</u>	<u>(382)</u>	<u>1,277</u>
<b>Excess of Revenue/(Deficiency) Over Expenses</b>	<u>\$ (1,921)</u>	<u>\$ 5,398</u>	<u>\$ (7,319)</u>	<u>\$ (3,701)</u>
Retirement health insurance	6,080	5,684	396	5,500
New York State pension	<u>7,535</u>	<u>7,263</u>	<u>272</u>	<u>8,413</u>
<b>Impact on Operations</b>	<u>\$ 13,615</u>	<u>\$ 12,947</u>	<u>\$ 668</u>	<u>\$ 13,913</u>

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**Erie County Medical Center Corporation**

**Statement of Changes in Net Assets  
For the month and four months ended April 30, 2015**

*(Dollars in Thousands)*

	<u>Month</u>	<u>Year-to-Date</u>
<b>Unrestricted Net Assets:</b>		
Excess/(Deficiency) of revenue over expenses	\$ (461)	\$ (1,921)
Other transfers, net	(80)	(363)
Contributions for capital acquisitions	-	-
Net assets released from restrictions for capital acquisition	-	-
	<hr/>	<hr/>
Change in Unrestricted Net Assets	<u>(541)</u>	<u>(2,284)</u>
<b>Temporarily Restricted Net Assets:</b>		
Contributions, bequests, and grants	-	-
Other transfers, net	-	-
Net assets released from restrictions for operations	-	-
Net assets released from restrictions for capital acquisition	-	-
	<hr/>	<hr/>
Change in Temporarily Restricted Net Assets	<u>-</u>	<u>-</u>
Change in Net Assets	<u>(541)</u>	<u>(2,284)</u>
Net Assets, beginning of period	<u>117,288</u>	<u>119,031</u>
<b>Net Assets, end of period</b>	<u><b>\$ 116,747</b></u>	<u><b>\$ 116,747</b></u>

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## Erie County Medical Center Corporation

### Statistical and Ratio Summary

	April 30, 2015	December 31, 2014	ECMCC 3 Year Avg. 2012 - 2014
<b><u>Liquidity Ratios:</u></b>			
Current Ratio	1.1	1.2	1.1
Days Operating Cash, includes current Investments	21.5	12.7	13.6
Days in Designated Cash & Investments (Covenant 57 days)	83.2	92.3	110.6
Days in Patient Receivables	46.6	45.3	45.2
Days Expenses in Accounts Payable	18.8	25.2	27.3
Days Expenses in Current Liabilities	75.3	93.3	90.3
Cash to Debt	70.9%	58.6%	63.0%
Working Capital	\$ 13,310	\$ 19,574	\$ 15,298
<b><u>Capital Ratios:</u></b>			
Long-Term Debt to Fixed Assets	58.0%	57.6%	63.5%
Assets Financed by Liabilities	79.3%	79.4%	79.5%
Debt Service Coverage (Covenant > 1.1)	1.6	2.3	1.8
Capital Expense	5.8%	3.2%	3.0%
Debt to Capitalization	62.1%	61.8%	63.5%
Average Age of Plant	12.0	11.3	13.8
Debt Service as % of NPSR	3.7%	4.0%	3.8%
Capital as a % of Depreciation	50.2%	99.2%	280.1%
<b><u>Profitability Ratios:</u></b>			
Operating Margin	-1.6%	0.2%	0.2%
Net Profit Margin	-1.4%	0.9%	2.1%
Return on Total Assets	-1.0%	0.7%	1.5%
Return on Equity	-4.9%	3.5%	7.5%
<b><u>Productivity and Cost Ratios:</u></b>			
Total Asset Turnover	0.9	0.9	0.9
Total Operating Revenue per FTE	\$ 180,500	\$ 186,752	\$ 175,781
Personnel Costs as % of Total Revenue	56.3%	52.5%	54.6%

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**Erie County Medical Center Corporation**

**Key Statistics**

**Period Ended April 30, 2015**

<b>Current Period</b>				<b>Year to Date</b>				
<b>Actual</b>	<b>Budget</b>	<b>% to Budget</b>	<b>Prior Year</b>	<b>Actual</b>	<b>Budget</b>	<b>% to Budget</b>	<b>Prior Year</b>	
<b>Discharges:</b>				<b>Discharges:</b>				
1,039	889	16.9%	906	Med/Surg (M/S) - Acute	3,871	3,628	6.7%	3,606
310	395	-21.5%	347	Behavioral Health	1,177	1,373	-14.3%	1,207
143	130	10.0%	126	Chemical Dependency (CD) - Detox	545	504	8.1%	511
32	29	10.3%	27	CD - Rehab	120	104	15.4%	101
30	31	-3.2%	28	Medical Rehab	123	106	16.0%	107
32	32	0.0%	31	Transitional Care Unit (TCU)	124	125	-0.8%	121
<b>1,586</b>	<b>1,506</b>	<b>5.3%</b>	<b>1,465</b>	<b>Total Discharges</b>	<b>5,960</b>	<b>5,840</b>	<b>2.1%</b>	<b>5,653</b>
<b>Patient Days:</b>				<b>Patient Days:</b>				
6,589	5,423	21.5%	6,051	M/S - Acute	26,257	22,499	16.7%	22,855
3,497	4,544	-23.0%	3,986	Behavioral Health	14,147	15,794	-10.4%	15,857
494	445	11.0%	434	CD - Detox	1,909	1,724	10.7%	1,720
531	533	-0.4%	418	CD - Rehab	2,001	1,912	4.7%	1,911
775	798	-2.9%	822	Medical Rehab	2,810	2,732	2.9%	2,927
353	407	-13.3%	447	TCU	1,566	1,589	-1.4%	1,652
<b>12,239</b>	<b>12,150</b>	<b>0.7%</b>	<b>12,158</b>	<b>Total Patient Days</b>	<b>48,690</b>	<b>46,250</b>	<b>5.3%</b>	<b>46,922</b>
<b>Average Daily Census (ADC):</b>				<b>Average Daily Census (ADC):</b>				
220	181	21.5%	202	M/S - Acute	219	187	16.7%	190
117	151	-23.0%	133	Behavioral Health	118	132	-10.4%	132
16	15	11.0%	14	CD - Detox	16	14	10.7%	14
18	18	-0.4%	14	CD - Rehab	17	16	4.7%	16
26	27	-2.9%	27	Medical Rehab	23	23	2.9%	24
12	14	-13.3%	15	TCU	13	13	-1.4%	14
<b>408</b>	<b>405</b>	<b>0.7%</b>	<b>405</b>	<b>Total ADC</b>	<b>406</b>	<b>385</b>	<b>5.3%</b>	<b>391</b>
<b>Average Length of Stay:</b>				<b>Average Length of Stay:</b>				
6.3	6.1	4.0%	6.7	M/S - Acute	6.8	6.2	9.4%	6.3
11.3	11.5	-1.9%	11.5	Behavioral Health	12.0	11.5	4.5%	13.1
3.5	3.4	0.9%	3.4	CD - Detox	3.5	3.4	2.4%	3.4
16.6	18.4	-9.7%	15.5	CD - Rehab	16.7	18.4	-9.3%	18.9
25.8	25.7	0.4%	29.4	Medical Rehab	22.8	25.8	-11.4%	27.4
11.0	12.7	-13.3%	-	TCU	12.6	12.7	-0.7%	-
<b>7.7</b>	<b>8.1</b>	<b>-4.3%</b>	<b>8.3</b>	<b>Average Length of Stay</b>	<b>8.2</b>	<b>7.9</b>	<b>3.2%</b>	<b>8.3</b>
<b>Occupancy:</b>				<b>Occupancy:</b>				
83.1%	84.7%	-1.9%	84.8%	% of M/S Acute staffed beds	85.0%	84.7%	0.3%	79.1%
<b>Case Mix Index:</b>				<b>Case Mix Index:</b>				
1.69	1.87	-9.6%	1.85	Blended (Acute)	1.70	1.82	-7.0%	1.85
205	253	-19.0%	228	Observation Status	715	981	-27.1%	885
500	478	4.6%	456	Inpatient Surgeries	1,864	1,872	-0.4%	1,841
681	658	3.5%	663	Outpatient Surgeries	2,655	2,541	4.5%	2,513
27,374	30,594	-10.5%	29,758	Outpatient Visits	106,535	114,313	-6.8%	109,524
5,542	5,392	2.8%	5,376	Emergency Visits Including Admits	21,142	20,893	1.2%	20,843
46.8	44.2	5.9%	51.4	Days in A/R	46.8	44.2	5.9%	51.4
1.9%	3.7%	-50.2%	6.7%	Bad Debt as a % of Net Revenue	1.6%	3.8%	-58.9%	6.6%
2,563	2,437	5.2%	2,438	FTE's	2,525	2,435	3.7%	2,454
3.49	3.35	4.3%	3.48	FTE's per Adjusted Occupied Bed	3.52	3.55	-0.8%	3.59
\$ 11,528	\$ 12,012	-4.0%	\$ 12,072	Net Revenue per Adjusted Discharge	\$ 11,674	\$ 12,032	-3.0%	\$ 11,931
\$ 14,544	\$ 13,982	4.0%	\$ 15,174	Cost per Adjusted Discharge	\$ 15,148	\$ 14,655	3.4%	\$ 15,237
<b>Terrace View Long Term Care:</b>				<b>Terrace View Long Term Care:</b>				
11,463	11,528	-0.6%	11,500	Patient Days	46,066	45,890	0.4%	45,803
382	384	-0.6%	383	Average Daily Census	384	382	0.4%	382
435	446	-2.6%	444	FTE's	429	446	-3.7%	445
6.1	6.2	-2.0%	6.2	Hours Paid per Patient Day	6.0	6.2	-4.0%	6.2

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

**AMBULATORY SERVICES:**

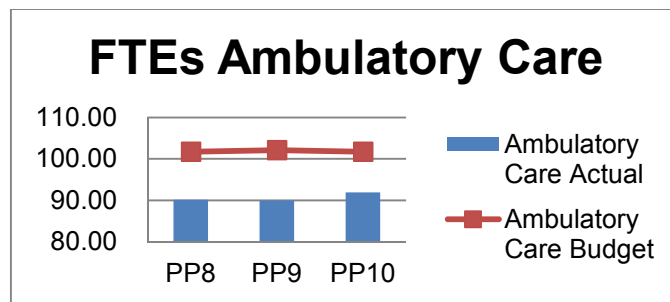
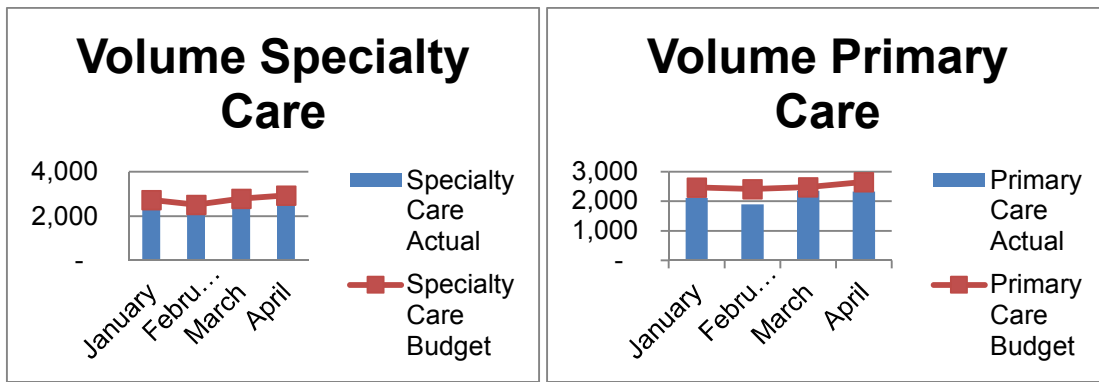
Ambulatory Services continues to prepare for DSRIP implementation and the new phases of care provision in our outpatient care areas.

- ER Diversion: Working with Primary Care Vision group and Dr. Billittier to identify viable process changes and improvements to insure patients are being treated at the appropriate level of care. Roadmaps being developed to enhance services, and improve communications between primary care and ER teams.
- Improving work flows to increase access in all Ambulatory areas.
- Instituting policy in Ambulatory to prevent any walk-in patients requesting care from being turned away without resolution.

**NYS Medical Home Demonstration Project**

ECMCC’s Internal Medicine and Cleve Hill Family HC successfully completed a two year project outlining the Quality of Resident Care Training and Primary Care Experience for our patients. All participating organizations were recognized at the Congratulatory Celebration Seminar in NYC in February, 2015 (AVP Cassie Davis and PCMH Clinical Manager Annette Phillips attended). Satisfactory completion of the requirements of this project equated to a total of \$1,046, 295 in additional revenue provided to ECMC.

**Volumes for Ambulatory Care**



### **Provider Productivity**

To advance our understanding and oversight of the overall volumes in our Ambulatory Clinics, Administration worked with Finance to develop a Productivity Monitoring system that was implemented in April 2015. Each clinic location is responsible for daily tracking of their volumes, and they are compared to established expectations based on the budget. The clinics then report off on the results weekly, allowing for issues to be identified and addressed ahead of any preventable trends. Overall monthly results are reported off to the AVP and Executive Leadership each month, in addition to expense variances. This proactive approach has been adopted by the clinics, and has already proven successful in Podiatry and Internal Medicine Clinics.

### **Allscripts (Outpatient EHR) Implementation in Specialty Care- Suites 130/132**

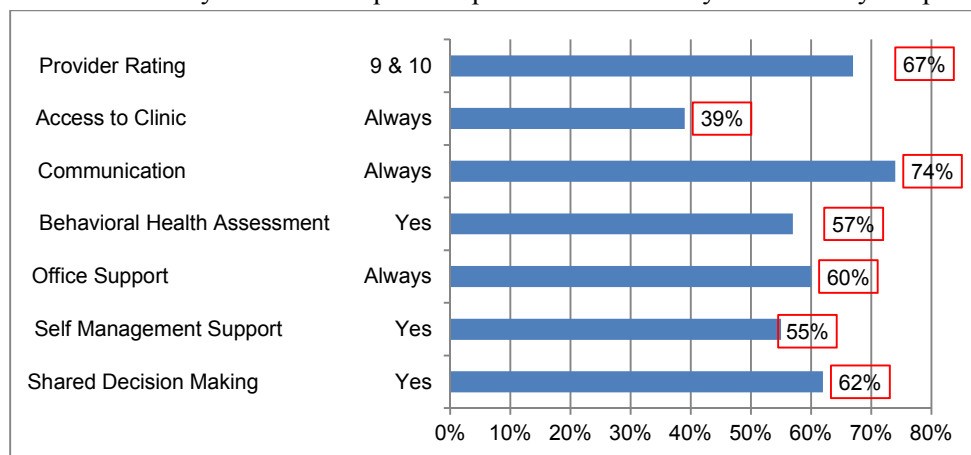
- May 4, 2015 Implementation
- Participating services: Surgery, Neurology, Gastroenterology, Urology, Dermatology, Neurosurgery, Pulmonary, Thoracics, and Cardiology
- All provider groups at least 50% EHR documentation
- Next Clinics: Orthopedics, ENT, Occupational Health (dates pending)

### **Press Ganey CAHPS Patient Satisfaction Survey Results- Primary Care**

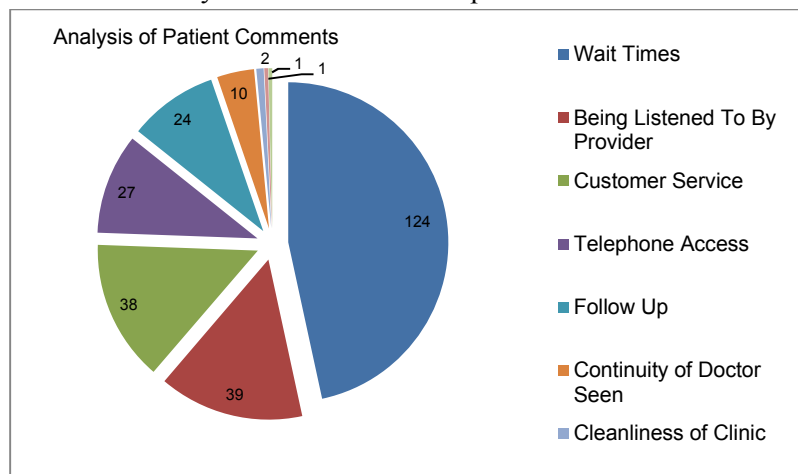
This data is the first in a series of annual CAPHS Patient Satisfaction Survey that has been implemented by Press Ganey. This data is collected from the time frame December 31, 2014 through March 31, 2015. This is the first quarter of data that has been provided, as we are working with Press Ganey to further evaluate the data received as well as the collection process.

	Mailed to Patients	Returned from Patients	Percent
❖ Total Surveys	2375	525	22 %
❖ Internal Medicine	688	159	23 %
❖ Cleve Hill FHC	687	107	15 %
❖ Immunodeficiency	500	115	23 %
❖ Grider FHC	500	144	29 %

Below is an analysis of the 52 question portion of the survey answered by the patients:



Below is an analysis of the 595 written patient comments divided into 9 categories:

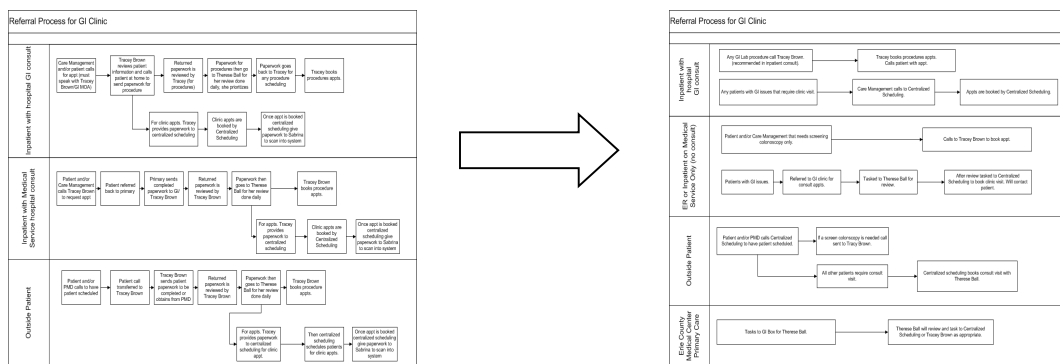


PDSA's will be implemented on the top 3 item that were identified by our patients for satisfaction

- Wait times
- Being listened to by the provider
- Customer Service

**GI Process Improvement:**

- Reallocated work flows to each department (Clinic vs. Lab) appropriately
- Education and process checks in multiple facets to address inappropriate GI Lab referrals from clinics
- Therese Ball-NP will review referrals daily, previously completed by Kristin Webb-PA (UB) 2-3 days per week. Therese Ball-NP performing 3 GI sessions per week, volume increasing. Wait time for patient appointments reduced: GI PA- from December 2015 to June 2015, GI General September 2015 to June 2015, GI NP has immediate availability
- Minimized “touches”, streamlined referrals and appointment process (see below):



**Immunodeficiency**

In April, Immunodeficiency Services successfully completed HRSA – Federal site review (Ryan White Parts C and D grant funding). The visit went well, and monthly conference calls have been moved to quarterly. Final report is pending.

