BOD Board Meeting

Sep 30, 2014 at 04:30 PM - 06:30 PM

ECMC

Staff Dining Room

462 Grider St.

Buffalo

AGENDA

REGULAR MEETING OF THE BOARD OF DIRECTORS
ERIE COUNTY MEDICAL CENTER CORPORATION
TUESDAY, SEPTEMBER 30, 2014

I. CALL TO ORDER: KEVIN M. HOGAN, ESQ., CHAIR

II. APPROVAL OF MINUTES OF AUGUST 26, 2014 REGULAR MEETING OF THE BOARD OF DIRECTORS

III. RESOLUTIONS MAY BE DISTRIBUTED TO THE BOARD OF DIRECTORS DURING THE MEETING ON SEPTEMBER 30, 2014.

IV. REPORTS FROM STANDING COMMITTEES OF THE BOARD:

EXECUTIVE COMMITTEE:	KEVIN M. HOGAN, ESQ.
FINANCE COMMITTEE:	MICHAEL SEAMAN
HUMAN RESOURCE COMMITTEE:	MICHAEL HOFFERT
QI PATIENT SAFETY COMMITTEE:	DOUGLAS BAKER

V. REPORTS FROM SENIOR MANAGERS OF THE CORPORATION:

A. PRESIDENT & CHIEF OPERATING OFFICER-INTERIM CEO
B. CHIEF FINANCIAL OFFICER
C. SR. VICE PRESIDENT OF OPERATIONS – MARY HOFFMAN
D. SR. VICE PRESIDENT OF OPERATIONS – RONALD KRAWIEC
E. CHIEF MEDICAL OFFICER
F. SENIOR VICE PRESIDENT OF NURSING
G. VICE PRESIDENT OF HUMAN RESOURCES
H. CHIEF INFORMATION OFFICER
I. SR. VICE PRESIDENT OF MARKETING & PLANNING
J. EXECUTIVE DIRECTOR ECMC LIFELINE FOUNDATION

VI. REPORT OF THE MEDICAL/DENTAL STAFF: AUGUST 25, 2014

VII. OLD BUSINESS

VIII. NEW BUSINESS

IX. INFORMATIONAL ITEMS

X. PRESENTATIONS

XI. EXECUTIVE SESSION

XII. ADJOURN

MINUTES OF THE REGULAR MEETING OF THE BOARD OF DIRECTORS

TUESDAY, AUGUST 26, 2014

STAFF DINING ROOM

Voting Board Members Present:	Kevin M. Hogan, Esq Douglas H. Baker Richard F. Brox K. Kent Chevli, M.D. Kevin E. Cichocki, D.C. Sharon L. Hanson	Michael Hoffert Anthony Iacono Dietrich Jehle, M.D. Frank B. Mesiah Michael A. Seaman
Voting Board Member Excused:	Bishop Michael A. Badger Ronald A. Chapin	Thomas P. Malecki, CPA Joseph Zizzi, Sr., M.D.
Non-Voting Board Representatives Present:	Ronald Bennett Richard C. Cleland	Kevin Pranikoff, MD
Also Present:	Donna Brown Anthony Colucci, Esq. Janique Curry Rev. Garney Davis Jon Dandes Leslie Feidt John Fudyma, MD Stephen Gary Katie Grimm, MD Mary Hoffman	Christopher Koenig Susan Ksiazek Sandra Lauer Jody L. Lomeo Ronald Krawiec Charlene Ludlow Brian Murray, M.D. Kathleen O'Hara Thomas Quatroche Ann Victor

I. CALL TO ORDER

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

II. APPROVAL OF MINUTES OF JULY 29, 2014 REGULAR MEETING OF THE BOARD OF DIRECTORS.

Moved by Frank Mesiah and seconded Richard Brox.

Motion approved unanimously.

III. ACTION ITEMS

A. Approval of Medical/Dental Staff Credentials, Resignations, Appointments and Re-appointments for August 5 , 2014.

Moved by Michael Hoffert and seconded by Anthony Iacono.
Motion Approved Unanimously

B. Approval of Appointments/Re-Appointments Chief of Service and Associate Chief of Service for Radiology

Moved by Kevin Cichocki and seconded by Richard Brox.
Motion Approved Unanimously

C. Resolution Authorizing the Expansion of Operating Rooms at the Ambulatory Surgery Center

Moved by Kevin Cichocki and seconded by Dietrich Jehle, M.D.
Motion Approved Unanimously

IV. PRESENTATION: "THE CONVERSATION PROJECT" KATIE GRIMM, M.D.

Dr. Grimm and Sandra Lauer provided an overview of "The Conversation Project" with the focus on talking about end of life decision making with loved ones. They stressed the importance of having the conversation with family/loved ones.

ECMC ANNUAL CAMPAIGN - JON DANDES, PRESIDENT ECMCC LIFELINE FOUNDATION

Mr. Dandes announced that the United Way campaign will be underway in the next few weeks. Mr. Dandes asked for continued support from the Board of Directors, physicians, nurses and staff with their pledges to ECMC Lifeline Foundation or the United Way to support/benefit our hospital, patients and staff.

V. BOARD COMMITTEE REPORTS

All reports except that of the Performance Improvement Committee shall be included in the August 26, 2014 Board book.

VI. REPORTS OF CORPORATION'S MANAGEMENT

A. President & Chief Operating Office-Interim CEO:
B. Chief Financial Officer:
C. Sr. Vice President of Operations
D. Chief Medical Officer:
F. Sr. Vice President of Nursing:
G. Vice President of Human Resources:
H. Chief Information Officer:
I. Sr. Vice President of Marketing & Planning:

1) President & COO-Interim CEO: Richard C. Cleland
   - Operations are 12% higher on average.
   - August has been very busy with consistent increase in volumes and trends.
   - Kudos to Karen Ziemianski and her team for receiving the Gold Plus award.
   - Behavioral Health survey was extremely positive. Major compliments on the overall culture were noted during the exit conference.
   - Ann Sullivan, Commissioner of Mental Health visited ECMC today; she had nothing but praise for the hospital.
   - DSRIP – received $1 million from the DSRIP Project Planning Grant award.
   - Mr. Cleland thanked the Board for their continued support over the past 3.5 months.

2) Chief Financial Officer: Stephen M. Gary

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

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

Moved by Kevin Cichocki, D.C. and seconded K. Kent Chevli, M.D., to enter into Executive Session at 5:40 P.M. to consider matters made confidential by law, including certain compliance-related matters, strategic investments and business plans.

Motion approved unanimously.

VIII. RECONVENE IN OPEN SESSION

Moved by Sharon Hanson and seconded by Michael Seaman to reconvene in Open Session at 6:20P.M. No action was taken by the Board in Executive Session.

Motion approved unanimously.

IX. ADJOURNMENT

Moved by Richard Brox and seconded by Sharon L. Hanson to adjourn the Board of Directors meeting at 6:20P.M.

Sharon L. Hanson

Sharon L. Hanson
Corporation Secretary

CREDENTIALS COMMITTEE MEETING
August 5, 2014

Committee Members Present:
Robert J. Schuder, MD, Chairman
Brian M. Murray, MD
Gregg I. Feld, MD
Nirmit D. Kothari, MD
Yogesh D. Bakhai, MD
Christopher P. John, PA-C
Mandip Panesar, MS MD

Susan Ksiazek, RPh, Director of Medical Staff Quality and Education

Medical-Dental Staff Office and Administrative Members Present:
Tara Boone, Medical-Dental Staff Services Coordinator
Nancy Clark, Administrative Assistant to the Medical-Dental Staff Office
Judith Fenski, Credentialing Specialist

Members Not Present (Excused *):
Timothy G. DeZastro, MD *
Richard E. Hall, DDS PhD MD FACS *

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 1, 2014 were reviewed and accepted.

ADMINISTRATIVE

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

A. Deceased
B. Applications Withdrawn
C. Application Processing Cessation - None
D. Automatic Processing Conclusion

Laurie E. Sullivan, ANP	Internal Medicine	11/01/2014
Hasan H. Dosluoglu, MD	Surgery	11/01/2014

E. Resignations

Serrie Lico, MD	Cardiothoracic Surgery	08/05/2014
Patrick Anders, DDS	Dentistry	07/23/2014
Juliana Wilson, DO	Emergency Medicine	07/01/2014
Ryan DenHaese	Neurosurgery	07/03/2014
Robert Brawn, DO	Internal Medicine	07/25/2014
Ravi Chinthakindi, MD	Internal Medicine	07/11/2014
Robert F. DiVencenzo, MD	Internal Medicine	07/07/2014
Abha Rani, MD	Internal Medicine	07/25/2014
Deidre Schwartz, FNP	Internal and Family Medicine	07/25/2014
Ausra Selvadurai, MD	Ophthalmology	06/26/2014
Frank Chen, MD	Pathology	06/12/2014
James J. Woytash, MD	Pathology	06/30/2014
Calvert G. Warren, MD	Psychiatry	07/25/2014
Basal Sharaf, MD, DDS	Plastic and Recon Surgery/ Oral and Maxillofacial Surgery	08/05/2014

Kevin Barlog, MD	Urology	07/02/2014
Joseph M. Greco	Urology	07/02/2014
Brian Rambarran, MD	Urology	07/02/2014
John M. Roehmholdt, MD	Urology	07/01/2014
John Rutkowski, MD	Urology	07/02/2014
Christopher J. Skomra, MD	Urology	07/02/2014

FOR INFORMATION

CHANGE OR ADDITION IN COLLABORATING/SUPERVISING ATTENDING

Psychiatry
Kyle Switzer, PA-C Allied Health Professional
Supervising Physician: From Dr. Calvert G. Warren to Dr. Victoria Brooks

FOR OVERALL ACTION

PRIVILEGE ADDITION/REVISION

Oral and Maxillofacial Surgery
Steven Vukas, DMD, MD -Posterior lilac crest graft
-Anterior lilac crest graft
-Arthroscopy of temporomandibular joint, diagnostic
-Arthroscopic or operative repair of disc or bony abnormality
-Total temporomandibular joint replacement with costochondral graft and prosthetic joint

Orthopaedic Surgery
Leslie Bisson, MD -Percutaneous Closed Tenotomy*
Kelly Jordan, PA -Percutaneous Closed Tenotomy*
Supervising Physician: Leslie Bisson, MD
****FPPE satisfied with successful completion of training as defined in the credentialing criteria***

FOR OVERALL ACTION

PRIVILEGE WITHDRAWAL

Urology
Kent K. Chevli, MD -Moderate Sedation

FOR OVERALL ACTION

APPOINTMENTS AND REAPPOINTMENTS

A. Initial Appointment Review (12)
B. Initial Dual Dept. Appointment (0)
C. Reappointment Review (25)
D. Reappointment Dual Dept. Review (0)

Twelve initial and twenty-five 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 (12)

Family Medicine
Robert Lugo, MD Active Staff

Internal Medicine

Carolyn Cohill, NP Allied Health Professional
Collaborating Physician: Dr. Ritesh Patil
Ritesh Patil, MD Active Staff
Obstetrics and Gynecology
Shaveta Malik, MD Active Staff
Orthopaedic Surgery
Gregory Burkard, PA-C Allied Health Professional
Supervising Physician: Marc Fineberg, MD
Michael Tworkowski, PA-C Allied Health Professional
Supervising Physician: Nicholas Violante, DO
Otolaryngology
Ernesto Diaz-Ordaz, MD Active Staff
Psychiatry
Sarah L. Conboy, NP Allied Health Professional
Collaborating Physician: Dr. Victoria Brooks
Colleen A. Russo, PMHNP Allied Health Professional
Collaborating Physician: Dr. Michael Cummings
Surgery
Clairice A. Cooper, MD Active Staff
Jeffrey M. Jordan, MD Active Staff
Devon Huff, MD Active Staff

FOR OVERALL ACTION

REAPPOINTMENT APPLICATIONS, RECOMMENDED

C. Reappointment Review (25)

Anesthesiology

Elizabeth D. Ditonto, MD Active Staff
Dentistry
Raymond G. Miller, DDS Active Staff
Emergency Medicine
Susan M. Brown, PA-C Allied Health Professional
Supervising Physician: Dr. David P. Hughes
Christian R. Defazio, MD Active Staff
David G. Ellis, MD Active Staff
Gerald P. Igoe, MD Active Staff
Internal Medicine
Regina Makdissi, MD Active Staff
Joel S. Nowaryta, PA-C Allied Health Professional
Supervising Physician: Dr. Cindrea Bender
Joseph Rasnick, ANP Allied Health Professional
Collaborating Physician: Dr. Muhammad Achakazai
Joseph A. Zizzi, MD Active Staff
Laboratory Medicine
Leorosa O. Lehman, MD Active Staff
Neurology
Margaret W. Paroski, MD Active Staff
Ophthalmology
Pradeepa Yoganathan, MD Active Staff
Oral & Maxillofacial Surgery
Chad L. Beatty, DMD, MD Active Staff
Barry C. Boyd, DDS, MD Active Staff
Frank T. Sindoni, DDS, MD Active Staff
Steven M. Vukas, DMD, MD Associate Staff
Orthopaedic Surgery

James J. Mikulsky, PA-C — Allied Health Professional
Supervising Physician: Dr. Mark Anders

Psychiatry
Sergio Hernandez, MD — Active Staff

Radiology
Najat A. Turaif, MBBS — Active Staff

Surgery
Raphael Blochle, MD — Active Staff
Daniel A. Leary, MD — Active Staff
James K. Lukan, MD — Active Staff
John B. Wiles, MD — Courtesy Staff, *Refer and Follow*

Urology
Philip A. Swiantek, MD — Active Staff

FOR OVERALL ACTION

PROVISIONAL APPOINTMENT REVIEW, RECOMMENDED

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

August 2014 Provisional to Permanent Staff		**Provisional Period Expires**
Anesthesiology		
Mason, Molly, A., MS CRNA	Allied Health Professional	08/27/2014
Oral and Maxillofacial Surgery		
Park, Etern, Shinwoo, MD DDS	Active Staff	08/27/2014
Family Medicine		
Kwakye-Berko, Danielle, MD	Active Staff	08/27/2014
Sacks, Dawn, Marie, MSN NP	Allied Health Professional	08/27/2014
Collaborating MD: Dr. Stephen J. Evans		
Internal Medicine		
Speta, Kathleen, NP	Allied Health Professional	08/27/2014
Collaborating MD: Dr. James Farry		
Ophthalmology		
Lema, Gareth, M. C., MD PhD	Active Staff	08/27/2014
Orthopaedic Surgery		
Ablove, Robert, H., MD	Active Staff	08/27/2014
Psychiatry		
Elberg, Zhanna, MD	Active Staff	08/27/2014
Park, Wonhoon, MD	Active Staff	08/27/2014
Switzer, Kyle, Edward, PA-C	Allied Health Professional	08/27/2014
Supervising MD: Dr. Victoria Brooks		
Urology		
Danforth, Teresa, L., MD	Active Staff	08/27/2014

Also, the future October 2014 Provisional to Permanent Staff list was compiled now for Chief of Service and Collaborating / Supervising physician review 60 days before endorsement to the Medical Executive Committee.

FOR OVERALL ACTION

AUTOMATIC MEMBERSHIP CONCLUSION, RECOMMENDED

Internal Medicine
Laurie E. Sullivan, ANP — Allied Health Professional — 11/01/2014

Surgery
Hasan H. Dosluoglu, MD — Active Staff — 11/01/2014

Reappointment Expiration Date: November 1, 2014

Planned Credentials Committee Meeting: August 5, 2014
Planned MEC Action date: August 25, 2014
Planned Board confirmation by: September 2014
(Last possible Board confirmation by: October 2014)
FOR OVERALL ACTION

OLD BUSINESS

Ad hoc BOD Committee Report - Oral Maxillofacial applicant
The Credentials Committee awaits the detail requested.

Pathology credentialing
The status of the remaining pathologists remains an open issue. The current Chief of Service and Director of Medical Staff Quality and Education continue to work toward closure and are pleased to report the receipt of another application since the last Credentials Committee meeting. .

Vendor for Corporate Compliance Due Diligence
The vendor contract is undergoing legal review at this writing.

Bariatric Surgery
A meeting scheduled is for August 29, 2014 with the appropriate chiefs and the credentials chair to review the privilege delineation form.

Occupational and Environmental Health
Practitioner has not yet been placed in meeting queue for appointment; awaiting contract and Certificate of Insurance. Due to these administrative delays, it may be necessary to grant temporary privileges. Upon arrival, the staff office will work with Credentials Chair and IM Chief of Service to finalize a modular privilege form.

Dental Department Form Revisions
It was suggested that the Chair of the Credentials Committee convene the ad hoc committee required as defined in policy prior to the next Credentials Committee meeting and make contact with the Chief of Dentistry to explain the process and timeline.

Wound Care Training Update
The committee was provided a status report on the anticipated new providers for the Wound Care Clinic.

Tenex Procedure
The orthopaedic surgeon and his first assist have completed the training defined in the credentialing criteria. The training also satisfies the requirement for FPPE. OR Management has initiated the process to obtain the equipment and supplies, with the vendor contract under review by ECMC legal counsel.

Temporary Privilege expirations during Pending Initial Applications
Refer to the attached tracker.

NEW BUSINESS

Radiology Vascular Access Privilege Addition
The committee discussed the addition of various vascular access privileges to the Interventional Radiology section of the Department of Radiology privilege form. The requested privileges shown below expand the range of procedures offered on the Internal Medicine Nephrology form and have been approved by the Chief of Surgery. Still pending is additional specificity regarding the training and case volume requirements, for both the Radiology and Nephrology forms.

LEVEL 3 PROCEDURAL PRIVILEGES	Init /		Recommend	Refer below for

(CONT'D) *See credentialing criteria below* Performance and interpretation of the following:	Reap Volume	Request Column	YES	NO	credentialing criteria
SPECIALTY INTERVENTIONAL PRIVILEGES (require fellowship in Interventional Radiology) *** = Moderate Sedation required, select below on page 5**					
INTERDEPARTMENTAL PRIVILEGES SHARED WITH VASCULAR SURGERY					
Venous Angioplasty					
Percutaneous endovascular stent deployment					
Graft declotting with endovascular thrombolytic catheter					
Dialysis catheter insertion, removal and exchange					
Coordination of fistula or graft insertion					
Fistula flow monitoring					
INTERDEPARTMENTAL PRIVILEGES SHARED WITH VASCULAR SURGERY AND NEPHROLOGY					
Percutaneous angiography for vascular access management					
Percutaneous balloon angioplasty of AV circuit stenosis					
Percutaneous thrombectomy and embolectomy of AV vascular hemodialysis access grafts, and native fistulas, feeding arteries, and draining veins					
Stenting of AV access					
Tunneled dialysis catheter placement, exchange and removal					

Interdepartmental Criteria:

Surgery Vascular Access Privilege Credentialing Criteria:

1. Current privileges in Extremity vascular surgery for open arteriotomy, thrombectomy, AV access and fistula creation procedures with revision, removal and tunnel catheter placement.

