

# ECMC Board of Director's Regular Board Meeting

Apr 28, 2015 at 04:30 PM - 06:30 PM

Staff Dining Room

462 Grider Street

Buffalo

# AGENDA

REGULAR MEETING OF THE BOARD OF DIRECTORS  
ERIE COUNTY MEDICAL CENTER CORPORATION  
TUESDAY, APRIL 28, 2015

- I. CALL TO ORDER: KEVIN M. HOGAN, ESQ., CHAIR
- II. PATIENT EXPERIENCE – MICHELLE WIENKE, CXO
- III. APPROVAL OF MINUTES OF MARCH 31, 2015 REGULAR MEETING OF THE BOARD OF DIRECTORS
- IV. RESOLUTIONS MAY BE DISTRIBUTED TO THE BOARD OF DIRECTORS DURING THE MEETING ON APRIL 28, 2015.
- V. EXECUTIVE SESSION
- VI. RETURN TO OPEN SESSION
- VII. REPORTS FROM STANDING COMMITTEES OF THE BOARD:

EXECUTIVE COMMITTEE:	KEVIN M. HOGAN, ESQ.
BUILDING & GROUNDS COMMITTEE:	RONALD BENNETT
FINANCE COMMITTEE:	MICHAEL A. SEAMAN
QI PATIENT SAFETY COMMITTEE:	DOUGLAS BAKER
- VIII. REPORTS FROM SENIOR MANAGERS OF THE CORPORATION:
  - A. PRESIDENT & CHIEF OPERATING OFFICER AND INTERIM CEO
  - B. CHIEF FINANCIAL OFFICER
  - C. SR. VICE PRESIDENT OF OPERATIONS - MARY HOFFMAN
  - D. VICE PRESIDENT POST-ACUTE CARE
  - E. CHIEF MEDICAL OFFICER
  - F. SENIOR VICE PRESIDENT OF NURSING
  - G. EXECUTIVE DIRECTOR DSRIP
  - H. INTERIM VICE PRESIDENT OF HUMAN RESOURCES
  - I. SR. VICE PRESIDENT OF MARKETING & PLANNING
  - J. EXECUTIVE DIRECTOR LIFELINE FOUNDATION
- IX. REPORT OF THE MEDICAL/DENTAL STAFF: MARCH 23 , 2015
- X. ADJOURN

ERIE COUNTY MEDICAL CENTER CORPORATION

MINUTES OF THE REGULAR MEETING  
OF THE BOARD OF DIRECTORS

TUESDAY, MARCH 31, 2015

STAFF DINING ROOM

---

Voting Board Members  
Present:

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

Jonathan Dandes  
Sharon L. Hanson  
Michael Hoffert  
Anthony Iacono  
Dietrich Jehle, M.D.  
Thomas P. Malecki, CPA  
Michael A. Seaman

Voting Board Member  
Excused:

Kevin M. Hogan, Esq.

Joseph Zizzi, Sr., M.D.

Non-Voting Board  
Representatives Present:

Richard C. Cleland  
James Lawicki

Kevin Pranikoff, MD

Also Present:

Donna Brown  
Anthony Colucci, Esq.  
Janique Curry  
Stephen Gary  
Mary Hoffman  
Chris Koenig  
Frank B. Mesiah

Susan Ksiazek  
Ronald Krawiec  
Charlene Ludlow  
Lori Roepkin  
Thomas Quatroche  
Karen Ziemianski

---

**I. CALL TO ORDER**

Secretary, Sharon L. Hanson called the meeting to order at 4:30 P.M.

Ms. Hanson introduced and welcomed ECMC's newly elected voting Board member, Jonathan Dandes.

Janique Curry provided a handout to the Board outlining the MWBE accomplishments for 2014-2015, a summary of current status and plans for the future. ECMCC actively ensures minority business enterprises have a fair opportunity to participate in business opportunities and procurement in construction, goods and professional services.

**II. APPROVAL OF MINUTES OF FEBRUARY 24, 2015 REGULAR BOARD MEETING.**

Moved by Bishop Michael Badger and seconded by Thomas Malecki

**Motion approved unanimously.**

**III. ACTION ITEMS**

A. Resolution Authorizing MWBE and Small Business Discretionary Purchases.

Moved by Dietrich Jehle, MD and seconded by Douglas Baker

**Motion Approved Unanimously**

B. Resolution Approving ECMCC's Minority and Women-Owned Business Utilization Policy

Moved by Michael Hoffert and seconded by Anthony Iacono

**Motion Approved Unanimously**

C. Resolution Approving Investment Guidelines

Moved by Anthony Iacono and seconded by Dietrich Jehle, MD

**Motion Approved Unanimously**

D. Resolution Authorizing the Corporation to Receive and File the 2014 Report of the Corporation's Independent Auditors.

Mr. Gary provided a summary of the Audit Report to the Board of Directors. ECMCC engaged Freed Maxick CPAs to conduct an audit of the Corporation's books. The Audit Committee received and reviewed the 2014 Audit Report and recommends the corporation to receive and file the 2014 annual report.

Moved by Michael Hoffert and seconded by Anthony Iacono

**Motion Approved Unanimously**

E. Resolution Authorizing the Engagement of Freed Maxick CPA's, P.C., as Internal Auditor.

Moved by Michael Hoffert and seconded by Bishop Michael Badger

**Motion Approved Unanimously.**

F. Resolution Authorizing Certain Banking Signatories.

Moved by Michael Hoffert and seconded by K. Kent Chevli, MD

**Motion Approved Unanimously.**

- G. Resolution Authorizing Execution of a Master Tax-Exempt Lease/Purchase Agreement with Key Government Finance, Inc. and Property Schedule Number 1.

Moved by Anthony Iacono and seconded by Ronald Chapin

**Motion Approved Unanimously.**

- H. Resolution Approving the Corporation's Annual Report

Moved by Jonathan Dandes and seconded by Anthony Iacono

**Motion Approved Unanimously.**

- I. Approval of March 3, 2015 Medical-Dental Staff Appointments and Re-Appointments.

Moved by Anthony Iacono seconded by Michael Hoffert

**Motion Approved Unanimously.**

**IV. BOARD COMMITTEE REPORTS**

All reports except that of the Performance Improvement Committee are received and filed in the February 24, 2015 Board book.

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

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

President/COO; Interim CEO: Richard C. Cleland

- Mr. Cleland introduced Al Hammonds as the Executive Director of MCC PPS Management, LLC. Mr. Hammonds will begin his DSRIP duties on April 6, 2015 and will report regularly to the Board about DSRIP.
- Ron Krawiec, Senior Vice President of Operations, is retiring. We wish him well. Ron's successor is Jarrod Johnson. Mr. Johnson's most recent position was Chief Operating Officer at Brooks Memorial Hospital.
- Michelle Wienke has been promoted to the newly-created position of Chief Experience Officer, effective April 1, 2015.
- Employees with long-time service anniversaries were recently honored by ECMCC at Samuel's Grand Manor.
- Mr. Cleland began a weekly "*Rich's Email Express*" as a direct line of communication to the entire organization.
- National Doctor's Day was celebrated March 31, 2015 with a breakfast for our physicians.
- The American College of Surgeons (ACS) Level 1 Trauma Certification survey has been completed. Congratulations to all of those who dedicated so much attention to this effort over the past two years.
- ECMC is now ready to accept Ebola patients. Thank you to Karen Ziemianski and Charlene Ludlow for their leadership in this achievement.
- The Russell J. Salvatore Orthopedics Unit ribbon cutting was March 17, 2015.
- The Volunteer Board received and approved \$200,000 worth of requests and projects that will go directly to patient care areas.
- Executive Leadership have identified over 40 goals to be initiated during the first quarter of 2015, many are underway and on schedule.

Chief Financial Officer: Stephen Gary

A summary of the financial results through February 28, 2015 and a Quarterly Financial Statement and projected statement of Yearly Cash Flows are attached in the Board Book for review.

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

Moved by Michael Hoffert and seconded by Jonathan Dandes to enter into Executive Session at 5:15 P.M. to consider matters made confidential by law, including certain compliance-related matters, strategic investments and business plans.

**Motion approved unanimously**


**VII. RECONVENE IN OPEN SESSION**

Moved by Michael Hoffert and seconded by Ronald Chapin to reconvene in Open Session at 5:25 P.M. No action was taken by the Board in Executive Session.

**Motion approved unanimously.**

**VIII. ADJOURNMENT**

Moved by Ronald Chapin and seconded by K. Kent Chevli, MD to adjourn the Board of Directors meeting at 5:27 P.M.



Sharon L. Hanson  
Corporation Secretary

**A Resolution of the Board of Directors Authorizing MWBE and  
Small Business Discretionary Purchases**

Approved March 31, 2015

---

WHEREAS, New York Public Authorities Law Section 2879 requires Erie County Medical Center Corporation (the "Corporation") to adopt procurement guidelines which include provisions relating to the circumstances under which the board may by resolution waive competition, including the purchase of goods or services from small business concerns or those certified as minority or women-owned business enterprises ("MWBEs") in an amount not to exceed \$200,000 without a formal competitive process; and

WHEREAS, the Board of Directors is adopting the ECMCC Minority and Women-Owned Business Utilization Policy (the "MWBE Policy"), permitting the Corporation upon resolution of the Board to award contracts for the purchase of commodities or services in amounts not to exceed \$200,000 to MWBEs and small business concerns, without engaging in a formal competitive process, provided that the price of such commodities or services is determined to be reasonable (the "Discretionary Awards"); and

WHEREAS, in accordance with New York Public Authorities Law and the MWBE Policy, the Board of Directors of the Corporation must grant the authority to the Corporation to enter into these Discretionary Awards by resolution of the Board.

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

1. The Board of Directors of the Corporation hereby authorizes the Corporation to award contracts for commodities or services in amounts not to exceed \$200,000 to MWBEs and small business concerns without a formal competitive process, provided that the price of the commodities or services is determined to be reasonable in accordance with the Corporation's Procurement Guidelines, MWBE Policy, and applicable laws and regulations..
2. The Corporation is authorized to do all things necessary and appropriate to effectuate this resolution.
3. This resolution shall take effect immediately.



---

Sharon L. Hanson  
Corporation Secretary



**A Resolution of the Board of Directors Approving ECMCC's  
Minority and Women-Owned Business Utilization Policy**

Approved March 31, 2015

---

WHEREAS, pursuant to New York State Executive Law Article 15-A and 5 NYCRR Part 140 *et seq.*, Erie County Medical Center Corporation (the "Corporation") is required to seek procurement opportunities from New York State certified Minority- or Women-owned Business Enterprises ("MWBE(s)"); and

WHEREAS, the Corporation has drafted the Minority and Women-Owned Business Utilization Policy (the "MWBE Policy") to ensure compliance with MWBE laws and regulations and outline the steps that ECMCC will employ to increase opportunities for MWBEs to conduct business with ECMCC; and

WHEREAS, the MWBE Subcommittee of the Board has reviewed the MWBE Policy and recommends the adoption by the Corporation of the MWBE Policy; and

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

1. The Board of Directors of the Corporation approves the MWBE Policy.
2. The Corporation is authorized to do all things necessary and appropriate to effectuate this resolution.
3. This resolution shall take effect immediately.



Sharon L. Hanson  
Corporation Secretary

**A Resolution of the Board of Directors Approving  
Revised Investment Guidelines**

Approved March 31, 2015

---

WHEREAS, pursuant to New York Public Authorities Law Section 2925, Erie County Medical Center Corporation (the "Corporation") is required to have "comprehensive investment guidelines" in place, adopted by resolution of the Board of Directors, which "detail the corporation's operative policy and instructions to officers and staff regarding the investing, monitoring and reporting of funds of the Corporation" (the "Investment Guidelines"); and

WHEREAS, pursuant to New York Public Authorities Law Section 2925, the Investment Guidelines must be annually reviewed and approved by the Corporation; and

WHEREAS, the Investment Committee of the Board has reviewed and revised the existing Investment Guidelines and has recommended them for approval by the Board; and

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

1. Upon the recommendation of the Investment Committee, the Board of Directors of the Corporation approves the revised Investment Guidelines.
2. The Corporation is authorized to do all things necessary and appropriate to effectuate this resolution.
3. This resolution shall take effect immediately.

*Sharon L. Hanson*

---

Sharon L. Hanson  
Corporation Secretary

**A Resolution Authorizing the Corporation to Receive and File  
the 2014 Report of the Corporation's Independent Auditors**

Adopted March 31, 2015

---

WHEREAS, pursuant to Public Authorities Law Section 3642, the Corporation is required to have an annual audit performed by an independent certified public accountant; and

WHEREAS, pursuant to Public Authorities Law Sections 3642 and 2802, the Corporation is required to submit to the Erie County Legislature, Erie County Executive, Governor, Chair and Ranking Minority Member of the Senate Finance Committee, Chair and Ranking Minority Member of the Assembly Ways and Means Committee, each Chair and Ranking Member of the Senate and Assembly Committees on Corporations, Authorities and Commissions, the State Comptroller, and the Authorities Budget Office, copies of the annual independent audit report of the Corporation, performed by a certified public accountant in accordance with generally accepted government auditing standards, and management letter; and

WHEREAS, the Corporation engaged Freed Maxick CPAs, P.C., an independent certified public accounting firm, to conduct an audit of the Corporation's books and records; and

WHEREAS, the Corporation's Audit Committee has met with Freed Maxick CPAs, P.C., and has reviewed and analyzed the audit findings and reports; and

WHEREAS, the Audit Committee has received and reviewed the 2014 Annual Audit Report and recommends that the Corporation: 1) receive and file the 2014 Annual Audit Report, 2) authorize the Chief Executive Officer and Chief Financial Officer to certify as to the completeness and accuracy of the 2014 Annual Audit Report as required by applicable law, and 3) direct that the Chief Executive Officer and Chief Financial Officer submit copies of the 2014 Annual Audit Report and management's response to governmental agencies and subdivisions within the required time periods, in the manner prescribed by applicable law.

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

1. Based upon the recommendation of the Audit Committee, the Corporation shall receive and file the 2014 Annual Audit Report as of the date of this resolution.

2. The Chief Executive Officer and the Chief Financial Officer are hereby authorized and directed: 1) to certify as to the completeness and accuracy of the 2014 Annual Audit Report as required by applicable law, 2) to submit copies of the 2014 Annual Audit Report and management's response to governmental agencies and subdivisions within any required time periods and in the manner prescribed by applicable law, and 3) to do all other things necessary and appropriate to implement this resolution.

ERIE COUNTY MEDICAL CENTER CORPORATION

3. This resolution shall take effect immediately.

*Sharon L. Hanson*

Sharon L. Hanson  
Corporation Secretary

**A Resolution of the Board of Directors Authorizing the Engagement  
of Freed Maxick CPAs, P.C. as Independent Auditor**

Approved March 31, 2015

---

WHEREAS, the Corporation bylaws require that the Corporation Board of Directors approve the engagement of its internal auditor; and

WHEREAS, in accordance with the Corporation's Procurement Guidelines, the Corporation prepared and issued Request for Proposals Number 21436 for Internal Audit Services on December 31, 2014 (the "RFP"); and

WHEREAS, notice of the RFP was published in the New York State Contract Reporter; and four financial institutions returned proposals for consideration by the deadline of January 29, 2015; and

WHEREAS, a selection committee including the Chief Financial Officer evaluated the four proposals on the basis of criteria established for that purpose and agreed and recommended to the Audit and Finance Committees that Freed Maxick CPAs, P.C. be selected as the firm to provide internal auditing services on behalf of the Corporation; and

WHEREAS, the Audit and Finance Committees reviewed the recommendation and further recommend to the Board of Directors that Freed Maxick CPAs, P.C. be selected as the firm to provide internal auditing services on behalf of the Corporation; and

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

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

  
Sharon L. Hanson  
Corporation Secretary

**A Resolution Authorizing Certain Banking Signatories**

Approved March 31, 2015

---

---

WHEREAS, the administrative positions of Chief Executive Officer, Chief Financial Officer, Director of Finance, and Controller are directly related to the financial affairs of the Corporation; and

WHEREAS, in order to carry on the business of the Corporation in accordance with law and the by-laws of the Corporation, the Finance Department of the Corporation has requested that each permanent incumbent and those in an "acting" and "interim" capacity, be granted authority to sign checks, notes, drafts, and negotiable instruments on behalf of the Corporation and its affiliated entities;

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

1. The Corporation hereby grants to each permanent incumbent, and those in an "acting" and "interim" capacity, in the position of Chief Executive Officer, Chief Financial Officer, Director of Finance, and Controller the authority to sign checks, notes, drafts, and negotiable instruments on behalf of the Corporation and its affiliated entities.
2. This resolution shall take effect immediately.



---

Sharon L. Hanson  
Corporation Secretary

**A Resolution Authorizing Execution of a Master Tax-Exempt Lease/Purchase Agreement with Key Government Finance Inc. and Property Schedule Number 1**

Approved March 31, 2015

---

WHEREAS, in accordance with applicable competitive bidding statutes, regulations and policies, Erie County Medical Center (the "Corporation") issued Requests (the "RFP") for purposes of establishing a lease line of credit to finance various capital equipment/service items with the intention of the Corporation owning the equipment, free of any liens, at the conclusion of the lease term; and

WHEREAS, the Corporation has determined that the proposal submitted by Key Government Finance, Inc. ("KGF") is in compliance with the RFP and applicable law and is the best value to the Corporation; and

WHEREAS, the Finance Committee has reviewed Master Tax-Exempt Lease Purchase Agreement with KGF as amended by the Addendum to Master Tax-Exempt Lease Purchase Agreement and Property Schedule 1 (collectively the "Purchase Agreement"); and

WHEREAS, all property listed in the Property Schedule has or will be acquired in compliance with applicable competitive bidding statutes, regulations and policies; and

WHEREAS, the property listed in the Property Schedule 1 has been ordered or is expected to be ordered within six (6) months and the Property is expected to be delivered and installed, and the vendor(s) fully paid, within one year from the commencement date stated in the Purchase Agreement; and

WHEREAS, The Property listed in Property Schedule 1 has not been and is not expected to be sold or otherwise disposed of by the Corporation, either in whole or in major part, prior to the last maturity of the Rental Payments under Property Schedule 1;

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

1. The Board of Directors of Erie County Medical Center Corporation hereby authorizes the execution and delivery of the Purchase Agreement.
2. The Corporation is authorized to do all things necessary and appropriate to effectuate this resolution.
3. This resolution shall take effect immediately.

*Sharon L. Hanson*

Sharon L. Hanson  
Corporation Secretary

**A Resolution Authorizing the Submission and Filing  
of the 2014 Annual Report.**

Adopted March 31, 2015

---

WHEREAS, pursuant to Public Authorities Law Sections 2800 and 3642, the Corporation is required to prepare and submit to the Erie County Legislature, Erie County Executive, Governor, Chair and Ranking Minority Member of the Senate Finance Committee, Chair and Ranking Minority Member of the Assembly Ways and Means Committee, the State Comptroller, and the Authorities Budget Office, within 90 days of the end of the fiscal year, a complete, detailed annual report (the "Annual Report"); and

WHEREAS, pursuant to Public Authorities Law Section 3642, a copy of the Annual Report must also be filed with the clerk of the Erie County Legislature and the Erie County Executive; and

WHEREAS, the Corporation has prepared the 2014 Annual Report in accordance with the above laws; and

WHEREAS, the Corporation Board of Directors has had the opportunity to review the 2014 Annual Report.

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

1. The Chief Executive Officer and the Chief Financial Officer are hereby authorized and directed: 1) to certify as to the completeness and accuracy of any financial reports included in the Annual Report, as required by applicable law, 2) to submit and file copies of the 2014 Annual Report within the required time periods and in the manner prescribed by applicable law, and 3) to do all other things necessary and appropriate to implement this resolution.

2. This resolution shall take effect immediately.

*Sharon L. Hanson*

---

Sharon L. Hanson  
Corporation Secretary



**CREDENTIALS COMMITTEE MEETING**

**March 3, 2015**

**Committee Members Present:**

Robert J. Schuder, MD, Chairman  
 Christopher P. John, PA-C  
 Yogesh D. Bakhai, MD  
 Nirmitt D. Kothari, MD

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

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

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

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

Brian M. Murray, MD \*  
 Gregg I. Feld, MD \*  
 Timothy G. DeZastro, MD \*  
 Richard E. Hall, DDS PhD MD FACS \*  
 Mark LiVecchi, DMD MD MBA\*  
 Mandip Panesar, MS MD \*

**CALL TO ORDER**

The meeting was called to order at 3 PM by Dr. Robert J. Schuder. The proceedings from the previous meeting of February 3, 2015 were reviewed and accepted. It was noted that the resignation of Herbert G. Young, MD effective 2/28/15 was inadvertently omitted from the January 6, 2015 meeting minutes.