## **BEHAVIORAL HEALTH:**

Mental Health Awareness Month kicked off with two national speakers - over 400 attendees from staff and community. Various activities scheduled throughout the month. *(calendar attached at end of report)*

### **OMH**

- CPEP certification survey completed April 20-22; awaiting final report.
- 2015 Operations Plan for CPEP reviewed and revised by CPEP leadership. *(attached at end of report)*

### **Patient Satisfaction**

- Press Ganey surveys initiated in all locations, except CPEP, awaiting results.

### **Staff**

- Many nurse recruitment meetings held to recruit nurses from other areas of ECMC, resulting in 10+ names of potentially interested nurses. External recruitment being held throughout May 2015.

### **Training**

- Initiated training for schizophrenic population on 4South and received a grant of \$800 from the ECMC Foundation to purchase reference books.
- Began training for OCD patients on 5North, counselor from 1010 Main Street coordinating due to her expertise.
- Working with UB to provide training for all CPEP staff regarding trauma informed care.

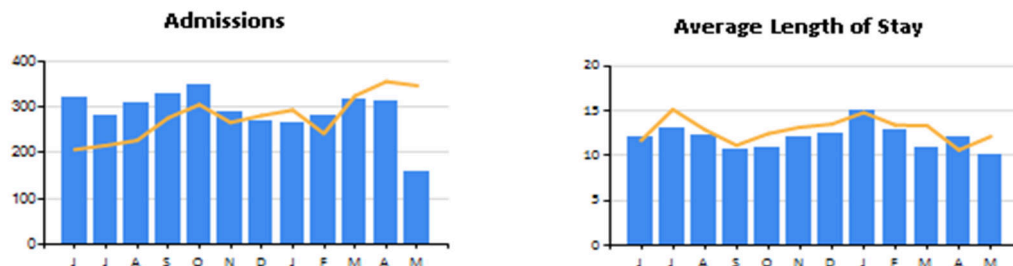
### **CPEP**

- Created Task Force to review physical plant in CPEP to ensure safety and meet patient needs.
- Initiated CPEP Brief visits to improve compliance, increase billing and reduce time in CPEP.

### **Other**

- Dawn Walters and Mary Hoffman attending APNA (American Psychiatric Nurse Association) mental health conference in Saratoga Springs on May 29, 2015.

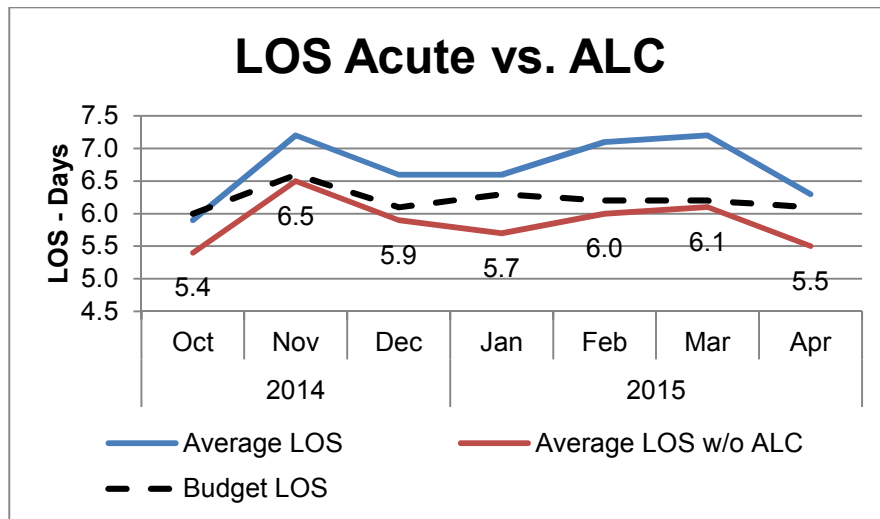
## **Volumes for Behavioral Health**





## **BRIDGE UPDATE:**

- BRIDGE initiative is in operational mode assuring processes initiated with Novia are imbedded into day to day operations.
- Dashboard is being distributed monthly.
- Teams continue to focus on drill downs into discharge delays. (*Patient Days graph attached below*).



## **CARE MANAGEMENT:**

### **Case Management**

- Continued implementation of the staffing model plan to merge the RN Case Manager with the Utilization RN role. We have 100% of the team cross-trained and functioning in the new model while continuing to provide full Care Management coverage of the new model throughout the hospital. We are seeing a decrease in our LOS of .4 days when compared to the same time as last year, while discharging 133 more patients than last year.

### **Appeal and Denials**

- We continue to focus on concurrent utilization reviews for all patients. By placing patients in the correct status on admission this will lead to a decreased number of denials received post discharge. Year to date we have been successful in decreasing our payer denials by 10% from last year while managing more cases currently due to a higher discharge volume for this year.

### **ALC Process**

- We are continuing to reach out to several community organizations to strengthen our relationships in the community and to ensure we are offering our patients all available services. Our barriers continue to be placing those patients that require an Adult Residence level of care but have limited finances or Behavior Health diagnoses. These processes have helped us decreased our ALC population by 40% from the prior months YTD of the medical surgical cases.

## **DIALYSIS:**

### **Outpatient**

- Continue to work on transitioning from MIQS (dialysis EMR) to Meditech (hospital EMR). Tentative transition date slated for 8/1/15. Tentative transition date possibly pushed back to November 2015 due to ICD-10 roll-out October 1, 2015.
- Investigating transition from Spectra laboratories to ECMC/ Great Lakes labs for outpatient/home labs due to multiple issues with Spectra.
- Co-pay collection – full-time financial staff member hired to work with patients to collect co-pays and assist with insurance management. Slated to start May 18.
- Home Hemodialysis – contract has been signed, Coordinating training of staff and patients, scheduled for May 27-29. Currently have 4 patients set to train.
- Current patient census – In-center Hemo - 170, PD – 11 with 2 ready to start training, HH – 4 patients ready to start training.
- Theresa Sitgreaves, Director, was featured as a guest on the Great Lakes Health radio show with Rita Hubbard-Robinson, promoting Transplant and Dialysis here at ECMC.

### **Inpatient**

- 250 treatments done in unit – 199 on 10N, 37 off-station (in ICUs, etc)
- 9 plasmapheresis treatments completed.
- 5 Acute Outpatients (in acute renal failure for > 30 days – unable to do in chronic unit due to acute status).

## **RADIOLOGY:**

### **New Projects**

- **Glofil Study** - Nuclear Med technician is scheduled to go to Strong Memorial to observe study and then we will be able to offer this service at ECMC. There will no longer be the need to send our donor patient elsewhere. We are also looking to capture patients from Kaleida, Catholics, VA and RPI. Until now, Strong was the only player.
- **Varicose Vein Ablation** - Dr Marshall is beginning to see patient requiring ablation. We are working with Cassie's staff to train radiology to capture the prior authorizations. Wound Center, Endocrinology, Renal service, Dr. Sperry and Primary Health Clinic as well as ECMC staff education will be our target audience.

### **Joint Commission Readiness**

This will continue to be a focus for us. There are (25) new elements of performance that we will need to be compliant with or at least show we are headed in the right direction by July 2015. New CT scanning software, Radimetric and Powerscribe 360 will help with many of these but we know that CT, MRI and Nuclear Med will be targeted.

### **Ongoing Projects**

- **Radimetrics** - Radiation Dose Reporting - go live May 2015. Once Powerscribe 360 is operational, this will flow seamlessly.

## Overall Imaging Volumes are up by 2.6%

	Jan	Feb	March	April	YTD 2015	YTD 2014	Variance		
CT	Inpatient	1163	1042	1546	1783	5534	5118	416	7.5%
	Outpatient	287	255	455	389	1386	1213	173	12.5%
	ED	878	734	1241	1113	3966	3800	166	4.0%
		2328	2031	3242	3285	10886	10131	755	6.9%
MRI	Inpatient	145	111	137	133	526	547	21	3.9%
	Outpatient	161	147	154	177	639	646	7	1.0%
	ED	37	35	29	41	142	151	9	6.0%
		343	293	320	351	1307	1344	37	2.8%
RAD	Inpatient	2095	1647	2121	3648	9511	9190	321	3.4%
	Outpatient	3390	3148	3331	2889	12758	12858	100	<1%
	ED	2657	2252	2744	1881	9534	10202	668	7.0%
		8142	7047	8196	8418	31803	32250	447	1.4%
Ultrasound	Inpatient	211	219	234	250	914	797	117	12.8%
	Outpatient	270	275	348	364	1257	1359	102	7.5%
	ED	33	32	34	68	167	180	13	7.8%
		514	526	616	682	2338	2336	2	<1%
Nuc Med	Inpatient	68	87	105	189	449	474	25	5.6%
	Outpatient	74	64	80	148	366	357	9	2.5%
	ED	0	1	1	0	2	2	0	0.0%
		142	152	186	337	817	833	16	1.9%

### MRI Safety Officer - June 2015

Karen Bruno, MRI technologist, will be attending MRI Safety Officer training and taking her certification exam in June. She will be the only certified MRI Safety Officer in Western NY.

### REHABILITATION SERVICES

The department of Rehabilitation Therapy Services focused on compliance in the month of April. The entire department completed annual physicals, equipment checks were completed in all of our treatments gyms, and the managers attended Ethics training lead by the Corporate Compliance Officer. The Director and Outpatient Supervisor completed NGS training for regulatory updates through CMS as they relate to Outpatient Services. Additionally the Director, managers and departmental leads participated in the Medworxx training for ICD-10 and Rehab continues as part of the ICD-10 Steering Committee. Marie Johnson attended a demo for the Meditech arm to possibly provide increased efficiency with registration staff and their related duties and a Business First survey was completed highlighting physical therapy services throughout Rehab Medicine. The annual conformance to quality report completed for submission on June 1, 2015 for annual review by CARF for accreditation.

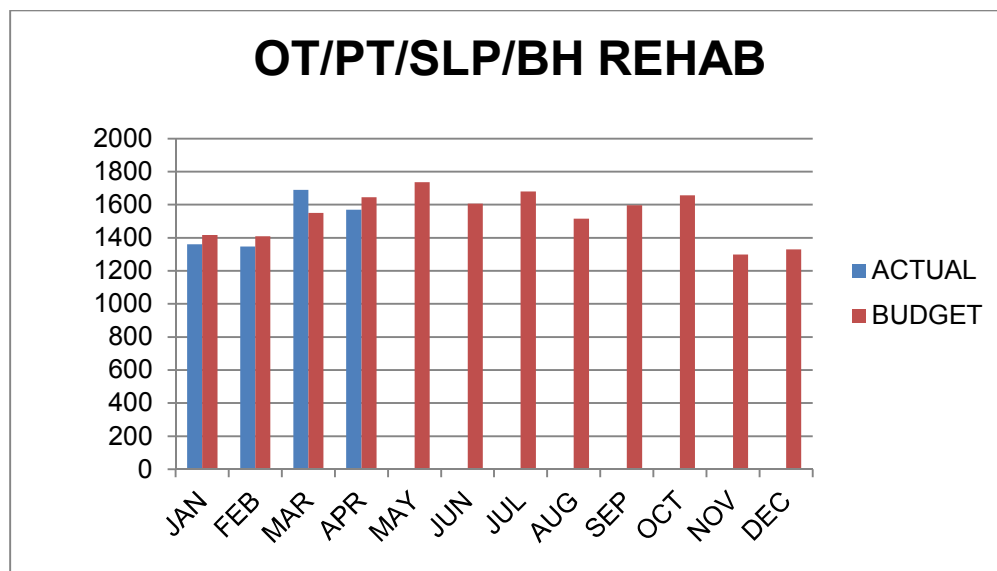
#### Inpatient Rehab Services

- New supervisor hired to replace Mike Abrams. Adopting model for supervision and definition of roles to ensure quality of the program in all facets; created two new supervisory positions that will improve quality, monitor productivity, and maintain standards. Budget neutral.
- Lori Jellinick, Senior PT, was promoted to the position of the inpatient Rehabilitation Supervisor over the MRU and TCU areas. Lori has been with ECMC since 1991 working as a staff physical therapist in all areas of the Rehab department until 1996 and then as a Senior PT on the MRU/TCU.

- Angela Jocoy, Senior PT, completed CARF training to remain current with certification requirements and to evaluate the possibility of specialty service certification in ABI and SCI.
- Two transport aides to assist with 4x/daily transports to gym on ortho unit 6North. Hiring one to evaluate if it is a successful model.
- Julie Roll and Chelsea Glomb attend a continuing education course for Clinical Instructorship to better equip them for taking on and mentoring students.
- Training was offered for the new Hoyer lifts on several of the medical-surgical units. In services were conducted on 12 zone 3 and 6 North.
- Pat Mahoney developed a poster presentation for the Safety Fair, April 29, describing the use of minimal lift equipment including Hoyer lifts, low friction repositioning devices, and transfer aides.
- On April 23, a meeting was held to discuss and brainstorm ideas to improve the process for admitting patients to the rehab units.

### Outpatient Rehab Services - ECMC

- YTD volumes (versus budget) down 76 visits. Specifically: OT up 28, PT down 91, ST down 58, Rehab up 7, MD no budget data to compare to.
- YTD volumes (versus 2014) up 366 visits
- YTD receipt collection (versus 2014) up approximately 11,200



- Improved use of outcome tools in outpatient- in line with goal to increase meaningful data usage.
- Lisa Thorpe attended ACCES VR meeting to review contract, performance indicators and billing processes. ECMC received top ratings from consumers on driver evaluations. Additionally all ACCES VR funds for 2014 and 2015 have been collected YTD.
- Maria McLaughlin successfully secured an article in the WNY Catholic highlighting our Driver Rehab program and its collaboration with the Buffalo Diocese (see attached).
- Dr. Lisa Keenan completed one Schwartz Round, met with Headway regarding Grant programs, participated in the Cancer Care Committee and attended the Society of Behavioral Medicine's annual conference.

### **Pediatric Educational and Diagnostic Services (PEDS)**

- Close to 300 quarterly PEDS Community Newsletters were sent out in April to promote the PEDS department and all of our efforts. We will continue to work toward increasing visibility of PEDS in the ECMC and greater Buffalo community.
- Personnel meeting took place between PEDS, HR and CSEA and agreement to change the PEDS employee positions from Part-time to Per Diem and up to 29-hours was made. This will allow PEDS to accommodate and service more children with our scarce, experienced staff as well as assist in recruiting and retaining more valuable Special Education Itinerant teachers, therapists and evaluators. HR to systematically change lines in PM and HR employee assignments to Per Diem to prevent the need to make individual changes.
- Involvement in Rehab Symposium planning group to ensure inclusion and representation of pediatric topics in the training day
- CFR reports and required information was successfully submitted to Pam Thanki for completion of agency CFR.

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

- OT/PT staff attended a half day inservice on Behavioral Intervention and an inservice on Restraints/Positioning given by Buffalo Board of Education.
- OT Department completed OT month/Autism awareness activities school wide during the month of April. There was a question of the day with a prize for the winner at the end of the month. There also was a passage read during morning announcements twice a week from the book The Reason I Jump by Naoki Higashida.

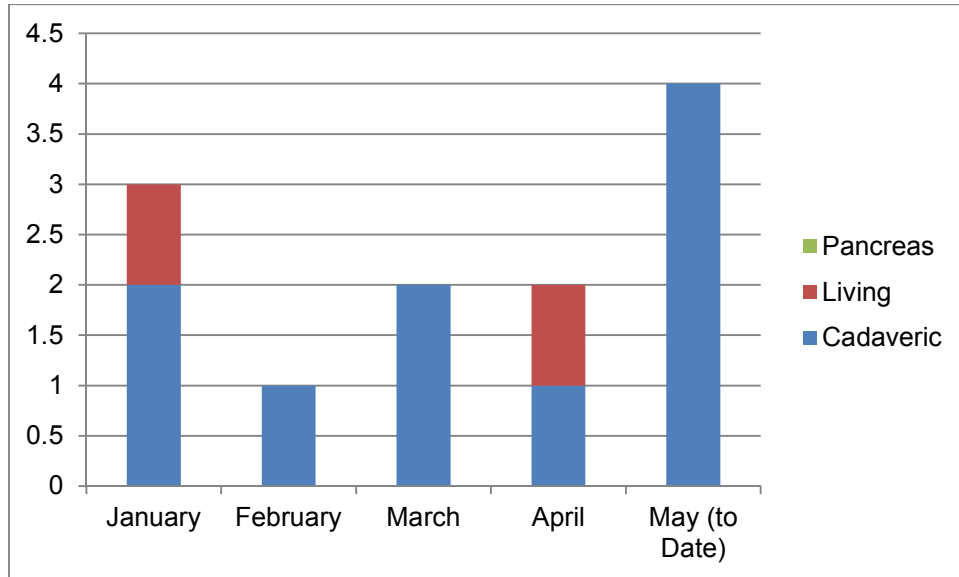
### **MRU**

- Physicians completed 38 outpatient visits in the month of April in addition to caseload on the MRU.
- Registration and billing procedures monitored daily. Compliance with daily billing for inpatient and outpatient is 100%.
- Working with Charlie Cavaretta to recruit and hire a physiatrist to work exclusively in Outpatient- a requirement for CARF specialization.

### **TRANSPLANT SERVICES:**

- Department Leadership continues to progress.
- UNOS desk Audit submitted awaiting final report.
- Additional Living donor documents submitted to UNOS per their request.
- Living Donor Coordinator changing. New coordinator completing orientation.
- Team Building project with JBM underway and progressing well.
- Cost report review from Guidry& East – final report still pending.
- Numbers low for cadaveric local donors YTD.

### 2015 Transplant Activity



# Celebrating Mental Health Awareness Month

MAY 2015

Activities

**April 27, 5/4, 5/11, 5/18, 5/25: ECMC Medical Minutes on WGRZ-TV, Channel 2**

Between 6:00 AM and 6:30 AM and between 5:00 PM and 6:00 PM, and on each following Saturday between 10:00 AM and 10:30 AM

Each minute will feature a topic related to Behavioral Health and Chemical Dependency and can be seen by clicking the "Medical Minute button" at [www.ecmc.edu](http://www.ecmc.edu), if you miss it when it airs!