2. Documentation of initial specific relevant training and evidence of current competence for the requested privileges.

3. Peer and/or faculty recommendation with review of current experience and documentation of procedure volumes.

Adopted Medical Executive Committee 7/28/2008, 11/25/2013

Nephrology and Interventional Radiology Vascular Access Privilege Credentialing Criteria:

1. Documentation of initial specific relevant training and evidence of current competence for the requested privileges.

2. Peer and/or faculty recommendation with review of current experience.

Adopted Medical Executive Committee 11/25/2013

DEPARTMENT OF SURGERY – Ambulatory Surgery

Procedure: Vascular Access Surgery

See Interdepartmental Credentialing Criteria page 16

Interdepartmental privileges shared with the Internal Medicine-Nephrology division

⌊___⌋⌊___⌋	⌊___⌋⌊___⌋	Percutaneous angiography for vascular access management
⌊___⌋⌊___⌋	⌊___⌋⌊___⌋	Percutaneous balloon angioplasty of AV circuit stenosis
⌊___⌋⌊___⌋	⌊___⌋⌊___⌋	Percutaneous thrombectomy and embolectomy of AV vascular hemodialysis access grafts, and native fistulas, feeding arteries, and draining veins
⌊___⌋⌊___⌋	⌊___⌋⌊___⌋	Stenting of AV access

⌊___⌋	⌊___⌋	Tunneled dialysis catheter placement, exchange and removal

See Interdepartmental Credentialing Criteria page 16

Interdepartmental privileges shared with Interventional Radiology		
⌊___⌋	⌊___⌋	Venous angioplasty
⌊___⌋	⌊___⌋	Percutaneous endovascular stent deployment
⌊___⌋	⌊___⌋	Graft declotting with endovascular thrombolytic catheter
⌊___⌋	⌊___⌋	Dialysis catheter insertion, removal and exchange
⌊___⌋	⌊___⌋	Coordination of fistula or graft insertion
⌊___⌋	⌊___⌋	Fistula flow Monitoring

Radiology/Imaging Services - Admitting Privileges

A request has been received from the Department of Radiology, endorsed by the Acting Chief of Service, to amend the current form to remove the shading in the Request and Recommend columns for Admitting Privileges. The request is to accommodate the limited occasions of Interventional Radiology cases that may need admission. The highlighted verbiage will remain in the privilege text box to discourage inadvertent requests from those whose practice would not involve admitting a patient.

Additional privileges:	Init / Reap Volume	Request Column	Recommend		If Yes, indicate any requirements; If No, provide details. See p. 5
			YES	NO	
Admitting Privileges – Non ICU beds Not routinely selected with Radiology/Imaging Services appointments					

Cellutome Epidermal Harvesting for Podiatry

A staff podiatrist has requested the addition of this privilege for Podiatry. He has provided a State Education Department opinion. The CelluTome™ System is a precise and automated epidermal harvesting tool that cuts a thin skin graft for autologous skin grafting in the outpatient or office setting. The Chief of Surgery has opined that: 1) this is a form of skin grafting 2) it is not a new technology that must be evaluated as defined in Credentials policy 3) it does not need to be delineated as a separate privilege on the Department of Surgery privilege form. He endorses its use by the Wound Care Clinic's Medical Director but not by podiatrists. As Podiatry is a division within Orthopaedics, the opinion of its chief was also solicited. The Chief of Orthopaedics deferred to the recommendations of the Surgery Chief of Service.

Psychiatry

A recent case involving the psychiatry practice plan was reviewed. There have been on-going communication challenges with this plan, and with the volume of locum tenens practitioners being utilized to maintain patient care needs, there is a need for systems improvement on privileging, scheduling and professional billing issues. To that end, the Medical-Dental Staff Office has reached out to the new practice plan manager to facilitate. And as the charge of the Credentials Committee is to balance compliance with accreditation agency expectations against the clinical needs of the patients served, the Medical-Dental Staff Office has received from Executive Management confirmation that the use of temporary privileges with locum tenens remains necessary.

Family Medicine

The Medical-Dental Staff Office had received an application from a physician with a previous OPMC order restricting his practice of medicine to fellowship training. The fellowship was completed June 30, 2014. Processing of the application therefore required an updated OPMC order, which was received shortly before this meeting. The Chief of Service has been requested to provide to the Credentials Committee in writing that specified in the consent order. Once received, the application will be advanced through the process. The supervision and monitoring pieces of the OPMC consent order will be met through the FPPE process, which will be continued for no less than one year. If temporary privileges are needed, they too will be processed only after the above requested information is received.

GYN-NP Anoscopy

A nurse practitioner from the Immunodeficiency Clinic is undergoing training with a physician credentialed to perform the procedure, and upon completion of the required case volume as defined in the credentialing criteria, will be applying for the privilege. This is consistent with the original plan for the service, but the current nurse practitioner resides in the Department of Obstetrics and Gynecology. It has been determined that a dual appointment in the Department of Internal Medicine is appropriate for the privileging as well as the collaboration with the physician privileged to perform the procedure. An update of the credentialing criteria is also warranted at this time. The revisions will be presented at the September Credentials Committee meeting.

Application Forms

The following modifications to the forms were suggested by the Medical-Dental Staff Office team to assist with obtaining the most complete detail for our due diligence:

1) Add a blocked space for applicants to provide historical liability insurance information. Though the current form asks applicants to provide, there is no space to do so.
   The committee agreed and supports the revision.
2) Add to the References section that references must be able to speak to ***"CURRENT"*** competence as defined by having worked with the practitioner within the past ***"5"*** years.
   The committee agreed and supports the revision.
3) Best practices suggests adding "employment/contract" termination to the question on the Confidential Professional Information sheet given that physician employment is becoming more common in the hospital setting.
   The opinion of the committee was that this revision would not be practical or fruitful in performing due diligence.

Regarding endorsements on Certificates of Insurance, which specify restrictions or limitation, the Office will continue to rely on the expertise of our Risk Management Department. .

Lastly, the committee was informed of the increased number of applicants not providing their application fees up front. This is especially problem some with locum tenens, but is also occurring with those requesting formal appointment. The policies of other Medical-Dental Staff Offices as well as that defined in Part II of the ECMC Medical-Dental Staff Bylaws were reviewed. The committee was unanimous that paying the application fee is a reflection of citizenship and professionalism. The committee therefore empowered the Medical-Dental Staff Office to enforce that applications will not be processed until the fee is submitted. Chiefs of Service will be notified of non-payment in circumstances involving temporary privileges for important patient care needs.

Nomenclature Change

The committee was informed that Kaleida Health has a pending bylaws revision re-titling the Allied Health Professional (AHP) to that of an Advanced Practice Provider (APP). This change in nomenclature is based on national trends in the industry. Despite a past commitment to harmonizing the ECMC and KH bylaws as much as possible under Great Lakes Health, members of the committee present at the time of this agenda item were not in support of the concept.

Delegated Credentialing

The Wellcare Delegated Credentialing Audit is scheduled for August 15, 2014

Annual Re-Orientation

The Annual Medical-Dental Staff Re-orientation will be conducted via email through the CMO office and will include items mandated by the Department of Health.

OVERALL ACTION REQUIRED

OPEN ISSUES

Urology and Orthopaedic Surgery

Privilege form completion with the Departments of Internal Medicine, Urology and Orthopaedics remain open.

FOR COMMITTEE INFORMATION

OTHER BUSINESS

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

FPPE **(Focused Professional Practice Evaluation)**

- Emergency Medicine (1 NP)
- Internal Medicine (4 MDs, 1 FNP, 1 PA-C)
- Orthopaedic Surgery (1 MD)
- Pathology (1 MD)
- Psychiatry (1 NP, 1 MD)
- Surgery (1 MD, 1 PA-C)

OPPE **(Ongoing Professional Practice Evaluation)**

No report provided from the Safety Office.

FOR COMMITTEE INFORMATION

ADJOURNMENT

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

Respectfully submitted,

Robert J. Schuder, MD,
Chairman, Credentials Committee

A Resolution Authorizing the Expansion of the Operating Rooms at the Ambulatory Surgery Center

Approved August 26, 2014

WHEREAS, the Corporation has identified a need for two (2) additional operating rooms to be located within the Corporation's ambulatory surgery center; and

WHEREAS, the cost associated with the planned operating room expansion is budgeted at $3,220,067, which includes construction costs, architectural/engineering fees and equipment costs;

WHEREAS, in accordance with applicable law, a Certificate of Need Application shall be submitted to the New York State Department of Health for approval;

Whereas, the Interim Chief Executive Officer has reviewed this matter and recommends that the Corporation authorize the funding of the project;

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

1. Based on the review and recommendation of the Interim Chief Executive Officer, the Corporation hereby authorizes the operating room expansion project in an amount not to exceed $3,220,067.

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

3. This resolution shall take effect immediately.

Sharon L. Hanson
_____
Sharon L. Hanson
Corporation Secretary

BOARD OF DIRECTORS
MINUTES OF THE FINANCE COMMITTEE MEETING
AUGUST 19, 2014
ECMCC BOARD OF DIRECTORS CONFERENCE ROOM

VOTING BOARD MEMBERS PRESENT OR ATTENDING BY CONFERENCE TELEPHONE:	BISHOP MICHAEL A. BADGER DOUGLAS H. BAKER RICHARD F. BROX	DIETRICH JEHLE, MD THOMAS R. MALECKI, CPA MICHAEL A. SEAMAN
VOTING BOARD MEMBERS EXCUSED:	ANTHONY M. IACONO	
ALSO PRESENT:	RICHARD CLELAND ANTHONY J. COLUCCI, III STEPHEN GARY	MARY HOFFMAN RONALD KRAWIEC

I. CALL TO ORDER

The meeting was called to order at 8:34 a.m. by Michael A. Seaman, Chair.

II. APPROVAL OF MINUTES

Motion was made and accepted to approve the minutes of the Finance Committee meeting of June 17, 2014.

III. JULY 2014 FINANCIAL STATEMENTS

Mr. Seaman asked that a motion be made to receive and file the financial statements for July. Douglas Baker made the motion; Richard Brox seconded. The motion passed unanimously.

The month of July generated operating income of $6.4 million compared to a budget of $800,000 and prior year of $1.8 million. Year to date basis, ECMCC has an $800,000 operating loss, compared to a prior year loss of $4 million. Year to date operations are favorable to a budgeted number of $2.0 million.

Mr. Gary noted that patient volumes continue to improve with discharges increasing by 12% compared to July of last year and 8% on a year-to-date basis. Length of stay continues to improve.

The $6.4 million of operating income included a net of $5.5 million of favorable adjustments related to various prior period matters.

Mr. Gary reviewed variances in volume, case mix, revenue and expenses with significant discussion between the members of the committee, Mr. Gary and Mr. Cleland.

IV. 2015 BUDGET

Mr. Gary reminded the committee of the requirement to submit the annual operating budget to the State by September $3^{0,}$ 2014. Mr. Gary requested that a special Finance Committee meeting and a Special Board meeting be held to consider the budget for approval. A status report will be given at the next regular meeting. Mr. Gary reported that the Executive Leadership Team and Managers are currently engaged in the process of developing the budget and reviewed major assumptions contemplated in the preparation of the budget with the committee.

V. ADJOURNMENT

The meeting was adjourned at 9:28 a.m. by Michael Seaman, Chair.

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS

MINUTES OF THE HUMAN RESOURCES COMMITTEE MEETING

TUESDAY, SEPTEMBER 9, 2014

ECMCC STAFF DINING ROOM

VOTING BOARD MEMBERS PRESENT OR ATTENDING BY CONFERENCE TELEPHONE:	MICHAEL HOFFERT, CHAIR BISHOP MICHAEL BADGER	FRANK MESIAH
BOARD MEMBERS EXCUSED:	RICHARD BROX	
ALSO PRESENT:	KATHLEEN O'HARA CARLA DICANIO-CLARKE BEN LEONARD NANCY TUCKER STEPHEN GARY	BELLA MENDOLA MARY HOFFMAN CHRIS KOENIG JEANNINE BROWN-MILLER MICHAEL CUMMINGS, MD

I. CALL TO ORDER

Chair Michael Hoffert called the meeting to order at 9:40a.m.

II. RECEIVE & FILE

Moved by Frank Mesiah and seconded by Bishop Michael Badger to receive the Human Resources Committee minutes of the July 8, 2014 meeting.

III. NYSNA

A tentative agreement has been reached between ECMCC and NYSNA. The membership will vote to approve the contract on September 15, 2014. The agreement is also subject to approval by the Board. Some highlights include 2% increases each year, the creation of a clinical ladder, and a small change in retiree healthcare.

IV. FMLA REPORTS

Reports prepared by Ben Leonard were distributed depicting FMLA usage in relation to overtime usage.

V. WORKERS COMPENSATION AND EMPLOYEE OCCURRENCES

The Workers Compensation and employee occurrences report was distributed.

VI. TERRACE VIEW REPORT

Reports prepared by Nancy Curry were distributed. The reports included information regarding new hires, employees out on leave and turnover at Terrace View.

VII. NURSING TURNOVER REPORT

July

Hires: 3.5 FTEs & 2 PD (LPN 1.5 FTE)

- Med/ Surg: 1.5 FTEs(LPN) & 1 PD
- Behavioral Health: .5 FTEs
- Critical Care: 2 FTE
- Internal Medicine: 1 PD
- Utilization Review: 1 FTE

Losses: 5 FTEs & 4 PD (LPN: .5 FTE)

- Med/ Surg: 3FTEs & 2PD (LPN: .5 FTE)
- Critical Care: 1 FTE
- Internal Medicine: 1 FTE
- Personnel Health: 2 PD

Turnover Rate: .6%
Turnover Rate YTD: 5.4%

August

Hires: 2.5 FTES & 2PD (LPN: 2.5 FTEs)

- Med/ Surg: .5FTE & 2 PD (LPN:1.5 FTE)
- Behavioral Health: 2 FTE (LPN: 1 FTE)

Losses: 8 FTEs (LPN: 1 FTE)

- Med/ Surg: 7 FTEs (LPN: 1 FTE)
- Critical Care: 1 FTE

Turnover Rate: 1.0%
Turnover Rate YTD: 6.5%

VIII. EMPLOYEE TURNOVER REPORTS

Turnover reports were distributed for August 2014. There were many resignations especially in nursing. A discussion of benefits comparison with other workplaces ensued.

IX. BEHAVIORAL HEALTH DEPARTMENT REPORT

Dr. Cummings discussed several aspects of the Behavioral Health department. He reported that the new unit, recently named "Transitions", will open in mid-October. This unit is designed as an ICU for behavioral health patients. Kathy Willet, a former trainer for OMH has joined the ECMCC staff. An extensive discussion was held regarding police agencies being trained and working in collaboration with behavioral health staff. Bishop Michael Badger requested that Dr. Cummings report on these subjects at the next Board meeting.

Jeannine Brown-Miller is working as a consultant to revamp the culture in behavioral health. She has held several meetings with the staff to research what the issues are and create formalized plans. She reported that employees are fully engaged and morale is high.

X. NEW INFORMATION

Nancy Tucker reported that open enrollment will begin October 20-November 21. This will give employees the opportunity to change or add insurance/flexible spending accounts. The annual benefits fair will be held on October 8, 2014

XI. ADJOURNMENT

Moved by Michael Hoffert to adjourn the Human Resources Committee meeting at 10:45am.

ERIE COUNTY MEDICAL CENTER CORPORATION

REPORT TO THE BOARD OF DIRECTORS
RICHARD C. CLELAND MPA, FACHE, NHA
PRESIDENT, COO & INTERIM CHIEF EXECUTIVE OFFICER
SEPTEMBER 30, 2014

CUSTOMER SERVICE (VALUE BASED PURCHASING) + QUALITY

Overall	NRC Average*	Qtr 2 2014‡	Qtr 1 2014
Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?	71.0%	62.4%	63.8%

Key Drivers	NRC	Qtr 2 2014‡	Qtr 1 2014
Communication with Nurses	78.9%	78.8%	74.4%
Communication with Doctors	80.6%	77.3%	76.1%
Communication About Meds	64.4%	61.9%	62.0%

Highest Scores	NRC	Qtr 2 2014‡	Qtr 1 2014
Discharge Information	87.1%	89.6%	88.7%
Communication with Nurses	78.9%	78.8%	74.4%
Communication with Doctors	80.6%	77.3%	76.1%

Lowest Scores	NRC	Qtr 2 2014‡	Qtr 1 2014
Cleanliness / Quietness	66.2%	57.3%	48.6%
Communication About Meds	64.4%	61.9%	62.0%
Overall Rating of Hospital	71.0%	62.4%	63.8%

Our 2014 2nd quarter is still open and expect to close by early October.

Customer service and patient engagement is our number one organizational priority. Each of our decisions, whether at the bedside or in the C-Suite, will always have the patient at center. This

month I asked our leadership team to create "Fulfilling Potential/Striving for Excellence".

"Fulfilling Potential/Striving for Excellence" is located outside the administrative suite on the 3rd floor. This area will post in detail ECMC's most recent released public data on quality outcomes and customer service. I felt it very important to have this information accessible and visible to the leadership of this organization. As leaders, we must do everything we can to provide our patients the best quality outcomes and customer service. As we evolve patient engagement, we must look at new ways to utilize our patients' experience in making further improvements for better care and outcomes for everyone.

Kudos to Karen Ziemianski on HANYS Pinnacle Award nomination "I Pass the Baton" (see attached HANYS letter.)

HOSPITAL OPERATIONS

Volumes continue to reflect favorable trends with continued improvement over prior year actual results (by 12% on average across the board for August and 7% greater YTD). The operating results for the month of August show a modest $41,000 operating income. This reflects several one-time favorable and unfavorable adjustments. In other words, August operations alone reflected a $250,000 operating surplus; further demonstrating management is executing its operational performance improvement plan. Year to date still shows a $785,000 loss, much improved over last year, same period ($3.1 million dollar operating loss same period 2013).

We are seeing higher volumes and trends through the fourth week of September and hope to end the month on a strong note. Both admissions and discharges are currently exceeding budget and LOS is at 6.0. Operating room volumes, ER visits and outpatient services are all consistently performing to budget.

