

# BOARD OF DIRECTORS

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Kevin Prantikoff, M.D.  
Joseph A. Zizzi, Sr., M.D.

~ Regular Meeting ~



## ERIE COUNTY MEDICAL CENTER CORPORATION

**Tuesday, September 25, 2012**

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

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



# Mission

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

# Vision

## **ECMC WILL BE A LEADER IN AND RECOGNIZED FOR:**

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

The difference between healthcare and true care™





# Core Values

## **ACCESS**

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

## **EXCELLENCE**

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

## **DIVERSITY**

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

## **FULFILLING POTENTIAL**

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

## **DIGNITY**

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

## **PRIVACY**

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

## **FAIRNESS and INTEGRITY**

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

## **COMMUNITY**

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

## **COLLABORATION**

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

## **COMPASSION**

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

## **STEWARDSHIP**

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

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healthcare and true care™



AGENDA FOR THE  
REGULAR MEETING OF THE BOARD OF DIRECTORS  
ERIE COUNTY MEDICAL CENTER CORPORATION

TUESDAY, SEPTEMBER 25, 2012

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I.	CALL TO ORDER: KEVIN M. HOGAN, ESQ., CHAIR	
II.	APPROVAL OF MINUTES OF AUGUST 28, 2012 REGULAR MEETING OF THE BOARD OF DIRECTORS	5-21
III.	RESOLUTIONS MAY BE DISTRIBUTED TO THE BOARD OF DIRECTORS DURING THE MEETING ON SEPTEMBER 25, 2012.	
IV.	REPORTS FROM STANDING COMMITTEES OF THE BOARD:	
	EXECUTIVE COMMITTEE: KEVIN M. HOGAN, ESQ. CHAIR	----
	FINANCE COMMITTEE: MICHAEL A. SEAMAN	23-25
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V.	REPORTS FROM SENIOR MANAGERS OF THE CORPORATION:	
	A. CHIEF EXECUTIVE OFFICER	30-34
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# Minutes from the



## Previous Meeting

ERIE COUNTY MEDICAL CENTER CORPORATION

MINUTES OF THE REGULAR MEETING  
OF THE BOARD OF DIRECTORS

TUESDAY, AUGUST 28, 2012

ECMCC STAFF DINING ROOM

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Voting Board Members  
Present:

Kevin M. Hogan, Esq.,  
Chair  
Bishop Michael A. Badger  
Douglas H. Baker  
Richard F. Brox  
K. Kent Chevli, M.D.  
Kevin E. Cichocki, D.C.

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

Voting Board Member  
Excused:

Ronald A. Chapin  
A. Zizzi, Sr., M.D.

Non-Voting Board  
Representatives Present:

Jody L. Lomeo  
Michael Hoffert

Kevin Pranikoff, M.D.

Also  
Present:

Mark C. Barabas  
Richard Cleland  
Anthony Colucci, III, Esq.  
Leslie Feidt  
Susan Gonzalez

Susan Ksiazek  
Charlene Ludlow  
Kathleen O'Hara  
Michael Sammarco  
Karen Ziemianski  
Janet Bulger, CSEA

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**I. CALL TO ORDER**

Chair Kevin M. Hogan, Esq. called the meeting to order at 4:40 P.M.

**II. APPROVAL OF MINUTES OF THE JULY 31, 2012 REGULAR MEETING OF THE BOARD OF DIRECTORS.**

Moved by Frank Messiah and seconded Michael A. Seaman to approve the minutes of the July 31, 2012 regular meeting of the Board of Directors as presented.

**Motion approved unanimously.**

**III. ACTION ITEMS**

**A. A Resolution Authorizing a Donation to the ECMC Lifeline Foundation in Support of Primary Care**

Moved by Sharon L. Hanson and seconded by Bishop Michael Badger.

**Motion Approved Unanimously.** Copy of resolution is attached.

B. A Resolution Authorizing Funding for Grider Community Gardens.  
Moved by Dietrich Jehle, MD and seconded by Michael A. Seaman.  
**Motion Approved Unanimously.** Copy of resolution is attached.

C. Approval of Medical/Dental Staff Credentials, Resignations, Appointments and Re-Appointments of August 7, 2012.  
Moved by Sharon L. Hanson and seconded by Kevin Cichocki, DC.  
**Motion approved unanimously.** Copy of resolution attached.

**IV. BOARD COMMITTEE REPORTS**

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

**Motion approved unanimously.**

**V. PRESENTATIONS**

MARK C. BARABAS, PRESIDENT & CHIEF OPERATING OFFICER

Mr. Barabas provided an update of the Strategic Plan, Goal #9 – Developing a Primary Care network which included: Clinic Expansion and Operational Improvements, Develop Retail Strategy and Chronic Disease Management.

DR. BRIAN MURRAY, CHIEF MEDICAL OFFICER

Dr. Murray briefly presented data from the last QI meeting regarding Hand Surgery, Behavioral Health, Environmental Services, Nursing, Long-Term Care and Respiratory Services.

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

- A. Chief Executive Officer:
- B. President & Chief Operating Officer:
- C. Chief Financial Officer:
- D. Sr. Vice President of Operations:
- E. Sr. Vice President of Operations:
- D. Chief Medical Officer Report:
- G. Associate Medical Director Report:
- H. Senior Vice President of Nursing:
- I. Vice President of Human Resources:
- J. Chief Information Officer:
- K. Sr. Vice President of Marketing & Planning:

L. Executive Director, ECMC Lifeline Foundation:

1) Chief Executive Officer: Jody L. Lomeo

- The hospital has been extremely busy and is currently running in the area of 92-96 percent occupancy. Though ECMC is busy, managing expenses remains a priority.
- Mr. Lomeo has initiated an evaluation of campus security and has engaged the services of professionals to assist in that regard.
- CSEA overwhelmingly rejected the tentative collective bargaining agreement that was developed through negotiation earlier this year.
- GLH – ECMC and Kaleida teams continue to coordinate Cardiovascular Services with the GVI for the ECMC campus and have made significant progress.
- We have been working with Kaleida to transition the Behavioral Health program from Kaleida to an ECMC program sooner rather than later.
- The mammography bus is busy and continues to be an overwhelming success.
- Long Term Care Facility – The facility is on time and will be ready to open in February 2013.

Mr. James Kaskie announced that Millard Fillmore Gates Circle Hospital property will be redeveloped into a school of veterinary medicine and hospital.

2) Chief Financial Officer: Michael Sammarco

A summary of the financial results through July 31, 2012 and a Quarterly Financial Statement and projected statement of Yearly Cash Flows are attached in the Board Book for review.

Moved by Douglas Baker and seconded by Anthony Iacono to receive and file the July 31, 2012 reports as presented by the Corporation's Management.

**The motion was approved unanimously.**

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

Moved by Douglas Baker and seconded by Anthony Iacono to enter into Executive Session at 5:55 P.M. to consider matters made confidential by law, including certain compliance-related matters, strategic investments and business plans.

**Motion approved unanimously.**



ERIE COUNTY MEDICAL CENTER CORPORATION

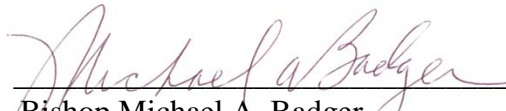
**VIII. RECONVENE IN OPEN SESSION**

Moved by Anthony Iacono and seconded by Bishop Michael A. Badger to reconvene in Open Session at 6:15 P.M.

**Motion approved unanimously.**

**IX. ADJOURNMENT**

Moved by Dietrich Jehle, MD and seconded by Kevin Cichocki, DC to adjourn the Board of Directors meeting at 6:15 P.M.

  
\_\_\_\_\_  
Bishop Michael A. Badger  
Corporation Secretary

**A Resolution Approving a Donation to the  
ECMC Lifeline Foundation in Support of Primary Care**

Approved August 28, 2012

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WHEREAS, the 2012 Strategic Plan of the Corporation identified the continued development and expansion of the Corporation's primary care network as a goal; and

WHEREAS, the Corporation, directly or indirectly through related entities, has supported primary care initiatives serving both the community surrounding the Grider Street Health Campus and other parts of Western New York; and

WHEREAS, the Corporation desires to continue its commitment to primary care and welcomes the involvement of the ECMC Lifeline Foundation in supporting the delivery of primary care to the community; and

WHEREAS, the Finance Committee of the Board of directors has considered the provision of primary care and has recommended that the Corporation donate \$350,000 to aid the ECMC Lifeline Foundation in funding primary care in the community;

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

1. The Corporation is authorized to contribute \$350,000 to the ECMC Lifeline Foundation to be used by the ECMC Lifeline Foundation for primary care in Western New York.
2. This resolution shall take effect immediately.



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Bishop Michael A. Badger  
Corporation Secretary

**A Resolution Approving Funding for  
Grider Community Gardens**

Approved August 28, 2012

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WHEREAS, the Corporation is authorized by New York Public Authorities Law to operate and fund certain activities through subsidiaries; and

WHEREAS, the Corporation has created Grider Community Gardens, LLC to acquire and maintain certain properties adjacent to the Grider Street Health Campus of the Corporation; and

WHEREAS, Grider Community Gardens, LLC has no regular source of revenue, though it does incur expenses in maintaining the properties it has acquired; and

WHEREAS, the Chief Financial Officer of the Corporation has determined that Grider Community Gardens, LLC needs approximately \$10,000 in order to pay the expenses related to maintaining the properties through year-end 2012;

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

1. The Corporation is authorized to transfer up to \$10,000 to Grider Community Gardens, LLC.
2. This resolution shall take effect immediately.



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Bishop Michael A. Badger  
Corporation Secretary

**CREDENTIALS COMMITTEE MEETING**  
**August 7, 2012**

**Committee Members Present:**

Robert J. Schuder, MD, Chairman, (teleconference) Timothy G. DeZastro, MD

Brian M. Murray, MD (ex officio)

Andrew J. Stansberry, RPA-C

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

Jeanne Downey, Appointment Specialist

Emilie Kreppel, Practice Evaluation Specialist

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

Elizabeth O'Connor, Reappointment Specialist

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

Yogesh D. Bakhai, MD (ex officio) \*

David G. Ellis, MD (ex officio) \*

Gregg I. Feld, MD \*

Richard E. Hall, DDS PhD MD FACS \*

Dietrich V. Jehle, MD (ex officio) \*

Joseph M. Kowalski, MD (ex officio) \*

Philip D. Williams, DDS \*

**CALL TO ORDER**

The meeting was called to order at 3 PM by Dr. Robert J. Schuder. The proceedings from the previous meeting of July 3, 2012 were reviewed and accepted.

**RESIGNATIONS**

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

A. Deceased – None

B. Application Withdrawn – Nestor Rigual, MD

C. Resignations:

Sandeep R. Singh, MD

Internal Medicine

as of June 28, 2012

Ian M. Brown, RPA-C

Internal Medicine

as of July 12, 2012

Stephanie L. Weldy, ANP

Internal Medicine

as of July 12, 2012

Zena S. Hyman, ANP

Family Medicine

as of July 13, 2012

Henry D. Reyes, MD

Gynecology & Obstetrics

as of July 31, 2012\*

*Based on notification from practice plan. No response to mailings; Credentials Committee recommends telephone and e-mail outreach.*

**APPLICATION PROCESSING CONCLUSION**

**Psychiatry**

Elizabeth Vucic, PNP

Allied Health Professional

*Locum Tenens issued temporary privileges to meet immediate patient care needs. Subsequently determined to not be a permanent solution and departed ECMC 7/31/12.*

**CHANGE IN STAFF CATEGORY**

**Emergency Medicine**

Ronald M. Moscatti, MD

Active Staff to Leave of Absence

*endorsed by CMO pending receipt of written notification as defined in policy*



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**Internal Medicine**

Ziya Bilan, MD

Active Staff to Courtesy Staff, *Refer and Follow*

**Neurology**

Robert N. Sawyer, MD

Active Staff to Courtesy Staff, *Refer and Follow*

**Radiology**

David A. Paul, MD

Active Staff to Courtesy Staff, *Refer and Follow*

**CHANGE IN DEPARTMENT**

Kirsten Parker, ANP

**from** Family Medicine **to** Internal Medicine

*Collaborating MD: Dr. Christopher Jacobus*

**CHANGE IN COLLABORATING PHYSICIAN**

**Internal Medicine**

Helen Doemland, RPA-C

from Dr. Nancy Ebling to Dr. Christopher Jacobus

Lisa Kalinka, ANP

from Dr. Larisa Meras to Dr. Riffat Sadiq

Kirsten Parker, ANP

from Dr. David Eubanks to Dr. Christopher Jacobus

**Obstetrics and Gynecology**

Kirsten Smith, CNP

from Dr. Lawrence Gugino to Dr. Christian Dolensek

**ADDITIONAL COLLABORATING/SUPERVISING ATTENDIING**

**Family Medicine**

David A. DaPolito, RPA-C

*Supervising MD: Dr. Mohammadreza Azadfard*

**PRIVILEGE ADDITION**

**Family Medicine**

David A. DaPolito, RPA-C

*Supervising MD: Dr. Mohammadreza Azadfard*

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

**Internal Medicine**

Muhammad I. Achakzai, MD

- Lumbar Puncture

DeMaris A. Wilson, ANP

*Collaborating MD: Dr. Yahya Hashmi*

- Intensive Care Unit Privileges (group of nine privileges)  
for Nurse Practitioner collaboration with Hospitalist Physician

*Refer to June Credentials Committee minutes.*

**Surgery**

Charles E. Wiles, III, MD

- Intravenous pyelography
- Needle biopsy of superficial tissue (testes, thyroid, breast, etc.)
- Pancreaticoduodenectomy
- Major biliary reconstructive surgery
- Testes – incise or excise
- Spermatic Cord – hydrocele or varicocele excision
- Minor procedures on vulva and vagina (bartholin cyst, abscess, biopsy, etc.)
- Hysterectomy, abdominal
- Ovaries & Tubes – incision or excision
- Pacemakers open
- Pericardiectomy
- Open AV access, Tunneled Catheter Placement

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- Bronchoscopy, rigid
- Orchiectomy
- Wound Care (core privilege for surgeon)

**Urology**

John DeBerry, MD

*The committee notes that the Urology Chief of Service did recommend the privilege requests of Dr. DeBerry listed in the July Credentials Committee deliberations.*

**FOR OVERALL ACTION**

**PRIVILEGE WITHDRAWAL**

**Internal Medicine**

Chiu-Bin Hsiao, MD

- Anoscopy

Adel S. Sulaiman, MD

- Anoscopy

Joel S. Nowortya, RPA-C

*Supervising MD: Dr. Cindrea Bender*

- Privileges requested for the MICU
- Perform Intensive Care history and physical exam and write-up
- Initial Intensive Care patient assessment and initial orders
- Follow-up Intensive Care visits, evaluation, and orders

Joseph M. Rasnick, ANP

*Collaborating MD: Dr. Muhammad Achakzai*

- Chest Tube Placement, ACLS Certified

**Ophthalmology**

Pradeepa Yoganathan, MD

- Anterior Segment Surgery
- Penetrating Keratoplasty

**FOR OVERALL ACTION**

**APPOINTMENTS AND REAPPOINTMENTS**

A. Initial Appointment Review (10)

B. Reappointment Review (12)

Ten initial appointment and twelve reappointment requests were presented to the Credentials Committee for review. The dossiers were found to be in order and are endorsed to the Medical Executive Committee for its approval with comments (if any) as indicated.

**APPOINTMENT APPLICATIONS, RECOMMENDED**

A. Initial Appointment Review (10)

**Emergency Medicine**

Torsten Behrens, MD

Active Staff

Sarah Nienburg, RPA-C

Allied Health Professional

*Supervising MD: Dr. Brian Clemency, DO*

**Family Medicine**

James Hohensee, MD

Active Staff

Edward Metzger, ANP

Allied Health Professional

*Collaborating MD: Dr. Stephen Evans*

**Internal Medicine**

Jyotsna Bhatnagar, MD

Active Staff

Alyssa Shon, MD

Active Staff

Scott Stewart, MD

Active Staff

**Neurology**

Margaret Umhauer ANP

Allied Health Professional

*Collaborating MD: Dr. Richard Ferguson*

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David Diina, ANP Allied Health Professional

*Collaborating MD: Dr. Richard Ferguson*

**Orthopaedic Surgery**

Stacy Heiler, RPA-C Allied Health Professional

*Supervising MD: Dr. Paul Paterson*

**FOR OVERALL ACTION**

**REAPPOINTMENT APPLICATIONS, RECOMMENDED**

**B. Reappointment Review (12)**

**Dentistry**

Kevin M. Apolito, DDS Active Staff

**Emergency Medicine**

James A. Hurd, RPA-C Allied Health Professional

*Supervising MD: Dr. Gerald Igoe*

**Internal Medicine**

Muhammad I. Achakzai, MD Active Staff

Aravind Herle, MD Courtesy Staff, *Refer and Follow*

Lisa B. Hoffman, MD Courtesy Staff, *Refer and Follow*

Alfredo U. Kua, MD Active Staff

**Psychiatry**

Calvert G. Warren, MD Active Staff

**Radiology**

David A. Paul, MD Courtesy Staff, *Refer and Follow*

**Rehabilitation Medicine**

Tat S. Fung, MD Active Staff

**Surgery**

Samuel Shatkin Jr, MD Associate Staff

Charles E. Wiles, MD Active Staff

Jeffrey M. Park, RPA-C Allied Health Professional

*Supervising MD: Dr. George Blessios*

**FOR OVERALL ACTION**

**PROVISIONAL APPOINTMENT REVIEW, RECOMMENDED**

As required by the bylaws, the Credentials Committee and the respective Chiefs of Service are reviewing Provisional Staff members for movement to the PERMANENT STAFF. Candidates shall be presented to the Medical Executive Committee. Approval of this action will allow initiation of the regular reappointment review to be conducted every two years. (An alternate option includes DEFERRAL and EXTENSION for up to one year to acquire additional data.)

Any individual not recommended to PERMANENT appointment by the Chief of Service shall require specific written documentation of deficiencies with a recommendation to the Executive Committee for the revocation and termination of clinical privileges based on standards imposed by Part Three of the Credentialing Procedure Manual. Members not recommended, if any, are presented to the Executive Committee sessions for discussion and action.

The following members of the Provisional Staff from the 2011 period are presented for movement to the Permanent Staff in 2012 on the date indicated. Notification is sent to the Chief of Service at least 60 days prior to expiration of the provisional period.

**August 2012 Provisional to Permanent Staff**

**Provisional Period Expires**

**Emergency Medicine**

Lynch, Joshua, Jeremiah, DO Active Staff

08/29/2012

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**Family Medicine**

King, Stella, MD MHA Active Staff 08/29/2012  
 Bilen, Ziya, MD Courtesy Staff, *Refer and Follow* 08/29/2012

**Internal Medicine**

Chaudhuri, Ajay, MBBS Active Staff 08/29/2012  
 Dhindsa, Sandeep, S., MD Active Staff 08/01/2012  
 Makdissi, Antoine, MD Active Staff 08/29/2012  
 McCrea III, Harry, E., MD Active Staff 08/01/2012

**Oral and Maxillofacial Surgery**

Nigalye, Sanil, Balkrishna, DDS MD Active Staff 08/29/2012

**Orthopaedic Surgery**

Gurske-Deperio, Jennifer, MD MS PT Active Staff 08/29/2012

**Plastic and Reconstructive Surgery**

Gerretsen, Carly, Ann, MSN FNP Allied Health Professional 08/01/2012  
*Collaborating Physician: Dr. Thom Loree*

**Psychiatry**

Quinlan, Kathleen, MD Active Staff 08/29/2012

**Urology**

Barlog, Kevin, J., MD Active Staff 08/29/2012

*The committee recommends movement to the Permanent staff for the above members.*

**Urology**

Roehmboldt, John, M., MD Active Staff 08/29/2012

*The committee recommends deferral of the movement to Permanent staff pending the receipt of additional information; a letter to be issued by the Credentials Chair.*

**FOR OVERALL ACTION**

***AUTOMATIC MEMBERSHIP CONCLUSION, RECOMMENDED***

**Expiring in November 2012 Last Board Approval Date**

**Internal Medicine**

Corbelli, John, C., MD Active Staff 11/01/2010  
 Rozmus, Grzegorz, P., MD Associate Staff 11/01/2010

**Radiology**

Bednarek, Daniel, Raymond, PhD Allied Health Professional 11/01/2010

*The committee restates the minutes of the June MEC meeting: there is no requirement for contracted radiation physicists to be members of the medical-dental staff. Member has opted to voluntarily conclude in good standing.*

**Reappointment Expiration Date: November 1, 2012**  
**Planned Credentials Committee Meeting: August 7, 2012**  
**Planned MEC Action date: August 27, 2012**  
**Planned Board confirmation by: September 25, 2012**  
**Last possible Board confirmation by: October 30, 2012**

**FOR OVERALL ACTION**

***FUTURE MEMBERSHIP CONCLUSION, UNDER CONSIDERATION***

**Expiring in December 2012 Last Board Approval Date**

**Cardiothoracic Surgery**

Wittman-Klein, Sharon, R., RPA-C Allied Health Professional 12/01/2012  
*Supervising Physician: Dr. Bell-Thomson*

**Family Medicine**



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Mohiuddin, Mohammed, A., MD	Active Staff	12/01/2012
<b>Gynecology/Obstetrics</b>		
Mauricio, Dennis, A., MD	Active Staff	12/01/2012
<b>Internal Medicine</b>		
Abbatessa, Laurie, ANP	Allied Health Professional	12/01/2012
<i>Collaborating Physician: Dr. Chiu-Bin Hsiao</i>		
Klinkova, Olga, V., MD	Active Staff	12/01/2012
<b>Neurology</b>		
Ferguson, Richard, E., MD	Active Staff	12/01/2012
<b>Ophthalmology</b>		
Fasiuddin, Airaj, F., MD	Active Staff	12/01/2012

**Reappointment Expiration Date: December 1, 2012**  
**Planned Credentials Committee Meeting: September 4, 2012**  
**Planned MEC Action date: September 24, 2012**  
**Planned Board confirmation by: October 30, 2012**  
**Last possible Board confirmation by: November 27, 2012**  
**FOR INFORMATION ONLY**

**OLD BUSINESS**

**Physician Board Certification**

Following the recommendation of the Credentials Committee, and the opportunity for discussion at the July Medical Executive Committee and Board of Directors meetings, the following addition to the Credentials Procedures was approved unanimously by both bodies:

*In the event that the appointee has failed to achieve board certification as outlined in Section 2.2.1.6 of the medical-dental staff bylaws or has failed to maintain such board certification, the appointee will be granted a one time 4 year grace period to remediate. The appointee will be notified of such in writing by the Chair of the Credentials Committee and the President of the Medical-Dental Staff. If the appointee fails to achieve board (re)certification during this time frame, he may apply to the Medical Executive Committee for a waiver as described in Section 2.2.1 of the medical-dental staff bylaws.*

The Chair of Credentials Committee shall draft the template for the above listed written notification to be used moving forward.