**ADMINISTRATIVE**

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

- A. Deceased
- B. Applications Withdrawn
- C. Application Processing Cessation
- D. Automatic Processing Conclusion (inactive applications > 180 days from date of signature)
- E. Resignations
 

Gawron, Nicole, DO	Anesthesiology	11/30/14
Pacheco, Kevin, DO	Emergency Medicine	2/6/15
Pugh, Jennifer, MD	Emergency Medicine	2/1/15
Dean, Stacy, ANP	Family Medicine	2/27/15
Clark, Scott, NP	Internal Medicine	2/1/15
Morrell, Joseph, MD	Radiology	12/31/14

**FOR INFORMATION**

**CHANGE IN STAFF CATEGORY**

**Surgery**  
 Rasmusson, Timothy R., MD  
 Active Staff to Associate Staff  
**FOR OVERALL ACTION**

**DEPARTMENT CHANGE or ADDITION**

**Internal Medicine – adding Family Medicine**

Skalyo, Cynthia, NP

Allied Health Professional

*Supervising Physician: Stephen Evans, MD*

**FOR OVERALL ACTION**

**PRIVILEGE ADDITION/REVISION**

**Internal Medicine**

Makdissi, Antoine, MD

Active Staff

- General Admitting Care Privileges\*

- Ambulatory Care Privileges\*

*\*FPPE waived; location delineations only*

Malayala, Srikrishna, MD

Active Staff

- Critical Care\*

*\*FPPE waived; location delineation for existing member with critical care training*

**Orthopaedic Surgery**

Bernas, Geoffrey, MD

Active Staff

-Division of scalenus anticus, without resection of cervical rib, w/resection of cervical rib.

-Hip Arthroscopy (*action deferred – see “New Business”*)

**FOR OVERALL ACTION**

**APPOINTMENT APPLICATIONS, recommended**

**A. Initial Appointment Review (13)**

**Anesthesiology**

Childress, Shelley, CRNA

Allied Health Professional

**Emergency Medicine**

Cohen, Elizabeth, PA-C

Allied Health Professional

*Supervising Physician: Dietrich Jehle, MD*

**Family Medicine**

DiStefano, Mary, NP

Allied Health Professional

*Supervising Physician: Stephen Evans, MD*

McVey, Joanne, NP

Allied Health Professional

*Supervising Physician: Muhammad Ghazi, MD*

**Internal Medicine**

Chang, Joan, DO

Active Staff

Farrell, Megan, MD

Active Staff

Luczkiewicz, Debra, MD

Active Staff

Marien, Melanie, PA-C

Allied Health Professional

*Supervising Physician: Kathleen Grimm, MD*

**Neurology**

Pasek, Lana, NP

Allied Health Professional

*Supervising Physician: Dr. Richard Ferguson*

**Orthopaedic Surgery – Podiatry**

Lacivita, Michael, DPM

Active Staff

**Orthopaedic Surgery**

O'Donnell, Kyle, PA-C

Allied Health Professional

*Supervising Physician: Zair Fishkin, MD*

**Psychiatry**

Canzoneri, Joan, NP Allied Health Professional  
*Supervising Physician: Dr. Victoria Brooks*  
 Leidenfrost, Corey, PhD Allied Health Professional  
*\*Application processing slightly in excess of 180 days due to time for SED to issue limited permit. This deemed as good cause by the Credentials Committee and file in order.*

**FOR OVERALL ACTION**

***REAPPOINTMENT APPLICATIONS, recommended***

**B. Reappointment Review – (16)**

**Cardiothoracic Surgery**  
 Bell-Thomson, John, MD Active Staff  
 Grosner, Gary, MD Associate Staff

**Emergency Medicine**  
 Lynch, Joshua, DO Active Staff

**Family Medicine**  
 Smith-Blackwell, Olivia, MD Courtesy Staff, *Refer & Follow*

**Internal Medicine**  
 Lackner, Jeffrey, PSYD Allied Health Professional  
 Madhusudanan, Mohan, MD Courtesy Staff, *Refer & Follow*  
 Makdissi, Antoine, MD Active Staff

**Neurosurgery**  
 Egnatchik, James, MD Associate Staff

**Orthopaedic Surgery**  
 Bernas, Geoffrey, MD Active Staff  
 Gurske-DePerio, Jennifer, MD Active Staff  
 Hamill, Christopher, MD Active Staff

**Orthopaedic Surgery – Podiatry**  
 Gutsin, Steven, DPM Active Staff

**Psychiatry**  
 Grace, Jeffery, MD Courtesy Staff, *Refer & Follow*

**Surgery**  
 Meilman, Jeffrey, MD Associate Staff  
 Rasmusson, Timothy R., MD Associate Staff  
 Schultz, Raymond, MD Active Staff

**FOR OVERALL ACTION**

***PROVISIONAL APPOINTMENT REVIEW, recommended***

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

<b>March 2015 Provisional to Permanent Staff</b>	<b>Provisional Period Expires</b>
<b>Anesthesiology</b>	
Nice, Kimberly, CRNA Allied Health Professional	3/24/2015
<b>Cardiothoracic Surgery</b>	
Zynda, Marcella, ANP Allied Health Professional	3/24/2015
<i>Collaborating MD: Dr. Mark R. Jajkowski</i>	

**Dentistry**

ERIE COUNTY MEDICAL CENTER CORPORATION

Frustino, Jennifer, DDS                      Active Staff                      3/24/2015

**Family Medicine**

Valenti, Sherry, ANP                      Allied Health Professional                      3/24/2015

*Collaborating MD: Dr. Stephen J. Evans*

**Psychiatry**

Schaeffer, Rebecca, MD                      Active Staff                      3/24/2015

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

**FOR OVERALL ACTION**

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

**None**

above

**Reappointment Expiration Date: as indicated**

***Planned Credentials Committee Meeting Date: March 3, 2015***

***Planned MEC Action Date: March 23, 2015***

***Planned Board of Directors Meeting Date: March 31, 2015***

***OLD BUSINESS***

**Radiology/Imaging Services**

It has been confirmed with the Assistant Director of Imaging Services and Chief Safety Officer that the final 2015 Joint Commission Radiology standards do *not* include the CT privileging requirements listed in the draft standards released for comment last year. This item will be removed from the standing agenda for this meeting.

**Obstetrics and Gynecology**

An updated list of physicians who will be providing Remote Fetal Monitoring services has been received and completion of privileging is underway. Equipment arrival, in-servicing and legal review is progressing.

The initial draft of a core format privilege form for the Department of Obstetrics and Gynecology has been reviewed by the Chief of Service. Additional discussion with the Credentials Chair will be facilitated.

**Follow Up on Outstanding Dues**

Responses have been received from all but two members. If not received by the due date of March 10, 2015, membership conclusion as a voluntary resignation will be processed.

**Follow Up on Expired Information**

All outstanding expireable documents have been received from the staff member discussed at previous meetings. The diligence of the Medical-Dental Staff Office and the cooperation of the Credentials Committee were acknowledged.

**Surgery – Management of Neuro Trauma**

The Surgery privilege form was revised in anticipation of the upcoming ACS survey. Upon further review, the Chief of Service did not endorse the need for a separate privilege for Neuro Trauma Management and it was requested that the approved change be deleted.

**CORP-002 (Replaces CORP-003)**

S. Ksiazek requested a limited number of additions to the policy, which were accepted and in process.

**Temporary Privilege Tracker**

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

**FOR OVERALL ACTION**

***NEW BUSINESS***

**Status of Hospice Applications**

The Medical Staff Office has received multiple staff applications from Hospice practitioners requesting Palliative Care privileges in Internal Medicine. Discussion ensued as to the volume and the timing of their on-boarding. The Medical-Dental Staff Office will honor all Chief of Service temporary privilege requests and support all interested parties in meeting patient care needs and full compliance with JC standards.

**Limited Permits**

The processing of an initial application for a staff member with a limited permit was reviewed and endorsed by the committee. Although ECMC has a precedent for this, S. Ksiazek noted that the Bylaws do not explicitly delineate limited permit as acceptable qualification for membership. As a local benchmark comparison, the same is true for our KH colleagues. S. Ksiazek has suggested that when the 2015 Bylaws Committee is convened, they consider adding the appropriate verbiage for limited permit.

**Review of Certificates of Insurance**

Due to staffing constraints in the Risk Management Department, the process of prospective COI review has been suspended for approximately the last 3 months. The matter has been discussed with the CMO. The Medical-Dental Staff Office will make every attempt to maintain vigilance and minimize risk.

**Orthopaedic Surgery**

A Re-appointment applicant hand wrote on the privilege form a request for Hip Arthroscopy. Policy continues to prohibit this practice:

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

The committee endorsed the following actions:

- 1) Defer the privilege request at present (see page 2)
- 2) Contact the Orthopaedic Chief of Service to discuss and if appropriate, add said privilege to form, with any accompanying credentialing criteria
- 3) Revise the form accordingly

**MDSO Update**

= The proposed Medical-Dental Staff Office re-design update was presented to the committee.

= Developments involving collaboration with Kaleida Hospital credentialing matters

- Automated download of UB Medical Resident demographic information into the system
- On-line re-appointment process

- Unified application under GLH

**FOR OVERALL ACTION**

***OPEN ISSUES***

**Nurse Practitioner Modernization Act**

The Nurse Practitioner form face sheets have been revised and will be placed into production. Revisions reflect the actions in the law and the chair recommends that individual letters not be sent to the practitioners explaining the rationale for maintaining the standard of designating a collaborating physician.

**MEC action Items**

Action on the AHP Ad-hoc committee and IM AHP Privilege Form will be deferred to the President for follow up with the MEC.

**Oral and Maxillofacial Applicant**

Defer to the April meeting for report from Chief of Service.

**FOR INFORMATION**

***OTHER BUSINESS***

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

**FPPE (Focused Professional Practice Evaluation)**

Internal Medicine (2 MDs)

**OPPE (Ongoing Professional Practice Evaluation)**

Internal Medicine – Hospitalist Service (11MDs, 28 AHPs)

***ADJOURNMENT***

With no other business, a motion to adjourn was received and carried with adjournment at 3:35 PM.

Respectfully submitted,



Robert J. Schuder, MD,  
Chairman, Credentials Committee

att.

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS  
MINUTES OF THE BUILDING & GROUNDS COMMITTEE MEETING  
MARCH 31, 2015  
ECMCC EXECUTIVE CONFERENCE ROOM

---

BOARD MEMBERS PRESENT:	RONALD BENNETT, ESQ. RONALD CHAPIN	FRANK MESIAH MICHAEL HOFFERT
ALSO PRESENT:	RONALD KRAWIEC DOUGLAS FLYNN	THOMAS QUATROCHE

---

**I. CALL TO ORDER**

Ronald Bennett called the meeting to order at 3:30p.m.

**II. APPROVAL OF FEBRUARY 24, 2015 MINUTES:**

Moved Ronald Chapin and seconded by Michael Hoffert to receive and file the Buildings and Grounds Committee minutes of February 24, 2015 as presented.

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

**2014 Capital Group A Projects / Orthopaedic Inpatient Bed Zones**

- The renovation of 6 North into the new Russell Salvatore Orthopaedic Unit is complete, with NYSDOH inspection held on 03/02/15, ribbon cutting held on 03/12/15, and occupied on 03/17/15.

**Nurse Call System Replacement**

- New “Responder 5” nurse call systems installation on the 7<sup>th</sup>, 8<sup>th</sup>, and 12<sup>th</sup> floors are now 100% complete.

**Emergency Power Enhancements @ Radiology**

- Installation of emergency power provisions to key radiology imaging units reached substantial completed prior to the American College of Surgeons survey of the Emergency Department on 03/10/15.

**Ebola Preparations**

- Minor in house renovations within the Emergency Department and on 7 Zone 3 were completed prior to a related CDC Ebola Preparation Survey earlier this month.

**BTU Tub Room Renovations**

Since our last meeting our in house staff completed a renovation of the Burn Treatment Unit Tub Room, renovations included ceramic tile replacement and fixture re-installation

**IV. UPDATE – IN PROGRESS INITIATIVES/PROJECTS**

**Signage & Wayfinding Initiative - Interior Wayfinding**

▪ A final draft of the plans were reviewed earlier today, modifications to be made which shall be followed by the release of applicable signage fabrication orders. The implementation plan is to remove the mock-up wayfinding elements as Plant Ops staff applies varying aesthetic and security improvements immediately followed by the installation of the permanent wayfinding elements, installations to begin later this spring.

**Emergency Department Modernization Project – Architectural Services**

▪ With Architect selection complete initial design meetings have been scheduled, the first to be held on April 13<sup>th</sup>. The next milestone shall be the CON application submission, planned to occur later this spring.

**Main Building Envelope Study**

▪ Proposals have been reviewed and candidates ranked based on qualifications and analysis of their service fees, selection to be completed within the next two weeks. It is our intention to submit this study concept to NYSERDA in the hope that it will qualify for a Flex-Tech agreement, and if so could result in incentive contributions up to 50% of the cost of the study. Such an agreement would lead to potential future funding incentives that would be based on substantiated energy-saving improvements.

**Regulatory Testing, Inspection & Maintenance Services**

▪ Proposals have been fully vetted with viable candidates identified. We continue to work with these candidates toward their full compliance with prerequisite contracting requirements. Depending on results of our effort we may need to rebid these services for both on & off campus facilities.

**Energy Management & Project Services**

▪ Candidate selection complete with initial steps of the study set to begin within the next few weeks.

**Operating Rooms C & D @ Ambulatory Center**

▪ Equipment installations in progress, completion expected by mid-April, DOH inspection set for 04/15/15.

**Remedial Repairs @ MICU**

▪ Remedial repairs underway, work includes repairs to millwork, doors, flooring and general painting. Work being completed on a room by room basis within this occupied unit.



## ERIE COUNTY MEDICAL CENTER CORPORATION

### **Aesthetic Upgrades @ Immunodeficiency Clinic**

▪ Aesthetic improvements underway, work includes flooring replacement and general painting. Work being completed on a room by room basis within this occupied unit.

### **Tenant Upgrades @ UB Orthopaedics**

▪ A combination of maintenance and tenant requested modifications are underway on the ground floor of the DK Miller building. Work includes carpeting replacement, painting, and general renovation of their conference room.

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

### **Ground Floor Space Consolidations**

▪ Based on the HIM departments progress in converting over to the electronic medical records there is a significant opportunity to consolidate a number of support department functions in the current HIM footprint. Those departments include Patient Financial Services, Health Information Management and potential others. This consolidation will alleviate a number of space shortage problems permitting other projects to move forward including Civil Service Suite, Risk Management, and several others.

### **Orthopaedic Clinic Expansion**

▪ Project design to resume within a week, this project being one of multiple to be grouped into the first bid package of 2015. As the design work progresses, relocation of those displaced by this project shall be accommodated.

### **Bariatric CT & Fluoroscopy Units**

▪ CON application nearing completion, the project scope includes (3) phases including (2) CT units and (1) fluoroscopy unit installations. Design work to resume within the next week.

### **Equipment Replacement @ Cath Lab 2**

▪ CON application submitted, project scope will accommodate the replacement of the Cath Lab equipment along with aesthetic upgrades.

### **Pathology Renovation**

▪ The existing pathology department on the ground floor of the lab building is going to be receiving a renovation and modernization effort, a contract stipulation of the incoming Pathologist.

## ERIE COUNTY MEDICAL CENTER CORPORATION

### **Cleve Hill Primary Care Clinic**

- ECMC has resumed discussions with our landlord in regard to desired renovations to our leased space at the Cleve Hill Clinic. Design work to continue upon acceptance of the landlords design services proposal.

### **Certified Nursing Assistant Training Facility**

- ECMC is interested in participating in a grant program with the Buffalo Public School system that would locate a Certified Nursing Assistant training program here on our campus. Finding an appropriate and available location is the current challenge to moving this initiative forward.

### **Roofing Replacement @ DKMiller**

- Bidding documents are being prepared for this 2015 roofing replacement project on DK Miller Building.

### **HPD Control Room & Security System Head-End**

- This project would construct a new Police Control Room off of the main lobby, which in turn will house a new cutting edge security system that will integrate both new & legacy systems into a single monitoring & alarm system. The new system equipment shall be leased.

### **Residency Renovations @ 1<sup>st</sup> Flr Dental Clinic**

- The concept of a (3) phase, in-house renovation, within the occupied 1<sup>st</sup> floor Dental Clinic has been approved. Full project completion, design and renovations are to be targeted for completion prior to July 1<sup>st</sup>, the start of the expanded dental residency program here in the clinic.

### **Education & Training Center**

- This project was approved to start in the 2<sup>nd</sup> half of 2015; however progress is being hampered by the lack of a viable relocation plan for those that shall be displaced during and after the renovation. These prerequisite relocations include the Medical Library (relocated/reduced), Patient Advocates, Volunteers & miscellaneous others. This project is the direct predecessor to the planned 2016 MICU renovation.

### **Medical ICU Renovation**

Approval of the schematic design has been reached and an applicable cost estimate has been completed at \$4.8 million. Once progress is seen on the Education & Training Center, design work for this project can effectively move forward.

# ERIE COUNTY MEDICAL CENTER CORPORATION

## **VI. ADJOURNMENT**

Moved by Michael Hoffert and second by Ronald Chapin to adjourn the Board of Directors Building and Grounds Committee meeting at 4:25p.m.

BOARD OF DIRECTORS  
MINUTES OF THE COMBINED AUDIT/ FINANCE COMMITTEE MEETING  
TUESDAY, MARCH 24, 2015  
ECMCC BOARD OF DIRECTORS CONFERENCE ROOM

---

VOTING BOARD MEMBERS  
PRESENT OR ATTENDING BY  
CONFERENCE TELEPHONE:

BISHOP MICHAEL A. BADGER      KENT CHEVLI, MD  
MICHAEL SEAMAN                      FRANK MESIAH  
DOUGLAS H. BAKER\*  
THOMAS R. MALECKI, CPA

VOTING BOARD MEMBERS  
EXCUSED:

RONALD BENNETT  
ANTHONY M. IACONO  
DEITRICH JEHLE, MD

ALSO PRESENT:

RICHARD CLELAND                      MARY HOFFMAN  
ANTHONY J. COLUCCI, III              RONALD KRAWIEC  
STEPHEN GARY                              LESLIE LYMBURNER  
    THOMAS QUATROCHE

GUESTS

ALAN GRACIE  
CHRISTOPHER ECKERT                      RYAN GILBERT

\*ATTENDING BY PHONE

---

**I. CALL TO ORDER**

The meeting was called to order at 8:30 A.M. by Finance Chairman Michael Seaman.

**II. APPROVAL OF MINUTES**

Motion was made by Mike Seaman, seconded by Frank Mesiah and unanimously passed to approve the minutes of the Finance Committee meeting of February 24, 2015 and the Audit/Finance Committee meeting minutes of January 20, 2015.

**III. 2014 INDEPENDENT EXTERNAL AUDIT REPORT OF FREED MAXICK**

Alan Gracie, CPA, Director in Freed Maxick's Healthcare Consulting Practice, presented the status of the engagement and the ancillary deliverables, significant judgments, testaments and other findings and recommendations made by Freed Maxick to the committee. Mr. Gracie explained the process that occurred to make said recommendations and answered questions regarding the proposed steps to be taken in the future.

**IV. Executive Session with Freed Maxick**

The Audit Chairman, Dr. Chevli, called for an Executive session with the auditors at 9:00 A.M., after which Management was excused. Management returned to regular session at 9:14 A.M. to continue the meeting.

**V. February Financial Statements**

February had an operating loss of \$1.4 Million compared to the budgeted operating income of \$103 Thousand and to the prior year of \$2.0 Million. Year to date, our operating loss of \$1.4 Million compared to budgeted of operating income of \$220 Thousand and to prior year loss of \$4.3 Million. Patient discharge volumes continued to be greater than last year but short of budget.

**VI. ADJOURNMENT**

There being no further business, the meeting was adjourned at 9:29 A.M. by the Finance Chairman, Mr. Seaman.

DRAFT

ERIE COUNTY MEDICAL CENTER CORPORATION  
REPORT TO THE BOARD OF DIRECTORS  
RICHARD C. CLELAND MPA, FACHE, NHA  
PRESIDENT, COO & INTERIM CHIEF EXECUTIVE OFFICER  
APRIL 28, 2015

The challenges we face as a public hospital and health system have never been greater. And our commitment to meet them has never been stronger. Over the past five (5) years ECMCC has invested over \$225 million in capital improvements and has transformed the way we do business. We have become a health care system of choice for our patients and our physicians.

But we're not stopping there. Not by a long shot. Our vision includes national recognition as a state-of-the-art public hospital. We will be a leader in patient care by meeting — and exceeding — the highest public standards. We will be the model of accessibility and choice for all.

It's an ambitious agenda. It will take time, money but most of all, it will require a commitment from everyone. We will continue to raise the bar for the best health care delivery in our community.

We will never lose sight of our most important asset that is, our human capital. Our Teammates are working hard to overcome the many challenges we face as a health care provider. We are committed to help the dedicated men and women at ECMC find new ways to improve operating efficiency and patient satisfaction, and to reward those who go the extra mile.

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

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

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

Michelle Wienke, Chief Experience Officer (CXO) for ECMCC has started with the global facilitation, management and leadership of ECMCC's continued transformation to a patient centered care organization for excellence in patient and teammate experiences. Her list of projects include developing a patient parking plan that includes a shuttle service, a "Consider it Done" campaign, "Fast Pass" entry system, "Walk In My Shoes" CEO working alongside various Teammates, an updated Patient Information Guide, enhancing leadership and executive leadership rounding, global training facility wide in patient engagement including leadership, and re-creating the Family Council. These strategies once implemented will help us in improving recent published CMS hospital customer service ratings. ECMC was rated as a two star (out of five star) for period of July 1, 2013 thru June 30, 2014. The majority of WNY hospitals came in at two stars. See attached reading at end of my report.

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

Congratulations to Michelle Swygert RN being named this year's D'Youville's Delta Sigma Award/Marguerite Honor Society honoree. Congratulations Michelle we are so proud of you!!

The American College for Metabolic and Bariatric Surgery Accreditation (ASMBS)-Certified ECMC's bariatric program as a Bariatric Center of Excellence in late March. Congratulations to everyone who made this achievement a success.