Executive Leadership under the direction of Stephen Gary, CFO, has completed the 2015 operating budget. Some key statistics include:

- Net revenues of $516,741,000(+0.7%);
- Operating income goal of $5,150,000(1%);
- 17,973 admissions (+3.2%);
- 343,497 outpatient visits (+2.5%);
- DSRIP decreases in patient volumes(admissions, ER visits(-4.5%), CPEP, and patient days);
- 13,659 surgical cases (+1.8%);

ECMC and the New York State Nurses Association (NYSNA) reached an agreement on September 15, 2014 with an overwhelming ratification vote to approve the agreement. The new contract replaces a contract that ran from January 1, 2005 to December 31, 2011. It is a seven

year contract that includes an average of 2% annual raises. In addition, the new contract provides ECMC with improved efficiencies and the creation of a clinical ladder for the nurses. This covers 913 registered nurses at ECMC and Terrace View. The nurses are the backbone of our model of care. Our negotiations were positive and productive and we are very pleased that we have a long-term agreement with our nurses.

TERRACE VIEW

Charles Rice, Administrator for Terrace View and the Transitional Care Unit, has announced his intention to retire. In order to provide a smooth transition and maintain the momentum of implementing cultural change at Terrace View, Chuck has agreed to stay on and work with the new administration for an orderly change in leadership.

ECMC has retained the services of The McGuire Group to provide interim administrative services with Christopher Koenig. Mr. Koenig comes to ECMC with strong experience in nursing home management; particularly in the development of rehabilitation services. During the transition period, a search for a permanent administrator will be completed.

On September 23, 2014 the Attorney General announced that two ECMC Corporation employees were arrested and criminally charged in relation to their care of a skillid nursing facility patient in 2012. ECMC fully cooperated and was supportive of the Attorney General's investigation The two former employees were placed on leave several months before the investigation was completed and as soon as the Attorney General would allow ECMCC to take disciplinary action.Both have been terminated. These former employees do not represent the over 400 employees who provide exceptional care to the residents of Terrace View every day.

In 2013 ECMC opened the state-of-the-art Terrace View nursing home and closed the skilled nursing facility at ECMC that was the subject of this investigation. With the opening of Terrace View, we have raised the bar and will continue taking necessary actions to improve the culture and quality of care we provide.

TRANSPLANT

ECMC has retained Transplant Leadership Institute to recruit a permanent transplant administrator. We have (3) candidates who will be interviewed in October. We hope to have a selection made by the end of October.

UNOS approved ECMC to resume living donor transplants on September 5, 2014. In addition to a press statement, ECMCC communicated with all patients, donors (previous and future), all community support organizations, and all applicable physicians. Our first surgery is expected to

be in early October. We do expect UNOS to formally place the LD program on probation when the full UNOS board meets in November 2014.

In addition to engaging Transplant Leadership Group, ECMCC is completing an independent PEER Review for the entire transplant program Six individuals will be on site for two days and will be reviewing each of the principal areas of our solid organ transplant program (surgery, nephrology, social work, quality assurance and performance improvement (QAPI), program coordinators, and the administration of the program). This will help us prepare for two UNOS reviews coming in the spring of 2015.

DSRIP (DELIVERY SYSTEM REFORM INCENTIVE PAYMENT)

Millennium Collaborative Care is the name selected for the DSRIP program lead by ECMCC. Millennium Collaborative Care (MCC) will represent over 400 aligned collaborating providers.

The DSRIP management team will be led by which currently includes: Kristin Kight who comes to us from Kaleida Health and will act as Director, Michael Sammarco (Finance), and Juan Santiago (Operations). The team is expected to grow in order to meet needs in the areas of population health, data and risk stratification, administrative support and outreach. MCC will be located on the third floor, in the space formerly occupied by Dr. Murray and the staff associated with his responsibility.

A comprehensive Community Needs Assessment (CNA) will drive the project selection process and identify the health and community resources that are available within the MCC defined service area. In addition, the CNA will assess how the services will come together and determine the issues driving avoidable hospital use. This CNA will be completed by The Research Foundation for SUNY lead by Bradshaw Hovey of the University at Buffalo Regional Institute.

DSRIP application must be completed by December 16, 2014.

BRIDGE

Becky DelPrince, R.N. began her position as Vice President of Systems and Integrated Care on September 8, 2014. With her leadership we will be able to move on many of the recommendations around case management and utilization review process changes which will help ECMC realize improvements in LOS as well as reduction in admissions and continued stay denials.

We added three (3) case managers in the ER which will help greatly in reducing unnecessary admissions.

Physician dashboards have been developed and are being distributed monthly.

OTHER

The Healthcare Association of New York State (HANYS) Board of Trustees unanimously approved my nomination to serve on the Board of Directors through December 31, 2017. I am honored and look forward to serving HANYS in this capacity. This is extremely important for ECMC. The healthcare world is facing so many changes and uncertainties. This appointment will help us strategically in terms of ECMC being at the fore front of these changes engaged and ready to take a leadership role.

I have also accepted a board of director's role with HealtheLink. I also look forward to serving in this role and am truly honored to do so.

Sincerely yours,

Richard C. Cleland

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ECMC CORPORATION

NEWS: For Immediate Release

NEWS CONTACT: Tom Quatroche at 716-898-5503 -or- tquatroc@ecmc.edu

ECMC, Nurses Union Approve New Contract

Seven-year contract includes annual raises averaging 2 percent

BUFFALO, NY – Sept. 16, 2014 – Erie County Medical Center Corp. officials today announced a new seven-year contract with its nurses union providing average 2 percent annual raises.

The New York State Nurses Association's members in the bargaining unit at ECMC approved the contract for 2012-18 by a vote Monday.

The new deal replaces a contract that ran from Jan. 1, 2005 to Dec. 31, 2011. The new pact covers 913 nurses at ECMC, which includes Terrace View Long Term Care.

"Our nurses are the backbone of our model of care and we are very pleased that ECMC has a strong agreement with them," said Richard C. Cleland, ECMC president, chief operating officer and interim CEO. "Our negotiations were positive and productive and we are very pleased that we have a long-term agreement with these crucial caregivers."

This agreement was fully supported by ECMCC and NYSNA.

"We're pleased to have reached a fair agreement that helps us to continue to provide the very best care to our patients and recruit and retain skilled nurses," said Dennis Robinson R.N, chair of the bargaining unit. "Together, we are working to protect and strengthen our public hospitals and ensure that all patients in Erie County and throughout New York have access to quality health care."

The new contract provides ECMC with improved efficiencies and one of the truly exciting provisions is the creation of a clinical ladder for employees.

The clinical ladder is designed to offer registered nurses an opportunity to participate in a financially incentivized professional enrichment program that will lead to advancement through a focus on quality patient care and satisfaction. The program is designed to develop nursing leaders now and for the future.

ABOUT ERIE COUNTY MEDICAL CENTER (ECMC) CORPORATION:

The ECMC Corporation includes an advanced academic medical center (ECMC) with 550 inpatient beds, on- and off-campus health centers, more than 30 outpatient specialty care services and Terrace View, a 390-bed long-term care facility. ECMC is the regional center for trauma, burn care, behavioral health services, transplantation, and rehabilitation and is a major teaching facility for the University at Buffalo. Most ECMC physicians, dentists and pharmacists are dedicated faculty members of the university and/or members of a private practice plan. More Western New York residents are choosing ECMC for exceptional patient care and patient experiences—the difference between healthcare and true care™.

HANYS Healthcare Association of New York State

Proud to serve New York State's Not-For-Profit Hospitals, Health Systems, and Continuing Care Providers

Dennis Whalen, President

September 24, 2014

Richard Cleland, N.H.A., N.P.A., F.A.C.H.E.
Interim President and CEO and COO
Erie County Medical Center
246 Grinder Street
Buffalo, NY 14215

Dear Rich:

As you know, HANYS' Board of Trustees, at its September 19 meeting, unanimously approved your nomination to serve on the Board and complete an unexpired term in the Class of 2014. The board also approved your nomination for an additional three-year term. Your term began immediately and ends on December 31, 2017.

Congratulations on your selection to the Board. I am pleased to have the opportunity to work with you during your term on what promises to be significant public policy issues.

Prior to each meeting you will receive an email reminder about time and location and will be requested to respond as to your attendance and need for overnight accommodations. Approximately one week before each meeting, you will receive an email letting you know that materials for the meeting are ready and posted on our Board Portal (directorsdesk.com) for downloading to an Ipad or printing. On Friday, September 26, you will receive an email from Directors Desk with a link that will take you through the process of establishing access and setting your password. If you have any questions regarding Directors Desk, please contact my assistant, Barbara Susko, at bsusko@hanys.org or (518) 431-7731.

To assist you in your new responsibilities as a member of the HANYS Board of Trustees, the following materials are available on Directors Desk at the "Documents" tab, under "Corporate Documents:

- HANYS' Bylaws
- Schedule of Board Meetings for 2014 and 2015
- Committee Expense Form
- Most Recent Audit

Expenses incurred for attendance at Board meetings are reimbursable, with the exception of the June meeting, which is held in conjunction with the Annual

Membership Conference. Expense statements, with original receipts attached, should be sent to my office after each meeting.

As you know, our next regularly scheduled meeting is our Board Retreat on October 16-17 in New York City and our last meeting of the year is on December 12 at the LaGuardia Marriott. I hope you'll be able to join us.

Sincerely,

Dennis P. Whalen
President

DPW:bs

HANYS Healthcare Association of New York State

Proud to Serve New York State's Not-For-Profit Hospitals, Health Systems, and Continuing Care Providers

Dennis P. Whalen, President

August 27, 2014

QUALITY

TO: All Members

SUBJECT: **HANYS' *Pinnacle Award Nominations for Quality and Patient Safety***

I am pleased to provide a copy of HANYS' *Pinnacle Award Nominations for Quality and Patient Safety 2014,* which recognizes some of the outstanding quality improvements achieved by HANYS' member organizations across New York State.

The publication describes the projects nominated for HANYS' 2014 Pinnacle Award for Quality and Patient Safety and highlights the Award winners for the individual hospital unit, small hospital, large hospital or system, and post-acute/outpatient provider categories.

We encourage all members to take advantage of the information in this publication as a means to inform and accelerate ongoing efforts to improve quality and patient safety and to network with each other.

This publication is available on our website. For additional printed copies, contact Shannon Stuto, Executive Assistant, at (518) 431-7773 or at sstuto@hanys.org.

Sincerely,

Dennis P. Whalen
President

DPW:cmf
Enclosure

MAIN HEADQUARTERS: One Empire Drive / Rensselaer, New York 12144 / (518) 431-7600 / *fax* (518) 431-7915 / www.hanys.org
WASHINGTON, D.C. OFFICE: 499 South Capitol Street SW, Suite 405 / Washington, D.C. 20003 / (202) 488-1272 / *fax* (202) 488-1274

"I Pass the Baton": Communication Strategy at Time of Admission from Emergency Department to Inpatient Units

Erie County Medical Center, Buffalo

Lessons Learned

A team approach to finding a solution to communication issues has resulted in improved employee engagement, satisfaction, and decreased complaints.

Using the structure of the tool provided a template that became a regular part of communication between all departments and fostered inclusion of the patient in the transfer communication.

Staff developed an understanding of barriers faced in different departments, which decreased complaints based on understanding of patient care responsibilities.

Contact

Charlene Ludlow, R.N., M.S., C.I.C.
Chief Safety Officer
(716) 898-3435
cludlow@ecmc.edu

Project Description

Erie County Medical Center developed a patient safety initiative focused on communication. The project objectives were to:

- define standards of effective communication;
- recognize the importance of communication to prevent medical errors;
- utilize a team approach to improve effective communication and sustain the initiative; and
- identify tools, strategies, and outcomes to enhance communication.

Staff had expressed concerns and lodged complaints related to transfer event communication and processes. The emergency department and inpatient unit staff did a "deep dive" to define specific concerns and allowed frontline staff to develop a process that met communication needs while enhancing patient care and the patient experience at the time of admission.

Outcomes

- A one-page tool was developed to structure and enhance quality of communication between departments.
- Charge nurses were provided portable telephones on each unit to promote communication between the departments, which eliminated waiting for return calls.
- Patient safety was enhanced with person-to-person communication at time of admission, which provided an opportunity for staff to ask questions and meet the patient with an informed handoff of care.

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Internal Financial Reports

For the month ended August 31, 2014

Erie County Medical Center Corporation

Management Discussion and Analysis
For the month ended August 31, 2014

Operating income of $41,000 for the month of August was unfavorable to budget by $301,000. On a year to date basis an operating loss of $795,000 was incurred which is $870,000 favorable to budget and favorable to prior year by $3,081,000. The primary reasons for the favorable performance include; a favorable cost report settlement of $1,949,000, and an increase in IGT revenue based on updated calculations which were offset by reduced revenues due to volume and increases in expenses as noted below

- Discharges were 7% greater than the prior year and 138 (8%) less than budget at 1,509 and 1,647, respectfully. The unfavorable August discharge variance is across all services with 61 fewer acute services, 59 fewer behavioral health services, 12 fewer in transitional care services and 15 fewer in medical rehab services.

- The Medicare acute case mix for August was 1.76 compared to budget of 1.82 and Non-Medicare acute case mix for August was 1.92 compared to budget of 1.78.

- A liability to Erie County and an offsetting receivable was recorded for $5,300,000. CMS is requesting reimbursement for a prior year UPL payment due to a timing issue created ouside of ECMC's control. In additon, as noted above $500 Thousand of IGT revenue was recognzied for an increase in the estimated of the total amount due to ECMC.

- Salaries and contract labor were favorable to budget for August by $1,264,000. A decrease of $0.11 in average hourly rate principaly due to a non-holiday month, accounted for $55,000 and a volume and productivity variance of $670,000 contributed to the favorable variance. A reduction in expense due to a salary and PTO liabilities accounted for the remainder of the variance.

- Benefits were favorable to budget for August by $750,000 primarily due to lower than expected health insurance costs ($233,000) an updated projection of year end pension funding ($344,000). The pension liability will have a favorable impact for the remainder of the year. In addition, a lower than anticipated costs for employment related taxes, workers' compensation and unemployment also contributed to the favorable budget variance by $200,000.

Erie County Medical Center Corporation

Management Discussion and Analysis
For the month ended August 31, 2014

- Purchased services were to unfavorable to budget in August by $596,000 primarily due to an accrual for $150,000 for fees related to hazadous waste removal in 2011, as well as a greater than anticipated costs in for consulting and other services of $342,000.

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

	Revenue	Expenses	MTD Net Income	YTD Net Income
Volume	(657)	353	(304)	(3,094)
Rate Variances	(3,277)	(17)	(3,294)	(8,407)
Productivity/Efficiency		415	415	(701)
Fixed Cost		538	538	(670)
3rd Party Adjustments	1,949		1,949	3,447
IGT/UPL	500		500	16,592
Bad Debt & Charity	67		67	(835)
Other Revenue	(126)	-	(126)	722
Professional Billing/Physician Fees	473	(58)	415	(3,793)
Benefits	-	750	750	2,637
Purchased Services	-	(596)	(596)	(3,576)
Depreciation & Interest		(369)	(369)	(1,628)
Other Expenses, Net	-	(247)	(247)	177
Operating Income/(Loss)	(1,071)	769	(302)	871

Erie County Medical Center Corporation

Balance Sheet
August 31, 2014 and December 31, 2013

(Dollars in Thousands)

	August 31, 2014	Audited December 31, 2013	Change from December 31st
Assets			
Current Assets:			
Cash and cash equivalents	$ 6,267	$ 8,235	$ (1,968)
Investments	30,688	2,394	28,294
Patient receivables, net	59,073	47,815	11,258
Prepaid expenses, inventories and other receivables	53,812	60,597	(6,785)
Total Current Assets	149,840	119,041	30,799
Assets Whose Use is Limited:			
Designated under self-Insurance programs	73,797	77,428	(3,631)
Designated by Board	5,865	15,546	(9,681)
Restricted under third party agreements	31,261	25,063	6,198
Designated for long-term investments	21,533	23,183	(1,650)
Total Assets Whose Use is Limited	132,456	141,220	(8,764)
Property and equipment, net	288,113	289,224	(1,111)
Other assets	26,226	9,109	17,117
Total Assets	$ 596,635	$ 558,594	$ 38,041
Liabilities & Net Assets			
Current Liabilities:			
Current portion of long-term debt	$ 7,343	$ 7,226	$ 117
Accounts payable	27,868	37,359	(9,491)
Accrued salaries and benefits	18,820	19,689	(869)
Other accrued expenses	62,851	22,041	40,810
Estimated third party payer settlements	22,611	22,133	478
Total Current Liabilities	139,493	108,448	31,045
Long-term debt	169,937	173,129	(3,192)
Estimated self-insurance reserves	52,404	50,894	1,510
Other liabilities	116,115	110,115	6,000
Total Liabilities	477,949	442,586	35,363
Net Assets			
Unrestricted net assets	107,637	104,959	2,678
Restricted net assets	11,049	11,049	0
Total Net Assets	118,686	116,008	2,678
Total Liabilities and Net Assets	$ 596,635	$ 558,594	$ 38,041

Erie County Medical Center Corporation

Statement of Operations

For the month ended August 31, 2014

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net patient revenue	$ 36,324	$ 38,312	$ (1,988)	$ 33,958
Less: Provision for uncollectable accounts	(2,075)	(2,142)	67	(2,066)
Adjusted Net Patient Revenue	34,249	36,170	(1,921)	31,892
Disproportionate share / IGT revenue	4,759	4,259	500	4,396
Other revenue	2,915	2,567	348	2,130
Total Operating Revenue	41,923	42,996	(1,073)	38,418
Operating Expenses:				
Salaries & wages / Contract labor	14,341	15,605	1,264	14,039
Employee benefits	8,413	9,163	750	8,412
Physician fees	4,822	4,764	(58)	4,324
Purchased services	3,715	3,119	(596)	2,897
Supplies	5,719	5,745	26	4,568
Other expenses	1,344	1,078	(266)	1,223
Utilities	653	682	29	527
Depreciation & amortization	2,173	1,803	(370)	1,671
Interest	702	695	(7)	726
Total Operating Expenses	41,882	42,654	772	38,387
Income/(Loss) from Operations	**41**	**342**	**(301)**	**31**
Non-operating Gain/(Loss):				
Interest and dividends	130	-	130	315
Grants - HEAL 21	-	-	-	2,755
Unrealized gain/(loss) on investments	1,352	292	1,060	(988)
Non-operating Gain/(Loss)	1,482	292	1,190	2,082
Excess of Revenue/(Deficiency) Over Expenses	$ 1,523	$ 634	$ 889	$ 2,113
Retirement health insurance	1,375	1,417	(42)	1,360
New York State pension	1,844	2,142	(298)	1,820
Impact on Operations	$ 3,219	$ 3,559	$ (340)	$ 3,180

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Erie County Medical Center Corporation