**Cardiology Coverage by Hospitalist Mid-Levels**

Since the last meeting, there has been no update on the liability insurance coverage and designation of supervising cardiologists. ECMCC continues to provide coverage and the number of involved midlevels held at a minimum until the matter is resolved.

**Continuing Education for Hyperbaric Oxygen Therapy**

As part of the credentialing criteria adopted by the Medical Executive committee in January 2011, applicants granted this privilege are required to complete related continuing education of a minimum of 12 hours every two years. Applicants who have received the privilege will be reminded in writing of the requirement by the Credentials Chair and asked to provide documentation of completion. The letters are to be cc'd to the Surgery Chief of Service, Wound Center Medical Director, Executive Manager and CMO.

**Temporary Privilege Tracking Report**

The current tracking matrix was reviewed and is attached.

**OVERALL ACTION REQUIRED**

**NEW BUSINESS**

**Privilege Form Change– Emergency Medicine Midlevel Practitioners**

The Chief of Service, Emergency Medicine has requested the removal of the department requirement for BLS certification for its Nurse Practitioners and Physician Assistants, as maintenance of BLS is no longer required for ACLS certification. The committee therefore endorses the following revision:

ERIE COUNTY MEDICAL CENTER CORPORATION

<b>Emergency Medicine Nurse Practitioner Privilege Delineation</b> <b>Emergency Medicine Physician Assistant Privilege Delineation</b>		Medical Staff Office use: <del>BLS Expiration date:</del> ACLS Expiration date:
Requested by applicant (Y/N)	Recommended by Chief of Service (Y/N)	
_____	_____	19. <del>BLS</del>
Submit documentation of current <del>BLS &amp;</del> ACLS certification		

**Cardiothoracic Surgery ACLS credentialing criteria**

Similar to the recent change by the Department of Surgery, at the request of the Cardiothoracic Surgery Chief of Service, the requirement for ACLS certification for Open Airway Maintenance should be reconsidered as a core competency and deleted for physician applicants. The committee therefore endorses the following revision:

Cardiothoracic Physician Form Revision		
Requested by applicant Y / N	Recommended by Chief of Service Y / N	<b>Procedure</b> Maintenance of Open Airway in Non-intubated, Unconscious Patient with Ventilation by a Bag or Mask ( <del>ACLS-certified</del> )
_____	_____	

**Privilege Form Revision – Internal Medicine – Critical Care**

The Chief of Service, Internal Medicine has requested the revision of the subspecialty Critical Care privilege form to clarify the understanding and positioning of emergency procedures. Instead of specific delineated and requested emergency privileges, the concept any physician to provide life saving skills in an emergency is promoted. Examples will be indicated on all Internal Medicine cover sheets and specific requests for various “emergency privileges” will be removed from the Critical Care form:

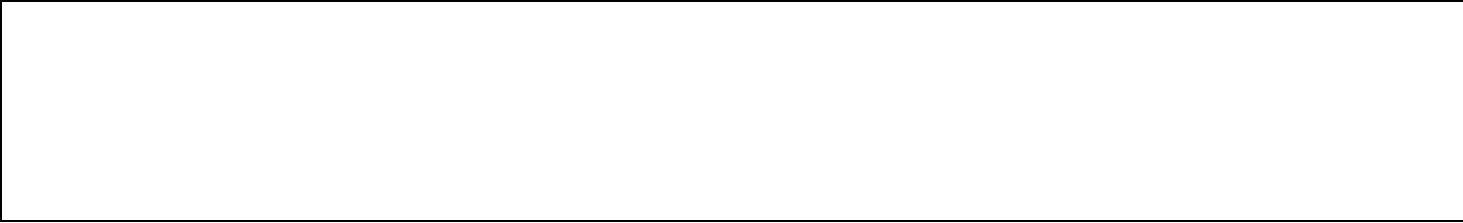
**e. Emergency Privileges:** As defined in the Medical-Dental Staff Bylaws, in the case of an emergency, any practitioner, to the degree permitted by his or her license, regardless of Clinical Service, staff status or privileges, to save the life of a patient or save a patient from serious harm, **for example, Pneumothorax Management with emergency needle; Cardioversion, emergency; Pericardiocentesis, emergency; Emergency tracheostomy, cricothyrotomy or needle tracheostomy, et. al.**

INTERNAL MEDICINE – Critical Care Medicine			Chief of Service action:		
INTERNAL MEDICINE – CRITICAL CARE LEVEL II PROCEDURAL PRIVILEGES	Init/Reap Volume	Physician Request	Recommend		If Yes, indicate any requirements; If No, provide details. See p. 6
			YES	NO	
<del>Pneumothorax Management, with Emergency Needle (See Critical Care form Level II for Chest Tube insertion)</del>	<del>3/</del>				
<del>Cardioversion, emergency</del>					
<del>Pericardiocentesis, emergency</del>					
<del>Emergency tracheostomy, cricothyrotomy, needle tracheostomy</del>					

**Privilege Form Clarification: Internal Medicine Palliative Care Nurse Practitioner**

A recent review of the credentialing criteria for Internal Medicine Palliative Care NP’s suggested that experience qualifications should be more specific. The committee endorses the following change:

<p><b>PALLIATIVE CARE CREDENTIALING CRITERIA &amp; REQUIREMENTS (Nurse Practitioner)</b></p> <ul style="list-style-type: none"> <li>- The Nurse Practitioner must be affiliated with a palliative care organization.</li> <li>- Qualifications shall include at least ½ year of <b>ADD: Palliative Care</b> experience</li> <li>- The collaborating physician shall possess palliative care privileges.</li> <li>- The collaborating physician or other physician member of the same palliative care organization must have seen the patient either prior to the initial NP visit or within 24 hours afterwards.</li> </ul>
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**Privilege Form Revisions**

**INTERNAL MEDICINE**

Work has begun on the Internal Medicine midlevel privilege forms. To enhance efficiencies of process, the consolidation of the NP and PA privilege forms under the title of “Allied Health Professional” is proposed. Research through industry leaders finds no regulatory or accrediting prohibition to this approach. If successful, this standard will be applied across all clinical departments.

**UROLOGY**

A rough draft has been submitted to the Chief of Service for review and revision.

**ORTHOPAEDICS**

The Chief of Service has been engaged to compare the ECMC and KH forms and propose means to harmonize and evolve our format to a core/cluster template.

**Delegated Credentialing**

The Medical-Dental Staff Office has been asked to participate in another delegated credentialing audit with WellCare. The insurer has also added ongoing reporting requirements. As this is important to the medical center, the MDSO has volunteered to take on the initial reporting responsibilities. The first report is due by September 1<sup>st</sup> and the audit will be scheduled for some time in October.

**Palliative Care**

An increase in applicants within the Palliative Care service has been noted with the finalization of a contract with Hospice.

**Mobile Mammography Unit**

Discussion arose whether ECMC staff membership was required for providers in the Mobile Mammography Unit. As per Dr. DeZastro, the service is a wholly owned subsidiary of the Lifeline Foundation and involved providers and therefore credentialing through the ECMC medical-dental staff is not required.

**OPMC Notification**

The Medical-Dental Staff Office staff as per policy accesses select practitioner sanction databases on a regularly scheduled basis for due diligence of corporate compliance and patient safety. A process has been established to partner with the ECMCC Patient Safety Officer to review the OPMC notifications. These activities are recorded in the MDSO records for the purposes of accreditation and delegated credentialing.

A recently received notification was reviewed by the committee. The assessment and plan of his clinical Chief of Service was reviewed and noted.

**Employed members of the Medical-Dental Staff**

An increase in the number of Medical-Dental Staff members who are ECMC employees has been noted. To ensure that the MDSO and Risk Management departments process these individuals appropriately, a formal request has been made to Human Resources to provide an updated listing every six months.

**Dermatology**

## ERIE COUNTY MEDICAL CENTER CORPORATION

Plans are underway to re-establish dermatology services at ECMC. As the department has been dormant for a number of years, the previous privilege form was issued to the dermatologist applicant. The CMO will endorse this applicant as the Chief of Service. Once on board, current privilege forms will be developed for the department.

### **Erie County Home**

Changes in medical leadership of the Erie County Home are also in progress. The Medical-Dental Staff has been grateful for the efforts of Dr. Eubanks. The Medical-Dental Staff Office has pledged its full support to the clinical and administrative leadership of the ECH during this transition.

### **OMH Survey**

A recent survey of the Office of Mental Health reminds of the importance of the due diligence of verification of the Alleged Child Abuse Database for practitioners treating patients under the age of 18. This process requires collaboration with the Department of Psychiatry. It was agreed, upon conferring with the Vice President for Behavioral Health and the Chief of Service of Psychiatry, that this be done at appointment for all psychiatry applicants. The verification will be conducted through the Psychiatry practice plan, and a copy forwarded to the MDSO for placement in the credentials file. This item continues to appear on the MDSO quality control checklist to ensure it is completed for each new applicant.

### **VHA Mock JC Survey**

S. Ksiazek presented for the committee an overview of the feedback passed on by the VHA, including the immediate action items taken to strengthen our compliance with the credentialing related MS standards. These include but are not limited to presenting the radiology/nuclear medicine job descriptions (MS 03.01.01 EP 16+17) at least every 3 years, or as revised. The clinical and administrative leadership of Radiology/Imaging Services has been asked to prepare for an upcoming Medical Executive Committee meeting.

Regarding due diligence to ensure that all practitioners utilizing the C-arm Fluoroscans units meets the credentialing requirements, it was recommended that a letter be sent from the Credentials Chair to the related Chiefs of Service enlisting their support to identify and remediate any potential non-compliance.

### **Workload Volume – Improving Efficiencies**

In an effort to keep pace with the increased volume of medical-dental staff members with existing resources, many systems changes have been put in place over the past 2 years. The recent effort of allowing the MDSO staff to assign the initial re-appointment date to a low volume month has made some improvement, but is not projected to be sufficient to maintain office efficiencies and quality customer service. It is therefore been requested that the same flexibility be afforded to existing member re-appointments, again to allow for consistency of volume from month to month. This will be for the most part a one time move to the closest low volume month to the actual re-appointment date without exceeding the two year interval; defined in the bylaws and JC standards. The committee endorsed this request moving forward to the Medical Executive Committee and Board of Directors for approval.

### **Open Issues (Correspondence) Tracking**

Open issues reviewed and noted.

## **OVERALL ACTION REQUIRED**

## ***OTHER BUSINESS***

**FPPE-OPPE Report (for in the executive quality session of the Medical-Executive Committee meeting)**

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

- Anesthesiology (1 CRNA)

ERIE COUNTY MEDICAL CENTER CORPORATION

- Family Medicine, Chemical Dependency (4 MDs, 2 FNP)
- Internal Medicine (1 MD)
- Internal Medicine, Exigence (1 ANP, 1 RPA-C)
- Neurology (1 DO)

**OPPE (Ongoing Professional Practice Evaluation)**

- Surgery OPPEs were successfully completed (31 MDs, 5 ANPs, 1 FNP and 3 RPA-Cs) with the exception of 3 practitioners who did not return the requested documentation.
- The department of Psychiatry has been successfully completed (35 MDs, 4 PhDs and 2 PNP's).
- OB/GYN OPPEs have been successfully completed (8 MDs, 1 DO and 1 CNP).
- Otolaryngology OPPEs have been successfully completed (3 MDs).
- Neurology has been initiated. Departmental data has been requested but yet to be received.
- The department of Pathology OPPE has been initiated. Additional attempts have been made to secure department assistance.
- Chiropractic is still in process. Practitioners have received their second notice mailing.
- Cardiothoracic Surgery OPPE has begun. Mailings are completed and a request for data has been made to the Patient Safety Office.
- A meeting has been scheduled with the new Department of Plastic and Reconstructive Surgery to devise an applicable OPPE template.

**PRESENTED FOR INFORMATION**

***ADJOURNMENT***

With no other business, a motion to adjourn was received and carried. The meeting was adjourned at 4:10 PM.

Respectfully submitted,



Robert J. Schuder, MD,  
Chairman, Credentials Committee

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# Executive Committee

# Minutes from the



## Finance Committee

BOARD OF DIRECTORS  
 MINUTES OF THE FINANCE COMMITTEE MEETING  
 AUGUST 21, 2012  
 ECMCC BOARD OF DIRECTORS CONFERENCE ROOM

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

**I. CALL TO ORDER**

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

**II. RECEIVE AND FILE MINUTES**

Motion was made and accepted to approve the minutes of the Finance Committee meeting of July 24, 2012.

**III. JULY, 2012 FINANCIAL STATEMENT REVIEW**

Michael Sammarco provided a summary of the financial results for July, 2012, which addressed volume, income statement activity and key financial indicators.

Total discharges were over budget by 57 for the month of July. Year-to-date discharges were over budget by 163, and 547 over the prior year. Acute discharges were under budget by 32 for the month, under budget by 45 year-to-date, and 292 over the prior year.

Observation cases were 137 for the month, and the average daily census was 344. Average length of stay was 6.3 for July compared to a budget of 6.0. Non-Medicare case mix was 2.01 for the month compared to a budget of 2.19, and Medicare case mix was 1.73 compared to a budget of 1.84 for the same period.

Inpatient surgical cases were under budget by 52 for the month, 4 over budget year-to-date, and 210 over the prior year. Outpatient surgical cases were under budget by 92 for the month, 402 under budget year-to-date, and 212 less than the prior year.



Emergency Department visits were under budget for the month by 390, and 1,857 visits, or 5.2%, over the prior year.

Hospital FTEs were 2,461 for the month, compared to a budget of 2,395, and 2,393 the prior year. Home FTEs were 313 for the month, compared to a budget of 319 and 328 year-to-date.

The Hospital had an operating surplus of \$913,000, and the Home had an operating loss of \$448,000 for the month.

The consolidated, year-to-date operating loss was \$4.9 million compared to a budgeted loss of \$3.3 million and a prior year loss of \$8.0 million. Days in accounts receivable were 39.7.

#### IV. MANAGED CARE UPDATE:

Mr. Sammarco reported that:

- We have issued a counter proposal to Univera, and will be meeting with them again in the next week or two;
- A proposal from Independent Health has been received, and we are currently preparing our counter proposal;
- We have also received a proposal from Health Now, and are preparing our counter proposal;
- A meeting with the Department of Corrections was held 2 weeks ago, at which the DOC proposed the Medicaid default rate for services rendered. ECMC is preparing a response.

#### V. PRIMARY CARE INITIATIVE UPDATE:

Chief Operating Officer, Ron Krawiec, gave a presentation on the 3 target areas to achieve Goal #9 of ECMC's Strategic Plan, "Develop Primary Care Strategy".

- Clinic Expansion & Operational Improvements
- Develop Retail Strategy
- Chronic Disease Management

Ron explained that until all practices are running at their maximum expected level, he anticipates a need for additional funds to support the initiative. A resolution to provide support through the Foundation will be presented at the next Board of Directors Meeting.

#### VI. ADJOURNMENT:

The meeting was adjourned at 9:35 a.m. by Michael Seaman, Chair.

# Minutes from the



## Human Resources Committee



ERIE COUNTY MEDICAL CENTER CORPORATION

safety evaluation of the entire campus. The Buffalo police and SWAT team has already conducted this evaluation. One of the focuses of the evaluation is the various access points on the ECMCC campus. Discussion ensued regarding the appearance of security guards and helping patients feel comfortable, yet safe.

**VII. WORKERS COMPENSATION**

The Workers Compensation Report was distributed. Kathleen O'Hara reported that HR is working with our TPA, Travelers, to resolve old claims.

**VIII. ERIE COUNTY HOME AND SNF**

ECMCC representatives have met with representatives from the three unions to discuss processes for transitioning the staff to the new facility. Seniority lists are currently being re-calculated. Nancy Curry will be meeting with NYSNA members on September 13, 2012 to discuss their bids for vacant positions.

New titles have been approved by Erie County Personnel. The hospital aide and institutional aide titles have been combined into a Certified Nursing Assistant title.

**IX. NURSING TURNOVER RATES**

August Hires 9.5 FTE, 6 FTES Med/Surg, 2.5 FTES Behavioral Health, 1 FTE Critical Care. 79.5 FTES & 2 Per Diems hired YTD. (1 LPN FTE hired Hemo. 23 LPN FTES hired YTD)

August Losses – 4 FTES, 2.5 FTES Med/Surg (1FTE resign in lieu of term, 1 FTE retire & .5 FTE resign), 1.5 FTES Behavioral Health (1.5 FTES removed)

Turnover Rate .53% (.4% without retirees)

Quit Rate .33% (.2% without retirees)

Turnover Rate YTD 4.95% (3.18% without retirees) 5.92% 2011

Quit Rate 3.9% (2.37% without retirees) 4.93% 2011

September Hires 8 FTES & 8 PT, 3 FTES & 8 PT Float Pool Med/Surg, 5 FTES Behavioral Health. 87.5 FTES 2 Per Diem & 8 PT hired YTD. (1 LPN FTE hired Med/Surg. 24 LPNS hired YTD)

**X. PESH CITATION**

PESH citations were discussed.

**XI. ADJOURNMENT**

Moved by Frank Mesiah to adjourn the Human Resources Committee meeting at 10:10am.



# ECMCC Management Team



# Chief Executive Officer Report and Budget

# **Erie County Medical Center Corporation**

## **2013 Operating Budget**

### **Executive Summary**

Formulating the 2013 operating budget for ECMCC is a process that involves work by mid-level and senior managers as well as the staff of the ECMCC Finance Department before the budget is submitted to the ECMCC Finance Committee and the ECMCC Board of Directors. The guiding principal applied by all is to provide a realistic plan for the future year, recognizing that only two-thirds of the current year's performance is known when the planning process is complete. Assumptions involving revenue changes in the forthcoming year were reached based on detailed conversations between management and individual physicians and physician groups to assure a common understanding about the level and type of medical services. The budget recommended by the Finance Committee for Board approval is based on 2012 year end projections.

#### **Transitional Care Unit**

The transitional care unit (TCU) will be operational for the full year in 2013. The TCU will allow geriatric patients to transfer from acute care to a sub-acute setting and ultimately transition to nursing home care or a home care environment. The TCU will generate approximately \$1.6 million in additional revenue and create additional capacity to serve other patients in the acute care units.

#### **Volumes**

Total discharges are projected to grow by 1,259, or 7.5% over the current year. Acute care discharges are projected to grow by 678, or 5.7%. The growth is a result of new physician recruitment and service line growth strategies. Areas contributing to acute care growth are: orthopedics (75), dialysis (60), general surgery (50), head and neck (25), oral surgery (15), urology (10). Offsetting this growth is an anticipated additional decrease in cardiology cases of 50. Kidney transplants are projected to increase to 115 in 2013, and management is projecting an increase of living donors. As ECMC markets elective surgery to the primary community, we are projecting 120 additional admissions from the network of primary care physicians. We are also creating new processes to deal with an increase in expected and unexpected surges in volume. Currently patients leave the emergency department without being seen and it is anticipated that those patients will be captured resulting in additional admissions. The TCU will create additional capacity in the acute units, and management is projecting an additional 300 admissions from the emergency room. The TCU is projected to provide 456 discharges, behavioral health will add 41 discharges, and medical rehab will add 84 discharges to the total growth.

Inpatient surgeries are projected to increase by 195, or 4.0% in the following areas: orthopedics (75), transplant (70), general surgery (50), head and neck (25), oral surgery (15), urology (10), offset by a decrease of 50 cardiology cases.

Outpatient surgeries are projected to increase by 610, or 10.9% over the current year in the following areas: general surgery due to primary care activity (170), breast due to the addition of Dr. Lindfield's partner and Dr. Linfield's activity (210), orthopedics (140), urology (60).

Emergency department (ED) visits are projected to increase by 1,331, or 3.0%. New initiatives to address ECMC's growing volumes, as well as the TCU, will allow for improved throughput from the ED to the acute care units. It is our goal to significantly decrease, and eventually almost eliminate, the number of patients left without being seen resulting in more patients being treated in the ED, which in turn will generate additional admissions.

