

# BOARD OF DIRECTORS

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Frank B. Mesiah  
Kevin Prantikoff, M.D.  
Joseph A. Zizzi, Sr., M.D.

~ Regular Meeting ~



## ERIE COUNTY MEDICAL CENTER CORPORATION

**Tuesday, April 30, 2013**

**4:30 P.M.**

**Staff Dining Room, 2nd Floor - ECMCC**

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



# Mission

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

# Vision

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

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

The difference between  
healthcare and true care™





# Core Values

## **ACCESS**

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

## **EXCELLENCE**

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

## **DIVERSITY**

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

## **FULFILLING POTENTIAL**

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

## **DIGNITY**

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

## **PRIVACY**

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

## **FAIRNESS and INTEGRITY**

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

## **COMMUNITY**

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

## **COLLABORATION**

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

## **COMPASSION**

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

## **STEWARDSHIP**

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

The difference between  
healthcare and true care™



## AGENDA

### REGULAR MEETING OF THE DIRECTORS MEETING ERIE COUNTY MEDICAL CENTER CORPORATION TUESDAY, APRIL 30, 2013

- |       |   |         |
|-------|---|---------|
| I.    | CALL TO ORDER: SHARON L. HANSON, VICE CHAIR   |         |
| II.   | APPROVAL OF MINUTES OF FEBRUARY 26, 2013 REGULAR MEETING OF THE BOARD OF DIRECTORS.                         | 5-20    |
| III.  | APPROVAL OF MINUTES OF THE MARCH 26, 2013 REGULAR MEETING OF THE BOARD OF DIRECTORS (ATTENDED BY TELEPHONE) | 21-35   |
| IV.   | RESOLUTIONS MAY BE DISTRIBUTED TO THE BOARD OF DIRECTORS DURING THE MEETING ON APRIL 30, 2013               |         |
| V.    | REPORTS FROM STANDING COMMITTEES OF THE BOARD:  |         |
|       | EXECUTIVE COMMITTEE: KEVIN M. HOGAN, ESQ.   | ----    |
|       | BUILDING & GROUNDS RICHARD F. BROX  | 38-42   |
|       | FINANCE COMMITTEE: MICHAEL A. SEAMAN  | 43-45   |
|       | QI PATIENT SAFETY COMMITTEE: MICHAEL A. SEAMAN  | ----    |
| VI.   | REPORTS FROM SENIOR MANAGERS OF THE CORPORATION:  |         |
|       | A. CHIEF EXECUTIVE OFFICER  | 48-52   |
|       | B. CHIEF OPERATING OFFICER  | 53-57   |
|       | C. CHIEF FINANCIAL OFFICER  | 58-65   |
|       | D. CHIEF SAFETY OFFICER   |         |
|       | E. SR. VICE PRESIDENT OF OPERATIONS – RONALD KRAWIEC  | 66-68   |
|       | F. CHIEF MEDICAL OFFICER  | 69-73   |
|       | G. SENIOR VICE PRESIDENT OF NURSING   | 74-75   |
|       | H. VICE PRESIDENT OF HUMAN RESOURCES  | 76-78   |
|       | I. CHIEF INFORMATION OFFICER  | 79-80   |
|       | J. SR. VICE PRESIDENT OF MARKETING & PLANNING   | 81-82   |
|       | K. EXECUTIVE DIRECTOR, ECMCC LIFELINE FOUNDATION  | 83-91   |
| VII.  | REPORT OF THE MEDICAL/DENTAL STAFF MARCH 25, 2013   | 92-100  |
| VIII. | OLD BUSINESS  |         |
| IX.   | NEW BUSINESS  |         |
| X.    | INFORMATIONAL ITEMS   | 101-107 |
| XI.   | PRESENTATIONS   |         |
| XII.  | EXECUTIVE SESSION   |         |
| XIII. | ADJOURN   |         |



# Minutes from the



## Previous Meeting

February 26, 2013

ERIE COUNTY MEDICAL CENTER CORPORATION

MINUTES OF THE REGULAR MEETING  
OF THE BOARD OF DIRECTORS  
TUESDAY, FEBRUARY 26, 2013  
ECMCC STAFF DINING ROOM

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Voting Board Members Present: Kevin M. Hogan, Esq., Chair  
Bishop Michael A. Badger  
Douglas H. Baker  
Richard F. Brox  
Ronald A. Chapin  
K. Kent Chevli, M.D.  
Kevin E. Cichocki, D.C.

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

Voting Board Member Excused: Joseph Zizzi, Sr., M.D.

Non-Voting Board Representatives Present: Ronald Bennett  
Jody L. Lomeo

Kevin Pranikoff, M.D.

Also Present: Donna Brown  
Richard Cleland  
Anthony Colucci, III, Esq.  
Janique Curry  
Leslie Feidt  
John Fudyma, MD  
Richard Hall, MD  
Ronald Krawiec  
Brian Murray, M.D.

Kathleen O'Hara  
Thomas Quatroche  
Michael Sammarco  
Karen Ziemianski  
Janet Bulger, CSEA  
Karen Horlacher  
Dr. Mandip Panesar  
John Henry  
Lorne Steinhart

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**I. CALL TO ORDER**

Chair Kevin M. Hogan, Esq. called the meeting to order at 4:35 P.M.  
Mr. Hogan announced Michael Hoffert's appointment to the Erie County Medical Center Corporation Board of Directors effective February 11, 2013

**II. APPROVAL OF MINUTES OF JANUARY 22, 2013 REGULAR MEETING OF THE BOARD OF DIRECTORS.**

Moved by Sharon L. Hanson and seconded Michael A. Seaman to approve the minutes of the January 22, 2013 regular meeting of the Board of Directors as presented.

**Motion approved unanimously.**

**III. ACTION ITEMS**

- A. A Resolution to Transfer Funds to Grider Community Gardens  
Moved by Sharon L. Hanson and seconded by Michael Hoffert.  
**Motion Approved Unanimously.** Copy of resolution is attached.
  
- B. A Resolution Authorizing the Creation of Internal Civil Service Functions.  
Moved by Michael A. Badger and seconded by Michael A. Seaman.  
**Motion Approved Unanimously.** Copy of resolution is attached.
  
- C. A Resolution Authorizing a Lease Agreement with 1285 Group LLC.  
Moved by Frank Mesiah and seconded by Anthony Iacono.  
**Motion Approved Unanimously.** Copy of resolution is attached.
  
- D. Approval of Medical/Dental Staff Credentials, Resignations, Appointments and Re-appointments for February 5, 2013.  
Moved by Michael Hoffert and seconded Anthony Iacono.  
**Motion Approved Unanimously.** Copy of resolution is attached.

**IV. BOARD COMMITTEE REPORTS**

All reports, except that of the Performance Improvement Committee, shall be attached to these minutes.

**Motion approved unanimously.**

**V. PRESENTATIONS**

**DR. MANDIP PANESAR & JOHN HENRY, VP TRANSPLANTATION & RENAL SERVICES**

Dr. Panesar and John Henry provided an overview of the inpatient/outpatient dialysis services, financials, clinical care, EMR implementation and what goes on behind the scenes of dialysis.

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

- A. Chief Executive Officer:
- B. Chief Operating Officer:
- C. Chief Financial Officer:
- D. Chief Safety Officer
- E. Sr. Vice President of Operations:
- F. Senior Vice President of Nursing:
- G. Vice President of Human Resources:
- H. Chief Information Officer:

- I. Sr. Vice President of Marketing & Planning:
- J. Executive Director, ECMC Lifeline Foundation:

1) Chief Executive Officer: Jody L. Lomeo

- Doug Baker, Founder and President of Mercy Flight, has been named as honoree for the Distinguished Service Award at Springfest 2013. Congratulations Doug.
- Terrace View ribbon cutting was spectacular. Volunteers moved more than 370 residents into their new home without incidents. A special thank you to Board members Ronald Bennett and Michael Seaman who spent many hours volunteering their time for the benefit of the residents.
- CSEA and ECMC came to a tentative contract agreement. CSEA members will vote March 7<sup>th</sup>. The agreement is a win-win for both ECMC and employees.
- 2012 year ended with an operating surplus of \$1.2 million dollars.
- Beginning March 1<sup>st</sup>, ECMC will integrate with GVI to create one program servicing two sites.
- Behavioral Health – Shovel in the ground; the new CPEP building will open January 2014.
- Kaleida and ECMC are partnering to have an essential service lab which will be up and running mid to late summer.
- Marketing/Branding – Mr. Lomeo met with the editor and publisher of the Buffalo News to tell our story and what ECMC has to offer to the region.

2) Chief Financial Officer: Michael Sammarco

A summary of the financial results through January 30, 2013. A full year-end report will be presented to the Finance Committee and Board of Directors in February. Mr. Sammarco welcomed Nadine Mund as Director of Corporate Compliance. Ms. Mund assumed the role in February.

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

Moved by Anthony Iacono and seconded by Douglas Baker to enter into Executive Session at 5:30 P.M. to consider matters made confidential by law, including certain compliance-related matters, strategic investments and business plans.

**Motion approved unanimously.**



ERIE COUNTY MEDICAL CENTER CORPORATION


**VIII. RECONVENE IN OPEN SESSION**

Moved by Michael A. Seaman and seconded by Kent Chevli, M.D. to reconvene in Open Session at 6:30 P.M.

**Motion approved unanimously.**

**IX. ADJOURNMENT**

Moved by Douglas Baker and seconded by Frank Mesiah to adjourn the Board of Directors meeting at 6:35 P.M.

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

ERIE COUNTY MEDICAL CENTER CORPORATION

**A Resolution Approving the  
Transfer of Funds to Grider Community Gardens**  
Approved February 26, 2013

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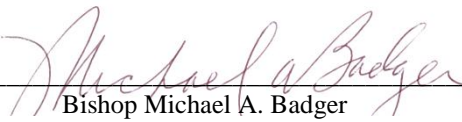
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WHEREAS, the Corporation has the authority pursuant to law to create subsidiary business entities for purposes incidental to the Corporation's business and has formed Grider Community Gardens, LLC to purchase and maintain certain real property in the Grider-Delevan neighborhood; and

WHEREAS, pursuant to law, the Corporation is authorized to provide funds to subsidiary entities such as Grider Community Gardens, LLC and the Chief Financial Officer of the Corporation has requested that the Corporation provide \$25,000 to Grider Community Gardens, LLC for 2013 utility and property maintenance expenses relating to properties held by Grider Community Gardens, LLC;

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

1. The Corporation is authorized to transfer funds in the amount of \$25,000 to Grider Community Gardens, LLC for the purpose of paying 2013 utility and property maintenance expenses.
2. This resolution shall take effect immediately.

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

ERIE COUNTY MEDICAL CENTER CORPORATION

**A Resolution Approving the  
Creation of Internal Civil Service Functions**  
Approved February 26, 2013

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WHEREAS, the Corporation was formed pursuant to Article 10-C of the Public Authorities Law of the State of New York and has been given specific powers and authority to govern and conduct its own operations while observing the requirements of that law; and

WHEREAS, pursuant to law, the Corporation is subject to the Civil Service Law of the State of New York and has been given authority to appoint such officers, employees, and agents as the Corporation may require for the performance of its duties and to fix and determine their qualifications, duties, and compensation, subject to the provisions of the Civil Service Law and any applicable collective bargaining agreements; and

WHEREAS, since its formation in 2003, the Corporation has relied upon the Erie County Personnel Department to fulfill the civil service functions of the Corporation pursuant to law and existing collective bargaining agreements; and

WHEREAS, the Corporation has determined that it is in the best interests of the Corporation and its workforce to internalize the civil service functions currently being performed by the Erie County Personnel Department;

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

1. The Corporation is authorized to directly administer applicable parts of the Civil Service Law of the State of New York and to hire such personnel as may be required in order to properly and efficiently implement this resolution.
2. The Corporation shall draft and adopt rules pursuant to the Civil Service Law for the classified service of the Corporation and to conduct negotiations, as necessary, with the authorized representatives of the Corporation's workforce.
3. The Corporation is authorized to take such additional actions as may be necessary in order to implement this resolution.
4. This resolution shall take effect immediately.



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Bishop Michael A. Badger  
Corporation Secret

**A Resolution of the Board of Directors Authorizing  
a Lease Agreement with 1285 Group LLC**

Approved February 26, 2013

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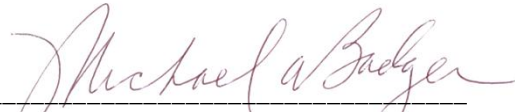
WHEREAS, Erie County Medical Center Corporation (the "Corporation") operates a chemical dependence clinic at 1280 Main Street pursuant to a Lease with 1280 White Elephant LLC as successor in interest to Bernice L. Yeracaris Revocable Trust dated July 1, 2004; and

WHEREAS, the parties have terminated the current Lease effective October 1, 2013; and

WHEREAS, the Corporation desires to move the chemical dependence clinic to 1285 Main Street and enter into a new Lease Agreement with 1285 Group, LLC, subject to approval by applicable regulatory agencies.

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

1. The Chief Executive Officer with the advice and approval of the General Counsel to the Corporation is authorized to negotiate and enter into a Lease Agreement with 1285 Group LLC for the purpose set forth above and subject to approval by applicable regulatory agencies.
2. This resolution shall take effect immediately.



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



**CREDENTIALS COMMITTEE MEETING**  
**February 5, 2013**

**Committee Members Present:**

Robert J. Schuder, MD, Chairman	David G. Ellis, MD
Richard E. Hall, DDS PhD MD FACS (ex officio)	Brian M. Murray, MD (ex officio)
Timothy G. DeZastro, MD	Christopher P. John, RPA-C
Yogesh D. Bakhai, MD	Susan Ksiazek, RPh, Director of Medical Staff
Philip D. Williams, DDS	Quality and Education

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

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

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

Gregg I. Feld, MD \*

**CALL TO ORDER**

The meeting was called to order at 3 PM by Dr. Robert J. Schuder. The proceedings from the previous meeting of January 8, 2013 were reviewed and accepted.

**RESIGNATIONS**

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

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

Armando Arroyo, MD	Obstetrics & Gynecology	January 2, 2013
<i>The Credentials Committee and ECMC leadership thank Dr. Arroyo for his leadership as Chief of Service of the Department of Obstetrics and Gynecology.</i>		
Shaikh A. Manzoor, MD	Family Medicine	January 4, 2013
Jeremy W. Essman, RPA-C	Internal Medicine	January 4, 2013
Cassandra M. Piccione, RPA-C	Orthopaedic Surgery	January 4, 2013
Cheryl A. Pietromicca, RPA-C	Internal Medicine	January 4, 2013
Fadi M. Bdair, MD	Internal Medicine	January 11, 2013
Cameron B. Huckell, MD	Orthopaedic Surgery	January 11, 2013
Elie A. Akl, MD	Internal Medicine	January 18, 2013
Joseph Yanulevich, CRNA	Anesthesiology	February 3, 2013
Michelle Bielinski, RPA-C	Internal Medicine	February 4, 2013

**CHANGE IN STAFF CATEGORY**

**Oral & Maxillofacial Surgery**

Amy R. Bryan, DDS

**From Active Staff To Associate Staff**

**Psychiatry**

Marion Zucker Goldstein, MD

**From Active Staff To Emeritus Staff**

**FOR OVERALL ACTION**

**SPECIFIC PRIVILEGE ADDITION OR REVISION**

**Family Medicine**

David M. DaPolito, RPA-C Allied Health Professional

*Supervising MD: Dr. Mohammadreza Azadfard*

- Writing of admission orders in long term care unit and acute care after consultation with and approval of the admitting physician

**Surgery**

James M. Hassett, MD

- Hyperbaric Oxygen Therapy\*

\*FPPE satisfied with the completion of the required Healogics training (certificate on file)

**FOR OVERALL ACTION**

**SPECIFIC PRIVILEGE WITHDRAWAL**

**Orthopaedic Surgery - Podiatry**

Roy DeFrancis, DPM

Ambulatory Wound Care

- Debridement, Non-Selective and Selective
- Infection, Incision and Drainage
- Debridement of Skin, partial, full, subcutaneous
- Decubitus Ulcer
- Acellular Dermal Replacement
- Dermal Skin Substitute
- Allograft, Acellular Dermal

**FOR OVERALL ACTION**

**APPOINTMENTS AND REAPPOINTMENTS**

A. Initial Appointment Review (6)

B. Reappointment Review (10)

Six initial appointment and ten 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 (6)**