Statement of Operations

For the eight months ended August 31, 2014

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net patient revenue	$ 285,869	$ 291,933	$ (6,064)	$ 269,756
Less: Provision for uncollectable accounts	(17,141)	(16,306)	(835)	(15,760)
Adjusted Net Patient Revenue	268,728	275,627	(6,899)	253,996
Disproportionate share / IGT revenue	50,666	34,074	16,592	35,167
Other revenue	20,087	20,533	(446)	16,211
Total Operating Revenue	339,481	330,234	9,247	305,374
Operating Expenses:				
Salaries & wages / Contract labor	120,642	119,728	(914)	112,906
Employee benefits	68,940	71,578	2,638	67,435
Physician fees	40,737	38,111	(2,626)	34,529
Purchased services	28,693	25,117	(3,576)	22,785
Supplies	46,271	43,820	(2,451)	42,850
Other expenses	7,913	8,602	689	5,144
Utilities	5,463	4,952	(511)	4,932
Depreciation & amortization	16,054	14,428	(1,626)	13,194
Interest	5,563	5,563	-	5,475
Total Operating Expenses	340,276	331,899	(8,377)	309,250
Income/(Loss) from Operations	**(795)**	**(1,665)**	**870**	**(3,876)**
Non-operating Gain/(Loss):				
Interest and dividends	1,767	-	1,767	2,030
Grants - HEAL 21	-	-	-	11,487
Investment Income/(Loss)	2,442	2,333	109	1,392
Non-operating Gain/(Loss)	4,209	2,333	1,876	14,909
Excess of Revenue/(Deficiency) Over Expenses	$ 3,414	$ 668	$ 2,746	$ 11,033
Retirement health insurance	11,000	11,092	(92)	8,410
New York State pension	16,258	16,852	(594)	15,385
Impact on Operations	$ 27,258	$ 27,944	$ (686)	$ 23,795

The difference between healthcare and true care™

Erie County Medical Center Corporation

Statement of Changes in Net Assets

For the month and eight months ended August 31, 2014

(Dollars in Thousands)

	Month	Year-to-Date
Unrestricted Net Assets:		
Excess/(Deficiency) of revenue over expenses	$ 1,523	$ 3,414
Other transfers, net	(93)	(736)
Contributions for capital acquisitions	-	-
Net assets released from restrictions for capital acquisition	-	-
Change in Unrestricted Net Assets	1,430	2,678
Temporarily Restricted Net Assets:		
Contributions, bequests, and grants	-	-
Other transfers, net	-	-
Net assets released from restrictions for operations	-	-
Net assets released from restrictions for capital acquisition	-	-
Change in Temporarily Restricted Net Assets	-	-
Change in Net Assets	1,430	2,678
Net Assets, beginning of period	117,256	116,008
Net Assets, end of period	**$ 118,686**	**$ 118,686**

The difference between healthcare and true care™

Erie County Medical Center Corporation

Statistical and Ratio Summary

	August 31, 2014	December 31, 2013	ECMCC 3 Year Avg. 2011 - 2013
Liquidity Ratios:			
Current Ratio	1.1	1.1	1.2
Days Operating Cash, includes current Investments	27.1	8.5	33.9
Days in Designated Cash & Investments (Covenant 57 days)	101.2	101.9	134.9
Days in Patient Receivables	53.4	47.4	44.1
Days Expenses in Accounts Payable	20.4	30.0	30.2
Days Expenses in Current Liabilities	102.2	87.2	102.6
Cash to Debt	65.8%	57.4%	80.5%
Working Capital	$ 10,347	$ 10,593	$ 19,379
Capital Ratios:			
Long-Term Debt to Fixed Assets	59.0%	59.9%	82.5%
Assets Financed by Liabilities	80.1%	79.2%	80.6%
EBIDA Debt Service Coverage (Covenant > 1.1)	1.8	1.6	1.6
Capital Expense	3.7%	3.3%	2.7%
Debt to Capitalization	62.2%	63.2%	69.2%
Average Age of Plant	13.1	14.9	15.7
Debt Service as % of NPSR	3.9%	4.2%	3.4%
Capital as a % of Depreciation	93.1%	252.3%	376.0%
Profitability Ratios:			
Operating Margin	-0.2%	0.2%	0.2%
Net Profit Margin	1.2%	2.1%	0.6%
Return on Total Assets	0.9%	1.4%	0.5%
Return on Equity	4.3%	6.9%	-1.8%
Productivity and Cost Ratios:			
Total Asset Turnover	0.9	0.9	0.8
Total Operating Revenue per FTE	$ 186,064	$ 174,160	$ 165,737
Personnel Costs as % of Total Revenue	53.2%	55.0%	56.2%

The difference between healthcare and true care™

Erie County Medical Center Corporation

Key Statistics

Period Ended August 31, 2014

Current Period					Year to Date			
Actual	**Budget**	**% to Budget**	**Prior Year**		**Actual**	**Budget**	**% to Budget**	**Prior Year**
				Discharges:				
971	1,032	-5.9%	976	Med/Surg (M/S) - Acute	7,527	8,244	-8.7%	7,472
309	368	-16.0%	222	Behavioral Health	2,478	2,910	-14.8%	1,681
152	139	9.4%	143	Chemical Dependency (CD) - Detox	1,063	1,075	-1.1%	1,059
23	27	-14.8%	25	CD - Rehab	202	209	-3.3%	204
27	42	-35.7%	38	Medical Rehab	236	281	-16.0%	301
27	39	-30.8%	26	Transitional Care Unit (TCU)	246	307	-19.9%	113
1,509	1,647	-8.4%	1,404	Total Discharges	11,752	13,026	-9.8%	10,830
				Patient Days:				
6,547	6,672	-1.9%	6,034	M/S - Acute	47,669	48,854	-2.4%	49,450
3,453	4,306	-19.8%	2,880	Behavioral Health	31,208	33,390	-6.5%	21,635
538	447	20.4%	433	CD - Detox	3,713	3,543	4.8%	3,541
519	510	1.8%	451	CD - Rehab	3,838	4,039	-5.0%	3,930
818	854	-4.2%	813	Medical Rehab	6,076	6,318	-3.8%	6,434
416	491	-15.3%	386	TCU	3,164	3,481	-9.1%	1,529
12,291	13,280	-7.4%	10,997	Total Patient Days	95,668	99,625	-4.0%	86,519
				Average Daily Census (ADC):				
211	215	-1.9%	195	M/S - Acute	196	201	-2.4%	203
111	139	-19.8%	93	Behavioral Health	128	137	-6.5%	89
17	14	20.4%	14	CD - Detox	15	15	4.8%	15
17	16	1.8%	15	CD - Rehab	16	17	-5.0%	16
26	28	-4.2%	26	Medical Rehab	25	26	-3.8%	26
13	16	-15.3%	12	TCU	13	14	-9.1%	0
396	428	-7.4%	355	Total ADC	394	410	-4.0%	350
				Average Length of Stay:				
6.7	6.5	4.3%	6.2	M/S - Acute	6.3	5.9	6.9%	6.6
11.2	11.7	-4.5%	13.0	Behavioral Health	12.6	11.5	9.8%	12.9
3.5	3.2	10.1%	3.0	CD - Detox	3.5	3.3	6.0%	3.3
22.6	18.9	19.5%	18.0	CD - Rehab	19.0	19.3	-1.7%	19.3
30.3	20.3	49.0%	21.4	Medical Rehab	25.7	22.5	14.5%	21.4
15.4	12.6	22.4%	-	TCU	12.9	11.3	13.4%	-
8.1	8.1	1.0%	7.8	Average Length of Stay	8.1	7.6	6.4%	8.0
				Occupancy:				
86.2%	89.6%	-3.8%	79.9%	% of M/S Acute staffed beds	86.2%	85.8%	0.5%	81.1%
				Case Mix Index:				
1.76	1.82	-3.3%	1.58	Medicare (Acute)	1.77	1.80	-1.3%	1.77
1.92	1.78	7.5%	1.89	Non-Medicare (Acute)	1.81	1.76	3.0%	1.83
170	180	-5.6%	146	Observation Status	1,662	1,271	30.8%	1,376
473	520	-9.0%	467	Inpatient Surgeries	3,835	3,883	-1.2%	3,433
656	659	-0.5%	632	Outpatient Surgeries	5,123	4,850	5.6%	5,064
30,497	30,384	0.4%	28,036	Outpatient Visits	257,846	242,315	6.4%	231,045
6,097	6,344	-3.9%	5,900	Emergency Visits Including Admits	44,392	47,266	-6.1%	43,238
53.4	45.0	18.7%	47.7	Days in A/R	53.4	45.0	18.7%	47.7
5.2%	6.2%	-15.6%	6.8%	Bad Debt as a % of Net Revenue	5.2%	6.2%	-16.2%	6.5%
2,422	2,565	-5.6%	2,360	FTE's	2,443	2,510	-2.6%	2,380
3.43	3.48	-1.4%	3.71	FTE's per Adjusted Occupied Bed	3.46	3.51	-1.5%	3.78
$ 13,804	$ 11,470	20.3%	$ 11,295	Net Revenue per Adjusted Discharge	$ 14,669	$ 10,885	34.8%	$ 11,677
$ 13,993	$ 13,412	4.3%	$ 13,508	Cost per Adjusted Discharge	$ 14,368	$ 13,032	10.3%	$ 14,098
Terrace View Long Term Care:								
11,884	11,904	-0.2%	11,825	Patient Days	93,068	93,312	-0.3%	86,324
383	384	-0.2%	381	Average Daily Census	383	384	-0.3%	355
453	450	0.7%	445	FTE's	447	441	1.3%	429
6.7	6.7	0.9%	6.6	Hours Paid per Patient Day	6.5	6.4	1.6%	6.8

REPORT TO THE BOARD OF DIRECTORS
MARY L. HOFFMAN
SENIOR VICE PRESIDENT OF OPERATIONS
SEPTEMBER 2014

BRIDGE Update:

- Becky DelPrince, RN, began her position as VP of Systems and Integrated Care on September 8. With her leadership we will be able to move on many of the recommendations around Case Management and Utilization Review process changes which will help ECMC realize improvements in LOS as well as reduction in admission and continued stay denials;
- Three (3) Case Managers have been placed in the ER and have been effectively addressing access management with the goal of significantly decreasing unnecessary admissions;
- Physician dashboards have been developed and are being distributed monthly. Regular medical and surgical care redesign meetings have been established to maintain ongoing accountability.

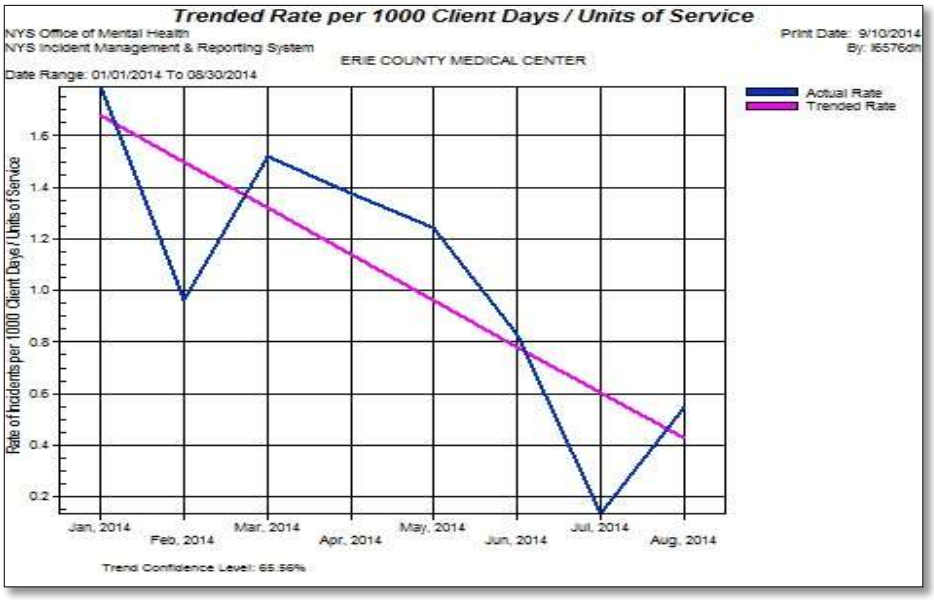
TERRACE VIEW:

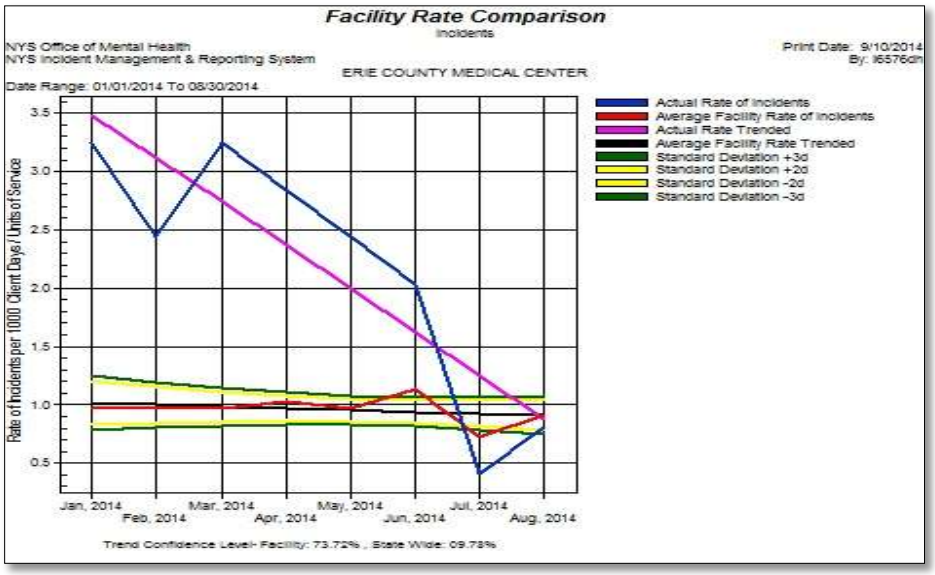
- AG announcement of charges against two (2) employees of the former ECMC SNF slated to be announced Sept 23;
- Currently interviewing candidates for permanent Administrator;
- CMS star ranking was corrected from a 1-star ranking to a 2-star ranking after staffing data was resubmitted and appears as such on the CMS website;
- Working with Chris Koenig from McGuire Group to develop a leadership and quality plan with the goal of moving Terrace View to a 5-star facility.

BEHAVIORAL HEALTH:

- CPEP experienced an increase in number of patients, average daily census and BH admissions;
- Plan to provide medical screening in CPEP vs. MedED is being finalized which will improve throughput and positively impact the patient experience;
- BH has experienced a decrease in LOS with two (2) summer months having LOS below 11.0 which is significantly below budget LOS of 11.5;
- Prepared for opening of Transition Unit 4zone3 on October 20, pending final OMH approval;
- **OMH Activity:**
    - Inpatient site visit went well; pending final report
    - Outpatient
        - 1010 Main Street obtained approval for 1-1/2 years
        - Depew received 3 year approval
        - Partial Hospital received 1-1/2 years approval
    - Positive trend in reduction of patient incidents noted (see graphs).

OMH statistics:





<u>TRANSPLANT SERVICE</u>:

- Interim leadership in place and currently evaluating workflows for efficiency and consistency;
- Living donor program up and running with revised procedures in place. First surgery planned for early October;
- Independent Peer Review scheduled for September 29 and 30;
- Staff teambuilding retreat, part of UNOS plan of correction, scheduled for October 3;
- Transplant Leadership Institute has provided information on potential Transplant Administrator candidates; search committee is being formed to interview finalists.

AMBULATORY SERVICES:

Ambulatory Services is developing a plan for rebranding and improving the overall awareness and recognition of our available services. As we continue to grow as a Center of Excellence many more exciting initiatives are on the horizon.

Ambulatory Services has been moving forward with several new clinics and initiatives.

- Dermatology Clinic has been embraced by patients and ECMC staff, making up a large portion of patient population;
- A new ENT provider, Dr. Paul Young, is expected to start in October;
- Allscripts implementation process is continuing forward in Suite 130/132/135, with Neurology, Neurosurgery, and GI the first clinics to go live. All of Ambulatory will be up & running by March 2015;
- Two new surgeons are adding clinic sessions, Dr. Jeffrey Jordan and Dr. Clarice Cooper;
- Dr. Dang will be adding another session for Connective Tissue in October. Dr. Dang continues to accommodate the significant volume of VA patients who are being referred to ECMC;
- Immunodeficiency is currently working on the Behavioral Health Education and Engagement Initiative, toward a better linking of HIV+ people with a behavioral health diagnosis to appropriate care and supporting their follow-up to that care;
- The Behavioral/Internal Medicine clinic is up and running in the new Behavioral Health Building. We continue to receive referrals and our staff is managing patient no-shows by following-up with the patients and their counselors;
- Occupational and Environment Medicine clinic is making progress. We are interviewing several candidates in collaboration with Dr. Hailoo to staff his clinic. Dr. Hailoo will see his first patients on 9/24/2014. Meetings are scheduled with Revenue, Marketing, Outreach and Bio-Med for next week;
- We are developing a plan with our providers to increase the referral process to the specialty clinics at Erie County Medical Center. Upon discharge, if we have the specialty clinic the patient needs, the MOA will attempt to schedule with Erie County Medical Center. The Program Manager will provide assistance if urgent visits are needed;
- Our outpatient dialysis unit is working on their Five Diamond Recognition Award with 3 of the 5 modules submitted and accepted. The last two (2) initiatives will be submitted within the next two weeks. Four of the RNs have joined ANNA (American Nephrology Nurses Association).

RADIOLOGY:

- Plans for the purchase of a new CT scanner (approx. $1.2M) are being finalized;
    - Will have Bariatric capabilities exceeding 600 lbs; 425lbs. is our existing maximum weight. Bariatric Services will be unable to schedule services for any patient exceeding the weight capabilities of the CT scanner.
    - Will reduce radiation dose to patient at least 50%.
    - Will decrease study TAT due to faster technology.
- Working with our off-sites and clinics to ensure referrals are being directed to ECMC services;
- Reduction in turnaround time (TAT) for inpatients and ED patients has been realized as part of the BRIDGE initiative;
- Improvement for Radiologist Report TAT for 2014 is 42%.

SERVICE LINES:

Oncology/Hematology

- Oncology visits for August were down by 39 visits from 2013 to 2014;
- Dr. Ratesh Patil started as our full-time attending in July 2014;
- Continuing to work towards off-service Infusion Clinic.

Head and Neck / Plastic and Reconstructive Surgery

- Clinic visits for August were up 42 visits from 2013 to 2014;
- Surgical case volume for August was up 7 cases from 2013 to 2014;
- Beginning stages of American College of Surgeons Cancer Center Accreditation.

General Dentistry Clinic

- Clinic visits for August were up 115 visits from 2013 to 2014;
- Dr. Michelle Boyd–Augello, DDS, started part-time in August.