**May 1: "Verbal De-escalation in a Mental Health Crisis"**

8:30 AM to 11:00 AM and 12:30 PM to 2:30 PM

Presented by NAMI (National Alliance on Mental Illness) and Erie County Medical Center

**May 8: "COME TO GROUP"** by Sandra Daignault, LCSW, Author

8:30 AM to 10:30 AM and 11:00 AM to 1:00 PM; Smith Auditorium

Book Signing: 1:00 PM to 1:30 PM

Presented by ECMC Administration and Michael Cummings, MD

**May 13: Dessert Reception honoring our colleagues**

1:00 PM to 4:00 PM and 12:00 AM to 2:00 AM

Sponsored by ECMC Administration

**May 15: Community Educational Table, Main Lobby, ECMC**

8:00 AM to 4:00 PM

**May 18-22: Art Show, featuring pieces by our Behavioral Health patients**

Artwork will be displayed throughout the Medical Center and the Outpatient Behavioral Health Center

Gift distribution for staff at various work locations

**May 20: "Mental First Aid for Health Providers:"**

8:00 AM to 4:00 PM; Staff Dining Room

...A program for our colleagues in acute care to learn about Behavioral Health patients on their units. Presented by The ECMC Foundation

**May 22: Community Educational Table, Main Lobby, ECMC**

8:00 AM to 4:00 PM

**May 19: Schwartz Rounds: 9:00 PM to 10:00 PM; Staff Dining Room**

**May 27: "Our Experiences as a Patient"**

12:00 PM to 1:00 PM; Smith Auditorium

...with panelists from the Mental Health Association

**May 28: Schwartz Rounds: 12:00 PM to 1:00 PM; Overflow Cafeteria**

**May 29: Community Educational Table, Main Lobby, ECMC**

8:00 AM to 4:00 PM



BEHAVIORAL HEALTH



**ERIE COUNTY MEDICAL CENTER**



**COMPREHENSIVE PSYCHIATRIC EMERGENCY PROGRAM**

**CPEP**

**ORGANIZATIONAL PLAN  
And  
EMERGENCY SERVICES PLAN  
2015**



## **SCOPE OF SERVICES**

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

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

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

- Triage and referral services,
- Brief emergency psychiatric evaluation,
- Full emergency psychiatric evaluation and stabilization,
- Extended observation,
- Crisis intervention services

The CPEP at ECMC also contracts with affiliate providers to

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

CPEP services are available 24 hours a day, seven days a week.

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

CPEP services are available to any person that is experiencing an acute psychiatric crisis. CPEP services are available to persons regardless of impoverishment, lack of insurance, indigence, or any person who may have difficulty in accessing healthcare resources.

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

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

### ***Line of Authority***

The CPEP Program Director reports directly to the ECMC VP/AVP of Behavioral Health.

The CPEP Medical Director reports to the ECMC Chief of Psychiatry.

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

## **CPEP SERVICES PLAN**

The CPEP at ECMCC provides services primarily to Erie County residents. Individuals who present to the ECMC Emergency Department, who are determined to be in a psychiatric crisis, may be referred to the Comprehensive Psychiatric Emergency Program.

### **1. Crisis Intervention Services**

Crisis intervention services performed at the ECMC campus include **brief psychiatric evaluations**, consisting of face-to-face interactions between the patient and a staff physician, to determine the scope of emergency services required. These brief assessments are completed within 6 hours of the patient's arrival, are diagnostic and generate a discharge or treatment plan.

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

### **2. Triage and Referral**

Following assessment and triage of patients that are admitted to the CPEP, psychiatric social workers arrange for referral, transfer and aftercare appointments once the initial psychiatric crisis has stabilized. Patients who require inpatient psychiatric treatment may be admitted to the inpatient psychiatric services of ECMC, or referred to other appropriate community providers. *Alcohol and Drug Services* are also provided by the ECMC Chemical Dependency Department. *Emergency Medical Services* are provided by the Emergency Department of ECMC. Any patient currently admitted to CPEP Crisis Intervention or EOB who exhibits an unstable or deteriorating medical condition will be transferred to the ED.

### **3. Extended Observation Beds**

The CPEP at ECMC also provides Extended Observation Beds (EOB) for patients who require extended observation and care beyond 24 hours. Treatment in the EOB may not exceed 72 hours. Patients who require EOB placement are housed separately, but adjacent to those undergoing initial psychiatric evaluation. No person is retained in the CPEP for more than 24 hours unless they are admitted to the EOB. The CPEP at ECMC is certified to operate a maximum of 8 extended observation beds, 6 adult beds and 2 child/adolescent beds.

### **4. Crisis Outreach Services**

Crisis outreach services are available seven days per week, 24 hours per day and are conducted by clinicians who perform psychiatric evaluations outside of the hospital setting. Crisis outreach services are provided by *Suicide Prevention and Crisis Service, Inc*, of Buffalo New York. Crisis outreach services include community based assessments by qualified clinical professionals, with the opportunity for consultation with CPEP staff physicians if necessary. Subsequent referral to the CPEP at ECMC can result as well, if it is felt that a more comprehensive psychiatric assessment is needed, employing section 9.45 of the Mental Hygiene Law of New York State.

## **5. Crisis Interim Services**

Interim crisis service visits will be ordered by the CPEP physician for cases identified as requiring mental health service provided outside of the emergency room setting subsequent to his/her discharge from CPEP, in order to facilitate that person's community tenure while waiting for a post-CPEP appointment with a community-based mental health provider as arranged by CPEP Discharge Planning. These services will be provided face-to-face with a qualified mental health professional within 5 days of discharge from the CPEP emergency room.

## **6. Crisis Residential Services**

Crisis Residential Services are available for adults who do not have safe short term housing or oversight following discharge from the CPEP. Discharge planning can include referral to one of two Residential Crisis Beds, at the Buffalo City Mission, to be observed and treated daily by a qualified mental health professional for a maximum of 5 days.

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

#### ***Suicide Prevention and Crisis Service Inc.***

Crisis Outreach and Interim Services are supported by a provider agreement between ECMC and Suicide Prevention and Crisis Service Inc

#### ***The Buffalo City Mission***

Crisis Residential Services are available through an existing provider agreement between ECMC and the Buffalo City Mission.

### ***Community Linkages***

*Crisis linkage:* referrals for crisis linkage are available through Suicide Prevention and Crisis Service Inc., Spectrum Crisis Response for Families and Youth (CARES), APIC (Access to Psychiatrists Through Intermediate Care), New York START Crisis Response and Prevention for OPWDD.

*Substance Abuse:* Erie County Medical Center provides programs for Substance Detoxification, Substance Rehabilitation and Outpatient Services; referrals are made to other community programs for substance abuse and include Horizon Village, Terrace House, and Stutzman Addiction Treatment Center of Buffalo.

*Mental Health* services are available through Erie County Department of Mental Health, Erie County Medical Center, Spectrum Human Services, Horizon Health Services, Mid Erie Counseling and Treatment Services, Catholic Charities of Buffalo, Gateway-Longview Inc, and Lakeshore Behavioral Health. *OPWDD* services are accessed through Western New York Development Disabilities Regional Offices by CPEP psychiatric social workers.

*Housing* referrals are made by the Social Workers/Discharge Planner to the Buffalo City Mission, Housing Options Made Easy Inc., and the Erie County Department of Social Services Emergency Housing Division.

Referrals for comprehensive wraparound social services, Child Protective Services and Domestic Violence are also made through various agencies both in Erie County and in surrounding communities.

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

*Peer Support Services* are provided through referral to trained Peer and Family Advocate Specialists affiliated with Western New York Independent Living Inc, Mental Health Association of Erie County Inc., and the National Alliance on Mental Illness. Peer Advocate Specialists are current or former recipients of mental health services who have encountered similar experiences. The Peer Advocate Services include: locating and securing safe, affordable housing in the community; providing resources and support to enhance daily living skills such as budgeting, shopping and navigating a new community; providing tools to develop a network of supports in the community including self-help and advocacy groups; lending experience in addressing individual access to and engagement in individualized mental health treatment services; and, peer sharing of self-advocacy skills, symptom and medication management systems. Clients are able to access the Friendship Resource and Peer Support Line (WarmLine) Toll Free: 1-877-426-4373 (1-877-I AM HERE) The Friendship Line operates 24/760 to provide telephone peer support in non-crisis situations, covering three counties.

## **Admission & Discharge Process**

### ***Admission Criteria***

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

### ***Exclusion Criteria***

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

### ***Discharge Criteria***

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

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

Discharge planning will include: a review of the patient's psychiatric and physical needs; referrals to appropriate community service providers appropriate to address the person's identified needs; appointments with community providers following discharge from CPEP; referral to crisis residential services; and/or, referral to crisis outreach team for crisis interim visits as ordered by the physician. Patients have the right to refuse the recommended treatment interventions and this refusal will not preclude discharge.

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

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

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

The CPEP does not provide Electroconvulsive Therapy.

The CPEP does not utilize any aversive conditioning techniques.

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

The CPEP does not place Nursing Home patients with dementia or patients with Developmental Disabilities in supervised housing.

## **Goals and Objectives**

2015 Goals and Objectives include:

Review and evaluate CPEP space and environment

1. Review and update the CPEP space and environment for safety & efficiency of care provision.
  
2. **Safety:**
  - Reduction in Restraint and Seclusion
  - Review and update comprehensive lethality assessment.
  - Review and update violence aggression tool
  - Continue focus on PMCS program for de-escalation and staff education.
  - Continue the shared governance model focus on safety.
  - Improve staff communication by utilizing headsets
  - Develop a mechanism for identification of special treatment plans for patients at a high risk for violence.
  
3. **Re-organization of the CPEP**
  - Reevaluate and update CPEP staffing model including the addition of nursing team leaders and an increase in hospital safety assistants.
  - Add additional Psychiatrists
  - Hire Nurse Practitioner
  - Hire Physician Assistants
  - Increase the Social Work FTEs to plan for 24/7 Social Work coverage
  - Increase hours of Peer and family advocacy services.
  
4. **Program Development**
  - Reevaluate and update staffing model in the EOB to provide consistent patient assessment and documentation.
  - Provide treatment plan education for the nursing staff.
  - Develop and maintain the group process in the EOB.
  - Implement Trauma Informed Care Model.
  - Incorporate Crisis Service documentation in the EMR
  - Establish a business agreement with Erie County Department of Mental health to improve coordination of high risk/high utilizer patients.
  - Review and update medical screening process implemented 11/2014.
  - Healthy link access to improve patients care.

### **Staffing**

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

Core staffing includes:

	1 <sup>st</sup> Shift	2nd Shift	3 <sup>rd</sup> Shift
Medical Director	varied	varied	varied
CPEP Director	varied		
Nursing Team Leader	1	1	1
Psychiatrist	1-3	1-3	1-2
Nurse Practitioner	varied	varied	
Physician Assistant	varied	varied	varied
RN	8	8	8
Ancillary Staff includes Mental Health Technicians, LPNs, Hospital Aides	4	4	4
Social Worker	2-4	2-4	1-2
Discharge Planner	1 /varied		
Occupational therapy Aide/ EOB	1		
Hospital Safety Assistant	2	2	2

### **Staff Qualifications**

Psychiatrist – Physicians licensed by New York State Education Department to practice medicine.. Psychiatrists are overseen by the CPEP Medical Director. In affiliation with the University of Buffalo, medical students and interns may do supervised rotations through the CPEP working under the direct supervision of a qualified psychiatrist.

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

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

Licensed Practical Nurse Licensed to practice in New York state under the direction of the Registered Nurse.

Physician Assistant – Physician Assistants hold a current license in New York State and work under the direct supervision of the attending Psychiatrist. Medical PAs are supervised by Medicine E service attending. (Hospitalist)

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

Mental Health Technicians - Individuals meet current competencies established by the hospital.

Security - security is provided by the ECMC Police Department and/or contracted security agencies. Security personnel are trained to work in healthcare settings and are not permitted to carry side arms into the CPEP. They can assist in the clinical environment under the direction of the nurse in charge.

### **Annual Review**

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

Erie County Medical Center Corporation  
 Report to the Board of Directors  
 Jarrod G. Johnson, Senior Vice President of Operations  
 May 26, 2015

**PHARMACEUTICAL SERVICES – RANDY GERWITZ**

**DPS financial report**

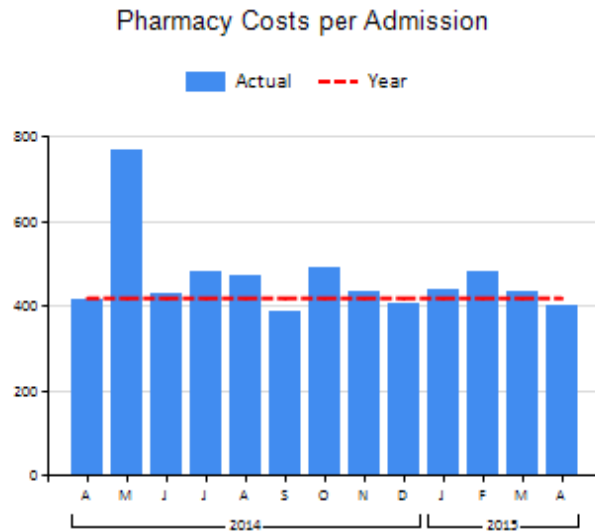
Through April the DPS is pleased to announce that the department is 11.6%, approximately \$991,000 under budget. This is primarily driven by savings in drug expenditures and salary expenses. Much of the decrease in drug spending is an easing of several drug shortages and efforts to decrease inventory, particularly in the area of chemotherapeutics. Salary expenses are under budget due to open positions and limited pharmacy intern availability as they prepared for exams.

**Overtime Expenses**

The DPS is pleased to report that despite both vacant pharmacy aid and pharmacist positions overtime has been well managed and the department continues to operate at or just slightly under budget for overtime.

**Pharmacy Costs per Admission**

One of the key indicators that are monitored by the DPS is the average pharmacy cost per admission. As the graph below illustrates the department has seen improvement in this indicator over the last 3 months despite inflation and an unplanned increase in cost of goods from our wholesaler.



**Mid-Atlantic Purchasing Coalition Pharmacy Council**

As has been reported previously, the Director had the privilege of co-chairing the Pharmacy Council’s RFP process for Pharmacy Distribution. Due to the unprecedented success of this initiative the Director has been asked to represent the committee and present the outcomes at the upcoming MAPC Board meeting.



## **PLANT OPERATIONS – DOUG FLYNN**

### **General Project Updates**

- 7 zone 3: Remedial repairs being completed by May 22. Unit will be repurposed as a surg unit.
- 9 zone 1: Miscellaneous renovations to be undertaken on unit which has the former 12 zone 1 population as its current occupants.
- Escalator Repairs: Expedited repairs to be purchased on an emergency basis and a new protocol for operation. Longer term rehabilitation of the equipment is being forecasted for the future.
- Grider Street Demolitions: The abatement and demolition of Grider Community Garden owned structures at the 409, 411, and 525 Grider Street locations shall be bid out within the next few weeks and completed later this summer.
- 2015 Group A Capital Projects: (4) projects including: Bariatric Imaging Units in Radiology, Cardiac Cath Lab #2 Renovation, Orthopaedic Clinic Renovation, and DK Miller re-roofing projects are to be incorporated into a single set of bidding documents early this summer.
- Emergency Department Modernization Project: Pre-design work underway, high level programming parameter in the process of being established.

## **LABORATORY – JOSEPH KABACINSKI**

### **Regulatory - Accreditation Surveys**

The New York State re-accreditation and licensing survey took place from April 28 through May 1, 2015. An Exit Conference was conducted on Friday, May 2 upon completion of the survey. The survey went very well and any recommendations will be included in a written report that will be received in approximately four to six weeks.

The Joint Commission Laboratory Re-accreditation survey is pending and expected in July. The ECMCC Lab is now in the six-month “window” for the survey to occur. The survey “window” is between February 6, 2015 and August 6, 2015. This is an unannounced survey so the ECMCC Lab is in a continual state of readiness. Accreditation in Lab by JC is for two years.

We have completed the survey by the American Association of Blood Banks (AABB). We had a very successful survey and are awaiting a final written report. Our AABB accreditation is also for a two year period and demonstrates our compliance and adherence to rigorous requirements established for excellence in Transfusion Medicine.

### **KH-ECMCC Lab Integration - Anatomic and Clinical Pathology**

The Kaleida Health and ECMCC Lab collaboration is stable. With the integration of services, approximately 20-25% of ECMCC's daily Lab workload is processed at KH. Any processing/reporting issues that develop are handled by Lab committees consisting of ECMCC and KH staff members. The remainder of the transition will occur as soon as KH implements tests they do not currently perform that are required by ECMCC Centers of Excellence (Transplant, Behavioral Health) and specific ECMCC clinical services (Immunodeficiency, Oncology, etc.). KH Leadership will provide an updated timetable for implementation of these select assays.

University of Buffalo Pathologists, Inc.'s (UBP) has recruited a new Chief for the ECMCC Anatomic Pathology service. Dr. Margaret Brandwein-Gensler (specializing in Head and Neck pathology) started her tenure at ECMCC on Monday, April 27. Dr. Lucia Balos, interim Chief of Service, is assisting in the transition.

Dr. Gensler is assisting in a major renovation and upgrade of the Anatomic Pathology Department. The current space has never been renovated (opened in 1978) and must be brought to current standards. Pathology Department workflow has changed dramatically due to increased demand for surgical pathology and the KH-ECMCC pathology service integration. Our outdated configuration does not meet current needs. The plan includes renovation of the Anatomic Pathology facilities as well as upgrade of equipment. Architectural design and a detailed list of equipment have been assembled.

### **Other Items**

Lab leadership met with key personnel in dialysis on Friday, May 8, regarding resumption of day-to-day Lab testing currently "farmed out" to a for-profit dialysis Lab. There are about 4,000 tests per month currently sent outside of ECMCC that can be performed by the ECMCC Lab. We plan to assume this work in Fall 2015.

Dr. Daniel Amsterdam, Chief of Clinical Lab Services, has developed Lab procedures if patients present with the potential for Ebola virus (EBV) infection. ECMCC is following NY State recommendations to insure safe processing and Lab analysis of these specimens. We had two inspections in March – one by New York State and another by the federal Center for Disease Control. In both cases, the inspectors had no changes to our Ebola lab processes.

The ROTEM thromboelastograph has been acquired. The device has been validated and physician training is on-going. A thromboelastogram device will assist in monitoring blood use during the massive transfusion of our trauma patients and is essential to certification of our Trauma Service. Working with HIS department for "go-live" scheduled on May 28.

The Lab has placed a capital request for approximately \$17,000 to upgrade the Data Innovations server and middleware used by our prime analyzers in Biochemistry. The current server and middleware won't be supported by the vendor effective July 2015, so replacement is essential.