**Anesthesiology**

Christopher Resetarits, CRNA Allied Health Professional

**Family Medicine**

Dhaliah Safy, ANP Allied Health Professional

*Collaborating MD: Dr. Stephen Evans*

Julie Talevski, FNP Allied Health Professional

*Collaborating MD: Dr. Mohammadreza Azadfard*

**Internal Medicine**

Richard J. Quigg, MD Active Staff

*The Credentials Committee welcomes the UB Nephrology Chief.*

Leah Gorsline, RPA-C Allied Health Professional

*Supervising MD: Dr. Swapnil Munsaf*

**Plastic & Reconstructive Surgery**

Paul Tomljanovich, MD Active Staff

*Departmental appointment sought for specific procedural expertise. The applicant does not possess Board Certification and is not board eligible. The committee advises the Chief of Service to provide*

*justification and petition the Medical Executive Committee for an exception and defers action until received. Placed on the Consent Calendar for discussion.*

**FOR OVERALL ACTION**

**REAPPOINTMENT APPLICATIONS, RECOMMENDED**

**B. Reappointment Review (10)**

**Family Medicine**

David M. DaPolito, RPA-C Allied Health Professional

*Supervising MD: Dr. Mohammadreza Azadfard*

**Internal Medicine**

Michael R. Cellino, MD Associate Staff  
 Michael Duff, MD Associate Staff  
 Vijay S. Iyer, MD Active Staff  
 Anurag K. Singh, MD Associate Staff  
 Howard E. Sperry, MD Active Staff  
 Thomas G. White, MD Associate Staff

**Oral & Maxillofacial Surgery**

Amy R. Bryan, DDS Associate Staff

**Plastic & Reconstructive Surgery**

Mark S. Burke, MD Active Staff

**Urology**

Joseph M. Greco, MD Associate Staff

**FOR OVERALL ACTION**

**PROVISIONAL APPOINTMENT REVIEW, RECOMMENDED**

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

**February 2013 Provisional to Permanent Staff**

**Provisional Period Expires**

**Emergency Medicine**

Guyett, Lance, ANP Allied Health Professional 02/06/2013

*Collaborating Physician: Dr. Michael Manka*

**Family Medicine**

Sawyer, Rita, M., MSN FNP Allied Health Professional 02/06/2013

*Collaborating Physician: Dr. Richard Blondell*

**Internal Medicine**

Clark, Scott, D., ANP Allied Health Professional 02/06/2013

*Collaborating Physician: Dr. Yahya Hashmi*

**Orthopaedic Surgery**

Bell, James, R., RPA-C Allied Health Professional 02/06/2013

*New Supervising Physician: Dr. Thomas Duquin - Orthopaedic Surgery  
 (Former Supervising Physician: Dr. Gregory Castiglia - Neurosurgery)*

**Radiology/Imaging Services - Teleradiology**

Dyn, Jean-Paul, MD Active Staff 02/06/2013

Lamoureux, Christine, MD Active Staff 02/06/2013

Postal, Eric, S., MD Active Staff 02/06/2013

Ruocco, Martin, J., MD Active Staff 02/06/2013

Toothman, Richard, L., MD Active Staff 02/06/2013

Turner, James, H., MD Active Staff 02/06/2013

Verma, Sumeet, MD Active Staff 02/06/2013

ERIE COUNTY MEDICAL CENTER CORPORATION

*Future April 2013 Provisional to Permanent Staff list also 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***

**Expiring in May 2013**  
**None**

**Last Board Approval Date**

**Reappointment Expiration Date: May 1,**

**2013**

*Planned Credentials Committee Meeting: February 5, 2013*

*Planned MEC possible action date: February 25, 2013*

*Planned Board possible confirmation by: March 2013*

*Last possible Board confirmation by: April 2013*

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

**Expiring in June 2013**

**Last Board Approval Date**

**Cardiothoracic Surgery**

Bell-Thomson, John, MD

Active Staff

06/01/2011

**Internal Medicine**

Dhindsa, Sandeep, MD

Active Staff

06/01/2011

**Obstetrics & Gynecology**

Shaman, Majid, MD

Active Staff

06/01/2011

**Ophthalmology**

Crofts, John W., MD

Associate Staff

06/01/2011

**Reappointment Expiration Date: June 1, 2013**

*Planned Credentials Committee Meeting: March 5, 2013*

*Planned MEC Action date: March 25, 2013*

*Planned Board confirmation by: April 2013*

*Last possible Board confirmation by: May 2013*

**FOR INFORMATION ONLY**

***OLD BUSINESS***

**Cardiology Mid Levels**

There has been no update from Risk Management or Administration on the final insurance arrangements for the off-hours Cardiology midlevel coverage. Changes to the Cardiology service are forthcoming due to the GVI.

**Privilege Form Revisions**

**INTERNAL MEDICINE**

The committee will produce a draft of a combined Allied Health Professional (Physician Assistant-Nurse Practitioner) form for the Department of Internal Medicine

**UROLOGY**

A rough privilege form draft was submitted to the Chief of Service for discussion, review and revision. No progress to date.

**ORTHOPAEDICS**

Further revisions to the privilege form draft have been submitted to the Chief of Service. It incorporates core and clustered levels of privileges and is strongly harmonized with that of KH.



**RADIOLOGY / IMAGING SERVICES**

At the last meeting, a request was made to add Image Guided Biopsy to the Radiology/Imaging Services privilege form. The committee had residual questions regarding the Moderate Sedation requirements in the Level 2 section. Discussion with the Chief of Service indicated that a Moderate Sedation requirement is indicated only for Angiography privileges. The committee endorses the form revision below:

LEVEL 2 PROCEDURAL PRIVILEGES Special Imaging <i>See credentialing criteria page 7</i> Performance and interpretation of the following:	Init / Reap Volume	Request Column	Recommend		If Yes, indicate any requirements; If No, provide details. See p. 5
			YES	NO	
<b>* = Moderate Sedation required, select below</b>					
Neuroradiology					
Myelography (including discography)					
Arthrography					
Angiography *					
Ultrasonography					
Computed Tomography					
Magnetic Resonance					
Sialography					
Nephrostomy, ureterostomy tubes					
Biliary, peritoneal, pericardial, thoracic drains					
Image Guided Biopsy					

**Radiation Safety Privilege Form**

Without a mandate for Radiation Safety Officers to be credentialed under the Medical-Dental Staff, the committee endorses the retirement of the Radiation Safety privilege form.

**HBO Continuing Education**

The committee continues to explore the extent and timing of the continuing education requirements for Hyperbaric Oxygenation privilege holders. The committee is charged with the verification of criteria as currently defined. A change in the Wound Center leadership offers an opportunity to clarify the CE requirements. The staff office will research suggestions from other professional organizations and reach out to the Wound Center Medical Director to codify or revise the present CE mandates or add an alternate methodology to ensure ongoing competency and proficiency.

**Temporary Privilege expirations during Pending Initial Applications**

A tracking system has been formalized to list Urgent and Temporary Privilege expiration periods and the status of application completion. The current tracking matrix attached.

**OVERALL ACTION REQUIRED**

**NEW BUSINESS**

**Internal Medicine – PA form**

The following additions are proposed by the Chief of Service for discussion. Wording is similar to the Nurse Practitioner IM form. The committee endorses the following addition:

**Internal Medicine PA Form Addition:**

DEPT. ACTION			
Recommended under General Supervision	Recommended under Direct Supervision	Recommended under Personal Supervision	Not Recommended

Y / N

**SPECIAL PROCEDURES**

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Palliative Care Consultation (see credentialing criteria pages 8-9)  
 The supervising physician or other physician member of the same palliative care organization must have seen the patient either prior to the initial PA visit or within 24 hours afterwards.

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**PALLIATIVE CARE CREDENTIALING CRITERIA & REQUIREMENTS  
 (Nurse Practitioners and Physician Assistants)**

- The Nurse Practitioner / Physician Assistant must be affiliated with a palliative care organization.
- Qualifications shall include at least ½ year of palliative care experience
- The collaborating / supervising physician shall possess palliative care privileges.
- The collaborating / supervising physician or other physician member of the same palliative care organization must have seen the patient either prior to the initial NP / PA visit or within 24 hours afterwards.

**Adopted Medical Executive Committee: 4/25/2011; 2/25/2013**

**Dues and Assessments**

The Medical-Dental Staff Office seeks guidance from medical leadership regarding the management of staff members with delinquent dues and assessments. The medical-dental staff bylaws stipulate that the failure to pay dues within 60 days of final written notice will be applied as a voluntary appointment withdrawal. It was agreed to draft a final notice in the name of the Medical-Dental Staff President for tardy dues and re-appointment fees. As well, the Medical-Dental Staff Office will moving forward, place a due date on the annual dues invoices.

**New Practitioner Appointment Applications**

The Medical-Dental Staff Office has of late experienced a delay in the receipt of appointment applications for select practice plans. This is the result of changes in corporate policy requiring that all applications be submitted to their credentialing office before being forwarded to ECMCC. The Medical-Dental Staff Office has reached out to these organizations to collaborate on a more efficient way to coordinate timely application processing and communication to the applicants.

**Skilled Nursing Facility**

The Medical-Dental Staff Office awaits confirmation from Administration as to the credentialed practitioners who will be providing care at the new ECMC campus nursing home. It has also been questioned whether the ECH model of off-hours midlevel coverage will be continued, as the volume of credentialing to support the model is impractical given that the vast majority do are not called to deliver clinical care.

ERIE COUNTY MEDICAL CENTER CORPORATION

**Joint Commission Preparation**

The Medical-Dental Staff Office remains vigilant with Joint Commission readiness. Preparation has been concentrated upon completing OPPE cycle review in accordance with JC standards and ECMCC policy as well as credentialing criteria adherence.

**Board of Directors Actions**

The Board of Directors has approved the new bylaws addition for Registered Nurse First Assistants to the Medical-Dental Staff under the Dependent/Supervision category of AHPs. Hard copies of the updated bylaws were distributed to each member of the Medical-Executive Committee and are posted on Medical-Dental Staff page on the Intranet. Additional hard copies may be obtained through the Medical-Dental Staff Office.

**Staff Privileges Posting on the ECMCC System**

The Medical-Dental Staff Office has achieved one of its long term goals of posting privileges on the ECMCC system for ease of access by hospital staff. This is a substantial step in patient safety and credit is to be given to the Medical-Dental Staff Office specialists for their dedicated efforts. The intranet access of current staff specific privilege listings has been very well received.

**Intelli-Cred Training**

ECMCC continues to work with KH to schedule additional on-site training by the software vendor. It will include instruction on the advanced functionality of the system in anticipation of continued work toward the implementation of an on-line application, with electronic review and approval capabilities. Harmonization at the Great Lakes level will also position for the potential of creating one Medical Dental Staff in the future.

**Kudos**

The committee congratulates Jeanne Downey, Appointment Specialist in the Medical-Dental Staff Office, for being chosen as the February 2013 ECMC Employee of the Month. Chosen for her commitment to customer service, the entire Medical-Dental Staff benefits from Jeanne’s diligence.

**OVERALL ACTION REQUIRED**

***OPEN ISSUES***

**Child Abuse Registry for Psychiatry Practitioners**

Per the Department of Psychiatry Administrator, it has been decided that all outstanding practitioners will have a registry completed, and copies of registries completed at other affiliations will not be accepted as a surrogate. A list is being maintained by the Medical-Dental Staff Office to track progress.

To date, 13 completed registries have been received by the Medical-Dental Staff Office.

**Fluoroscanner Privilege Documentation**

Extensive discussion continued on the manner of privileging, training, documentation of radiation source equipment usage and control, in particular mini C-arm units. Joint Commission requirements and radiation safety concerns necessitate that consensus be achieved and an action plan developed. Susan Ksiazek, Drs. DeZastro and Ellis will assist the Credentials Committee in this matter and report progress at the March meeting.

**OVERALL ACTION REQUIRED**

***OTHER BUSINESS***

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

FPPE (Focused Professional Practice Evaluation)

- Anesthesiology (1 CRNA)
- Oral & Maxillo-Facial Surgery (1 DDS MD)
- Psychiatry (1 DO)

OPPE (Ongoing Professional Practice Evaluation)

ERIE COUNTY MEDICAL CENTER CORPORATION

- Oral and Maxillofacial Surgery OPPE has been successfully completed for 15 doctors (4 DDSs, 8 DDS MDs, 2 DMDs and 1 DMD MD). Documents were not returned for 2 practitioners.
- Emergency Medicine OPPE has been successfully completed for 38 practitioners (1 ACNP, 1 ANP, 7 DOs, 2 FNPs, 15 MDs and 12 RPA-Cs)
- Neurosurgery OPPE has been successfully completed for 7 practitioners (6 MDs and 1 RPA-C). One surgeon did not return the requested documentation.
- Dentistry OPPE has been completed for 8 dentists (6 DDSs, 1 DDS MS and 1 DMD).
- Exigence OPPEs have been completed and are awaiting signature from the Chief of Service.
- Second mailings have been issued for Orthopaedic Surgery. Data is expected shortly from the patient safety office.
- Laboratory Medicine OPPE scorecards have been forwarded to the department for completion.
- Urology OPPE has been initiated and completion is anticipated by next meeting.

**PRESENTED FOR INFORMATION**

***ADJOURNMENT***

With no other business, a motion to adjourn was received and carried with adjournment at 4:00PM.

Respectfully submitted,



Robert J. Schuder, MD,  
Chairman, Credentials Committee

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# Minutes from the



## Previous Meeting

March 26, 2013

ERIE COUNTY MEDICAL CENTER CORPORATION

MINUTES OF THE REGULAR MEETING  
OF THE BOARD OF DIRECTORS

TUESDAY MARCH 26, 2013

BOD CONFERENCE CALL/BOD CONFERENCE ROOM

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Voting Board Members Present:	Kevin M. Hogan, Esq., Chair Bishop Michael A. Badger Douglas H. Baker Richard F. Brox Ronald A. Chapin K. Kent Chevli, M.D.	Sharon L. Hanson Michael Hoffert Dietrich Jehle, M.D. Thomas P. Malecki, CPA Frank B. Mesiah Michael A. Seaman
Voting Board Member Excused:	Kevin E. Cichocki, D.C. Anthony M. Iacono	Joseph Zizzi, Sr., M.D.
Non-Voting Board Representatives Present:	Ronald Bennett Jody L. Lomeo	Kevin Pranikoff, M.D.
Also Present:	Donna Brown Richard Cleland Anthony Colucci, III, Esq. Ronald Krawiec Charlene Ludlow	Brian Murray, M.D. Thomas Quatroche Michael Sammarco Karen Ziemianski

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**I. CALL TO ORDER**

Chair Kevin M. Hogan, Esq. called the meeting to order at 8:30 A.M.

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

February 26<sup>th</sup> meeting minutes deferred until next Board meeting - Tuesday, April 30, 2013.

**III. ACTION ITEMS**

**A. A Resolution to Ratify Agreement with CSEA.**

Moved by Michael Hoffert and seconded by Michael Seaman.

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

ERIE COUNTY MEDICAL CENTER CORPORATION

- B. Motion to Receive and File the Corporation's Audit Report and to Approve the Corporation's Annual Report.

Moved by Michael Seaman and seconded by Douglas Baker.

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


- D. Approval of Medical/Dental Staff Credentials, Resignations, Appointments and Re-appointments for March 5, 2013.

Moved by Richard Brox and seconded Michael Seaman.

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

**IV. ADJOURNMENT**

Moved by Michael A. Seaman and seconded by Sharon L. Hanson to adjourn the Board of Directors meeting at 8:45 A.M.



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

ERIE COUNTY MEDICAL CENTER CORPORATION

**A Resolution Approving the  
Creation of Internal Civil Service Functions**  
Approved February 26, 2013

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WHEREAS, the Corporation was formed pursuant to Article 10-C of the Public Authorities Law of the State of New York and has been given specific powers and authority to govern and conduct its own operations while observing the requirements of that law; and

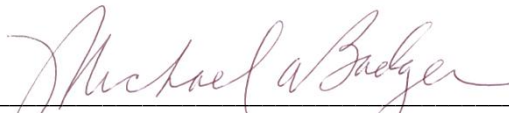
WHEREAS, pursuant to law, the Corporation is subject to the Civil Service Law of the State of New York and has been given authority to appoint such officers, employees, and agents as the Corporation may require for the performance of its duties and to fix and determine their qualifications, duties, and compensation, subject to the provisions of the Civil Service Law and any applicable collective bargaining agreements; and

WHEREAS, since its formation in 2003, the Corporation has relied upon the Erie County Personnel Department to fulfill the civil service functions of the Corporation pursuant to law and existing collective bargaining agreements; and

WHEREAS, the Corporation has determined that it is in the best interests of the Corporation and its workforce to internalize the civil service functions currently being performed by the Erie County Personnel Department;

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

1. The Corporation is authorized to directly administer applicable parts of the Civil Service Law of the State of New York and to hire such personnel as may be required in order to properly and efficiently implement this resolution.
2. The Corporation shall draft and adopt rules pursuant to the Civil Service Law for the classified service of the Corporation and to conduct negotiations, as necessary, with the authorized representatives of the Corporation's workforce.
3. The Corporation is authorized to take such additional actions as may be necessary in order to implement this resolution.
4. This resolution shall take effect immediately.