Oral Oncology Maxillofacial Prosthetics

- Clinic visits for August 2014 were 372 visits;
- Continuing process to apply for research study with Amgen.

Bariatrics

- Surgical case volume for August was 89;
- Bariatric application for accreditation with the American Society for Metabolic and Bariatric Surgery (MBSAQIP) has been submitted, waiting for site visit;
- CON for Synergy Bariatrics approved, transition in process.

Erie County Medical Center Corporation
Report to the Board of Directors
Ronald J. Krawiec, Senior Vice President of Operations
September 30, 2014

PHARMACEUTICAL SERVICES – RANDY GERWITZ

Update – Pharmacy Consultant Services Transitional Care Unit:

The Department of Pharmaceutical Services (DPS) supports the Transitional Care Unit by providing Pharmacy consults on all patients as required by regulation. This service is well received by the medical staff as indicated by acceptance rates for recommendations made exceeding 90%. The three (3) most frequently made recommendations are:

1) Discontinuation of a potentially unnecessary medication.
2) Change of dose or frequency of a medication based on geriatric dose, renal impairment or daily dosage thresholds as per regulations.
3) Discontinuation of a medication considered potentially inappropriate in the elderly due to the side effect profile of the medication and potential to cause harm.

340B Update:

Our second 340B contract pharmacy is expected to begin servicing ECMC patients shortly after October 1, 2014. This site, owned by the McGuire Group Pharmacy Corporation, will better serve our suburban patients and is located on Union Road in Cheektowaga, NY. Fee structures are in place to allow substantial benefit to cash patients, meeting the intent of the 340B program by passing on considerable savings to the underinsured population.

LABORATORY – JOSEPH KABACINSKI

KH-ECMCC Lab Integration - Anatomic and Clinical Pathology:

The Kaleida Health and ECMCC Lab collaboration is running smoothly. With the integration of services, approximately 25-30% of ECMCC's daily Lab workload is processed at Kaleida facilities. In addition, specimens from Dr. Sharma's office in Hamburg are now picked up directly by the Kaleida courier who makes daily sweeps in that area. Our consolidation teams now focus their efforts on quality and continuous improvement of all identified process and system issues. This has resulted in marked improvement in turnaround time and reduction of processing issues. The remainder of the transition will occur in several stages during 2014 and 2015 as Kaleida implements a number of tests that they do not currently perform and are required by ECMCC Centers of Excellence (Transplant, Behavioral Health) and specific ECMCC clinical services (Immunodeficiency, Oncology, etc.). We are also evaluating referring some additional outsourced tests to the KH Production Lab at estimated savings of over $50,000 annually based on historical activity. The ECMCC Lab continually assesses staff FTE

requirements along with reagent and other costs in light of the consolidation. These changes in Lab and Pathology operations were incorporated in the reduced expense estimates used in preparing the 2015 Lab operating budget.

A new plan to renovate and update the Anatomic Pathology lab facility at ECMCC is being developed by Kideney Architects with input from Drs. John Tomaszewski and Lucia Balos. The space has never been renovated since it opened in 1978 and needs to be brought up to current standards. Pathology Department workflow has changed dramatically due to increased demand for surgical pathology and the KH-ECMCC pathology service integration. Our outdated configuration does not meet current needs. The plan being discussed concentrates activities within a dedicated lab area and upgrades grossing stations, general pathology service areas, along with specimen and work flows. This renovation will be valuable in efforts to attract a new Director-Chief of Service for the ECMCC Department of Anatomic Pathology. Long term plans for Pathology include dedicated space and equipment for state-of-the-art telepathology to improve diagnosis and report turnaround time.

A UNYTS Blood Drive will be held on Thursday, October 16 in the Staff Dining Room from 10:30AM to 5:30PM (new time).

PLANT OPERATIONS – DOUG FLYNN

General Project Updates:
The 6th floor renovations, Universal Care Unit (6Z1) and Inpatient Orthopedic Zones (6 North) are progressing and are on schedule, 6Z1 to be complete this winter and 6 North next spring.

Exterior Signage Package – The final signage design has been approved and the manufacturing of the exterior signs is currently in progress. The exterior signage foundation excavation work is underway with completion expected by mid-fall.

Lifeline Office Renovation – This project is in a fast-tracked project approach. Demolition is complete and asbestos abatement underway in the now vacant suite. Staff has been temporarily relocated while the renovation occurs.

GI Suite Renovation on schedule to be complete in November.

Construction documents for DK Miller Roofing Replacement are being prepared for bidding purposes.

Generator Replacement project is complete, Fire Alarm System Improvement to be complete in October.

ERIE COUNTY MEDICAL CENTER CORPORATION

REPORT TO MEDICAL EXECUTIVE COMMITTEE
BRIAN M. MURRAY, MD, CHIEF MEDICAL OFFICER
SEPTEMBER 2014

UNIVERSITY AFFAIRS

Searches are ongoing for Chairs of the Departments of Surgery and Family Medicine as well as a new Chair for the Division of Gastroenterology.

UB has announced the creation of a Clinical Research Office to assist faculty and expedite the process of securing clinical trial funding (see attached letter). As part of this initiative faculty will be required to utilize the Research Foundation for all such projects and UB Foundation will no longer be an option.

The Proposed Resident Annual Plan for the year 2015-2016 was circulated to the GMEC Committee and hospitals for approval. Under the proposed plan ECMC's complement of residents would go from 174.54 to 176.11. The major changes include:

Anesthesia -decreased from 9.50 to 6.00
Internal medicine increased increased from 26.10 to 29.30
Surgery increased from 17.50 to 19.0
Dental increased from 8.0 to 13.0
Ob/GYN increased from 1.0 to 1.73

PROFESSIONAL STEERING COMMITTEE

September's Meeting was cancelled. The next regularly scheduled meeting is scheduled for Monday, December 8, 2014 at ECMC from 7:00 – 8:00 a.m.

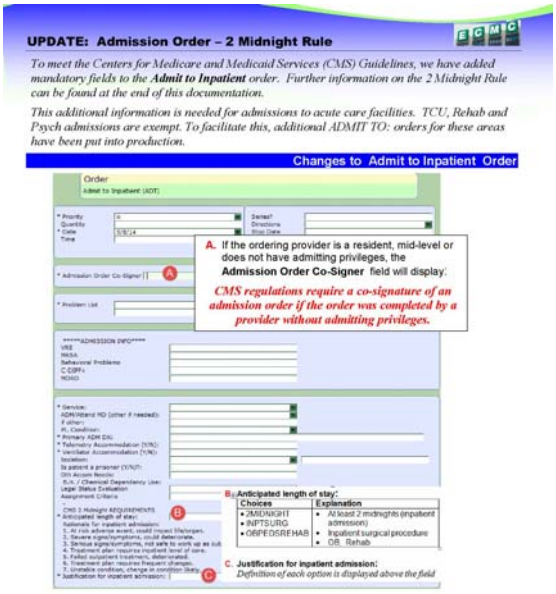
UTILIZATION REVIEW

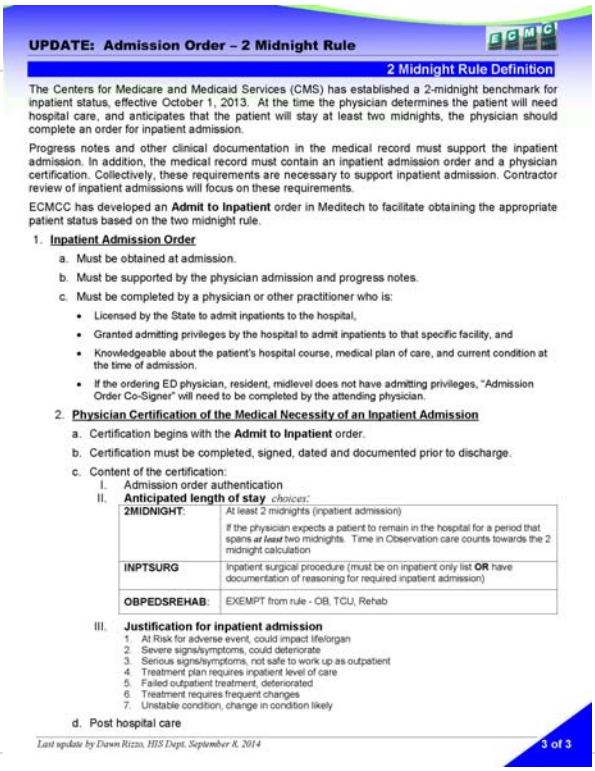
See attached Flash report on last page of this report.

Discharges were just below 1,000 (8% below budget). Year to date we have 56 more discharges than 2013.
LOS remained a concern at 6.7, 0.7 above budget.
ALC days continue to be problem increasing to 755 days for the month.
Surgical volumes remained high and close to budget predictions
ED visits are slightly decreased from 2013.
CMI remained slightly low at 1.8151.

CLINICAL ISSUES

This month saw a the introduction of a new method for addressing the 2-midnight rule through new requirements in the admission order in CPOE . The object is to improve physician compliance/documentation and minimize the risk of denials.





University at Buffalo
The State University of New York

Vice President for Research and Economic Development

September 5, 2014

Dear Colleagues:

We are writing to announce that, as a result of increased clinical research activities at UB, and due to the specialized nature of these activities, we are establishing a university-wide Clinical Research Office (CRO) which is designed to provide sufficient staffing and tools to best manage research activities involving human participants. Given the increasing regulatory climate governing clinical research, particularly drug or device studies, institutions nations-wide are changing their practices to ensure the appropriate separation between clinical *practice* and clinical *research.* UB's plans are consistent with this national move towards best practices in clinical research.

This process of building this CRO is ongoing, but we are confident that as we continue to build capacity in this new office, we will have the necessary infrastructure in place to manage awards in a timely, efficient, and compliant manner. In addition, we are purchasing and implementing new electronic tools that will better integrate grants management, IRB, Conflict of Interest and billing programs – all of which are critical components of a successful research program, and particularly a successful clinical research program.

Because of these investments, we also write to announce a policy change in the management of awards involving clinical research that involve human participants (e.g., drug and/or device studies). Up until now, if the funder or sponsor of such research was industry or foundations (and not government funded), such awards *could have been* managed by the UB Foundation, if requested by the PI or the department. However, due to the highly regulated environment surrounding research that involves human participants, particularly clinical research with a focus on drug and device studies, we have determined that the UB Foundation does not have sufficient infrastructure in place to manage these awards. Therefore, as of **January 1, 2015**, all such awards will be processed through the Research Foundation on behalf of the University at Buffalo. In this way, all clinical research activities involving human participants will be managed by one fiscal entity, i.e., the Research Foundation. We strongly encourage Principal Investigators to use the Research Foundation for all such activity now, in advance of the required date of January 1, 2015.

We are hiring a new Clinical Trials Administrator and a billing/accounts receivable specialist. Both of these new hires will specialize in the management of clinical research awards under the Research Foundation for SUNY. Because these two positions will be dedicated to these activities, we expect that there will be improved turn-around time for the review, negotiation, award establishment, billing and cash receivables for drug and

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device studies. These individuals will join the existing staff of Study Coordinators, Nurse Managers and other specialized staff who will work with faculty in managing their clinical trials. They will be co-located with those staff in the CTRC, and in close proximity to the IRB support staff, for the best integration of services that are provided to our clinical research community.

We thank you for your patience and cooperation as we implement these changes.

Sincerely,

Michael E. Cain
Vice President for Health Sciences

Alexander N. Cartwright
Vice President for Research and Economic Development

Laura E. Hubbard
Vice President for Finance and Administration

ECMC Flash Report for 8/31/2014

Budget	MTD	Diff	Diff %	PMTD	Acute Summary	Budget	YTD	Diff	Diff %	PYTD
1,055	971	-84	-8.0 %	948	Admissions	8,280	7,554	-726	-8.8 %	7,485
1,031	972	-59	-5.7 %	921	Discharges	8,241	7,527	-714	-8.7 %	7,471
6.0	6.7	0.7	12.3 %	6.7	Avg Length of Stay	6.0	6.3	0.3	5.5 %	6.6
-	5.0	-	-	5.1	Expected Length of Stay	-	4.9	-	-	5.0
6,672	6,548	-124	-1.9 %	6,165	Patient Days	48,858	47,667	-1,191	-2.4 %	49,446
494	755	261	52.8 %	579	ALC Days	3,127	3,318	191	6.1 %	5,634
144	137	-7	-4.9 %	140	One Day Stays	1,148	1,181	33	2.9 %	1,130
1.8736	1.8151	-0.0585	-3.1 %	1.8460	Case Mix	1.8736	1.7873	-0.0863	-4.6 %	1.7981
6.0	7.2	1.2	20.7 %	6.9	Medicare Avg Length of Stay	6.0	7.0	1.0	17.5 %	7.0
-	79	-	-	76	Admissions from Observation	-	763	-	-	484

Budget	MTD	Diff	Diff %	PMTD	Behavioral Health	Budget	YTD	Diff	Diff %	PYTD
383	312	-71	-18.5 %	227	Admissions	2,929	2,471	-458	-15.6 %	1,697
371	309	-62	-16.7 %	226	Discharges	2,930	2,478	-452	-15.4 %	1,681
11.5	11.2	-0.3	-2.7 %	12.6	Avg Length of Stay	11.5	12.6	1.1	9.5 %	12.9
4,304	3,458	-846	-19.7 %	2,847	Patient Days	33,387	31,213	-2,174	-6.5 %	21,635

Budget	MTD	Diff	Diff %	PMTD	Chemical Dependency	Budget	YTD	Diff	Diff %	PYTD
163	172	9	5.5 %	163	Admissions	1,308	1,269	-39	-3.0 %	1,271
172	175	3	1.7 %	163	Discharges	1,324	1,265	-59	-4.5 %	1,263
958	1,057	99	10.3 %	857	Patient Days	7,585	7,551	-34	-0.4 %	7,471

Budget	MTD	Diff	Diff %	PMTD	Rehab Medicine	Budget	YTD	Diff	Diff %	PYTD
39	31	-8	-20.5 %	50	Admissions	269	240	-29	-10.8 %	308
35	27	-8	-22.9 %	51	Discharges	250	236	-14	-5.6 %	302
856	818	-38	-4.4 %	853	Patient Days	6,316	6,076	-240	-3.8 %	6,438

Budget	MTD	Diff	Diff %	PMTD	Transitional Care	Budget	YTD	Diff	Diff %	PYTD
35	31	-4	-11.4 %	31	Admissions	277	251	-26	-9.4 %	128
35	27	-8	-22.9 %	28	Discharges	275	246	-29	-10.5 %	113
496	416	-80	-16.1 %	441	Patient Days	3,520	3,164	-356	-10.1 %	1,529

Budget	MTD	Diff	Diff %	PMTD	Terrace View / LTC	Budget	YTD	Diff	Diff %	PYTD
-	55	-	-	47	Admissions	-	407	-	-	454
-	57	-	-	48	Discharges	-	400	-	-	330
11,904	11,884	-20	-0.2 %	11,791	Patient Days	93,312	93,063	-249	-0.3 %	91,541

Budget	MTD	Diff	Diff %	PMTD	Operating Room	Budget	YTD	Diff	Diff %	PYTD
982	977	-5	-0.5 %	873	General Surgeries	7,589	7,564	-25	-0.3 %	6,899
503	456	-47	-9.3 %	435	Inpatient	3,751	3,640	-111	-3.0 %	3,295
479	521	42	8.8 %	438	Outpatient	3,838	3,924	86	2.2 %	3,604

Budget	MTD	Diff	Diff %	PMTD	Emergency Department	Budget	YTD	Diff	Diff %	PYTD
5,151	5,065	-86	-1.7 %	5,058	ER Visits	37,040	36,387	-653	-1.8 %	36,911
878	842	-36	-4.1 %	842	ER Admits	6,785	6,395	-390	-5.7 %	6,675
17.0 %	16.6 %		-0.4 %	16.6 %	% of ER Visit Admits	18.3 %	17.6 %		-0.7 %	18.1 %
181	178	-3	-1.7 %	204	Observation	1,277	1,689	412	32.3 %	1,387
1,192	1,031	-161	-13.5 %	836	CPEP Visits	10,209	8,004	-2,205	-21.6 %	6,327
321	317	-4	-1.2 %	171	CPEP Admits	2,443	2,438	-5	-0.2 %	1,401
26.9 %	30.7 %		3.8 %	20.5 %	% of CPEP Visit Admits	23.9 %	30.5 %		6.5 %	22.1 %
6,343	6,096	-247	-3.9 %	5,894	Total ED Volume	47,249	44,391	-2,858	-6.0 %	43,238

Budget	MTD	Diff	Diff %	PMTD	Outpatient Visits	Budget	YTD	Diff	Diff %	PYTD
2,855	2,662	-193	-6.8 %	493	Behavioral Health	24,364	20,195	-4,169	-17.1 %	3,880
5,084	4,717	-367	-7.2 %	3,074	Chemical Dependency	40,635	37,915	-2,720	-6.7 %	25,214
6,869	6,145	-724	-10.5 %	6,427	Clinics - A	53,388	49,037	-4,351	-8.1 %	52,486
1,868	2,288	420	22.5 %	1,708	Clinics - B	14,531	16,951	2,420	16.7 %	13,887
1,802	1,731	-71	-3.9 %	1,745	Dialysis	13,641	14,033	392	2.9 %	13,799
2,466	2,697	231	9.4 %	3,266	Referred / Ancillary	21,013	25,332	4,319	20.6 %	25,464
722	631	-91	-12.6 %	699	Surgical	6,034	5,359	-675	-11.2 %	6,209
1,513	1,449	-64	-4.2 %	1,552	Therapy	13,434	11,898	-1,536	-11.4 %	12,957
500	448	-52	-10.4 %	424	Transplant / Vascular	4,167	3,647	-520	-12.5 %	4,306

Budget	MTD	Diff	Diff %	PMTD	Radiology	Budget	YTD	Diff	Diff %	PYTD
-	3,832	-	-	3,968	CT Scan	-	27,902	-	-	29,028
-	9,042	-	-	9,060	Diagnostic Imaging	-	68,882	-	-	71,040
-	311	-	-	337	MRI	-	2,673	-	-	2,905
-	218	-	-	348	Nuclear Medicine	-	2,654	-	-	2,831
-	613	-	-	633	Ultrasound	-	5,122	-	-	4,709

ERIE COUNTY MEDICAL CENTER CORPORATION

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

September, 2014

The Department of Nursing reported the following activities in the month of September:

- Rhonda Biondolillo, with the IV Team attended the Western New York Chapter Association of Vascular Access (AVA) on September 16th. The topic of this meeting was power glide mid line cathedras: advantages and disadvantages of using them.