Since January we have added 86 new GDN's and 14 LPN's to our nursing department. This will help in so many ways. First, insuring that our nurses have sufficient staffing each shift to face the patient care challenges on a day to day basis. Second, more nurses means higher nurse satisfaction and lower turnover. Third, more nurses directly relate to higher patient satisfaction and quality outcomes. We will continue to be patient centered, focus on quality and patient satisfaction. This is the future of healthcare.

## **HOSPITAL OPERATIONS**

On April 20, 2015 Jarrod Johnson, MBA, FACHE, started as Senior Vice President of Operations. Jarrod comes to ECMCC with over nineteen (19) years of healthcare experience. His most recent position was Chief Operating Officer at Brooks Memorial Hospital.

Volumes continue to reflect favorable trends with continued improvement over prior year actual results. In March, we unfortunately had a \$560 operating loss. On a year to date basis, ECMCC has incurred an operating loss of \$1,959 which is favorable to \$4,990 during same period in 2014(improvement of \$3,091). Management continues executing its operational performance plan.

Several Key Statistics Include:

Acute discharges – On budget for March. YTD versus budget +93 and in comparison to 2014 +132 or 5% better.

All discharges – On budget for March. YTD versus budget +40 and in comparison to 2014 +186 or 5% better.

Operating room volumes YTD are 2.1% greater than budget and 6% greater than 2014 YTD.

Emergency Department volumes are 2.1 % greater than budget and 1% greater than 2014 YTD.

Length of Stay (LOS) for March was 6.9 both in excess of budget (6.2) and March 2014(6.2).

Terrace View average daily census at 383.

April continues to reflect positive trends. Month to date we are exceeding budget in acute discharges by 13.8% and also seeing improvement in LOS.

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

ECMC hosted MASH Camp for the Health Sciences Charter School on April 16 2015. This was a fantastic day of student engagement and learning on site with many of our great team members and departments. Tours included Rehabilitation Medicine, Transplantation and Dietary/Food Service. Thank You Rita Hubbard Robinson for leading this great program and the ECMC team who are presenting (Kari Lambright, Lisa Thorpe, Steve Hotz, Steve Forman, Karen Beckman and Donna Brown).



On April 18, 2015 the annual Volunteer Recognition Program was held at Classics V. We are ever so honored to be supported by such a wonderful group of volunteers. Our volunteers have given us so much day in and day out and we are ever so thankful! When you can, please say thank you to our volunteers for all that they do.

On April 15, 2015 ECMC in association with UNYTS held a “Donate Life Month” event and press conference. What a great event! I would like to thank Phyllis Murowski, Transplant Administrator and her team including Dr Mareena Zachariah for heading up this event on ECMC’s end.

The New York State Department of Health approved opening of two (2) new operating rooms in the ambulatory center. These rooms will be ready to use by late April. In addition the Department of Health approved our Certificate of Need application for Catheter Laboratory upgrade.

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

Interviews for the Renal Center of Excellence Transplant Program Director have started. We look to have this new position filled by mid summer (July-August).

## **LIFE LINE FOUNDATION**

The Life Line Foundation has continued the long tradition of excellence. Over the past few months several successful events have taken place as we enter early May and eagerly anticipate our annual Gala. I would like to thank Jon Dandes, Executive Director of Life Line Board of Director’s and the Life Line Board of Directors for all that they do in bringing so much hard work, leadership and commitment to the Foundation and ECMCC. Sue Gonzalez and her team of Stacy Roeder and Molly Schmand continue to raise the bar, find new ways to build on previous successes and knock it out of the park! Sue has made each event, absolute, signature event. Everyone here at ECMCC and in the community are amazed of her accomplishments. Over the past few months the Life Line Foundation has held the following events.

- Gift Gathering Event at Peggy Cramer’s House-February 27, 2015;
- Ladies Luncheon at the Mary Seton Room at Kleinhan’s-March 2, 2015;
- Gift Gathering Party at Resurgence Brewery-March 3, 2015;
- Pre Gala Raffle and Auction at Salvatore’s on Tuesday March 24, 2015;

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

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

Sincerely yours,

Richard C. Cleland

# Hospitals ponder meaning, value of CMS' new star ratings

By Sabriya Rice

About 7% of hospitals got the highest rating, 34% got the second-highest rating, and 19% got one of the two lowest possible scores in the CMS' new five-star ratings of more than 3,500 hospitals based on patient-satisfaction surveys.

The star ratings, posted on the CMS' Hospital Compare website April 16, are based on an average of hospitals' performance on 11 publicly reported measures from the Hospital Consumer Assessment of Healthcare Providers and Systems survey. The HCAHPS survey includes patient evaluations of the hospital staff responsiveness, care transitions, how well information about medications is communicated, and cleanliness and quietness of the facility. The inaugural ratings came from patient responses gathered between July 1, 2013, and June 30, 2014.

**i web extra**

Special By The Numbers: Download the 251 five-star hospitals and their other quality/safety measures.

[modernhealthcare.com/data](http://modernhealthcare.com/data)

See all 3,500 hospitals' patient satisfaction star ratings in Modern Healthcare's quality/safety database.

[modernhealthcare.com/quality-safety](http://modernhealthcare.com/quality-safety)

The American Hospital Association questioned the value of the star ratings. "The reasons that patients seek care from hospitals are varied," said Akin Demehin, the AHA's senior associate director of policy. "We are not confident that a star-rating approach—especially one that would encompass all of the measures on Hospital Compare and roll them up into a single overall star rating—is going to give patients the insight on the quality of their hospitals."

One of Minneapolis-based Allina Health's 12 hospitals received the highest rating of five stars, nine Allina hospitals got four stars and two got three stars. But the system's CEO, Dr. Penny

## How U.S. hospitals scored on the CMS' patient-satisfaction star ratings

Among 3,553 rated hospitals based on Hospital Consumer Assessment of Healthcare Providers and Systems surveys



Source: CMS

Wheeler, was cautious about celebrating her system's high scores because of her concerns about the data. "It's not perfect, no measurement system is," she said. But "flawed data is still better than no data," she added.

Johns Hopkins Hospital in Baltimore received four stars, which Lisa Allen, the hospital's chief patient experience officer, attributed to its long-standing best practices. Still, she questioned the rating methodology's value for consumers, who must consider the type and complexity of care they need. She urged the CMS to consider posting patient comments, the way other ratings sites do for restaurants and hotels. She said consumers evaluating service providers "tend to also read the reviews. We don't just look at the stars."

Some hospitals that received low star ratings said that if the CMS had used more current information, they would have earned better scores, reflecting their efforts to improve quality of care and the patient experience. Some organizations also acknowledged they had only recently launched systemwide quality and patient satisfaction improvement efforts.

"We were late to the dance on this," said Airicia Steed, chief experience officer at the University of Illinois Hospital & Health Sciences System in Chicago,

which was one of 582 hospitals receiving two stars from the CMS. Steed, who was hired in 2012, said she was not surprised by her hospital's score because it takes time for new processes to be disseminated and lead to better outcomes. "But I would be surprised if, fast forward, we get the same rating in the next rendition," she said. "The rating truly reflects the gap of what our baseline was at the starting point."

Jackson Memorial Hospital in Miami, a major safety net facility, was one of 101 hospitals receiving one star. Kevin Andrews, Jackson's vice president of quality and safety, attributed the low rating to financial challenges the public hospital has experienced over the past few years. "You're in survival mode when

you're having financial issues," he said. "That's not an excuse to not provide good service, but it's the reality."

Many specialty hospitals did well in the CMS star ratings. Modern Healthcare identified more than 60 specialty facilities among the 250 that received five stars. Experts say it may be easier for facilities specializing in elective orthopedic, cardiac and other service lines to achieve strong patient satisfaction scores because of their smaller size, narrow clinical focus and the fact that their patients generally don't arrive via the emergency department.

In a written statement, Dr. Patrick Conway, the CMS' acting principal deputy administrator, said his agency's star ratings encourage hospitals and clinicians to strive to continuously improve the patient experience and quality of care delivered to all patients. The CMS already uses star ratings for nursing homes, dialysis centers and Medicare Advantage plans.

Allen of Johns Hopkins said it remains to be seen if consumers will actually use the star ratings to make choices about where to get their care. At the least, the star ratings should increase providers' focus on the patient experience and their HCAHPS survey results. "Everybody is paying attention to this now," she said. "And that's a good thing." ●

**Executive Leadership  
2015 Goal Report**

GOALS	RESPONSIBLE PARTY	UPDATE
<p>1) Develop a comprehensive 2015 customer service and patient engagement plan:</p> <p>a. Maximizes Press Ganey capabilities (training, education, forms and strategies)</p>	<p align="center">Brown/ Executive Leadership</p>	<p>(a) [DB] Press Ganey will be on site beginning 1/30 from 10am-2pm bi-weekly to meet with various team members to enhance their knowledge on the Press Ganey suite of Patient Experience resource tools. Ongoing. Franklin Allen, the patient experience advisor for Press Ganey, is on site and meeting with departments every other week. His schedule is as follows: 3/27/15, 4/10/15, 4/24/15.</p> <p>(a) [CL] Need IT interface completed for PG to Crimson. Still in progress.</p> <p>(a) [KZ] Nursing has submitted master plan for 2015 to Donna Brown – Nursing has patient experience meetings once a month where data/speakers/presentation occur. Nursing has mandatory rounding form 10 – noon, 5 days a week – with audits submitted for QI purpose. Nurse executive has rounding sheets that are submitted for QI purpose also. Nursing started engagement strategy cards for verbal and written compliments by patients, families, etc. Over 85 cards have been remitted for 2015.</p>
<p>b. All reports-all organizations - all daily practice to mimic Press Ganey top hospitals</p>		<p>(b) [DB] Working with Juan to develop 2 RFPs for Patient Experience training. RFPs will be completed the week of 1/26/15 and will go out to bid. Should be able to begin year long training 3/15/15. RFP's are complete and will go advertised 2/23/15. RFP has been revised and will be sent to purchasing on 3/27/15.</p> <p>(b) [KZ] Nursing has completed meetings for Immunization x3/ VTE x3/ and stroke education to maximize VBP points.</p>
<p>c. Includes monthly department and employee training and development</p>		<p>(c) [DB] Next steps to work with EL and department managers on the development of PE plans for their areas. Developed template for department managers to use in the drafting of their PE plans. Met with IT, Environmental Services, and the ED. We will be meeting every two weeks until 4/30 to draft plans which will be presented to their EL for support and by-in.</p> <p>(c) [KZ] Nursing has completed action plans for all managers and units within hospital. Current volume in census has affected all PT experience scores. (Dec 91.7/40 ranks) in communication with nursing dimension.</p> <p>(c) [KZ] Leadership Education once a month for hospital sponsored by nursing.</p>
<p>d. Roll Out of “ Point of Care” rounding tool</p>		<p>(d) [DB] I have sent Leslie the requirements for the Point of Care rounding tool. We will meet w/o 1/19/15 to discuss next steps towards implementation. The meeting is pushed back to the w/o 3/30/15.</p>
<p>e. Update Patient Information Booklet</p>		<p>(e) [DB] Meeting with committee w/o 1/19/15 to review draft of Patient Information booklet. Met with committee; making final tweaks will forward to committee for review 2/20/15 then to EL for final input 2/24/15.</p>

GOALS	RESPONSIBLE PARTY	UPDATE
		Received some input from EL team. Waiting for the OMH Patient Bill of Rights. Final draft to be forwarded to Rich w/o 3/30/15. [CL] Under review for regulatory requirements.
f. Implementation of "Consider it Done"		(f) [DB] I have not develop a plan for the implementation
g. 2 <sup>nd</sup> annual Patient Experience Fair		(g) [DB] We will have our kick-off meeting for the annual Patient Experience Summit the w/o 1/19/15. We had our meeting and the date for the PES is in April but may push back to 10/15. There is a lot going on and we are working short staffed and this may not be a good time to have it.
h. Add additional resources-advocates to CPEP, Outpatient and Behavioral Health(inpatient)		(h) [DB] I need to meet with BH to discuss the vision and what the need is.
i. Expands "Catering By Demand" to all inpatient survey units		(i) [DB] Dietary brought in a team to do a "Fresh Eyes" assessment. Ron was provided with the report and from what I can tell "Catering on Demand" will be discontinued and a total revamp and retooling of the program will take place. (i) [KZ] Dietary continues to struggle (year 3).
j. Patient Experience data for providers		(j) [DB] Working with IT and Press Ganey to develop the necessary fields in our data upload so that our physicians can review their Patient Experience data. Meeting with IT and Press Ganey 2/23/15 to determine what the data set needs to be for the upload of this information. Working with IT and Press Ganey to make sure we have all providers in the Press Ganey database. W/O 3/30/15 to be completed. (j) [CL] Need IT interface for provider specific data.
2) Reorganize Renal Service Line a. Recruit and hire full-time Renal Transplant Program Director	Murray Hoffman Ludlow	(a) [BM] Search Committee underway. (a) [RC] Interviews taking place.
b. Prepare for UNOS review-April 2015		(b) [BM] Performed review of UNOS and CMS plans of correction. (b) [CL] QAPI program developed and monthly meetings organized. Dashboard developed for each program as was as task groups to address indicators that need improvement. Submission on status of POC. Monthly QI meetings being held. (b) [MH] Actively preparing. Desk Review to be completed by May 6. Living Donor review to be completed on April 26. Documents submitted to UNOS on April 23.
c. Develop a CKD Transition Clinic		(c) [MH] Analysis underway. [BM] Ongoing negotiations with HeathNow.
d. Improve STAR Rating of the Chronic Hemodialysis Program		(d) [CL] Dashboard for dialysis program expanded. Monthly meetings are held. Minutes of meetings provide tasks and responsibilities assigned for addressing indicators that require improvement initiatives. Successful OP dialysis CMS survey in February 2015. Plan of Correction accepted; monitoring. (d) [MH] Focus for 1 <sup>st</sup> qtr.

GOALS	RESPONSIBLE PARTY	UPDATE
3) Physician Contract Management-Streamline involvement, prioritize involvement, prioritize by impact, manage regularly and hold accountable (currently Medical Director/Legal/Compliance/Finance/Executive Leadership/Service Line Management/Contract Manager	Murray Colucci Cleland Hoffman	[BM] Developed list of service lines and departments and established relevant executive managers, CMO and Associate Medical Directors. Final version to be approved at Executive management next Tuesday. [MH] Met on February 10; follow up meeting scheduled April 20. Process being drafted by Katie L. Next meeting scheduled on May 4.
4) Update ECMC's Strategic Plan: a. 3 <sup>rd</sup> Party facilitator/assistance b. Board of Directors/EL Retreat	Cleland Quatroche	[TQ] First meeting retreat held with Executive Management. Management/Physician retreat and Board of Managers retreat being scheduled. Management/Physician retreat scheduling in process.
5) 5.7 LOS	Hoffman	Daily focus; current LOS = 5.8, excluding outliers [KZ] Results of fishbone have resulted in over 30 projects that will assist the organization in loss reduction. [MH] Major focus on ALC patients and developing community strategies for difficult to place patients.
6) Roll out 2015 ECMC marketing campaign	Quatroche	First meeting held with Foundation and Jon Dandes, Chair of Capital Campaign. Russell J. Salvatore Orthopedic Unit campaign underway. Continuing ECMC ad in April and planning new commercial/campaign.
7) Update ECMC website	Quatroche	Key stakeholders identified and to be interviewed; plan developed. Stakeholders interviewed. Designs to be presented in April.
8) PI – Patient caused injury and assaults	Clarke	Formation of a transparent multidisciplinary team to look at all incidents where patients have caused injury in order to form both an internal and external plan for reduction.
9) Develop comprehensive service line profile report which includes the following information: a. Finalize service line and physician dashboards in Crimson and achieve “monthly” distribution to service line physician leadership. This is so we achieve <u>BRIDGE</u> initiative goals and take ownership of this function	Murray Ludlow Gary Feidt	(a) [CL] Orthopaedic dashboard developed; attended QI meeting on 1/15. Surgery dashboard developed. Medicine dashboard developed; will further develop each service line under medicine and provide data to each service line champion. Psych developed. ED & Family Med developed. Rehab in progress. Adding Rehab service for indicators. (a) [BM] Nothing new of significance beyond the Bridge project reports that we continue to refine. We have added some OR metrics to Surgery. Dashboard being refined by M. Lindstrom in response to physician input.
b. Complete the evaluation of service line <u>profitability</u> and establish action plan for services with a negative operating margin, including maintaining service sure to core mission		(b) [SG] Cost accounting system for 2013 is reconciled with 2014 reconciliation in process. Currently evaluating system/platform for cost accounting and decision support which may result in the sunset of the 5 software tools currently in place and result in one single source of truth.
c. Identify key service line <u>quality reporting</u> , develop master schedule to insure timely submission of materials and organizational awareness		(c) [CL] Master list of quality indicators developed and will be distributed to exec leaders. Timeline document will be shared also. Grid of measures being updated to reflect third party incentives and dollars.

GOALS	RESPONSIBLE PARTY	UPDATE
<p>d. Complete assessment of <u>productivity</u> and establish benchmark productivity levels</p>		<p>(c) [BM] Document circulated by C. Ludlow.  (c) [CL] Additional data being added as requested – Target 5/4.  (d) [SG] Productivity consultant selected, data assembled and assessment process is underway with expected 4/1/15 due date for results. Consultant has completed their data analysis and is in process of scheduling a 4-hour meeting with ELT to review draft results and process for engagement of department leadership.  (d) [KZ] Nursing participated with all productivity consultations, data collection and meetings. Met with consultants for review March 2015.</p>
<p>10) Restructure PI to focus on all publicly reported and Pay for Performance data. Incorporate monthly updates of performance in all areas should be consolidated and reported regularly with action plans and accountability:</p> <p>a. CMS/Core Measures</p> <p>b. Payer Incentives</p>	Ludlow	<p>(a) [CL] Master list of all indicators tracked has been developed; will work with Finance to define financials attached. Third party contract incentives developed. Complete by May 4.  (b) 2014 payer incentive data submitted. 2015 contract initiatives defined with IH + HealthNow. Final indicators for Univera submitted 1/22/15. All contracts signed.</p>
<p>11) Develop a comprehensive Business Intelligence/Enterprise Decision Making structure and begin implementation of that structure</p>	Gary	<p>Organization structure developed pending best practice data from productivity consultant. Identified lead candidate and in process of recruiting for this leadership role. Productivity consultant confirmed structure. Lead candidate completing interview process.</p>
<p>12) Head &amp; Neck/Oral Oncology –hospital and physicians aligned, support operational model.</p>	Quatroche	<p>[TQ] Model developed. Managers in place for each department.  [KZ] Nursing met with key physicians in oncology to set up a designated unit, service and education to set up an inpatient service line. Nursing coordinated with finance review of potential inpatient service line. Nursing awaiting physician designated unit response 3/15.</p>
<p>13) Create Employee Concierge Program:</p> <p>a. Same day scheduling for clinics and dental</p> <p>b. Increase primary care population</p> <p>c. Capture higher levels of surgical and acute care</p> <p>d. Co-Pay waiver-reimbursement</p>	Clarke/Gary	<p>[CC] Met with Steve Gary on project status, follow up scheduled. Meeting scheduled with vendor on 2/27/2015.  [SG] Contracted with a firm to develop RFP for consulting support to establish the employee discount/co-pay waiver program.  [CC] Received a draft RFP from vendor to review on 3/24/2015.</p>
<p>14) Kronos Improvements-enforcing the overtime timekeeping requirement</p>	Clarke	<p>Investigating; setting up meetings to explore the issue, in the meantime enforcing the pre-approval of OT rules.</p>
<p>15) Update Human Resources Intranet Page</p>	Clarke	<p>Assigned and planning begun for employee portal function to be added to general website re-design. Met with Martin group on website re-design from HR perspective.</p>

GOALS	RESPONSIBLE PARTY	UPDATE
16) Civil Service-fully implement transition from EC to ECMCC: a. Integrate ECMCC's Position Manager System with NYS Civil Service Testing Division	Clarke	Assigned, awaiting go live date
17) Update Employee Handbook	Clarke	Assigned and awaiting the transition of civil service as many of the edits would change based upon the civil service implementation.
18) Employee Health Updates including: a. Revise annual employee assessment form; b. Revise new employee questionnaire; c. Increase compliance for annual physicals; d. Increase compliance for flu shots; e. RFP Employee Health physician services	Clarke	Added to goals for Sue Sponholz for first quarter, first meeting scheduled. New technology exploration begun with IT for increased compliance in annual physicals and flu shots. RFP under review and also exploring possibility to servicing function in-house.
19) Develop and agree to a comprehensive managed care strategy setting the stage for Health Now, Univera and IHA contracts expiring on 12/31/15	Gary	Draft of a strategy is prepared and ready for presentation at an upcoming ELT meeting. Univera and IHA contracts that were scheduled to expire on 12/31/14 have been successfully negotiated extensions to 12/31/15.
20) Regulatory-stay within compliance for the following agencies: a. UNOS-CMS-transplant b. JC, DOH, OMH	Ludlow	CMS survey by NYSDOH 1/20-1/21/2015 on patient rights and nursing service. Grid of surveys can be attached. Monthly grid of regulatory events developed.
21) Meet NYS EPCS	Murray Feidt	[BM] Working with Leslie and UB to achieve this goal. [LF] Pilot for e-prescription in TCU completed, results in review. Implemented electronic discharge process for BH and CD, began pharmacy collection by registration in ER and PACU, collection of key provider demographics at 65%, began roll-out of e-prescription in outpatient clinics. Risks: Allscripts upgrade and clinic roll-out, unknown LTC solution and identification of waiver program. Working with PM to mitigate risks.
22) Implement network vulnerability and scanning	Feidt	Scope defined including the identification of key financial and clinical data systems. Targeted first scan will be 2/2/15 with targeted date of final report 3/30/15.
23) Provider dictionary optimization update	Feidt	Completed the de-centralization of data entry process with oversight of the MDS office. Interface development in progress with targeted date of 3/31/15. Continual effort to define appropriate use and access of supporting dictionary elements is in progress. Clean up of current dictionaries and reporting requirements are at risk due to resource. Working with PM to mitigate.