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Bishop Michael A. Badger  
Corporation Secretary



ERIE COUNTY MEDICAL CENTER CORPORATION

**Resolution of the Corporation  
Receiving and Filing the Corporation's Audit Report and  
Approving the Corporation's Annual Report**

Approved March 26, 2013

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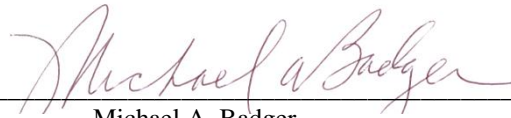
WHEREAS, pursuant to section 3642 of the New York Public Authorities Law, the Corporation is obligated to complete an annual audit of its books and records by an independent public accountant and to submit to various public officers and bodies the detailed report required by section 2800 of the New York Public Authorities Law; and

WHEREAS, the Corporation has engaged the services of an independent public accountant to complete the annual audit required by law and has distributed the report of the independent public accountant to the members of the Corporation's Board of Directors; and

WHEREAS, the Corporation has prepared an annual report containing the detailed information set forth in section 3642 of the New York Public Authorities Law as well as the information required by other applicable laws and guidance provided by the New York Authorities Budget Office;

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

1. The 2012 audited financial statements and audit report from the Corporation's independent public accountant are received and filed.
2. The Corporation's annual report prepared in accordance with applicable law and guidance is approved in substantially the form as presented at the meeting of the Board of Directors on March 26, 2013.
3. This resolution shall take effect immediately.



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Michael A. Badger  
Corporation Secretary



ERIE COUNTY MEDICAL CENTER CORPORATION

Evan Calkins, MD  
Harry E. McCrea, MD

**From** Courtesy, Refer & Follow **To** Emeritus  
**From** Active Staff **To** Courtesy, Refer & Follow  
**FOR OVERALL ACTION**

**CHANGE IN DEPARTMENT**

Karen S. Konikoff, FNP **From** Family Medicine **To** Anesthesiology  
*Collaborating MD: Dr. Howard Davis*

**CHANGE IN COLLABORATING / SUPERVISING ATTENDING**

Karen S. Konikoff, FNP **From** Dr. Antonia Redhead **To** Dr. Howard Davis  
Alyssa Whiteside, RPA-C **From** Dr. Muhammad Achakzai **To** Dr. Cindrea Bender  
Sara H. Nash, RPA-C **From** Dr. Nancy Ebling **To** Dr. Monika Niemiec  
Mark D. Wronecki, RPA-C **From** Dr. Daniel Brockman **To** Dr. Muhammad Achakzai  
Jennifer Anzelone-Kieta, RPA-C **From** Dr. Nancy Ebling **To** Dr. Yahya Hashmi

**FOR OVERALL ACTION**

**SPECIFIC PRIVILEGE ADDITION OR REVISION**

**Family Medicine**

Henry E. Moscicki, FNP Allied Health Professional  
*Supervising MD: Dr. Stephen Evans*  
- Reinsertion of an established suprapubic catheter  
Neil R. Rzepkowski, MD \* Active Staff  
- Suboxone treatment  
*\*New Dual Appointment - also in the Department of Internal Medicine*

**Internal Medicine**

Daniel J. Ford, RPA-C Allied Health Professional  
*Supervising MD: Dr. Gerald Logue*  
- Bone Marrow Aspiration and Biopsy\*  
James A. Miller, RPA-C Allied Health Professional  
*Supervising MD: Dr. Gerald Logue*  
- Bone Marrow Aspiration and Biopsy\*  
*\*FPPE satisfied with written evidence of training, supervision and competency*  
Joel S. Noworyta, RPA-C Allied Health Professional  
*Supervising MD: Dr. Cindrea Bender*  
- Abdominal Paracentesis  
- Arterial Catheter Insertion, Percutaneous  
- Femoral Vein CVP Placement  
Todd A. Thomas, MS, RPA-C Allied Health Professional  
*Supervising MD: Dr. Nirmal Kothari*  
- Arterial Catheter Insertion, Percutaneous  
- Endotracheal Intubation, ACLS Certified  
- Femoral Vein CVP Placement  
- Moderate Sedation/Analgesia\*\*  
*\*\*FPPE satisfied with completion of training course and competency test*

**Obstetrics & Gynecology**

Majid Shaman, MD Active Staff  
- CESAREAN SECTION - with Extended Hysterectomy  
- POSTPARTUM - Hypogastric / Uterine Artery Ligation  
- MEDICAL COMPLICATIONS OF PREGNANCY - Fetal Surgery  
and/or IUT (Intrauterine Transfusion)\*  
- MEDICAL COMPLICATIONS OF PREGNANCY - Chorionic Villus Sampling  
- BREAST - Excision Breast Mass  
*\*pending endorsement by the new OBGyn Chief of Service*

ERIE COUNTY MEDICAL CENTER CORPORATION

**Orthopaedic Surgery - Podiatry**

Steven B. Gutsin, DPM Active Staff  
AMBULATORY WOUND CARE\*

- Debridement, Non-Selective and Selective
- Infection, Incision and Drainage
- Debridement of Skin, partial, full, subcutaneous
- Decubitus Ulcer

*\*FPPE N/A; further delineation of existing core surgical privileges*

**Surgery**

Jeffrey Meilman, MD Active Staff  
AMBULATORY WOUND CARE\*

*\*FPPE N/A; further delineation of existing core surgical privileges*

- Negative Pressure Therapy
- Debridement Skin, full
- Decubitus Ulcer

Raymond O. Schultz Active Staff

**HAND SURGERY**

- Minor: incision drainage, excision, infection, minor tendon and fractures, digit amputations, nerve suture
- Major: major reconstructive, tendons, nerves, grafts, bone grafts, island pedicle flap, etc.
- Traumatic repair of tendons, nerves, etc.
- Carpal Tunnel release
- Ganglion excision

**PLASTIC AND RECONSTRUCTIVE SURGERY**

- Skin grafting - excision of skin neoplasms
- Rhinoplasty including traumatic reconstruction
- Rhytidectomy
- Blepharoplasty
- Revision of scars
- Mammoplasty and Mammopexy
- Lipectomy - abdomen, extremities
- Lip and palate reconstruction, pharyngoplasty
- Pedicle flaps
- Contiguous flaps
- Distant flaps
- Removal of epithelium (abrasion, corrosive chemicals, cryosurgery)
- Intralesional injections
- Subcutaneous injection (jelling material)
- Placement of tissue expander and permanent implant
- Sentinel node biopsy for melanoma (lymphangiography and lymph node biopsy)

**FOR OVERALL ACTION**

***SPECIFIC PRIVILEGE WITHDRAWAL***

**Internal Medicine**

Daniel J. Ford, RPA-C Allied Health Professional

***Supervising MD: Dr. Gerald Logue***

- Intensive Care Unit Privileges (5)

***APPOINTMENTS AND REAPPOINTMENTS***

- A. Initial Appointment Review (11)
- B. Initial Dual Appointment (1)
- C. Reappointment Review (26)

Eleven initial, one initial dual appointment and twenty-six 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 (11)**

B.

**Cardiothoracic Surgery**

Elisabeth U. Dexter, MD Active Staff

*The committee endorses positive action on this appointment upon receipt of medical liability insurance documentation.*

**Internal Medicine**

Reza Banifatemi, MD Active Staff

JoAnne Cobler, MD Active Staff

Michael D'Angelo, MD Active Staff

Robert Gatewood, MD Active Staff

Lisa Kozlowski, MD Active Staff

Anthony Martinez, MD Active Staff

George Matthews, MD Active Staff

Amr Moussa, MD Active Staff

Brian Riegel, MD Active Staff

Scott Sobieraj, MD Active Staff

B. **Dual Appointments (1)**

**Family Medicine (new) and Internal Medicine (current)**

Neil R. Rzepkowski, MD Active Staff

**REAPPOINTMENT APPLICATIONS, RECOMMENDED**

C. **Reappointment Review (26)**

**Cardiothoracic Surgery**

John Bell-Thomson, MD, MBA Active Staff

Gary Grosner, MD Associate Staff

**Emergency Medicine**

Joshua J. Lynch, DO Active Staff

**Family Medicine**

Stella O. King, MD Active Staff

Juliane M. Maciejewski, MD Active Staff

Henry E. Moscicki, FNP\* Allied Health Professional

*Collaborating MD: Dr. Stephen Evans \*resignation pending with the consolidation of nursing homes*

Thomas C. Rosenthal, MD Active Staff

Olivia Smith-Blackwell, MD\* Active Staff

*\*letter to be issued from COS and MDS President, advising of membership status change due to no volume*

**Internal Medicine**

Jeffrey M. Lackner, PhD Allied Health Professional

Mohan Madhusudanan, MD Active Staff

Antoine Makdissi, MD Active Staff

Harry E. McCrea, MD Courtesy Staff, Refer & Follow

Todd A. Thomas, MS, RPA-C Allied Health Professional

*Supervising MD: Dr. Nirmal Kothari*

**Neurosurgery**

James G. Egnatchik, MD Associate Staff

**Obstetrics & Gynecology**

Majid Shaman, MD Active Staff

**Orthopaedic Surgery**

Geoffrey A. Bernas, MD Active Staff

Jennifer Gurske-Deperio, MD Active Staff

Christopher L. Hamill, MD Active Staff

**Orthopaedic Surgery – Podiatry**

**ERIE COUNTY MEDICAL CENTER CORPORATION**

Steven B. Gutsin, DPM	Active Staff
<b>Psychiatry</b>	
Jeffery J. Grace, MD	Active Staff
<b>Surgery</b>	
Rurik C. Johnson, MD	Active Staff
Jeffrey Meilman, MD	Associate Staff
Timothy R. Rasmusson, MD	Active Staff
Raymond O. Schultz, MD	Active Staff
<b>Urology</b>	
John M. Roehmholdt, MD	Associate Staff
Christopher J. Skomra, MD	Associate Staff

**FOR OVERALL ACTION**

**PROVISIONAL APPOINTMENT REVIEW, RECOMMENDED**

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

<b>March 2013 Provisional to Permanent Staff</b>	<b>Provisional Period Expires</b>
<b>Family Medicine</b>	
Symons, Andrew, B., MS MD      Active Staff	03/27/2013
<b>Internal Medicine</b>	
Antalek, Matthew, D., DO      Active Staff	03/27/2013
Shisler, Tomi, E., FNP      Allied Health Professional	03/27/2013
<i>Collaborating Physician: Dr. Oleh Pankewycz</i>	
<b>Oral and Maxillofacial Surgery</b>	
Kamoh, Amandip, DDS      Active Staff	03/27/2013

*The future May 2013 Provisional to Permanent Staff list was also 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**

<b>Expiring in June 2013</b>	<b>Last Board Approval Date</b>
<b>Internal Medicine</b>	
Dhindsa, Sandeep, MD      Active Staff	06/01/2011
<b>Ophthalmology</b>	
Crofts, John W., MD      Associate Staff	06/01/2011
<b>Reappointment Expiration Date: June 1, 2013</b>	
<i>Planned Credentials Committee Meeting: March 5, 2013</i>	
<i>Planned MEC possible action date: March 25, 2013</i>	
<i>Planned Board possible confirmation by: April 2013</i>	
<i>Last possible Board confirmation by: May 2013</i>	
<b>FOR OVERALL ACTION</b>	

**FUTURE MEMBERSHIP CONCLUSION, UNDER CONSIDERATION**

<b>Expiring in July 2013</b>	<b>Last Board Approval Date</b>
<b>Cardiothoracic Surgery</b>	
Jennings, LuJean, MD      Courtesy, Refer & Follow	07/12/2011
<b>Obstetrics and Gynecology</b>	
Gugino, Lawrence, James, MD*      Active Staff	07/12/2011

ERIE COUNTY MEDICAL CENTER CORPORATION

*\*received correspondence to indicate a planned voluntary resignation and membership conclusion*

**Neurosurgery**

Bennett, Gregory, J., MD Active Staff 07/12/2011

**Ophthalmology**

Knapp Jr., Russell, G., MD Courtesy, Refer & Follow 07/12/2011  
Niles, Charles, R., MD Associate Staff 07/12/2011

**Orthopaedic Surgery**

Szymanski, Talia, Grace, MS PA-C Allied Health Professional 07/12/2011  
*Supervising Physician: Dr. Michael A. Rauh*

**Otolaryngology**

Prince, Beverly, C., MD Courtesy, Refer & Follow 07/12/2011

**Psychiatry**

Deakin, Christopher, M., MD Courtesy, Refer & Follow 07/12/2011  
Improta, John, M., MD Active Staff 07/12/2011  
Wilinsky, Howard, C., MD Active Staff 07/12/2011

**Radiology and Imaging Services - Teleradiology**

Sarai, Paul, Singh, MD Active Staff 07/12/2011

**Surgery**

Blessios, George, A., MD Active Staff 07/12/2011  
Kulaylat, Mahmoud, N., MD Active Staff 07/12/2011  
Pell, Michael, A., MD Active Staff 07/12/2011

**Reappointment Expiration Date: July 1, 2013**  
**Planned Credentials Committee Meeting: April 2, 2013**  
**Planned MEC Action date: April 22, 2013**  
**Planned Board confirmation by: May 2013**  
**Last possible Board confirmation by: June 2013**  
**FOR INFORMATION ONLY**

**OLD BUSINESS**

**Cardiology Mid Levels**

The committee will continue to await information regarding changes to the Cardiology service as they are affected by integration with the GVI.

**Board Certification Exception**

It was reported to the committee that the exception request detailed in the February 2013 Credentials Committee meeting minutes was approved by the Medical Executive Committee at its February meeting. The MEC did not stipulate any additional monitoring requirements for the physician beyond the FPPE as defined in policy.

**Privilege Form Revisions**

**INTERNAL MEDICINE**

The chair presented a framework for the developing draft of a combined Allied Health Professional (Physician Assistant-Nurse Practitioner) form for the Department of Internal Medicine

**UROLOGY**

A rough privilege form draft has been submitted to the Chief of Service for review and revision. The committee urges completion of the form update process.

**ORTHOPAEDICS**

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

**Dues Delinquency**

A working copy of a dues delinquency letter has been completed. The letter will inform particular staff members with outstanding invoices of the consequences outlined in the bylaws.

**HBO Continuing Education**

The committee continues to explore the extent and timing of the continuing education requirements for Hyperbaric Oxygenation privilege holders. With a change in the Wound Center leadership offers an opportunity to clarify methods to

ERIE COUNTY MEDICAL CENTER CORPORATION

ensure continued proficiency. The Medical Director of the Wound Care Center advises that ongoing competency can be effectively demonstrated by a minimum of 4 hours of dives per month. The committee will incorporate this recommendation and revise the credentialing criteria sections of the Wound Care privilege forms as follow:

**HYPERBARIC OXYGEN THERAPY Credentialing Criteria**

1. The applicant (licensed physician (allopathic or osteopathic) or podiatrist) shall document successful completion of a 40-hour Undersea and Hyperbaric Medical Society (UHMS) approved Introduction to Hyperbaric Medicine Course.
2. The applicant (licensed physician (allopathic or osteopathic) or podiatrist) should seek and gain continuing experience and knowledge through diligent practice, appropriate consultation, and ongoing medical education. **The applicant shall demonstrate current competency having completed a minimum of 4 hours of dives per month.**

**Adopted: Medical Executive Committee 1/4/2011, 6/25/2012, 3/25/2013**

**Fluoroscanner Privilege Documentation**

An extensive report was received on the manner of privileging, training, documentation of radiation source equipment usage and control, in particular mini C-arm units. Joint Commission requirements and radiation safety concerns necessitate that consensus be achieved and an action plan developed. Susan Ksiazek, Drs. DeZastro, Ellis, Manka and Bednarek assisted the Credentials Committee in this matter. A list of current privileged providers was compiled and inservice training classes and exams have been conducted. Additional verification of concurrent Fluoroscanner privilege form completion is being completed. A plan for access of the mini C-arm for the Emergency Department was formulated to promote timely documentation of utilization and exposure.

**Temporary Privilege expirations during Pending Initial Applications**

A tracking system has been formalized to list Urgent and Temporary Privilege expiration periods and the status of application completion. The current tracking matrix attached; all temporary privilege durations listed are within policy.

**OVERALL ACTION REQUIRED**

**NEW BUSINESS**

**Suboxone Management**

Information was presented to the committee to ensure appropriate privileging documentation for staff members utilizing Suboxone management.