CPEP visits are projected to increase by 271, or 4.0, and CPEP admissions are projected to increase by 41, or 2.0%. Improvements in throughput will allow more patients to be seen in CPEP. The extended observation bed (EOB) patients are moving to an appropriate inpatient setting on the fourth floor, and a newly created fast-track area will provide room for initial screening of patients.

Outpatient visits are projected to increase by 14,982, or 4.3% over the current year primarily in the following areas: dialysis treatments 10,620, Grider Health 3,200, oncology 1,250.

## **Revenues**

Hospital net inpatient revenue is projected to increase by 5.1%. Factors influencing net inpatient revenue are:

- Case mix – Projected to remain at current year level for both Medicare and Non-Medicare. No significant changes to the MS-DRG or APR-DRG are anticipated in 2013.
- Rates – Medicare and Medicaid rates are not projected to increase significantly. An average increase of 5.0% is projected for commercial insurance payers.
- Volume – Inpatient discharges are projected to increase by 7.5% as noted above.

Hospital net outpatient revenue is projected to increase by 7.7%.

- Rates - Medicare and Medicaid rates are not projected to increase significantly. An average increase of 5.0% is projected for commercial insurance payers.
- Volume – Outpatient surgical cases, ED visits, CPEP visits, and other outpatient visits are projected to increase as noted above.



## **Long Term Care**

The new 390-bed long term care facility will open February 1, 2013 with an average daily census of 382 residents. Management is projecting a 2013 operating loss for the facility of \$1.2 million as compared to a 2011 loss of \$5.5 million and a projected 2012 loss of \$4.1 million. 2013 upper payment limit (UPL) revenue is expected to remain at the 2012 level. Full time equivalents (FTEs) for the facility are projected at 426.8.

## **Meaningful Use**

The Medicare and Medicaid EHR Incentive Programs provide a financial incentive for achieving "meaningful use," which is the use of certified EHR technology to achieve health and efficiency goals. The Stage 1 meaningful use objectives are:

1. Improve Quality, Safety, Efficiency
2. Engage Patients & Families
3. Improve Care Coordination
4. Improve Public and Population Health
5. Ensure Privacy and Security for Personal Health Information

ECMC will receive approximately \$6.7 million for meaningful use Stage 1, of which approximately \$3.7 million will be received in 2012 and approximately \$3.0 million will be received in 2013.

## **Disproportionate Share**

Disproportionate share (DSH) revenue is projected at the same levels as the current year. The change in methodology for calculating DSH losses and reimbursement changed from the New York State to the Centers for Medicare and Medicaid Services (CMS) method in 2012. This change reduced the expected DSH payment by \$12.0 million in 2012, and the same is projected for 2013. ECMC is also planning for the reduction DSH reimbursements beyond 2013 that are due to the Affordable Care Act, the Hospital budget reflects a decrease in DSH revenue of \$2.4 million which is the Upper Payment Limit (UPL) revenue for the skilled nursing facility. This UPL revenue is accounted for in the new nursing home budget.

## **Staffing**

In 2013, the Hospital is making a significant commitment to patient care by supporting nursing and meaningful use. Thirty-two (32) full time equivalents (FTEs) were added to the nursing units and departments to support patient care. In addition, five (5) FTEs were added to the Health Information Technology department to support the meaningful use effort. Thirty FTEs were also added to staff the TCU. FTEs were transferred from the skilled nursing facility at the Hospital to the new nursing home effective February 1, 2013.

## **Expenses**

Salaries, wages, and employee benefits increased by 5.0% from the current year. Factors influencing salaries and wages include a net increase of 8.8 FTEs and bargaining unit step increases.

The 2013 physician salaries increase is due primarily to the strategy of employing physicians at the Hospital.

Employee benefits continue to be a challenge. Benefits as a percent of salaries are projected at 68.4% for the Hospital and 97.3% for the Nursing Home. Pension expense is projected to increase by \$4.4 million in 2013, following a \$6.0 million increase in 2012. Pension expense, along with health insurance, workers compensation, and post-retirement health costs account for \$100.0 million, or 88.1% of employee benefit costs at the Hospital and Nursing Home.

Supply expense is projected to increase by \$ 1.5 million, or 2.3%. This increase is due primarily to an increase in pharmaceutical expenses related to dialysis and oncology volume. The increase is partially offset by decreases in medical supplies which reflect a full year benefit of the collaborative effort between ECMCC and Kaleida Health to reduce supply expense as a result of the Deloitte Consulting study.

Insurance expense is projected to increase due to the self funded malpractice claims history.

Depreciation and interest expense is projected to increase by \$2.3 million and \$3.0 million due to the incremental costs and borrowing associated with the renal building and the new nursing home building.

Capital gains in the amount of \$10.0 million account for anticipated proceeds from the HEAL grant awarded for the construction of the behavioral health building. Impairment costs of \$4.2 million are related to the "write off" of the Alden nursing facility.



# President & Chief Operating Officer

ERIE COUNTY MEDICAL CENTER CORPORATION

REPORT TO THE BOARD OF DIRECTORS  
MARK C. BARABAS, PRESIDENT AND CHIEF OPERATING OFFICER  
SEPTEMBER 25, 2012

PARKING UPDATE

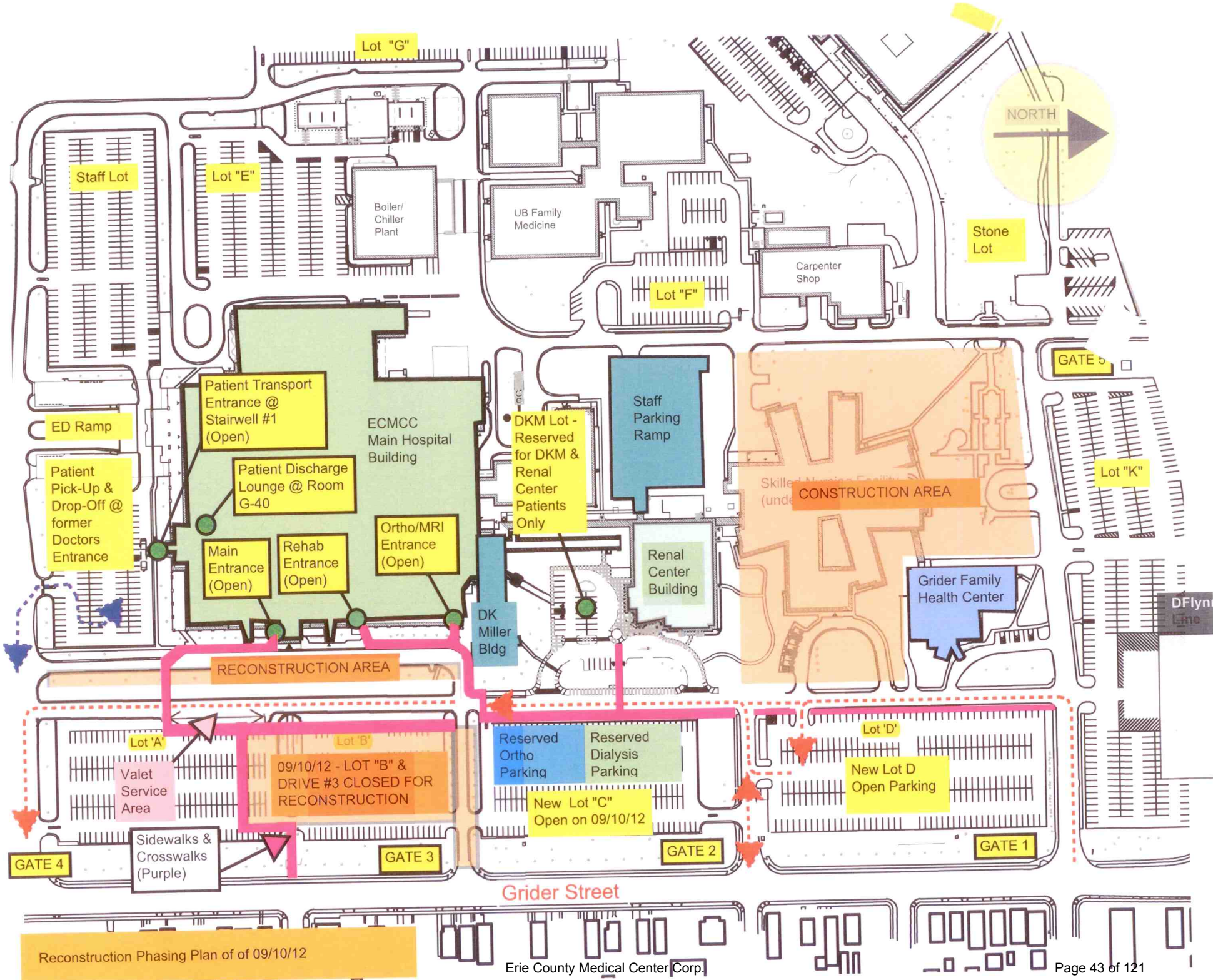
The new C Lot opened as scheduled during the first week of September. The opening of the C Lot greatly relieved the parking congestion. During peak times you can find open parking spots in A, C and D Lots in addition to K Lot and the deck. B Lot is closed for reconstruction and is progressing on schedule. A detailed diagram is enclosed with this report.

NEW SIGNAGE CONCEPTS

Attached to this report are several renditions of the proposed new signage for the front of the hospital for your information. See attached.

DENTAL RESIDENCY ACCREDITATION INSPECTION

The hospital received notice that the Commission on Dental Accreditation (CODA) has completed its review of our residency from our last year's visit. The Commission adopted a resolution granting our residency program the status of "accreditation approval with reporting requirements. This means that there is one remaining citation which we must answer in order to be granted full accreditation. The remaining finding is **Recommendation #5**, a copy of which is attached to this report". The difficulty we have had in increasing the number of patient experiences for dental students and residents in the areas mentioned including prosthodontics, periodontal therapy and endodontic therapy has to do mainly with the fact that New York State Medicaid does not cover these services and consequently our numbers have been historically low. Dr. Gogan is working on an improvement plan for submission.



1



ERIE COUNTY MEDICAL CENTER

EMERGENCY



Main Hospital



Grider Family Health Center



Skilled Nursing Facility



E.C. Dept. of Health & Public Health Lab















**Summary of Recommendations and Required Documentation**  
**Erie County Medical Center**  
**Buffalo, New York**  
**General Practice Residency**

Please review the following paragraphs that include the stated recommendations and required documentation to submit with the progress report to demonstrate compliance.

**Recommendation # 5:** It is recommended that the program ensure the availability of adequate patient experiences that afford all students/residents the opportunity to achieve the program's stated goals and objectives of student/resident training in fixed prosthodontics, periodontal therapy, and endodontic therapy. (GPR Standard 5-1)

The Commission considered the program's response to the site visit report and noted that the program expects all residents to achieve the program's requirements in fixed prosthodontics, periodontal therapy, and endodontic therapy. However, at the time the report was submitted, the requirements had not been met by all residents.

To demonstrate compliance with recommendation #5, the Commission requests the following: 1) the program's competency and proficiency statements for fixed prosthodontics, periodontal therapy and endodontic therapy, and 2) the completed Competency and Proficiency Evaluation Report for each resident in each of the areas noted above.



# Chief Financial Officer



The Culture of Care

**Internal Financial Reports**  
**For the month ended August 31, 2012**

Prepared by ECMCC Finance

## Erie County Medical Center Corporation

### Balance Sheet

August 31, 2012 and December 31, 2011

(Dollars in Thousands)

	August 31, 2012	Audited December 31, 2011	Change from Prior Year End
<b>ASSETS</b>			
Current assets:			
Cash and cash equivalents	\$ 16,073	\$ 38,222	\$ (22,149)
Investments	14,782	46,306	(31,524)
Patient receivables, net	45,330	39,217	6,113
Prepaid expenses, inventories and other receivables	51,865	57,500	(5,635)
<b>Total Current Assets</b>	<b>128,050</b>	<b>181,245</b>	<b>(53,195)</b>
Assets Whose Use is Limited:			
Designated under self-insurance programs	86,887	79,426	7,461
Designated by Board	25,000	25,000	0
Restricted under debt agreements	49,589	93,412	(43,823)
Restricted	30,404	23,354	7,050
	191,880	221,192	(29,312)
Property and equipment, net	231,399	163,015	68,384
Deferred financing costs	3,143	3,233	(90)
Other assets	4,091	1,873	2,218
<b>Total Assets</b>	<b>\$ 558,563</b>	<b>\$ 570,558</b>	<b>\$ (11,995)</b>
<b>LIABILITIES AND NET ASSETS</b>			
Current Liabilities:			
Current portion of long-term debt	\$ 6,131	\$ 4,249	\$ 1,882
Accounts payable	37,412	39,138	(1,726)
Accrued salaries and benefits	15,732	17,908	(2,176)
Other accrued expenses	35,835	59,398	(23,563)
Estimated third party payer settlements	27,067	28,211	(1,144)
<b>Total Current Liabilities</b>	<b>122,177</b>	<b>148,904</b>	<b>(26,727)</b>
Long-term debt	184,328	187,290	(2,962)
Estimated self-insurance reserves	53,091	47,700	5,391
Other liabilities	97,646	88,566	9,080
<b>Total Liabilities</b>	<b>457,242</b>	<b>472,460</b>	<b>(15,218)</b>
<b>Net Assets</b>			
Unrestricted net assets	90,471	87,248	3,223
Restricted net assets	10,850	10,850	0
<b>Total Net Assets</b>	<b>101,321</b>	<b>98,098</b>	<b>3,223</b>
<b>Total Liabilities and Net Assets</b>	<b>\$ 558,563</b>	<b>\$ 570,558</b>	<b>\$ (11,995)</b>



## Erie County Medical Center Corporation

### Statement of Operations

For the month ended August 31, 2012

(Dollars in Thousands)

	Actual	Budget	Variance	Prior Year
<b>Operating Revenue:</b>				
Net Patient Revenue	\$ 36,052	\$ 35,017	\$ 1,035	\$ 33,226
Less: Provision for bad debts	(2,109)	(2,024)	(85)	(1,968)
Adjusted net patient revenue	33,943	32,993	950	31,258
Disproportionate Share/IGT Revenue	4,702	4,702	-	4,734
Other Revenue	1,491	2,701	(1,210)	1,740
<b>Total Operating Revenue</b>	<b>40,136</b>	<b>40,396</b>	<b>(260)</b>	<b>37,732</b>
<b>Operating Expenses:</b>				
Salaries / Wages / Contract Labor	13,466	13,768	302	12,470
Employee Benefits	9,243	9,021	(222)	8,403
Physician Fees	4,438	4,238	(200)	4,308
Purchased Services	2,653	2,640	(13)	2,685
Supplies	6,087	5,788	(299)	5,121
Other Expenses	712	698	(14)	852
Utilities	604	730	126	622
Insurance	591	537	(54)	580
Depreciation & Amortization	1,446	1,467	21	1,363
Interest	447	440	(7)	457
<b>Total Operating Expenses</b>	<b>39,687</b>	<b>39,327</b>	<b>(360)</b>	<b>36,861</b>
<b>Income (Loss) from Operations</b>	<b>449</b>	<b>1,069</b>	<b>(620)</b>	<b>871</b>
<b>Non-operating gains (losses):</b>				
Interest and Dividends	231	-	231	287
Unrealized Gains/(Losses) on Investments	905	172	733	(1,365)
Non-operating Gains(Losses), net	1,136	172	964	(1,078)
<b>Excess of (Deficiency) of Revenue Over Expenses</b>	<b>\$ 1,585</b>	<b>\$ 1,241</b>	<b>\$ 344</b>	<b>\$ (207)</b>





## Erie County Medical Center Corporation

### Statement of Operations

For the eight months ended August 31, 2012

(Dollars in Thousands)

	Actual	Budget	Variance	Prior Year
<b>Operating Revenue:</b>				
Net Patient Revenue	\$ 261,387	\$ 259,776	\$ 1,611	\$ 242,497
Less: Provision for bad debts	(15,366)	(16,208)	842	(14,847)
Adjusted net patient revenue	246,021	243,568	2,453	227,650
Disproportionate Share/IGT Revenue	37,615	37,615	-	34,591
Other Revenue	14,442	18,111	(3,669)	20,114
<b>Total Operating Revenue</b>	<b>298,078</b>	<b>299,294</b>	<b>(1,216)</b>	<b>282,355</b>
<b>Operating Expenses:</b>				
Salaries / Wages / Contract Labor	104,152	105,190	1,038	100,787
Employee Benefits	70,509	69,144	(1,365)	67,747
Physician Fees	34,022	33,030	(992)	31,889
Purchased Services	21,874	21,546	(328)	20,703
Supplies	43,563	42,200	(1,363)	39,046
Other Expenses	5,180	5,539	359	5,758
Utilities	3,864	5,325	1,461	5,145
Insurance	4,265	4,293	28	4,783
Depreciation & Amortization	11,581	11,739	158	10,032
Interest	3,521	3,516	(5)	3,575
<b>Total Operating Expenses</b>	<b>302,531</b>	<b>301,522</b>	<b>(1,009)</b>	<b>289,465</b>
<b>Income (Loss) from Operations</b>	<b>(4,453)</b>	<b>(2,228)</b>	<b>(2,225)</b>	<b>(7,110)</b>
<b>Non-operating Gains (Losses)</b>				
Interest and Dividends	2,606	-	2,606	2,427
Unrealized Gains/(Losses) on Investments	5,645	1,374	4,271	(492)
Non Operating Gains (Losses), net	8,251	1,374	6,877	1,935
<b>Excess of (Deficiency) of Revenue Over Expenses</b>	<b>\$ 3,798</b>	<b>\$ (854)</b>	<b>\$ 4,652</b>	<b>\$ (6,186)</b>



**Erie County Medical Center Corporation**

<p><b>Statement of Changes in Net Assets</b>  <b>For the month and eight months ended August 31, 2012</b></p>
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*(Dollars in Thousands)*

	Month	Year-to-Date
<b><u>UNRESTRICTED NET ASSETS</u></b>		
Excess (Deficiency) of Revenue Over Expenses	\$ 1,585	\$ 3,798
Other Transfers, Net	(91)	(575)
Contributions for Capital Acquisitions	-	-
Net Assets Released from Restrictions for Capital Acquisition	-	-
Change in Unrestricted Net Assets	1,494	3,223
<b><u>TEMPORARILY RESTRICTED NET ASSETS</u></b>		
Contributions, Bequests, and Grants	-	-
Net Assets Released from Restrictions for Operations	-	-
Net Assets Released from Restrictions for Capital Acquisition	-	-
Change in Temporarily Restricted Net Assets	-	-
Change in Total Net Assets	1,494	3,223
Net Assets, Beginning of Period	99,827	98,098
<b>NET ASSETS, End of Period</b>	<b>\$ 101,321</b>	<b>\$ 101,321</b>





## Erie County Medical Center Corporation

### Statement of Cash Flows

For the month and eight months ended August 31, 2012

(Dollars in Thousands)

	Month	Year-to-Date
<b><u>CASH FLOWS FROM OPERATING ACTIVITIES</u></b>		
Change in net assets	\$ 1,494	\$ 3,223
Adjustments to Reconcile Changes in Net Assets to Net Cash Provided by (Used in) Operating Activities:		
Depreciation and amortization	1,446	11,581
Provision for bad debt expense	2,109	15,366
Net Change in unrealized (gains) losses on Investments	(905)	(5,645)
Transfer to component unit - Grider Initiative, Inc.	91	575
Capital contribution to/from Erie County	-	-
<u>Changes in Operating Assets and Liabilities:</u>		
Patient receivables	(5,489)	(21,479)
Prepaid expenses, inventories and other receivables	(1,895)	5,635
Accounts payable	(1,853)	(1,726)
Accrued salaries and benefits	1,813	(2,176)
Estimated third party payer settlements	303	(1,144)
Other accrued expenses	(260)	(23,563)
Self Insurance reserves	(1,052)	5,391
Other liabilities	1,135	9,080
	(3,063)	(4,882)
Net Cash Provided by (Used in) Operating Activities		
<b><u>CASH FLOWS FROM INVESTING ACTIVITIES</u></b>		
Additions to Property and Equipment, net		
Campus expansion	(3,896)	(70,062)
Routine capital	(3,190)	(9,813)
Decrease (increase) in assets whose use is limited	4,971	29,312
Purchases (sales) of investments, net	(945)	37,169
Investment in component unit - Grider Initiative, Inc.	(91)	(575)
Change in other assets	18	(2,218)
	(3,133)	(16,187)
Net Cash Provided by (Used in) Investing Activities		
<b><u>CASH FLOWS FROM FINANCING ACTIVITIES</u></b>		
Principal payments on long-term debt	-	(1,080)
Capital contribution to/from Erie County	-	-
	-	(1,080)
Net Cash Provided by (Used in) Financing Activities		
Increase (Decrease) in Cash and Cash Equivalents	(6,196)	(22,149)
Cash and Cash Equivalents, Beginning of Period	22,269	38,222
Cash and Cash Equivalents, End of Period	\$ 16,073	\$ 16,073