GOALS	RESPONSIBLE PARTY	UPDATE
24) Complete Virtual desktop infrastructure assessment	Feidt	Initial assessment in progress with targeted date completed 1/30/15. IT leadership will review, approve and develop project plan for initial roll-out. Recommendations will be presented to IT Governance Board.
25) Re-organize Quantros occurrence system	Murray Colucci	[BM] Have reached out to Quantros to see if they can develop a Lessons Learned field and improve the ease of closing the loop with those originating complaints. Awaiting response from Quantros.
26) Implement NSQIP to focus on quality improvement for surgical patients (replace SCIP)	Murray	[CL] Completed application; staff hired. Begin education and chart review on May 4.
27) Develop comprehensive Medical/Physician Affairs plan to address: <ul style="list-style-type: none"> <li>a. Updating and keeping current Provider Dictionary</li> <li>b. Liaison/Concierge Service(on boarding)</li> <li>c. Insure all physician and allied provider credentialing is in compliance to ECMC By Laws</li> <li>d. Staffing and structure in place and department optimal in effectiveness</li> </ul>	Murray	Ongoing. Looking to hire a Systems Manager for MDSO. Hiring in MDSO so that Sue Ksiazek can fulfill this position. Need a plan for OPPE. Need a low volume plan, need OP plan. See above. One position still needs to be filled. [CL] Plan for inpatient physicians with patient volumes.
28) Consolidate and streamline research efforts across organization (dialysis, transplant, H&N, oral oncology, etc)	Hoffman Murray Lisandrelli Cleland Gary	[SG] Reviewed and provided ECMCC research team feedback to the UB research report from Huron Consulting. Directed ECMCC team regarding business plan parameters for the ongoing development of research. [BM] Attempting to develop agreements with UB to cover data extraction by all UB personnel. [BM] Most will be covered by our agreement with Research Foundation. For those hired via practice plans there is an agreement between UB/Kaleida/ECMC. The practice plan must provide a Letter of Indemnification for the individual's research activities.
29) Support organization for ACS Cancer Center Designation (or decide and communicate to physicians that we are not supporting this initiative)	Quatroche	Center supported and timeline for accreditation developed.
30) <u>Lifeline Goals:</u> <ul style="list-style-type: none"> <li>a. Rebranding of ECMC Foundation to be more clearly and closely align the Foundation to the hospital;</li> <li>b. Finalize the capital campaign cabinet and solicitation team</li> <li>c. Finalize the ER renovation's capital campaign marking concepts</li> <li>d. Kick off capital campaign silent phase through identification of major/naming rights donors and begin solicitation of those identified</li> <li>e. Capital Campaign kickoff to Executive Leadership and ECMC Physicians</li> <li>f. New 4 Mile Chase partnership-fundraiser event</li> </ul>	Gonzalez	2/12 Foundation Board approves organizational name change; approval now needed from NYS. 2/12 Foundation Board approves organization logo change; logo by Martin Group adopted 2/17 Capital Campaign Case brief approved by TQ & SG; case statement draft 1 now to be written by Martin Group. Initial campaign cabinet discussion held 1/8 and top 3 naming rights prospects identified – no update Leadership kick-off - no update

<b>GOALS</b>	<b>RESPONSIBLE PARTY</b>	<b>UPDATE</b>
g. Expand Professional/Development Opportunities, ECMC Employees		4 mile chase event meetings change to weekly to start process and permits; sponsor solicitation to begin. Study materials purchased by Foundation for Respiratory Therapy to begin prep for exams and Reference materials purchased for Head & Neck staff as requested.

**Executive Leadership**  
**2015 Goal COMPLETION Report**

GOALS	RESPONSIBLE PARTY	COMPLETED	
Develop a comprehensive 2015 customer service and patient engagement plan:  a. Mandatory leadership support	Brown/ Executive Leadership	<b>COMPLETED 3/31/15</b> [DB & MH] All EL has signed the ECMC Executive Leadership contract on 1/13/15 for Patient Experience. [DB] Contract has been signed by all EL. [DB] Holding EL accountable for submission of weekly rounding logs. Some are out of compliance. Will continue to reinforce and address with Rich. [KZ] Nursing has submitted all required rounding forms.	
b. Roll out MWBE plan to meet the 30% goal for 2015		<b>COMPLETED 3/31/15</b> [DB] Will bring a workgroup together 1/26/15; finance, purchasing, IT, plant operations, etc. to develop MWBE 2015 goal plan. Team has been brought together to begin the discussion but we needed to meet some DSRIP deadlines so we will regroup the w/o 2/23/15. Working with SG on business model to expand the department to carry work load and once in place we will roll out the department through a hospital wide education.	
c. Expand Patient Experience department to include CXO and to function globally for the hospital		<b>COMPLETED 3/31/15</b> [DB] Developed the CXO job description and reporting structure. Waiting to hear back from Civil Service. Position has been approved and Michelle Wienke has been placed in the position as of 2/16/15. However she will not be released from Nursing until 3/19/15. She will continue to support Nursing and where she can she will begin to work on various patient experience projects as needed. ECMC announcement made naming Michelle Wienke as Chief Experience Officer. Nursing is interviewing to back fill Michelle's old position. Michelle will train new advocate and then step into her role as CXO 4/1/15. [CC] Position approved by Erie County and incumbent hired and started effective 2/16/2015.	
DSRIP/Millennium Collaborative Care: a. Key staff appointments b. Appoint Board of Managers c. Develop infrastructure to insure readiness plan for 4/1/2015 d. Hire Executive Director e. Hire Clinical Integration Officer	Cleland Quatroche	<b>COMPLETED 3/31/15</b> (a) [TQ] Medical Director hired. Chief Integration Officer hired. Executive Director hired. (b) [TQ] Four (4) Board of Managers meetings held. (c) [TQ] Structure developed. (c) [CL] Working with MCC on clinical integration process reporting & data requirement. (d) [RC] Executive Director hired. Complete. (e) [RC] Clinical Integration Officer hired. Complete.	
Reorganize Renal Service Line c. Develop and hire leadership/manager for dialysis service line		Hoffman Murray Ludlow	<b>COMPLETED 2/23/15</b> (c) [MH] Theresa Sitgreaves hired on 2/23/15.
Identify key current hospital quality reporting, develop master schedule to insure timely submission of materials and organizational awareness		Ludlow	<b>COMPLETED 3/31/15</b> [CL] Completed/Ongoing; will add POC requirements. Developed process to oversee POC/surveys 2015.

GOALS	RESPONSIBLE PARTY	COMPLETED
Center for Occupational & Environmental Medicine Clinic – opened and operational	Krawiec	<b>COMPLETED 3/31/15</b> Opened and seeing patients. Lab contract prices and letterhead set. Dr. Hailoo in the community promoting the clinic services with various labor and other organizations.
Secure new contracts for South town primary care practices a. Establish permanent space to replace current temporary sites.	Krawiec	<b>COMPLETED 3/31/15</b> Sharma Medical signed new three year extension for Hamburg site. Lease for new bldg site in Legal for review. Orchard Park practice agreed to go the Krog/Kaleida site on Rte 20A on 7-1-15. Design drawings complete, permit process in progress. Expedited timeline with current lease ending 6-30-15.
Security improvements to insure access control	Krawiec	<b>COMPLETED 3/31/15</b> In Process: access controls in place on doors. Will activate employee entrance during off hours first. Dock area will be activated with expansion of VeriRep. Buzz-in intercom system being installed in DK Miller. Completed.
Establish active capital budget process and associated review committee	Gary	<b>COMPLETED 3/31/15</b> First draft of process is complete. Process to be reviewed at an upcoming ELT meeting. Process reviewed at ELT meeting. Scheduled for final review at ELT meeting by end of February. Completed.
EBOLA certification designation	Ludlow	<b>COMPLETED 3/31/15</b> [CL] Attending NYC meeting on 1/23/15. Education requirements being met monthly and employee monitoring process in development. CDC visit on 3/4/15 successful. NYSDOH CDESS training completed; lab equipment ordered; policy updates completed. 3/11/15 - Lab validation completed with CDC & NYS – no deficiencies. 3/27/15 – Submitted for NYS Grant for Ebola designated Center money. [KZ] Nursing participated, educated and reviewed all aspects of Ebola designation – Positive survey results.
Receive approval of CONs for two new ORs	Quatroche	<b>COMPLETED 3/31/15</b> CONs approved. Scheduled to open April 13.
Open the new Russell J. Salvatore Orthopedic Unit	Krawiec	<b>COMPLETED 3/31/15</b> [RK] DOH inspection scheduled for 3-2-15. Ribbon cutting 3-12-15. First patients arrive on 3-18-15. [KZ] Nursing was the champion for all aspects of the Russell Salvatore Orthopedic Unit. Unit opening successful and patients moved to new zone on 3/17/15.
Surgery electronic physician documentation	Feidt	<b>COMPLETED 3/31/15</b> Targeted roll-out date for 2/10/15. This will include PDOC and Dragon. Final sign off for templates in progress with Dr. Cooper and HIM Committee. Training in progress. No identified risks at this time.
Bariatrics certification – Center of Excellence	Ludlow Ziemianski	<b>COMPLETED 3/31/15</b> Achieved Center of Excellence certification.

The difference between  
healthcare and true care™

---



**Internal Financial Reports**  
For the month ended March 31, 2015

# Erie County Medical Center Corporation

## Management Discussion and Analysis

### For the month ended March 31, 2015

(Amounts in Thousands)

An operating loss of \$560 was incurred for the month of March which is unfavorable to budget by \$2,592 and favorable to the prior year by \$90 (14%). On a year to date basis, ECMCC incurred an operating loss of \$1,959 which is unfavorable to budget by \$4,210 and favorable to the prior year by \$3,031 (61%). The primary reasons for the unfavorable performance in March and through the first quarter include increased average length of stay and its resulting labor and supply costs, not achieving overtime savings and vacancy factors incorporated into the 2015 budget and other factors as detailed below.

Discharges of 1,524 for March were 52 (3.5%) greater than the prior year and 3 (0.2%) less than budget at 1,472 and 1,527 respectively. The unfavorable March discharge variance to budget is primarily due to 41 fewer behavioral health services and 3 fewer transitional care services which were offset by 4 more acute services, 19 more chemical dependency services and 18 more medical rehab services. For the first quarter discharges were 40 (0.9%) greater than the prior year and 18 (4.4%) greater than budget.

Average length of stay in March and for the quarter amounted to 8.3 days compared to a budget of 7.9 days and prior year of 8.3 days. The average daily census of 407 is 17 greater than the budget of 390, however an average daily census increase of 18 is attributable to length of stay for the month. On a year to date basis average length of stay accounted for an increase in daily census of 21 out of the total increase of 26.

Outpatient visits at 28,420 were 10.8% greater than budget due to increased clinic volumes across multiple services including an increase of 255 Bariatric visits associated with recent CON approval. Emergency volumes at 5,612 were 3.0% greater than budget. Through the first quarter Outpatient visits at 78,130 were 1,499 (1.9%) less than budget and 1,636 (2.1%) less than prior year. Emergency volumes at 15,601 were 100 (0.6%) greater than budget and 134 (0.9%) greater than prior year.

Other revenue was greater than budget by \$536 and on a year to date basis by \$1,144 substantially due to DSRIP IAAF and DSRIP Planning Grant revenue, which was offset by increased expenses.

Salaries and contract labor were unfavorable to budget for March by \$806 and on a year to date basis by \$2,356. Unfavorable productivity and PTO liability variances were partially offset by favorable rate and volume variances.

Benefits were unfavorable to budget for March by \$356 and on a year to date basis by \$599 primarily due to the increased costs associated with employment related taxes, health insurance and post retirement benefits.

Contractual fees were unfavorable to budget for March by \$1,165 and on a year to date basis by \$1,667 primarily due to increased costs in reimbursable grant expenses and consulting related to DSRIP. This was offset by the recognition of \$490 for the month of March and \$583 year to date of DSRIP IAAF Planning Grant revenue as noted above.

Depreciation expense was unfavorable to budget in March by \$209 and on a year to date basis by \$666 primarily due the use of component depreciation method for Terrace View and the CPEP program after the budget was completed. This has been offset by the recording of the corresponding third party revenue.

The difference between  
healthcare and true care™

## Erie County Medical Center Corporation

### Balance Sheet

March 31, 2015 and December 31, 2014

*(Dollars in Thousands)*

	March 31, 2015	Audited December 31, 2014	Change from December 31st
<b>Assets</b>			
Current Assets:			
Cash and cash equivalents	\$ 7,615	\$ 6,251	\$ 1,364
Investments	30,500	10,830	19,670
Patient receivables, net	54,031	51,491	2,540
Prepaid expenses, inventories and other receivables	34,405	76,930	(42,525)
<b>Total Current Assets</b>	<b>126,551</b>	<b>145,502</b>	<b>(18,951)</b>
Assets Whose Use is Limited:			
Designated under self-Insurance programs	87,146	85,296	1,850
Restricted under third party agreements	13,565	11,201	2,364
Designated for long-term investments	21,002	22,200	(1,198)
<b>Total Assets Whose Use is Limited</b>	<b>121,713</b>	<b>118,697</b>	<b>3,016</b>
Property and equipment, net	283,931	288,997	(5,066)
Other assets	24,295	23,726	569
<b>Total Assets</b>	<b>\$ 556,490</b>	<b>\$ 576,922</b>	<b>\$ (20,432)</b>
<b>Liabilities &amp; Net Assets</b>			
Current Liabilities:			
Current portion of long-term debt	\$ 7,573	\$ 8,137	\$ (564)
Accounts payable	27,375	34,076	(6,701)
Accrued salaries and benefits	17,647	22,274	(4,627)
Other accrued expenses	31,453	40,930	(9,477)
Estimated third party payer settlements	19,573	20,511	(938)
<b>Total Current Liabilities</b>	<b>103,621</b>	<b>125,928</b>	<b>(22,307)</b>
Long-term debt	166,202	166,579	(377)
Estimated self-insurance reserves	46,888	45,525	1,363
Other liabilities	122,481	119,859	2,622
<b>Total Liabilities</b>	<b>439,192</b>	<b>457,891</b>	<b>(18,699)</b>
<b>Total Net Assets</b>	<b>117,298</b>	<b>119,031</b>	<b>(1,733)</b>
<b>Total Liabilities and Net Assets</b>	<b>\$ 556,490</b>	<b>\$ 576,922</b>	<b>\$ (20,432)</b>

The difference between  
healthcare and true care™



## Erie County Medical Center Corporation

### Statement of Operations

For the month ended March 31, 2015

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
<b>Operating Revenue:</b>				
Net patient revenue	\$ 36,222	\$ 37,565	\$ (1,343)	\$ 33,402
Less: Provision for uncollectable accounts	(1,036)	(1,372)	336	-
Adjusted Net Patient Revenue	35,186	36,193	(1,007)	33,402
Disproportionate share / IGT revenue	5,353	5,104	249	6,259
Other revenue	4,595	4,059	536	2,555
<b>Total Operating Revenue</b>	<b>45,134</b>	<b>45,356</b>	<b>(222)</b>	<b>42,216</b>
<b>Operating Expenses:</b>				
Salaries & wages / Contract labor	16,382	15,576	(806)	15,133
Employee benefits	8,919	8,563	(356)	8,506
Physician fees	5,341	5,269	(72)	5,236
Purchased services	4,315	3,150	(1,165)	3,228
Supplies	5,787	5,985	198	6,452
Other expenses	1,287	1,278	(9)	196
Utilities	665	745	80	1,337
Depreciation & amortization	2,309	2,100	(209)	2,070
Interest	689	658	(31)	708
<b>Total Operating Expenses</b>	<b>45,694</b>	<b>43,324</b>	<b>(2,370)</b>	<b>42,866</b>
<b>Income/(Loss) from Operations</b>	<b>(560)</b>	<b>2,032</b>	<b>(2,592)</b>	<b>(650)</b>
<b>Non-operating Gain/(Loss):</b>				
Interest and dividends	183	-	183	468
Unrealized gain/(loss) on investments	363	333	30	(548)
Non-operating Gain/(Loss)	546	333	213	(80)
<b>Excess of Revenue/(Deficiency) Over Expenses</b>	<b>\$ (14)</b>	<b>\$ 2,365</b>	<b>\$ (2,379)</b>	<b>\$ (730)</b>
Retirement health insurance	1,520	1,421	99	1,345
New York State pension	1,854	1,800	54	2,102
<b>Impact on Operations</b>	<b>\$ 3,374</b>	<b>\$ 3,221</b>	<b>\$ 153</b>	<b>\$ 3,447</b>

The difference between  
healthcare and true care™





## Erie County Medical Center Corporation

### Statement of Operations

For the three months ended March 31, 2015

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
<b>Operating Revenue:</b>				
Net patient revenue	\$ 102,786	\$ 107,104	\$ (4,318)	\$ 104,605
Less: Provision for uncollectable accounts	(1,691)	(3,907)	2,216	(6,105)
Adjusted Net Patient Revenue	101,095	103,197	(2,102)	98,500
Disproportionate share / IGT revenue	16,059	15,313	746	16,278
Other revenue	13,054	11,910	1,144	6,353
<b>Total Operating Revenue</b>	<b>130,208</b>	<b>130,420</b>	<b>(212)</b>	<b>121,131</b>
<b>Operating Expenses:</b>				
Salaries & wages / Contract labor	47,905	45,549	(2,356)	45,168
Employee benefits	26,621	26,021	(600)	26,204
Physician fees	15,242	15,804	562	15,352
Purchased services	11,009	9,342	(1,667)	9,202
Supplies	16,507	17,179	672	17,051
Other expenses	4,101	3,830	(271)	2,582
Utilities	1,787	2,170	383	2,805
Depreciation & amortization	6,965	6,299	(666)	5,672
Interest	2,030	1,975	(55)	2,085
<b>Total Operating Expenses</b>	<b>132,167</b>	<b>128,169</b>	<b>(3,998)</b>	<b>126,121</b>
<b>Income/(Loss) from Operations</b>	<b>(1,959)</b>	<b>2,251</b>	<b>(4,210)</b>	<b>(4,990)</b>
<b>Non-operating Gain/(Loss):</b>				
Interest and dividends	262	-	262	999
Investment Income/(Loss)	237	999	(762)	108
Non-operating Gain/(Loss)	499	999	(500)	1,107
<b>Excess of Revenue/(Deficiency) Over Expenses</b>	<b>\$ (1,460)</b>	<b>\$ 3,250</b>	<b>\$ (4,710)</b>	<b>\$ (3,883)</b>
Retirement health insurance	4,560	4,263	297	4,125
New York State pension	5,607	5,442	165	6,315
<b>Impact on Operations</b>	<b>\$ 10,167</b>	<b>\$ 9,705</b>	<b>\$ 462</b>	<b>\$ 10,440</b>

The difference between  
healthcare and true care™



**Erie County Medical Center Corporation**

**Statement of Changes in Net Assets  
For the month and three months ended March 31, 2015**

*(Dollars in Thousands)*

	<u>Month</u>	<u>Year-to-Date</u>
<b>Unrestricted Net Assets:</b>		
Excess/(Deficiency) of revenue over expenses	\$ (14)	\$ (1,460)
Other transfers, net	(81)	(273)
Contributions for capital acquisitions	-	-
Net assets released from restrictions for capital acquisition	-	-
	<hr/>	<hr/>
Change in Unrestricted Net Assets	(95)	(1,733)
	<hr/>	<hr/>
<b>Temporarily Restricted Net Assets:</b>		
Contributions, bequests, and grants	-	-
Other transfers, net	-	-
Net assets released from restrictions for operations	-	-
Net assets released from restrictions for capital acquisition	-	-
	<hr/>	<hr/>
Change in Temporarily Restricted Net Assets	-	-
	<hr/>	<hr/>
Change in Net Assets	(95)	(1,733)
	<hr/>	<hr/>
Net Assets, beginning of period	117,393	119,031
	<hr/>	<hr/>
<b>Net Assets, end of period</b>	<b>\$ 117,298</b>	<b>\$ 117,298</b>
	<hr/>	<hr/>

The difference between  
healthcare and true care™



## Erie County Medical Center Corporation

### Statistical and Ratio Summary

	March 31, 2015	December 31, 2014	ECMCC 3 Year Avg. 2012 - 2014
<b><u>Liquidity Ratios:</u></b>			
Current Ratio	1.2	1.2	1.1
Days Operating Cash, includes current Investments	25.8	12.7	13.6
Days in Designated Cash & Investments (Covenant 57 days)	99.1	92.3	110.6
Days in Patient Receivables	48.1	45.3	45.2
Days Expenses in Accounts Payable	18.6	25.2	27.3
Days Expenses in Current Liabilities	70.2	93.3	90.3
Cash to Debt	72.1%	58.6%	63.0%
Working Capital	\$ 22,930	\$ 19,574	\$ 15,298
<b><u>Capital Ratios:</u></b>			
Long-Term Debt to Fixed Assets	58.5%	57.6%	63.5%
Assets Financed by Liabilities	78.9%	79.4%	79.5%
Debt Service Coverage (Covenant > 1.1)	1.7	2.3	1.8
Capital Expense	7.1%	3.2%	3.0%
Debt to Capitalization	62.1%	61.8%	63.5%
Average Age of Plant	11.9	11.3	13.8
Debt Service as % of NPSR	3.8%	4.0%	3.8%
Capital as a % of Depreciation	27.3%	99.2%	280.1%
<b><u>Profitability Ratios:</u></b>			
Operating Margin	-1.5%	0.2%	0.2%
Net Profit Margin	-1.4%	0.9%	2.1%
Return on Total Assets	-1.0%	0.7%	1.5%
Return on Equity	-5.0%	3.5%	7.5%
<b><u>Productivity and Cost Ratios:</u></b>			
Total Asset Turnover	0.9	0.9	0.9
Total Operating Revenue per FTE	\$ 177,702	\$ 186,752	\$ 175,781
Personnel Costs as % of Total Revenue	56.5%	52.5%	54.6%