**Chemical Dependency – Temporary Privilege Restrictions**

The current Joint Commission standards were explained to the committee. The Behavioral Health accreditation standards prohibit temporary privileges. Chemical Dependency is surveyed under the Behavioral Health standards and the rule therefore applies. As our Psychiatry Services are surveyed under the Acute Care standards, the Medical-Dental Staff Office has been advised that for them, temporary privileges are allowed.

**First Assist ACLS Requirements**

The Credentials Committee was advised by OR management that the ACLS requirement on the recently developed RNFA form is not a practical expectation, nor is it necessary from a safety perspective given that the Anesthesia staff possess this level of training and expertise. Given that feedback, the committee endorses the following changes to the Surgical First Assist delineation form: Strikeouts as indicated:

**Requirements Applicants for First Assist privileges:**

**RNFA Training:** Successful completion of RN First Assistant course and internship training equivalent to one year of formal academic post-basic nursing study, which takes place at a college or university approved by the appropriate regional accrediting body for higher education, in which the curriculum addressed all content areas of the modules of the core curriculum for the RNFA and college credits are awarded along with a degree or certification. (Course meets AORN Recommended Education Standards for RNFA programs.) ~~Current ACLS training certification.~~



ERIE COUNTY MEDICAL CENTER CORPORATION

**PA Training:** As evidenced by curricular experiential rotations, prior experience, course training or attestation of training by supervising physician. ~~ACLS is required.~~

1. Certification at initial application (Applicant) Med Office: Initial Verification \_\_\_\_\_  
RNFA: Attach RNFA certification documents.  
PA FA: Attach documentation of course training or attestation of training by supervising physician.

2. Experience and proficiency at initial application (Applicant) Med Office: Initial Verification \_\_\_\_\_  
Attach three letters of reference.

**New Chief of Service for OBGyn**

It was announced that Dr. Vanessa Barnabei has been named the ECMCC OBGYN Chief of Service. She attended her first MEC meeting in February. The Director of Medical Staff Quality and Education will assist with her orientation to the roles and responsibilities of a Chief of Service and help with her acclimation to the organization.

**Practitioner Information**

The systems improvements resulting from the efforts of the Medical-Dental Staff Office Team to optimize the new credentialing software has made it possible for downstream departments to use this information to improve efficiencies and regulatory/accreditation compliance. The increased use of the Provider Dictionary again calls for an evaluation of a resource to maintain the accuracy and currency of the data. The Medical-Dental Staff Office has asked that key stakeholders assist with the evaluation of the return on investment for such a resource.

**Joint Commission Readiness**

The Credentials Committee was reminded of the upcoming survey. A team plan is in place to ensure ongoing compliance with all chapter standards, and physician participation in the meeting with the surveyor encouraged.

**Excess Liability Insurance**

Risk Management has advised of changes to Excess Liability Insurance coverage. More detailed information will be shared as it is made available.

**IM PA Privilege Form**

The Chief of Service has asked that a minimum of three be designated as the minimum volume for the Bone Marrow Biopsy privilege.

**Corvell Delegated Credentialing Audit**

The Medical-Dental Staff Office participated in its first delegated credentialing audit with this insurer in February. Though the official report has not yet been received, the verbal report was that of 100% compliance with all requirements. This represents the third insurer delegated credentialing audit in the past year. The previous two also met with 100% scores.

**New LTC Facility on the ECMC Campus**

The Credentials Committee was provided with a list of the practitioners providing care at the new facility. The facility administrator will inform the Credentials Committee of any changes.

**OVERALL ACTION REQUIRED**

***OTHER BUSINESS***

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

FPPE (Focused Professional Practice Evaluation)

ERIE COUNTY MEDICAL CENTER CORPORATION

- Family Medicine (2 ANPs, 1 MD)
- Family Medicine, Chemical Dependency (1 MD)
- Neurology (1 ANP)
  
- Radiology, Teleradiology (6 MDs)
- Rehabilitation Medicine (1 PhD)

OPPE (Ongoing Professional Practice Evaluation)

- Exigence OPPEs have been successfully completed for 49 practitioners (12 MDs, 16 NPs and 21 PAs).
- Laboratory Medicine OPPE has been successfully completed for 2 practitioners (1 MD and 1 PhD).
- Radiology OPPE has been successfully completed for 12 practitioners (1 DO, 10 MDs and 1 PhD).
- Urology OPPE has been successfully completed for 16 practitioners (16 MDs). 1 practitioner did not return the requested documentation.
- Orthopaedic Surgery OPPE is complete. Necessary data is still pending from the Patient Safety Office. The department will be presented at next month's meeting.
- Anesthesiology OPPE has been initiated. Data has been received from the Chief of Service and the small number of mailings has been completed. Departmental OPPE will be presented at the April Credentials Committee meeting.
- Surgery OPPE has been initiated and is anticipated for completion by the April Credentials Committee meeting.
- Psychiatry OPPE has been initiated with all mailings completed.

**PRESENTED FOR INFORMATION**

***ADJOURNMENT***

With no other business, a motion to adjourn was received and carried with adjournment at 4:45PM.

Respectfully submitted,



Robert J. Schuder, MD,

ERIE COUNTY MEDICAL CENTER CORPORATION

Chairman, Credentials Committee

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Att.

# Action Items



**For Approval**



# Executive Committee

# Minutes from the



## Buildings & Grounds Committee

ERIE COUNTY MEDICAL CENTER CORPORATION  
BOARD OF DIRECTORS  
MINUTES OF THE BUILDING & GROUNDS COMMITTEE MEETING  
APRIL 9, 2013  
ECMCC STAFF DINING ROOM

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BOARD MEMBERS PRESENT:	RICHARD F. BROX, CHAIR FRANK MESIAH MICHAEL HOFFERT	JODY L. LOMEO
EXCUSED:	RONALD CHAPIN DIETRICH JEHLER, M.D.	JOSEPH A. ZIZZI, SR., M.D.
ALSO PRESENT:	RICHARD C. CLELAND DOUGLAS FLYNN	CHARLENE LUDLOW MICHAEL SAMMARCO

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**I. CALL TO ORDER**

Richard Brox called the meeting to order at 10:30 A.M.

**II. RECEIVE AND FILE DECEMBER 11, 2012 MINUTES**

Moved Frank Mesiah and seconded by Michael Hoffert to receive and file the Buildings and Grounds Committee minutes of December 11, 2012 as presented.

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

**Skilled Nursing Facility**

- Residents were moved into the new facility starting February 9th through the 11th, as planned. The project is now nearing the end of the project "closeout" phase which includes the completion of remaining punchlist activities and the turnover of Operational & Maintenance Manuals as well of specified extra stock materials.

**Transitional Care Unit @ 6<sup>th</sup> Floor**

- The new TCU service line opened for business on April 1st on renovated 6 Zone 2. This project is entering the "closeout" phase.

**IV. UPDATE – PENDING CAPITAL INITIATIVES / PROJECTS**

**Site & Parking Reconstruction Project**

- **Site Reconstruction** – All reconstructed lots completed, with new parking control infrastructure installation complete. Staged implementation of this new system began this morning with this first step of implementation including dropping gates at new Lot C (main ECMC Patient lot) and new lots K1 and K2. The second and final step of implementation being coordinated with the pending issuance of new ID Badges to the balance of badge carrying population, expected to be complete within the next month.

## ERIE COUNTY MEDICAL CENTER CORPORATION

### **Chilled Water Plant Improvements**

- All major equipment replacements have been completed, with both the temporarily installed grade level and new Cooling Towers all now positioned on the roof of the Chiller Plant. The project in its final stage, entering the commissioning phase of the project. The project is participating in a supplemental NYSERDA energy incentive program which is forecasted to add a potential \$160K (+/-) to our previously awarded \$742K which as part of the earlier campus expansion projects.

### **Temporary ALC Renovations @ 4 Zone 3**

- These In-House, OMH compliant renovations to the back half of 4 Zone 3 are drawing to a close with OMH pre-occupancy inspection scheduled for Thursday April 11. These temporary unit is intended to accommodate ALC patients, with the hope of alleviating over population concerns at other Behavioral Health Units while the BHCOE progresses.

### **Dental Residency Expansion / Oral Surgery Relocation**

- Phase 1 of this multi-phase In-House renovation project is forecasted for completion by mid May. Phase 1 being the renovation of former Eye Clinic space into a (3) operatory Oral Surgery Suite. Once complete Oral Surgery shall be relocated to their new space leaving the vacant space in the Dental Suite for expansion of the General Dentistry program, more space being required by their expanded Residency program. Full project completion is expected in late spring-early summer.

### **Behavioral Health COE Project (HEAL21)**

- New Building foundations complete, with the first delivery of structural steel arriving yesterday. With the next two weeks steel shall be fully, Administration planning an applicable "Topping-Off" ceremony accordingly. Renovation are in full swing on the vacant 5th floor, with all abatement complete, demolition 75% complete and new rough-in work well underway. The project remains on schedule.

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

### **Water Tower / Tank Project**

- Plant Ops met with City Water Dept & DPW in February to discuss a pending project which shall construct a new water tower in the Grider area. These representatives explained how our campus is ideally located for the needs of their new installation and asked if ECMC would consider such an arrangement. We explained the only area on campus that could be considered was the former location of Old School 84, and that in order for ECMC to further consider such a proposal that a conceptual plan would need to developed and shared with our Administration. They agreed to do provide such a plan in the near future.



## ERIE COUNTY MEDICAL CENTER CORPORATION

### **GI Lab Renovations**

- Administration is considering renovations to the GI Suite involving the potential creation of a new GI Lab and Pre/Post Procedural bays. Schematic level design meetings are on going, The project challenges include 1) finding new location for those that shall be displaced by the GI Expansion and 2) striking a balance between available sq footage & the desired program, neither of which is apparent at this stage.

### **Access Road Water Main**

- The NYSDOT has re-bid and awarded their bridge reconstruction project, which includes our own ECMC Access Bridge. As part of this project scope ECMC has negotiated the inclusion of the repair of our decommissioned water main which had ruptured in 2004. This project is scheduled to begin in late April and is expected to be complete in September. Bridge traffic shall need to be diverted during this time frame.

### **Gift Shop Renovation**

- This long postponed renovation has been resurrected. Later this spring the Department of Social Services shall vacate their premises here @ ECMC, leaving the space behind the Billing Office vacant and available as swing space, this space shall facilitate this multiple phase project. Schematic level design meetings are underway.

### **Renal Center / ASC & MOB Fit-Out @ Upper Levels**

- ECMC is committed to an aggressively scheduled fit-out of the three empty floor levels w/in the Renal Center. This fit-out would include (2) separate CON Projects, one covering the intended Ambulatory Surgical Center on the 1<sup>st</sup> floor level, & the second covering the fit-out of the 2<sup>nd</sup> [article 28 floor – Head / Neck and Oncology] & 3<sup>rd</sup> floor [Urology Private Practice, Endocrinology & Nephrology] levels. Project shall begin in May & finish by the end of the calendar year. Forecasted full project cost is \$22-\$24 million. An early steel package is currently out & shall be opened tomorrow 04/10/13; BP#2 / Balance of Construction Contracts shall be due 05/14/13 and BP#3 / FF&E Contracts shall be due 05/21/13.

### **Orthopedic COE Initiative / Phase 2 - In Patient Beds**

- A full Architectural Services Proposal is currently under legal for this the second of the envisioned three part Orthopedic COE initiative. A DOH CON submission for this project is anticipated in the near future. This project would renovate approximately 60% of the existing 6<sup>th</sup> floor (6Z3, 6Z4 & parts of 6Z5) into a dedicated Orthopedic In-Patient zones, full project cost forecasted at \$10 million

### **Orthopedic COE Initiative / Phase 3 - Office & Exam Expansion**

- A meeting with the Orthopedic Group in February has renewed interest in exploring this 3<sup>rd</sup> conceptual phase to the Ortho COE initiative. The discussion was successful in dismissing Orthopedic intentions of expansion into 1<sup>st</sup> floor DKM. ECMC awaits related feed-back from the Orthopedic Group before further developing the concept. The earlier version of this project was forecasted at the \$2.4 million mark.

## ERIE COUNTY MEDICAL CENTER CORPORATION

### **Signage & Wayfinding Project – Campus Site**

- The development of a new site signage bid package is being planned for later this year, details pending.

### **VI. ADJOURNMENT**

Moved by Richard Brox to adjourn the Board of Directors Building and Grounds Committee meeting at 10:50 a.m.

Next Building & Grounds meeting – June 11, 2013 at 9:30 a.m. - Staff Dining Room

# Minutes from the



## Finance Committee

BOARD OF DIRECTORS  
MINUTES OF THE FINANCE COMMITTEE MEETING  
MARCH 19, 2013

ECMCC BOARD OF DIRECTORS CONFERENCE ROOM

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

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**I. CALL TO ORDER**

The meeting was called to order at 8:30 a.m. by Michael A. Seaman, Chair.

**II. RECEIVE AND FILE MINUTES**

Motion was made and accepted to approve the minutes of the Finance Committee meeting of February 19, 2013 with one correction.

**III. FEBRUARY, 2013 FINANCIAL STATEMENT REVIEW**

Michael Sammarco reported the financial results for the month of February, 2013.

For the month of February, total discharges and acute discharges were over the prior year by 15 and 23 respectively. Average daily census was 363 for the month, compared to 360 in January. The average length of stay was 7.0 for the month, compared to 6.5 the prior year. Non-Medicare case mix was 1.88 for the month compared to 2.03 the prior year, and Medicare case mix was 1.87 compared to 1.93 the prior year.

Inpatient surgical cases were over budget by 51 for the month and over the prior year by 53. Both outpatient surgical cases and Emergency Department visits for the month were under budget and under the prior year.

Hospital FTEs were 2,424 for the month and Terrace View FTEs were 359 for the month.

The Hospital had an operating loss of \$1.7 million compared to a budgeted loss of \$143,000 and the Terrace View had an operating loss of \$428,000 compared to a budgeted surplus of \$22,000. The consolidated, year-to-date operating loss was \$3.8 million compared to a budgeted loss of

\$1.3 million and a prior year loss of \$2.6 million. Days in accounts receivable were 42.1 in February, compared to 40.8 in January.

**VI. ADJOURNMENT:**

The meeting was adjourned at 9:30 a.m. by Michael Seaman, Chair.

# Minutes from the



## QI /Patient Safety Committee Meeting



# ECMCC Management Team



# Chief Executive Officer



ERIE COUNTY MEDICAL CENTER CORPORATION

REPORT TO THE BOARD OF DIRECTORS  
JODY L. LOMELO, CHIEF EXECUTIVE OFFICER  
APRIL 30, 2013

Hope everyone is doing well and looking forward to the change in weather which hopefully arrives soon.

**HOSPITAL OPERATIONS 1<sup>ST</sup> QUARTER 2013**

2013 has started out slower than anticipated which was discussed at length at Finance and Executive committees on April 23<sup>rd</sup>. As we all know, we traditionally begin each year slower as we ramp up into the trauma season. Our busiest months have historically been April through September. As I stated earlier, this year has started slower than usual and we must take immediate action.

Financial results and highlights for March:

- Average daily census continues to be up at 357 patients
- Total discharges were 46 patients less than the prior year
- Acute discharges were 49 patients less than the prior year
- Medicare case mix was over budget and non-Medicare case mix was below budget due to fewer high severity cases
- Inpatient surgeries were the same as the prior year
- Outpatient surgeries were up 28 over the prior year
- Hospital operating loss was \$609,000 due to acute care discharge volume and non-Medicare case mix
- Terrace View operating loss was \$433,000 due to low census in the rehabilitation and ventilator units
- Year to date consolidated operating loss was \$4.8 million compared to budgeted \$1.4 million loss and prior year losses of \$2.6 million.

The Executive team has implemented a cost reduction/revenue enhancement plan. Included in the plan are some of the following initiatives:

- Expediting the Behavioral Health consolidation with Kaleida Health
- Expediting the Super Lab consolidation with Kaleida Health
- Transforming the Ambulatory Care model and culture
- Creating financial dashboards to help support service line planning (more to follow)
- Assessing the Purchasing Department
- Assessing and redesign of Case Management, focusing on reducing length of stay
- Review all Purchased Service contracts within the Corporation

Our management team remains focused on internal operations and keeping pace with the ever changing healthcare world.