**Erie County Medical Center Corporation**

**Key Statistics**

Period ended August 31, 2012

Current Period				Year to Date			
Actual	Budget	% to Budget	Prior Year	Actual	Budget	% to Budget	Prior Year
<b>Discharges:</b>				<b>Discharges:</b>			
993	1,067	-6.9%	952	7,562	7,681	-1.5%	7,229
144	104	38.5%	102	1,039	849	22.4%	833
29	30	-3.3%	28	214	244	-12.3%	250
224	202	10.9%	203	1,635	1,536	6.4%	1,544
42	41	2.4%	27	302	291	3.8%	229
1,432	1,444	-0.8%	1,312	10,752	10,601	1.4%	10,085
<b>Patient Days:</b>				<b>Patient Days:</b>			
6,590	6,381	3.3%	6,674	47,270	45,946	2.9%	46,901
460	436	5.5%	364	3,332	3,558	-6.4%	2,884
524	561	-6.6%	551	4,078	4,568	-10.7%	4,959
2,589	2,749	-5.8%	2,743	21,386	20,906	2.3%	20,901
981	1,032	-4.9%	634	6,594	7,339	-10.2%	5,687
11,144	11,159	-0.1%	10,966	82,660	82,317	0.4%	81,332
<b>Average Daily Census:</b>				<b>Average Daily Census:</b>			
213	206	3.3%	215	194	188	2.9%	193
15	14	5.5%	12	14	15	-6.4%	12
17	18	-6.6%	18	17	19	-10.7%	20
84	89	-5.8%	88	88	86	2.3%	86
32	33	-4.9%	20	27	30	-10.2%	23
359	360	-0.1%	354	339	337	0.4%	335
<b>Average Length of Stay:</b>				<b>Average Length of Stay:</b>			
6.6	6.0	11.0%	7.0	6.3	6.0	4.5%	6.5
3.2	4.2	-23.8%	3.6	3.2	4.2	-23.5%	3.5
18.1	18.7	-3.4%	19.7	19.1	18.7	1.8%	19.8
11.6	13.6	-15.1%	13.5	13.1	13.6	-3.9%	13.5
23.4	25.2	-7.2%	23.5	21.8	25.2	-13.4%	24.8
7.8	7.7	0.7%	8.4	7.7	7.8	-1.0%	8.1
4,167	3,597	15.8%	4,098	32,724	29,787	9.9%	31,989
134	120	12.1%	132	134	122	9.9%	132
<b>Occupancy:</b>				<b>Occupancy:</b>			
65.4%	65.4%	-0.1%	64.3%	62.7%	61.3%	2.1%	60.9%
87.9%	86.1%	2.1%	86.5%	82.4%	80.7%	2.1%	77.7%
89.6%	86.1%	4.1%	88.2%	84.0%	80.7%	4.1%	81.0%
<b>Case Mix Index:</b>				<b>Case Mix Index:</b>			
1.75	1.81	-3.1%	1.76	1.74	1.90	-8.3%	1.85
2.37	2.30	2.8%	2.25	2.16	2.18	-1.1%	2.13
154	131	17.6%	112	1,088	1,146	-5.1%	973
497	485	2.5%	433	3,444	3,428	0.5%	3,170
658	725	-9.2%	644	5,014	5,483	-8.6%	5,212
30,862	31,668	-2.5%	28,919	234,848	243,527	-3.6%	227,652
5,921	6,274	-5.6%	5,783	43,296	44,775	-3.3%	41,301
42.3	40.0	5.7%	45.3	42.3	40.0	5.7%	45.3
6.0%	5.9%	1.4%	6.2%	6.1%	6.4%	-5.3%	6.4%
2,449	2,502	-2.1%	2,346	2,401	2,414	-0.5%	2,388
2.96	3.16	-6.2%	2.98	3.08	3.16	-2.6%	3.15
\$ 13,363	\$ 12,834	4.1%	\$ 13,289	\$ 12,893	\$ 12,795	0.8%	\$ 12,417
\$ 14,958	\$ 14,822	0.9%	\$ 15,256	\$ 15,247	\$ 15,332	-0.6%	\$ 15,302
<b>Erie County Home:</b>				<b>Erie County Home:</b>			
9,380	9,988	-6.1%	13,213	82,048	83,109	-1.3%	108,560
303	333	-9.1%	426	336	341	-1.3%	447
300	307	-2.2%	381	325	327	-0.6%	402
5.7	5.4	4.2%	5.3	5.4	5.4	0.6%	5.1



**Sr. Vice President of  
Operations  
- Richard Cleland -**

ERIE COUNTY MEDICAL CENTER CORPORATION

REPORT TO THE BOARD OF DIRECTORS  
RICHARD C. CLELAND, MPA, FACHE, NHA  
SENIOR VICE PRESIDENT OPERATIONS  
AUGUST 2012

LONG TERM CARE-ERIE COUNTY HOME/ECMC SNF:

Construction of the new nursing home is going very well. We are looking at an end of December 2012 completion with a “tentative” move in date by February 1, 2013;

The Long Term Care Steering Committee is overseeing, planning and carrying out:

- Remaining downsizing initiative (currently we are down to 295 beds at the Erie County Home and total bed census of 430);
- The new care delivery model (person-centered care);
- Operational components (labor, new positions, policy & procedures, etc.);
- The move of 390 patients into the new facility;
- Impact negotiation session (AFSCME, CSEA, NYSNA) follow-up items;
- Appropriate exit (clear out and clean up) of the EC Home;
- Implementation of EMR and integration of the nursing home on ECMC Campus;
- FFE & technology initiatives;

A LTC Facility Naming Committee will have a new name for the LTC Facility by September 21, 2012;

Anne Moretti, consultant, is beginning the cultural transformation and teambuilding aspect of the nursing home integration.

BEHAVIORAL HEALTH (PSYCHIATRY, CHEMICAL DEPENDENCY, CPEP,  
CD OUTPATIENT CLINIC):

The Behavioral Health Steering Committee has continued to meet monthly and bring about great improvement to the overall programs and services that we provide. We just completed our annual OMH CPEP survey in July. Based on the OMH exit we had our best survey in recent years;

The CPEP-EOB relocation to the 4<sup>th</sup> floor is now open;

The CPEP Fast Track Triage will be open September 27, 2012. A “ribbon cutting” ceremony is planned for September 21, 2012;

The relocation of the EOB beds to the 4<sup>th</sup> floor and the Fast Track Triage will add about 4,500 square feet to CPEP (almost doubling the current size);

Great Lakes Health “Center of Excellence in Behavioral Health” HEAL-21 project’s Certificate of Need (CON), was submitted on August 3, 2012. Currently this CON is under review by both OMH and DOH. We are optimistic that both regulatory agencies will be able to approve in December. Both clinical and operational teams from ECMCC and Kaleida continue to meet weekly and work through various planning and scheduling

## ERIE COUNTY MEDICAL CENTER CORPORATION

components to insure that we have a successful venture. New designs of the CPEP/Outpatient Center are attached to report;

The chemical dependency outpatient clinics are in process of implementing recommendations outlined in the Redesign Committee's report. This is including modifying all patient admission, registration and billing systems. This modification includes converting to an electronic system similar to the hospital. This will increase productivity and reduce inefficient processes. Volumes continue to incrementally increase and financial performance improve. Both NEC and DTC are operating with positive contribution margins (through June 30, 2012). This is a result of all the hard work the Redesign team put forth.

### REHABILITATION SERVICES:

Inpatient rehab census continues to operate at an ADC of 35. This is the highest ADC for this unit in years and a direct result of Dr. Livecchi's appointment to Rehabilitation Medicine Chief of Service.

### HYPERBARIC/WOUND CENTER (HWC):

Healogic (Management Company) are planning on holding a Hyperbaric/Wound Symposium in November. See the attached communicative publication;

Healogic has appointed Gigi Chen as director of the center. Gigi comes to ECMCC with a vast amount of executive experience and includes previous position of director of the United Memorial hyperbaric and wound center.

### TRANSITIONAL CARE UNIT (TCU):

Jennifer Cronkhite, Director of Nursing SNF has been appointed TCU Project Champion;

Dr. Arthur Orlick has been named as Medical Director of the TCU;

Molly Shea, RN has been named as Director of Nursing (Unit Manager) for the TCU;

TCU Steering Committee developed and will be meeting twice monthly to insure TCU is up and operational by end of December;

Implex Partners consultants have been retained to help ECMCC put finishing touches on the TCU. ECMCC has an agreement which will require a 6-8 month engagement. This assistance will insure that the TCU is fully operational and ready to open in January 2013.

### FOOD AND NUTRITIONAL SERVICES:

Morrison has submitted proposal to extend current agreement (expires in 2014). This proposal will include up to \$2 million dollars of capital investment from Morrison into ECMC operations (cafeteria and food preparation areas). We are currently reviewing proposal and to insure that this will meet ECMC's needs. The proposal calls for a (5) year extension with a (3) year extension.

## Wound Care Symposium:



A Multidisciplinary Approach  
to Wound Healing Presented by  
Erie County Medical Center /  
ECMC Lifeline Foundation

Saturday, November 3, 2012  
ECMC 3rd Floor Auditorium  
462 Grider Street • Buffalo, NY 14215  
www.ecmc.edu

### Symposium Objectives are to:

- Educate learners in current protocols to enhance treatment and management of chronic wounds including: diabetic ulcers, vascular and arterial ulcers, burns, infectious disease, pressure ulcers, hyperbaric medicine, and evidence-based medicine.
- Provide participants with up-to-date, evidence-based information regarding conditions and suggested pain management treatment therapies for chronic ulcers. These include the use of skin substitutes, on-/off-loading, arterial and vascular intervention, hyperbaric oxygen therapy, antibiotic use, specialized product and dressing use, and the importance of diagnostic testing.
- Provide skills to plan, identify, select, and employ more effective wound care management strategies.
- Teach participants a comprehensive approach to analyzing the contributing factors and consequences of delayed wound treatment, and to address the issues and options which will generate more inclusive and complete treatment.

### Symposium Credit

This program has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for CME (ACCME) through joint sponsorship with the University at Buffalo School of Medicine and Biomedical Sciences and the ECMC Lifeline Foundation.

The University at Buffalo is accredited by the ACCME to sponsor CME for physicians.

The UB School of Medicine & Biomedical Sciences designates this live activity for a maximum of 5.25 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credits commensurate with the extent of their participation in the activity.

### Symposium Presenters



Sorja Lichtenstein, MD



James K. Lukan, MD



David Davidson, DPM



Mathew Antalek, DO



Michael Chopko, MD



Raphael Blochle, MD



John Hurley, DPM

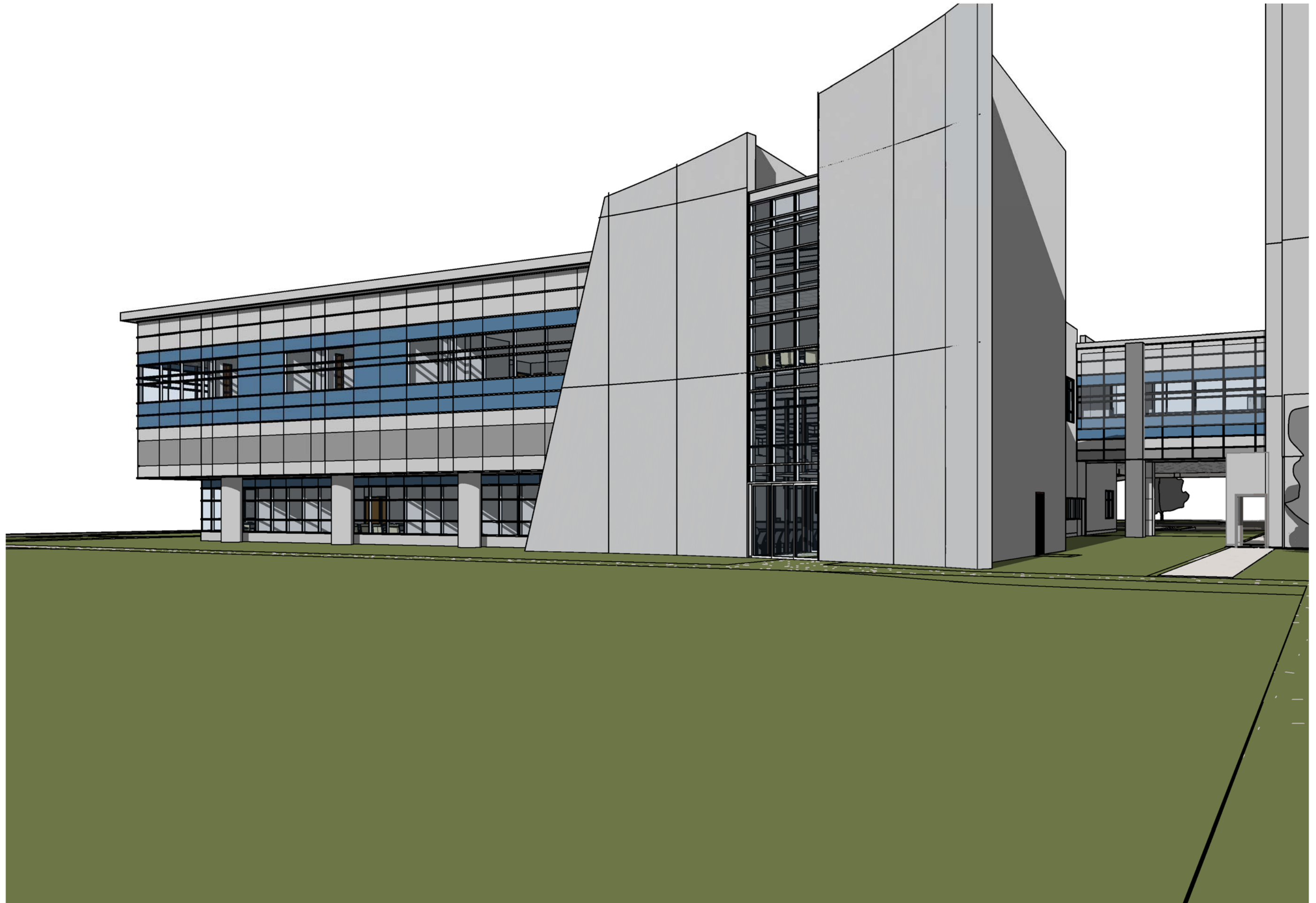


Lynn Kordasiewicz, ARNP, NP



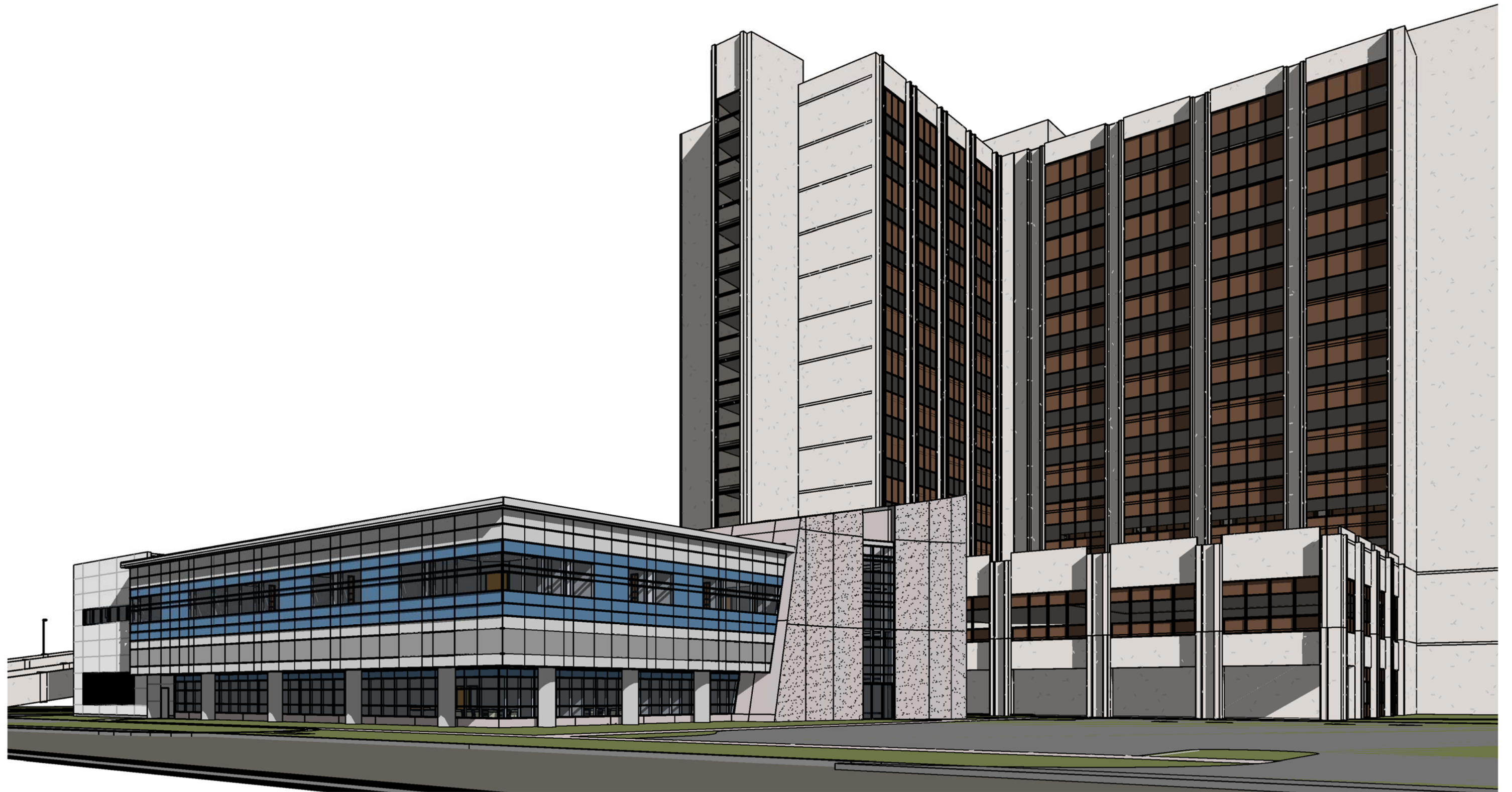
**For more information and to register online, click the link below!**













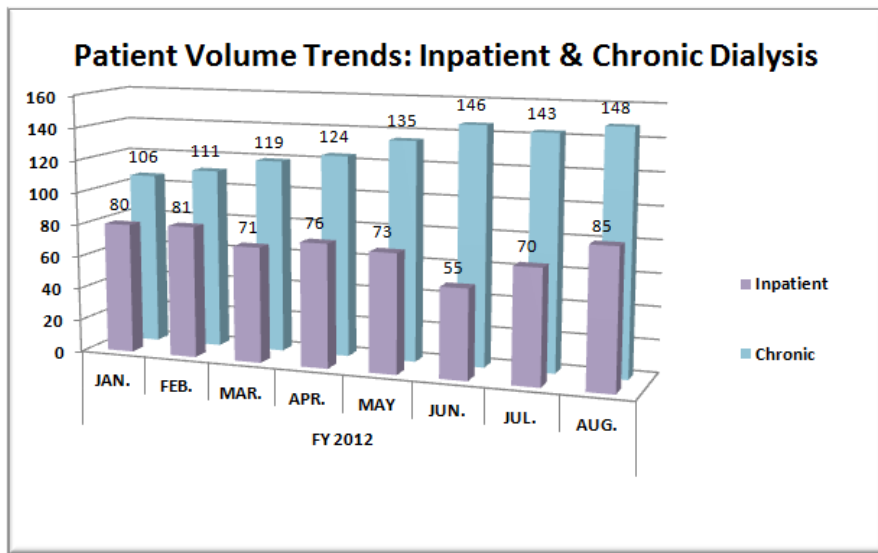
**Sr. Vice President of  
Operations  
- Ronald Krawiec -**

Erie County Medical Center Corporation  
 Report to the Board of Directors  
 Ronald J. Krawiec, Senior Vice President of Operations  
 September 25, 2012

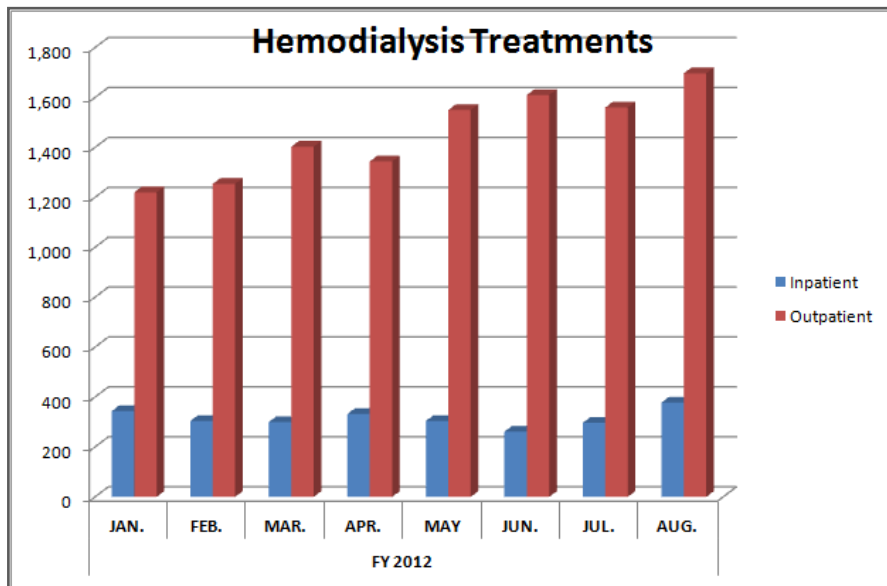
**TRANSPLANTATION & KIDNEY CARE CENTER – JOHN HENRY**

**DIALYSIS:**

Outpatient and inpatient dialysis volumes were both increased in August 2012 (see chart below). Current outpatient unit capacity is now 69% (148 patients). The Peritoneal Dialysis program is at three patients and there are five active patients who are in various stages of training or consideration. The 2012 year-end goal is to have eight patients enrolled.