A UNYTS Blood Drive was held on Thursday, April 16 in the Staff Dining Room. Over 60 units were collected. The next drive will be held on Thursday, June 18. All are welcome to donate.

## **DIETARY – MORRISON**

Results and recommendations received from “Touch Point”, Morrison’s sister company, regarding Morrison’s “Fresh Eyes” report. The findings are currently under review and being discussed with Morrison as part of strategy development to improve food quality and the customer service.

Furthermore, discussions are currently taking place to clarify several aspects of the contractual agreement between ECMCC and Morrison. A letter is being drafted to specify this process and request for a plan to move forward.

A NYS survey audit was conducted in April with no issues reported. AS part of the 25% give back program, ECMCC has realized approximately \$26,000.

## **ENVIRONMENTAL SERVICES – JOE D’AMORE**

### **Personnel Management**

- We are continuously interviewing candidates to hire. We currently have 17 approved openings, and 5 positions that are in Position Manager pending approval. This is effective May 18, 2015.
- Continue to work on overall performance and morale of departments to improve patient/visitor experiences.

### **Current Projects**

- Working with contractors on the floor maintenance on the 6<sup>th</sup> floor.
- Strip and wax include: Finance and Orthopedics, and Human Resources.
- 7 zones 1 and 3 cleaned and totaled for the overall maintenance and repurpose of units.

## **HOSPITAL POLICE & SECURITY – CHRIS CUMMINGS**

### **Security**

- Working with Plant Ops and Finance to create a contract with IK Systems to build HPD control room.
- Security assessments completed at Grider Family Health Clinic, Cleve-Hill, and ER department.
- Developed security plan for 1010/1285 merger.
- Reviewing security protocols for CPEP unit.
- Chief Cummings chaired quarterly meeting for WNY Healthcare Security Coordinators Workgroup to receive hospital deliverable compensation.
- Coordinated with Brenda Shoemaker a procedure to enter banned visitors into BadgePass.
- Coordinated with Michelle Wienke to create a Fast Pass lane in BadgePass for repeat outpatients.
- Attended Public Safety Work Council and PMG Group at Kaleida Health.

**Parking**

- Prohibited parking along employee entrance roadway to allow for unobstructed emergency vehicle response – signage installed.
- Established temporary motorcycle parking due to construction of the ED ramp – signage installed.
- Authorized parking in Lot E for 11a to 1p ED employees.

Report to the Board of Directors  
Christopher Koenig, PT, DPT, MBA, NHA  
Vice President of Post Acute Care  
5/22/15

***Terrace View:***

- Terrace View had their annual DOH survey from April 20<sup>th</sup> – April 24<sup>th</sup>. The facility had a great improvement in the overall scoring of the survey, with lower scope and severity indicators for deficiencies given. Life safety deficiencies decreased from 14 in 2014 to five this year. The resulting improvements noted in this survey are attributed to new systems put in place and the great efforts put forth by the front line staff and nurses of the facility, it was a phenomenal collaborative effort.
- On May 12<sup>th</sup> Terrace View held a job fair for RNs and LPNs. Over 40 applications were received. To date six offers have been made based on this event to fill the new Charge Nurse postings, which will compliment the Team Leaders covering the units. Staffing meetings have continued weekly, then bi-weekly in an effort to develop an appropriate curriculum for new hires so that they have the appropriate length of training so they are comfortable with their transition to ECMC/Terrace View. We will further develop sub committees of Nurse Leadership to continue to improve recruitment and retention.
- The Case Mix window is currently open. Weekly meetings continue to actively manage to ensure we are capturing all the care we are providing our patients and residents. We expect continued improvements this submission.
- Donaghue grant: We submitted a grant to the Donaghue foundation with the UB School of Medicine, Dr. Troen to expand on current frailty measures to predict and care for residents with a medical and functional decline. We received an initial letter that the LOI was not approved, and we have reached out to see how we may strengthen the program for resubmission.
- A meeting with the Department of Senior Services and the “Ready Set Home” grant took place on 5/21/15 between ECMC, Department of SS, and MLTCC in WNY. The meeting was held to discuss the grant and get feedback to make the process more streamlined. We shared our thoughts with Mr. Randall Hoak and his team, and will continue to meet in the future to encourage and grow the partnership.
- Quality Measures: Improvements continue and noted in the following areas:
  - o Pain both short term and long term (1.0 and .8 improvement)
  - o High risk pressure ulcers (.3 improvement)
  - o Antipsychotic meds (.7 improvement)
  - o UTI (1.1 improvement)
  - o Catheter insert/left in bladder (.7 improvement)
  - o Increase in ADL help ( 1.3 improvement)
  - o We had improvement in two quality measures to below the state average, our current number above has dropped to 8.
- Patient Days:

- YTD sub acute days are 4,200 compared to 3,339 last year during the same time frame. This shows a conversion in custodial days to higher acuity/payment rate days.
- YTD vent bed days are 1,815 compared to 1,583 last year. The vent unit continues to be filled, demonstrating great need for long term ventilator beds. Vent bed days are billed at a higher rate than traditional custodial long term days
- Occupancy remains high at 98.5% - 99% on average

***Transitional Care Unit (TCU)***

- The DOH performed a resurvey of the TCU on May 12<sup>th</sup> – 14<sup>th</sup>. The DOH found the TCu in full compliance. Surveyors stated that they were impressed with the level of care and improvements to policy and procedures.
- We have been in contact with HANYs in regards to TCUs in NYS and how long term care regulations impact their operations. We will continue to work with HANYs to advocate for the uniqueness of the unit and it's important fit within hospital operations.

***Palliative Care:***

- A grant was submitted to the Health Foundation of Western and Central New York and was approved on 5/21/15. The grant will of \$60,000 help pay for a Project Manager at ECMC for Palliative care and the Conversation Project. The HFWCNY is proceeding with the grant and will continue to collaborate with ECMC on our continued efforts to support the underserved and geriatric populations.
- A "Take your Proxy to Dinner" raffle was held for ECMC and Terrace View employees to create awareness of Advanced Directives. The program had a great turn out, and winners for a dinner for two to Russells will be announced this week.
- Representatives from the Palliative Care Committees have been participating on the WUFO radio show "Help Somebody", as a result of their work through the Conversation Project. This airs Mondays at 12:30, and is creating good exposure for our initiatives
- Meetings are commencing with Payers in an effort to collaborate around reimbursement value based payments for advanced directives and palliative care. A meeting with IHA will be held on 5/22, and Health Now on 5/26.
- A contract with Hospice of Erie County for General Inpatient Beds is in the works for Terrace View. This contract and type of beds are the first in WNY, and we are excited to collaborate with Hospice to offer these services and expand the scope of care provided at ECMC
- We have been meeting with the American Cancer Society in regards to collaborating on Palliative initiatives for oncology patients. This has developed and strengthened a relationship with RPCI and ECMC Palliative care practitioners.

Respectfully submitted,

Christopher Koenig

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

**UNIVERSITY AFFAIRS**

Rebecca Calabrese, MD, has been chosen as one of 3 UBMD faculty to receive a teaching award at the Medical Residents' graduation ceremony on Thurs., June 18. Dr. Calabrese is a UB assistant professor in the Division of General Internal Medicine and medical director of the UBMDIM Hospitalist Program at Erie County Medical Center (ECMC).

**PROFESSIONAL STEERING COMMITTEE**

There was no meeting this month. Next meeting will be in June.

**MEDICAL STAFF AFFAIRS**

See separate report by Sue Ksiazek for full details.

**UTILIZATION REVIEW**

**See attached Flash report**

**CLINICAL ISSUES**

**Quality of care**

See attached Executive Dashboard

**Clinical Certifications**

On 3/27/15, the American Society for Metabolic and Bariatric Surgery Accreditation (ASMBS) notified ECMC that it will be granted the status of Center of Excellence.

Grider Family Health was granted certification as a Level II Patient Centered Medical Home by the National Committee for Quality Assurance (NCQA).

**Chief of Pathology**

I will be forwarding the name of Dr Margaret Brandwein-Gensler to the Board this month for appointment as Chief of Pathology at ECMC. Dr Brandwein-Gensler was recruited by UB Pathology from the University of Alabama where she was Tenured Professor of Pathology with a particular focus on Head and Neck Pathology in which she is

extensively published. A graduate of Upstate Medical College she did her pathology residency at Mount Sinai School of Medicine and her fellowship at Memorial Sloan Kettering Institute. ECMC has committed to support DR Brandwein-Gensler's establishment of a Head and Neck Fellowship at ECMC.

I would like to extend my sincerest thanks to Dr Lucy Balos who agreed to step in at short notice to take over as Chief of Service during this recruitment, following the resignation of Dr James Woytash.

### **ECMC receives recognition by Verras International**

VERRAS Healthcare International has recently awarded ECMC as one of New York's ten "Best Value Hospitals" for 2014. See attachment notification which provides details on how this was determined. This is great news and Dr. Murray and I will be going to the June 4th event to receive this award.

### **HANYS Survey Shows Persisting Physician Shortage**

A survey of HANYS members shows that two-thirds of survey respondents identified a need for 942 physicians across the State, excluding New York City. Of that, nearly 200 are primary care physicians. 77% of institutions indicated that their primary care capacity is not sufficient to meet current needs and 86% reported that PCPs are difficult to recruit.



# CMO Memorandum

**To:** BOARD OF DIRECTORS  
**CC:** MEDICAL EXECUTIVE COMMITTEE  
**From:** BRIAN M. MURRAY, MD, CMO  
**Date:** May 18, 2015  
**Re:** APPOINTMENTS/REAPPOINTMENTS CHIEF OF SERVICE AND ASSOCIATE CHIEF OF SERVICE

## APPOINTMENT OF CHIEF OF SERVICE AND ASSOCIATE CHIEF OF SERVICE

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

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

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

DEPARTMENT	NAME	TERM	APPT	REVIEW DATE
Anesthesiology	Erik Jensen, MD	1 YR	JUN 2014	DEC 2015
Cardiothoracic Surgery	Mark Jajkowski, MD	3 YRS	JAN 2014	DEC 2015
Dentistry	Maureen Sullivan-Nasca, DDS	1 YR	JAN 2014	DEC 2015
Dermatology	Animesh Sinha, MD	1 YR	JUL 2014	DEC 2015
Emergency Medicine	Michael Manka, MD	3 YRS	JAN 2013	DEC 2015
Family Medicine	Andrea Manyon, MD	1 YR	NOV 2014	DEC 2015
Internal Medicine	Joseph Izzo, Jr., MD	3 YRS	JAN 2013	DEC 2015
Laboratory Medicine	Daniel Amsterdam, PhD	3 YRS	JAN 2013	DEC 2015
Neurology	Richard Ferguson, MD	3 YRS	JAN 2013	DEC 2015
Neurosurgery	Gregory Bennett, MD	3 YRS	JAN 2013	DEC 2015
Obstetrics & Gynecology	Vanessa Barnabei, MD	3 YRS	JAN 2013	DEC 2015
Ophthalmology	James Reidy, MD	3 YRS	JAN 2013	DEC 2015
Oral & Maxillofacial Surgery	Richard Hall, DDS, PhD, MD	3 YRS	JAN 2013	DEC 2015
Orthopaedic Surgery	Philip Stegemann, MD	3 YRS	JAN 2013	DEC 2015
Otolaryngology	William Belles, MD	3 YRS	JAN 2013	DEC 2015
<b>Pathology</b>	<b>Margaret Brandwein-Gensler, MD</b>	<b>1 YR</b>	<b>MAY 2015</b>	<b>DEC 2015</b>
Plastics & Reconstructive Surgery	Thom Loree, MD	3 YRS	JAN 2013	DEC 2015

DEPARTMENT	NAME	TERM	APPT	REVIEW DATE
Psychiatry	Yogesh Bakhai, MD	3 YRS	JAN 2013	DEC 2015
Radiology	Joseph Serghany, MD	1 YR	AUG 2014	DEC 2015
Rehabilitation Medicine	Mark LiVecchi, MD	3 YRS	JAN 2013	DEC 2015
Surgery	William Flynn, MD	3 YRS	JAN 2013	DEC 2015
Urology	Kevin Pranicoff, MD	3 YRS	JAN 2014	DEC 2015

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

DEPARTMENT	NAME	TERM	APPT
Chemical Dependency	Mohammadreza Azadfard, MD	1	BY CHIEF OF SERVICE
Internal Medicine	Sergio Anillo, MD	1	BY CHIEF OF SERVICE
Internal Medicine, Specialty Med.	Rocco Venuto, MD	1	BY CHIEF OF SERVICE
Internal Medicine	Rebecca Calabrese, MD	1	BY CHIEF OF SERVICE
Neurosurgery	Greg Castiglia, MD	1	BY CHIEF OF SERVICE
Radiology	Gregg I. Feld, MD	1	BY CHIEF OF SERVICE
Anesthesia	Scott Plotkin, MD	1	BY CHIEF OF SERVICE

**(Bold depicts new appointments)**

## ERIE COUNTY MEDICAL CENTER CORPORATION

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

May, 2015

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

- On Saturday, May 2, 2015 Trocaire College hosted a Nurse Appreciation Conference. It took place at Blue Cross Blue Shield of WNY in downtown Buffalo and Karen Ziemianski was one of the panelists. The following nurses attended this event: Judy Dobson, Denise Abbey, Michelle Swybert, Jennifer Gee, Nicole Eckert, Jenna DeFilipo, Julie Roman, Cassie Davis, Becky DelPrince, Donna Price, Sandy Thompson and Debbra Hinckley.
- May 9<sup>th</sup> was the annual Lifeline Gala held at the Buffalo Convention Center. Our very own Cam Schmidt, Clinical Teacher in Critical Care won the Distinguished Nurse Award for 2015.
- On Wednesday, May 20, 2015 D'Youville had their 2015 Alumni Awards Dinner at the Park Country Club in Williamsville. Michelle Swygert was one of the Delta Sigma Award recipients.
- Our very own Lisa Oryszak graduated from the University of Buffalo with a Doctorate of Nursing Practice in Family Medicine, DNP!
- On May 12<sup>th</sup> Karen Ziemianski was honored by the Network of Religious communities at an Appreciation Dinner held at Salvatore's Italian Gardens.
- Some of our nurses graduated this month with their MS - Denise Abbey, Nicole DeRenda, Joan n Wolf, Tanya Culligan and Sandra Hartmann. Congratulations to all!
- Nurses Week was a big success. We had a guest speaker come in on Friday, May 8<sup>th</sup> by the name of Nancy Freeland. The topic of her talk was "Recognizing Generational Difference and Creating Healthy Work Environments". Some other events that took place during Nurses Week were: The ice cream cart, the candy cart along with fresh fruit and Wellness Wednesday which included massages, haircuts, and Avon and Mary Kay samples. Thursday we celebrated the blessing of the hands followed by a dessert reception and Friday was Festive Friday - nurses wore colors that represented their specific units in which they work in.



ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS

MINUTES OF THE HUMAN RESOURCES COMMITTEE MEETING

TUESDAY, MAY 12, 2015

ECMCC STAFF DINING ROOM

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VOTING BOARD MEMBERS                      MICHAEL HOFFERT, CHAIR  
PRESENT OR ATTENDING BY  
CONFERENCE TELEPHONE:

BOARD MEMBERS EXCUSED:

ALSO PRESENT:

CARLA DICANIO-CLARKE	MARY HOFFMAN
BEN LEONARD	CHRIS KOENIG
NANCY TUCKER	ANTHONY DIPINTO
NANCY CURRY	BELLA MENDOLA
MARY HOFFMAN	BILL WILKINSON

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**I. CALL TO ORDER**

Chair Michael Hoffert called the meeting to order at 10:00am.

**II. RECEIVE & FILE**

Moved by Michael Hoffert to receive the Human Resources Committee minutes of the March 10, 2015 meeting.

**III. EMPLOYEE RECOGNITION**

Carla DiCanio-Clarke recognized the team members of 12 Zone 1, particularly Teneisha Neal. She was the first person to be assigned permanently to 12 Zone 1. The unit is not a typical med/surg unit. It was an ICU unit so it was not fully equipped at first. Teneisha has overcome obstacles and really focused on teamwork. She has also been recognized by the nursing recognition committee.

**IV. EEO REPORT**

Carla distributed the report that she composes annually. Next meeting she will distribute the industry standard report.

**V. WORKERS COMPENSATION AND EMPLOYEE OCCURRENCES**

The Workers Compensation and employee occurrences report was distributed. The number of employees still out from Workers Compensation injuries at Terrace View has spiked. Shirley Chojnacki will help monitor those numbers.

**VI. BEHAVIORAL HEALTH REPORT**

Carla distributed a report showing the assault trends with job title, zone, and time of day. The many committees that investigate incidents were discussed. Assaults escalate in the evening because the patient becomes agitated when they find out they are not being discharged. The NDNQI data will compare ECMC to other hospitals with behavioral health programs.

**VII. NURSING TURNOVER REPORT**

**March**

**Hires: 10 FTEs & 1 PD (LPN: 2 FTEs)**

- Med/ Surg: 4.5 FTEs
- Behavioral Health: 5.5 FTEs & 1 PD

**Losses: 4 FTEs & 7 PD**

- Med/ Surg: 3 FTEs & 3 PD

ERIE COUNTY MEDICAL CENTER CORPORATION

- Behavioral Health: 2 PD
- Critical Care: 1 FTE & 2 PD

**Turnover Rate:** .5%

**Turnover Rate YTD:** 1.9%

**April**

**Hires: 23 FTEs & 4 PD (LPN:1 FTE) to date**

- Med/Surg: 16.5 FTEs & 3 PD(LPN:1 FTE)
- Behavioral Health: 4FTEs & 1 PD
- Critical Care: 2.5 FTEs

**Losses: 2FTEs & 1 PD**

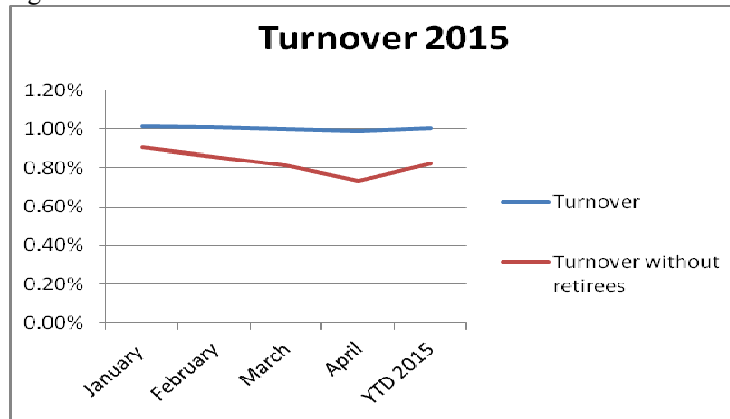
- Med/ Surg: 2 FTEs
- Critical Care: 1 PD

**Turnover Rate:** .3%

**Turnover Rate YTD:** 2.2%

**VIII. EMPLOYEE TURNOVER REPORTS**

Turnover reports were distributed. The turnover rate has been consistent. The number of employees that are retiring has increased.