### **SERVICE LINE PLANNING**

We currently are implementing service line planning strategies around our core services as well as other services in the hospital. The development of strategic plans by those senior administrators with business ownership responsibility are expected for the following core services:

1. Trauma and Burn
2. Orthopaedics
3. Behavioral Health/Chemical Dependency
4. Emergency Department
5. Head & Neck and Breast
6. Transplant/Renal
7. Long Term Care
8. Ambulatory Clinics

A member of the Executive Management team will have responsibility and accountability for each of these service lines. Each service will build more robust metrics to measure improvements, a team to look at improving the quality and margin, and a strategic plan/business

plan as a component of the Corporation's strategic plan. We also will be analyzing financial performance not by the department, but by the financial costs and revenues of the patients that experience each service. We have historically not assessed each individual service in this manner. I appreciate everyone's support as we challenge ourselves to become a more nimble and creative organization.

## **CSEA**

Once again congratulations and thank you to all CSEA employees who successfully ratified a new five year agreement in March. We have begun to implement the changes in the contract throughout our payroll system and want to thank Kathleen O'Hara, Mike Sammarco and their teams for working together to ensure a smooth transition for all of our employees.

## **TERRACE VIEW**

We are now assessing Terrace View operations with a view toward assimilating the now-blended workforce. Our census is high, but we have some expense and staffing model challenges at Terrace View. We are working with leadership at Terrace View to meet these challenges. I look forward to reporting our progress to you in the near future.

## **GREAT LAKES GREAT LAKES HEALTH**

Effective March 1, ECMC integrated its Cardiovascular Surgical Program with the Gates Vascular Institute. We are monitoring volumes and transfers and are pleased to say that things are going well from the patient care perspective.

The Behavioral Health Center of Excellence construction is on schedule and on budget. The doctor's parking lot is being transformed and we are excited about the new CPEP opening in January 2014. The Behavioral Health consolidation with Kaleida continues to be fast tracked and is not without its own challenges. We are working with our physicians and nursing staff to meet those challenges and make the consolidated programs a Center of Excellence that this community can be proud of.

The lab consolidation continues to move forward. Our physicians have worked hard to determine the tests that are essential for the lab at ECMC. We will continue to keep you informed of details of this implementation as we target completion for August 2013.

#### **ECMC SECURITY**

After an exhaustive search, please join me in welcoming Christopher L. Cummings to the ECMC family as Chief of Police. His previous experience includes serving as Troop A Commander in Batavia for the New York State Police, being responsible for all State police uniforms and BCI investigative operations in the eight county region of Western New York. Mr. Cummings is a great addition to our team and has hit the ground running. Please extend an ECMC welcome to Chief Cummings.

#### **LIFELINE FOUNDATION**

On April 23<sup>rd</sup> we had the first ever ECMC pre-gala raffle event at Salvatore's Italian Gardens. Nearly 600 people attended this event and the "feel" of the room was extraordinary. We had a cross section of the hospital attend and it was great to see all areas of the hospital interacting with one common goal of raising funds for and awareness of ECMC. I want to recognize and thank Sue Gonzalez and her team at Lifeline for once again doing a phenomenal job planning this event.

Please remember that on May 11<sup>th</sup> we will be honoring three incredibly deserving people; Peggy Cramer, Dr. Mike Manka and our own Doug Baker at the 2013 ECMC Lifeline Springfest. I look forward to seeing all of you there and celebrating the great work that these individuals have done.

As always, thank you again for your continued support and commitment to ECMC and our community.

Jody



# Chief Operating Officer

ERIE COUNTY MEDICAL CENTER CORPORATION

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

**EXECUTIVE MANAGEMENT:**

Several initiatives currently underway and include:

- Customer Service program modifications/re-engineering to achieve higher level of impact to our customers and our VBP scores and outcomes;
- Length of Stay(LOS) initiatives which include use of discharge hospitality center, patient co-hort planning and assistance from outside group(VHA) to review and revamp operational areas and to provide new Vice President a roadmap to quickly implement improvement opportunities;
- JCAHO survey preparation with eyes focused on an early survey;
- New Construction Projects- Working with design teams, DOH and internal construction staff to move projects quicker and more efficiently. Goal would be to start both projects(MOB) in May and look at a end of 2013 completion date for the (2) ambulatory surgery OR's;
- Financial Challenges- Executive Management working with Senior Management in identifying opportunities (i.e. \$10 million impact in the 2013 budget). This will take form of expense reduction or net revenue(margin) in operations;

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

- Horizon Health is continuing to provide resources and management services for Buffalo General Medical Center(BGMC);
- Construction on CPEP & Outpatient Center started this past January and will be completed in January 2014. A "Final Beam" raising ceremony is planned for April;
- Renovation of 5<sup>th</sup> floor started in March and the first BGMC (18) bed unit is expected to be up and operational by end of September 2013;
- The second BGMC (18) bed unit will be up and operational by end of January 2014;
- Recruited and hired an Intake Coordinator-Sarah Maloney. This position will be pivotal in the regional coordination of patients, admissions and throughput;
- Recruiting for new CPEP Director. Interviews underway;
- ECMC-1280 Main Street has secured a new location at 1285 Main Street. Move to take place in July;
- Currently working with Kaleida team to outline the consolidation of our Outpatient programs. Dr. Gunther, Assistant Vice President of Behavioral Health will take lead on this initiative. Specific dates and regulatory components being reviewed.
- Weekly conference calls and/or communication with OMH, OASAS and DOH on the consolidation project. This to insure we keep them involved in the process;

**TERRACE VIEW:**

- Annual DOH survey conducted in March. No repeat or harm quality of care deficiencies. The plan of correction has been submitted and awaiting the revisit by DOH;

## ERIE COUNTY MEDICAL CENTER CORPORATION

- A Steering Committee has been developed and meets weekly. This is to insure that settling and cultural integration takes place and issues that have surfaced are addressed. Several areas have been noted to need further attention including front line staffing, training and development, communication and customer service;
- Continuing to monitor both operational and financial performance;
- ECMC should be completely out of the EC Home by end of April;

### **TRANSITIONAL CARE UNIT (TCU):**

- Construction was completed by end of March. The unit was inspected by DOH and was approved to open on April 1, 2013;
- Leadership will continue to meet with physicians and major services (Dr. Orlick, Chuck Rice, Molly Shea) to insure that the unit is appropriately used and assists with patient throughput;

### **OTHER:**

- Received approval from the New York State Department of Health for the construction and renovation pertaining to the Medical Office Building(MOB)project which will be located in the Center of Excellence building(2<sup>nd</sup> and 3<sup>rd</sup> floors);
- Secure Environment Solutions, LLC has been hired to provide security services for ECMC. Chris Cumming will be our Consultant Director of Security;
- VHA-Novia has been hired to complete an assessment of our case management, discharge planning, social work departments/services and revenue cycle. This assessment will be two-phased and will begin in mid May. Areas of focus will include department staffing, skill set, clinical documentation, coding, charge capture, revenue cycle-denials etc. In addition, significant emphasis will be placed on Length of Stay(6.7 days), Alternate Level of Care(ALC's) and Observation Unit practices and performance;
- Anoma Mulligama has been recruited and hired as Vice President of Integrated Care and Services. Anoma will be starting June 1, 2013. In this position she will oversee the case management, discharge planning, social work, and utilization departments;
- The Dale Carnegie Executive Management Leadership Training program(all Executive Management is participating) continues and should be completed by end of May;
- Juan Santiago has been promoted to Assistant Vice President of Hospital Services. In this new role Juan will assist the Chief Operating Officer in various projects and initiatives;

**NEW YORK**  
*state department of*  
**HEALTH**

Nirav R. Shah, M.D., M.P.H.  
Commissioner

Sue Kelly  
Executive Deputy Commissioner

April 4, 2013

Mr. Richard Cleland  
Chief Operating Officer  
Erie County Medical Center  
462 Grider Street  
Buffalo, New York 14215

Re: 122274 - C  
Erie County Medical Center  
(Erie County)  
Relocating existing outpatient services  
from the hospital building to an existing  
medical office on campus with required  
renovations  
(\$6,632,335)

Dear Mr. Cleland:

The Department of Health approves the above application in accordance with the administrative review provisions set forth in 10 NYCRR section 710.1(c)(3).

Approval of this application is subject to the enclosed contingencies first being satisfied. Before beginning any aspect of this project, you must:

- Submit three (3) copies of documentation that address the contingencies within sixty (60) days of receipt of this letter, to the

Bureau of Project Management  
Division of Health Facility Planning  
NYS Department of Health  
Corning Tower, Room 1842  
Empire State Plaza  
Albany, New York 12237  
(518) 402-0911

Failure to meet the 60-day deadline could result in the project being abandoned as set forth in 10 NYCRR section 710.10 (c)(1).

- Receive written approval from the Division of Health Facility Planning (DHFP) indicating satisfaction of the contingencies.



In addition to the contingencies, the Department approves this application with the enclosed condition.

You are responsible for ensuring that this project complies with all applicable statutes, codes, rules and regulations. Should violations be found when reviewing documents, or at the time of on-site inspections or surveys, you will be required to correct them. Additional costs incurred to address any violations will not be eligible for reimbursement without the prior approval of the Department. Also, in accordance with 10 NYCRR section 710.5, any change in the scope of this project requires prior approval from the Department and may require a new or amended application.

If you have additional questions or need further assistance, please contact the Bureau of Project Management at (518) 402-0911, New York State Department of Health, Division of Health Facility Planning, Corning Tower, Room 1842, Empire State Plaza, Albany, New York 12237.

Sincerely,

A handwritten signature in black ink, appearing to read "Karen Westervelt", with a long, sweeping horizontal stroke extending to the right.

Karen Westervelt  
Deputy Commissioner  
Offices of Primary Care and Health  
Systems Management

Enclosure



# Chief Financial Officer

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**Internal Financial Reports**  
**For the month ended March 31, 2013**

## Erie County Medical Center Corporation

### Balance Sheet

March 31, 2013 and December 31, 2012

(Dollars in Thousands)

	March 31, 2013	Unaudited December 31, 2012	Change from Prior Year End
<b>ASSETS</b>			
Current assets:			
Cash and cash equivalents	\$ 50,991	\$ 20,611	\$ 30,380
Investments	4,704	3,112	1,592
Patient receivables, net	45,097	42,548	2,549
Prepaid expenses, inventories and other receivables	19,982	49,459	(29,477)
<b>Total Current Assets</b>	<b>120,774</b>	<b>115,730</b>	<b>5,044</b>
Assets Whose Use is Limited:			
Designated under self-insurance programs	95,625	93,151	2,474
Designated by Board	25,000	25,000	0
Restricted under debt agreements	28,871	32,479	(3,608)
Restricted	23,614	25,436	(1,822)
	173,110	176,066	(2,956)
Property and equipment, net	257,657	247,113	10,544
Deferred financing costs	3,052	3,091	(39)
Other assets	4,614	4,621	(7)
<b>Total Assets</b>	<b>\$ 559,207</b>	<b>\$ 546,621</b>	<b>\$ 12,586</b>
<b>LIABILITIES AND NET ASSETS</b>			
Current Liabilities:			
Current portion of long-term debt	\$ 6,978	\$ 6,936	\$ 42
Accounts payable	27,579	29,369	(1,790)
Accrued salaries and benefits	17,292	18,661	(1,369)
Other accrued expenses	27,479	17,386	10,093
Estimated third party payer settlements	30,896	27,651	3,245
<b>Total Current Liabilities</b>	<b>110,224</b>	<b>100,003</b>	<b>10,221</b>
Long-term debt	179,211	180,354	(1,143)
Estimated self-insurance reserves	58,337	56,400	1,937
Other liabilities	102,277	99,827	2,450
<b>Total Liabilities</b>	<b>450,049</b>	<b>436,584</b>	<b>13,465</b>
<b>Net Assets</b>			
Unrestricted net assets	98,308	99,187	(879)
Restricted net assets	10,850	10,850	0
<b>Total Net Assets</b>	<b>109,158</b>	<b>110,037</b>	<b>(879)</b>
<b>Total Liabilities and Net Assets</b>	<b>\$ 559,207</b>	<b>\$ 546,621</b>	<b>\$ 12,586</b>

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## Erie County Medical Center Corporation

### Statement of Operations

For the month ended March 31, 2013

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
<b>Operating Revenue:</b>				
Net Patient Revenue	\$ 34,063	\$ 35,219	\$ (1,156)	\$ 31,943
Less: Provision for bad debts	(1,910)	(1,964)	54	(1,934)
Adjusted Net Patient Revenue	32,153	33,255	(1,102)	30,009
Disproportionate Share/IGT Revenue	4,396	4,396	-	4,702
Other Revenue	1,817	2,426	(609)	1,977
<b>Total Operating Revenue</b>	<b>38,366</b>	<b>40,077</b>	<b>(1,711)</b>	<b>36,688</b>
<b>Operating Expenses:</b>				
Salaries / Wages / Contract Labor	14,116	13,831	(285)	12,480
Employee Benefits	8,858	9,308	450	8,424
Physician Fees	4,335	4,471	136	4,091
Purchased Services	2,719	2,708	(11)	2,740
Supplies	5,779	5,893	114	5,348
Other Expenses	735	662	(73)	694
Utilities	878	469	(409)	475
Insurance	(402)	550	952	514
Depreciation & Amortization	1,659	1,648	(11)	1,442
Interest	732	715	(17)	447
<b>Total Operating Expenses</b>	<b>39,409</b>	<b>40,255</b>	<b>846</b>	<b>36,655</b>
<b>Income (Loss) from Operations</b>	<b>(1,043)</b>	<b>(178)</b>	<b>(865)</b>	<b>33</b>
<b>Non-operating gains (losses):</b>				
Grants - HEAL 21	798	833	(35)	-
Interest and Dividends	276	-	276	277
Unrealized Gains/(Losses) on Investments	1,014	267	747	746
Non-operating Gains(Losses), net	2,088	1,100	988	1,023
<b>Excess of (Deficiency) of Revenue Over Expenses</b>	<b>\$ 1,045</b>	<b>\$ 922</b>	<b>\$ 123</b>	<b>\$ 1,056</b>
Retirement Health Insurance	782	1,393	(611)	1,469
New York State Pension	2,088	2,134	(46)	1,786
<b>Total impact on operations</b>	<b>\$ 2,870</b>	<b>\$ 3,527</b>	<b>\$ (657)</b>	<b>\$ 3,255</b>

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## Erie County Medical Center Corporation

### Statement of Operations

For the three months ended March 31, 2013

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
<b>Operating Revenue:</b>				
Net Patient Revenue	\$ 98,717	\$ 98,227	\$ 490	\$ 92,417
Less: Provision for bad debts	(5,733)	(5,516)	(217)	(5,554)
Adjusted Net Patient Revenue	92,984	92,711	273	86,863
Disproportionate Share/IGT Revenue	13,187	13,187	-	14,106
Other Revenue	5,898	7,277	(1,379)	5,346
<b>Total Operating Revenue</b>	<b>112,069</b>	<b>113,175</b>	<b>(1,106)</b>	<b>106,315</b>
<b>Operating Expenses:</b>				
Salaries / Wages / Contract Labor	41,175	38,942	(2,233)	37,757
Employee Benefits	26,593	26,682	89	25,672
Physician Fees	12,853	12,712	(141)	12,587
Purchased Services	8,187	8,091	(96)	7,424
Supplies	16,458	16,510	52	14,976
Other Expenses	2,079	1,965	(114)	1,795
Utilities	2,075	1,365	(710)	1,513
Insurance	804	1,650	846	1,544
Depreciation & Amortization	4,815	4,803	(12)	4,326
Interest	1,861	1,870	9	1,313
<b>Total Operating Expenses</b>	<b>116,900</b>	<b>114,590</b>	<b>(2,310)</b>	<b>108,907</b>
<b>Income (Loss) from Operations</b>	<b>(4,831)</b>	<b>(1,415)</b>	<b>(3,416)</b>	<b>(2,592)</b>
<b>Non-operating Gains (Losses)</b>				
Grants - HEAL 21	1,263	2,500	(1,237)	-
Interest and Dividends	819	-	819	877
Unrealized Gains/(Losses) on Investments	2,164	799	1,365	4,444
Non Operating Gains (Losses), net	4,246	3,299	947	5,321
<b>Excess of (Deficiency) of Revenue Over Expenses</b>	<b>\$ (585)</b>	<b>\$ 1,884</b>	<b>\$ (2,469)</b>	<b>\$ 2,729</b>
Retirement Health Insurance	3,496	3,995	(499)	4,407
New York State Pension	6,307	6,139	168	5,347
<b>Total impact on operations</b>	<b>\$ 9,803</b>	<b>\$ 10,134</b>	<b>\$ (331)</b>	<b>\$ 9,754</b>

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**Erie County Medical Center Corporation**