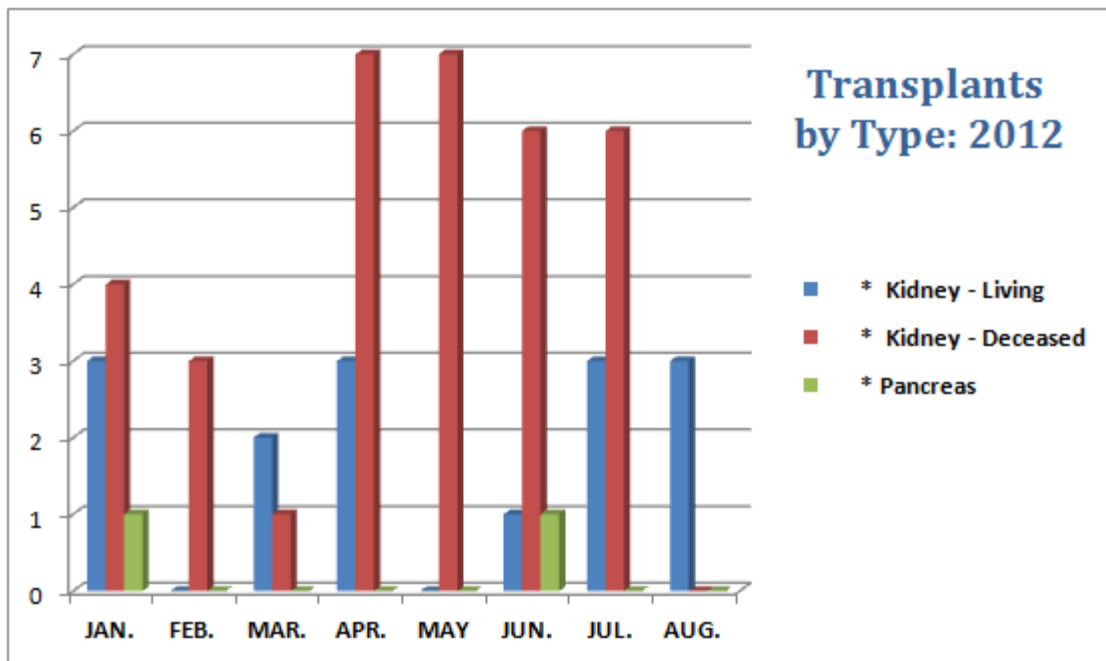
Total dialysis treatments are up (2,113) in August compared to July (1,968). Fiscal Year 2012 % change is at 39% for all treatments.



MIQS (electronic medical record) implementation planning continues on track with a planned go-live date of October 1<sup>st</sup>. The system will operate in tandem with the existing hospital system beginning Sept 25<sup>th</sup>. Nursing staff training is nearly complete. Physician documentation plans continue to evolve as do the plans for managing physician order entry.

**TRANSPLANTATION:**

There have been 52 total transplants year to date. August is noteworthy since there were zero deceased donor transplants. The transplant leadership team of Dr. Laftavi, Dr. Pankewycz, and John Henry has been in close contact with the local Organ Procurement Organization (OPO) UNYTS staff to encourage continued OPO presence in all facilities throughout western New York. Specifically, we have stressed the need for continued build-up of hospital donor awareness programs and we have provided guidance on how to make these programs work.



Three total living donor transplants were completed in August. Of the 52 transplants completed in 2012, fifteen have been from living donors who equates to 29% of the kidney transplants. Our goal is to increase this percent to 30 – 35%. By comparison, last year ECMC completed 27 total transplants with five (5) from living donors, or 22%. Long term program viability requires a robust living donor program and we are on the right track to attaining that goal. We have made staffing adjustments and continue to refine our Living Donor Transplant Program to further grow the volume of these cases. We are now expanding our geographic range by enrolling in the national level Paired Kidney Exchange Programs. The benefit is twofold: our patients have the opportunity to get a transplant much quicker and those who are more difficult to match will have a better overall opportunity to be transplanted. The program recognizes a reduced overall average time to transplant.

## **AMBULATORY SERVICES – PAUL MUENZNER**

A Physician Steering Committee has been formed to foster physician involvement in clinic management, policy development, and decision making throughout various ambulatory clinics. Dr Richard Hall has agreed to Chair the committee that will meet monthly. Their charge will be to review scheduling, general primary care policy and procedures, Allscripts policies and implementation status, along with efficiency measures such as clinic visits, charges, denials, and chart documentation.

## **LABORATORY – JOSEPH KABACINSKI**

Laboratory testing activity continues to grow in 2012. Billed procedures are on pace to exceed 1.4 million in 2012. This represents an increase of 6.0% compared with billed procedures in 2011. The increases are attributed to the transplant program, activity at the Behavioral Health inpatient and outpatient locations, and various other clinical demands. We are discussing additional outreach test opportunities with several potential new customers along with the validation of an in-house assay for everolimus, a new immunosuppressant drug prescribed for post-transplant patients.

A successful UNYTS Blood Drive was held on Thursday, August 9. This blood drive proved very successful with 74 units of blood collected. The next UNYTS blood drive will be held on Thursday, October 4.



# Chief Medical Officer

**ERIE COUNTY MEDICAL CENTER CORPORATION**  
**REPORT TO MEDICAL EXECUTIVE COMMITTEE**  
**BRIAN M. MURRAY, MD, CHIEF MEDICAL OFFICER**  
**SEPTEMBER 2012**

**UNIVERSITY AFFAIRS**

Richard J. Quigg, Jr., MD has accepted UB's offer to be the inaugural Arthur M. Morris Chair in Nephrology and the next Chief of the Division of Nephrology. Dr. Quigg received his undergraduate and medical degrees from Boston University. He completed his medical residency at SUNY-Stony Brook and research and clinical fellowships in nephrology at the Boston University Medical Center. He was a research instructor in medicine at Boston University for one year, then he spent six years as an assistant professor at the Medical College of Virginia. He moved to the University of Chicago in 1994 as an associate professor, and he was promoted to professor in 2001. He was the Chief of the Section of Nephrology there from 1999-2009, and he was the Director of the University of Chicago Functional Genomics Facility from 2000-2010.

Dr. Quigg is nationally and internationally renowned for his research into glomerular diseases. His research interests include the role of the complement system in glomerular disease, lupus nephritis, and diabetic nephropathy.

I would also like to acknowledge Dr. Rocco Venuto's leadership of the division over the past 21 years, with expanding clinical programs in chronic kidney disease, dialysis, and transplantation; continued full accreditation of the fellowship training program; and active clinical research programs.

**PROFESSIONAL STEERING COMMITTEE**

The PSC met on Monday, September 10<sup>th</sup>. A verbal update will be provided.

**MEDICAL STAFF AFFAIRS**

See separate report by Sue Ksiazek for full details.

**CLINICAL ISSUES**

<b>UTILIZATION REVIEW</b>	<b>June</b>	<b>July</b>	<b>August</b>	<b>vs. 2011 YTD</b>
Discharges	892	1006	993	up 4.6%
Observation	135	138	154	down 10.6%
LOS	6.0	6.2	6.4	down 2.5%
CMI	1.85	2.14	2.18	unchanged
Surgical Cases	793	849	942	up 1.0%
Readmissions (30d)	12.2%	11.3%		

## **EHR standards get tougher under finalized meaningful use stage 2**

The Centers for Medicare & Medicaid Services finalized its requirements for stage 2 of the EHR incentive program in an Aug. 23 regulation. The final rule mandates that doctors meet a larger number of core objectives — and stricter guidelines for some of those objectives already in place — during the next part of the three-stage program. Physicians also must adopt and demonstrate meaningful use of EHR systems by Oct. 1, 2014, or be assessed a 1% penalty from Medicare.

Stage 2 of the federal electronic health record initiative will include 17 core measures and six additional “menu” objectives, from which a physician would choose at least three. Doctors must use their EHR systems to meet requirements for at least 20 measures, including all 17 in the core set.

### **Core set**

- Use computerized physician order entry (more than 60% medication, 30% lab and 30% radiology orders)
- Prescribe permissible drugs electronically (more than 50%)
- Record patient demographics (more than 80%)
- Record and chart changes in vital signs (more than 80%)
- Record smoking status (more than 80%)
- Use clinical decision support (at least five interventions)
- Incorporate clinical lab results into EHR (more than 55%)
- Generate lists of patients by specific conditions (at least one list)
- Identify patients who need reminders for preventive or follow-up care (more than 10%)
- Provide at least half of patients with access to health information (more than 5% use access)
- Provide clinical summaries for patients within one business day (more than 50%)
- Identify patient-specific education resources (more than 10%)
- Communicate with patients on relevant health information (more than 5%)
- Perform medication reconciliation during care transitions (more than 50%)
- Send summaries of care during referrals (more than 50%)
- Submit electronic data to immunization registries (ongoing submissions during reporting period)
- Protect EHR information

### **Menu set**

- Access imaging results through EHR (more than 10%)
- Record patient family health histories (more than 20%)
- Record electronic notes (more than 30%)



- Submit electronic syndromic surveillance data to public health registries (ongoing submissions)
- Identify and report cancer cases to a public health registry (ongoing submissions)
- Identify and report noncancer cases to a specialized registry (ongoing submissions)

Source: Stage 2 Meaningful Use Final Rule, Centers for Medicare & Medicaid Services, Aug. 23 ([ofr.gov/OFRUpload/OFRData/2012-21050\\_PI.pdf](http://ofr.gov/OFRUpload/OFRData/2012-21050_PI.pdf))

## **Parkland Hospital System Fined For Patient Safety, Care Issues.**

The Texas Department of State Health Services has fined Parkland Health & Hospital System \$1 million for patient safety and quality-of-care deficiencies.. The settlement is said to be "the largest of its kind," and the piece noted that "the state investigation led to a federal investigation that has put Parkland's Medicare and Medicaid funding in jeopardy.

Some specific findings included an improper amputation of a patient's leg, inappropriate restraint and seclusion of a psychiatric patient who subsequently died, and a patient starting a fire in a psychiatric emergency department. Others included a patient carrying a loaded revolver in the emergency department and a medical resident pulling the teeth from the wrong side of the mouth of a patient whose teeth were damaged beyond repair in a traffic accident.

## **MedPAC Reviews Potential Changes to Hospital Readmission Reduction Program**

The Medicare Payment Advisory Commission last week reviewed potential future refinements to the hospital readmissions reduction program, which starts October 1. Commissioners said they support the program but that several refinements could be made, such as controlling for the socioeconomic status of the patients a hospital treats and more adequately excluding unrelated and planned readmissions. The initial average magnitude of the penalty is 0.3 percent of operating payments. Each hospital's risk is limited in fiscal year 2013 because its total penalty is capped at 1 percent of inpatient base operating payments. MedPAC said over the longer term, some aspects of the policy may need to be revised. "Doing so could require revising the measure of readmissions, the method for determining excess readmissions, and the formula for computing penalties for hospitals with excess readmissions."

# Erie County Medical Center Corporation Medical Directors' Office

The difference between  
healthcare and true care™

September 2012



## Dear Doctor:

Hospitals are a confusing and scary place so I ask that you do the following:

- Please introduce yourself and explain to me what your role is in my health care. It is hard for me to keep track of all of you.
- Please sit down and listen to me. I know that you are in a hurry because you need to rush off to "rounds" but if you were in my position I am sure that you would like quality time with your physician.
- I understand that you graduated from medical school but I didn't. I don't speak medicine so please don't speak medicine to me. I need you to speak in my language. In other words I need you to speak in terms that I understand.
- My last request is that you keep me and my family informed. Remember that this is a scary place and it is even more frightening when I am being sent down for a test or given a medicine that is brand new to me. I don't understand why it is so difficult for you to let me know if you are ordering a test or starting a new medicine. If I was going to perform work for you I would ask your permission before I started. I would also explain what I was going to do and why. Why can't you provide the same courtesy?

I know that you are busy and under a lot of pressure but imagine if I was your loved one. Imagine if you were in my situation. Imagine if you were facing an illness and were frightened and your doctors did not find the time to listen to your concerns. Imagine how you would feel if you could not understand what they were saying to you or didn't keep you informed.

Thank you for the time that it took to read this letter. I know that you are busy and I appreciate any time that you can give me. Oh one last thing. Please wash your hands before you come into my room. The last thing I need is for you to give me a hospital acquired infection.

Sincerely,  
*An ECMC Patient*

## ANNOUNCEMENT:

ECMC Medical  
Dental Staff  
Annual Meeting

Wednesday, Oct. 24,  
2012

6:00-7:00 pm

Staff Dining Room

1. Medical Executive Committee Officer Elections
2. Campus Updates—Parking & Construction
3. Chief Medical Officer & Associates Reports



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## Erie County Medical Center Corporation Medical Directors' Office

### Physician Communication—What can I say?

John Fudyma, MD—Associate Medical Director

NRC Picker  
(Patient Satisfaction Scores) for  
ECMC Physicians

Communication  
with  
Physicians  
71.3% positive  
7th percentile

We have decided to emphasize in this edition of the CMO Newsletter the importance of the patient experience. We are doing this for two reasons. First, we want to highlight the accomplishments that have been made in improving some of the dimensions in our most recent HCAHPS scores. The other reason is to inform the medical staff that patients are still dissatisfied with the quality of communication with their physicians. As a matter of fact, our performance presently is at the 7<sup>th</sup> percentile of all hospitals in the US.

We want to commend several groups that have contributed to marked improvements in several patient experience domains. Nursing communication scores have increased dramatically since 2010 and as a matter of fact their recent scores have them at the 50<sup>th</sup> percentile versus the 11<sup>th</sup> percentile in 2010.

Patients seem to be very satisfied with the quality of discharge information. There has been a small multidisciplinary group working on improving the transition of care at discharge and we believe that their efforts have paid off in a marked improvement in patient satisfaction with information needed to return home safely. ECMC is at the 89<sup>th</sup> percentile for patient satisfaction in this dimension.

The final group that deserves kudos is our housekeeping department. Juan Santiago and his staff have moved from the 1<sup>st</sup> percentile to the 11<sup>th</sup> percentile. This is a very positive move forward in a dimension

where we have historically been at the 1<sup>st</sup> percentile for years.

So this brings us to the other patient experience dimension where we continue to struggle, namely patient satisfaction with physician communication. As mentioned above we are currently at the 7<sup>th</sup> percentile in the country. If we drill down to the specific questions in this dimension we see that patients feel that we treat them with courtesy and respect. However, only 60% of patients feel that we listen carefully to their concerns and the same percent feel that we explain things in a manner that they understand. Our inability to listen carefully and explain their condition and plan in a manner that they understand are keeping us in the lowest ten percent for physician communication.

#### *So what can we do to improve our performance in this patient experience dimension?*

First of all, I would encourage all of you to read our cover story which is a letter from an anonymous patient. Please share this letter with residents, midlevel providers and any other provider in your group.

Please remember these simple things that can make a significant impact on patient communication. Knock before entering a room, introduce yourself to the patient and any visitors or family members, and explain your role in their

care. Try to sit down if possible when visiting patients. And lastly, try to remember that we need to use patient level language when explaining conditions and treatment plans.

Over the next several months we will be obtaining better physician specific data with the intent to obtain as adequate number of survey responses for each physician. In the mean time please help us improve one of the key drivers of the patient experience.

## AIDET

**A**—Acknowledge the patient

**I**—Introduce yourself and your role in their care (i.e., resident working with Dr. Attending, the doctor in charge...)

**D**—Duration—every minute in a hospital bed feels like an hour so respect how difficult it is.

**E**— Explain what you are doing and thinking!

**T**—Thank your patient! They are allowing you into the most intimate part of their lives!

View a 10 minute interview of an ECMC patient by Chief Medical Officer, Dr. Brian Murray—  
ECMC Medical Dental Staff Intranet page—"Video Library" (upper left column)

<http://home.ecmc.edu/depts/medicaldental/MedicalDentalVideoLibrary.htm>—AIDET Patient Interview.

For assistance with the video, you may contact Lisa Nelson—[lnelson@ecmc.edu](mailto:lnelson@ecmc.edu).

Must be viewed either on ECMC computer or using your Affiliate access. Video may be used for teaching purposes only.



## E-mail and E-discovery

### What are the Risks?

*Ann Victor-Lazarus, Vice President, Patient Advocacy, Risk Management*

**NEVER**  
Use email to communicate potential issues with patient care or employee behavior.

**NEVER**  
Write critical comments about other providers or a patient's treatment in the medical record.

**ALWAYS**  
use the Quantros® reporting system to report all such occurrences.

Quantros Line  
898-4749

“Most judges and litigators agree that steps should be taken toward uniformity and predictability in documentation presentation.”

Discussion was reported in the New York Law Journal, February 2011, surrounding issues regarding uniformity and even the consideration of a “bright line rule” on the topic of litigation holds. In today’s changing world of instant communication and the demands to provide information rapidly to and about our patients, it is “time to exercise caution and take heed to the following tips from the AMA (American Medical Association) when utilizing e-mail to communicate with patients”:

- Establish a turnaround protocol for your practice
- Use the telephone for urgent matters
- Develop a method to archive all emails
- Establish rules to identify patients in the body of the email
- Individualize emails to patients and avoid group communication
- If an email message is too long and involved, please pick up the telephone
- Develop policy and procedures for internal IT monitoring
- A consent is needed from the patient to participate in electronic communication

The following are considerations and tips when utilizing e-mail to communicate with other providers and administrators.

- E-mail is an everyday tool to communicate thoughts, ideas, and opinions
- E-mail is becoming more like conversation
- Consider legal hold policies for archiving of e-mail
- E-mails often contain information that can be detrimental to a medical malpractice case
- NEVER include PHI and/or specific patient information in email, especially email such as “hotmail” or “gmail” that do not offer encryption to protect the privacy of patients.
- When discussing a case or reporting an occurrence, **DO NOT use email.** Utilize the QUANTROS reporting system and if you have an urgent concern, initiate personal contact by telephone for thorough discussion.
- Send e-mail to as few people as possible
- Avoid e-mails when a phone call or a meeting would be more appropriate
- Try to avoid expressing an opinion on liability unless you are asked to do so
- Assume that inconsistencies and ambiguities can be misinterpreted

Remember, simple techniques make a big difference in

documentation. Always document your actions, discussion and treatments in the EMR/ Medical Record. If you don’t document it, you didn’t do it. And most importantly, if it is not legible, it cannot be interpreted so be sure to date, time and legibly sign all your entries.

Practitioners at times engage in a practice called “chart wars”. It is believed that documenting inefficiency is in the best interest of the provider but in fact it can lead to discoverability. Therefore, be sure to document factual information regarding the patient’s condition and response to treatment only. Tools to address inefficiencies are in place and require verbal review and an incident report to the Quantros System. Physicians may call reports into the Quantros line at 898-4749 anytime. Please include as much detail as possible and use your **Situation Background Assessment and Recommendation (SBAR)** skills.

If you need further assistance on a case from our Patient Advocacy/ Risk Management department, please do not hesitate to call on us at 898-3260 or pager 642-1454. During off hours, you may contact the Nursing Supervisor who can contact the Administrator on call and assist you in contacting Patient Advocacy/ Risk Management.



**Ann Victor-Lazarus,**  
MS, RN, CPHRM  
Vice President, Patient  
Advocacy, Risk Management at ECMCC.

# C.difficile—How can we reduce our rates?

Current rates of C.difficile in the acute inpatient population at ECMC has been on the rise in recent months with a rate of 11.5 Healthcare Acquired Infections per 10,000 days. New York State averages are significantly lower at 8.2 HAI/10,000 patient days.

Medical Director Dr. Andrew Morris of Mount Sinai Hospital in Toronto stated "We've been improving hand washing for the last few years, and all we've seen if anything is an increase in C.difficile," Dr. Morris said in an interview. "I don't believe this is only a hand-hygiene issue. It's an **unnecessary-antibiotic issue.**"

To improve our antibiotic stewardship, Dr. John Crane, Infectious Disease specialist, provides us with the following suggestions —

Discontinuing vancomycin for blood cultures contaminated with coagulase-negative Staphylococci in a single blood culture

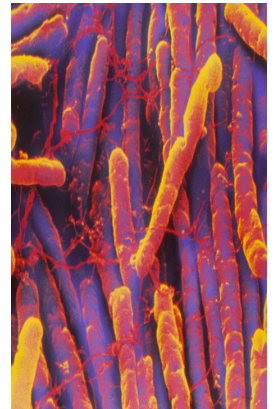
"Streamlining" from initial empiric antibiotics---i.e., narrowing the spectrum of the antibiotic or using a single antibiotic instead of 2 or 3

Avoiding empiric use of clindamycin.

(\*See table of antibiotics most associated with C-Difficile infection on p. 5)

Avoiding antibiotics at high risk for C. difficile such as levofloxacin and moxifloxacin

Limiting the duration of antibiotics to the **minimum** for the patient's infection, following best-evidence available and expert guidelines. For example, a 5 day course of antibiotic therapy for pneumonia as opposed to a 7-10 course.