The difference between  
healthcare and true care™



**Erie County Medical Center Corporation**

**Key Statistics**

Period Ended March 31, 2015

Current Period				Year to Date				
Actual	Budget	% to Budget	Prior Year	Actual	Budget	% to Budget	Prior Year	
<b>Discharges:</b>				<b>Discharges:</b>				
948	944	0.4%	939	Med/Surg (M/S) - Acute	2,832	2,739	3.4%	2,700
326	367	-11.2%	323	Behavioral Health	867	978	-11.3%	860
142	130	9.2%	126	Chemical Dependency (CD) - Detox	402	374	7.5%	385
33	26	26.9%	25	CD - Rehab	88	75	17.3%	74
44	26	69.2%	26	Medical Rehab	93	75	24.0%	79
31	34	-8.8%	33	Transitional Care Unit (TCU)	92	93	-1.1%	90
<b>1,524</b>	<b>1,527</b>	<b>-0.2%</b>	<b>1,472</b>	<b>Total Discharges</b>	<b>4,374</b>	<b>4,334</b>	<b>0.9%</b>	<b>4,188</b>
<b>Patient Days:</b>				<b>Patient Days:</b>				
6,789	5,853	16.0%	6,029	M/S - Acute	19,666	17,076	15.2%	16,804
3,616	4,222	-14.4%	4,024	Behavioral Health	10,651	11,250	-5.3%	11,871
502	445	12.8%	430	CD - Detox	1,415	1,279	10.6%	1,286
470	478	-1.7%	553	CD - Rehab	1,470	1,379	6.6%	1,493
844	670	26.0%	808	Medical Rehab	2,035	1,934	5.2%	2,105
391	432	-9.5%	410	TCU	1,213	1,182	2.6%	1,205
<b>12,612</b>	<b>12,100</b>	<b>4.2%</b>	<b>12,254</b>	<b>Total Patient Days</b>	<b>36,450</b>	<b>34,100</b>	<b>6.9%</b>	<b>34,764</b>
<b>Average Daily Census (ADC):</b>				<b>Average Daily Census (ADC):</b>				
219	189	16.0%	194	M/S - Acute	219	190	15.2%	187
117	136	-14.4%	130	Behavioral Health	118	125	-5.3%	132
16	14	12.8%	14	CD - Detox	16	14	10.6%	14
15	15	-1.7%	18	CD - Rehab	16	15	6.6%	17
27	22	26.0%	26	Medical Rehab	23	21	5.2%	23
13	14	-9.5%	13	TCU	13	13	2.6%	13
<b>407</b>	<b>390</b>	<b>4.2%</b>	<b>395</b>	<b>Total ADC</b>	<b>405</b>	<b>379</b>	<b>6.9%</b>	<b>386</b>
<b>Average Length of Stay:</b>				<b>Average Length of Stay:</b>				
7.2	6.2	15.5%	6.4	M/S - Acute	6.9	6.2	11.4%	6.2
11.1	11.5	-3.6%	12.5	Behavioral Health	12.3	11.5	6.8%	13.8
3.5	3.4	3.3%	3.4	CD - Detox	3.5	3.4	2.9%	3.3
14.2	18.4	-22.5%	22.1	CD - Rehab	16.7	18.4	-9.1%	20.2
19.2	25.8	-25.6%	31.1	Medical Rehab	21.9	25.8	-15.1%	26.6
12.6	12.7	-0.7%	-	TCU	13.2	12.7	3.7%	-
<b>8.3</b>	<b>7.9</b>	<b>4.4%</b>	<b>8.3</b>	<b>Average Length of Stay</b>	<b>8.3</b>	<b>7.9</b>	<b>5.9%</b>	<b>8.3</b>
<b>Occupancy:</b>				<b>Occupancy:</b>				
83.0%	81.7%	1.7%	82.7%	% of M/S Acute staffed beds	85.0%	81.7%	4.1%	79.1%
<b>Case Mix Index:</b>				<b>Case Mix Index:</b>				
1.70	1.74	-2.4%	1.75	Blended (Acute)	1.72	1.81	-4.9%	1.85
184	280	-34.3%	253	Observation Status	510	728	-29.9%	657
485	510	-4.9%	523	Inpatient Surgeries	1,364	1,394	-2.2%	1,385
705	694	1.6%	666	Outpatient Surgeries	1,974	1,883	4.8%	1,850
28,420	25,652	10.8%	28,985	Outpatient Visits	78,130	79,629	-1.9%	79,766
5,612	5,450	3.0%	5,439	Emergency Visits Including Admits	15,601	15,501	0.6%	15,467
48.1	44.2	2.5%	51.7	Days in A/R	48.1	44.2	2.5%	51.7
2.9%	3.8%	-24.1%	7.0%	Bad Debt as a % of Net Revenue	1.4%	3.8%	-62.1%	6.5%
2,535	2,433	4.2%	2,466	FTE's	2,499	2,435	2.6%	2,444
3.52	3.47	1.4%	3.62	FTE's per Adjusted Occupied Bed	3.53	3.62	-2.5%	3.63
\$ 11,624	\$ 11,864	-2.0%	\$ 11,712	Net Revenue per Adjusted Discharge	\$ 11,724	\$ 12,040	-2.6%	\$ 11,880
\$ 15,218	\$ 14,118	7.8%	\$ 15,036	Cost per Adjusted Discharge	\$ 15,367	\$ 14,892	3.2%	\$ 15,257
<b>Terrace View Long Term Care:</b>				<b>Terrace View Long Term Care:</b>				
11,867	11,891	-0.2%	11,873	Patient Days	34,603	34,362	0.7%	34,303
383	384	-0.2%	383	Average Daily Census	384	382	0.7%	381
434	447	-2.9%	453	FTE's	422	445	-5.4%	442
5.9	6.0	-2.7%	6.1	Hours Paid per Patient Day	5.8	6.2	-6.0%	6.2

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

**AMBULATORY SERVICES:**

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

**Project Updates**

- Ambulatory has begun working with Dr. Billittier/Medical Director of Millennium Collaborative Care on ER Diversion projects. One of our first initiatives is to introduce enhanced IV care into the Ambulatory Clinics (for example: IV fluids, antibiotics, antiemetics, Bumex, etc.). This requires concerted efforts from the physicians, clinical staff, clinic management, pharmacy, and nursing in-service. Further initiatives being considered are expanded hours, increased levels of treatment, open access, and review of physician/clinical staffing plans. We are all dedicated to making ER Diversion a successful endeavor.

**PCMH 2014 Progress**

- All Providers and Residents training completed, clinic staff will be next.
- Have a full outline of reports needed for PCMH attestation and have a PCMH IT Team that meets biweekly.
- PCMH Steering Committee re-established and will meet quarterly.
- PCMH Quality Improvement Committees are in the process of being established for each site.

**Primary Care Vision Group**

- Led by Cassie Davis, Assistant VP of Ambulatory and Dr. John Fudyma, an interdisciplinary group of physicians (Dr. Smita Bakhai, Dr. Antonia Redhead, Dr. Muhammed Ghazi), nursing supervision, clinic management, and other hospital representatives are meeting biweekly to discuss goals and align plans for the future of our Primary Care services at ECMC. DSRIP is a main focus of our discussions as we proceed into the future and establish our new model of care.

**Staffing Model for PCMH/Population Health**

- Continues to develop and is near completion. RN Case Managers have been hired and began working in both Internal Medicine and Specialty Care. Cleve Hill Family Health has hired a Case Manager, and is anticipating a start date in early May. The Case Managers are taking lead roles in several initiatives including Transition of Care, Care Coordination, improved pre-planning, education to clinic staff regarding patient health teaching, and follow-up for Inpatient and ER Incidental Findings, as well as helping establish more efficient and patient-friendly work flows in the clinics.
- Two Practice Coordinators were hired and will play key roles in our quality improvement ventures and assisting us in our successes under PCMH, EHR implementation, Meaningful Use, and other key projects as we move forward into the future. They will be floating between the different outpatient care centers as directed, however for the 45 days their primary efforts will be dedicated to the go-live of Allscripts in Specialty Care Suites 130/132.

- The Ambulatory Social Worker has started her new position and is in training. Her primary focus will be assisting with Behavioral Health screening for PCMH, and working towards a more enhanced Behavioral Health Integration Model in Internal Medicine and Cleve Hill, as well as supporting our Specialty clinics with patient concerns.
- Nurse Practitioners were hired for Internal Medicine, Cleve Hill and Specialty Care. The NP has started seeing patients at Cleve Hill and will help increase patient access as well as support urgent visits and increase volume. In Specialty, the NP has assisted in alleviating back logs in GEC, Pulmonary and Epilepsy Clinics. An anticipated start date in Internal Medicine for the NP is mid-May. We have discussed a training plan in conjunction with ER to assist in ER diversion for this new provider.

### **New York State Medical Home Demonstration Project**

- The Hospital Medical Home (HMH) was implemented by NYS DOH with funds from the 2010 Medicaid Waiver from CMS to Improve the quality of resident ambulatory care training and the primary care experience for patients. ECMCC participated in this two year initiative, providing data and written summaries of metrics outlined by the initiative. On April 1, 2015, ECMCC received notification that we have successfully completed the program milestones with an acceptable rating, and will receive full funding as awarded by this program.
- Additionally, Cassie Davis and Annette Phillips (PCMH Clinical Manager for Ambulatory Services) attended the closing conference for the Hospital Medical Home project on March 19. The conference proved very valuable in regards to updates regarding the transition from the Medical Home Project to the next phase, DSRIP. Team based care was a major focus of the conference, and is being evaluated as a best practice for implementation in the Ambulatory Primary Care locations.

### **Staff**

- Kelly Nowaczyk, Specialty Care LPN was named Nurse of the Month for April. Kelly came to Ambulatory from Terrace View in 2013 and has been an asset to the clinics. This is the third month in a row that an Ambulatory employee was awarded Employee/Nurse of the Month distinction. We are very proud of the staff, and are very happy to see them recognized.

### **BEHAVIORAL HEALTH:**

#### **OMH**

- CPEP certification survey completed April 20-22; awaiting final report.
- QA/PI process in place with approval by OMH.
- Zero-suicide grant approved for Erie County and Monroe County and funded through OMH. Training and monitoring will be led by CPEP staff.

#### **Patient Satisfaction**

- The preliminary reports for BH inpatient units from Press-Ganey available. Top box score = 53.1

### **Staff**

- Town hall meetings with the CEO held with CPEP. The staff was not happy because they felt misrepresented by newscast on WIVB. Meetings held with Rich Cleland very successful as staff feel that he was very receptive to potential improvements felt he appreciates what they do every day.

- Nurse recruitment meeting held to recruit nurses from other areas of ECMC, resulting in 10+ names of potentially interested nurses. External recruitment will be in May 2015.

### Training

- Initiated training for focused admissions - schizophrenia on 4South and OCD on 5North.
- TBI/Behavioral Health training workshop - over 100 employees and staff from other facilities attended conference, led by Elizabeth Mann, CSW and held at ECMC on April 10.
- Working with UB to provide training for all CPEP staff regarding trauma informed care.
- Education plan for Behavioral health concepts expanded to include all staff, in addition to nursing, to increase knowledge base. This will be led by nursing inservice coordinators.
- SVP Operations attended HANYS Behavioral Health SWAT conference on April 16 in Tarrytown.

### CPEP

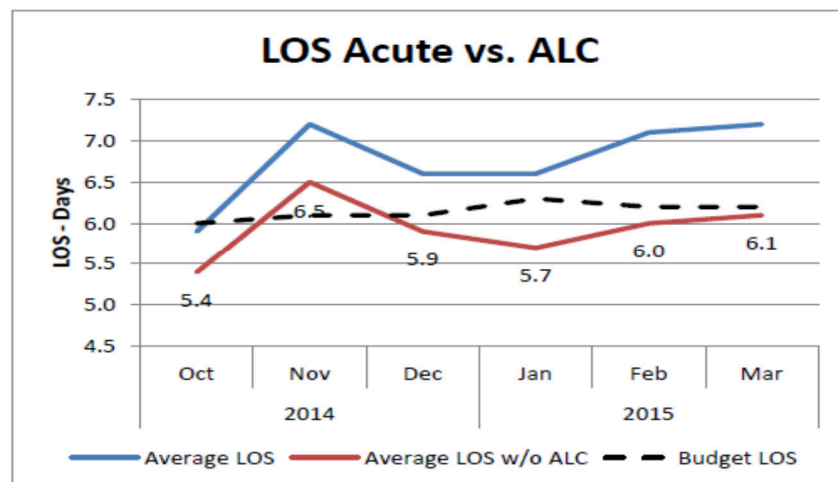
- Subcommittee reviewed and updated goals and objectives for 2015 on April 23, 2015. Summary will be included in May Board Report.

### Other

- May is Mental Health Awareness month. Calendar of activities planned for month.
- First issue of “The Advocate” published and distributed at April Board meeting.
- Marketing materials written, reviewed, and approved with layouts. Photos taken in various areas of BH for marketing externally and internally.

### BRIDGE UPDATE:

- BRIDGE initiative is in operational mode assuring processes initiated with Novia are imbedded into day to day operations.
- Dashboard is being distributed monthly.
- Physician dashboards have been developed and are being integrated into monthly department meetings. Regular medical and surgical care redesign meetings have been established to maintain ongoing accountability.
  - Teams continue to focus on drill downs into discharge delays. (*Patient Days graph attached below*).



## **CARE MANAGEMENT:**

### **Case Management**

- Continued implementation of the staffing model plan to merge the RN Case Manager with the Utilization RN role. We have 90% of the team cross-trained and functioning in the new model while continuing to provide coverage to the rest of the hospital. We are seeing a decrease in our LOS of .7 days when compared to the same time as last year, while discharging 133 (or 19.40%) more patients than last year.

### **Appeal and Denials**

- This month we implemented an internal Physician Advisor Review process. The Care Managers will concurrently send cases to our Physician Advisor electronically for his review. This service will create decrease in physician response time (the team previously utilized an outside agency for this process), and enhance the physician teaching component of the program by providing in-house concurrent feedback. Though this is a pilot if the implementation is successful, it can save the organization approximately \$10,290.00 per month.

### **ALC Process**

- We are continuing to reach out to several community organizations to strengthen our relationships in the community and to ensure we are offering our patients all available services. Our barriers continue to be placing those patients that require an Adult Residence level of care but have limited finances or Behavior Health diagnoses.

## **DIALYSIS:**

### **Outpatient**

- Continue to work on transitioning from MIQS (dialysis EMR) to Meditech (hospital EMR). Tentative transition date slated for 8/1/15.
- Investigating transition from Spectra laboratories to ECMC/ Great Lakes labs for outpatient/home labs d/t multiple issues with Spectra. Planning on coordinating transition of labs with transition of EMR in late summer.
- Co-pay collection – additional financial staff hired to work with patients to collect co-pays. Waiting for staff to transfer down to dialysis, then will start project.
- Home Hemodialysis – contract ready to be signed, then our program can start. We currently have 4 patients waiting for training.
- Current patient census – In-center Hemo - 170, PD – 11 with 2 ready to start training, HH – 4 patients ready to start training.
- Dr. Panesar, Medical Director – will be on Channel 2 “WNY LIVING” TV show scheduled to air on April 25 to promote kidney care and ECMC.

### **Inpatient**

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



## RADIOLOGY:

Radiology is working with a team to assure “incidental findings” are addressed on all patients. New process will be piloted beginning May 1.

### Ongoing Projects

- **Radimetrics**- Radiation Dose Reporting - go live May 2015  
Once Powerscribe 360 is operational, this will flow seamlessly
- **Powerscribe 360** go-live July 27, 2015  
Improvement to existing Voice recognition dictation, robust Peer Review program, integration of Radiation dose in report (JC mandate to report radiation dose), population of contrast information to report(with new scanners and injector upgrade)

### Research Study

- Carestream Cone Beam CT (**CBCT**) UB MD Orthopaedics and Sports Medicine (Dr John Marzo), Carestream and Radiology Techs and Radiologists are involved in research study testing the quality of CBCT used for upright, weight-bearing extremities. The first patient is schedule for April 27, 2015. We have been performing cadaver testing with positive results.
- BioMet shoulder – Dr Duquin is involved in a blind study with BioMet for shoulder replacements. This involves CT and plain imaging.

### MRI Safety Officer- June 2015

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

### Radiology Volumes

CT		Jan	Feb	March	YTD 2015	YTD 2014	Variance	
	Inpatient	1163	1042	1546	3751	3215	536	14%
	Outpatient	287	255	455	997	833	164	16%
	ED	878	734	1241	2853	2587	266	9%
		2328	2031	3242	7601	6635	966	13%
MRI								
	Inpatient	145	111	137	393	424	31	8%
	Outpatient	161	147	154	462	460	2	<1%
	ED	37	35	29	101	110	9	9%
		343	293	320	956	994	38	4%
RAD								
	Inpatient	2095	1647	2121	5863	5661	202	3%
	Outpatient	3390	3148	3331	9869	9748	121	1%
	ED	2657	2252	2744	7653	8288	635	8%
		8142	7047	8196	23385	23697	312	1%
Ultrasound								
	Inpatient	211	219	234	664	546	118	17%
	Outpatient	270	275	348	893	962	69	7%
	ED	33	32	34	99	108	9	9%
		514	526	616	1656	1616	40	2%
Nuc Med								
	Inpatient	68	87	105	260	269	9	3%
	Outpatient	74	64	80	218	232	14	6%
	ED	0	1	1	2	2	0	0%
		142	152	186	480	503	23	5%

## **REHABILITATION SERVICES**

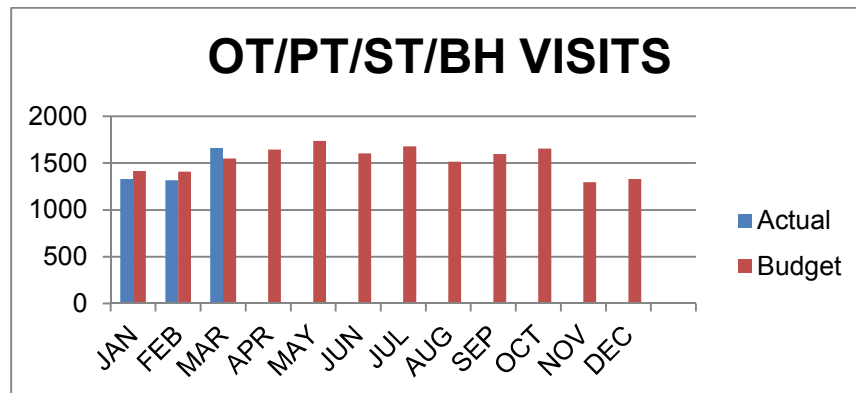
The department of Rehabilitation Therapy Services has completed the first quarter of 2015 working towards the departmental goals and methods towards achieving these goals. At the end of March the inpatient therapy area was over budget 857 visits and outpatient therapy is trending upward; finishing the month over budget and closing the gap on visits YTD. Pediatric Educational and Diagnostic Services at ECMC (PEDS) is in the midst of departmental review and reorganization under the leadership of new Director.

### **Inpatient Rehab Services**

- Participated in the grand opening of the Russell Salvatore Orthopedic Unit on the renovated 6<sup>th</sup> floor. The ribbon cutting ceremony was conducted in the therapy gym and tours of the unit were conducted throughout the day.
- Inpatient visits over budget by 857 visits YTD at the end of March.
- TCU therapy staff participated in the DOH survey. Lori Jellinick, senior PT, played a significant role in representing therapy during the survey.
- Mike Abrams, Inpatient Rehab Supervisor, retired effective March 27, 2015.
- Kevin Jenney, senior PT, initiated the planning phase of the next Rehab Symposium in 2016.

### **Outpatient Rehab Services - ECMC**

- Overall, OT/PT/ST/BH volumes up 111 visits MTD and down 65 visits YTD. OT, PT and Rehab psych all up in volume (36, 66, and 45 respectively for March). OT with positive gain with one OT out on extended sick leave with minimal overtime used. Speech down 36 visits for March and 108 visits YTD.



- Lisa Thorpe completed a senior driving presentation to Randall Church Senior group 3/14/15.
- Final presentation completed by Laura Morey, PT for the Center for Occupational and Environmental Medicine for first grant year.
- OT collaborating with the SUNYAB Engineering for 3D printing technology for UE pre-prosthetic training.
- Two volunteer board requests approved which will provide the clinic with a w/c friendly UE bike and a new biofeedback unit.
- M. McLaughlin, OTR secured free new hand controls with training and free installation for the rehab vehicle, minimally a \$2,000 value. The Rehab vehicle now has 3 types of hand control styles to offer patients during the evaluation process.
- Lisa Thorpe has taken on the Behavioral Health OT/RT unit on an interim basis until a manager is hired.