**IX. TERRACE VIEW REPORT**

A job fair was held at Terrace View on May 12<sup>th</sup> for RN and LPN applicants. A CNA job fair is being planned for the end of June. A recognition event was held on April 29<sup>th</sup>. Extra Charge Nurses were added to the staffing plan.

**X. RECRUITMENT/JOB FAIRS**

A report was distributed depicting the past job fairs that human resources staff have attended.

**XI. WELLNESS/BENEFITS**

The Lose to Win Weight loss challenge is under way. 125 employees are participating. Nancy Tucker is assessing on whether a Retirement Planning Seminar is needed. The benefits fair is scheduled for Wednesday, October 14<sup>th</sup>. This will be the kickoff to the open enrollment period.

**XII. LABOR RELATIONS**

Carla DiCanio-Clarke reported that there is a runoff election taking place for AFSCME President and Grievance Chair. Ballots are due on May 22. The AFSCME contract expires at the end of 2015. Management has begun preliminary meetings to discuss negotiations.

**XIII. ADJOURNMENT**

Moved by Michael Hoffert to adjourn the Human Resources Committee meeting at 10:40am.

**Marketing and Development Report**  
**Submitted by Thomas Quatroche, Jr., Ph.D.**  
**Sr. Vice President of Marketing, Planning and Business Development**  
**May 26, 2015**

**Marketing**

ECMC Medical Minutes featured May as Mental Health Awareness Month and focused on subjects such as Autism, Depression and Suicide  
Campaign around ECMC Behavioral Health and Mental Health Awareness Month launched in area papers  
Continuing marketing to primary care physicians and internal audience  
New website design presented to Executive Management Team

**Planning and Business Development**

Strategic Planning Session scheduled for managers and physician leadership  
Meeting with Rural Hospitals to develop new and continue existing relationships  
Collaborating with Kaleida on new business initiatives  
Business Development Director visiting primary care and dentist's office to develop relationships for specialists  
CON for new Cath Lab Approved  
Developing primary care and specialty strategy and have had multiple confidentiality agreements signed  
Primary care practices growing and specialty physicians seeing patients at locations  
New Primary Care physician signed  
Various discussions with healthcare partners underway with confidentiality agreement signed

**Media Report**

- **Buffalo Business First: WNY hospitals awarded \$300M for Medicaid reform efforts.** Millennium Collaborative Care, led by Erie County Medical Center and Kaleida Health, includes 1,814 providers in eight counties that will serve 230,975 Medicaid recipients.
- **WGRZ-TV, Channel 2: ECMC nurse finds kidney donor.** Bob Parczewski, a nurse at ECMC, was diagnosed with a rare kidney disease three years ago.
- **Buffalo Business First; Becker's Hospital Review: MASH plans urgent care sites in Niagara Falls, downtown Buffalo.** In late April, MASH announced a new partnership with Kaleida Health and Erie County Medical Center to provide care transitions and transportation.
- **Buffalo Healthy Living: ECMC: positive changes, forward thinking.** In Buffalo, Erie County Medical Center (ECMC) remains at the forefront in mental health services through its Comprehensive Psychiatric Emergency Program (CPEP). Dr. Michael Cummings is quoted.
- **In Good Health: ECMC Opens 22 Private Orthopedic Rooms.** Erie County Medical Center in March cut the ribbon on a \$12.5 million expansion in the main hospital building to provide 22 state-of-the-art, in-patient, private rooms for orthopedic patient recovery. Rich Cleland quoted.
- **WNY Catholic: Program helps priest stay safe on the road.** The diocese has teamed with the Erie County Medical Center in Buffalo to make sure priests, ages 80 and older, stay safe on the road.
- **Buffalo Business First; green.tmcnet.com; Niagara Frontier Publications; dotmed.com; noodles.com; Pharmacy Choice; healthitoutcomes.com; DeviceSpace.com; : Carestream and UBMD Orthopaedics & Sports Medicine Begin Clinical Studies on New Diagnostic Imaging System at Erie County Medical Center.** Carestream and UBMD Orthopaedics and

Sports Medicine are conducting clinical studies on a new three-dimensional medical imaging system at Erie County Medical Center.

### **Community and Government Relations**

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

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

### **CLINICAL DEPARTMENT UPDATES**

#### **Surgical Services**

- The additional OR in the surgical center that was opened April 16<sup>th</sup> is being fully utilized. The surgical center has performed 118 more cases than 2014 from January – April. The main users: UB orthopedics, Bariatric services.
- The Main OR has increased its volume by 161 cases from January – April, main increase from general surgery, ENT, Excelsior orthopedics and major urology procedures
- The combined volume from the surgical center and Main OR is showing a 7.7% surgical intervention growth.
- Turn-over time in the Main OR is 38.61 minutes and the surgical center with less severe cases and less equipment is 14.53 minutes
- The Main OR in April had 24% of their total volume as urgent or Emergent procedures, 76% as pre-planned cases.

#### **Oncology**

- Oncology visits for YTD April were up 374 visits from 2014 to 2015, an increase of 18%

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

- Surgical case volume for YTD April down 8 cases from 2014 to 2015, a decrease of 2%
- Clinic visits for YTD April were up 153 visits from 2014 to 2015, an increase of 12%

#### **General Dentistry Clinic**

- Clinic visits for YTD April were up 178 visits from 2014 to 2015, an increase of 5%

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

- Clinic visits for YTD April were up 911 visits from 2014 to 2015, an increase of 170%





# Tournament of Life Golf Classic

August 10, 2015

Park Country Club

## Presenting Sponsorship \$20,000

- Three Golf Foursomes in Afternoon Flight.
- Company Name and Logo Prominently Displayed on Invitation
- Full page Ad in Program book; inside front cover
- Logo on Tournament of Life Website
- Company Name and Logo listed in ECMC Newsletter (10,000 households)
- Presenting sponsorship signage posted on course.
- Sponsor Signage on carts.
- **Additional** Corporate Gift for Foursome Members
- Company recognition from the podium
- Lunch, On-Course Food Stations and Reception Following Play

## Silver Sponsorship \$10,000

- Two Golf Foursomes in Afternoon Flight
- Company Logo Placement on Invitation
- Full Page Ad in Program Book
- Logo on Tournament of Life Website
- Company Name and Logo listed in ECMC Newsletter (10,000 households)
- Sponsorship signage posted on course
- **Additional** Corporate Gift for Foursome Members
- Company recognition from the podium.
- Lunch, On-Course Food Stations and Reception Following Play

## Gold Sponsorship \$15,000

- Two Golf Foursomes in Afternoon Flight; One Foursome in Morning Flight
- Company Name and Logo Displayed on Invitation
- Full page Ad in Program
- Logo on Tournament of Life Website
- Company Name and Logo listed in ECMC Newsletter (10,000 households)
- Sponsor Signage on Course
- **Additional** Corporate Gift for Foursome Members
- Company recognition from the podium.
- Lunch, On-Course Food Stations and Reception Following Play

## Bronze Sponsorship \$5,000

- One Foursome in Afternoon Flight
- Half Page Ad in Program Book
- Logo on Tournament of Life Website
- Sponsor Signage at Event
- **Additional** Corporate Gift for Foursome Members
- Lunch, On-Course Food Stations and Reception Following Play

**Contest Craziiness Returns in 2015!**  
**Games and Giveaways Throughout the Course!**

**BIG PRIZES ~ BIG FUN**

**Skill games & fun games for all to enjoy!**  
**Just \$50 per golfer gets you into every game!**  
**For your convenience you can pre-pay**  
**for your game ticket(s)**



# Tournament of Life Sponsorship Commitment

Company Name \_\_\_\_\_  
As it should appear in advertising & signage

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_

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

## Corporate Sponsorship

- PRESENTING SPONSOR**            **\$20,000**
- GOLD SPONSOR**                **\$15,000**
- SILVER SPONSOR**              **\$10,000**
- BRONZE SPONSOR**            **\$ 5,000**
  
- Contest Craziess**  
    **Player Fee \$50 pp**                    **\$    200**

**Total** \_\_\_\_\_

- Payment enclosed (Please make check payable to ECMC Lifeline Foundation)**
- Invoice at above address**
- Invoice other** \_\_\_\_\_
- Contact me to charge by phone**
- I've charged through paypal at [www.ecmclifeline.org](http://www.ecmclifeline.org)** (Please click on "donate now")

Contact for Artwork/Logo \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**Deadline** for materials submission: July 7, 2015

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

- A high resolution pdf – B&W 300dpi ad will be submitted to [sroeder@ecmc.edu](mailto:sroeder@ecmc.edu)

**For questions or to customize your package please call**

**Susan Gonzalez or Stacy Roeder at 716-898-5800**

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

**"Supporting the Lifesaving Medical Services of ECMC"**

*ECMC Lifeline Foundation 462 Grider Street G1 Buffalo, NY 14215*



# SUBARU BUFFALO 4 MILE CHASE Sponsorship Opportunities

Title • \$20,000 - **SOLD**



Platinum • \$7500 - **SOLD**



Gold • \$5000 - **1 SOLD**

Entertainment/Stage, or Post Party Food Tent Available

- Category Exclusivity
- Company Name/Logo Prominently Placed on 1500 Event Shirts, Print Materials, Website & Related Media
- Prominent Signage Throughout Venue
- Option to Staff Complimentary 10 x 10 Tent, Table & Chairs to Promote Company Services or Sampling
- Option to Provide Handouts/Giveaways to All Participants in Runner Packets
- 12 Complimentary Race Entries, T-Shirts & Post Race Wristbands

Silver • \$2500 -

Kids' Race, Results Truck or Awards Tent Available

- Company Name/Logo on 1500 Event Shirts, Print Materials & Website
- Signage Throughout Venue & On Course
- Option to Staff Complimentary 10x10 Tent, Table & Chairs to Promote Company Services or Sampling
- Option to Provide Handouts/Giveaways to All Participants in Runner Packets
- 8 Complimentary Race Entries, T-Shirts & Post Race Wristbands

Bronze • \$1000 - **3 SOLD**

- Company Name/Logo on 1500 Event Shirts & Website
- Signage at the Event
- Option to Staff Complimentary 10x10 Tent, Table & Chairs to Promote Company Services or Sampling
- Option to Provide Handouts/Giveaways to All Participants in Runner Packets
- 5 Complimentary Race Entries, T-Shirts & Post Race Wristbands

## Water Station or Mile Marker Sponsor \$500

Company Name/Logo Listed on Signage at All Water Stations or Mile markers

Company Name listed on Website  
2 Complimentary Race Entries

## On Course Traffic Sign \$250

Company Name/Logo Listed on Signage on 5 On Course Traffic Signs

Company Name listed on Website  
2 Complimentary Race Entries

## Comfort Zone \$100

Sponsor Signage on a portapotty in the Runner Comfort Zone

For more information contact  
Stacy Roeder at 898-5800 or  
[sroeder@ecmc.edu](mailto:sroeder@ecmc.edu)  
or Jim Nowicki at 983-5810

All checks are payable to ECMC  
Foundation- 462 Grider St. Suite G-1 Buffalo, NY  
14215

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



**SUBARU BUFFALO  
4 MILE CHASE**  
697 West Delavan Avenue  
Buffalo, NY 14222  
716-881-1652  
www.buffalosubaruchase.com

Enter Early!  
Shirts to the 1st  
1400 Entries!

PRSR STD  
U.S. POSTAGE  
PAID  
Buffalo, NY  
Permit No. 4560

EAST >> Forest Avenue EAST >>



35th Running  
**SUBARU**  
Buffalo

# 4 Mile Chase

The social running event of the summer in the Elmwood Village

Friday, July 17, 2015 7PM

Proceeds to benefit  
ECMC FOUNDATION & PAL



Elmwood Avenue



<< WEST Summer Street << WEST

EAST >> Forest Avenue EAST >>



35th Running  
**SUBARU**  
Buffalo

# 4 Mile Chase



Friday, July 17, 2015 7PM

Elmwood Avenue



<< WEST Summer Street << WEST

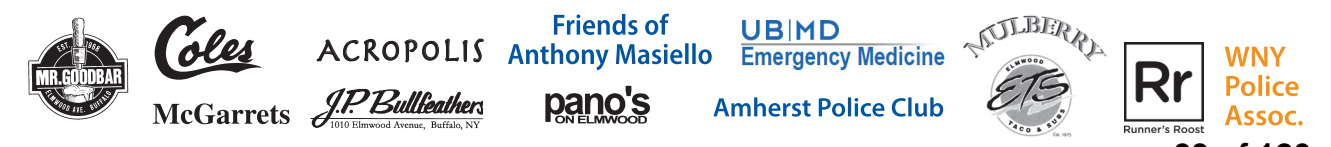


**Pre-Race Party • Live music**  
3:00 PM Rock-Ed  
5:00 PM Mirage

- T-Shirts to the First 1400 Entries
- Free Kids Races
- Couples Division
- Very Deep Awards

**Post-Race Party**  
Live Music • Billy McEwen & The Soul Invaders  
Complimentary Food & Refreshments

For Information Call 716-881-1652  
Online Registration • [www.getentered.com](http://www.getentered.com)  
Directions: [www.buffalosubaruchase.com](http://www.buffalosubaruchase.com)



**AWARDS**

**AGE GROUPS: MALE - FEMALE - DEEP!**

10-12, 13-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80-84, 85-89, 90-over

**Everyone gets an award in the 10-12 & 13-14 division and 5 to 10 deep in other divisions. DON'T MISS OUT ON YOUR AWARD!**

Please check the age group results that will be posted on the truck immediately after the race and pick up your award at the AGE GROUP AWARD TABLE.



CASA-PIZZA  
MEZZA  
Gelateria Luca  
ELMWOOD VILLAGE  
Santoras PIZZA PUB & GRILL  
Joe's NY Pizza  
POSITIVELY MAIN STREET

**PRIZE MONEY**

**ALL PRIZE MONEY WILL BE MAILED.**

Athletes who participate in the event may be subject to formal drug testing.

**PRIZE MONEY**

COUPLES DIVISION PRIZES: \$150 • \$100 • \$50  
AGE GROUP WINNERS 20-24 AND UP: \$50 **NEW!**

**Open Male-Female**

1st	\$1,000
2nd	\$500
3rd	\$300
4th	\$200

**Masters Male-Female**

1st	\$600
2nd	\$300
3rd	\$250
4th	\$200



**US Male-Female\***

1st	\$500
2nd	\$300
3rd	\$200
4th	\$100

**TOP LOCAL MALE & FEMALE - \$50**

Winners of prize money, not eligible for age group awards.

Masters are eligible for open prize money. No duplicate awards, one highest cash award only in any category.

**COURSE RECORD BONUS**

Certified by USATF NY87016BT

- \$750 Masters Male & Female
- \$500 Open Male & Female
- \$500 U.S. Male & Female

\* Must be US Citizen to be Eligible for US Prize Money

**OPEN COURSE RECORDS:**

Joseph Itati (KEN) 17:53 (2001)  
Cynthia Limo (KEN) 20:03 (2014)

**MASTERS COURSE RECORDS:**

John Campbell (N.Z.) 18:31 (1990)  
Elana Fidatoff (ROM) 21:08 (2002)

**U.S. COURSE RECORDS:**

Male: Peter Sherry 18:00 (1992)  
Female: Joan Nesbitt 20:46 (1992)

Councilmember Joe Golombeck  
**Buffalo Seminary**  
WEB PLATYPUS

**FEES • REGISTRATION COUPLES • KIDS RACES**

**PRE-RACE • US FUNDS ONLY CHECKS PAYABLE TO ECMC FOUNDATION**

- \$24.00 - must be postmarked by July 14th.
- \$10.00 - Fee open to runners who have NEVER entered the Subaru 4 Mile Chase in the past. Must be Registered by June 30.
- \$10.00 - 14 and under.
- \$7.00 - 70 and over.

**\$10.00 First Time Subaru Special**

**FREE** - All overall winners (male & female) of road races of 5K or more held regionally, nationally, or internationally 1/1/14 - 7/13/14 are eligible for FREE entry to the Subaru 4 Mile Chase. Fill out entry form, attach your race, date held, distance and winning time. Verification will be made. **You must pre-register. We reserve the right to refuse entry.**

**COUPLES DIVISION (M - F)**

**Prize \$\$ \$150, \$100, \$50**

PRE-ENTRY ONLY

- \$24.00 - (U.S. FUNDS ONLY) per person
- Check Couples Division on registration form
- Both entries must be mailed in same envelope
- Also eligible for individual awards
- Couples Division closed to elite & invited runners

**REGISTRATION**

- Register **online** at [www.buffalosubaruchase.com](http://www.buffalosubaruchase.com)

**RACE DAY • FRIDAY, JULY 17TH**

11AM UNTIL RACE TIME

BIDWELL PKWY & ELMWOOD AVE

- \$30.00 - Cash, Check, Credit Card, Canadian at par
- Pre-registered runners may pick up numbers and T-shirts on Bidwell Parkway next to 946 Elmwood Avenue
- No refunds

**KID'S RACES • AWARDS AND SURPRISES FOR ALL**

A special FREE Kids Race for boys & girls (5-6yr. olds, 30 yds; 7-8yr. olds, 40 yds; 9-10yr. olds, 50 yds) will begin at 7pm. Register onsite 3PM-6PM race day on Bidwell Parkway.

For Information Call 716-881-1652  
Online Registration • [www.getentered.com](http://www.getentered.com)  
Directions: [www.buffalosubaruchase.com](http://www.buffalosubaruchase.com)

**REGISTRATION FORM**

Phone Number: \_\_\_\_\_  
Emergency Phone Number: \_\_\_\_\_  
Athletes who participate in this competition may be subject to formal drug testing in accordance with USA Track & Field Regulation 10 and IAAF Rule 55. Athletes found positive for banned substances, or who refuse to be tested, will be disqualified from this event and will lose eligibility for future competitions. **SOME OVER-THE-COUNTER MEDICATIONS CONTAIN BANNED SUBSTANCES. INFORMATION REGARDING DRUGS AND DRUG TESTING MAY BE OBTAINED BY CALLING THE USOC HOT LINE AT 800-233-0393.**

M.I.       CITIZENSHIP  
 FIRST NAME  
 LAST NAME  
 NUMBER & STREET  
 TOWN/CITY  
 STATE/PROV.       ZIP/POST CODE  
 RACE USE ONLY  
 PSN/BIB

**MAIL AND MAKE CHECKS PAYABLE TO:**  
ECMC Foundation  
697 West Delavan Ave.  
Buffalo, New York 14222

**U.S. FUNDS ONLY**

I know that running a road race is potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this event including but not limited to, falls, contact with other participants, the effects of weather including heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. I also know that although police protection will be provided, there will be traffic on the course route. I assume the risk of running in traffic. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone to act on behalf, waive and release Buffalo 4 Mile Chase, its directors, volunteers and all sponsors, the City of Buffalo, ECMC Corp., and ECMC Foundation their representatives and successors from all claims or liabilities of any kind out of my participation in this event before, during or after. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose.