- Our Trauma Department reported:

  On September 4 – Trauma taught 'Spine and Precautions' at Med Surg Concepts

  On September 6th and 7th – an ATLS course was conducted for 4 physicians and an ATCN course for 12 RN's . Nursing Instructors were: Lynette Eeley, Darryl Ibbotson, Madonna Lakso, Beth Moses, Maria Villacorta and Karen Beckman. Passing nurses were: Lisa Barbera, Alicia Boncare, Debbie Leitten, Margo Wagner, Kari Nawojski, Paula Wittman, Jamie Wood, Colleen Wilde, Donat Madore, Jen Sole, Maureen Swain and Ginny Leyh

  On September 8th – an ACLS class was taught

  On September 9th – Met with leadership from the Boys and Girls Club to plan Violence Intervention sessions

  On September 16 and 17th - they conducted the 'let's not Meet by Accident' program for 315 students at the Lancaster High School

  September 17th – Attended the WREMAC meeting and reported for the Regional Trauma Advisory Committee

  September 18th – A meeting was attended with the Falls Coalition of WNY for falls prevention items

  September 23rd – Dr. Flynn and Beth Moses met with Lake Shore Hospital staff to discuss the treatment and transfer of trauma patients

  September 24th – Beth Moses and Dr. Jeff Jordan met with WCA Hospital and ALSTAR EMS staff to discuss the treatment and transfer of trauma patients

  September 25th – Beth Moses met with an additional falls prevention group and participated in a Fall Prevention Event

Much work was done this month for the upcoming launch of the Fall Prevention Kit project, in collaboration with the Erie County Department of Senior Services

- Paula Quesinberry our Stroke Program Coordinator spoke on the Radio Program: Solid Gold 1400 AM Radio Women's Health Program with Dr. Catherine Collins. The topic was: Stroke and Women's Health. The program aired on September 20, 2014 at 0800

- ECMCC Farmers Market Senior Citizen's day was on September 5, 2014. We held a 'Check Your Pulse America for Stroke Prevention' program. 26 participants visited table and were taught how to take their pulse, what an irregular pulse feels like, how often to check pulse, action to take if pulse is irregular. Coordinator also checked the participant's pulses. One participant had an irregular pulse that required follow-up. Stroke and Atrial Fibrillation Health information literature was distributed by Paula Quesinberry. An irregular heartbeat and stroke teaching model was used.

- September 10th and 11th - display and educational tables were set up outside of the cafeteria to increase awareness of sepsis for World Sepsis Day. Posters with displays, laptop sepsis presentation, Sepsis handouts, Sepsis Bundle card reminders for health care profession, and Sepsis lapel pins were all available. Education was for Staff and visitors. Paula Quesinberry and Patricia Murphy (Patient Safety) ran this event.

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS

MINUTES OF THE HUMAN RESOURCES COMMITTEE MEETING

TUESDAY, SEPTEMBER 9, 2014

ECMCC STAFF DINING ROOM

VOTING BOARD MEMBERS PRESENT OR ATTENDING BY CONFERENCE TELEPHONE:	MICHAEL HOFFERT, CHAIR BISHOP MICHAEL BADGER	FRANK MESIAH
BOARD MEMBERS EXCUSED:	RICHARD BROX	
ALSO PRESENT:	KATHLEEN O'HARA CARLA DICANIO-CLARKE BEN LEONARD NANCY TUCKER STEPHEN GARY	BELLA MENDOLA MARY HOFFMAN CHRIS KOENIG JEANNINE BROWN-MILLER MICHAEL CUMMINGS, MD

I. CALL TO ORDER

Chair Michael Hoffert called the meeting to order at 9:40a.m.

II. RECEIVE & FILE

Moved by Frank Mesiah and seconded by Bishop Michael Badger to receive the Human Resources Committee minutes of the July 8, 2014 meeting.

III. NYSNA

A tentative agreement has been reached between ECMCC and NYSNA. The membership will vote to approve the contract on September 15, 2014. The agreement is also subject to approval by the Board. Some highlights include 2% increases each year, the creation of a clinical ladder, and a small change in retiree healthcare.

IV. FMLA REPORTS

Reports prepared by Ben Leonard were distributed depicting FMLA usage in relation to overtime usage.

V. WORKERS COMPENSATION AND EMPLOYEE OCCURRENCES

The Workers Compensation and employee occurrences report was distributed.

VI. TERRACE VIEW REPORT

Reports prepared by Nancy Curry were distributed. The reports included information regarding new hires, employees out on leave and turnover at Terrace View.

VII. NURSING TURNOVER REPORT

July

Hires: 3.5 FTEs & 2 PD (LPN 1.5 FTE)

- Med/ Surg: 1.5 FTEs(LPN) & 1 PD
- Behavioral Health: .5 FTEs
- Critical Care: 2 FTE
- Internal Medicine: 1 PD
- Utilization Review: 1 FTE

Losses: 5 FTEs & 4 PD (LPN: .5 FTE)

- Med/ Surg: 3FTEs & 2PD (LPN: .5 FTE)
- Critical Care: 1 FTE
- Internal Medicine: 1 FTE
- Personnel Health: 2 PD

Turnover Rate: .6%
Turnover Rate YTD: 5.4%

August

Hires: 2.5 FTES & 2PD (LPN: 2.5 FTEs)

- Med/ Surg: .5FTE & 2 PD (LPN:1.5 FTE)
- Behavioral Health: 2 FTE (LPN: 1 FTE)

Losses: 8 FTEs (LPN: 1 FTE)

- Med/ Surg: 7 FTEs (LPN: 1 FTE)
- Critical Care: 1 FTE

Turnover Rate: 1.0%
Turnover Rate YTD: 6.5%

VIII. EMPLOYEE TURNOVER REPORTS

Turnover reports were distributed for August 2014. There were many resignations especially in nursing. A discussion of benefits comparison with other workplaces ensued.

IX. BEHAVIORAL HEALTH DEPARTMENT REPORT

Dr. Cummings discussed several aspects of the Behavioral Health department. He reported that the new unit, recently named "Transitions", will open in mid-October. This unit is designed as an ICU for behavioral health patients. Kathy Willet, a former trainer for OMH has joined the ECMCC staff. An extensive discussion was held regarding police agencies being trained and working in collaboration with behavioral health staff. Bishop Michael Badger requested that Dr. Cummings report on these subjects at the next Board meeting.

Jeannine Brown-Miller is working as a consultant to revamp the culture in behavioral health. She has held several meetings with the staff to research what the issues are and create formalized plans. She reported that employees are fully engaged and morale is high.

X. NEW INFORMATION

Nancy Tucker reported that open enrollment will begin October 20-November 21. This will give employees the opportunity to change or add insurance/flexible spending accounts. The annual benefits fair will be held on October 8, 2014

XI. ADJOURNMENT

Moved by Michael Hoffert to adjourn the Human Resources Committee meeting at 10:45am.

ERIE COUNTY MEDICAL CENTER CORPORATION

HEALTH INFORMATION SYSTEM/TECHNOLOGY
September 2014

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

Great Lakes Health (GLH) IT Committee. GLH IT Steering committee continues to meet. The committee is in the process of establishing key vendor presentations which will be held over the course of the next two months. The goal is to better understand each vendor offerings. This will allow us to better define business and clinical requirements and will prepare the committee to effectively develop the request for proposal. The vendors that have been selected to participate include Meditech, Cerner, Epic and Allscripts. This selection was based on industry rankings. The following sub committees have been established. They are as follows: Finance, Legal/Compliance, Quality and Safety, System Selection Data Collection, System Evaluation Methods and Research. Each committee is either chaired and/or has active participation from an ECMC representative.

Meaningful Use (MU).

Inpatient. We have successful met the core measures for required for successful attestation of the MU Stage 2 requirements. Congratulations are in order to the organization for this achievement. We will begin the compliance and internal audit review in October followed by final attestation in November. In addition, we are successfully using direct messaging technology as required by the Federal Government to share key patient data (continual of care document) with another off site primary care facility. As a reminder anticipated payment for 2014 MU 2 is estimated at $1.5 million dollars with an overall incentive payment of $8.89 million for meeting the both stage 1 and stage 2 of the inpatient EHR incentive program.

Outpatient. Our internal team continues to work with the Allscripts configuration team to complete the setup and reporting needs which would allow for the allowing the eligible clinics to begin the 4th quarter reporting period. The anticipate completion date is September 15th. Concurrently we are working with the clinical owners to re-define workflows and setup of the patient portal allowing us to meet the designated core measures for this program

Clinical Automation.

We have engaged our main healthcare information systems solution, Meditech to assist with the advancement of our clinical tools. This program is called the Physician Engagement Program. This program providing on-site presence of a MEDITECH Physician Consultant and is designed to engage your physicians, exchange ideas, build relationships, and observe workflow firsthand. Based on the Physician Consultant's observations, along with a specialized Client Services team, Erie County's strengths, opportunities and risks will be identified and reviewed. This program is constructed through a series of conference calls, web demonstrations, and on-site visits. At the conclusion of the engagement, we will be provided a robust project plan detailing methods to execute and implement functionality and strategies to improve our current MEDITECH system experience.

In addition to this, we continue to work with Meditech and our clinical users to improve the day to day operations while continuing to implement our electronic health record.

Infrastructure Support.

Work has begun on integration with our 3rd party disaster recovery vendor, TriDelta Resources (TDR). ECMCC has contracted with TDR to handle disaster recovery operations for key ECMCC electronic health record systems. This week, we prepared our environment by ensuring that all data traffic flowing between TDR and ECMCC will be appropriately segregated and firewalled. This will minimize risk to the organization by potential introduction of malware.

We also tested our in-house redundancy to prepare for disaster recovery operations that will be handled by ECMCC staff (for systems not assigned to TDR). A successful test of our main production storage system was carried out with zero impact to system uptime. The test is a great first step toward ECMCC being able to cost-effectively handle disaster recovery operations in-house. Additional capital projects next year are required to fully implement, but this first test lays the framework for subsequent work.

Marketing and Development Report
Submitted by Thomas Quatroche, Jr., Ph.D.
Sr. Vice President of Marketing, Planning and Business Development
September 30, 2014

Marketing

ECMC Medical Minutes have covered the importance of Nutrition, Heat Stroke and the danger of Sunburn.
Activating Bills partnership and developing advertisement, EJ Manuel and Jim Kelly Commercial on air
Continuing marketing to OPA primary care physicians and internal audience
Process began for website redesign

Planning and Business Development

Leading DSRIP efforts for ECMC with community collaborations
Meeting with Rural Hospitals to develop new and continue existing relationships
Collaborating with Kaleida on new business initiatives
Business Development Director visiting primary care and dentists office to develop relationships for specialists
Service line development and margin analysis underway and have developed metrics and business plans
CON for renovating two new OR's submitted and new Cath Lab to be submitted shortly
Working with Professional Steering Committee.
Developing primary care and specialty strategy and have had multiple confidentiality agreements signed
Signed Dr. Eugene Kalmuk
Primary care practices growing and specialty physicians seeing patients at locations
Various discussions with healthcare partners underway with confidentiality agreement signed

Media Report

- **Buffalo Business First: Hospitals adapt to changing roles.** Erie County Medical Center Corp. is the lead applicant in a DSRIP plan that includes more than 100 partners, including Kaleida Health. Tom Quatroche is quoted.
- **Buffalo Business First: Ongoing affiliations blur lines between hospital systems.** With more than half a million affiliation agreements implemented in the past two years, it's difficult to keep track of what hospital is aligned with which health system.
- **The Buffalo News; Buffalo Business First; WIVB-TV, Channel 4; WGRZ-TV, Channel 2; WBFO; TWCnews.com; Niagara Frontier Publications; WNY papers.com: Two aides at ECMC nursing home arrested on neglect charges.** "As soon as we learned about these allegations, we committed to cooperating with Attorney General Schneiderman and his staff. We fully support his efforts to make sure all long-term residents receive the best-possible care." Rich Cleland is quoted.
  The Buffalo News, Buffalo Business First, WIVB-TV, Channel 4; WBFO; The Buffalo Criterion: ECMC nurses approve new 7-year contract. After more than three years without a contract, nurses at Erie County Medical Center Corp. have voted to approve a new seven-year labor agreement. Rich Cleland and Dennis Robinson, RN, are quoted.
- **The Buffalo News, Buffalo Business First, WIVB-TV, Channel 4; The Buffalo Criterion: ECMC resumes live-donor kidney transplants after program review.** Erie County Medical Center has resumed kidney transplants from living donors, ending a 3½-month suspension and

review of the program prompted by the death of a donor six months after a successful transplant. Rich Cleland and Tom Quatroche are quoted.

- **Buffalo Business First: Solo doctors look to merge with smaller practices or hospitals.** Dr. Joseph Caruana approached ECMC last year about merging his bariatrics practice into the hospital, responding to a change in malpractice insurance as well as other administrative burdens. Dr. Caruana and Tom Quatroche are quoted.
- **The Buffalo News: ECMC Family Support and Youth Peer Support program receives grant.** The Mental Health Association of Erie County received a $323,181 grant from the Peter and Elizabeth C. Tower Foundation to expand its Family Support and Youth Peer support programs at Erie County Medical Center, BryLin Hospital and Buffalo Psychiatric Center.
- **The Buffalo News: Mobile Mammography traffic increases 40 percent.** Nearly 2,000 Western New York women, most of whom probably would not have otherwise received breast cancer screenings, had mammograms in the second year of the Mobile Mammography Coach's effort to save lives, a 40 percent increase over the first year. Rich Cleland is quoted.

Community and Government Relations

Working with KPMG to develop governance structure for DSRIP application
McGuire Group, currently developing governance structure and choosing community need assessment
Advocating to Legislators and DOH for DSRIP, letters sent to Governor from delegation
Attending Community Foundation meetings with "emerging applications" to discuss collaboration
Farmer's market having great success with increased vendors
Mammography coach celebrated 2 year anniversary

CLINCAL DEPARTMENT UPDATES

Surgical Services

- The new surgical center preformed 146 cases in August. Total YTD is 1068 surgical cases. Main users are sports medicine and orthopedic procedures.
- Orthopedic volume continues to grow from UB Orthopedics and Excelsior with 524 more cases than last year; bariatrics has preformed 330 cases YTD; there has been a slight volume loss in general surgery and neurosurgery.
- Main OR volume for August was 830 cases,
- YTD 611 (11.3%) volume increase of combined surgical center and Main OR areas.
- CON has been submitted to open two additional OR suits in the surgical center

ECMC Employees...
One Great Day/ 2 Great Events!

OCTOBER 3, 2014

We cordially invite ALL of our dedicated employees to enjoy lunch during your shift on October 3rd, compliments of the

ECMC Medical/Dental Staff

Come be the ECMC Medical/Dental Staff's guest for lunch on October 3rd, in appreciation of your commitment, dedication, and service to our patients and our community.

Staff Dining Room / Overflow Cafeteria
Overnight Shift: 2am-4am
Day Shift: 11am-2pm
Evening Shift: 5pm-7pm

Also on OCTOBER 3rd

ECMC Goes PINK!

Sponsored by the ECMC Lifeline Foundation

ECMC Lifeline FOUNDATION

In support of the ECMC Mobile Mammography Coach and Breast Cancer Awareness Month
Plenty of Fun and ECMC PINK Gear Giveaway!

FOR EMPLOYEES ONLY!
Staff Dining Room
During above lunch schedule on all shifts

Reminder!

Employee Mammography Day
8 AM - 5 PM
Friday, October 3, 2014

Providing you with a Concierge Mobile Mammography Experience on our Coach!
Special "Pink COACH Raffle" for those utilizing the concierge service on 10/3!

By appointment only!

please call WNY Breast Health at:
716-632-7465 for a convenient appointment
Must be over 40 yrs. old and have a prescription

JOIN THE BUFFALO BILLS AND ECMC AT NIAGARA FALLS

FRIDAY, OCTOBER 10TH

HARD ROCK CAFE, NIAGARA FALLS USA
333 PROSPECT ST.

JOIN US AT THE VIP BILLIEVE PARTY AT THE HARD ROCK CAFE

5:30 PM
- VIP BILLIEVE PARTY, COCKTAILS AND HORS D'OEUVRES WITH BILLS PLAYERS INSIDE THE HARD ROCK
- SILENT AND TICKET AUCTIONS
- BREAST CANCER AWARENESS GIFT BAG
- TOURS OF ECMC'S MOBILE MAMMOGRAPHY COACH, STREET VENDORS, BREAST CANCER AWARENESS INFO AND MORE OUTSIDE THE HARD ROCK

7:00 PM
- INCLUDES PARTICIPATION IN THE LIVING RIBBON ON THE RAINBOW BRIDGE AS WE LIGHT NIAGARA FALLS PINK
  (Must have a valid passport or enhanced license to attend bridge ceremony)

8:00 PM TO 11:00 PM
- VIP PARTY CONTINUES WITH FOOD STATIONS AND COCKTAILS
- LIVE MUSIC BOTH INSIDE AND OUTSIDE OF THE HARD ROCK, FEATURING THE SPAZMATICS 80'S TRIBUTE BAND AND THE DIVA SHOW *(Front of stage access to outdoor concert)*

VIP TICKET - $100 PER GUEST
VIP TICKET WITH BILLS VS. PATRIOTS 10/12 GAME TICKET - $125

LIMITED NUMBER OF VIP TICKETS FOR SALE!

Email sgonzalez@ecmc.edu or call 898-5800 for tickets

Lifeline FOUNDATION ecmclifeline.org

MEDICAL EXECUTIVE COMMITTEE MEETING
MONDAY, AUGUST 25, 2014 AT 11:30 A.M.

Attendance (Voting Members):

D. Amsterdam, PhD	M. LiVecchi, MD	
Y. Bakhai, MD	M. Manka, MD	
L. Balos, MD	M. Panesar, MD	
V. Barnabei, MD	R. Schuder, MD	
W. Belles, MD	P. Stegemann, MD	
G. Bennett, MD		
L. Campbell, MD		
S. Cloud, DO		
R. Desai, MD		
T. DeZastro, MD		
R. Ferguson, MD		
W. Flynn, MD		
J. Izzo, MD		
J. Kowalski, MD		

Attendance (Non-Voting Members):

B. Murray, MD	L. Feidt	C. Ludlow, RN
R. Cleland, MD	D. Kwiatkowski	A. Victor-Lazarus, RN
J. Fudyma, MD	R. Gerwitz	S. Gary
S. Ksiazek	S. Gonzalez	
M. Hoffman, RN	R. Krawiec	

Excused:

M. Azadfard, MD	E. Jensen, MD	R. Ventuo, MD
M. Chopko, MD	T. Loree, MD	
N. Ebling, DO	M. Sullivan, DDS	K. Ziemianski, RN
R. Hall, MD, DDS, PhD	K. Pranikoff, MD	
M. Jajkowski, MD	J. Reidy, MD	

Absent:

A. Stansberry, PA		

I. CALL TO ORDER

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

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

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

III. PRESENTATION – PRESS GANEY PATIENT SATISFACTION SURVEY

Dr. John Fudyma and Donna Brown provided a brief presentation on the new vendor who will be administering the patient satisfaction survey. Press Ganey offers on site training for staff with patient experience objectives which is something that was not afforded from the previous vendor.