- Dr. Keenan and her interns completed 51 consults, 31 intern outpatient visits. Behavioral Health ran 12 support groups this month.
- Dr. Keenan also ran two successful Schwartz Rounds for day and evening staff and participation in TV team meetings, and the Cancer Care Committee and its subgroup.

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

- New Director filled position February 1, 2015 and continues to become acclimated to new role/ responsibilities, department/hospital processes/requirements, etc. while also trying to increase visibility of PEDS department within and outside of the hospital community.
- Continue to consider purchase of iPads or laptops for PEDS providers to promote security of business and increased efficiencies in data input/"EMR" – In process contact with Erie County has been made to inquire on requirements of participating in the electronic McGuiness PORTAL system that will allow electronic syncing and uploading of information from the point of impact/entry (at the provider level). This will require many additional communications and meetings to determine exact commitment, investment and responsibility.
- Follow-up on outstanding SEDCAR contracts/invoices with Districts – In process need to create a tracking form to determine which districts are outstanding as well as for upcoming contracts to be sent in July regarding which districts have used ECMC's contract and which have used their own contract that has been approved by our attorney.
- QA/QI quarterly meeting held – Edit PS master client list to add/change ICD 9/10 codes and IEP start date, Develop quality indicators to measure student progress and staff satisfaction by Sept 2015, Review/revision of P&P, Develop PEDS resource binder for August reorientation) - In process to complete tasks.

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

- OT Department saw 63 students for 285 visits this month. This is a decrease due to open staff position.
- PT has 43 students on program and completed 268 visits which are comparable to last year.

### **MRU**

- Physicians completed 28 outpatient visits in the month of February in addition to caseload on the MRU. Dr. Livecchi completed 5 visits and Dr. Fung 23.
- Increased census on inpatient unit continues, average census = 28.

### **TRANSPLANT SERVICES:**

- Cost Report Review by Guidry & East conducted March 11-12.
- Dr. Mareena Zacchariah has been appointed Transplant Medical Director effective April 1.
- An interview committee has been assembled to begin reviewing potential candidates for Program Administrator position.
- ECMC and UNYTS held an event on April 15 at 10:30AM in the Smith Auditorium to celebrate Donate Life month.
- Transplant activity to date:
  - Two (2) deceased transplants
  - Six (6) living donor transplants

Report to the Board of Directors  
Christopher Koenig, PT, DPT, MBA, NHA  
Vice President of Post Acute Care  
4/20/15

***Terrace View:***

The NYS DOH entered Terrace View on 4/20/15 at 7am to begin their annual CMS inspection. A Cascade Plan was set prior to arrival, and staff was in place and rounding the facility at 6 am. All Terrace View staff have been educated and trained on a 140 point preparedness plan that has been successful, and many quality improvement processes have originated from this as a result.

Nearly all Quality Measures show positive improvement through April. Both short term and long term reports of pain have dropped 2 points over previous months, and remain an area concentrated on by all Terrace View staff. The number of residents with physical restraints showed great improvement, with an incidence of only 0.8, compared to the NYS average of 1.5. Anti-anxiety prescription use also has shown great improvement to an incidence of 3.9, and is well below the NYS average as well. UTI and Catheter use has shown steady decline in recent months, with both measures nearing the state average. The decrease in patients triggering for these measures is made even more noteworthy by the very existence of the ventilator unit at Terrace View, which remains at or near full capacity year round.

The last week in April will mark the beginning of the next Case Mix Index window, which determines the Medicaid reimbursement for long term care facilities. Our previous score of 0.93 showed great improvement over previous scores, and we intend to keep that momentum going to the end of the next period in July 2015. With the high acuity of patients at Terrace View, improvements in the CMI will help us to capture revenue corresponding with the high level of staffing and care provided at Terrace View. Weekly meetings to review each patient prior to MDS submission will be held and will include the newly appointed MDS Director, Beth Lange, RN, who will help coordinate the oversight of all MDS submissions. A Rehabilitation Director has been approved by the Executive Committee, and will also assist with the submission window so that every patient receives the services prescribed in a timely fashion. A search for this candidate is under way.

Terrace View held an average census of 384 of 390, with many days at full capacity in the past month. Our Medicare census went up from 5.5% to 5.6% March to April. Rehab RUG categories constitute 62% of all RUG days, an increase from 40% in the previous year. Managed Care percentage was 3.53% in April, with a slight uptick in BC and IHA patient days. Medicaid census remained steady at 69.8%. The private/no payer source percentage has also held steady at 8.1%.

On April 29<sup>th</sup>, we will hold an employee recognition event at Terrace View, to recognize over 160 staff members with 10 years or more of service. We expect a great turnout, and the staff is looking forward

to the event. We will be holding a second job fair at Terrace View in early May to recruit RNs and LPNs to the open positions at TV.

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

The TCU Census has averaged approximately 12 occupied beds per day on average. Medicare RUG distribution consisted of 82% of days in the Rehab category. Of these days, 62% were in the Rehab Ultra category, and 24% were in the Rehab Very High category, attributable to the high level and need of rehab on the unit.

The DOH performed their annual survey of the TCU mid March. Concerns arose over advanced directives and DNR status which were mitigated timely. A detailed plan of correction was submitted to the DOH and was approved. Policy and procedures have been reviewed in an effort to continually improve the already great care on the unit.

A phone conference is schedule with HANYS for April 29<sup>th</sup> in regards to TCU operations in NYS. HANYS is looking for ways to advocate for providers and help TCUs operate within their niche so their services are understood and utilized appropriately.

### ***Palliative Care:***

A second presentation was made to the ECMC Lifeline Foundation BOD on April 16<sup>th</sup>. Two representatives from Cross Roads House in Batavia joined the ECMC team to help advocate for the need of a comfort house in Erie County. Discussion in regards to the opening and development of the house has and will continue. Support from the community has been outstanding. Recently a meeting was held with Pat Ahern, CEO of Hospice to discuss the Comfort House, and they have offered their support. Hospice can be utilized by residents of the house when they are transferred if they desire.

A walk though of the beds chosen to be utilized by Hospice at Terrace View Commenced on March 16<sup>th</sup>. Two beds were agreed upon, as they meet all stipulations of the contract with Hospice. Hospice is reworking the original contract with ECMC to include Terrace View, and will assist to make the beds operational when it is complete.

The Conversation Project will hold their next public meeting on Tuesday, April 28<sup>th</sup> at 6:30pm at Terrace View in the Café. April 16<sup>th</sup> was National Health Care Decisions day. The goal of the Decisions day is to inform the community about advanced directives and help them to make the necessary decisions regarding their wishes prior to an event happening. At ECMC, our theme was "Leading by Example", and we encouraged our own staff to complete their own advanced directives so that will better be able to assist their patients in completing their own directives. Informational tables were set up throughout ECMC and Terrace View during all shifts with great success.

In the coming weeks, members from the Palliative Care team will be meeting with The Health Foundation of Western and Central New York to discuss The Conversation Project, and with the American Cancer Society in regards to collaboration in regards to oncology care. Palliative care has also taken many steps forward in regards to participation in DSRIP projects, and future collaboration with Catholic Medical Partners will be encouraged at a meeting with Dr. Edbauer in early May.

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

**UNIVERSITY AFFAIRS**

**Associate Dean of Medical Curriculum Appointed.**

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

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

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

Subject: Institutional Review Board

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

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

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

- 1) Excessive turnaround time for protocol approval
- 2) Inconsistencies between committee review
- 3) Lack of direct point of contact
- 4) Need for a reasonable response time to the question that is posed
- 5) Lack of training for HRP toolkit prior to implementation
- 6) Protocol Template HRP-503 is lengthy, redundant and is not geared toward expedited trials or to social and behavioral research projects

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

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

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

cc: Deans

Associate Deans for Research

Department Chairs

Kenneth M. Tramposch, Institutional Official, HRPP

Richard Karalus, Director, Research Compliance

## **PROFESSIONAL STEERING COMMITTEE**

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

## **UTILIZATION REVIEW**

**Flash report attached.**

## **CLINICAL ISSUES**

Lab survey was conduct with no significant issues.

## **Certification of Bariatric Surgery**

On 3/27/15, the American Society for Metabolic and Bariatric Surgery Accreditation(ASMBS)Program surveyor were at ECMC to perform an extensive review and survey of our Bariatric program for ECMC's designation as a Certified Bariatric



Center of Excellence. We are pleased to announce that the ASMBS highlighted many best practices and spoke to the excellence of our program. They indicated that they will be making a recommendation to the ASMBS Board that ECMC be designated as *Certified Bariatric Center of Excellence*. We are hoping to receive the official notification in 8 weeks.

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

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

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

The guidance reinforces the regulations and states that a bill will be a surprise bill if a patient receives a bill from a non-participating physician at a participating hospital or surgery center and a participating provider was not available or a non-participating physician provided services without the patient's knowledge or unforeseen medical circumstances arose at the time health care services were provided. In addition, a bill will be considered a surprise bill if a participating provider refers a patient to a non-participating provider and the patient has not signed a consent form acknowledging that the services would be out of network and would result in costs not being covered by the patient's health plan. DFS further states that a referral occurs 1) when during a visit with a participating physician, a non-participating physician treats the patient, 2) a participating physician takes a specimen during the visit and sends it to a non-participating laboratory or 3) for any other health care service when referrals are required by the patient's health plan.

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

The Health Care Resources Center's Health Care Provider Rights and Responsibilities<sup>[1]</sup> has also been updated to summarize the disclosure obligations of hospitals, physicians and other health care professionals. For example, when scheduling appointments, a health care professional is required to give, in writing or through website, information regarding which health plans the professional participates in as well as the professional's hospital affiliations. The health care professional must also inform the patient that the amount or estimated amount a patient will be billed for services is available upon request if the professional does not participate in the patient's health plan. Additional disclosure

requirements apply when a physician arranges for services in his office, refers a patient for services, or arranges for scheduled nonemergency inpatient or outpatient services. Specifically, the physician is required to provide a patient or prospective patient with the following at the time of referral to or coordination with such provider:

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

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

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

However, DFS clarified that such disclosure requirements are not required when a patient has an unscheduled hospital admission (i.e., through the emergency department) and is stabilized but requires additional inpatient treatment. Despite the lack of disclosure requirements, DFS does remind providers that if an emergency room physician requests a consultation from a specialist to evaluate a patient in the emergency room and the specialist is out-of-network, a bill from the specialist will be considered a bill for emergency services and be subject to the Independent Dispute Resolution Process

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

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

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

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

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

The Centers for Medicare and Medicaid Services (CMS) will extend the prohibition of the Recovery Audit Contractor (RAC) inpatient patient status reviews and "probe and

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

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

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

---

### **President Obama signs SGR bill.**

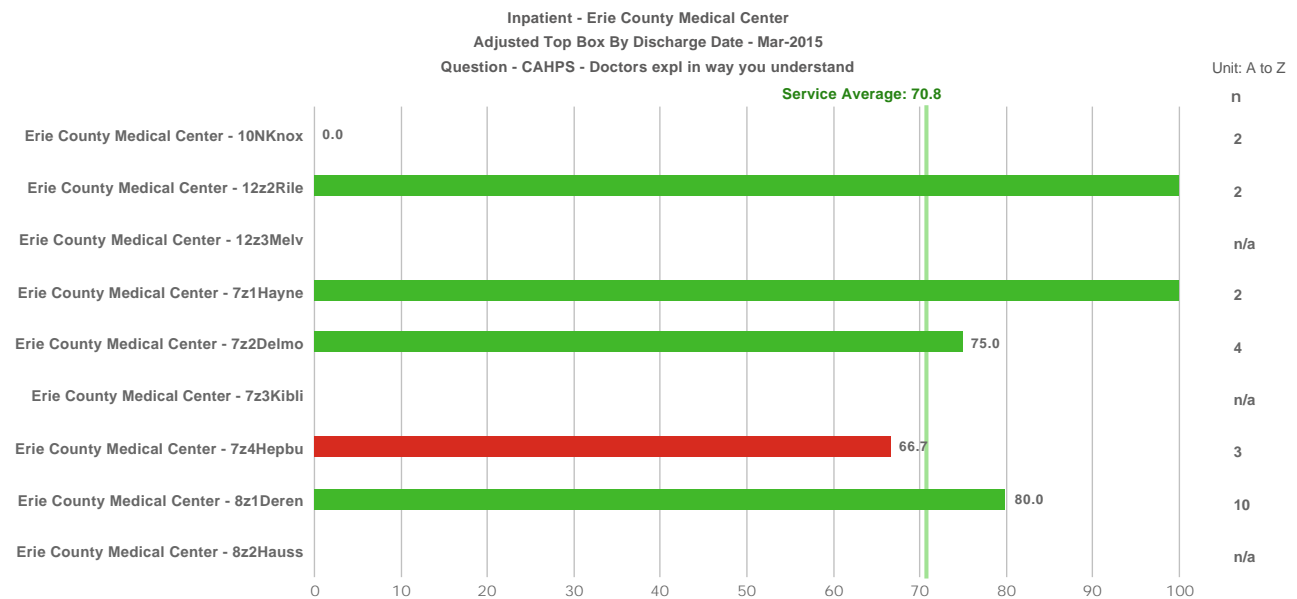
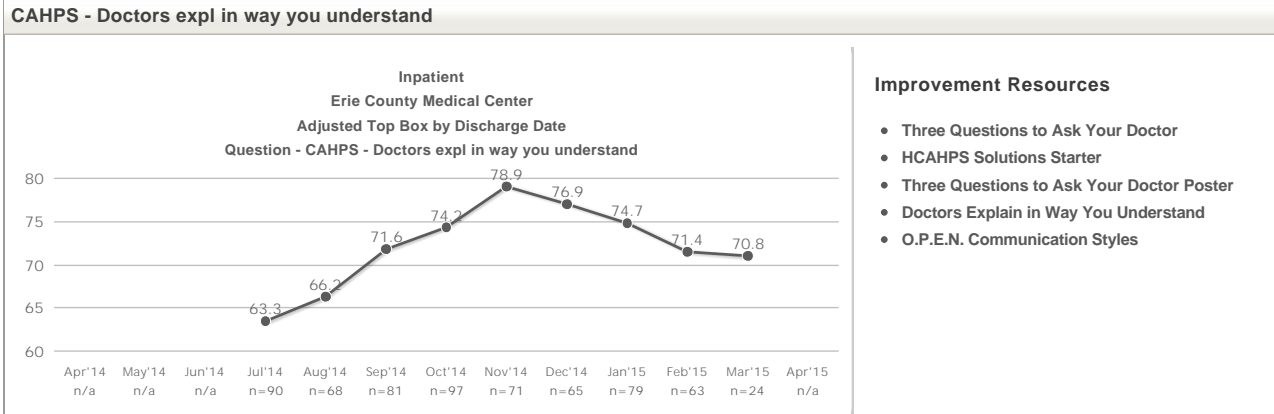
The [AP](#) (4/17) reports that President Obama on Thursday signed legislation repealing Medicare’s sustainable growth rate formula, two days after the Senate passed the bipartisan bill. The article notes the bill blocked a 21-percent cut in Medicare payments that was scheduled to take effect this week.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

ECMC Flash Report for 3/31/2015

Budget	MTD	Diff	Diff %	PMTD	Acute Summary	Budget	YTD	Diff	Diff %	PYTD
953	979	26	2.7 %	985	Admissions	2,752	2,854	102	3.7 %	2,718
946	948	2	0.2 %	939	Discharges	2,745	2,832	87	3.2 %	2,700
6.2	7.2	1.0	15.5 %	6.4	Avg Length of Stay	6.2	6.9	0.7	12.0 %	6.2
-	4.7	-	-	4.6	Expected Length of Stay	-	4.8	-	-	4.8
6.2	6.9	0.7	11.8 %	6.0	Discharge LOS	6.2	6.9	0.7	10.9 %	6.5
-	5.5	-	-	4.9	Average LOS w/o Outliers	-	5.6	-	-	5.1
-	64.9	23 Outliers	-	56.2	Discharge LOS - Outliers	-	77.2	51 Outliers	-	83.0
-	69.9	17 ALC pts	-	99.7	Discharge LOS - ALC	-	77.9	35 ALC pts	-	176.1
5,853	6,789	936	16.0 %	6,029	Patient Days	17,076	19,666	2,590	15.2 %	16,804
358	1,025	667	186.3 %	253	ALC Days	1,044	2,860	1,816	173.9 %	680
141	145	4	2.8 %	142	One Day Stays	428	392	-36	-8.4 %	407
1,7374	1,7038	-0.0336	-1.9 %	1,7287	Case Mix	1,7374	1,7289	-0.0085	-0.5 %	1,8033
6.3	8.9	2.9	47.8 %	7.1	Medicare Avg Length of Stay	6.3	7.6	1.6	26.5 %	7.3
-	129	-	-	104	Admissions from Observation	-	327	-	-	277
Budget	MTD	Diff	Diff %	PMTD	Behavioral Health	Budget	YTD	Diff	Diff %	PYTD
369	317	-52	-14.1 %	324	Admissions	979	862	-117	-12.0 %	859
367	326	-41	-11.2 %	323	Discharges	978	867	-111	-11.3 %	860
11.5	11.1	-0.4	-3.5 %	12.5	Avg Length of Stay	11.5	12.3	0.8	6.8 %	13.8
4,222	3,617	-605	-14.3 %	4,024	Patient Days	11,250	10,652	-598	-5.3 %	11,871
Budget	MTD	Diff	Diff %	PMTD	Chemical Dependency	Budget	YTD	Diff	Diff %	PYTD
155	179	24	15.5 %	151	Admissions	452	491	39	8.6 %	460
156	175	19	12.2 %	151	Discharges	449	490	41	9.1 %	459
923	972	49	5.3 %	983	Patient Days	2,658	2,885	227	8.5 %	2,779
Budget	MTD	Diff	Diff %	PMTD	Rehab Medicine	Budget	YTD	Diff	Diff %	PYTD
31	32	1	3.2 %	38	Admissions	78	91	13	16.7 %	84
26	44	18	69.2 %	26	Discharges	75	93	18	24.0 %	79
670	844	174	26.0 %	808	Patient Days	1,934	2,035	101	5.2 %	2,105
Budget	MTD	Diff	Diff %	PMTD	Transitional Care	Budget	YTD	Diff	Diff %	PYTD
29	29	0	0.0 %	28	Admissions	91	91	0	0.0 %	88
34	31	-3	-8.8 %	33	Discharges	93	92	-1	-1.1 %	90
432	391	-41	-9.5 %	410	Patient Days	1,182	1,213	31	2.6 %	1,205
Budget	MTD	Diff	Diff %	PMTD	Terrace View / LTC	Budget	YTD	Diff	Diff %	PYTD
-	52	-	-	50	Admissions	-	148	-	-	150
-	46	-	-	51	Discharges	-	143	-	-	149
11,891	11,867	-24	-0.2 %	11,873	Patient Days	34,362	34,595	233	0.7 %	34,303
Budget	MTD	Diff	Diff %	PMTD	Operating Room	Budget	YTD	Diff	Diff %	PYTD
992	1,014	22	2.2 %	979	General Surgeries	2,731	2,884	153	5.6 %	2,692
472	469	-3	-0.6 %	491	Inpatient	1,300	1,327	27	2.1 %	1,304
520	545	25	4.8 %	488	Outpatient	1,431	1,557	126	8.8 %	1,388
Budget	MTD	Diff	Diff %	PMTD	Emergency Department	Budget	YTD	Diff	Diff %	PYTD
4,371	4,535	164	3.8 %	4,429	ER Visits	12,423	12,607	184	1.5 %	12,587
770	816	46	6.0 %	797	ER Admits	2,201	2,401	200	9.1 %	2,279
17.6 %	18.0 %		0.4 %	18.0 %	% of ER Visit Admits	17.7 %	19.0 %	1.3 %		18.1 %
280	197	-83	-29.6 %	255	Observation	728	530	-198	-27.2 %	664
1,079	1,077	-2	-0.2 %	1,010	CPEP Visits	3,078	2,992	-86	-2.8 %	2,880
324	307	-17	-5.2 %	316	CPEP Admits	903	808	-95	-10.5 %	851
30.0 %	28.5 %		-1.5 %	31.3 %	% of CPEP Visit Admits	29.3 %	27.0 %	-2.3 %		29.5 %
5,450	5,612	162	3.0 %	5,439	Total ED Volume	15,501	15,599	98	0.6 %	15,467
Budget	MTD	Diff	Diff %	PMTD	Outpatient Visits	Budget	YTD	Diff	Diff %	PYTD
2,337	3,041	704	30.1 %	2,372	Behavioral Health	6,406	8,022	1,616	25.2 %	6,501
5,293	5,030	-263	-5.0 %	4,886	Chemical Dependency	14,536	13,757	-779	-5.4 %	13,291
6,486	6,337	-149	-2.3 %	6,245	Clinics - A	18,868	17,107	-1,761	-9.3 %	17,312
2,562	2,896	334	13.0 %	2,172	Clinics - B	6,923	7,453	530	7.7 %	5,406
1,770	1,906	136	7.7 %	1,811	Dialysis	5,073	5,319	246	4.8 %	5,076
3,749	1,804	-1,945	-51.9 %	3,331	Referred / Ancillary	10,843	4,816	-6,027	-55.6 %	9,509
704	726	22	3.1 %	695	Surgical	2,071	2,058	-13	-0.6 %	1,969
1,551	1,690	139	9.0 %	1,456	Therapy	4,376	4,398	22	0.5 %	4,033
499	430	-69	-13.8 %	471	Transplant / Vascular	1,446	1,202	-244	-16.9 %	1,386
Budget	MTD	Diff	Diff %	PMTD	Radiology	Budget	YTD	Diff	Diff %	PYTD
3,257	3,240	-17	-0.5 %	3,167	CT Scan	9,539	9,130	-409	-4.3 %	9,114
8,673	8,478	-195	-2.2 %	8,742	Diagnostic Imaging	25,388	24,179	-1,209	-4.8 %	24,545
349	318	-31	-8.9 %	361	MRI	1,060	954	-106	-10.0 %	994
414	402	-12	-2.9 %	414	Nuclear Medicine	1,099	1,000	-99	-9.0 %	1,099
619	700	81	13.1 %	682	Ultrasound	1,754	1,891	137	7.8 %	1,850
5,163	5,025	-138	-2.7 %	5,070	Total Inpatient Procedures	15,482	14,948	-534	-3.4 %	14,122
8,100	8,113	13	0.2 %	8,296	Total Outpatient Procedures	23,390	22,206	-1,184	-5.1 %	23,480