I also agree for the safety of those entered, in the event of unforeseen circumstances, dangerous, threatening or potentially harmful weather conditions which cause the race to be cancelled, NO refunds will be given and NO make-up date will be scheduled.

SEX       AGE  
 STATE/PROV.       ZIP/POST CODE



# Sponsorship Commitment

# SUBARU. BUFFALO 4 MILE CHASE

to benefit . . .



&



Company Name \_\_\_\_\_

As it should appear in advertising & signage

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_

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

- GOLD SPONSOR** **\$ 5,000**
- SILVER SPONSOR** **\$ 2,500**
- BRONZE SPONSOR** **\$ 1,000**
- YES, I will be using my complimentary 10x10 tent**

- 
- WATER STATION or MILE MARKER SPONSOR** **\$ 500**
  - ON COURSE TRAFFIC SIGN SPONSOR** **\$ 250**
  - COMFORT ZONE SPONSOR** **\$ 100**

- Payment enclosed (Please make check payable to ECMC Lifeline Foundation)**
- Invoice at above address**
- Invoice other** \_\_\_\_\_
- Contact us at 716-898-5800 to charge by phone**

**For questions or to customize your package please call  
Susan Gonzalez or Stacy Roeder at 716-898-5800 or Jim Nowicki at 983-5800**

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

**"Supporting the Lifesaving Medical Services of ECMC"**

**ECMC Lifeline Foundation 462 Grider Street G1 Buffalo, NY 14215**

Report to the ECMCC Board of Directors  
Al Hammonds, CSSBB  
Executive Director, Millennium Collaborative Care (MCC)  
Delivery System Reform Incentive Payment Program (DSRIP)  
5/26/15

**GOVERNANCE:**

**Board of Managers:** There have been two Board of Managers' meetings, since the new Executive Director started on April 6th. The MCC Board of Managers has 10 active members currently. New members will be voted on and added by the next meeting on June 1<sup>st</sup>. There will be seven (7) more members added, coming from the Project Advisory Committee (PAC), Southern Tier Council, Community Based Organization (CBO) Task Force, Voice of the Consumer Subcommittee (Medicaid population representatives), and from labor (SEIU 1199 & NYSNA). The board has approved the MCC organizational chart, budget approach model to be implemented, and the Capital Restructuring Finance Program (CRFP) submitted to the NYS DOH. An interim Board of Managers Chair has been appointed, Ann Constantino, CEO of Horizons Health Services.

**Project Advisory Committee (PAC):** The first PAC meeting was held on May 7<sup>th</sup>. There are 27 members of the PAC, representing the hospitals, behavioral health, developmentally disabled, primary care, post-acute care, and labor, across all 8 counties of WNY. The primary objective of the PAC is to review and provide input on all of the DSRIP projects.

**FINANCIAL SUSTAINABILITY:**

NYS DOH released funding awards to all of the Performing Provider Systems across the state. MCC was awarded \$243 million over five years. DSRIP year one funding will be \$34.2 million (DSRIP year one is 4/1/2015 – 3/31/2016). MCC will receive 60% funding of year one funding, by the end of May, 20% in January 2016, and 20% in July 2016. Additionally, \$80 million to \$100 million of funding is being made available through a specialized demonstration program by NYS DOH, focusing in three areas: Home Health, Behavioral Health Transition to Managed Care (HARP), and Managed Long-term Care Plan (MLTC). MCC will be required to submit a program proposal.

Due to lower than expected award funds, budget categories critical to success are as follows:

- Project implementation and infrastructure
- Revenue loss, a methodology to be developed
- Internal provider incentives
- Contingency, linked to DSRIP year 1 for state penalty and high performance fund.

### **IMPLEMENTATION PLANNING & PROGRESS:**

There are three critical elements of implementation planning that MCC is focused on:

1. Defining the organizational structure and how the Project Management Office (PMO) will evolve.
2. Evaluating MCC's network readiness, partner infrastructure and capabilities.
3. Defining structures and processes that MCC will leverage to support its partners in the collaborative.

MCC will use a request for proposal (RFP) process to maximize engagement across WNY to help with leveraging the support of its partners in the collaborative. There are a number of RFPs that will be released to engage various organizations, such as a patient activation & engagement proposal, a cultural competency & health literacy administration, as well as, a cultural competency & health literacy focused on CBOs RFPs. Additionally, RFPs focused on maternal & prenatal health, workforce strategy & management administration, mental & emotional well-being, and population health will be released, over the next two months.

### **TIMETABLE OF KEY UPCOMING DATES:**

**May 26th:** First Meeting of Community-Based Organization Task Force

**May 28th:** Meeting on Master Service Agreements with Hospitals and Primary Care Practices

**June 1st:** Submission of MCC's DSRIP Implementation Plan

**June 11th:** Meeting on Master Service Agreements with Nursing Homes and Home Care Agencies



**June 25th:** Meeting on Master Service Agreements with Mental Health, Substance Abuse Treatment and the Developmentally Disabled Agencies.

**June 30th:** Deadline for Submission of Master Service Agreements by MCC Providers.

**July 31st:** First Quarter Report Filed with NYS Department of Health

**October 31<sup>st</sup>:** Identify network providers that will be participating in each project as part of the Quarterly Reporting Process.

**MEDICAL EXECUTIVE COMMITTEE MEETING  
MONDAY, APRIL 27, 2015 AT 11:30 A.M.**

**Attendance (Voting Members):**

M. Anders, MD	N. Kothari, MD	
M. Azadfard, MD	M. LiVecchi, MD	
Y. Bakhaj, MD	M. Manka, MD	
L. Balos, MD	A. Manyon, MD	
V. Barnabei, MD	M. Panesar, MD	
W. Belles, MD	K. Pranikoff, MD	
G. Bennett, MD	P. Stegemann, MD	
R. Calabrese, MD	J. Serghany, MD	
S. Cloud, DO	R. Venuto, MD	
M. Cummings, MD		
W. Flynn, MD		
R. Ferguson, MD		
K. Grimm, MD		
R. Hall, MD, DDS, PhD		
J. Izzo, MD		

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

B. Murray, MD	L. Feidt	C. Davis, MD
J. Fudyma, MD	R. Gerwitz	A. Billitier, MD
S. Ksiazek	S. Gonzalez	T. Quatroche
A. Orlick, MD	C. Ludlow, RN	
M. Hoffman, RN	J. Johnson	
S. Gary	A. Victor-Lazarus, RN	

**Excused:**

R. Cleland	M. Jajkowski, MD	
K. Ziemianski, RN	E. Jensen, MD	
D. Amsterdam, PhD	T. Loree, MD	
T. DeZastro, MD	M. Sullivan, DDS	
D. Ford, RPA-C	J. Reidy, MD	
W. Guo, MD	R. Schuder, MD	

**Absent:**

None.		

**I. CALL TO ORDER**

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

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

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

### **III. ICD-10 PRESENTATION – Robert Majewski, Health Information Management**

- A. Mr. Majewski provided an update on implementation of the new ICD-10 coding system.
  - a. Benefits include improved patient outcomes, detailed data, tracking and surveillance.
  - b. Supports proper payment and reduces denials. Assures accurate measures of quality and efficiency, captures the level of risk and severity, and supports research with better data.
  - c. The expanded number of characters of the ICD-10 diagnosis codes provides greater specificity to identify disease etiology, anatomic site.
  - d. Examples of the increased specificity was presented.
  - e. ECMC progress to date include monthly steering committee, hired additional coders, training, claims testing, review areas that code outside of HIM, and an intranet page has been implemented.
  - f. Department specific training can be arranged through HIM.

### **IV. DSRIP UPDATE – Anthony Billitier, MD; Medical Director - Millenium**

- A. April, 2014 – CMS approved 1115 waiver allowing NYS to reinvest \$8B of federal savings from Medicaid Redesign Team (MRT) reforms
- B. Goals –
  - a. Near term financial support for vital safety net providers at immediate risk of closure
  - b. Reduce avoidable hospital admissions and ED use by 25% over 5 years
  - c. Improve public health measures
  - d. Ensure changes continue beyond waiver period by leveraging managed care payment reform
  - e. Change focus from treatment episodes to population health management
  - f. Implement payment reform to incentivize value instead of volume
  - g. Preserve and transform the State’s fragile healthcare safety net system
  - h. Bend the Medicaid cost curve
  - i. Assure access to quality care for all MA members
- C. Local partnerships that collaborate on DSRIP projects (ACO-like)
  - a. Safety Net Partners (>30-35% MA): Hospitals, Health Homes, SNF’s, Clinics including FQHCs, Behavioral Health Providers, Home Care Agencies, Physicians, Community Based Organizations (CBOs) & Other Key Stakeholders
  - b. Non-qualified providers can participate
    - i. <5% aggregate funding can go to non-qualifying providers
    - ii. Vital Access Provider (VAP) exception
- D. Funding - Maximum project valuation – formula including:

- a. Patients attributed (assigned) to PPS based upon loyalty
- b. PMPM for all attributed patients
- c. Projects preassigned a value/difficulty score
- d. PPS project plans scored
- e. PPS proposed speed and scale of rollout (# patients & # providers engaged by certain dates)
- f. Duration of projects (60 months)
- E. Actual incentive payments based on performance
  - a. Each project has specific deliverables/metrics
  - b. Initially process milestones
  - c. Eventually outcome milestone
- F. Statewide performance matters! - \$1.2B state funding for capital budget
- G. Integrated Delivery System
  - a. EBM & population health management
  - b. Integrate all medical, behavioral, post-acute, LTC & community-based services (social determinants of health)
  - c. Include payers & social service organizations
  - d. Actively share health information with RHIO/SHIN-NY and clinical partners including secure notification/messaging
  - e. All EHRs must meet Meaningful Use & PCMH Level 3 standards
  - f. Achieve 2014 Level 3 PCMH primary care certification
  - g. Active population health management using EHRs including targeted patient registries
  - h. Contract with MA MCOs & other payers to convert 90% payments to value-based payments
  - i. Realign provider compensation to patient outcomes
  - j. Monthly meetings with MA MCOs to discuss utilization trends, performance issues & payment reform
  - k. Engage patients through outreach & navigation activities leveraging community health workers, peers & CBOs
- H. ED Triage
  - a. Connect EDs & community PCPs
  - b. Real time notification of Health Homes
  - c. Patient Navigators assist patients presenting with minor illness:
    - i. Schedule a timely follow-up appointment with a PCP
    - ii. Assist patient with needed community support resources (social determinants of health)
  - d. Allow ED & first responders to transport patients to alternate care sites/"treat & street" (optional)
- I. Hospital Home Care Collaboration
  - a. INTERACT-like program in home care settings to reduce risk of re-hospitalization for high risk patients
  - b. Assemble rapid response teams to facilitate patient discharge and community services

- c. Advanced care planning tools to document patient near/end of life wishes (e/MOLST)
  - d. Integrate primary care, behavioral health, pharmacy and other services into the model
  - e. Utilize telehealth/telemedicine
  - f. Utilize interoperable EHR to enhance communication & avoid medical errors and/or duplicative services
  - g. Measure outcomes (QA/root cause analyses)
- J. Collaboration with Primary Health and Behavioral Health Programs to avoid hospital stays and ED visits
  - K. Maternal and Child Care – Premature birth prevention and education

## V. CEO/COO/CFO BRIEFING

### A. CEO REPORT – Richard Cleland

- 1. No report as Mr. Cleland was unable to attend today. He deferred his report to Ms. Hoffman.

### B. COO Report – Mary Hoffman

- 1. **Jarrold Johnson** – Welcome newly appointed COO who replaced Mr. Krawiec. Mr. Johnson comes from Brooks Memorial.
- 2. **Volumes** – Acute discharges and OR volumes are over budget. LOS is higher than desired due mostly to ALC days and shortage of placement in the community.
- 3. **Surveys** - DOH Terrace View Survey – 5 day survey was conducted last week. OMH conducted a 3-day survey in CPEP. Bariatric Surgery survey for accreditation was conducted and went very well.
- 4. **Mental Health Awareness Month** – Celebrated in the month of May. Many activities are planned to recognize staff and the services provided in Behavioral Health.

### C. CHIEF NURSE REPORT – Karen Ziemianski, RN

- 1. No report as Ms. Ziemianski was unable to attend.

### D. CFO REPORT – Steve Gary

- 1. **March 2015** – \$560,000 operating loss reported in the month of March. First Quarter results in a \$2 million operating loss which is better than previous year's loss of \$5 million. There are about 30 patients per day in acute status but awaiting an ALC bed which effects cost and reimbursement leading to some of the loss. Mr. Gary advised that analysis by service line and consultant report on productivity are both being reviewed by Executive Management to identify performance improvement opportunities.

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

### **A. UNIVERSITY AFFAIRS**

#### **Associate Dean of Medical Curriculum Appointed.**

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

#### **Memo from the Vice President for Research and Economic Development concerning the IRB**

To: Investigators Engaged in Research Involving Human Subjects  
From: Venu Govindaraju, Vice President for Research and Economic Development (Interim)  
Date: April 20, 2015

Subject: Institutional Review Board

The purpose of this communication is to update the research community on various aspects of UB's Human Research Protection Program (HRPP). I recognize that the time for IRB reviews has been longer than is acceptable, and we are taking many steps to address this situation.

First, I would like to provide some context for our current state of affairs. An audit of our Human Research Protection Program recommended changes to our policies and procedures to enhance our compliance related to research involving human subjects. Consequently, in September 2014, we restructured the four IRB committees that were organized around subject populations or disciplines into four committees that can review all types of protocols. This structure allows for IRB committee meetings to occur every week instead of every month. This change is expected to increase HRPP efficiencies, and to standardize practices across the HRPP program. Although I understand that many have indicated a preference for the previous model, it is no longer sustainable, particularly with the increase in the number of protocol submissions we are experiencing.

Based on the feedback we have received, some of the major concerns with regard to the new model have been identified as:

- 1) Excessive turnaround time for protocol approval
- 2) Inconsistencies between committee review
- 3) Lack of direct point of contact
- 4) Need for a reasonable response time to the question that is posed
- 5) Lack of training for HRP toolkit prior to implementation

6) Protocol Template HRP-503 is lengthy, redundant and is not geared toward expedited trials or to social and behavioral research projects

We are committed to improving your experience with the IRB and are initiating the following to address the issues voiced:

- 1) To reduce the current backlog of protocols awaiting approval, we have contracted with an outside firm to assist our IRB. This engagement begins on Monday, April 20, 2015, with two staff on site full time for a two week period; those staff will primarily focus on processing all protocols currently backlogged. In addition, four additional IRB staff were hired in January 2015. This increase in IRB staff, coupled with the effort of the engaged outside firm, should help us become current on all protocols. Staff we have in place now (and planned new hires) should then be able to achieve acceptable turnaround time for future IRB reviews.
- 2) Currently the IRB is recruiting an administrative point of contact person in order to direct inquiries appropriately, and we hope to have that position filled within the next month. This will be an additional FTE to the IRB, in response to the increased IRB caseload. The main number for the IRB is 829-2752; please address all queries to this number.
- 3) The administrative point of contact (when hired) will strive to answer questions immediately. In cases where questions require feedback from another IRB member, every effort will be made to respond to the inquiry within 24 hours.
- 4) The University at Buffalo has established the University-wide Clinical Research Office in order to assist Investigators with protocol pre-submission, questions or difficulties. Information on the CRO can be found [here](#).
- 5) The CRO and IRB are working together to develop a template to streamline the submission protocols for expedited review, as well as to better accommodate social and behavioral studies.

We do apologize that we have not been able to provide the high quality customer service that you should expect, and we are working diligently to regain your trust in this area. We are confident that these improvements we are making will provide for future efficiencies. Thank you for your continued support and patience.

cc: Deans  
Associate Deans for Research  
Department Chairs  
Kenneth M. Tramosch, Institutional Official, HRPP  
Richard Karalus, Director, Research Compliance

#### **C. PROFESSIONAL STEERING COMMITTEE**

There was no meeting this month. Next meeting will be in June.

#### **D. UTILIZATION REVIEW & PATIENT SATISFACTION**

Flash report was distributed. Press Ganey scores were distributed and reviewed regarding physician performance. It was suggested to circulate the Press Ganey data to the Chiefs of Service each week.

## **E. CLINICAL ISSUES**

Lab survey was conduct with no significant issues.

### **Certification of Bariatric Surgery**

On 3/27/15, the American Society for Metabolic and Bariatric Surgery Accreditation(ASMBS)Program surveyor were at ECMC to perform an extensive review and survey of our Bariatric program for ECMC's designation as a Certified Bariatric Center of Excellence. We are pleased to announce that the ASMBS highlighted many best practices and spoke to the excellence of our program. They indicated that they will be making a recommendation to the ASMBS Board that ECMC be designated as *Certified Bariatric Center of Excellence*. We are hoping to receive the official noification in 8 weeks.

### **NYS Department of Financial Services (DFS) issues guidance on surprise bills for health care services**

The new Surprise Bill Law went into effect April 1<sup>st</sup>. The law, which goes into effect on March 31, 2015, seeks to protect consumers from surprise bills for emergency services as well as surprise bills for services performed by out of network providers.

New York's Department of Financial Services has issued guidance on what providers need to know about the law and an assignment of benefits form for patients who believe that they have received a surprise bill.

The guidance reinforces the regulations and states that a bill will be a surprise bill if a patient receives a bill from a non-participating physician at a participating hospital or surgery center and a participating provider was not available or a non-participating physician provided services without the patient's knowledge or unforeseen medical circumstances arose at the time health care services were provided. In addition, a bill will be considered a surprise bill if a participating provider refers a patient to a non-participating provider and the patient has not signed a consent form acknowledging that the services would be out of network and would result in costs not being covered by the patient's health plan. DFS further states that a referral occurs 1) when during a visit with a participating physician, a non-participating physician treats the patient, 2) a participating physician takes a specimen during the visit and sends it to a non-



participating laboratory or 3) for any other health care service when referrals are required by the patient's health plan.