IV. PRESENTATION – CONVERSATION PROJECT

Dr. Katie Grimm and Sandra Lauer provided a brief overview of this collaborative project that ECMC is participating in. This project provides support to practitioners both in the community and at the bedside as they discuss advance directives, end of life care and decisions.

V. TWO-MIDNIGHT RULE

Dr. Murray is following up his discussion of the cases that were reviewed and failed Medicare audit. Drew Kwiatkowski from IT provided a demonstration of the proposed electronic tool that will address the issue of improved admission documentation to address the two midnight rule requirement. The proposed electronic attestation includes a field for a resident or extender to select an attending that will send this to the attending's sign que and it asks "will the patient stay 2 midnights?" and "Justification for inpatient admission?" IT is looking at adding the same comments at discharge should the inpatient be discharged before 2 midnights.

VI. CEO/COO/CFO BRIEFING

A. CEO REPORT – Richard Cleland

a. July Operations – Volumes are up and about 8% over last year. We also experienced an operating profit for July with a small loss year to date.

b. Tranplant Administrator – John Henry resigned his position and Phyllis Murawski was named the interim administrator while a search is underway for a permanent replacement. It is hoped to have a candidate selected within 90 days.

c. Living Donor Program – Program is currently suspended while a plan of correction is submitted and considered by UNOS. Consultant working on the program is recommended reopening of the program to UNOS. Further improvements are underway and it is expected that the program will be back on line soon.

d. Terrace View – Chuck Rice, Administrator, has announced his retirement. An interim replacement will be on site through the McGuire Group. A permanent replacement will be sought.

e. Lifeline Report – Mr. Cleland thanked all for their support of the Golf Outing. Ms. Gonzalez reports that $120,000 was raised with 220

golfers enjoying the event. The Foundation assisted an employee who suffered a stroke by paying rent, etc. through the Employee Hardship Fund which is supported by the medical staff. October 25th will be an on-site breast health screening program with the NFL. NFL films will be filming this event and it will be presented during the Buffalo Bills game that month to promote breast cancer awareness.

B. CFO Report – Steve Gary

a. July Report – Volumes are up and rates of increase are also going up. $6.4 million operating income for July which was benefited by some one time payments but even without those payments, still a surplus is noted. Small loss year to date is reported. Soft case mix is related to a high number of detox cases which reimburse at a lower rate.

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

A. UNIVERSITY AFFAIRS

Searches are ongoing for Chairs of Surgery and Family Medicine.

Drs. Curtis and Morelli are pleased to announce the appointment of **Henry W. J. McWilliams, CPA** as Chief Financial and Chief Operating Officer for both UB Internal Medicine and UB Family Medicine effective immediately. Mr. McWilliams has been serving in this role in an interim capacity.

B. PROFESSIONAL STEERING COMMITTEE

No meeting since March. Next is scheduled for Monday September 8th, 2014 . The current members from ECMC (with their years of election) are Drs Bakhai (2012), Dr Bennett (2008,2010,2012), Dr Kowalski (2012), Dr Downing (2009, 2011,?2013), Dr Flynn (2009, 2011, ?2013). There will need to be elections probably for all 5 seats (3 2-year and 2 1-year terms) this year.

C. UTILIZATION REVIEW	May	June	July	YTD vs. 2014 Budget
Discharges	928	969	1051	-9.1%
Observation	239	202	175	+38.4%
LOS	6.3	6.1	6.3	+4.5%
ALC Days	381	560	669	-14.5%
CMI	1.66	1.73	1.75	-3.2%
Surgical Cases	949	996	992	-0.3%

Discharges were above 1,000 and exceeded budget projections!Slight decrease in observation status rates.
LOS rebounded slightly and ALC days continued to increase due to increasing difficulty in placing patients in SNFs.
Surgical volumes remained high.
CMI remains below target largely because many of the discharges are lower intensity (e.g. behavioral health) than in past years.

D. CLINICAL ISSUES

a. IOM Calls for Major Overhaul of Graduate Medical Education

The Institute of Medicine called for a major overhaul of the United States' graduate medical education system in a report released last week. The federal government spends about $15 billion a year on funding for GME, with the bulk of that--nearly two-thirds--coming from Medicare. Although the report calls for the government to maintain current levels of public funding, it also recommends it change the way Medicare funds physician training over the next 10 years. The IOM report can be found at: **http://www.iom.edu/Reports/2014/Graduate-Medical-Education-That-Meets-the-Nations-Health-Needs/Report-Brief.aspx**

b. Leapfrog Releases 2014 Survey Results

The 2014 Leapfrog Hospital Safety Survey, which looks at how hospitals across the nation perform in critical areas like avoiding medication errors and hospital-acquired infections, was posted Friday by the Leapfrog Group. Hospitals voluntarily participate in the annual hospital safety survey. In the fall, Leapfrog will issue another report giving each hospital a letter grade — A to F — for safety.

c. Great Lakes Health IT Committee - Leveraging HIT to Enable Great Care

1. Principles: GLH recognizes the importance of technology in leveraging information in order to provide the best care to our community. In leveraging information with a goal toward improving our population's health as a whole, it is understood that information interconnectivity is paramount to reaching our goals.

2. Charge: Bringing the Great Lakes Health system along with the University Practices' systems under one umbrella to provide the most comprehensive and coordinated medical care in the country. Thus far, the GLH board has voted to approve the formation of the GLHIT Committee. Subsequently, the Kaleida and ECMC boards have each met separately and endorsed this committee and its mission. This endeavor is one of the highest priorities for Great Lakes Health. Our HIT integration will be a differentiating resource for the healthcare system in Western New York, which will enable us to provide services recognized worldwide.

3. Membership (initial): The membership of the central committee will include Peter L. Elkin, MD (Committee Chair), David P. Hughes, MD (Chief Medical Officer, Kaleida Health), Brian Murray, MD (Chief Medical Officer, ECMCC), George Narby, MD (Associate Chief Medical Officer, Kaleida), John Hennessey (Chief Information Officer, Kaleida), Leslie Feidt (Chief Information Officer, ECMCC), Peter Winkelstein, MD (Chief Medical Information Officer, UBA and Kaleida), Mandip Panesar, MD (Chief Medical Information Officer, ECMCC), Karen Ziemianski, MS, RN (Chief Nursing Officer, ECMCC), Vi-Anne Antrum, RN, FACHE (Chief Nursing Officer, BHG), among others. It is expected that the committee will branch out and have various sub-committees as are required to fully specify our requirements and to engage our community. If done correctly, this process should touch our entire healthcare community within and associated with Great Lakes Health

4. First meeting took place 8/13/14. Proposed Sub-Committees:

- Finance
- Quality and Patient Safety
- System Data Collection
- System Evaluation
- Research

VIII. ASSOCIATE MEDICAL DIRECTORS REPORTS

A. John Fudyma, MD – Associate Medical Director – No report.

B. Arthur Orlick MD – Associate Medical Director – No report.

IX. CONSENT CALENDAR

	MEETING MINUTES/MOTIONS	ACTION ITEMS
A.	**MINUTES OF THE Previous MEC Meeting: July 28, 2014**	Received and Filed
1.	**CREDENTIALS COMMITTEE: Minutes of August 5, 2014**	Received and Filed
	- Resignations	Reviewed and Approved
	- Appointments	Reviewed and Approved
	- Reappointments	Reviewed and Approved
	- Dual Reappointment Applications	Reviewed and Approved
	- Provisional to Permanent Appointments	Reviewed and Approved
1.	HIM Committee: Minutes of July 24, 2014	Received and Filed
	1. The Jonah Center for Oncology & Hematology: Off-Service Assessment/Progress Note	Reviewed and Approved
	2. The Jonah Center for Oncology & Hematology: Chemotherapy Admission Note	Reviewed and Approved
2.	P & T Committee Meeting – Minutes of August 5, 2014	Received and Filed
	1. Report of the CPOE System Alerts & Alert Fatigue Taskforce – approve report	Reviewed and Approved
	2. Increase coding in Meditech for tramadol and SSRIs to "severe" - approve	Reviewed and Approved
	3. Plegisol™ Cardioplegic Solution – add to Formulary	Reviewed and Approved
	4. Aclidinium (Tudorza™) – add to Formulary	Reviewed and Approved
	5. Tiotropium (Spiriva®) – delete from Formulary	Reviewed and Approved
	6. Olanzapine IM (Zyprexa®) – Restricted to Behavioral Health and Rehabilitation Medicine	Reviewed and Approved
	7. TI-15 Anticholinergic Bronchodilators – approve policy	Reviewed and Approved
	8. TI-27 Insulin – approve revision	Reviewed and Approved
	9. TI-53 Oxymorphone – approve revision	Reviewed and Approved
3.	**Clinical Informatics Subcommittee – Minutes of July 28, 2014**	Received and Filed

IX. CONSENT CALENDAR, CONTINUED

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

MOTION UNANIMOUSLY APPROVED.

B. MOTION: POLICY APPROVAL - Patients, Employees and Visitors Smoke-free Policy **Motion Tabled.**

X. OLD BUSINESS

A. None

XI. NEW BUSINESS

A. **Outreach Project** – Dr. DeZastro proposes the Medical Dental Staff adopt two local schools, PS 197 - Math and Science Technology Prep School on Delavan and School 61. School supplies are needed for the MSTP School and clothing for the other.

MOTION: Provide a total support of $12,000 ($5,000-MTPS and $7,000-School 61) to provide needed supplies for the students of these schools.

MOTION UNANIMOUSLY APPROVED.

B. Scholarship Proposal – Dr. Murray was approached by a board member to consider setting up a scholarship for underprivileged medical students. The suggestion was taken under advisement by the MEC and will be further discussed.

C. Nomination Committee Report – Report will be submitted at the September meeting.

XII. ADJOURNMENT

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

Respectfully submitted,

Richard Hall, M.D., President
ECMCC, Medical/Dental Staff

HEALTH CARE

Hospitals adapt to changing roles

BY TRACEY DRURY
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In the old days, a hospital didn't think too much about patients after they walked out the door.

That changed in recent years as hospitals developed into health systems and began expanding with outpatient clinics and off-site surgery centers.

Today, those organizations are morphing once again with the development of integrated delivery systems, with the hospital and its affiliates partnering with other providers to offer a range of services, all working toward helping populations of individuals remain healthy.

Health systems find themselves participating in networks that include dozens and sometimes hundreds of other providers to attack broader community needs and address mandates related to managed care, lowering readmissions and preventive care.

"You really can't exist just as the old definition of a hospital," said Dr. Michael Edbauer, vice president of medical affairs at Catholic Health and chief medical officer at Catholic Medical Partners.

Michael Edbauer

Much of that change has been spurred by mandates at the state and federal levels tied to reducing costs for patients served by government programs such as Medicaid and Medicare, as well as for those with expensive, chronic conditions. Partnerships with other providers are vital to the success of such programs as health homes and accountable-care organizations. State officials in New York have also tempted providers with a $6 billion pool of funds tied to Medicaid redesign efforts through the DSRIP program, or Delivery System Reform Incentive Payment.

The integrated delivery system of today includes providers of long-term care, home care, behavioral health, pharmacists and social workers, as well as those offering housing, nutrition and transportation services.

"It's all the agencies and individuals that are really related to the social determinants of health," Edbauer said. "We're beginning to understand what services are available in our community and the fact that historically we have not coordinated those services quite well."

Oftentimes the health system becomes the de factor leader of those collaborative efforts, however, based on the need for such resources as actuaries, financial reporting and IT systems that are more available at a larger institution.

"There is much greater collaboration across the continuum of care in health care than there was in the past," Edbauer said. "You're definitely seeing more recognition that you need to be part of a larger, overall process. But it doesn't mean that the entities or individuals have to lose their autonomy."

Erie County Medical Center Corp. is the lead applicant in a DSRIP plan that includes more than 100 partners, including Kaleida Health. Despite its size and scope, without the partners, there's no way the hospital could perform all the functions and provide all the services required in the Medicaid waiver plan.

Among the goals: reduce hospital admissions by 25 percent in five years.

"In order to do that we have to redesign the way we provide care," said Tom Quatroche, ECMC's senior vice president of marketing, planning and business development. "We have to add more resources to help manage patients and keep them out of the hospital. There's really more outreach and touch-points for patients to make sure that we're helping to manage their care. So we're becoming more of an equal partner with community providers."

Tom Quatroche

It's a major mindset change for hospitals, he said, and it means ceding some control to those partners.

"Hospitals have traditionally been the organizations that were thought of as the top of the pyramid, but they are not anymore; they are a collaborator," he said.

And as the state continues to bring together providers for the DSRIP Medicaid waiver, it's likely those integrated delivery systems will also mean greater collaboration between hospitals from different, and sometimes competing, health systems.

"It's taking the discussion to a place where we're all working together and being incentivized to provide better care," Quatroche said.

HEALTH CARE NETWORKS

Ongoing affiliations blur lines between hospital systems

BY TRACEY DRURY
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With more than half a dozen affiliation agreements implemented in the past two years, it's difficult to keep track of what hospital is aligned with which health systems.

Add to the confusion the fact that each affiliation is structured differently and it's easy to see why these agreements vary wildly in what's included and even how they should be classified.

The most recent example is an agreement that will make United Memorial Medical Center part of the Rochester Regional Health System. Though it's not a full-asset merger, the shift will make RRHS the parent and co-operator of United Memorial's two sites in Batavia.

But United Memorial also has an ongoing relationship with Catholic Health, which provides cardiologists through a leased executive agreement.

And while Olean General Hospital is legally part of the Upper Allegheny Health System, the hospital also has a co-operator agreement with Kaleida Health for its cardiac catheterization lab.

Kaleida has a deep collaboration with Erie County Medical Center via a shared parent, the Great Lakes Health System. But Kaleida has relationships with other sites such as Olean, as well as Niagara Falls Memorial Medical Center, for which it provides laboratory testing services and serves as the hub for stroke services.

"There's a difference between announcing and crafting an affiliation, versus finding a way as a true partner to bring value to the community," said Donald Boyd, chief operating officer of Kaleida.

Catholic Health has three levels of relationships with other hospitals and providers, each with varying levels of support.

At the top level is Mount St. Mary's Hospital and Health Center, which had a longstanding affiliation with the system but more recently agreed to a merger. For now, the hospital will become a full-fledged member within the system, joining a system that includes four hospital sites in Erie County. A full-asset merger is under way between those sites and other entities including nursing homes and a home care unit.

The next level of relationship is illustrated by a collaboration agreement with Bertrand Chaffee Hospital that includes a management services agreement to have a Catholic Health executive serve as CEO; and Medina Memorial Medical Center, where a newer affiliation agreement includes sharing intellectual capital and leased physicians to provide cardiology and primary care in the Orleans County community.

"Our approach has been that it's not a one-size-fits-all situation. Each of our relationships have taken on a slightly different flavor," said Roger Duryea, vice president for planning and business development at Catholic Health.

The common thread, he said, is finding ways to provide outlying areas access to specialty services to help them build their program and keep them strong in their community. That leads to fewer patients having to leave their hometown for care.

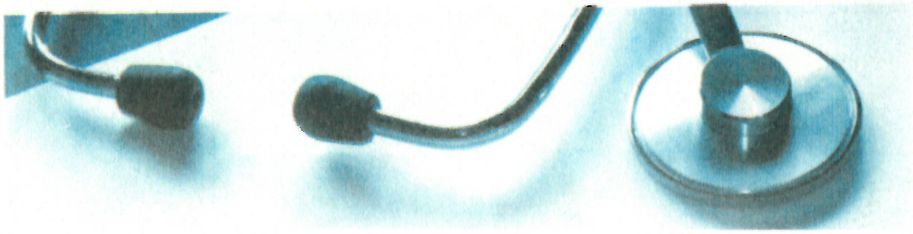
In some cases, that means providing a service line or specialty care providers even if the hospital has an affiliation agreement in place with another health system partner. That's the case at WCA Hospital, where Catholic Health provides cardiac services and surgical backup for the cardiac cath lab through a collaborative agreement. But WCA also has a broader affiliation agreement with UPMC.

"Even though they have a more robust relationship with UPMC, organizations are recognizing that to make things work you have to put various pieces together," Duryea said.

At the other end of the scale is Catholic Health's relationship with Westfield Memorial Hospital, where Duryea serves on a strategic planning committee to monitor ongoing health planning. Westfield operates with four beds licensed to a Catholic Health hospital though the site is operated by St. Vincent's Hospital in Erie, Pa., part of the Allegheny Health Network in northwestern Pennsylvania.

"We're going to do what we can to make sure the community is well-served," Duryea said.

Health systems from outside the eight-county region continue to make inroads in Western New York through similar agreements. That includes the University of Rochester Medical Center (URMC), which has "collaborating institution" agreements with Wyoming County Community Health System and Jones Memorial Hospital to provide clinical services assistance. The system also collaborates with Roswell Park Cancer Institute on research projects.



City & Region

Two aides at ECMC nursing home arrested on neglect charges

Two employees of Erie County Medical Center's skilled nursing facility were arrested following an investigation into their treatment of a nursing home resident, State Attorney General Eric T. Schneiderman announced Tuesday.

The incidents took place in December 2012 in ECMC's now-closed Skilled Nursing Facility, formerly located in the hospital.

The investigation relied on a hidden camera placed in the patient's room and revealed an alleged pattern of neglect, Schneiderman's office said.

The victim was identified as a 79-year-old resident who suffers from Alzheimer's disease and dementia. She is non-ambulatory and totally dependent on nursing staff of the facility, located at 462 Grider St., for her care, officials said.

Video footage appears to show that Donna Laury, 48, and Nakeia Green, 35, both certified nurse's aides from Buffalo, violated the resident's personal care plan by failing to use two people when performing incontinence care and failing to use a mechanical lift to transfer the resident. When the aides did use a mechanical lift, they failed to use two people to operate it. The aides then allegedly falsified documents in an effort to conceal their neglect.

The aides were charged with felony counts of falsifying business records in the first degree and misdemeanor counts of endangering the welfare of an incompetent or physically disabled person and willful violation of public health laws.

Laury and Green were placed on leave during the investigation and have been terminated.

ECMC said it cooperated with the investigation.

"Our first priority is the safety of our long-term care residents," said Richard C. Cleland, ECMC president, chief operating officer and interim chief executive officer. "As soon as we learned about these allegations, we committed to cooperating with Attorney General Schneiderman and his staff. We fully support his efforts to make sure all long-term residents receive the best-possible care."