C-Difficile Infection

"WE'VE BEEN IMPROVING HAND WASHING FOR THE LAST FEW YEARS AND ALL WE'VE SEEN IF ANYTHING IS AN INCREASE IN C. DIFFICILE....IT'S AN UNNECESSARY ANTIBIOTIC ISSUE.." - ANDREW MORRIS, MD, MT. SINAI HOSPITAL IN TORONTO





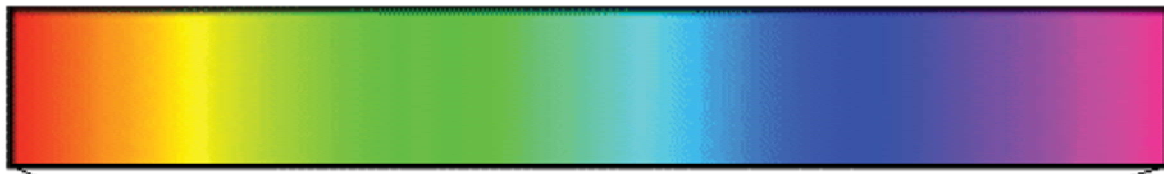
# Antibiotics Most Associated with C.difficile

## Spectrum of Risk for Triggering C. difficile Diarrhea By Selected Antibiotics

Highest Risk

Moderate Risk

Lower Risk



ceftriaxone  
cefepime  
other 3rd generation  
cephalosporins  
newer quinolones:  
• moxifloxacin  
• levofloxacin  
• (gatifloxacin)  
clindamycin

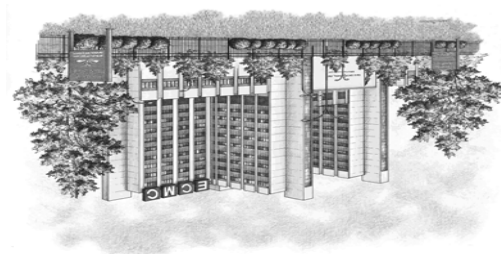
**most antibiotics**  
amoxicillin  
cefazolin  
cephalexin  
TMP/SMX  
macrolides

aminoglycosides  
I.V. vancomycin  
trimethoprim  
penicillin G  
penicillin VK  
nafcillin  
dicloxacillin  
nitrofurantoin  
linezolid  
sulfa alone



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Buffalo, New York 14215  
Phone: 716-898-3936  
bmurray@ecmc.edu

ERIE COUNTY MEDICAL CENTER  
CORPORATION



## Surgical Services—Pre-Procedure Preparation

Pre procedure preparation is the key to ensuring that the day of surgery goes smoothly for your patient. Specific reminders that will help us prepare your patient:

### Pre-Procedure

- Booking of patients should include any specific equipment or implant set
- Promptly submit Form 359 to Admissions (can be found on the Medical Dental Staff webpage)
- Pre operative order form (ORD.134) signed by surgeon can include a skin clipper prep , antibiotics, blood requests , and pre op testing requirements per anesthesia guidelines
- All preoperative labs, any additional testing, and medical clearance should be sent to pre-admission testing at least 48 hours in advance of the surgical date
- History and physical completed and signed, less than 30 days old.
- Any consents for elective procedures that need legal involvement for lack of capacity should be completed prior to surgical date

### Day of Surgery in Surgical Pre-Operative Area

- Update day of surgery history and physical
- Consent
- Site marking
- Clipper order if not prior ordered

### Post-Procedure

- Documentation of surgical intervention, orders for post care and Short Stay discharge summary.



# Senior Vice President of Nursing



## ERIE COUNTY MEDICAL CENTER CORPORATION

Report to the Board of Directors  
Karen Ziemianski, RN, MS  
Acting Director of Nursing  
Assistant Director of Nursing, Medical/Surgical

September, 2012

### TCAB Presentation

On September 14, 2012, Karen Ziemianski, Acting Director of Nursing and Sonja Melvin, RN, Unit Manager of 12 zone 3, will present at the quarterly meeting of the P<sub>2</sub> Collaborative of Western New York. The presentation will include the innovative video produced by the nursing staff of 12 zone 3 on the topic of TCAB, "Transforming Care at the Bedside". The video gives the viewer a true understanding of what TCAB is all about.

### TCAB Final Seminar

A day-long seminar to celebrate the conclusion of the TCAB Project in Western New York will be attended by Acting Director of Nursing, Karen Ziemianski, RN and Assistant Director of Nursing, Dawn Walters, RN. They will be joined by members of their nursing management team, JoAnn Wolf, Patricia Kiblin, Thameena Hunter, Laurie Carroll, Denise Roof-Thompson, along with their staff.

### Purposeful Rounding

The Department of Nursing began a "Purposeful Rounding Program" in the month of September in an effort to improve patient satisfaction. The goal of purposeful rounding is to provide each patient a remarkable patient experience in every dimension, every time. Rounding provides an opportunity to establish a human connection with the patient by listening and attending to their concerns, making sure that their needs are met, and answering their questions.

### Lifeline Foundation Heroes 5K Run and Health Walk

The ECMC Lifeline Foundation will host a 5K Run & Walk on Saturday, September 29<sup>th</sup>. The event honors Western New York Firefighters, Law Enforcement Professionals, Emergency Medical Service Providers, ECMC Physicians, Nurses and Staff. Special recognition will go this year to Madonna, Lakso, Charge Nurse in the Trauma ICU.

### Psychiatry Conference

Earlier this month, Denise Roof-Thompson, RN, Unit Manager of Behavioral Health, attended the 9<sup>th</sup> Annual Comprehensive Review of Psychiatry. The goal of the event, sponsored by the University of Buffalo, Department of Psychiatry, was to provide behavioral health nursing professionals with additional knowledge to assist them in coping and collaborating with physicians on pertinent psychiatric topics.

### Quietness at Night Initiative

The Nursing Department recently convened a “REST” Committee “Restoring health by Encouraging Sleep Time”, to promote a quiet environment for our patients at night. By bringing together this group, we have an opportunity to improve the patient experience and allow the staff to determine the best way to promote patient satisfaction. The committee meets monthly at 2:00 A.M. and is charged with canvassing and compiling information from the patients to determine what keeps them awake at night, finding out the reasons why staff need to wake patients, either purposefully or accidentally, and meet with people who can resolve the issues, such as Biomedical Engineering, Plant Operations, Housekeeping or the IT Department.

### Schwartz Rounds

The stresses of today’s healthcare system threaten the delivery of compassionate care. Financial pressures and administrative demands mean less face-to-face time with the patient and a focus on diagnosis and treatment rather than the impact of illness on the patient and family. Many caregivers today are anxious, frustrated and under pressure - with no structured outlet for expressing their feelings and little preparation for the difficult communication issues that are an inevitable part of patient care.

Schwartz Center Rounds, now taking place at [more than 250 healthcare facilities in 36 states](#), offer healthcare providers a regularly scheduled time during their fast-paced work lives to openly and honestly discuss social and emotional issues that arise in caring for patients. In contrast to traditional medical rounds, the focus is on the human dimension of medicine. Caregivers have an opportunity to share their experiences, thoughts and feelings on thought-provoking topics drawn from actual patient cases. The premise is that caregivers are better able to make personal connections with patients and colleagues when they have greater insight into their own responses and feelings.

A hallmark of the program is interdisciplinary dialogue. Panelists from diverse disciplines participate in the Rounds, including physicians, nurses, social workers, psychologists, allied health professionals and chaplains. After listening to a panel's brief presentation on an identified case or topic, caregivers in the audience are invited to share their own perspectives on the case and broader related issues.

ECMC has initiated an agreement with The Schwartz Center to offer rounds monthly here at the hospital. The steering committee, led by Dawn Walters, is developing rounds that promote dialogue for all care providers. The first rounds will be held in the overflow cafeteria on September 24<sup>th</sup> at 12 noon.

AACN Meeting

Cheryl Nicosia, RN, Nurse Clinician, reported that a meeting of the AACN, American Association of Critical Care Nursing, was held on September 13<sup>th</sup> at the Protocol Restaurant. The event was attended by over 80 critical care nurses from the Western New York area. The guest speaker was Dr. Michael Landi, a neurosurgeon at the Brain & Spine Center. ECMC was represented by the following nurses:

Anne Dowdell	Melinda Lawley	Michelle Meli
Cameron Schmidt	Cheryl Nicosia	Jeremy Hoover
Ethan Christian	Giovanna DiGesare	Lee Divinney-Boymel
Deborah Drexelius	Lisa Hauss	Seanessa Jackson
Ayesthia Wyatt	Susan Kiener (retired)	Diane Stauder (retired)

March of Dimes Nurse of the Year Award Gala

Danita Edwards, RN, a staff nurse on 12 zone 3, was nominated in the 2<sup>nd</sup> Annual March of Dimes Nurse of the Year Awards Gala, in the category of "Rising Star". Danita is among 102 nominees in total, in 18 different categories. Karen Ziemianski and Sonja Melvin, Danita's Unit Manager, will attend the gala on September 21<sup>st</sup> at the Rochester Riverside Radisson. Danita is an alumni of the UB School of Nursing.



# Vice President of Human Resources

ERIE COUNTY MEDICAL CENTER CORPORATION  
BOARD OF DIRECTORS  
MINUTES OF THE HUMAN RESOURCES COMMITTEE MEETING

TUESDAY, SEPTEMBER 11, 2012

ECMCC STAFF DINING ROOM

---

VOTING BOARD MEMBERS  
PRESENT OR ATTENDING BY  
CONFERENCE TELEPHONE:

BISHOP MICHAEL A. BADGER, CHAIR	JODY L. LOMELO
MICHAEL HOFFERT	FRANK B. MESIAH

BOARD MEMBERS EXCUSED:

JOSEPH ZIZZI, SR., M.D.  
RICHARD F. BROX

ALSO PRESENT:

KATHLEEN O'HARA	MARK BARABAS
CARLA DICANIO-CLARKE	KAREN HORLACHER
JANET BULGER	NANCY TUCKER
MIKE FARRELL	BEN LEONARD

---

**I. CALL TO ORDER**

Acting Chair Frank Mesiah called the meeting to order at 9:30 a.m.

**II. RECEIVE & FILE**

Moved by Frank Mesiah and seconded by Michael Hoffert to receive the Human Resources Committee minutes of the July 17, 2012 meeting.

**III. CSEA NEGOTIATIONS**

The CSEA members voted on the new contract on August 22, 2012. It was defeated 3-1. Carla DiCanio-Clarke reported that she is awaiting the County's guidance as to what the next step will be.

**IV. NYSNA NEGOTIATIONS**

A request was made to the County seeking designation of ECMCC to lead the negotiations as the hospital has more NYSNA members. It is believed that the County Executive and David Palmer have no objections. Kathleen O'Hara has begun discussing dates with NYSNA leadership.

**V. BENEFITS AND WELLNESS**

Open enrollment will begin October 15, 2012.

A benefits fair at ECMCC is scheduled for October 11. The benefits fair at the Erie County Home is scheduled for October 4, 2012. The fairs will feature wellness screenings, chair massages, flu shots and chiropractic care.

A Lunch and Learn is being planned to educate employees on domestic violence. This is being done in collaboration with the Family Justice Center.

**VI. TRAINING**

Kathleen O'Hara reported that HR is looking into using the Theatre for Change as a training tool for Domestic Violence and Workplace Violence.

Carla DiCanio-Clarke stated that HR and various union reps are in the process of interviewing providers for workplace violence training.

Jody Lomeo declared that the Board of Directors has requested that ECMC have a security and

ERIE COUNTY MEDICAL CENTER CORPORATION

safety evaluation of the entire campus. The Buffalo police and SWAT team has already conducted this evaluation. One of the focuses of the evaluation is the various access points on the ECMCC campus. Discussion ensued regarding the appearance of security guards and helping patients feel comfortable, yet safe.

**VII. WORKERS COMPENSATION**

The Workers Compensation Report was distributed. Kathleen O'Hara reported that HR is working with our TPA, Travelers, to resolve old claims.

**VIII. ERIE COUNTY HOME AND SNF**

ECMCC representatives have met with representatives from the three unions to discuss processes for transitioning the staff to the new facility. Seniority lists are currently being re-calculated. Nancy Curry will be meeting with NYSNA members on September 13, 2012 to discuss their bids for vacant positions.

New titles have been approved by Erie County Personnel. The hospital aide and institutional aide titles have been combined into a Certified Nursing Assistant title.

**IX. NURSING TURNOVER RATES**

August Hires 9.5 FTE, 6 FTES Med/Surg, 2.5 FTES Behavioral Health, 1 FTE Critical Care. 79.5 FTES & 2 Per Diems hired YTD. (1 LPN FTE hired Hemo. 23 LPN FTES hired YTD)

August Losses – 4 FTES, 2.5 FTES Med/Surg (1FTE resign in lieu of term, 1 FTE retire & .5 FTE resign), 1.5 FTES Behavioral Health (1.5 FTES removed)

Turnover Rate .53% (.4% without retirees)

Quit Rate .33% (.2% without retirees)

Turnover Rate YTD 4.95% (3.18% without retirees) 5.92% 2011

Quit Rate 3.9% (2.37% without retirees) 4.93% 2011

September Hires 8 FTES & 8 PT, 3 FTES & 8 PT Float Pool Med/Surg, 5 FTES Behavioral Health. 87.5 FTES 2 Per Diem & 8 PT hired YTD. (1 LPN FTE hired Med/Surg. 24 LPNS hired YTD)

**X. PESH CITATION**

PESH citations were discussed.

**XI. ADJOURNMENT**

Moved by Frank Mesiah to adjourn the Human Resources Committee meeting at 10:10am.



# Chief Information Officer



## HEALTH INFORMATION SYSTEM/TECHNOLOGY

September 2012

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

**ARRA Meaningful Use - Inpatient and Outpatient Report Card.** We are in the final stage of monitoring data collection and validation of the inpatient meaningful use requirements. Working with the Quality and Finance departments, we plan to complete the attestation process by September 28, 2012.

We are in the process of developing an organizational work plan to address the requirements for The ARRA Meaningful Use Stage 2. Project scope and milestone dates have been presented to executive management for Inpatient Computer Physician Order Entry and electronic Medication Reconciliation initiatives. Re-design of the pharmacy, radiology order entry dictionaries are in progress. Detailed project plan and kick off of work plans are underway.

**Network Infrastructure Enhancements.** The network team completed network infrastructure upgrade consisting of a highly redundant core network backbone.

**ECMC Security System.** The team is in committee to finalize the composition of the new campus wide security initiative. System will avail itself to not only manage the workforce badge process and physical campus security but also the automated alert mechanism to authorities, workforce and potentially patients and visitors.

**MIQS Roll Out.** The IT team is dedicated toward supporting the outpatient dialysis EHR go live scheduled for September 24<sup>th</sup>.

**PACS (Picture Archiving Communication System).** Working with Radiology, initiated several initiatives to increase accessibility, performance and physician satisfaction to our overall imaging strategy. Projects include vendor neutral archiving, physician friendly viewing solution (ie smartphone, tablets, generic desktop, etc) and referring physician portal. Completion of these initiatives range from November 2012 through second quarter of 2013.





# **Sr. Vice President of Marketing & Planning**

**Marketing and Development Report**  
**Submitted by Thomas Quatroche, Jr., Ph.D.**  
**Sr. Vice President of Marketing, Planning and Business Development**  
**September 25, 2012**

**Marketing**

“True Care” and “Expansion” marketing campaign for 2012 in market  
Bills “Official Healthcare Provider” sponsorship being leveraged for branding efforts

**Planning and Business Development**

Operation Room expansion CON filed and continued questions answered  
Coordinating Accelero Orthopedic and General Surgery margin initiative  
Coordinating planning for Great Lakes Health Strategic and Community Planning Committee meetings  
Working with Professional Steering Committee and assisting all subcommittees  
Managing CON processes  
Developing primary care and specialty strategy and have had multiple confidentiality agreements signed  
Dr. Howard Sperry’s practice has incrementally increased in patient numbers and ancillary business has had significant referrals  
Two large Southtown primary care practices underway and seeing approximately 300 patients per week  
In discussions with large specialty and primary care practices looking to affiliate with ECMC  
Two new orthopedic surgeons and one breast surgeon starting in the Fall

**Media Report**

- **The Buffalo Criterion; Western New York Health Magazine: Free Community Health Fair and Educational Symposium Promotes Good Health Habits and Wellness.** “Through this effort, we hope to encourage people to have fun and be more active.” Rita Hubbard-Robinson, Co-Chair of the event and Community Health Education and Outreach Director of ECMC, is quoted.
- **Datamonitor via COMTEX; tmcnet.com; healthtechzone.com; ihealthbeat.org: ECMC selects Ominicell for G4 medication management solutions.** “Erie County Medical Center is constantly striving to improve its medication verification process.” Randy Gerwitz, director of Pharmacy, is quoted.
- **Navil.mil: Navy Medicine Leadership Visits ECMC during Buffalo Navy Week.** Rear Adm. Rebecca McCormick-Boyle, chief of staff, US Navy Bureau of Medicine and Surgery, discussed similarities between the Patient Aligned Care Team (PACT) and Navy Medicines Medical Home Port model.
- **Buffalo Healthy Living News; Western New York Health Magazine: Celebration of Life Fund-raiser for ECMC’s Trauma Intensive Care Unit (TICU).** Michael J. Billoni and his wife will hold a Celebration of Life fundraiser for the Erie County Medical Center Trauma Intensive Care Unit.
- **WIVB-TV, Channel 4: Erie County Medical Center offered a health fair and free medical screening at the Cleveland Hill Family Health Center.** Cooking demonstrations of healthy meals were also given to promote health living.
- **WIVB-TV, Channel 4: Camp teaches kids to handle emergencies.** Erie County Medical Center hosted Camp 911 for children 10 to 13, giving kids a firsthand look at how many of the hospital’s emergency services work. Program Coordinator, Cara Burton, is quoted.
- **WIVB-TV, Channel 4: Surviving a heart attack is possible when you know the signs to look for.** ECMC cardiologist Dr. Neil Dashkoff discusses common misperceptions that people have about the symptoms of a heart attack. Dr. Dashkoff is quoted.
- **Independent Health 2012 Community Report: HEALTHeLINK: Improving care quality through clinical information exchange.** By using HEALTHeLINK, Western New York’s clinical

information exchange, linking local hospitals, physicians and health plans to patients' up-to-date clinical information, Dr. David Ellis can quickly review a patient's history and determine the best course of action in emergency situations.

- **www.beckersorthopedicandspine.com: 15 Spine Surgeon Leaders at Large Public Hospitals.** Dr. Joseph Kowalski is listed as one of 15 of the top spine surgeons.
- **WGRZ-TV, Channel 2: ECMC Lifeline Heroes 5K Run and Healthwalk.** ECMC salutes local heroes in the police and firefighter profession, emergency medical personal and life saving team.

### **Community and Government Relations**

Lifeline Foundation Mobile Mammography Unit screening patients and has 1,500 women being screened and scheduled to be screened

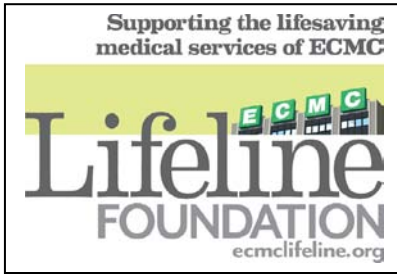
Meetings held with various community groups regarding mammography bus and events scheduled

Several tours held with community leaders and potential donors

Continuing to work with other PBC hospitals on legislation and advocacy efforts



# **Executive Director, ECMC Lifeline Foundation**



## ECMC Lifeline Foundation Report For ECMCC Board of Directors September 25, 2012

Submitted by  
**Susan M. Gonzalez, Executive Director**

### Grant Initiatives

- Lifeline Foundation continues to collaborate with various hospital departments to apply for grants to assist with securing goods and services not currently funded through the hospital budget. Applications completed/awarded since last meeting include:

**NYS DOT** - grant for wheelchair accessible van - pending  
**Patrick Lee Foundation** for Behavioral Health - \$3,000,000 letter of intent stage  
**Wound Care Symposium** sponsorships – several submitted - **\$13,000 to date**  
**Renaissance Foundation** – Mobile Mammography Bus - \$10,000 pending  
**Low Reed Spinal Cord Injury Fund** – Zonco Mobile Arm Valet - \$2,000 pending

### Event News

- **Mike Billoni “Celebration of Life” Fundraiser**  
Held September 17<sup>th</sup> at Heroes & Patriots Park to benefit the ECMC Trauma Department; this event marked the 20<sup>th</sup> anniversary of Mike being hit on his bike by a drunk driver and being brought to ECMC for his 44 day stay in the trauma unit. Over \$6200 was raised.
- **Mobile Mammography Unit**  
The mobile mammography unit will be visiting the Buffalo Municipal Housing developments in the City of Buffalo to provide breast screening for female residents throughout the fall months.



**JOIN US SATURDAY!**  
**Heroes 5K Run & Healthwalk**  
**Saturday, September 29, 2012**  
**Delaware Park**

Honoring ECMC Physician Michael Manka, Nurse Madonna Lakso and the ECMC Police Department!

Hero Sign Sponsorship opportunities are still available

**A Family, Fun event for all ages &  
Post Race/Walk Picnic with Live Music  
REGISTER TODAY!**

### Employee Giving Campaign

- Each year as summer's end draw nears we begin to hear about the **United Way Campaign** in workplaces across our community. For those of you who make your Lifeline annual fund gift through United Way payroll deduction and donor designate your contribution to Lifeline I want to provide you with Lifeline's agency number for your use. **Please note our designation number is #657387. You may write this number or our agency name “ECMC Lifeline Foundation” on your form.**
- For those that are Hospital employees you may donate you pledge through payroll deduction on an ECMC Workplace Giving form and donate directly to Lifeline. Forms will be available October 1<sup>st</sup>.