**Statement of Changes in Net Assets  
For the month and three months ended March 31, 2013**

*(Dollars in Thousands)*

	<u>Month</u>	<u>Year-to-Date</u>
<b><u>UNRESTRICTED NET ASSETS</u></b>		
Excess (Deficiency) of Revenue Over Expenses	\$ 1,045	\$ (585)
Other Transfers, Net	(98)	(294)
Contributions for Capital Acquisitions	-	-
Net Assets Released from Restrictions for Capital Acquisition	-	-
	<hr/>	<hr/>
Change in Unrestricted Net Assets	947	(879)
	<hr/>	<hr/>
<b><u>TEMPORARILY RESTRICTED NET ASSETS</u></b>		
Contributions, Bequests, and Grants	-	-
Net Assets Released from Restrictions for Operations	-	-
Net Assets Released from Restrictions for Capital Acquisition	-	-
	<hr/>	<hr/>
Change in Temporarily Restricted Net Assets	-	-
	<hr/>	<hr/>
Change in Total Net Assets	947	(879)
	<hr/>	<hr/>
Net Assets, Beginning of Period	108,211	110,037
	<hr/>	<hr/>
<b>NET ASSETS, End of Period</b>	<b>\$ 109,158</b>	<b>\$ 109,158</b>
	<hr/>	<hr/>

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## Erie County Medical Center Corporation

### Statement of Cash Flows

For the month and three months ended March 31, 2013

(Dollars in Thousands)

	Month	Year-to-Date
<b><u>CASH FLOWS FROM OPERATING ACTIVITIES</u></b>		
Change in net assets	\$ 947	\$ (879)
Adjustments to Reconcile Changes in Net Assets to Net Cash Provided by (Used in) Operating Activities:		
Depreciation and amortization	1,659	4,815
Provision for bad debt expense	1,910	5,733
Net Change in unrealized (gains) losses on Investments	(1,014)	(2,164)
Transfer to component units	98	294
Capital contribution to/from Erie County	-	-
<u>Changes in Operating Assets and Liabilities:</u>		
Patient receivables	(915)	(8,282)
Prepaid expenses, inventories and other receivables	38,160	29,477
Accounts payable	(2,813)	(1,790)
Accrued salaries and benefits	154	(1,369)
Estimated third party payer settlements	3,196	3,245
Other accrued expenses	3,742	10,093
Self Insurance reserves	(154)	1,937
Other liabilities	433	2,450
Net Cash Provided by (Used in) Operating Activities	45,403	43,560
<b><u>CASH FLOWS FROM INVESTING ACTIVITIES</u></b>		
Additions to Property and Equipment, net		
Campus expansion	(2,547)	(10,667)
Routine capital	(1,088)	(4,653)
Use of bond proceeds for campus expansion	970	5,556
Decrease (increase) in assets whose use is limited	1,168	(2,600)
Purchases (sales) of investments, net	4,107	572
Investment in component units	(98)	(294)
Change in other assets	-	7
Net Cash Provided by (Used in) Investing Activities	2,512	(12,079)
<b><u>CASH FLOWS FROM FINANCING ACTIVITIES</u></b>		
Principal payments on long-term debt	(368)	(1,101)
Increase (Decrease) in Cash and Cash Equivalents	47,547	30,380
Cash and Cash Equivalents, Beginning of Period	3,444	20,611
Cash and Cash Equivalents, End of Period	\$ 50,991	\$ 50,991

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**Erie County Medical Center Corporation**

**Key Statistics**

Period Ended March 31, 2013

Current Period				Year to Date			
Actual	Budget	% to Budget	Prior Year	Actual	Budget	% to Budget	Prior Year
<b>Discharges:</b>				<b>Discharges:</b>			
952	1,007	-5.5%	1,001	2,785	2,885	-3.5%	2,770
136	133	2.3%	129	370	368	0.5%	361
25	30	-16.7%	28	70	85	-17.6%	78
226	219	3.2%	210	614	622	-1.3%	621
33	56	-41.1%	50	90	125	-28.0%	102
1,372	1,445	-5.1%	1,418	3,929	4,085	-3.8%	3,932
<b>Total Discharges</b>				<b>Total Discharges</b>			
<b>Patient Days:</b>				<b>Patient Days:</b>			
6,419	5,994	7.1%	5,895	19,234	17,172	12.0%	17,702
460	426	8.0%	410	1,331	1,178	13.0%	1,208
542	572	-5.2%	529	1,515	1,621	-6.5%	1,487
2,805	2,865	-2.1%	2,690	7,936	8,136	-2.5%	8,013
851	1,334	-36.2%	956	2,393	2,978	-19.6%	2,426
11,077	11,191	-1.0%	10,480	32,409	31,085	4.3%	30,836
<b>Total Days</b>				<b>Total Days</b>			
<b>Average Daily Census:</b>				<b>Average Daily Census:</b>			
207	193	7.1%	190	214	191	12.0%	195
15	14	8.0%	13	15	13	13.0%	13
17	18	-5.2%	17	17	18	-6.5%	16
90	92	-2.1%	87	88	90	-2.5%	88
27	43	-36.2%	31	27	33	-19.6%	27
357	361	-1.0%	338	360	345	4.3%	339
<b>Total ADC</b>				<b>Total ADC</b>			
<b>Average Length of Stay:</b>				<b>Average Length of Stay:</b>			
6.7	6.0	13.3%	5.9	6.9	6.0	16.0%	6.4
3.4	3.2	5.6%	3.2	3.6	3.2	12.4%	3.3
21.7	19.1	13.7%	18.9	21.6	19.1	13.5%	19.1
12.4	13.1	-5.1%	12.8	12.9	13.1	-1.2%	12.9
25.8	23.8	8.3%	19.1	26.6	23.8	11.6%	23.8
8.1	7.7	4.2%	7.4	8.2	7.6	8.4%	7.8
<b>Average Length of Stay</b>				<b>Average Length of Stay</b>			
<b>Occupancy:</b>				<b>Occupancy:</b>			
65.0%	65.6%	-1.0%	61.5%	65.5%	62.8%	4.3%	61.6%
81.4%	80.6%	1.0%	80.7%	82.0%	82.6%	-0.7%	78.6%
87.6%	80.6%	8.7%	82.3%	88.3%	82.6%	6.8%	82.0%
<b>% of acute licensed beds</b>				<b>% of acute licensed beds</b>			
<b>% of acute available beds</b>				<b>% of acute available beds</b>			
<b>% of acute staffed beds</b>				<b>% of acute staffed beds</b>			
<b>Case Mix Index:</b>				<b>Case Mix Index:</b>			
1.88	1.64	14.2%	1.59	1.87	1.71	9.3%	1.77
1.78	2.20	-19.0%	2.33	1.84	2.10	-12.4%	2.16
160	122	31.1%	131	507	340	49.1%	369
391	417	-6.2%	391	1,248	1,246	0.2%	1,209
654	667	-1.9%	626	1,800	2,047	-12.1%	1,894
28,293	32,093	-11.8%	30,557	85,176	89,475	-4.8%	85,179
5,289	5,719	-7.5%	5,430	15,229	16,242	-6.2%	15,427
41.1	40.0	2.8%	35.8	41.1	40.0	2.8%	35.8
6.2%	6.2%	-0.4%	6.8%	6.5%	6.2%	5.6%	6.9%
2,342	2,336	0.3%	2,357	2,481	2,307	7.5%	2,358
3.71	3.75	-1.1%	3.95	3.62	3.44	5.2%	3.95
\$ 11,781	\$ 11,878	-0.8%	\$ 11,058	\$ 12,449	\$ 11,679	6.6%	\$ 11,567
\$ 14,127	\$ 14,275	-1.0%	\$ 13,280	\$ 15,390	\$ 14,151	8.7%	\$ 14,518
<b>Net Revenue per Adjusted Discharge</b>				<b>Net Revenue per Adjusted Discharge</b>			
<b>Cost per Adjusted Discharge</b>				<b>Cost per Adjusted Discharge</b>			
<b>Terrace View Long Term Care:</b>				<b>Terrace View Long Term Care:</b>			
11,516	11,848	-2.8%	10,939	28,345	30,486	-7.0%	32,695
371	382	-2.8%	353	315	339	-7.0%	359
426	443	-3.8%	328	348	383	-9.0%	343
6.2	6.3	-1.0%	5.3	6.3	6.5	-3.1%	5.4
<b>Patient Days</b>				<b>Patient Days</b>			
<b>Average Daily Census</b>				<b>Average Daily Census</b>			
<b>FTE's</b>				<b>FTE's</b>			
<b>Hours Paid per Patient Day</b>				<b>Hours Paid per Patient Day</b>			

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

Erie County Medical Center Corporation  
Report to the Board of Directors  
Ronald J. Krawiec, Senior Vice President of Operations  
April 30, 2013

**LABORATORY – JOSEPH KABACINSKI**

Laboratory leadership and administration continue efforts to implement the ECMCC and Kaleida Health integrated laboratory service strategy. The project continues to be on schedule. The project Steering Committee meets weekly aiming at an August 2013 implementation date. This date is heavily dependent on the ability to interface the IT solutions.

A “Kickoff” event for joint ECMCC-KH workgroups with staff from ECMCC and KH was held on Wednesday, April 17. Workgroups were formed to address the areas of Operations and Logistics; Quality Assurance and Process Review; and Technical Capabilities and Technology. These groups will be involved in the hands-on portion of the integration of each and every test to assure quality and consistency continues. Supply chain personnel from KH and ECMCC have been pursuing common procurement options to reduce costs of consumables, reference lab testing and equipment purchases. ECMCC is also working with UB Pathology to integrate the professional Pathology services to provide a consistent seamless service to our doctors and patients.

The Chemistry Lab will upgrade our Siemens urinalysis analyzers to replace our current equipment that is over 7 years old. This upgrade will significantly improve test turn-around time and productivity and will result in a savings over current expenditures. Consideration was given to assure that the new equipment will be compatible with similar Kaleida equipment utilized in our consolidation.

**AMBULATORY SERVICES – BONNIE SLOMA**

The reorganization of the leadership in Ambulatory Care is near complete. All positions were in place by 4/22/2013 with the last program manager starting in late June.

The ambulatory service line management and improvement project is developing and evaluating the base data metrics to determine current level of performance improvement that will be targeted in each clinical area. Have established meetings with the Medical Directors of each ambulatory area to discuss scope of service along with their challenges, goals and objectives for the service line. The expected improvements are both clinical and financial with stated initiatives including patient experience, chronic disease management, throughput, improved coding, billing and financial outcomes, seamless coordination of specialty referrals and reduction of wait times and readmissions. Some early efforts have been with patient registration, Radiology, and Laboratory to improve times and coordination of patient throughput. Patient schedules and staff schedules are

being adjusted in order to triage patients throughout ambulatory visits to provide a better experience.

The Allscripts go-live in IMC and the four (4) sub-specialties started on March 18, 2013 and went extremely well. Parallel to the EMR effort, we have been completing the PCMH standards for IMC and Cleve Hill. PCMH certification is required by 12-31-13 as part of our HEAL NY grant. We are on target to meet the necessary level 2 requirements but are aiming for level 3.

## **PHARMACEUTICAL SERVICES – RANDY GERWITZ**

The Department of Pharmaceutical Services (DPS) is pleased to report a significant improvement in many of the chronic shortages that have been challenging the clinical staffs. Although several products continue to be in short supply most are of a non-critical nature at this time. We continue to work with our partners at the VHA and various pharmacy professional organizations to minimize the impact of shortages and decrease vulnerability associated with future interruptions in supply. The Director will be attending the VHA national meetings during the first week of May where shortages will be a topic of discussion.

The DPS is actively supporting several clinical trials which involve medications. The areas of medicine associated with trials include transplant, infectious diseases, cardiology and oncology.

The 100 new Omnicell bedside medication carts are now on site. All of the medical surgical areas have their allotment of new carts. The DPS is currently working with the Behavioral Health areas to roll out the remaining carts. ECMC has been selected as a beta testing site for Omnicell. This will place us at the cutting edge of medication security and dispensing technology and new product development. As part of this initiative, we will be upgrading both our production and test environment servers for Omnicell. The existing servers are approximately six years old and at the limits of their capacity.

The DPS is pleased to report that through the first 8 pay periods of 2013 we are exactly at budget for FTEs and overtime accounts for less than 1.5% of total hours. This is significant when considering the large amount of man hours being dedicated to projects such as CPOE, electron Medication Reconciliation, IV pump and medication cart upgrades as well as expanded clinical services and managing drug shortages.



# Chief Medical Officer

**ERIE COUNTY MEDICAL CENTER CORPORATION**  
**REPORT TO MEDICAL EXECUTIVE COMMITTEE**  
**BRIAN M. MURRAY, MD, CHIEF MEDICAL OFFICER**  
**APRIL 2013**

**UNIVERSITY AFFAIRS**

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

**PROFESSIONAL STEERING COMMITTEE**

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

**MEDICAL STAFF AFFAIRS**

See separate report by Sue Ksiazek for full details.

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

**CLINICAL ISSUES**

**TRANSITIONAL CARE UNIT AT ECMC**

The TCU bridges the transition from acute hospitalization to discharge home by delivering acute care services to patients no longer requiring acute care inpatient services but continue to need specialized medical, nursing, and/or restorative services before being ready for discharge. The ultimate goal is to assist patients in regaining their independence so that they may return home with confidence.

The following services are provided in the TCU:

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

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

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

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

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

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

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

1. Length of stay by primary DRG
2. Change in risk adjusted FIM score (Functional Independence Measure)

3. Change in ambulation distance by DRG
4. Change in assist scale
5. Readmission rates to acute hospital
6. % discharge to home
7. Pressure ulcer rate
8. Fall rate
9. Pain management results
10. Patient satisfaction survey results

## NY State ENACTS “RORY’S LAW”.

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

### 405.4 Medical staff.

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

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

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

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

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

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

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



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

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

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

(7) Collection and Reporting of Sepsis Measures.

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

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

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

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

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

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

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



# Senior Vice President of Nursing

**ERIE COUNTY MEDICAL CENTER CORPORATION**

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

**March, 2013**

**Community Outreach / Trauma Education:**

Linda Schwab, ECMC's Trauma Nurse Coordinator, gave a presentation to students of Lancaster High School on March 25<sup>th</sup> and Lakeshore High School on March 26<sup>th</sup>, on the topic of "Let's Not Meet by Accident".

**Diabetes Alert Day:**

RN Case Manager Andrew Grzeskowiak was a guest speaker on the Great Lakes Health Radio Program on Station WUFO, on March 20<sup>th</sup>. Andy spoke about the risk factors, statistics and treatment of Diabetes, and informed the listening audience about the upcoming *Diabetes Alert Day* scheduled for March 26<sup>th</sup>.

**Nursing Advisory Board Program:**

An educational program for our nursing staff took place on Thursday, March 14<sup>th</sup>. The Advisory Board presented on the topic of, "Instilling Accountability", which dealt with the topic of elevating staff performance. The program was well-attended by the Nursing Department.

**Nursing Leadership Presentation:**

As part of the 2013 Nursing Leadership Series, a presentation on the topic of "Engaging Frontline Staff" was given by Sr. Vice President Karen Ziemianski, at a lunch-time program on March 21<sup>st</sup>.

**National Nurses Week:**

In recognition of National Nurses Week, May 6-10, 2013, Masten District Majority Leader and Councilmember, Demone Smith, will have fresh flowers delivered to ECMC, one for each of our nurses. Our thanks to Majority Leader Smith for acknowledging the dedication and hard-work of our nursing staff by this very thoughtful gesture!



# Vice President of Human Resources

**ERIE COUNTY MEDICAL CENTER  
BOARD OF DIRECTORS  
HUMAN RESOURCES DEPARTMENT  
APRIL 23, 2013**

**I. CSEA NEGOTIATIONS**

All salary adjustments, bonus payments and retroactive adjustments for pay and health insurance have been made as of pay period 8.  
ECMCC and CSEA are engaged in impact negotiations regarding the Department of Laboratory Medicine.

**II. NYSNA NEGOTIATIONS**

NYSNA and ECMCC continue to negotiate the terms of a successor agreement. Negotiations are separate from Erie County's negotiations with NYSNA .