Cleland added, "In addition to being a source of information to aid the investigation, ECMC took action as soon as the investigation permitted ECMC to identify those persons who may be subject to discipline. Two face criminal charges."

The charges were filed in City Court, and Laury and Green were arraigned Tuesday.

ECMC has closed the Skilled Nursing Facility, replacing it with Terrace View Long-Term Care Facility, which opened in February 2013.

email: citydesk@buffnews.com

From the Business First
:http://www.bizjournals.com/buffalo/news/2014/09/16/ecmc-nurses-approve-new-7-year-contract.html

ECMC nurses approve new 7-year contract

Sep 16, 2014, 2:38pm EDT Updated: Sep 16, 2014, 2:59pm EDT

Tracey Drury
Buffalo Business First Reporter- *Business First*
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After more than three years without a contract, nurses at **Erie County Medical Center** Corp. have voted to approve a new seven-year labor agreement.

The contract was passed overwhelmingly Monday by union members of the New York State Nurses Association, with the agreement retroactively covering Jan. 1, 2012 through Dec. 31, 2018. The deal replaces a contract that ended Dec. 31, 2011.

According to a joint announcement from the union and the hospital, the 913 nurses covered in the new pact will receive raises that average 2 percent annually, for a total increase of 14 percent over the seven-year period.

They'll also gain a greater voice in issues related to patient care; and have the opportunity to grow their careers by participating in a professional development program.

The career ladder benefit also allows nurses to be paid while pursuing advanced degrees as well as for their time serving on committees. That's helpful for succession planning, as well as for keeping nurses up to speed with all of the changes taking places in health care, said Richard Cleland, ECMC president, chief operating officer and interim CEO.Ultimately, the increased benefits will help build a stronger nurse workforce and result in better care for patients, he said.

"For those nurses who are volunteering, there's going to be incentive payments for that and that creates more engagement," Cleland said. "We want to reward that. And it's good for succession planning."

The new pact also covers registered nurses and nurse practitioners at the hospital and at Terrace View Long Term Care, a skilled nursing facility on the ECMC campus.

In spring 2013, another 1,267 union employees at ECMC represented by the **Civil Service Employees Association** (CSEA) ratified http://www.bizjournals.com/buffalo/news/2013/03/12... a five-year contract for billing, technical support and licensed practical nursing workers.

City & Region

ECMC resumes live-donor kidney transplants after program review

By Stephen T. Watson | *News Staff Reporter* | *@buffaloscribe* | *Google+*
on September

Erie County Medical Center has resumed kidney transplants from living donors, ending a 3½-month suspension and review of the program prompted by the death of a donor six months after a successful transplant.

ECMC officials said Friday that the review cleared the hospital to resume living transplants.

United Network for Organ Sharing will continue to monitor the program. Transplants from deceased donors were not affected by the suspension.

"This was a blip in an otherwise smoothly operated program at our transplant center, of which we are justifiably proud. Our families and patients can have every confidence in our outcomes and high level of service," Richard C. Cleland, ECMC's interim chief executive officer, said in a statement.

The move was prompted by the death of a donor who had provided a kidney to a family member in spring 2013, then died from an overdose of illegal drugs six months later, according to sources with knowledge about the incident.

After a required inspection by UNOS, the nonprofit organization that manages the nation's organ transplant system under contract with the federal government, ECMC on May 27 voluntarily suspended transplants from living donors while an internal hospital review of the program took place.

Hospital officials hoped to restart living donor transplants in July after a follow-up meeting with UNOS. It wasn't immediately clear why the review lasted until September.

The suspension delayed five transplant procedures scheduled for June, July and August that are now being rescheduled, said Thomas J. Quatroche Jr., an ECMC spokesman.

Letters about the suspension went to all ECMC's potential donors and recipients. At the time, ECMC had 74 potential living donors and 308 potential organ recipients.

ECMC told the patients and donors they had a choice: wait for reactivation of living donor transplants, undergo a transplant with an organ from a deceased donor or transfer to another transplant program.

The hospital's Regional Center of Excellence in Transplantation and Kidney Care opened in 2011. It is a $27 million project that combined competing transplant programs at ECMC and Kaleida Health's Buffalo General Medical Center.

The transplant center has experienced survival rates for recipients close to or better than national averages. Through 2012, the survival rate for transplant recipients from both living and deceased donors was 100 percent one month after transplant, 98.4 percent after one year and 89.9 percent after three years.

The deaths that occurred during that period were associated with transplants from deceased donors. The survival rate was 100 percent during the same periods for recipients of the 21 organs from living donors.

The risk of death resulting from kidney donation is low. Nationally, people who donate a kidney appear to live as long as people with two healthy kidneys, although the risk of death is somewhat higher in the first few months after the procedure, studies show. The risk of having a life-threatening problem with donating a kidney is 1 in 3,000, according to the National Kidney Registry.

Kidneys clean the body's blood of wastes. A kidney transplant is an operation for people with kidney failure. The federal Centers for Disease Control and Prevention reported that in 2011, 113,136 patients in the United States started treatment for kidney failure, with diabetes and hypertension listed as the leading causes.

News Medical Reporter Henry L. Davis contributed to this report.

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From the Business First
:http://www.bizjournals.com/buffalo/print-edition/2014/08/29/fewer-docs-going-solo.html

Fewer docs going solo

Centerpiece

SUBSCRIBER CONTENT: Aug 29, 2014, 6:00am EDT

Tracey Drury
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Email | Twitter | LinkedIn | Google+

When Dr. Frank Voelker completed his medical training 26 years ago, there was no question he would go into private practice.

And for nearly 25 years, that's exactly what he did, operating a solo internal medicine practice in Tonawanda and Williamsville. The job included taking care of thousands of patients. And running the business on his own also meant overseeing administrative tasks such as hiring, office maintenance and meeting state and federal regulations for recordkeeping.

But new mandates for health information technology and other challenges brought by regulatory reform forced an end to his solo practice. So Voelker sold the practice and went to work for **Buffalo Medical Group PC** in 2012.

"To do this all well, you need help behind the scenes. You need support, and that's difficult for a solo physician," said Voelker, 60. "For younger physicians coming out today, I don't know how you can do it except for being in a group."

He is part of a growing number of solo and small group physician practices who have sold their practices — or considering selling — to a larger group practice or hospital. The trend applies to new physicians coming out of medical school and residency, who are increasingly citing quality-of-life issues and the complexities and expense of health reform in their choice to work for someone else rather than open their own practice.

It's changing the profession, as well as the experience with patients.

A national trend

Nationwide, the number of independent physicians who plan to remain in solo practice declined from 60 percent in 2013 to 53 percent this year, according to the

CareCloud/QuantiaMD's Practice Profitability Index, which surveyed more than 5,000 physicians nationwide.

In addition to quality-of-life issues, physicians were pessimistic on profits for 2014, citing declining reimbursements, rising costs and reform mandates.

Another reason for the shift: The inability of solo and small groups to negotiate on an individual basis with insurance companies, especially as insurers consolidate. That's a major reason in New York that led to a "drastic" decline in solo and small group practices in recent years, said Dr. Andrew Kleinman, a plastic surgeon in Westchester County and president of the **Medical Society of the State of New York**.

"The number of mandates the government is placing on physicians is getting harder and harder for a solo or small group practice to support," he said. "And physicians are making substantially less now for a procedure than they were 15 to 20 years ago. So the reimbursement has become much worse and the costs have become greater."

Several factors are driving those increased costs. In addition to requirements for electronic records, new requirements are coming for billing and coding, as well as on practice restructuring and quality measures. And besides support staff, there's the need for health practitioners within a practice to meet mandates for patient-centered medical home certification, including nursing support and diabetic educators, health coaches, nutritionists, pharmacists and behavioral health professionals.

"There's the clinical aspect of doing medicine today and there's definitely the business aspect of running a practice," said Dr. Irene Snow, president of Buffalo Medical Group, among the region's largest group practices with 110 physicians and more than 600 support staff. "The fact is health care isn't just about the patient and the doctor anymore; it's a team-based approach.

"Knowing what it takes here, I'm astounded sometimes as to how some of these smaller practices can actually do it," she said.

In CareCloud/QuantiaMD's profitability forecast, physicians predicted eroding profits in 2014, with those predicting a negative outlook increasing from 36 percent to 39 percent.

For patients, the shift has advantages and disadvantages. On the plus side, more resources often means a more robust electronic medical records system, expanded access in terms of longer office hours, additional locations and more services such as on-site radiology, lab draws and specialists.

Generally, patients see more evening and weekend hours their physicians couldn't provide as a solo practice. But there are minuses, too. Patients may end up seeing a different physician or might feel limited in terms of specialist referrals.

"In a group practice, you'll have greater hours of access, more evening hours or maybe some weekend hours the solo practice didn't have," said Dr. Michael Edbauer, chief medical officer at Catholic Medical Partners, an independent practice association that

represents physician practices throughout the region. "The trade-off is you may be seeing another member of the practice and not your doctor, so you lose a little bit of that relationship."

Edbauer said the trend has been especially evident among younger doctors coming out of training who recognize the benefits right from the start.

"It has more to do with the lifestyle component and less about their interest in owning a group or not wanting to be an employee," he said.

Finances are a factor

Physicians report different reasons for the changing career model, according to the 2014 Physician Practice Preference Survey by The Medicus Firm, a national physician recruitment agency. When asked to select the top three reasons why they would pursue an employed opportunity, necessity ("It is the only financially viable option.") was the answer most frequently selected as the primary motivation for not going into a solo practice.

But doctors also cite a desire for greater quality of life. Gone are the days when physicians were expected to work 24/7 and rarely their families.

Four years ago, Dr. Tom DeGrave gave up his 10-year-old solo practice when he merged into the Orchard Park Family Practice. It's the third type of employment for DeGrave, who started in a large group practice 25 years ago. In addition to gaining economies of scale to run the office and pay fair wages to quality employees, he wanted to expand access for his patients and gain some quality of life.

"It's very difficult as a soloist to have your office open from 7 a.m. until 7 or 8 at night," he said. "It was a way to share that and have some family time."

He sees advantages for his patients, who can stay in the same office for scans, ancillary testing and minor surgeries. That allows him to expand the scope of his practice and generate more revenue — things he could not do in solo practice.

It's a trend that has benefits for both sides, said John Bartimole, president of the Western New York Healthcare Association, a trade group that represents hospitals and health care groups in the eight-county region.

"With hospitals being mandated to provide more and more comprehensive and coordinated care, I think physician employment is an excellent way to go," he said. "And for physicians, these individuals want to practice medicine, not business."

Dr. Joseph Caruana, 67, approached **Erie County Medical Center** last year about merging his bariatrics practice into the hospital, responding to a change in malpractice insurance coverage as well as other administrative burdens. In January, he became an ECMC hospital employee along with Dr. Mark Cavaretta, a bariatric surgeon who joined the practice in 2010.

"I think many doctors don't have the expertise to run a business that's required nowadays," he said. "Malpractice is just one issue, but there are issues with hiring and retaining employees, dealing with insurance and other payers. I was in private practice for a number of years — been there and done that. I thought maybe I'll see what the other side is all about."

More time for doctoring

In the months since, Caruana said he hasn't worried about payroll or other administrative functions. All his employees were hired by ECMC and the practice continues to operate from the same Sheridan Drive building, now classified as an ECMC clinic site. He has gained the ability to collaborate more actively with other health professionals at ECMC, and he has more time for research.

"I'm enjoying a growing practice, and we're busy with publications," he said. "And I have associations with other people in related disciplines like endocrinology and pulmonary medicine."

Tom Quatroche, president of marketing, planning and business development at ECMC, said a number of practices have approached the hospital and others in the region. Bringing practices onboard gives a hospital experienced staff and expanded range of services, he said. At ECMC, bariatric surgery becomes a new specialty line.

"He wanted to move away from running the business of a practice and more toward what he was trained to do, which is be a physician," Quatroche said. "In addition to access to other clinicians, they gain access to a more integrated system."

The fact that more physicians are approaching hospitals versus the hospitals recruiting the physicians is significant, said Sheri Sorrell, market research manager at Jackson Healthcare in Alpharetta, Ga. She pointed to the company's 2014 Physician Practice Environments Trends study on acquisitions that shows 60 percent of practice acquisitions last year were initiated by physicians.

"A lot of the solo practitioners are saying 'I just can't do this on my own.' Physicians are very frustrated," she said. "They say, 'Do I get out of medicine altogether?' which some are doing, or 'Do I sell to a hospital or shut down and retire early?' More physicians every year are taking those outs."

Importantly, physician practice sales to hospitals and larger practices are ultimately keeping more physicians in the market. Among those who indicated they plan to sell their practices, 84 percent said they intend to work for a hospital.

Said Sorrell: "They say, 'I still want to be a doctor, but I don't want to deal with everything a solo practitioner has to deal with.' "

Evolving health care scene

That's partly due to the changing nature of the career. Health care in the United States has simply become more complex, especially in recent years with the ongoing implementation of the Affordable Care Act.

Dr. George Narby is associate chief medical officer at **Kaleida Health** and chief medical officer at Millard Fillmore Suburban Hospital and DeGraff Memorial Hospital. He started a primary care private practice in 1995 when he got out of the Army. In 2005, he was named CMO at Suburban and ultimately gave up his private practice in 2011. He sees major differences for practitioners than 20 years ago when he started out.

"We are moving away from a fee-for-service model and more into pay for quality and population models," he said. "The business aspect of it is so much more burdensome than it was 20 years ago. Being involved in an employed model or a larger group allows you to be the doctor you want to be and care for your patients."

Narby said Kaleida hears more and more from practitioners exploring the employment model.

"The forces in play in health care in the United States are becoming more and more complex and difficult for doctors to navigate," he said. "Providers look at that those things and say, 'I really can't achieve that on my own or can't achieve the efficiencies,' or 'I can't see my patients the way I like,' and they look to an alternative to relieve them of all of that and reduce those demands without shelling out their own money."

The other option for physicians is to join a hospital-affiliated group. The Foothills Medical Group is a dba for a multi-specialty group owned by **Olean General Hospital** that represents physicians working at both Olean and its sister hospital, the **Bradford Regional Medical Center** in Pennsylvania. The group has grown to 32 physicians and other providers, all eager to get back to practicing medicine, said Tim Finan, CEO of Upper Allegheny Health System, the parent of both hospitals.

"Over the last several years, it is increasingly clear that the vast majority of physicians want to be employed by hospitals or they want to be part of a large group practice," he said.

The group at Olean functions more as partners and less as employees in a multi-specialty group who set quality objectives and productivity levels, while gaining the security of hospital employment.

Hospitals link physicians to staff

It's also a huge change for hospitals, which now procure real estate and equip those offices with the necessary clinical equipment and computer systems that had been the responsibility of a private practice.

"Historically, physician practice management has not been a core competency for hospitals," he said. "In the old days, a physician came to a community and set up shop on their own, saw patients in their office and would apply to the hospital for admitting

privileges and to use the hospital to take care of their patients. Now, for a hospital to get physicians to come, many times the quid pro quo is you have to employ them."

Ultimately, hospitals gain a reliable source of caregivers while physicians gain financial security.

"There are a lot of unknowns with respect to medicine and health care, and there's increasingly a sense of insecurity among all health care providers," Finan said. "This notion of joining with a hospital or a large organization provides a sense of comfort."

Some older physicians also see it an exit strategy as they near retirement. Physicians are required to hold and maintain medical records for seven years after a patient's last visit.

"Solo practitioners find as they near the end of their practice it's not that simple," Buffalo Medical Group's Snow said. "You can't just close your doors."

Retiring physicians also gain equity in a larger practice and have the opportunity to ease out of practice, DeGrave said.

"When I leave, it will be easy because I'll have people who can take over my patients and I don't have to think about selling the practice," he said. "There will be an opportunity to go halftime. I can create my schedule and when I want to walk out, my colleagues will pick up the patients and there won't be any gaps for patients."

He also sees the new relationship as a way to protect his patient base.

"With a solo practice, you're somewhat abandoning your patients, and they'd be on their own to find another provider," DeGrave said. "This way, there will at least be continuity and they won't be calling other offices who are not taking new patients."

Tracey Drury covers health/medical, nonprofits and insurance

On the Record / Sept. 2, 2014

Hires/Promotions/Honors

The Association for a Buffalo Presidential Center recently designated the following chairmen for 2014-15: Finance, Leigh Balcom, branch manager, M&T Bank; community relations, Joan K. Bozer, retired Erie County legislator; personnel and house and grounds, Maryann Saccomando Freedman of Cohen & Lombardo; finance co-chairman, Scott Gehl, executive director of Housing Opportunities Made Equal; education co-chairman, nominating, David Gerber, professor of history and the director of the Center for Disability Studies, University at Buffalo; collections, Bren T. Price of American Political Items Collectors; and education co-chairman, Walter G. Sharrow, professor of history at Canisius College. The Association for a Buffalo Presidential Center encourages the study, exploration, interpretation and public awareness of Buffalo and Western New York's contribution to the presidency and national affairs.

Company Connections

The Western New York State Association of Health Underwriters received the highest membership growth rate and retention rate awards in the small local chapter category from the National Association of Health Underwriters as part of NAHU's Chapter Certification Program, an ongoing program that recognizes excelling chapters throughout the calendar year.

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Feed Maxick CPAs, a Buffalo accounting firm, was ranked at 77 on the IPA 100 in its annual ranking and analysis of the financial and operational performance of the nation's largest 100 public accounting firms by Inside Public Accounting. The firm was ranked at 80 in 2013. The IPA 100 report is ranked by net revenues.

Contributing

The Mental Health Association of Erie County received a $323,181 grant from the Peter and Elizabeth C. Tower Foundation to expand its Family Support and Youth Peer support programs at Erie County Medical Center, BryLin Hospital and Buffalo Psychiatric Center. The three-year grant runs from October 1, 2014, through September 30, 2017.

Patents

Title: Multi-directional reinforcing drywall tape

No.: 8,795,808

Inventors: Spanton, David L. (Albion); Griffin, James (Amherst); Moreland, Kristyn (Niagara Falls); Dibley, Francis P. (Albion)

Assignee: Saint-Gobain ADFORS Canada Ltd. (Grand Island)

Date issued: Aug. 5, 2014

...

Title: Methods to separate halogentated olefins from 2-chloro-1,1,1,2-tetrafluoropropane using a solid adsorbent

No.: 8,796,493

Inventors: Merkel, Daniel C. (West Seneca); Pokrovski, Konstantin A. (Orchard Park); Tung, Hsueh Sung (Getzville)

Assignee: Honeywell International (Morristown, N.J.)

Date issued: Aug. 5, 2014