- Or if you choose to make your contribution online at [uwbec.org](http://uwbec.org) , there is no method by which to donor designate to an agency but you can email them your donor designation choice by clicking “contact us” at the bottom of their homepage after you have made your online pledge.
- Thank you for your consideration.

# **NEW BUSINESS**

**OLD  
BUSINESS**





# Medical-Dental Executive Committee

**MEDICAL EXECUTIVE COMMITTEE MEETING  
MONDAY, AUGUST 27, 2012 AT 11:30 A.M.**

**Attendance (Voting Members):**

D. Amsterdam, PhD	C. Gogan, DDS	
W. Belles, MD	R. Hall, MD, DDS	
G. Bennett, MD	J. Izzo, MD	
S. Cloud, DO	M. LiVecchi, MD	
H. Davis, MD	R. Makdissi, MD	
R. Desai, MD	K. Malik, MD	
T. DeZastro, MD	M. Manka, MD	
N. Ebling, DO	R. Schuder, MD	
R. Ferguson, MD	P. Stegemann, MD	
W. Flynn, MD	R. Venuto, MD	

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

K. Ziemianski, RN	R. Gerwitz	
J. Fudyma, MD	C. Ludlow, RN	
B. Murray, MD	A. Victor-Lazarus, RN	
S. Ksiazek	R. Cleland	
M. Barabas	C. Gazda, RN	
L. Feidt		

**Excused:**

A. Arroyo, MD	J. Kowalski, MD	
M. Azadfard, MD	T. Loree, MD	
Y. Bakhai, MD	J. Lukan, MD	
A. Chauncey, PA	K. Pranikoff, MD	
N. Dashkoff, MD	J. Reidy, MD	
S. Downing, MD		

**Absent:**

None		

**I. CALL TO ORDER**

- A. Dr. Richard Hall, President-Elect, called the meeting to order at 11:40 a.m., in President Dr. Kowalski's absence.

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

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

**III. UNIVERSITY REPORT – Dean Cain, MD**

- A. No report this month. See Chief Medical Officer for University updates.

#### **IV. CEO/COO/CFO BRIEFING**

##### **A. CEO REPORT**

- a. Report deferred to Mr. Barabas.

##### **B. PRESIDENT'S REPORT – Mark Barabas, President and COO**

- a. **VOLUMES** – Volumes are up and overflow units have been opened when needed to accommodate the surge.
- b. **1:1 OBSERVATION** – Please review the patients who are on 1:1 observation and keep them only when absolutely necessary.
- c. **CARDIOVASCULAR WORKGROUP WITH KALEIDA** – Is active and working to consolidate services.
- d. **HEAL GRANT** – Funds are being utilized and requires some additional information which will be submitted.
- e. **MOB CON** – Is assembled in draft form and should be submitted shortly.
- f. **PARKING UPDATE** – Parking renovations continue and are on schedule. The valet parking services have been very well received.
- g. **HOPSICE SERVICES** – Palliative care services will be available effective September 1, 2012.

##### **C. FINANCIAL REPORT – Mark Barabas, President**

- a. **VOLUMES/FINANCIAL REPORT** – Mr. Barabas provided report for Mr. Sammarco. The month of July showed a small profit with a year to date still showing a deficit. The increased volume, it is expected, will help offset the operational deficit.

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

##### **A. UNIVERSITY AFFAIRS**

ECMC recently received the preliminary draft of the Annual Plan for residents for the academic year July 2013-June 2014, which is attached. This is preliminary and not the final plan and in particular the distribution of residents into the common pool has not yet been determined so it is likely that the number of residents attributed to ECMC will increase by another 2-3. Currently 21% of all residents are assigned to ECMCC.

There are no major changes and the majority of departments remain unchanged but the following do show some proposed changes:

Dermatology	+1.00
Internal Medicine	-2.50
Neurology	-1.00
Obstetrics & Gynecology	+1.00
Orthopedics	+1.00

Surgery	-1.67
ECMC Dental	+1.00

Clinical chiefs are encouraged to review the proposal as it pertains to their department and to let the CMO know if the plan represents any issues for their department.

**B. PROFESSIONAL STEERING COMMITTEE**

No report. Next scheduled meeting is in September.

**C. MEDICAL STAFF AFFAIRS**

See separate report by Sue Ksiazek for full details.

**D. CLINICAL ISSUES**

UTILIZATION REVIEW	May	June	July	vs. 2011 YTD
Discharges	1033	892	1006	up 4.7%
Observation	156	135	138	down 9.7%
LOS	5.8	6.0	6.2	down 3.3%
CMI	2.04	1.85	2.14	unchanged
Surgical Cases	873	793	849	up 1.1%
Readmissions (30d)	16.9%	12.2%		

**E. JOINT COMMISSION**

Our accreditation, achieved in 2010, is valid through 2013 but we can expect a visit next summer. In preparation we recently had the VHA do a Mock Survey to identify our potential vulnerabilities. We are still awaiting their “findings” but they did share verbally areas that the Joint Commission is focusing on and some of the issues they identified during their 3 days here. Below I have outlined some of the issues that are most pertinent to the medical Staff.

Following areas require special attention:

1. Use of Unapproved Abbreviations.
  - a. This is not so much a problem that people are using dangerous abbreviations but that they are making up their own.
2. Telephone Orders not authenticated in the appropriate timeframe
3. Failure to sign, date and time signatures and co-signatures.
4. Preoperative History and Physical done within 30 days and appropriately updated.

- a. VHA found instances where although the “Update” sticker was signed, dated and timed, the box attesting to the fact that there was no change in the patient’s condition since the office H & P was not ticked.
- 5. Restraints and Seclusion
  - a. Inadequate documentation and inappropriate use of prn orders
- 6. Moderate Sedation
  - a. No documentation of a pre-sedation assessment, airway assessment or discharge assessment.
- 7. Performance of Time Outs in accordance with policy (all practitioners must be present).
  - a. All time outs were appropriately documented but VHA o, during direct observations, noticed that not all those present stopped what they were doing to participate in the timeout.
- 8. Informed Consent.
  - a. VHA indicated that we need to be obtaining formal consent for administration of chemotherapy and other “high-risk” drugs such as new biologicals and immunomodulators.
  - b. Failure to document that patient has been informed of potential problems that may occur in the postoperative period. Either because this was not documented or patient could not relate this to the surveyors.
- 9. Attending Addendums.
  - a. One chart had a note signed by 3 different individuals so that it was not clear who had actually written the note. We recommend that attendings write a brief statement as well as just co-signing.
    - i. If you are billing for the service the statement needs to reflect that you have confirmed the major aspects of the history and physical exam of the resident.
    - ii. If not billing but just documenting supervision then something like “Reviewed and Agree” would probably suffice.
- 10. OPPE/FPPE.
  - a. Continues to represent a challenge. Joint Commission is not necessarily satisfied with the fact that there is evidence of data collection but asking what is being done with the data, and in particular how are outliers being addressed. The Medical Staff Office will now flag any measure that shows a concern so the Chief can review the measure and make a comment or correction where needed.
- 11. Performance Improvement
  - a. Joint Commission again is looking to see that the Institution (and its individual departments) are not just collecting data but using that data to drive process improvement by setting specific goals to be obtained.

## VII. ASSOCIATE MEDICAL DIRECTOR REPORT – J. Fudyma, MD

- A. **VALUE BASED PURCHASING** – Dr. Fudyma reviewed the current data. Nursing has shown significant improvement as well as discharge instructions and cleanliness/quietness. Communication with physicians still needs more improvement and to address this, a task force is being put together with various departments to look at ways to improve this measure. Dr. Fudyma met with Picker Survey representatives to improve data received per physician and better data will be forthcoming. Additionally, conversation with a different vendor is underway to see if their product would improve data.
- B. **SCHWARTZ ROUNDS BEGINNING** - Dr. Fudyma advised that ECMC will be engaged in the Schwartz Rounding program. The program encourages staff and physicians to decompress regarding stressful cases, focusing on the emotions they feel. It promotes team work and is very well received in other institutions.

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

- A. Ms. Ksiazek provided a written report that was reviewed.
- B. **Change name of Radiology Department** – The name of the department will be changed to Radiology/Imaging Services when referred to in the Rules and Regulations. This recommendation is noted and the document will be updated to reflect the change.
- C. **History and Physicals** – the wording in the Rules and Regulations will be changed to reflect the medical records policy.  
**MOTION:** To accept the change to the History and Physical portion of the Rules and Regulations as noted below:  
*1. History and Physical Examination. Every patient shall have a complete history taken and physical examination performed by a qualified practitioner within thirty (30) days before or within twenty-four (24) hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services. The medical history and physical examination must be placed in the patient's medical records within 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services. An attending Staff Member is responsible for reviewing and countersigning a history and physical examination recorded in the patient's medical record by another practitioner. If the history and physical examination findings have been dictated but are not yet available in the chart, a statement to that effect and a note summarizing the pertinent facts and findings, provisional diagnosis and treatment plan must be made in the chart within twenty-four (24) hours following admission.*

*An updated examination of the patient, including any changes in the patient's condition, when the medical history and physical examination*

*are completed within 30 days before admission or registration. Documentation of the updated examination must be placed in the patient's medical records within 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services. If the findings of a history and physical examination performed no more than thirty (30) days before admission accurately reflect the patient's condition at admission, such prior history and physical examination may be utilized for that admission so long as a copy of such prior history and physical examination is immediately placed in the patient's chart and an update or a note which confirms that the patient has been examined, and the information is current and accurate is made in the chart within 24 hours by the attending Staff Member.*

**MOTION UNANIMOUSLY APPROVED.**

- D. **NOMINATING COMMITTEE** – The Committee is preparing a slate of nominations for the upcoming officer vacancies.
- E. **ANNUAL MEDICAL STAFF MEETING ANNOUNCED** – The annual Medical Staff Meeting is scheduled for October 24, 2012. Please encourage staff attendance.
- F. **SURGICAL SURVEY** – A survey is being conducted to determine what additional resources/additional hours of operation may be needed in the OR. Please respond to the survey.

**IX. LIFELINE FOUNDATION – Susan Gonzalez**

- A. No report.

**X. CONSENT CALENDAR**

	MEETING MINUTES/MOTIONS	ACTION ITEMS
A.	MINUTES OF THE Previous MEC Meeting: July 23, 2012	Receive and File
B.	CREDENTIALS COMMITTEE: Minutes of August 7, 2012	Received and Filed
	- Resignations	Reviewed and Approved
	- Appointments	Reviewed and Approved
	- Reappointments	Reviewed and Approved
	- Dual Reappointment Applications	Reviewed and Approved
	- Provisional to Permanent Appointments	Reviewed and Approved
C.	HIM Committee Meeting: - Minutes of July 26, 2012	Receive and File
	1. Chest Pain Observation Order Set	Reviewed and Approved
	2. ETOH Order Set	Reviewed and Approved
	3. ETOH Observation Care Order	Reviewed and Approved
	4. Physician Discharge Instructions Tissue Flap Procedure	Reviewed and Approved
	5. Physician Discharge Instructions for Thyroid Removal	Reviewed and Approved
	6. Physician Discharge Instructions for Breast Reconstruction	Reviewed and Approved
	7. Hyperbaric Oxygen Therapy Agreement	Reviewed and Approved
D.	P & T COMMITTEE – Minutes of August 8, 2012	Received and Filed
	1. F-11 Standard Administration Time	Reviewed and Approved
	2. Minutes Antiinfective Subcommittee July 2012 – approve	Reviewed and Approved
	3. TwoCal® HN – add to Nutritional Formulary	Reviewed and Approved

	MEETING MINUTES/MOTIONS	ACTION ITEMS
	4. Theophylline solution in unit dose – add to Formulary as a line extension	Reviewed and Approved
	5. Azithromycin 500 mg tablets – add to Formulary as a line extension	Reviewed and Approved
	6. Carbamazepine ER 100 mg – add to Formulary as a line extension	Reviewed and Approved
	7. Thrombin JMI (bovine) 5,000 units spray kit	Reviewed and Approved
	8. Benzyl alcohol lotion – add to Formulary	Reviewed and Approved
	9. Malathion lotion – delete from Formulary	Reviewed and Approved
	10. Alemtuzumab (Campath®) – delete from Formulary	Reviewed and Approved
	11. Phenylephrine 0.25% Nasal spray – delete from Formulary	Reviewed and Approved
	12. Phenylephrine 0.25% Nasal spray – therapeutically equivalent to phenylephrine 0.5% nasal spray	Reviewed and Approved
	13. TI-56 Outpatient Epoetin IV to SQ	Reviewed and Approved
	14. F-02 Drug Formulary – Approve revisions	Reviewed and Approved
	15. F-03 Automatic IV to Oral Conversion Policy – Approve revisions	Reviewed and Approved
	16. F-05 Drug Recall	Reviewed and Approved
	17. F-12 Self Administration of Medications by Patients	Reviewed and Approved
	18. F-13 Drug Nutrient Interactions – Approve revisions	Reviewed and Approved
	19. IV-03 Med. Admin by RN in CC areas – Approve revisions	Reviewed and Approved
	20. IV-09 Adult Standard Infusions – Approve revisions	Reviewed and Approved
	21. Guideline for Titration of Continuous IV Infusions in Critical Care Areas – approve	Reviewed and Approved
	22. Pharmacist Approval Criteria for Linezolid – approve	Reviewed and Approved
E.	CLINICAL INFORMATICS MINUTES – June 25, 2012	Received and Filed

## X. CONSENT CALENDAR, CONTINUED

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

**MOTION UNANIMOUSLY APPROVED.**

## XI. OLD BUSINESS

- A. NONE

## XII. NEW BUSINESS

- A. **REFLEX CHART** – Changes are submitted for review by Dr. Amsterdam, Director of the Laboratory.  
**MOTION** to approve the revised REFLEX CHART as submitted.

**MOTION UNANIMOUSLY APPROVED.**

- B. **MOTION:** Provide financial support for the ECMC 2012 Radiology Tech Week in November 2012 not to exceed \$2,000. This will be provided via the ECMC Medical Dental Staff Treasury.



**MOTION UNANIMOUSLY APPROVED.**

- C. **BETA BLOCKER CMS CHANGE** – Dr. Davis advised the MEC regarding change to this regulation. When a patient is receiving beta blocker post operatively and if the patient stays greater than 24 hours, and a second dose is indicated, the service must order the second dose or write in the chart why the patient should not receive the dose. This is a change as the medication was administered and ordered by anesthesia as the second dose was not required. Discussion ensued regarding the regulation.
- D. **VERIPHY ISSUE** – The process of notifying the ordering physician of results was discussed and the resulting elevation of the notification. It was requested to look at the process by the Chief of Surgery. The process will be reviewed by Radiology/Imaging services to see if improvement can be made.

**XIII. ADJOURNMENT**

There being no further business, a motion was made to adjourn to Executive Session, seconded and unanimously approved to adjourn the regular session of the Medical Executive Committee meeting at 12:40 p.m.

Respectfully submitted,



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

# Reading Material



**From the  
Chief Executive Officer**

## Erie County Medical Center Selects Omnicell G4 Medication Management Solutions

August 28, 2012

MOUNTAIN VIEW, Calif., -Omnicell, Inc. (NASDAQ:OMCL), a leading provider of medication and supply management solutions and analytics software for healthcare facilities, today announced that Erie County Medical Center (ECMC) Corporation expanded its exclusive relationship with Omnicell to implement G4 automated medication management solutions throughout its 550-bed hospital in Buffalo, NY. ECMC's relationship with Omnicell began in 1998 and has increased in scale to match the medical center's steady growth.

One of Western New York's leading healthcare providers, ECMC is the regional center for trauma, burn care, and rehabilitation and is a major teaching facility for the University at Buffalo. As its scope of healthcare services increased, ECMC needed medication management technology that streamlined and safeguarded the transportation of medications from the pharmacy to the automated dispensing cabinet (ADC) and to the patient's bedside. Upon reviewing all solutions available in the market, ECMC discovered that the Omnicell G4 medication management system connects to a single medication database, creating closed-loop movement of medications from controlled substance vaults to ADCs, and then to the bedside, meeting Joint Commission and other regulatory standards for medication administration.

In addition to seeking an overall upgrade to its medication management system, ECMC needed a mobile system that offered medication security and streamlined workflow for nurses. ECMC selected Omnicell's Savvy™ mobile medication system because it simplifies and secures the transportation of medications from the ADC to the patient's bedside in patient-assigned locking drawers. Savvy also provides a clear audit trail for medications accessed by any clinician at any location by integrating with Omnicell's Anywhere RN™ software.

"Erie County Medical Center is constantly striving to improve its medication verification process," said Randy Gerwitz, director of pharmacy at ECMC. "In order to create a truly safe and streamlined medication distribution system, we performed an exhaustive review of all competitive medication automation systems, especially mobile systems."

"Omnicell clearly demonstrated a commitment to constantly improving its technology to meet the needs of a growing healthcare system," added Mr. Gerwitz. "Because Omnicell's mobile medication system, Savvy, is so superior to competitive offerings, we won't have to worry about medication security in the next regulatory review. We are excited to bring the very best medication automation technology that is available to our patients and clinicians."

ECMC also reported that its purchasing decision was driven by the intuitive user interface, reliable design, and compelling long-term cost of ownership of Omnicell G4 medication management solutions.

ECMC is scheduled to complete its large installation of Savvy mobile medication systems by early 2013. In addition to ECMC's Savvy investment, the medical center will also upgrade to the following Omnicell solutions:

- OmniRx® G4 Automated Medication Dispensing Cabinets (ADCs), including the integrated Medication Label Printer that allows nurses to print patient-specific labels right from the ADC during medication issue. The ADCs, which are used throughout the nursing floors, also include the new Touch & Go™ G4 biometric ID system, designed with state-of-the-art biometric technology to improve efficiency and security.
- Anywhere RN™, which offers nurses a flexible approach to the medication administration process designed to positively impact nursing workflow and patient safety. It is a web-based application designed specifically for nurses that provides real-time remote access to the Omnicell cabinet from virtually any computer or workstation in the patient care area.
- Anesthesia Workstation™ G4, an automated dispensing cabinet for the operating room that allows for secure, convenient access to drugs required during surgery and automates documentation of controlled substances, relieving the anesthesiologist of the tedious task of counting medications.

"We are pleased to continue to grow our 14-year relationship with Erie County Medical Center and offer solutions that meet the growing needs of this institution," said J. Christopher Drew, executive vice president, field operations at Omnicell. "Omnicell's primary mission is helping patients and the healthcare professionals who care for them, which is reflected in our relentless commitment to advancing our technology. We are excited to support Erie County Medical Center in providing the safest, most efficient care to its patients."

#### About Erie County Medical Center

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

#### About Omnicell

Omnicell, Inc. (NASDAQ: OMCL) is a leading provider of automation and business information solutions enabling hospitals and other healthcare organizations to streamline the medication administration process and manage costly medical supplies for increased operational efficiency and enhanced patient safety. Through seamless integration with a customer's existing IT infrastructure, Omnicell solutions empower healthcare facilities to

achieve comprehensive automation of medication and supply management from the arrival at the loading dock to the patient's bedside. Omnicell also provides healthcare facilities with business analytics software designed to improve medication diversion detection and regulatory compliance.

Since 1992, more than 2,600 hospital customers worldwide have utilized Omnicell's medication automation, supply chain, and analytics solutions to enable them to increase patient safety, improve efficiency and address changing healthcare regulations while providing effective control of costs, charge capture for payer reimbursement and inventory management of medications and supplies.

MTS Medication Technologies, a wholly-owned Omnicell subsidiary, is a leader in medication adherence packaging systems designed to improve medication dispensing and administration. MTS enables approximately 6,000 institutional and retail pharmacies worldwide to maintain high accuracy and quality standards while optimizing productivity and controlling costs. The MTS product line includes more than 20 packaging machines and 50 types of consumable products.

For more information about Omnicell, please visit [www.omnicell.com](http://www.omnicell.com). Visit [www.mts-mt.com](http://www.mts-mt.com) for more information about MTS.



The Source for Navy News

## Navy Medicine Makes House Calls During Buffalo Navy Week

Story Number: NNS120914-08

9/14/2012

By Valerie A. Kremer, U.S. Navy Bureau of Medicine and Surgery Public Affairs

BUFFALO, N.Y. (NNS) -- Navy Medicine leadership met with Buffalo's top health care leaders, students, veterans and civic organizations to discuss shared initiatives, Navy Medicine's robust capabilities and role in the maritime strategy as part of Buffalo Navy Week, Sept. 11-14.

Rear Adm. Rebecca McCormick-Boyle, chief of staff, U.S. Navy Bureau of Medicine and Surgery, was the senior medical officer representing Navy Medicine during Buffalo Navy Week.

"I am so happy to be back home in Buffalo, which has a rich heritage of supporting the military" said McCormick-Boyle. "Buffalo Navy Week and the War of 1812 commemoration show the American public how their Navy plays a crucial role in protecting the sea lanes, and also how we take care of our dedicated men and women in uniform."

Out of the nearly 330,000 active duty Sailors across the Navy, nearly 15,000 come from New York, over 2,000 reserve Sailors hail from the state and nearly 10,000 retired Navy men and women are currently living in the state of New York, McCormick-Boyle noted.