**III. TERRACE VIEW**

Workers Compensation report week of 3/31 – 4/6/2013:

# of new lost work days	1
# of employees performing modified duty	4
# of employees who returned to work	1
# employees on WC	11
# employees who retired	0
# of new occurrences	4
# of separations	0

Injuries:

- 1) Reaching over medication cart – low back pain
- 2) Rolling resident to do care – sprain left knee
- 3) Preventing resident from falling – pain in neck & shoulder
- 4) Bumped head on paper towel dispenser – contusion scalp

**IV. NURSING TURNOVER RATES**

January Hires – 4 FTES, 2 FTES Med/Surg & 2 FTES Behavioral Health. (3.5 LPN FTES hired, 1 FTE Med/Surg, 2.5 FTEs Behavioral Health)

January Losses – 6 FTES – 3 FTES Med/Surg (1 FTE new job), 2 FTES Critical Care (2 FTES relocation), 1 FTE QA (retire)

Turnover Rate .8% (.66% without retirees)

Quit Rate .8% (.66% without retirees)

Turnover Rate YTD .8% (.66% without retirees) .53% 2012

Quit Rate YTD .8% (.66% without retirees) .53% 2012

February Hires – 6 FTES & 1PT, 4.5 FTES & 1 PT Med/Surg, 1.5 FTES Behavioral Health. 10 FTES & 1 PT hired YTD (2 LPN FTES hired Med/Surg, 5.5 LPN FTES hired YTD)

February Losses – 5.5 FTES – 1FTE Behavioral Health resigned in lieu of term, 1 FTE ED relocation, 1 FTE Critical Care relocation, 1 FTE Hemo resign, 1 FTE OR transfer to Health Dept. & .5 FTE Clinics retired. 11.5 FTES lost YTD

Turnover Rate .73% (.66% without retirees)  
 Quit Rate .6% (.53% without retirees)  
 Turnover Rate YTD 1.53% (1.32% without retirees) .79% 2012  
 Quit Rate YTD 1.4% (1.19% without retirees) .66% 2012

March Hires – 4.5 FTES & 1 PT, 4.5 FTES Med/Surg. 14.5 FTES & 2 PT hired YTD. (1 LPN FTE hired Med/Surg, 6.5 LPN FTES hired YTD)

**V. POSITION MANAGER**

Openings by Facility:

<u>Site Name</u>	<u># of Openings</u>	<u># of FTES</u>
CASAC Grant	1	0
Cleve-Hill	2	1.4
Downtown Alco Clinic	1	1.0
Northern Erie Clinic	1	1.00
ECMC	276	324.39
Terrace View	62	36.75
Totals:	343	364.55

New Hires by Source (date range 1/2/13 – 4/16/13):

<u>Name of Source</u>	<u># of New Hires</u>
Non-selected	19
America’s Job Exchange	2
Employee Referral	70
Healthcaresource.com	14
Internal Transfer	104
Other	161
Job Fair	5
Total:	375

Number of Applicants (date range 1/2/13 – 4/16/13):	8,177
Number of New Hires (date range 1/2/13 – 4/16/13):	244
Number of Jobs Filled (date range 1/2/13 – 4/16/13):	375



# Chief Information Officer



## HEALTH INFORMATION SYSTEM/TECHNOLOGY

April 2013

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

### **Clinical Automation/Strategic Initiatives.**

**Great Lakes Health Care System - Lab Integration.** Continue to work in collaboration with the Kaleida Health's IST team and Clinical Steering committee to finalize the workflow model and to begin development of the anatomical pathology and reference model configuration. Both teams are striving toward an August deliverable date. **Cardiovascular (CVIS) System Integration.** We are in the developmental stages to investigate opportunities for system consolidation of the cardiovascular information system with Kaleida Health's solution. I will provide further information regarding opportunities.

**Allscripts Ambulatory Clinic Electronic Medical Record.** Continue to work with the ambulatory clinic leadership to transition the Internal Medicine Clinic from go live support to maintenance. This includes providing post go live training to all staff members and transition to the super user model as first level support. We are working with system and workflow optimization, PCMH configuration and reporting and developing physician training schedule for the upcoming year.

**ARRA Meaningful Use - Inpatient and Outpatient Report Card.** Continue to monitor MU stage 1 for inpatient through the Clinical Informatics Steering Committee. To date, we are maintaining the appropriate reporting mechanisms required for MU Stage 1. In preparation for MU Stage 2, we have begun the Meditech 5.66 upgrade project. We will be placing the upgrade in test on May 16<sup>th</sup>. We will begin testing and validation using an interdisciplinary team. Anticipated go live is projected for mid-August.

**Inpatient Computer Physician Order Entry (CPOE) and Medication Reconciliation.** Working the clinicians and nursing staff from Rehab (8 zone 3 and 4); we have successfully implemented our first inpatient medical area for CPOE and limited medication reconciliation. This involved changes in workflow and the development of the electronic based order sets. Percentage of provider orders being placed electronically is approximately 93%. A job well done by all departments involved! Next area to be brought up on CPOE is transitional care unit. We will be focusing our attention on the order set vendor selection and optimization of the CPOE process with the tools from Meditech 5.66 upgrade.

**Staffing Updates.** We are successfully recruited for the following positions: Clinical Informatics Educator, Dawn Rizzo, Network Analyst, Jason Dunst, Senior Computer Support, Kevin Griffin and Pharmacy Clinical Informatics, Michael Kalita. They are a welcomed addition to our team and will assist with meeting the growing IT needs of the organization.





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

**Marketing and Development Report**  
**Submitted by Thomas Quatroche, Jr., Ph.D.**  
**Sr. Vice President of Marketing, Planning and Business Development**  
**April 30, 2013**

**Marketing**

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

**Planning and Business Development**

Cardiac CON for PCI and EP transfer submitted  
Operation room expansion planning meetings in progress  
Medical Office Building CON filed  
Planning underway for Orthopedic Floor  
Coordinating integration of cardiac services with GVI  
Working with Professional Steering Committee  
Developing primary care and specialty strategy and have had multiple confidentiality agreements signed  
Primary care practices growing and specialties seeing patients at locations

**Media Report**

- **Buffalo Business First: ECMC Cleared for \$6.6M outpatient move.** Erie County Medical Center was approved by state health officials for a \$6.6 million project to relocate outpatient services outside of the hospital into a medical office on the campus.
- **Buffalo Business First; WKBW-TV, Channel 7: ECMC opens special unit designed to reduce patient stays.** ECMC opened the region’s first Transitional Care Unit, which is designed to reduce the number of days Medicare patients remain in the hospital while still maintaining care levels.
- **Western New York Catholic: Hospital chaplains mark Donate Life Month in April.** Erie County Medical Center’s Trauma chaplain, Father Francis “Butch” Mazur talks to patients and families about organ donation and answers questions they may have about faith regarding donation.
- **WIVB-TV, Channel 4; WBFO, FM Radio 88.7: UNYTS, ECMC celebrate Donate Life Month.** With hundreds of people across the country added every day to a waiting list because they need an organ, Erie County Medical Center teams up with UNYTS to celebrate April as Donate Life month.

**Community and Government Relations**

Lifeline Foundation Mobile Mammography Unit has screened over 800 women  
Several tours held with community leaders and potential donors  
Continuing to work with other PBC hospitals on legislation and advocacy efforts and currently working with them on “pension smoothing” efforts  
Working with other NY State PBC’s on NYS Medicaid waiver.



# **Executive Director, ECMC Lifeline Foundation**

Featuring  
**“KC and The Sunshine Band”**

With sales of over 100 million records, nine Grammy nominations, three Grammy Awards and an American Music Award, KC and The Sunshine Band is credited with changing the sound of modern pop music and are still as widely popular today as they were when they first danced into the music scene. Harry Wayne Casey – KC for short – developed a unique fusion of R&B and funk, with a hint of a Latin percussion groove. KC’s songs have stood the test of time and you can ask any one of the thousands of fans who spend the entire concert on their feet, dancing and shaking their booty.

Their first record, BLOW YOUR WHISTLE, made the top 15 on the R&B chart. Their second album, KC & THE SUNSHINE BAND, was released in 1975, went triple platinum and contained the #1 hits GET DOWN TONIGHT, THAT’S THE WAY (I LIKE IT), BOOGIE SHOES and ROCK YOUR BABY. KC & The Sunshine Band became the first act to score four #1 pop singles in one 12-month period and three of those singles crossed over to become #1 R&B as well.

KC’s third album, PART 3, also went triple platinum and contained the #1 singles I’M YOUR BOOGIE MAN, SHAKE YOUR BOOTY and KEEP IT COMIN’ LOVE. The band’s string of hit singles continued with BOOGIE SHOES, which was included on the SATURDAY NIGHT FEVER soundtrack, PLEASE DON’T GO, YES, I’M READY, and GIVE IT UP.



See back panel for the evening’s entertainment lineup!

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The ECMC Lifeline Foundation  
 Cordially Invites You to Attend Our  
 24<sup>th</sup> Annual Black Tie Gala



# Springfest Gala 2013



Supporting  
*The Difference Between Healthcare and True Care*  
 Saturday, May 11, 2013  
 Buffalo Niagara Convention Center

6:00 pm  
 The Carol McLaughlin Quintet  
 Cocktails & Hors d'oeuvres

7:15 pm  
 Dinner Seating  
 Distinguished Service Awards  
 KC and The Sunshine Band  
 Junction West

### HONORING:

**Distinguished Physician Award**  
**MICHAEL MANKA, MD**  
*Chief of Service, Department of Emergency Medicine, ECMC*

**Distinguished Nursing Award**  
**PEGGY CRAMER, RN, MS**  
*Vice President, Trauma and Emergency Services, ECMC*

**Distinguished Service Award**  
**DOUGLAS BAKER**  
*Founder and President, Mercy Flight, Inc.*

**Black Tie**

Complimentary valet car service at the Franklin Street entrance

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## 2013 Springfest Entertainment

Grammy Award Winning  
 KC and The Sunshine Band



Junction West



Junction West. Mention those two words to any 35-50 year old and a whole flood of memories appear. Prom night, high school dances and discoing at a local club are all synonymous with Junction West. In short, for many Buffalonians, Junction West was the 70's.

Their sound was solid funk. Their appeal was outstanding. Junction West became the house band at the Executive in the 70's and spent three years in that same role with The Scintas at the Playboy Club. Junction West toured up and down the east coast as far north as Canada and as far south as the Florida Keys. The band has opened for Average White Band and Brownsville Station. They enjoy a loyal following wherever they play.

The Carol McLaughlin Jazz Quintet



Saxophonist Carol McLaughlin is a leading Buffalo jazz musician and bandleader and has appeared in concert with Johnny Mathis and Sammy Davis, Jr. to name a few. Mr. McLaughlin led his group Magnitude for ten years at the Anchor Bar. His big band and small ensembles have performed at area venues and events for decades.



Janice Mitchell & The Jim Beishline Trio



Janice Mitchell, draws upon gospel roots to deliver jazz standards, R&B, & blues vocals in her soulfully unique fashion. Janice's extensive musical background includes five world tours as a backup singer for Ray Charles (as a Raelette). She has also performed live as a backup vocalist for Stevie Wonder, Fabian, and others. Ms. Mitchell has recorded with a long list of musical giants including Nancy Wilson and Melba Moore to name a few. Jim Beishline has accompanied nationally known pop and blues artists, including Aretha Franklin, Chuck Berry, and Muddy Waters, when they performed in the Western NY area. He has also played piano for numerous local recording artists. His trio along with Janice Mitchell were named Buffalo's Best Jazz Small Band.

# RSVP

Please respond no later than April 27, 2013



### Sponsorship Levels:

- Gold **\$10,000**
- Silver **\$5,000**
- Bronze **\$3,500**

Please call 898-5800 for sponsorship details.

- Table Host **\$2,500** Table of ten
- Individual Tickets \_\_\_\_\_ at **\$250** Per person
- I/We are unable to attend. Enclosed is a donation to the ECMC Lifeline Foundation

**Method of Payment:** Credit Cards by phone at 898-5800 or through PayPal at **www.ecmclifeline.org**

- Check (made payable to ECMC Lifeline Foundation)  Credit card
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- MasterCard  Discover

Credit Card Number \_\_\_\_\_

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Please list table guests on the back of this card and return to:  
ECMC Lifeline Foundation • 462 Grider Street, Suite G-1, Buffalo, NY 14215

# RSVP

## Table Guests

Please list the names of table guests:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

6 \_\_\_\_\_

7 \_\_\_\_\_

8 \_\_\_\_\_

9 \_\_\_\_\_

10 \_\_\_\_\_



*For more information or for special dietary requests of attendees,  
please call Susan Gonzalez or Stacy Roeder at 898-5800.*

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# **NEW BUSINESS**

**OLD  
BUSINESS**



# **Medical-Dental Executive Committee**

**MEDICAL EXECUTIVE COMMITTEE MEETING  
MONDAY, MARCH 25, 2013 AT 11:30 A.M.**

**Attendance (Voting Members):**

D. Amsterdam, PhD	C. Gogan, DDS	
Y. Bakhai, MD	R. Hall, MD, DDS, PhD	
V. Barnabei, MD	M. LiVecchi, MD	
W. Belles, MD	K. Malik, MD	
G. Bennett, MD	M. Manka, MD	
M. Chopko, MD	M. Panesar, MD	
H. Davis, MD	K. Pranikoff, MD	
T. DeZastro, MD	P. Stegemann, MD	
N. Ebling, DO	R. Venuto, MD	
W. Flynn, MD	J. Woytash, MD	

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

A. Stansberry, PA	R. Gerwitz	
B. Murray, MD	R. Krawiec	
R. Cleland	C. Ludlow, RN	
J. Lomeo	A. Victor-Lazarus, RN	
S. Ksiazek	M. Sammarco	
A. Orlick, MD	K. Ziemianski, RN	

**Excused:**

M. Azadfard, MD	J. Izzo, MD	
S. Cloud, DO	J. Kowalski, MD	
N. Dashkoff, MD	T. Loree, MD	
R. Desai, MD	J. Reidy, MD	
S. Downing, MD	R. Schuder, MD	
R. Ferguson, MD		

**Absent:**

None		

**I. CALL TO ORDER**

- A. Dr. Timothy DeZastro, Treasurer, 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.

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

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

- 1. CSEA AGREEMENT** – Mr. Lomeo announced the ratification of an agreement between CSEA and the hospital directly which has never been accomplished before. It is a seven year agreement and includes some significant changes to their contract which benefit both the employees and the hospital.
- 2. TERRACE VIEW** – Mr. Lomeo indicated that there have been some minor challenges blending the additional staff into the campus but progress is steady.
- 3. FINANCIALS** – 2012 finished with a surplus of \$1 million. Mr. Lomeo thanked everyone for their hard work and support. Reimbursements are expected to decline going forward making the financial success of the hospital challenging. \$1.7 million loss was reported in the month of February which reflects the lower reimbursements.
- 4. CAMPUS UPDATES** – Construction and parking changes continue. No significant updates at this time.
- 5. MARKETING** – New TV and radio commercials are being filmed and recorded and will be released in the coming weeks.

#### **B. FINANCIAL REPORT – Michael Sammarco, CFO**

- a. FINANCIALS** – Volumes were strong in the first two months of the year. LOS was slightly longer than desired and expenses were high which resulted in some bottom line losses. A plan has been developed by Executive Management to address expense reduction and opportunities for increased revenue. Financials were audited and will be approved by the Board of Directors at the March 27, 2013 meeting.

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

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

This week will see the investment of the new Chair for the Department of Microbiology, Dr James Bangs.  
Searches continue for new Chairs in Orthopedics and Family Medicine. Dr. Philip Stegemann has been appointed interim Chair for Orthopedics and Dr. Dan Morelli, interim Chair for Family Medicine.

**B. PROFESSIONAL STEERING COMMITTEE**

A meeting of the Committee took place on Monday, March 18<sup>th</sup>. Dr. Murray provided a verbal report.

**C. MEDICAL STAFF AFFAIRS**

Provided via Director of Physician Quality and Education report.

**D. CLINICAL ISSUES**

UTILIZATION REVIEW	December	January	February	vs. 2012 YTD
Discharges	907	957	872	up 2.8%
Observation	150	190	157	up 50.2%
LOS	6.5	6.6	6.5	down 2.9%
ALC Days	212	306	326	down 48.4%
CMI	2.15	1.94	1.92	down 5.2%
Surgical Cases	831	868	899	down 4.0%
Readmissions (30d)	NA	NA		

**1. CARDIOVASCULAR SERVICES.**

As of March 1<sup>st</sup> ECMC has ceased performing open heart surgery and percutaneous cardiac interventions. 5 patients have been transferred to the GVI for such procedures and one trauma patient has been operated on by the on-call cardiac surgeon though the patient did not need bypass.

**2. DELINQUENT CHARTS**

This month the level of delinquent charts again rose to more than 900 with one practitioner having as many as 90 delinquent charts. Letters were sent by the President and CMO to seven individuals who had been on the delinquent list for >90 days and had >20 charts delinquent warning them that unless these charts were completed by march 31<sup>st</sup> they would be referred to the Medical Executive Committee for corrective action. Some issues with pDoc have arisen that we are trying to address also.