Docs explained

Satisfaction Timeframe: Monthly

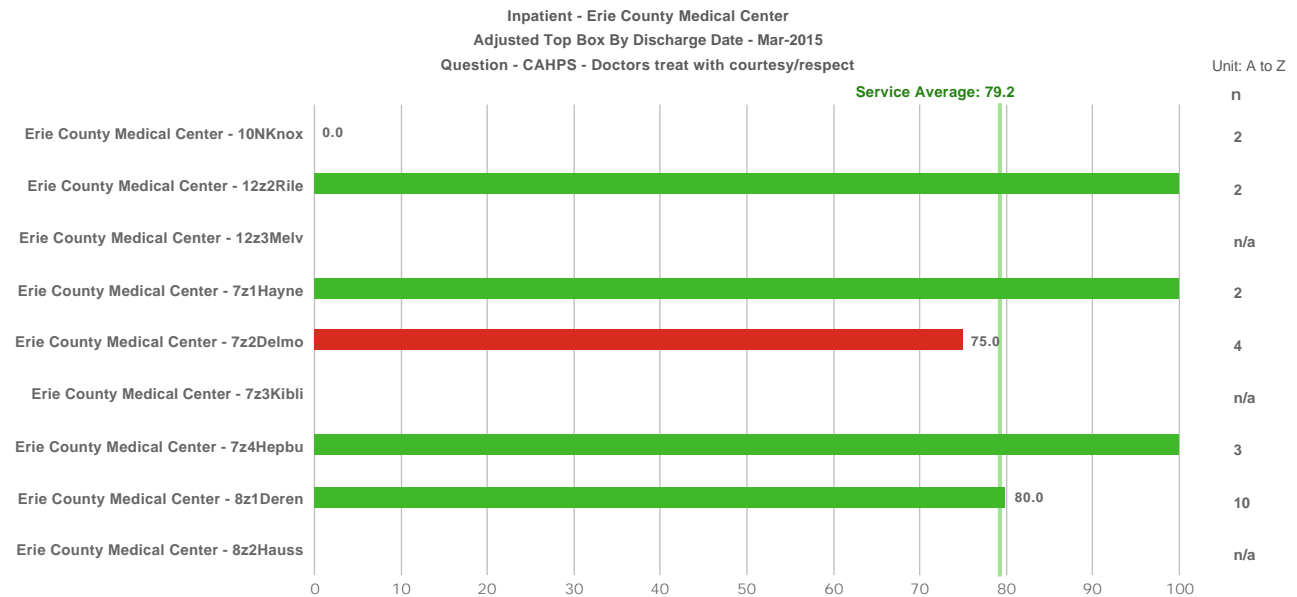


**Improvement Opportunities**

Erie County Medical Center - 10NKnox	Priority Index: Standard
<b>Erie County Medical Center (Peer Group: Internal)</b>	
Staff include decisions re:trtmnt	
Speed of discharge process	
Explanations: happen during T&T	
Wait time for test or treatments	
Physician concern questions/worries	
Staff addressed emotional needs	
Skill of physician	
Response concerns/complaints	
Time physician spent with you	
Physician kept you informed	

Docs courtesy

Satisfaction Timeframe: Monthly

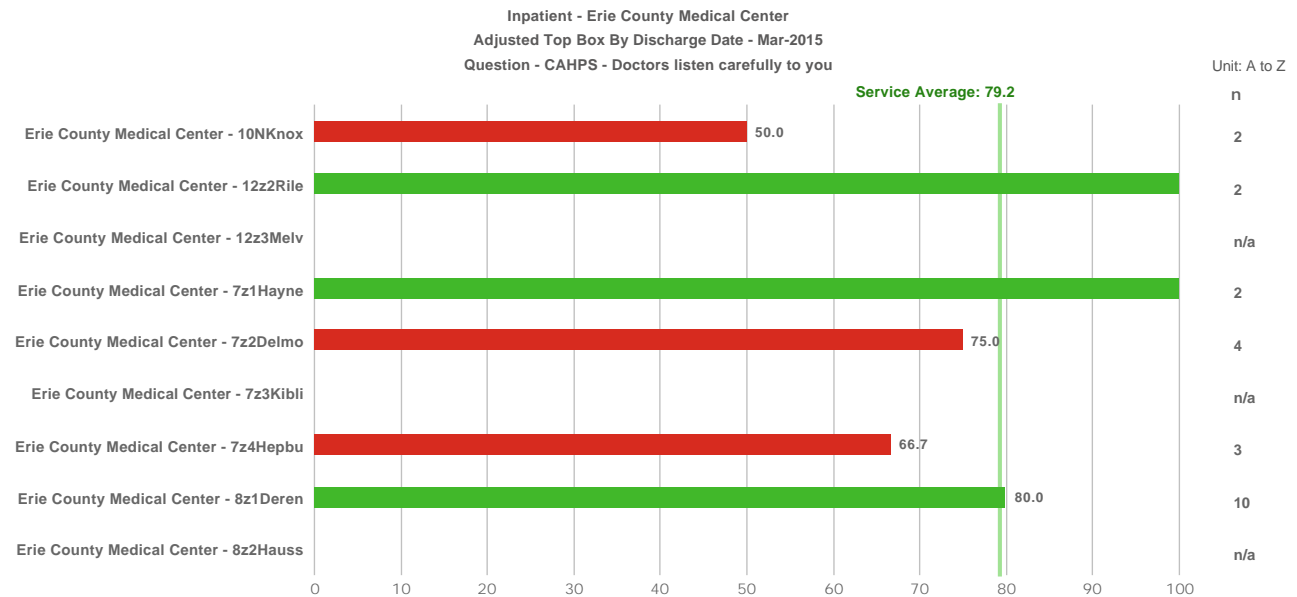
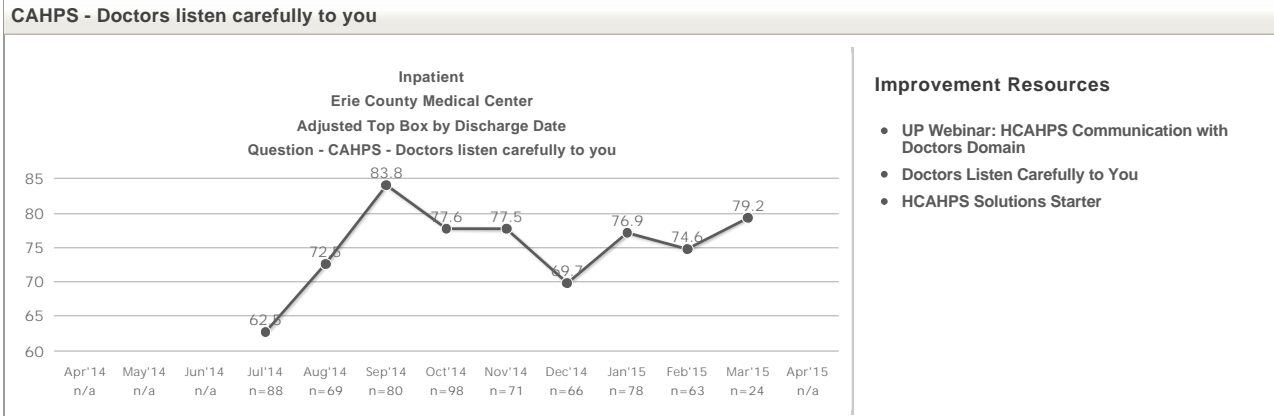


**Improvement Opportunities**

Erie County Medical Center - 10NKnox	Priority Index: Standard
<b>Erie County Medical Center (Peer Group: Internal)</b>	
Staff include decisions re:trtmnt	
Speed of discharge process	
Explanations:happen during T&T	
Wait time for test or treatments	
Physician concern questions/worries	
Staff addressed emotional needs	
Skill of physician	
Response concerns/complaints	
Time physician spent with you	
Physician kept you informed	

Docs listed

Satisfaction Timeframe: Monthly



**Improvement Opportunities**

Erie County Medical Center - 10NKnox	Priority Index: Standard
<b>Erie County Medical Center (Peer Group: Internal)</b>	
Staff include decisions re:trtmnt	
Speed of discharge process	
Explanations:happen during T&T	
Wait time for test or treatments	
Physician concern questions/worries	
Staff addressed emotional needs	
Skill of physician	
Response concerns/complaints	
Time physician spent with you	
Physician kept you informed	

## ERIE COUNTY MEDICAL CENTER CORPORATION

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

April, 2015

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

- On April 28<sup>th</sup> The 28<sup>th</sup> Annual Nursing Research Scholarly Conference took place at the Grapevine Banquet Facility. A poster presentation was done by Cheryl Nicosia, Linda Schwab, Karen Ziemianski and Renee Delmont . The presentation was: Step down Trauma Transition Program : Transitioning Care and Hand off Communication for a Vulnerable Population.
- Our Culture of Accountability class took place on April 7<sup>th</sup> here at ECMC. The following were in attendance: Pam Riley, Renee Delmont, Nicole Knox, Ben Stanford, Maria Nye, Marc Labell, Steve Bailey, Lisa Nowak, Kim Raynes, Rick Doetterl, Anita Garcia, Sean Guinnance, Crystal Casebeer, Cassie Pykus, Tina Wheaton, Nadine Hoerner, Heather Fox, Casey Sercu, Lisa Zoltak, Lisa Pajek
- On March 31<sup>st</sup>, Nursing celebrated the Daisy Award Celebration for Tracy Dempsey.  
Here is her nomination by a family Tracy cared for : my brother Stephen Haynes on floor 12, zone 2, room 1263, during one of the most difficult times my family has ever faced. Not only was she a consummate professional, her sincere care for my brother and family was extraordinary. We simply would not have made it through this very difficult time without Tracy's support. In fact, we have informally adopted Tracy as a family member!  
Making a difference to my brother Steve... Every time Tracy provided any care for Steve, it was clear she cared. Nothing was routine for her. Tracy's focus was always to ensure everything was done to provide Steve comfort during his last days with us. She spoke to him as a dear friend, even when it wasn't clear he could hear her. These conversations occurred before, during, and after medicine was provided. After her shift ended it was a very sad time for my family, because one of our adopted family members was leaving! We also rejoiced when she returned for another shift.  
Making a difference to my family... At the beginning of each of Tracy's shifts, there was a sigh of relief from the family (two family members stayed with Steve, around the clock). Tracy was never in a hurry to leave the room when she provided medicine. She took the time to talk to Steve when she could have just left to assist other patients. Tracy made us feel like Steve was the most important patient she had. The impact she had on our family is almost impossible



to describe. Tracy was not just caring for Steve, she was caring for the family as well. Every time she saw us, an offer was made to provide whatever we might need. We did call on Tracy multiple times for additional support and she always took care of our needs. One morning, after the two family members were waking up, she brought a cart of food and drinks, which had been approved by her supervisor. You see, Tracy knew we were all hurting (not just my brother Steve), and she did all she could do, to minimize the hurt for ALL of us. She even called in on a day off to see how Steve was doing. Amazing! Tracy is a true role model for all nurses! Nursing is not just a job for Tracy; it is a passion that is part of who she is as a person.

Leaving a legacy... Being from out of state, I was not familiar with ECMC. I only knew my brother was receiving cancer treatment from the Jonah Center at ECMC. What I will remember for the rest of my life is the difference Tracy made for Steve and my family, as we all said goodbye to him. A company is often defined by its employees. In other words, ECMC is Tracy and Tracy is ECMC. Using that way to define ECMC, I can say with great confidence ECMC is one of the finest hospitals in the world (and having been in hospitals inside and outside of the US, this is not speculation). Also, having held leadership positions where I was responsible for over 1,000 people, I have recognized the need to have top quality people as part of the team. This is how one ensures success, sometimes against all odds. In this context, I would describe Tracy as a “keeper”! She makes a huge difference and is part of ECMC’s success. ECMC should do all that is practical to ensure she stays part of the ECMC team.

- Leadership Development was presented on April 15<sup>th</sup> at 1:00 pm to our nursing staff and then again on April 16<sup>th</sup> at 6:00 pm to reach out to our evening nurses. The Legal and Risk Team discussed updates on pressure ulcers and strategy of falls and documentation. Over 100 teammates attended.
- The Medical Surgical Nursing Practice Council held a “Buddy Up” Stair climbing challenge. The second place winners for March were: Kelly Burch and Christina Barnes both from the Dental Clinic who climbed 912 steps. The first place winners for March were Thameena Hunter and Deb Daurelio both from Nursing Staffing Office climbed an amazing 1424 flights of stairs. Prizes to be awarded will be Dick’s Sporting Goods gift cards.
- Lynn Kordasiewicz attended an conference titled: Improving Wound Care 2015 The Wound care conference was a multidisciplinary approach that discussed innovative approaches to problematic skin and wound care issues. National expert speakers shared knowledge and experience regarding complex wounds of the lower legs, as well as caring for wounds within the geriatric and bariatric populations. Contact dermatitis and pressure ulcer case presentations was also illustrated. The program was well designed to improve patient centered care. I had a very nice time and was able to network with some of my colleagues in the community.
- Edna Stercula was nominated for the 2015 Nurse of Distinction award through Jamestown Community College Alumni Association and the JCC Nursing Program. The ceremony was held at the Bartlett Country Club in Olean, NY on April 14, 2015.

- On April 14, 2014 nurses in the Burn Unit completed a Sharp course. They had their competencies done in a lab setting and were given a lecture format that contained a review on Anatomy and Physiology of the skin and structures, reasons you would and reasons you would not sharp debride a patient. There was a total of 10 RN's including the Unit Manager, Audrey Hoerner that attended. The nurses who attended were: Jessica Semp, Jerald Vogel, R. Daryl Ibbotson, Maureen Swain, Shannon Grenier, Paula Wittmann, Giovanna Digesare, Jessica Park - Brooks, Jeremy Hoover and Matthew Hodgson.
- Karen Beckman presented at the 2015 Greater Buffalo EMS conference on SANE and Sexual Assault Awareness. It took place Saturday, April 18, 2015 and was well received. There were about 175 folks in attendance at the Millennium Hotel on Walden Ave next to the Galleria Mall. There were EMS professionals/providers and Homeland Security folk from across the State of New York and many expressed gratitude for ECMCC and what we do every day at ECMCC.
- Michelle Swygert won the Delta Sigma Award and membership in the Marguerite d'Youville Honor Society through D'Youville College!
- Trocarie College held their Advisory Council meeting at Russell's Steakhouse on April 21, 2015. Karen Ziemianski was the ECMC representative.
- There was a Critical Care Nursing Conference for Western New York held at Salvatore's Italian Gardens on April 22, 2015. The topic was: Basing your practice on the evidence. Over 95 participants were registered for this event.  
Leads were Cheryl Nicosia, Cam Schmidt, Peggy Cramer, Tim Kline, Melinda Lawley and Audrey Hoerner

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS

MINUTES OF THE HUMAN RESOURCES COMMITTEE MEETING

TUESDAY, MARCH 10, 2015

ECMCC STAFF DINING ROOM

---

VOTING BOARD MEMBERS                   MICHAEL HOFFERT, CHAIR  
PRESENT OR ATTENDING BY            BISHOP MICHAEL BADGER  
CONFERENCE TELEPHONE:              FRANK MESIAH

BOARD MEMBERS EXCUSED:

ALSO PRESENT:                           CARLA DICANIO-CLARKE                   MARY HOFFMAN  
  BEN LEONARD                               CHRIS KOENIG  
  NANCY TUCKER                             ANTHONY DiPINTO  
  NANCY CURRY                               BELLA MENDOLA

---

**I.        CALL TO ORDER**

Chair Michael Hoffert called the meeting to order at 10:05am.

**II.       RECEIVE & FILE**

Moved by Michael Hoffert and seconded by Frank Mesiah to receive the Human Resources Committee minutes of the January 13, 2015 meeting.

**III.      EMPLOYEE RECOGNITION**

Carla DiCanio-Clarke reported that she would like to begin the Committee meetings different going forward. She will recognize an outstanding employee or team at the beginning of each meeting. The outstanding team recognized at the present meeting is the Human Resources staff. The week of March 16<sup>th</sup> is Human Resources week. There are many activities planned. The HR staff is a committed group of individuals who do a great job.

**IV.      LABOR RELATIONS UPDATE**

Meetings with all 3 unions continue. 17 new representatives are being trained for NYSNA. AFSCME is holding elections this month. There are 25 people running for 5 positions.

**V.       WORKERS COMPENSATION AND EMPLOYEE OCCURRENCES**

The Workers Compensation and employee occurrences report was distributed. A discussion on behavioral health/assaults ensued. A full behavioral health report will be given at the next meeting.

**VI.      TERRACE VIEW REPORT**

Reports prepared by Nancy Curry were distributed. A job fair was held on January 28, 2015. The goal was to fill CNA, housekeeping and LPN positions. Attendees preregistered, filled out mini applications and were pre-interviewed. Everyone pitched in from housekeepers to administrators. Another job fair is scheduled next month. A staffing plan is in the works and memorandums of agreement will have to be signed by the unions in order to implement it. The plan will improve staffing, decrease overtime and employees will not have to float as much. More information to come as the plan becomes finalized.

ERIE COUNTY MEDICAL CENTER CORPORATION

**VII. NURSING TURNOVER REPORT**

**January**

**Hires: 24.5 FTEs & 3 PD (LPN: 6FTEs)**

- Med/ Surg: 10.5 FTE & 3 PD
- Behavioral Health: 14 FTEs

**Losses: 3.5 FTEs & 1PD**

- Med/ Surg: 2.5 FTEs
- Behavioral Health: 1 FTEs

**Turnover Rate: .4%**

**Turnover Rate YTD: .4%**

**February**

**Hires: 7.5 FTEs & 1 PD (LPN: 1 FTE)**

- Med/ Surg: 2 FTEs, 1 PD, 1 LPN
- Behavioral Health: 5 FTEs

**Losses: 7 FTEs & 1 PD (LPN: 2 FTEs)**

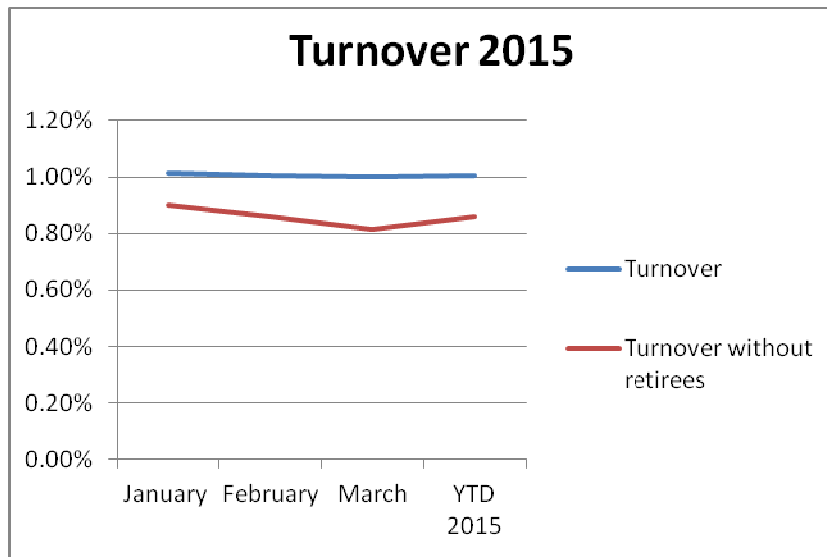
- Med/ Surg: 3 FTEs, 1 LPN
- Behavioral Health: 1 FTE, 1 PD, 1 LPN
- Trauma/ ER: 3 FTEs

**Turnover Rate: .9%**

**Turnover Rate YTD: 1.42%**

**VIII. EMPLOYEE TURNOVER REPORTS**

Turnover reports were distributed for January and February 2015. The turnover rate continues to be low. Open houses were held in behavioral health and ads have been placed in the Buffalo News.



**IX. WELLNESS AND BENEFITS**

Wellness week was January 26, 2015-January 30, 2015. Win to Lose, a weight lose contest for employees, will be starting up April 14, 2015.

**X. ADDITIONAL INFORMATION**

Next meeting, an EEO report will be given.

**XI. ADJOURNMENT**

Moved by Frank Mesiah and seconded by Bishop Michael Badger to adjourn the Human Resources Committee meeting at 11:10am.