If a physician bills a patient for what could be a surprise bill, the physician is required to provide the patient with a copy of the DFS Assignment of Benefit form. In cases where a patient completes the form, a physician can only collect from the patient the patient's in-network cost sharing responsibility. The health plan is required to pay the physician the billed amount or attempt to negotiate reimbursement with the physician.

The Health Care Resources Center's Health Care Provider Rights and Responsibilities<sup>[1]</sup> has also been updated to summarize the disclosure obligations of hospitals, physicians and other health care professionals. For example, when scheduling appointments, a health care professional is required to give, in writing or through website, information regarding which health plans the professional participates in as well as the professional's hospital affiliations. The health care professional must also inform the patient that the amount or estimated amount a patient will be billed for services is available upon request if the professional does not participate in the patient's health plan. Additional disclosure requirements apply when a physician arranges for services in his office, refers a patient for services, or arranges for scheduled nonemergency inpatient or outpatient services. Specifically, the physician is required to provide a patient or prospective patient with the following at the time of referral to or coordination with such provider:

- The provider's name, if the physician schedules a specific provider in a practice.
- The provider's practice.
- The provider's address.
- The provider's telephone number.

When arranging for **scheduled** non-emergency inpatient or outpatient services in a hospital, a physician must provide the following information regarding the other physicians whose services are scheduled at the time of the pre-admission testing, registration or admission:

- The physician's name, if the physician schedules a specific physician in the practice.
- The physician's practice.
- The physician's address.
- The physician's telephone number.
- How to determine the health plans in which the physician participates.

However, DFS clarified that such disclosure requirements are not required when a patient has an unscheduled hospital admission (i.e., through the emergency department) and is stabilized but requires additional inpatient treatment. Despite the

lack of disclosure requirements, DFS does remind providers that if an emergency room physician requests a consultation from a specialist to evaluate a patient in the emergency room and the specialist is out-of-network, a bill from the specialist will be considered a bill for emergency services and be subject to the Independent Dispute Resolution Process

### **CMS releases proposed rule for Stage 3 of ‘meaningful use’**

The Centers for Medicare & Medicaid Services on March 20 released the proposed Stage 3 rule defining “meaningful use” for the Medicare Electronic Health Records Incentive Program.

The rule proposes to make Stage 3 optional in 2017. Beginning in 2018, all eligible hospitals, critical access hospitals, and eligible professionals would be required to report on the same eight objectives of meaningful use that incorporate 21 specific measures.

All providers, including those new to the program, would have to meet Stage 3 beginning in 2018. The comment period ends May 29, 2015..

### **CMS Extends the Two-Midnight Rule Partial Enforcement Delay for RAC Reviews**

The Centers for Medicare and Medicaid Services (CMS) will extend the prohibition of the Recovery Audit Contractor (RAC) inpatient patient status reviews and “probe and educate” reviews an additional month through April 30. The current two-midnight rule partial enforcement delay expired on March 31, 2015. The Medicare Access and CHIP Reauthorization Act of 2015 (H.R.2), passed by the U.S. House of Representatives, would extend the partial enforcement delay under the two-midnight rule for an additional six months through October 1, 2015. The Senate is expected to vote on the bill when it returns from recess in two weeks. CMS believes an extension will allow for continued education and promote further understanding of the two-midnight rule policy.

### **CMS Requiring Sepsis Data Collection Starting in October; Hospitals Must Continue Reporting to DOH**

CMS is requiring all hospitals participating in the Inpatient Quality Reporting

(IQR) Program to submit sepsis data, beginning with discharges that occur on or after October 1, 2015. New York State hospitals must continue to report data to DOH, using the DOH *Data Dictionary for Severe Sepsis and Septic Shock*. HANYS is advocating for alignment of CMS and DOH reporting requirements to the extent possible to reduce the reporting burden on New York State hospitals.

**President Obama signs SGR bill.**

The [AP](#) (4/17) reports that President Obama on Thursday signed legislation repealing Medicare’s sustainable growth rate formula, two days after the Senate passed the bipartisan bill. The article notes the bill blocked a 21-percent cut in Medicare payments that was scheduled to take effect this week. Obama praised House Speaker John Boehner (R-OH) and Minority Leader Nancy Pelosi (D-CA) for negotiating the deal and “said the new law helps Medicare by giving assurance to doctors about their payments.”

**VII. ASSOCIATE MEDICAL DIRECTORS REPORTS**

A. Dr. Arthur Orlick – No formal report.

**VIII. LIFELINE FOUNDATION – S. Gonzalez**

A. **Springfest Gala, May 9, 2015** – The event is sold out and is expected to be a wonderful event. This year the greatest number of compliment employees attending the event. Thank you for many physicians and physician group for their generosity.

**IX. CONSENT CALENDAR**

	MEETING MINUTES/MOTIONS	ACTION ITEMS
A.	MINUTES OF THE Previous MEC Meeting: March 23, 2015	Received and Filed
1.	CREDENTIALS COMMITTEE: Minutes of April 7, 2015	Received and Filed
	- Resignations	Reviewed and Approved
	- Appointments	Reviewed and Approved
	- Reappointments	Reviewed and Approved
	- Dual Reappointment Applications	Reviewed and Approved
	- Provisional to Permanent Appointments	Reviewed and Approved
1.	HIM Committee: Minutes of March 26, 2015	Received and Filed

	MEETING MINUTES/MOTIONS	ACTION ITEMS
	1. Hyperbaric Oxygen Therapy Consent	Reviewed and Approved
	2. Hyperbaric Unit Flow Sheet	Reviewed and Approved
	3. Hyperbaric Education Check List	Reviewed and Approved
	4. Hyperbaric Pre-Treatment Chamber Side List	Reviewed and Approved
	5. Patient Education and Schedule	Reviewed and Approved
	6. Standard Protocol Hyperbaric Treatment	Reviewed and Approved
	7. Hyperbaric Medicine Center Orders	Reviewed and Approved
	8. Patient Discharge Instructions and Medication List	Reviewed and Approved
	9. Abbreviations Annual Review <ul style="list-style-type: none"> <li>• ScvO2 (Central Venouse Oxygen Saturation)</li> <li>• UA (urinalysis) must be U/A</li> <li>• UOP (urine output) must by UO</li> <li>• HGMA should be HAGMA</li> </ul>	Reviewed and Approved
2.	<b>P &amp; T Committee Meeting – Minutes of April 7, 2015</b>	Received and Filed
	1. Anti-Infective Subcommittee Meeting Minutes – approve minutes	Reviewed and Approved
	2. Cobicistat (Tybost®) - approval addition to Formulary	Reviewed and Approved
	<i>Pharmacy Bi-Annual Review of Policies &amp; Procedures:</i>	
		Reviewed and Approved
	3. A TI-048 Itraconazole - approve review	
	4. ATI-049 Injectable Vitamin D Analogs – Approve Review	Reviewed and Approved
	5. ATI-050 Fenofibrate – Approve Review	Reviewed and Approved
	6. FRM-003 Automatic IV to Oral Conversion Policy – Approve Revisions	Reviewed and Approved
	7. FIV-003 Me Admin by RN in CC areas-clarified Enalaprilat – Applies to slow IV push only	Reviewed and Approved
	8. FIV-009 Standard Infusions – approve review	Reviewed and Approved
	9. FIV-009A – Attachment A to Standard Infusions – Approve Review	Reviewed and Approved
	10. FIV-010 Vancomycin Intravenous Administration Guidelines – approve Deletion	Reviewed and Approved
	11. FIV-012 Concentrated Electrolytes – Approve Review	Reviewed and Approved
	12. FIV-013 Hypotonic Solution – Approve Revision	Reviewed and Approved

**VII. CONSENT CALENDAR, CONTINUED**

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

**NEW BUSINESS –**

**A. MOTION:** Policy Approval: Specimens Exempt from Histologic Examination  
**MOTION UNANIMOUSLY APPROVED.**

B. MOTION: Policy Approval: Change in Critical Value Policy (add positive HCG)  
**MOTION UNANIMOUSLY APPROVED.**

C. MOTION: Policy Approval: CD Import Policy (Non-ECMC Images) – Exception for patients who are having surgery was agreed to. Motion to approve policy with exceptions noted.

**MOTION APPROVED; (1 member opposed).**

D. MOTION: Policy Approval: Specimens Exempt from Submission to Pathology  
**MOTION UNANIMOUSLY APPROVED.**

## **IX. OTHER NEW/OLD BUSINESS**

A. **I-Connect Implementation** – Ms. Clark from Radiology advised that we will be participating in “I-Connect” which will allow viewing of reports/images from ECMC and can be accessed through the physician’s private office. More information on how to participate will be forthcoming.

## **X. ADJOURNMENT**

There being no further business, a motion was made to adjourn to Executive Session, seconded and unanimously approved to adjourn the regular session of the Medical Executive Committee meeting at 1:15 p.m.

Respectfully submitted,



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

# CLABSI: A quality initiative

By Timothy J. Kline, RN, BSN, Unit Manager and Karen Ziemianski, RN, MSN, Senior Vice President of Nursing

**T**he Erie County Medical Center's Medical Intensive Care Unit (MICU) has reported zero central line blood stream infections for 2013 and the first half of 2014. The MICU, comprised of an all-RN staff along with hospitalists, has initiated a quality model that embraces an interdisciplinary approach that provides continuity of care, fosters communication and cooperation, and emphasizes prevention of infections. The MICU follows the central line bundle checklist as recommended by the Institute of Healthcare Improvement. A line cart was implemented to keep all insertion supplies consistent for central line placements. The use of a standardized electronic procedure form was developed to assist with the compliance of the insertion bundle. Multidisciplinary rounds are conducted daily for the patients, and line necessity is a standing agenda. Quality results are discussed with all disciplines by the nurse leader, and are reported monthly at the MICU Best Practice meeting.

The use of an interdisciplinary approach, with adherence to established, evidence-based best practice guidelines, has been instrumental in the MICU at ECMC achieving high quality outcomes as recognized in the New York State Department of Health's annual report.



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# 2015 NURSES OF DISTINCTION Winner



**Kathleen Mariano**  
DNS, RN/CPNP



D'Youville College  
320 Porter Ave., Buffalo  
DYC.edu • 829-8000

Nursing education both at the undergraduate and graduate levels has been Dr. Mariano's focus for the past 15 years of her 42-year nursing career. Along with her Doctorate in Nursing, she is also certified as a Pediatric Nurse Practitioner and continues to maintain a clinical practice in pediatrics, which has also included many years of experience in caring for children with developmental disabilities. Prior nursing experience includes administrative roles in hospital, community and education settings and her participation in nursing research has supported her academic and clinical learning.

Dr. Mariano was involved in the development and standardization of a pediatric functional assessment instrument. She is also founding director of the Elmwood Health Center, a primary care facility that specializes in individuals with disabilities. She has also collaborated in the acquisition of a \$1.3 million Nursing Workforce Diversity grant from HRSA.

Professional Activities: Membership in Sigma Theta Tau including the Maternal Child Leadership Academy, NAPNAP, Professional Nurses' Association of Western NY

Personal Mantra: Serving others without any self-interests in a manner in which people are treated with respect and fairness.



**Michelle Swygert, RN, MS**  
Behavioral Health Nursing Care Coordinator



Erie County Medical Center  
462 Grider St., Buffalo • ecmc.edu • 898-3000

With 17 years in the nursing field, Michelle Swygert has worked as a Unit Manager, a Behavioral Health Clinical Manager and General Duty Nurse at ECMC. She has also been an adjunct clinical professor at D'Youville College, served as the Director of D'Youville College Health Center and was a nurse practitioner for Immigration Health Services. In addition, Michelle is a Registered Nurse at Hospice Inpatient Unit. Michelle has had the opportunity to participate in two mission trips to Haiti, working as a nurse practitioner, and serving a population in great need. She has also served on the D'Youville College Board of Trustees and as President of the Alumni Board for three years.

Her personal mantra is: "Always do your best and treat everyone like you want to be treated."

Accreditations: Bachelors of Nursing at D'Youville College. Master of Science as a Family Nurse Practitioner at the University At Buffalo



**Jeanmarie Lucas, RN, CCRN**  
charge nurse



Buffalo General Medical Center  
100 High St., Buffalo  
kaleidahealth.org • 859-5600

Jeanmarie Lucas, RN, CCRN, has had an exemplary 25 year nursing career and is currently a charge nurse in the medical intensive care unit at Buffalo General Medical Center.

She excels at juggling the many responsibilities of running a large intensive care unit while still taking the time to mentor new graduates, provide expert EMR training to nurses and providers throughout Kaleida Health, and lends her expertise to a myriad of initiatives designed to continually raise the bar of nursing care. Jeanmarie is a nurse 24/7. While on vacation, a young boy was pulled from a pool with no signs of life. Jeanmarie immediately performed CPR and revived the child.

Today the boy has no deficits and is enjoying a happy childhood, thanks to Jeanmarie Lucas.



**Michele Natwora, MSN, RN**  
core nurse educator

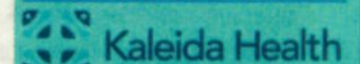


Kaleida Health  
Various WNY Locations  
kaleidahealth.org • 859-5600

Michele Natwora, MSN, RN, is a core nurse educator at Kaleida Health. She has distinguished herself as a nurse leader who's passionate about nursing and the provision of the highest quality, compassionate care. Her dedication to nursing education and preparing nurses for success has earned her the respect of her manager and peers. Michele is coordinator of the Kaleida Health Nurse Residency Program, which is designed to promote the growth and development of professional nursing practice in new graduate nurses within their first year of hire. In addition to these duties, Michele is active in the Nursing Advocacy Council and is chair of the Competency Committee. She is also active in the Association for Nursing Professional Development of Western New York and Sigma Theta Tau International, Pi Zeta Chapter. Michele is a highly motivated educator who is committed to making a positive impact on every nurse she works with.



**Michelle Rung**  
BSN, RN, WCC, OMS



DeGraff Memorial Hospital  
445 Tremont St., N. Tonawanda  
kaleidahealth.org • 694-4500

Michelle Rung, BSN, RN, WCC, OMS, is very special as a nurse and as a human being. She gives from her heart every day to everyone in her path, without exception and without reservation.

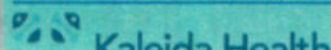
Her professional career has encompassed many positions, including staff nurse, wound/skin/ostomy nurse and PICC (peripherally inserted central catheter) nurse. In every capacity she embodies the ideals and ethics of the professional practice of nursing. As a mentor, Michelle has led the nursing team to a less than one percent prevalence rate for hospital acquired pressure ulcers for the past six years. She has certifications in WCC (wound care certification), OMS (ostomy management specialist), and competency for PICC insertion. Michelle is a member of Sigma Theta Tau International Honor Society and fosters a positive public image of nursing as a profession by participating in health fairs in the community.



**Deborah Stapleton, RN**  
Nursing Supervisor



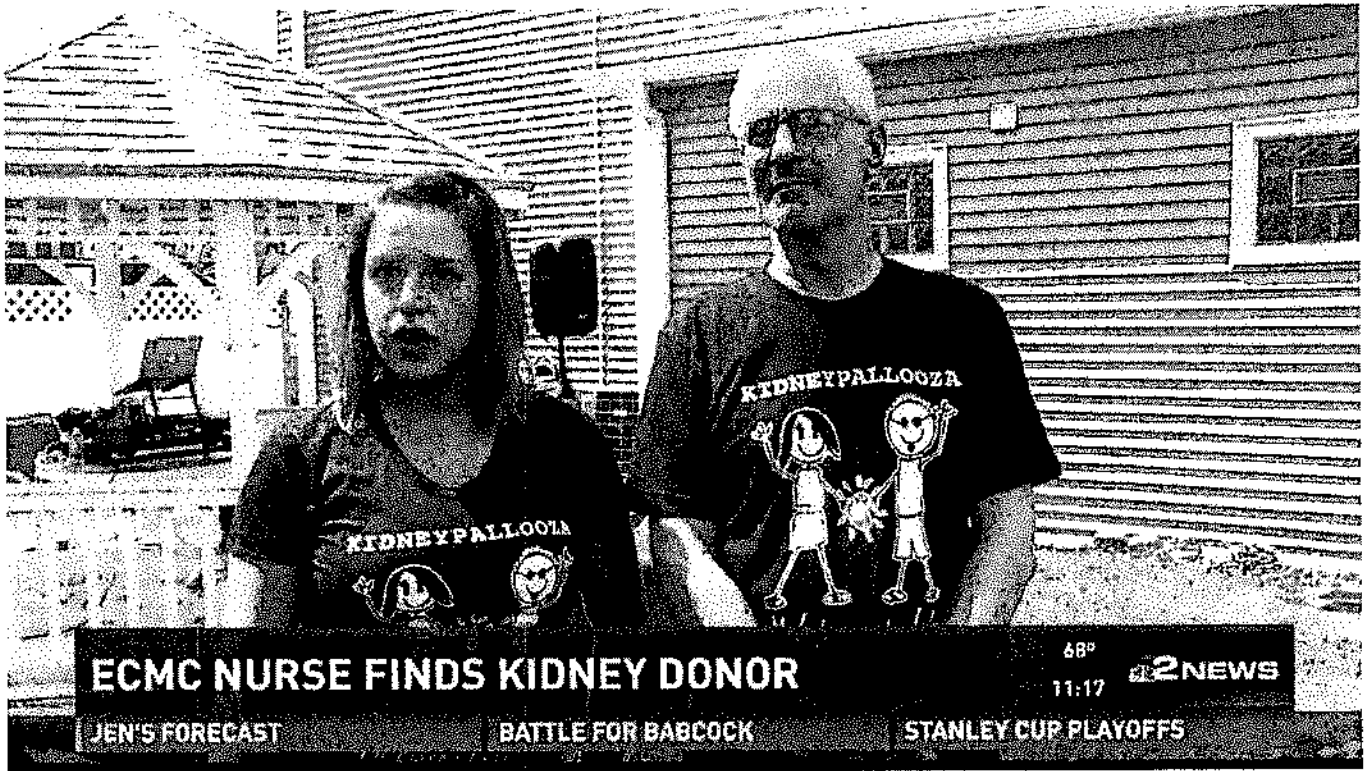
**Barbara W. Storey, MSN, RN, NNP-BC**  
Clinical Nurse Educator



**Caroline Tirabassi**  
MSN, RN, Nurse Manager  
Buffalo Primary Care Clinics



# ECMC Nurse Finds Kidney Donor



ECMC nurse finds kidney donor.

12:05 a.m. EDT May 18, 2015

North Tonawanda, NY- A fundraiser was held Sunday for a man from West Seneca who spent months searching for a kidney donor.

Bob Parczewski, a nurse at ECMC, was diagnosed with a rare kidney disease three years ago.

At Sunday's benefit in North Tonawanda he was able to thank the woman who's giving him a second chance at life.