**3. NEW CMS RULES ON ORDERING/REFERRING PHYSICIANS**

Effective **May 1, 2013**, CMS will turn on the edits to deny Part B, DME, and Part A HHA claims that fail the ordering/referring provider edits. Once the edit activates, if the billed service requires an ordering/referring

provider and the ordering/referring provider is not identified on the claim, the claim will not be paid. If the ordering/referring provider is identified on the claim, but is not enrolled in Medicare, the claim will not be paid. In addition, if the ordering/referring provider is identified on the claim, but is not of a specialty that is eligible to order/refer, the claim will not be paid. CMS encourages laboratories, imaging centers, DMEPOS suppliers, and HHAs to work with their ordering/referring providers to ensure they are prepared for this change.

The Affordable Care Act requires physicians or other eligible professionals to enroll in the Medicare Program to order/refer items or services for Medicare beneficiaries. Since some physicians or other eligible professionals do not and will not send claims to a Medicare Contractor for the services they furnish, and, therefore are not enrolled in the Medicare Program, the Centers for Medicare & Medicaid Services (CMS) permits such physicians or other eligible professionals to enroll for the sole purpose of ordering/referring items or services for Medicare beneficiaries.

The following types of physicians and non-physician practitioners of a certain specialty type should use **Form CMS-855O or its Internet-based PECOS** equivalent to enroll in Medicare for the purpose of ordering/referring items or services for Medicare beneficiaries:

- Physicians/practitioners employed by Indian Health Service (IHS) or tribal organizations;
- Physicians/practitioners employed by Medicare-enrolled Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), or Critical Access Hospitals (CAHs);
- Physicians/practitioners employed by the Department of Defense (DOD)TRICARE program;
- Physicians/practitioners employed by the Department of Veterans Affairs (DVA);
- Physicians/practitioners employed by the Public Health Service (PHS);
- Dentists, including oral surgeons;
- Pediatricians; and
- **Interns, residents, and fellows.**

**NOTE:** The Final Rule mandates that all interns and residents who order/refer specify the name and National Provider Identifier (NPI) of a teaching physician on the claim. The Final Rule states that state-licensed residents may enroll to order/refer and may be listed on claims. Claims for covered items and services from unlicensed interns and residents must still specify the name and NPI of the teaching physician. However, if states provide provisional licenses or otherwise permit residents to order/refer



services, CMS allows interns and residents to enroll to order/refer, consistent with State law.

4. SEQUESTRATION CUTS TAKE EFFECT APRIL 1<sup>ST</sup>

CMS formally issued guidance Friday on how the agency will implement budget sequestration for Medicare providers. In general, Medicare Fee For Service claims with dates-of-service or dates-of-discharge on or after April 1, 2013, will incur a 2 percent reduction in Medicare payment. Beneficiary payments for deductibles and coinsurance are not subject to the 2 percent payment reduction.

5. CHOOSING WISELY RECOMMENDATIONS FOR HOSPITAL MEDICINE

The Society of Hospital Medicine (SHM) created a Choosing Wisely® subcommittee comprised of representatives of the Hospital Quality and Patient Safety committee and included diverse representation of academic, community and adult hospitalists. SHM committee members submitted 150 recommendations for consideration, which were discussed for frequency of occurrence, the uniqueness of the tests and treatments and whether the cost burden for a specific test or treatment proved to be significant, narrowing the list to 65 items. The Choosing Wisely subcommittee ranked these items and a survey was sent to all SHM members to arrive at 11 recommendations of which the final five were determined utilizing the Delphi method. SHM's Board approved the final recommendations.

1. Don't place, or leave in place, urinary catheters for incontinence or convenience or monitoring of output for non-critically ill patients (acceptable indications: critical illness, obstruction, hospice, perioperatively for <2 days for urologic procedures; use weights instead to monitor diuresis).
2. Don't prescribe medications for stress ulcer prophylaxis to medical inpatients unless at high risk for GI complications.
3. Avoid transfusions of red blood cells for arbitrary hemoglobin or hematocrit thresholds and in the absence of symptoms of active coronary disease, heart failure or stroke.
4. Don't order continuous telemetry monitoring outside of the ICU without using a protocol that governs continuation.
5. Don't perform repetitive CBC and chemistry testing in the face of clinical and lab stability.

**VII. ASSOCIATE MEDICAL DIRECTOR REPORT – John Fudyma, MD**

- A. No report.

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

- A. Written report provided.
  - a. **Doctor’s Day Breakfast** – Wednesday, March 27, 2013 – Staff Dining Room.
  - b. **Medical Staff Meeting Announcement** – April 17, 2013
  - c. **Physician Leadership Program** – March 6<sup>th</sup> – Ms. Ksiazek reports that the surveys reflect a high rate of satisfaction with the presenters and the program. The next program will focus on the group discussion and will likely include only one presenter to afford more time for open discussion.
  - d. **Parking and Campus Security** – Changes will go into effect in May. New badges will be generated without need to have a new photo taken for physicians and residents.

**IX. LIFELINE FOUNDATION – Susan Gonzalez**

- A. **SPRINGFEST** – See motion under consent calendar, “New Business, Letter F.”
- B. **PHYSICIAN’S FUND** -

**X. CONSENT CALENDAR**

	MEETING MINUTES/MOTIONS	ACTION ITEMS
<b>A.</b>	<b>MINUTES OF THE Previous MEC Meeting: February 25, 2013</b>	Received and Filed
<b>1.</b>	<b>CREDENTIALS COMMITTEE: Minutes of March 5, 2013</b>	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
<b>1.</b>	<b>HIM Committee: Minutes of February 28, 2013</b>	Received and Filed
	1. Rehab H & P Template for PDOC	Reviewed and Approved
	2. Ophthalmology Pre-Operative Orders	Reviewed and Approved
	3. Pre-Operative Testing Orders	Reviewed and Approved
	4. Physician Discharge Order Form	Reviewed and Approved
	5. TCU PDOC H & P – History of Present Illness Form	Reviewed and Approved
<b>2.</b>	<b>P &amp; T Committee Meeting – March 6, 2013 Minutes</b>	Reviewed and Approved
	1. Recommend retaining antifungal testing at ECMCC - approve	Reviewed and Approved
	2. The Abbott Nutritionals Proposed Falls Algorithm for Acute Rehabilitation was tabled at the February P&T Meeting – approve correction.	Reviewed and Approved
	3. Cyanide Antidote Kits – delete from the Formulary	Reviewed and Approved
	4. Azacitidine – add to Formulary	Reviewed and Approved
	5. Bendamustine – add to Formulary	Reviewed and Approved

	MEETING MINUTES/MOTIONS	ACTION ITEMS
	6. Bortezomib – add to Formulary	Reviewed and Approved
	7. Carfilzomib – add to Formulary	Reviewed and Approved
	8. Decitabine – add to Formulary	Reviewed and Approved
	9. TI-43 LMWH – accept revisions	Reviewed and Approved
	10. IV-06 - Cytotoxic & Biotherapeutic Agents – accept revisions	Reviewed and Approved
	11. TI-31 HS Administration of Atypical Antipsychotics – accept review	Reviewed and Approved
	12. TI-32 Paliperidone - accept review	Reviewed and Approved
	13. TI-33 Bupropion - accept review	Reviewed and Approved
	14. TI-34 Carvedilol - accept review	Reviewed and Approved
	15. TI-36 Lactobacillus Acidophilus - accept review	Reviewed and Approved
	16. TI-37 Loop Diuretics - accept review	Reviewed and Approved
	17. TI-38 Acetaminophen - accept review	Reviewed and Approved
	18. TI-39 Ophthalmic Antihistamines and Decongestants - accept review	Reviewed and Approved
	19. TI-40 Fosphenytoin - accept review	Reviewed and Approved
	20. TI-42 Parenteral Iron Preparations - accept review	Reviewed and Approved
	21. TI-45 Antiemetic - accept review	Reviewed and Approved
	22. TI-46 Quetiapine - accept review	Reviewed and Approved
	23. TI-47 Oral Vancomycin - accept review	Reviewed and Approved
	24. TI-48 Itraconazole - accept review	Reviewed and Approved
3.	<b>Clinical Informatics Committee – January 28, 2013 Minutes</b>	Received and Filed

**X. CONSENT CALENDAR, CONTINUED**

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

**MOTION UNANIMOUSLY APPROVED.**

**B. MOTION: POLICY: Artificial Airways, Care of.**

**MOTION UNANIMOUSLY APPROVED.**

**C. MOTION: POLICY: Code of Conduct Policy**

**Discussion:** Dr. Murray provided a review of the changes to the policy.

**MOTION UNANIMOUSLY APPROVED.**

**D. MOTION: Nurses’ Week Request - \$4,500 (Treasurer Request)**

Provide financial support for the ECMC 2013 Nurses Week Celebration Lunch not to exceed \$4,500. This will be provided via the ECMC Medical Dental Staff Treasury.

**MOTION UNANIMOUSLY APPROVED.**

**E. MOTION: Lab Week Request - \$1,550 (Treasurer Request)**

Provide financial support for the ECMC 2013 Lab Week Celebrations not to exceed \$1,550. This will be provided via the ECMC Medical Dental Staff Treasury.

**MOTION UNANIMOUSLY APPROVED.**

**F. MOTION: Lifeline Foundation Springfest Gala Support - \$2,000**  
(Treasurer Request)

Provide financial support of \$2,000 to the ECMC Lifeline Foundation Springfest 2013 with the purchase of one (1) outstanding employee table.

**MOTION UNANIMOUSLY APPROVED.**

**XII. OLD BUSINESS**

**A. NONE**

**XIII. NEW BUSINESS**

**A. REMINDER: Medical Staff Meeting – April 17, 2013 – 6:00 p.m. – Staff Dining Room.**

**XIV. ADJOURNMENT**

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

Respectfully submitted,



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

# Reading Material



**From the  
Chief Executive Officer**

From the Business First

:[http://www.bizjournals.com/buffalo/blog/morning\\_roundup/2013/04/ecmc-cleared-for-66m-outpatient-move.html](http://www.bizjournals.com/buffalo/blog/morning_roundup/2013/04/ecmc-cleared-for-66m-outpatient-move.html)

Apr 9, 2013, 6:57am EDT

## ECMC cleared for \$6.6M outpatient move



Tracey Drury

Buffalo Business First Reporter- *Business First*

[Email](#) | [Twitter](#) | [LinkedIn](#) | [Google+](#)

**Erie County Medical Center** was okayed by state health officials for a \$6.6 million project to relocate outpatient services outside of the hospital into a medical office on the campus.

The hospital was notified last week it received contingent approval to relocate outpatient services from the main hospital into the medical office building that opened last year on campus.

The project includes moving both clinic space for the head and neck program, oncology and plastics, as well as existing medical office rental space for a primary care practice.

Hospital officials filed plans with the state Department of Health in late December requesting permission to relocate the space and have all clinical space in the medical office building approved for future hospital use. The plan was approved through the certificate-of-need process by administrative review.

Richard Cleland, COO, has said the project allows for more advanced space for service lines that have been added in recent years.

The medical office building houses an outpatient dialysis program on its ground floor, while operating rooms will be built on the first floor as part of a \$15 million expansion. The outpatient services will be housed on the second floor, with clinical rental space to be located on the third floor.

Other services coming into the building include Physician Care P.C., the primary care practice of Dr. Howard Sperry, which will move from the David K. Miller Building.

Tracey Drury covers health/medical, nonprofits and insurance

## WKBW - TV Buffalo, New York

[Print this article](#)

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# ECMC Opens Special Unit Designed to Reduce Patient Stays

*Originally printed at <http://www.wkbw.com/news/local/ECMC-Opens-Special-Unit-Designed-to-Reduce-Patient-Stays-200250271.html>*

By WKBW News  
March 27, 2013

BUFFALO, NY (WKBW Release) – Erie County Medical Center today opened the region’s first Transitional Care Unit, which is designed to reduce the number of days Medicare patients remain in the hospital, while still maintaining care levels.

A Transitional Care Unit – a less-costly and reimbursable service – is set up to reduce the number of days spent in the hospital’s medical/surgical care areas by Medicare patients whose hospital stays exceed the necessary time periods covered by appropriate reimbursement rates.

Patients who will receive care in the TCU, which at ECMC is described by the state as a “demonstration project,” are medically stable and have clear prognoses, but are still quite ill. The hospital estimates about 400 patients will use the 19-bed TCU in 12 months. Another advantage of the unit is that specific rehabilitation can begin when a patient arrives in the 6th floor facility.

Also eligible for the unit are patients with complex conditions and/or those requiring costly care; or, patients who will be discharged to home within a few days.

“The main purpose of the unit is better care for our patients,” said Jody L. Lomeo, ECMC’s CEO. “The TCU is a unique care model that continues to make ECMC an innovator in Western New York.”

The New York State Department of Health approved the unit in September 2011, pending submission of final construction plans.

“The fact that the Department of Health approved this project validates the quality of our proposal and that establishing a Transitional Care Unit ‘demonstration project’ sets a more appropriate standard for care of this patient population across the state,” explained Richard Cleland, ECMC’s chief operating officer.



The closest similar units are in Binghamton, Champlain and on Long Island.

On an average day at ECMC, 24 medical-surgical beds are occupied by some patients for whom Medicare eligibility is exhausted. The medical center should discharge these patients more expeditiously, typically to Medicare Skilled Nursing Facility beds, for which Medicare would pay for extended convalescence.

However, a sufficient number of Medicare SNF beds are not available in Western New York. Patients in ECMC's TCU will not be accepted from outside the hospital.

The TCU will meet some of the need for additional beds, providing a unit that will administer the appropriate level of care that is also Medicare-reimbursable. The TCU will appropriately be used to provide care for the most complex and costly patient conditions, while freeing ECMC's medical-surgical beds for patients requiring necessary medical-surgical care.

# Hospital chaplains mark Donate Life Month in April

Father Francis "Butch" Mazur from the Erie County Medical Center, and Father Richard "Duke" Zajac from Sisters of Charity Hospital are both hospital chaplains. They counsel families when they are at their lowest point, when a loved one is dying. They even talk about organ donation and answer questions they may have about faith regarding donation.

Father Zajac has been a staff chaplain at Sisters Hospital since 1982. He's an author, community leader and chairs the hospital ethics committee. All this helps when he meets with families about making difficult end of life decisions. Father Zajac has been a supporter of organ donation for years, serving on the Unyts board for several years. Unyts is the organ, eye, tissue and community blood center of Western New York.

"Organ donation salvages some sort of positive gain for what is a horrific tragedy. It's incredibly enriching for me to be there for the families during a difficult time," Father Zajac said, with compassion clearly evident in his eyes.

He said there are some families who are very supportive of organ donation, and then there are others, who won't even consider it.

"Which is truly tragic," he said.

Father Mazur takes a similar approach when it comes to his work as hospital chaplain at ECMC. He is part of the trauma team at the hospital. Along with physicians, nurses, social workers and nurse managers, Father Mazur

does regular rounds on the trauma floor, getting updates on patients.

He offers pastoral care to patients and their families, even hospital staff who may have a tough time dealing with the emotional part of a difficult job. Being at a trauma hospital, he is always providing updates to families



COURTESY OF UNYTS

Father Butch Mazur checks on information at the Erie County Medical Center in Buffalo.

on patient conditions and is there to offer comfort when medical care can only go so far.

He's there for some of the worst situations for families. In cases where death is imminent, he works with Family Services representatives from Unyts. They discuss options for approaching families in possible organ donation cases.

"People ask to pray a lot," he says, noting how important it is to understand the family dynamic of each patient. "The range of emotions is very different with each family member." Being there to offer support and allowing them to vent their feelings helps through the process.

"To know that a loved one is going to live on in another person and maybe several others does help," Father Mazur said.

He's always there when families put a lock of their loved one's hair in a remembrance box. The hospital also gives all donor families blankets for their loved one, donated by one of the nurses whose husband was an organ donor. When asked his feelings on organ donation, Father Mazur doesn't hesitate to tell a very personal story.

His sister was the victim of a hit and run accident 25 years ago. When she was taken to the hospital, they knew immediately that she wouldn't survive.

"Had they asked us if our family would consent to donation, we would have said 'yes,' but we were never asked. It wasn't that common back then."

# UNYTS, ECMC celebrate Donate Life month

Updated: Monday, 25 Mar 2013, 12:34 PM EDT  
Published : Monday, 25 Mar 2013, 12:34 PM EDT

- Luke Smith
- Posted by: Emily Lenihan

BUFFALO, N.Y. (WIVB) - Every day, hundreds of people across the country are added to a waiting list because they need an organ. UNYTS is teaming up with ECMC to celebrate April as Donate Life month.

**RELATED** | Last year, News 4 learned about a woman who serendipitously hired a painter who had received her son's kidney years before.

UNYTS says more than 800 people in western New York are waiting for life-saving organs right now. Monday, a local mother explained how her seven-year-old son died in a car crash, and his organs went on to save several lives.

UNYTS is western New York's only organ, eye, tissue and community blood center.

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