During a meeting with the Buffalo VA Medical Center, McCormick-Boyle met with leadership and staff and discussed the similarities between the Patient Aligned Care Team (PACT) and Navy Medicine's Medical Home Port model. In both models, the patient is assigned a team of health care professionals who takes care of the patient's continuum and coordination of care.

"Military medicine influences our continuum of care," said Brian Stiller, medical center director, VA Western New York Healthcare System. "When we see the services that are provided in military facilities, it greatly influences the advancement of our services. It's great to see that both Navy Medicine and the VA are using similar health care models with the Patient Aligned Care Team (PACT) and Medical Home Port models of care - two models which make a significant impact on the way we provide care to our veterans and their families."

During the week, McCormick-Boyle also met with Horizon Health Services, where the group discussed the importance of behavioral and mental health services for service members and their families.

"It's crucial that military and civilian health care leaders come together to eliminate the stigma associated with reaching out for mental health care," said McCormick-Boyle. "It takes a lot of strength to ask for help and we need to be there when our service members and their families do reach out."

"The military is not an island," she added. "We work with community leaders such as Horizon Health Services to take care of our service members and their families."

During a meeting with leadership and staff of the Erie County Medical Center, McCormick-Boyle highlighted Navy Medicine's role in the Maritime strategy as well as capabilities in expeditionary care, research and development, humanitarian assistance/disaster response, and garrison care. ECMC is a regional center for trauma, burn, rehabilitation and cardiac care, and is also a major teaching facility for the University at Buffalo.

"Navy Medicine plays a vital role in the execution of the maritime strategy: forward presence, deterrence, sea control, power projection, and maritime security, because no ship, submarine, aircraft or other Navy asset deploys without the support of Navy Medicine," said McCormick-Boyle. "In addition, Navy Medicine projects and executes 'soft power', the maritime strategy's final priority, through its most

visible role in humanitarian assistance/disaster relief (HA/DR) missions."

The group also discussed the advancements that have been made in trauma medicine as the country has been at war for the last decade.

"Navy Medicine first and foremost provides force health protection," said McCormick-Boyle. "We have embraced the challenge of battlefield care and acute trauma care and continue to work together to advance the care provided on the battlefield."

Other events during the week included a visit with students from the University at Buffalo School of Nursing, City Honors School, the Twentieth Century Club, Kaleida Health, Navy League and multiple media interviews, to name a few.

Navy Medicine is a global health care network of 63,000 Navy medical personnel around the world who provide high quality health care to more than one million eligible beneficiaries. Navy Medicine personnel deploy with Sailors and Marines worldwide, providing critical mission support aboard ship, in the air, under the sea and on the battlefield.

Buffalo Navy Week (Sept. 10-17) is one of 15 Navy weeks across the country this year. Navy Weeks are designed to show Americans the investment they make in their Navy and increase awareness in cities that do not have a significant Navy presence. The week-long event also commemorates the Bicentennial of the War of 1812, hosting service members from the U.S. Navy, Marine Corps, Coast Guard and Royal Canadian Navy.

For more news from Navy Medicine, visit

## Podiatrist Discusses Athlete's Foot

According to **Dr. William Holley**, owner of Absolutely Affordable Foot Care PC, athlete's foot is a fungal infection of the skin on your foot that thrives in warm, moist areas. Your risk for getting athlete's foot increases if you wear closed shoes — especially if they are plastic lined; keep your feet wet for long periods of time, and have increased sweating.



**Dr. William A. Holley**

Athlete's foot is also contagious and can be passed via surfaces like pool decks and showers.

What to do: "To avoid this common summer condition,

dry your feet thoroughly, especially between the toes, before putting on your shoes and socks," Dr. Holley recommends. "Change your

socks during the day if they become saturated with sweat, and add a powder like cornstarch into your daily routine after showering to keep your feet dry and prevent infection."

Caring for feet has been Dr. Holley's passion for over 20 years. The appropriate treatment of the foot, especially amongst the diabetic population is of particular importance. For answers to this article or any other concerns regarding your foot or ankle please contact him today at 862-9957. He is presently taking new patients.

## *"Let's Get Moving"*

# FREE Community Health Fair and Educational Symposium promotes Good Health Habits and Wellness

The "Let's Get Moving Community Health Fair and Educational Symposium" will take place on **Saturday, September 15<sup>th</sup>, 2012, from 8:30 A.M. to 3:00 P.M.**, at the Buffalo Academy for the Visual and Performing Arts, 450 Masten Avenue at East Ferry.

Of great concern to the partners in this initiative are statistical indicators that identify various areas in Buffalo as having some of the highest chronic disease rates in the State of New York. Also notable is that African and Latino Americans are disproportionately representative in having these chronic conditions, making key goals of the conference to: empower individuals to take back their health; take control of their health habits; and improve daily nutritional choices.

To achieve these goals, a plenary session, educational workshops, as well as traditional health exhibitions and nutritional demonstrations will be provided throughout the day. A children's "Learn and Play" area, as well as adult and young adult fitness demonstrations will also be offered. At the culmination of the health symposium, a mass line dance will be led by Jocelyn McEnitre-Guthrie from Body Sculpting and the YMCA. This is a free event and lunch will be provided.

Physicians to present during the symposium include: Jonathan Daniels,

M.D.; Roberto O. Diaz Del Carpio, M.D.; John Fudyma, M.D.; George E. Matthews, M.D.; Theresa Rush, M.D.; Raul Vasquez, M.D.; and Willie Underwood, MD.

This program is co-chaired by Rita Hubbard-Robinson, from ECMC and Angela Blue from NYS AFL-CIO.

"Through this effort, we hope to encourage people to have fun and be more active," explained Rita Hubbard-Robinson, JD, Community Health Education and Outreach Director, ECMC Corp. "So, Let's Get Moving!"

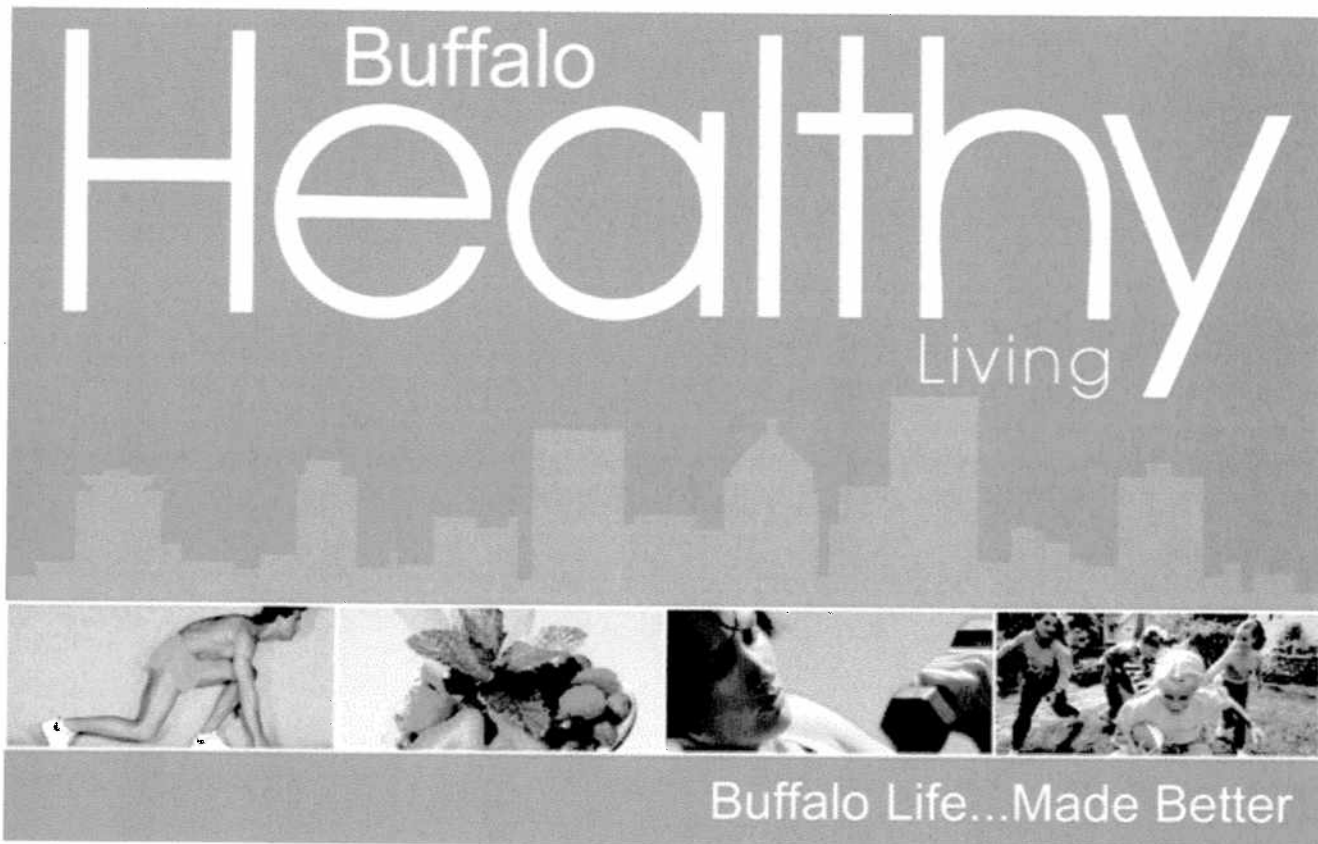
The 2012 "Let's Get Moving Community Health Fair and Educational Symposium" premier sponsors are the Erie County Medical Center Corporation, 1199 SEIU, Blue Cross Blue Shield and Independent Health.

Event planning committee members and partners include: The American Diabetes Association, Erie County Medical Center (ECMC) Corporation, Grupo Ministerial, Healthcare Education Project, Kaleida Health, Masten Block Club Coalition, NYS AFLO-CIO - Buffalo WNY Labor Council for Latin American Advancement & Coalition Black Trade Unionists, P2 Collaborative of WNY/WNY Health Equity Coalition, Public Policy and Education Fund and UNYTS. This committee convened to develop a community based approach to teaching the public about health, public health, mental health, fitness and nutrition.



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Thursday, September 13, 2012

## Celebration of Life Fund-raiser for ECMC's Trauma Intensive Care Unit (TICU)

Twenty years ago, a victim of a "hit and run" driver while bicycling, Mike Billoni survived a near-fatal accident on September 17, 1992. His life was saved in ECMC's Trauma Intensive Care Unit. Mike and Debbie Billoni are hosting this event in recognition of ECMC's life-saving services.

On Monday, September 17, 2012, Mike and Debbie Billoni will host a Celebration of Lifefund-raiser for the Erie County Medical Center (ECMC) Corporation Trauma Intensive Care Unit (TICU). The event will take place from 5:30 P.M. to 7:30 P.M. at Patriots and Heroes Park in front of Russell's Steaks, Chops & More,

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at 6675 Transit Road, Williamsville, New York, 14221.

“Twenty years ago, a car hit my bike from behind and I flew into the windshield and shattered it,” said Michael J. Billoni, ECMC Trauma Patient, and Marketing and Public Relations Director for the Food Bank of Western New York. “When I got to ECMC, I went through 17 hours of trauma surgery. I learned that ECMC is an amazing place with a staff of incredibly caring, highly skilled doctors, nurses, and therapists. My surgeon, Dr. John LaDuca, performed miracles and constantly encouraged me. I received great care at the medical center for 44 days.”

Dr. John LaDuca is the Honorary Chairman of this Celebration of Life event.


Refreshments for the event will be donated by Russell J. Salvatore of Russell's Steaks, Chops & More; Picasso's Pizza; Charlie the Butcher; Charlie Ciotta and Wardynski's & Sons, Inc.; Try-it Distributing Premier Wines & Spirits; and Coca Cola Bottling Co. of Buffalo.

Entertainment will be provided by DJ Jickster of 97 Rock and Richie Derwald. Sound will be provided by AVAdvantage. Admission to this event is free, but donations to the ECMC TICU are encouraged. If unable to attend, donations may be made payable and sent to: ECMC Lifeline Foundation – “Celebration,” 462 Grider Street, Suite G-1, Buffalo, NY 14215 or [ecmclifeline.org](http://ecmclifeline.org). Attendees are asked to RSVP to 898-5800 or [sgonzalez@ecmc.edu](mailto:sgonzalez@ecmc.edu).

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

**ABOUT THE ECMC LIFELINE FOUNDATION:** The ECMC Lifeline Foundation is a not-for-profit corporation that helps obtain the resources necessary to support the lifesaving medical services of ECMC, which is also a leading center for rehabilitation, transplantation, orthopaedic care, and many other medical specialties.

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Posted by Editor Buffalo Healthy Living at 1:56 PM 

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### HEALTHeLINK: Improving care quality through clinical information exchange

As an emergency room physician at Erie County Medical Center (ECMC), David Ellis, M.D., FACEP, must make timely decisions regarding patient care – often without knowing the patient's medical history.

Fortunately, with HEALTHeLINK, Western New York's clinical information exchange, linking local hospitals, physicians and health plans to patients' up-to-date clinical information, Dr. Ellis can quickly review a patient's history and determine the best course of action in emergency situations.

"In the emergency department, every patient is a new patient," he says. "We have to very quickly find out what is going on with the person, what is happening with them and where this episode they're presenting fits into their overall course of care."

Nearly 400,000 Western New Yorkers have authorized treating physicians to access their electronic medical records through HEALTHeLINK. The elimination of redundant, costly and potentially harmful diagnostic testing has been the biggest benefit of HEALTHeLINK, Dr. Ellis says.

He pointed to an example of a young woman who arrived at ECMC with a condition normally requiring a diagnostic test such as a CT scan.

"Exposing young women to radiation is something that we're very careful about, and we want to try to avoid it at all costs," Ellis says. "Just as we were at the point of thinking, 'we're going to have to order this test,' we were able to find out the information we needed on HEALTHeLINK and avoid that whole process."

Independent Health was one the various health care stakeholders who helped establish HEALTHeLINK in 2006, with Michael W. Cropp, M.D., president and CEO, as the inaugural chairman of the board.

As Ellis says, "One of the beauties of the system here in Buffalo is the involvement of all the major components of our health care system and one of the biggest components is Independent Health."

HEALTHeLINK was recognized for its advancement in health information technology and exchange with the Beacon Community Award from the Office of the National Coordinator for Health Information Technology within the Department of Health and Human Services. Each of the 17 Beacon Communities, which includes HEALTHeLINK and Western New York, builds and strengthens local health IT infrastructure, tests innovative approaches, and makes measurable improvements, leading to better health and better care at lower cost.



David Ellis, M.D., FACEP,  
Attending ER Physician at ECMC

*"I would very much encourage patients to sign up for HEALTHeLINK. The biggest reason is it makes me a better doctor. I can quickly find out what's going on with them and give them the best care possible."*

David Ellis, M.D.

Key statistics for HEALTHeLINK (as of June 12, 2012)

- o Participation: 2,369 providers with signed participation agreements
- o More than 70 million results (lab, radiology and transcribed reports – approximately 2 million new results added per month)
- o Nearly 400,000 community-wide consents have been captured
- o More than 42,000 results are delivered monthly to ordering physicians



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**Community involvement**

# Camp teaches kids to handle emergencies

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Updated: Tuesday, 24 Aug 2010, 6:01 PM EDT  
Published : Tuesday, 24 Aug 2010, 6:01 PM EDT

- Don Postles
- Posted by: Eli George

BUFFALO, N.Y. (WIVB) - Children need to know what to do in case of an emergency. That was the message from local responders at Tuesday's Camp 911 at ECMC.

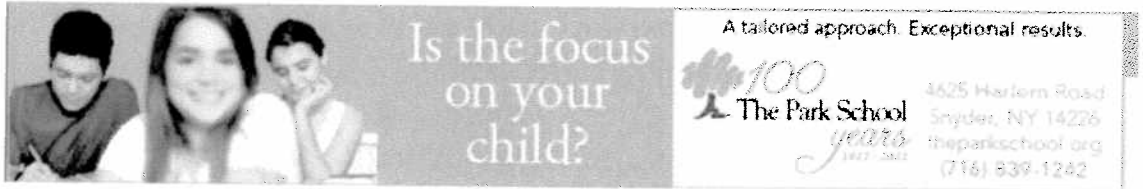
Camp 911 is all about teaching Buffalo's children how to be prepared for accidents and injuries.

The program gives kids a firsthand look at how many of the hospital's emergency services work. Highlights include a tour of the rooftop helipad and Mercy Flight helicopter, police dog training, an ambulance demonstration, and tips on staying safe online from the FBI. It's a day of learning and fun with an important lesson.

Camp 911 Coordinator Cara Burton said, "The age group from 10 to 13 through studies is where the most accidents happen with children. And by doing safety clinics and giving them knowledge about how to prevent accidents from happening in the first place, we've found can be very valuable."

Camp 911 is free to attend. It's paid for by the emergency department physician group and ECMC. More than 100 children went to the camp's first session on Tuesday and it's so popular that Wednesday is already overbooked.

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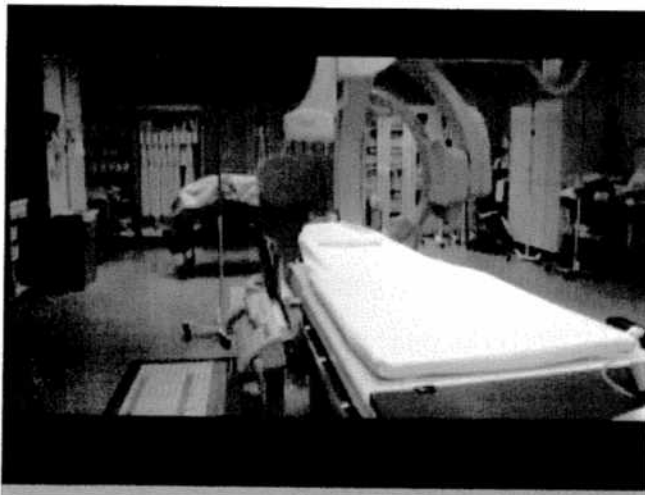
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## To survive heart attack, know the signs

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Updated: Wednesday, 22 Aug 2012, 5:50 PM EDT  
Published: Wednesday, 22 Aug 2012, 5:50 PM EDT

Anthony Congi  
Posted by: Eli George

BUFFALO, N.Y. (WIVB) - A heart attack can sneak up on you unexpectedly, but there are warning signs. Comedienne Rosie O'Donnell serves a prime example. She recently suffered a heart attack and waited a day to see the doctor.

Waiting can be life threatening, but a hospital and first responders in our own backyard are specially trained to save time and lives. Modern advances in technology have made it easier for heart attack sufferers to walk out of hospital's cardiac labs, like the one at ECMC, alive.

Dr. Neil Dashkoff of ECMC's Cardiac Unit says common perceptions of heart attack symptoms are usually incorrect. Instead of chest pain, a person could have pressure, burning or indigestion. Prolonged shortness of breath, discomfort in the shoulder blades and in the jaw are also signs. Nausea and vomiting, believe it or not, could also be signs of a heart attack.

"It's hard for the individual patient to make the diagnosis by themselves. So part of management of this problem is to educate the public," Dr. Dashkoff said.

Once 911 is dialed and paramedics arrive, they can quickly determine if the patient is having a heart attack through a machine.

Dr. Dashkoff explained, "It can monitor a patient, it can deliver a patient, it can also do our 12 lead EKG's"

EKG is short for "electrocardiogram," which is basically the activity of your heart.

Rural Metro's Quality Control Manager Robert Orlowski explained, "Essentially we brought an emergency room out to the person's house. So before our paramedics leave that house, they have a feeling of what exactly is going on with the patient. Once a paramedic starts monitoring a patient and their heart conditions, they can e-fax it to the hospital, or they can send it right to a doctor's phone."

Paramedic Denise Ciullo added, "Once we talk to the doctor  
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and they agree with our diagnosis, they'll send it to the cardiac lab. Therefore by the time we get here, the cardiac lab has already been activated and they have a bed ready for us."

And that time saving dramatically improves the chances of survival. Two years ago, from the initial 911 call to the surgery for an hour.



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## ECMC Lifeline Heroes 5K Run & Healthwalk | News

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ECMC Lifeline Heroes 5K Run & Healthwalk

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Submitted by [WGRZ Web Staff](#)  
Monday, September 10th, 2012, 7:00am

Topics: [News](#)



Take part in the ECMC Lifeline Heroes 5K Run & Healthwalk on Saturday, September 29th at Delaware Park. Salute our local heroes in the police & firefighter professions, emergency medical personal and the life saving team at ECMC. Top 5K winners share in CASH prizes. Enjoy breakfast, lunch and a long sleeve performance t-shirt. Stick around for the post race party with live music! Honor WNY Heroes while supporting the lifesaving medical mission of ECMC Lifeline Foundation.

For more information log on to [www.ecmclifeline.org](http://www.ecmclifeline.org)

Register on-line today - [Click Here](#)

Pre-Registration is \$23 for Adults & \$10 for 14 & under

Race Day Schedule:

8:30am - Registration & Breakfast

9:45am - Starting Line Ceremony

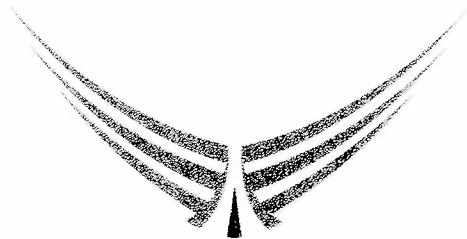
10:00am - Timed 5K Race Begins

10:05am - Walk Begins

11:00am - Post Party, Lunch, Awards and live music by Dive House Union.







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