2 on your side's Ron Plants shares his story.

Read or Share this story: <http://on.wgrz.com/1bZhGWj>

### MORE STORIES



[Good Neighbors: Jan Roberts' Golden Anniversary](#)  
 (/story/news/2015/05/15/good-neighbor-ian-

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From the Buffalo Business First

<http://www.bizjournals.com/buffalo/news/2015/05/08/wny-hospitals-awarded-300m-for-medicaid-reform.html>

## WNY hospitals awarded \$300M for Medicaid reform efforts

May 8, 2015, 2:52pm EDT



Tracey Drury

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Hospitals and health providers in the region stand to receive nearly \$300 million in government funding to help reform the Medicaid delivery system over the next five years.

Late Thursday night, the **New York State Department of Health** notified 25 groups around New York of the maximum awards they could receive under DSRIP, the Delivery System Reform Incentive Payment (DSRIP) program.

Two performing provider systems (PPS) have been designated to lead that effort in Western New York: Millennium Collaborative Care, with a total award of \$243 million; and Catholic Medical Partners, \$52.4 million.

Millennium Collaborative Care, led by **Erie County Medical Center** (ECMC) and Kaleida Health, includes 1,814 providers in eight counties that will serve 230,975 Medicaid recipients.

The Catholic Medical Partners (CMP) network, including **Catholic Health**, is made up of 1,214 providers in Erie, Niagara and Chautauqua counties with 80,618 covered Medicaid lives.

The funding represents the maximum award possible for each PPS if they meet specific goals and achievements for the Medicaid recipients assigned to their systems. The overall goal of DSRIP is to improve clinical outcomes and reduce avoidable emergency department use and hospital admissions by 25 percent over five years.

"No matter what the amount is, there's always going to be challenges to accomplishing the goals we need to accomplish, but we have good partners," said Tom Quatroche, senior vice president at ECMC. "So whatever the dollar amount, we're committed and our partners are committed to providing better care."

Funding from the state comes from a federal waiver program that included \$6.5 billion for health systems reforms across New York State.

Some funds have already been awarded: Last summer, the state awarded \$462 million to safety net hospitals through the Interim Access Assurance Funds program, including \$20 million to five sites in Western New York. Another \$52 million was allocated last month through the Vital Access Provider Assurance Program, including \$4.2 million to local hospitals.

The exact breakdown for the other PPS across the state has not yet been posted, but individual organizations have begun to announce their allocations. They include the Finger Lakes PPS, a group of 28 hospitals and 3,000 providers led by Rochester Regional Health System and University of Rochester Medicine, which received a \$565 million allocation to serve 300,000 recipients in a 13-county region that includes Allegany, Genesee, Orleans and Wyoming.

All of the PPS groups are waiting to see the upstate/downstate breakdown in awards as they work to finalize their plans by the end of May for submission to the DOH.

"I think we expected more money in this region," said Dennis Horrigan, president & CEO of CMP. "We're trying to figure out the performance requirements and how many resources are coming in. We need to get those resources to the doctors, nurses, pharmacists and community health workers so we can begin to do something."

Al Hammonds, executive director of Millennium, said the funds will be split over five years between administration, funding the projects themselves and providing incentives to providers to achieve the best possible performance.

Each PPS will be required to report their progress to the DOH quarterly to be reviewed, after which payments could be either enhanced or reduced based on the achievements each PPS has set out for itself.

A DOH webinar originally scheduled for Friday to release the maximum valuation results for each PPS has been postponed until next week. Additional information about the allocation process and participating PPS can be found here.

Tracey Drury covers health/medical, nonprofits and insurance

From the Buffalo Business First

[:http://www.bizjournals.com/buffalo/news/2015/05/04/mash-plans-urgent-care-sites-in-niagara-falls.html](http://www.bizjournals.com/buffalo/news/2015/05/04/mash-plans-urgent-care-sites-in-niagara-falls.html)

# MASH plans urgent care sites in Niagara Falls, downtown Buffalo

May 4, 2015, 1:13pm EDT



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The MASH Care Network hopes to bring the first freestanding urgent care facility to the Niagara Falls area with a new facility due to open in third quarter, to be followed later this year by another site in downtown Buffalo.

The company's MASH UrgentCare division already operates seven such sites throughout the region. Other divisions provide transportation and mobility management, emergency department management and care coordination.

Mark Pundt, CEO, said the company is finalizing details on a site near the Military Road/Niagara Falls Boulevard area in Niagara Falls, not far from the Fashion Outlets of Niagara Falls.

"We're looking near the outlet mall with the city nearby, so it's much closer than any other urgent care for those in Niagara Falls," he said.

Also under consideration are sites in downtown near the Buffalo Niagara Medical Campus, which would give the company its first location in the city of Buffalo. MASH houses its corporate offices downtown adjacent to the Buffalo Hyatt and has a transportation center.

With 800 employees across the region, MASH has a growing presence at emergency rooms throughout the region. Its transportation division includes a fleet of 180 vehicles that carries patients home after discharge from the hospital, to and from dialysis and doctor visits as well as to adult day programs.

In late April, the company announced a new partnership with Kaleida Health and Erie County Medical Center to provide care transitions and transportation.

Pundt said the partnership will help hospitals divert patients to more appropriate care outside of emergency departments. In some cases, that will mean care at an urgent care facility or at a primary care physician office.

"We become another arrow in their quiver for alternative, less expensive and more efficient source of care in the community," he said.

The company is also working to launch a MASH call center to take calls from patients and guide them to the most appropriate setting for care, whether that's primary care, urgent care or an emergency room.

Pundt stressed the patients will always have a choice where they go for care and will not be required to use MASH transport or urgent care facilities. Those choices will be made based on patient choice guided by their primary care, specialist providers and affiliated insurance.

"Ultimately the goal is to prove a high-quality, efficient network for patients to receive care where they're in and out quickly," he said. "It could be MASH or another provider."

Tracey Drury covers health/medical, nonprofits and insurance

## ECMC: positive changes, forward thinking

### CPEP is the region's only 24-hour psychiatric emergency program

By Alycia Ripley

According to the National Association of Mental Illness (NAMI), approximately one in every five adults experience mental illness in a given year. One in 25 adults and one in five youth aged 13-18 experiences a mental disorder. For children aged eight to 15, the estimate is 13%, and about 18% of adults experience an anxiety, post-traumatic stress, or obsessive-compulsive disorder.

Here in Buffalo, Erie County Medical Center (ECMC) remains at the forefront in mental health services through its Comprehensive Psychiatric Emergency Program (CPEP). Renovations have expanded its programs and services, and Dr. Michael Cummings, ECMC Executive Director of Behavioral Health and Director of Community Psychiatry at University of Buffalo, is a key player in these new advancements.

In January 2014, ECMC reopened CPEP as the region's only 24-hour psychiatric emergency program. CPEP combines psychiatry, social work, nursing, and community support systems to achieve each patient's highest level of mental health, while successfully reintegrating patients into their natural environments.

CPEP offers early and accurate patient assessments, affordable patient options, and important connections to community-based services such as schools and churches. This comprehensive outlook allows a patient's progress to be followed closely from admission to outpatient care. Dr. Cummings states, "Our goal is to provide comprehensive and complete care, and prepare patients' natural environments to aid in their support, whether that be families or community programs."

Peer advocates are integral to the program. Many are former patients trained to serve as the voice and perspective of an assigned patient. Advocates help physicians better understand patients' physical symptoms and frustrations. The goal is to create a formalized position for these advocates to serve as patient navigators who will identify inpatient and outpatient care needs, treatment, and ensure a personal connection with patients by following up on progress with calls and visits.

Crisis Intervention Teams enhance education and

communication amongst therapists, advocacy groups, and law enforcement agencies.

Law enforcement personnel attend classes to better understand trauma and mental health options. Education helps police identify key symptoms, minimize unnecessary arrests and identify the necessary course of action. Crisis Intervention Teams emphasize 'following through' on patients brought to CPEP. Instead of simply dropping them off, police stay informed on progress and case information.

CPEP patients are treated for bipolar disorders, psychotic episodes, depression, developmental disabilities, and substance abuse. A short-term stay unit exists as well as at-home evaluation and treatment, emergency housing, counseling and medication management follow-up, children's inpatient services, crisis intervention, and a program connecting patients to community resources. Janell Rosati, Director of Special Projects with the UB Department of Psychiatry, adds, "It's an exciting and creative time to be part of CPEP. We are devising new ideas to help increase the level of patient care, hospital efficiency, and mental health community partnerships."

Any individual who feels they or a family member could benefit from CPEP can be brought directly to the program's location at ECMC, 462 Grider Street, Buffalo, 14215, or call 716-898-3462 for more information. Learn more at [www.ecmc.edu](http://www.ecmc.edu).

**About the Author:** Alycia Ripley is a local freelance writer and an award-winning novelist. Learn more at [www.alyciaripley.com](http://www.alyciaripley.com).





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[editor@bfohealth.com](mailto:editor@bfohealth.com)

leader, supporter of Women & Children's Hospital, and successful businessman who was the founder and former chairman of Mark IV Industries.

The City of Buffalo Planning Board has approved the helipad project. Kaleida Health is also in the process of seeking approvals from

and Goodrich Streets across from the Buffalo General Medical Center.

The historic project will right-size and consolidate services in a 12-floor, 183-bed, free-standing, modern facility on the Buffalo Niagara Medical Campus. It will be an integral part of the campus, linking with Buffalo General, the Gates Vascular Institute, Roswell

1 Pediatric Trauma Centers in and for Western New York. The sickest babies and children come to the hospital for care, either directly or through transfers from other hospitals. Without the resources available at Women & Children's Hospital of Buffalo, these young patients would have to travel out of area for care.



## ECMC Opens 22 Private Orthopedic Rooms

Erie County Medical Center in March cut the ribbon on a \$12.5 million expansion in the main hospital building to provide 22 state-of-the-art, in-patient, private rooms for orthopedic patient recovery.

The new rooms, approved by the state Health Department, support two continuing trends at the Grider Street health campus: Dramatic growth in orthopedic surgeries — elective and especially joint replacement — and an ongoing revamping of the hospital's physical plant to better meet patient expectations, comfort and care.

"These rooms are as fine as any private hospital rooms in any hospital in the region," said Richard C. Cleland, ECMC president, chief operating officer and interim CEO. "The demand for these rooms will be met by our growing number of orthopedic patients, especially elective surgeries."

The rooms, in two units, represent a re-distribution not affecting ECMC's total bed count.

They are dedicated to Buffalo restaurateur, philanthropist and former patient Russell J. Salvatore, who contributed \$500,000 to the project. It will be called the Russell J. Salvatore Orthopaedic Unit. The contribution, to the ECMC Lifeline Foundation, is the single largest gift it ever received.

"Russ has been an amazing benefactor to ECMC, adding his largesse to these rooms as he did in supplying new televisions to many of our surgical in-patient rooms a few years ago," Cleland added. "He knows how much these new rooms mean to our staff, our patients and their families."

# Program helps priests stay safe on the road

By KIMBERLEE SABSHIN  
St. P. reporter

In order to keep the growing diocesan population of retired priests safe and ensure the safety of all who use Western New York's streets and expressways, the diocese has teamed with the Erie County Medical Center in Buffalo to make sure priests, ages 80 and older, stay safe on the road.

For 30 years, ECMC has offered a driver rehabilitation program to help Western New York seniors and their families make decisions about safe driving. It includes a two-part assessment with both an in-clinic and behind-the-wheel evaluation. Under supervision of an occupational therapist with advanced training in driver rehabilitation, drivers either pass, pass with

6 *We look at a person's ability to continue driving, or resume driving after any illness, injury or functional age related decline.* 9

restrictions or fail. In the latter two instances, ECMC offers help for the driver in making adjustments or providing alternate options for transportation.

The diocese went to ECMC with questions about its program because of concern for the driving safety of

elderly priests.

"Basically, we look at a person's ability to continue driving, or resume driving after any illness, injury or functional age-related decline," said Lisa Thorpe, occupational therapist and supervisor for outpatient rehabilitation at ECMC. "In the area of the priests, it was age and functional decline impacting their driving performance."

John Scholl, director of insurance services for the Diocese of Buffalo, said implementing the program came as the result of months of planning and meetings. A task force looked into a number of issues involving retired priests, one of which was driving after a certain age level. The need for testing was magnified by the fact that the diocese is responsible for insuring vehicles that the priests drive.

Following Bishop Richard J. Malone coming on board, and then Bishop Edward M. Grosz taking over, he kind of ran with this as part of the whole priest retirement benefits," Scholl said.

Scholl, who was in charge of planning the driver evaluation program, said the diocese

looked at several alternatives and decided that ECMC's program was the best. Thorpe and another occupational therapist, Maria McLaughlin, gave a presentation on the highlights of the program. The diocese decided to begin testing at the age of 80 and every three years thereafter.

The diocese had a total of 34 priests go through the driver rehabilitation program. As priests turn 80, they are notified they need to complete the evaluation. Father Donald Measer, priest-in-residence at St. Amelia Parish in Tonawanda, was one priest who had participated in the program.

"The lady that I was with was very helpful, and I had a lot of respect for her," he said, although the program's stipulation that he use a car ECMC provided, rather than his own car, made it more difficult for him. Although he passed, he received a restriction on nighttime driving.

"The program can reevaluate our ability to drive," Father Measer said. "Probably some of us, at our age, ought not to drive."

Father Walter Matuszak received a restriction on nighttime and expressway driving. He said the testing was very thorough and he learned something new about his driving.

"I thought I was a pretty good driver," Father Matuszak said. "I'm 83 years of age, but my eyes are getting dim. You don't realize this as you are

going along. The examiner said it would be better if I didn't drive at night."

In addition to this program, the diocese also promotes proactive risk management in diocesan schools, churches and other institutions, and offers New York State's six-hour defensive driving course to all priests at no cost. Scholl said the majority of the feedback he has gotten from ECMC and priests, about the driver rehabilitation program, has been positive.

"Not every single bit of it was good, as you would expect," Scholl said. "It's a tough situation, but I would say overall, the feedback has been very, very positive. They agree it's good to do this. A lot of them were saying they were relieved. A lot of them felt very uncomfortable driving. I think it really shows a whole proactive approach in the risk-management arena."

Thorpe said that ECMC offers the same thing to the general community.

"We're an aging community in Western New York," Thorpe said. "Erie County outpaces New York State and the national average for our aging population. This is a program the diocese chose to use, but really it's beneficial to the entire Western New York community."

For more about ECMC's driver rehabilitation program, call 716-898-4347 or email [thorpe@eriemc.org](mailto:thorpe@eriemc.org).

From the Buffalo Business First

:<http://www.bizjournals.com/buffalo/news/2015/04/22/ubmd-ortho-rochester-firm-to-test-3d-imaging-at.html>

## UBMD Ortho, Rochester firm to test 3D imaging at ECMC

Apr 22, 2015, 10:11am EDT



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In partnership with a Rochester medical diagnostics manufacturer, UBMD Orthopaedics & Sports Medicine will begin clinical studies on a new 3D imaging system at **Erie County Medical Center**.

The investigational studies, to be held in tandem with Carestream Health of Rochester, will focus on the imaging system's use for treating individuals with orthopaedic conditions.

The cone beam CT system is designed to allow hospitals, clinics and sports medicine providers to get more focused images of knees, legs, arms, feet and hands.

According to Carestream, the system uses less radiation than traditional CT imaging technology, plus it's compact and portable.

The studies at ECMC are intended to help determine if the technology improves patient outcomes, how it affects the patient experience, as well as how the technology can be further developed to deliver higher quality images to assess such conditions as traumatic brain injuries.

The 3D scanner could have broad applications for orthopaedics and sports medicine, said Dr. John Marzo, a physician with UBMD Ortho and an associate professor of clinical orthopaedics at the **University at Buffalo** School of Medicine & Biomedical Sciences.

UBMD Ortho began working with Carestream on the project last year.

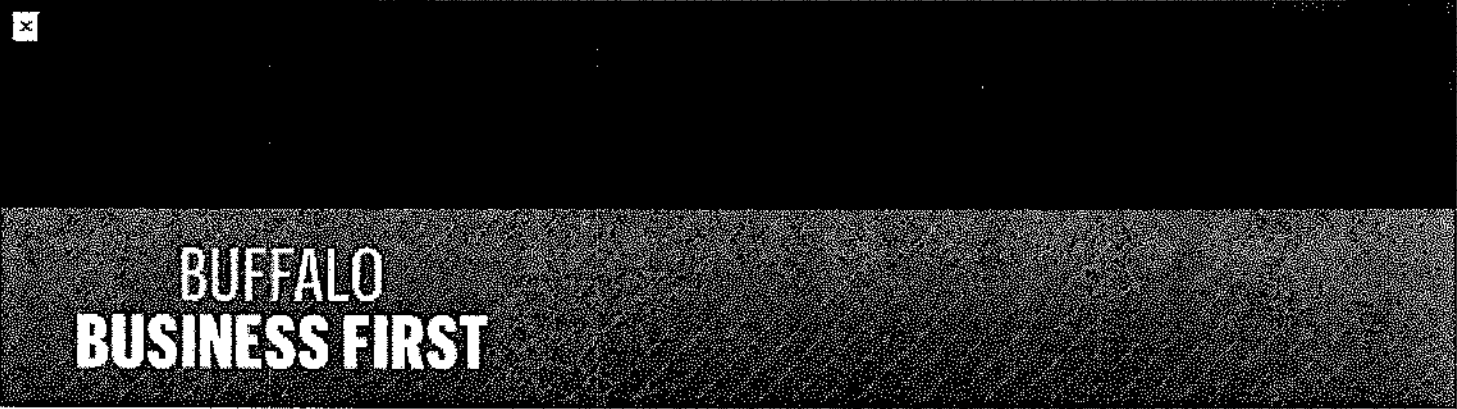
A second collaborative project is in the planning stages to validate how well the device measures the knee joint, which could be valuable in different clinical situations, he said.

Carestream and UBMD Ortho are also working with the **Buffalo Bills** to develop an advanced medical imaging system to provide early detection of brain injuries.



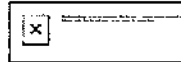
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## Afternoon Edition April 22, 2015

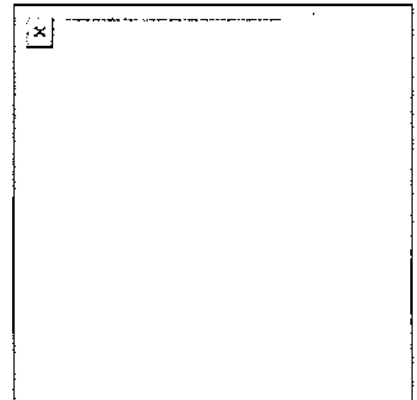
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