## HEALTH INFORMATION SYSTEM/TECHNOLOGY April 2015

**Millennium Collaborative Care (MCC).** Working with KPMG and the MCC business partners, we have begun to develop the business operating model and data requirements for the integrated delivery system project. We are accomplishing this by performing workflow assessments with the stakeholders based upon patient scenarios. I am pleased with the willingness and desire from the community to support this initiative and want to thank the individuals involved for dedicating their time and effort. Our target date for completion of the proposed model is July 30<sup>th</sup>. This will result in an IT requirements document which will then be utilized to assist in the system selection process. We are also working with the MCC Leadership to develop a back office communication strategy by leveraging current toolset within organization.

In addition, we continue to drive toward aligning of the interdependencies of this project in relation to the Great Lakes Health and OPA strategies for population health analytics and care coordination.

**Great Lakes Health (GLH) IT Strategy.** The GLH IT Committee continue to work together to assess the healthcare IT systems vendors capabilities of becoming a long term strategic partner of the Great Lakes Health System. We are currently focusing on two of the market leaders, EPIC and Cerner. Several team members from Kaleida, UB and ECMC were invited to visit Cerner's Vision Center and a large visit hospital reference site to better understand Cerner's best practice and strategic vision. We are in the process of coordinating a similar visit with EPIC. In addition, we are working with the Finance committee to develop an assessment of current IT capital and operational spends between ECMC and Kaleida Health. This exercise will lead to a better understanding of return on investment and finance opportunities between both organizations.

### **Infrastructure Support**

Identity Theft Monitoring services has been tested and will be instituted for members of the Board of Directors and other ECMC personal whose personal information is possible exposed due to public disclosure requirements.

The first Meditech System Failover Test will occur the first week of May. ECMC has built a redundant Meditech environment at the Tri-Delta facility in Canandaigua, NY and is designed to provide limited capabilities if the primary environment fails. The test will verify the designed capabilities and document the time required to provide these capabilities.

**Clinical Automation.** ECMC is leading the development effort with WNY Healthelink to create a direct link between our main healthcare system and Healthelink's EHR. This will allow our provider community to seamlessly access additional patient information without utilizing additional applications hence increasing provider satisfaction and improving patient care.

**Marketing and Development Report**  
**Submitted by Thomas Quatroche, Jr., Ph.D.**  
**Sr. Vice President of Marketing, Planning and Business Development**  
**April 28, 2015**

**Marketing**

New Russell J. Salvatore Orthopedic advertising underway  
ECMC Medical Minutes subjects have featured Donate Life Month, Kidney Disease, the roles of Organ Donor and Recipient and Considering Becoming an Organ Donor  
New television commercial on air focusing on major services  
Continuing marketing to primary care physicians and internal audience  
Interviews held with departments for website redesign and new designs to be presented

**Planning and Business Development**

Leading DSRIP efforts for ECMC with community collaborations  
ECMC PPS now has 3,800 providers and over 230,000 Medicaid lives  
Niagara Falls and Upper Alleghany Health System joined ECMC PPS  
Meeting with Rural Hospitals to develop new and continue existing relationships  
Collaborating with Kaleida on new business initiatives  
Business Development Director visiting primary care and dentists office to develop relationships for specialists  
CON for new Cath Lab to be submitted  
Operating room CON approved and DOH inspection April 13th  
Working with Professional Steering Committee.  
Developing primary care and specialty strategy and have had multiple confidentiality agreements signed  
Primary care practices growing and specialty physicians seeing patients at locations  
Various discussions with healthcare partners underway with confidentiality agreement signed

**Media Report**

- **Buffalo Business First: ECMC approved to restart cardiac cath lab.** ECMC filed plans with the Department of Health a month ago, with a goal of expanding on-site cardiology medicine services, diagnostic catheterization and thoracic services for trauma patients.
- **Buffalo Business First; WKBW-TV, Channel 7; WIVB-TV, Channel 4; TWC News: ECMC, Unyts work to grow organ transplants in WNY.** With a focus on growing those numbers, hospital officials joined partners from Unyts, which manages organ, tissue, and eye procurement for the Western New York region to push for more donors. Rich Cleland is quoted.
- **The Buffalo News: Scholarship gala will honor nine health care professionals.** Nine health care professionals who have made significant contributions to the community will be honored when the Mary B. Talbert Civic and Cultural Club holds its annual scholarship gala. Rita Hubbard Robinson and Sonja Melvin to be honored.
- **WIVB-TV, Channel 4: Victim speaks out on staff assaults at ECMC psychiatric unit.** Employee says that security should be a top priority in the Behavioral Health Center. Dr. Michael Cummings is quoted.

## **Community and Government Relations**

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

Community Relations resources allocated toward DSRIP to support Community Based Organizations

Mammography coach has screened over 4,000 women

## **CLINICAL DEPARTMENT UPDATES**

### **Surgical Services**

- April 15<sup>th</sup> the NYS DOH approved the opening of (2) new operating rooms in the Ambulatory Center. The additional operating rooms will provide us much more flexibility and better accommodate our surgeon's schedules. One OR was put into operations on April 16<sup>th</sup> and the fourth will be phased in as volume and need grows.
- The USI general surgeons will be assisting the GI endoscopists with endoscopy backlog of referred GI screening procedures.
- Surgical volume continues to increase from last year specifically general surgery, UB Orthopedics and Excelsior Orthopedics.

# DON'T MISS THE FUN

BE PART OF THE

# SPRINGFEST CELEBRATION

**New!**

## Club ECMC

Springfest After Party

**Come Late & Join in the Fun!**



May 9, 11:00pm-1:30am  
Buffalo Niagara Convention Center

DJ Milk spins your dance favorites  
Open Bar & Midnight Buffalo Buffet

\$30.00 per person  
Club Attire required  
Call 898-5800 to purchase tickets  
or email [sroeder@ecmc.edu](mailto:sroeder@ecmc.edu)

## Pre-Sale Only

Limited Number of Tickets will be Sold

Purchase Tickets in Foundation Office G1  
or email [sroeder@ecmc.edu](mailto:sroeder@ecmc.edu) to arrange purchase



**MEDICAL EXECUTIVE COMMITTEE MEETING  
MONDAY, MARCH 23, 2015 AT 11:30 A.M.**

**Attendance (Voting Members):**

S. Anillo, MD	N. Kothari, MD	
M. Azadfard, MD	M. LiVecchi, MD	
Y. Bakhai, MD	M. Manka, MD	
V. Barnabei, MD	A. Manyon, MD	
G. Bennett, MD	K. Pranikoff, MD	
R. Calabrese, MD	R. Schuder, MD	
S. Cloud, DO	P. Stegemann, MD	
M. Cummings, MD	J. Serghany, MD	
W. Flynn, MD		
R. Ferguson, MD		
K. Grimm, MD		
W. Guo, MD		
R. Hall, MD, DDS, PhD		
J. Izzo, MD		
M. Jajkowski, MD		

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

B. Murray, MD	R. Berger, MD (University)	C. Ludlow, RN
R. Cleland	R. Gerwitz	
J. Fudyma, MD	A. Victor-Lazarus, RN	
S. Ksiazek	N. Mund, RN	
K. Ziemianski, RN	C. Davis	
M. Hoffman, RN	C. Cavaretta	

**Excused:**

D. Amsterdam, PhD	E. Jensen, MD	<i>Non-Voting Members Excused:</i>
M. Anders, MD	T. Loree, MD	L. Feidt
L. Balos, MD	M. Sullivan, DDS	S. Gonzalez
W. Belles, MD	M. Panesar, MD	R. Krawiec
T. DeZastro, MD	J. Reidy, MD	
D. Ford, RPA-C	R. Venuto, MD	

**Absent:**

None.		

**I. CALL TO ORDER**

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

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

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

### III. CEO/COO/CFO BRIEFING

#### A. CEO REPORT – Richard Cleland

1. **American College of Surgeons Survey** – Trauma Level 1 – Survey was successfully conducted and ECMC will be awarded the Level 1 designation. Congratulations to all who prepared and executed the survey.
2. **Russell J. Salvatore Orthopaedic Unit** – The beautifully designed unit opened two weeks ago and is being very well received.
3. **Bariatric Certification** – This certification will be conducted this Friday to be designated as a Center of Excellence.
4. **Retirement of Ronald Krawiec** – Mr. Cleland announced Mr. Krawiec’s retirement effective March 31, 2015. Mr. Jarrod Johnson will be replacing Mr. Krawiec and comes with a wealth of experience. He will begin on April 6, 2015.
5. **DSRIP Update** – Al Hammonds has been appointed Executive Director. He is currently the COO of the Community Health Center of Buffalo and former Deputy County Executive. He also has a great deal of experience he is bringing to the position. He will begin shortly.
6. **Physician Survey Action Plan** – With the assistance of the Physician Strategic Council and Susan Ksiazek, a plan is in place to address some areas of concern that were identified as part of the recently conducted Physician Satisfaction Survey. Mr. Cleland gave a brief update on the action plan.

#### B. COO Report – Mary Hoffman

1. **TCU Survey** – An unannounced survey was conducted by the Department of Health last week. As a result of this survey, the way ECMC documents and approaches advanced directives especially DNR wishes. Patients who are DNR now will wear a purple bracelet identifying their wishes. More details were discussed on the matter in Executive Session.

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

1. **ACS Survey** – Ms. Ziemianski thanked all for their support in the recent successfully survey.
2. **Nurse Staffing** – Hiring is underway to be prepared for a busy summer to ensure we are ready for the busy trauma season.

#### D. CFO REPORT – Steve Gary

1. **February 2015** – Mr. Gary advised that there were seven more admissions than budgeted and 57 more than February of 2014 but had a substantially longer LOS of 8.6 days. As a result, we had a

net result of \$1.4 million operating loss for the month. This is slightly better than February of 2014.

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

**A. UNIVERSITY AFFAIRS**

Jeffrey Lackner, PsyD, has been appointed the Vice Chair for Research for the Department of Medicine. He takes the place of Sanjay Sethi, MD, who has recently been appointed as the inaugural Assistant Vice President for Health Sciences/Medical Director, Clinical Research Office at the University at Buffalo. During Dr. Sethi’s tenure as the Vice Chair for Research for the Department of Medicine, he established a clinical trials office that has been highly successful in managing clinical trials and assisting clinical investigators with regulatory issues , budgets, and clinical coordination of clinical trials. In fact, the office has been so successful that it now functions as the clinical trials office for the School of Medicine and Biomedical Sciences.

**B. PROFESSIONAL STEERING COMMITTEE**

There was no meeting this month.

**C. UTILIZATION REVIEW**

Dr. Murray provided a copy of the Flash Report for February 2015 for review.

**D. CLINICAL ISSUES**

**1. State's VBP Revised Roadmap Released; Responds to Some, But Not All HANYS' Concerns** (March 4, 2015)

- 
- The state's [Draft VBP Roadmap](#) for DSRIP, released for official public comment today, includes some of the changes actively pursued by HANYS prior to the official comment period, but key issues related to the Roadmap's speed, scope, and complexity remain. Additionally, the state has yet to commit to not imposing DSRIP VBP concepts on the commercial marketplace.
  - The Roadmap's structure is critical and serves as the state's multi-year plan for comprehensive Medicaid payment reform, laying out the design and requirements for Performing Provider Systems (PPSs)/individual providers and Medicaid MCOs to rapidly transition and engage in VBP arrangements. It must be thoughtfully crafted with input
-

from all stakeholders, as it is the only mechanism by which the state plans to reinvest savings accrued by DSRIP activities into the health system.

## 2. Amercian College of Surgeons (ACS) Trauma Certification Visit

On March 10<sup>th</sup> and 11<sup>th</sup>, the ACS surveyors were at ECMC to perform an extensive review and survey of our trauma program with a view to ECMC being designated as a Level 1 Trauma Center. I am glad to report that the Survey went well. The surveyors indicate that they did not find any deficiencies and indeed identified several best practices. They will be making the recommendation that ECMC be designated as a Level 1 Trauma Center. While not final we are hoping to receive the official designation in the next 12 weeks.

## 3. Change to medication reconciliation see email LG from 3/12/15

Revised medication history collection label  
**Effective 3/16/15**

Meditech will be relabeling the option for stating a patient is no longer taking a home medication on 3/16/15.

Preferred Pharmacy		Walgreens Drug Store 03257 1328 ABBOTT RD LACKAWANNA NY 14210...	
Medication Reconciliation		Last Updated by: ANDREW J KWIAKOWSKI on 3/13/15 @ 08:47	
Home Meds (1)		Last Action	Last Taken
ARIPiprazole* (Abilify*) 15 Mg PO DAILY	15 Mg Tab	New Order ANDREW J KW... 3/13/15 @ 08:47	<Last Taken>
		Generic	Action
		ARIPiprazole*	No Longer Taking

Software by MEDITECH

No Longer Taking

Hold

Continue From Amb-Queue

You will still be presented with the same reasons as before for why a patient is no longer taking the home medication:

Software by MEDITECH

Discontinue Reason

ADR (Adverse Drug Reaction)  
 CHANGE (Change in Drug/Dosage)  
 CHECK (Check with Primary Care)  
 END (End of Treatment)  
 MD (MD Ordered)  
 NONCOMP (Patient Non-compliant)  
 SIDE EFPEC (Side effects)

First Next Cancel OK

If there are any issues, please call the EMR help line at x5601 or the help desk at x4477.

## 4. Focus on Quality Newsletter

The first CMO Focus on Quality Newsletter was issued in collaboration with the office of the Patient Safety Officer and focused on the prevention of deep vein thrombosis an important quality measure that features in both the Core Measures and Hospital Acquired Conditions section of CMS Value Based Purchasing.

## 5. E-prescribing update (see email of Drew Kwiatkowski from 3/18/15)

Since there has been a lot of information coming out about e-prescribing over the last month, I wanted to send out our most up-to-date information regarding the status of ECMC:

- **The delay of the EPCS is official.** Providers now have one additional year in order to comply with all prescriptions sent electronically to the pharmacy.
- The PAC has agreed to continue to move forward (default option would be TRANSMIT, use of 2 factor authentication for controlled substances):
  - **Pilot** – Medical Rehab Unit (estimated to begin 3/24-3/31)
  - **1 weeks post-pilot** - Behavioral Health/Chemical Dependency/CPEP (include BH/CD clinics)
  - **2 weeks post-pilot** - Inpatient Med/Surg/PACU
  - **To be determined** – ED, Transplant clinic
  - **NOTE** – Meditech is working on a fix for an issue we discovered with resident electronic prescriptions and until that is fixed, **Residents will not be included in the initial go-lives** and will continue to print prescriptions.
  - Option to print prescriptions would still be available
  - We will be finalizing our training and support model next week
- LTC and outpatient clinics are reassessing implementation dates based on necessary upgrades and review of project scope
- Dental clinic is moving forward within the month of April
- Registration of EPCS software with NYSDOH (Step 3):
  - Initial list of Attendings, NPs will be loaded by Charlene Ludlow, satisfying the requirement
    - We will be setting a cut-off for this and new providers will need to register online through ROPES
  - PAs must fill out the paper form and include supervising attending information
  - Residents do not need to register and list will be maintained by IT

## 6. Physician Survey Follow-Up

The results of the survey were reviewed by the Physician Strategic Council which formulated the following goals to address the issues raised.

## 7. Medical Record Office Space

A portion of Medical Records is being reallocated as much of the paper charts are no longer needed with the implementation of the EMR. That space will be reallocated. Additionally, discussion is underway to move the physician lounge which is currently located in the back of

Medical Records. Early discussions are underway as to moving the lounge to another location and improving the lounge. Dr. Murray asked for anyone who would like to submit their ideas and desires for a new space.

8. **E-Molst Update** – Liz Zivis and Leslie Feidt will be advised that the MEC would like an update on the status of E-Molst and the process of advance directives.
9. **Doctors Day Celebration** – Reminder that there will be a breakfast served in the Staff Dining Room on March 31<sup>st</sup>. Please come and enjoy!
10. **Medical Dental Staff Meeting – April 22, 2015.** The meeting was announced and hope many can make it to the meeting. It will begin at 6:00 pm and be held in the Staff Dining Room/Overflow Cafeteria.

## V. ASSOCIATE MEDICAL DIRECTORS REPORTS

- A. Dr. Arthur Orlick – No formal report.

## VI. LIFELINE FOUNDATION – S. Gonzalez

- A. No report. Of note, the Springfest is May 9, 2015.

## VII. CONSENT CALENDAR

	MEETING MINUTES/MOTIONS	ACTION ITEMS
A.	MINUTES OF THE Previous MEC Meeting: February 23, 2015	<i>Received and Filed</i>
B.	CREDENTIALS COMMITTEE: Minutes of March 3, 2015	<i>Received and Filed</i>
	- Resignations	<i>Reviewed &amp; Approved</i>
	- Appointments	<i>Reviewed &amp; Approved</i>
	- Reappointments	<i>Reviewed &amp; Approved</i>
	- Dual Reappointment Applications	<i>Reviewed &amp; Approved</i>
	- Provisional to Permanent Appointments	<i>Reviewed &amp; Approved</i>
C.	HIM Committee: Minutes of February 26, 2015	<i>Received and Filed</i>
	1. 6 month post donation follow up	<i>Reviewed &amp; Approved</i>
	2. 1 year post donation follow up	<i>Reviewed &amp; Approved</i>
	3. 2 year post donation follow up	<i>Reviewed &amp; Approved</i>
	4. 24 hr urine collection instructions	<i>Reviewed &amp; Approved</i>
	5. 30 day removal referral letter	<i>Reviewed &amp; Approved</i>
	6. Blood Pressure Monitoring	<i>Reviewed &amp; Approved</i>
	7. CDC Assessment for live donors	<i>Reviewed &amp; Approved</i>
	8. Donor advocate letter	<i>Reviewed &amp; Approved</i>

<b>MEETING MINUTES/MOTIONS</b>		<b>ACTION ITEMS</b>
	9. Donor follow up questionnaire 6 months	<i>Reviewed &amp; Approved</i>
	10. Donation health & history form	<i>Reviewed &amp; Approved</i>
	11. Living donor selection criteria and acceptance	<i>Reviewed &amp; Approved</i>
	12. Living kidney donor discharge plan	<i>Reviewed &amp; Approved</i>
	13. Welcome donor	<i>Reviewed &amp; Approved</i>
	14. Living Kidney Donor Initial Consent	<i>Reviewed &amp; Approved</i>
	15. Pre-Transplant Surgery Pre-Operative Consent	<i>Reviewed &amp; Approved</i>
	16. Profore Dressing	<i>Reviewed &amp; Approved</i>
	17. Improving Sleep Hygiene	<i>Reviewed &amp; Approved</i>
	18. Allergen Avoidance	<i>Reviewed &amp; Approved</i>
	19. ECMC Device Clinic	<i>Reviewed &amp; Approved</i>
	20. Specialty Clinic Referral Form	<i>Reviewed &amp; Approved</i>
	21. Grider Family Health Center Patient Responsibility Contract	<i>Reviewed &amp; Approved</i>
	22. Irregular Discharge Checklist	<i>Reviewed &amp; Approved</i>
	23. Guardianship Status Update	<i>Reviewed &amp; Approved</i>
	<b>P &amp; T Committee Meeting – Minutes of March 3, 2015</b>	<i>Received and Filed</i>
	1. New Committee Members: Muhammad Ghazi, MD representing Family Medicine; Dana Brown, CRNA representing the Department of Anesthesiology	<i>Reviewed &amp; Approved</i>
	2. Disopyramide 150 mg capsules – delete from Formulary	<i>Reviewed &amp; Approved</i>
	3. Quinidine 200 mg – delete from formulary	<i>Reviewed &amp; Approved</i>
	4. ATI-064 Paliperidone IM Suspension – approve Policy pending Dr. Bakhai's approval	<i>Reviewed &amp; Approved</i>
	5. ATI-032 Paliperidone ER Oral – approve revision	<i>Reviewed &amp; Approved</i>
	<b><i>Bi-Annual Review of Policies &amp; Procedures:</i></b>	<i>Reviewed &amp; Approved</i>
	6. FRM-009 - Auto Stop Orders – approve revision	<i>Reviewed &amp; Approved</i>
	7. FRM-012 - Self Admin of Meds by Inpatients – approve revision	<i>Reviewed &amp; Approved</i>
	8. FRM-012A - Att. A. Self Admin of Meds by Inpatients – approve review	<i>Reviewed &amp; Approved</i>
	9. FRM-013 - Drug Nutrient Interactions – approve review	<i>Reviewed &amp; Approved</i>
	10. FIV-003 - Med. Admin by RN in CC areas – approve revision	<i>Reviewed &amp; Approved</i>
	11. ATI-051 Urinary Anticholinergics – approve revisions	<i>Reviewed &amp; Approved</i>
	12. TI-52 Carisoprodol – delete policy	<i>Reviewed &amp; Approved</i>
	13. ATI-055 Oral Vitamin D Analogs – approve review	<i>Reviewed &amp; Approved</i>
	14. ATI-057 ACE/ARB Interchanges – approve review	<i>Reviewed &amp; Approved</i>
	15. ATI-058 Spironolactone – approve revision	<i>Reviewed &amp; Approved</i>
	16. ATI-060 Extended Release to Immediate Release – approve review	<i>Reviewed &amp; Approved</i>

MEETING MINUTES/MOTIONS		ACTION ITEMS
	17. ATI-061 Cyclosporine Ophthalmic – approve review	<i>Reviewed &amp; Approved</i>
	18. TI-065 – Tolterodine – combined with ATI-051 Urinary Anticholinergics – delete policy, incorporated into ATI-051	<i>Reviewed &amp; Approved</i>
	19. Disopyramide 150 mg capsules – delete from Formulary	<i>Reviewed &amp; Approved</i>
	20. Quinidine 200 mg – delete from formulary	<i>Reviewed &amp; Approved</i>

**VII. CONSENT CALENDAR, CONTINUED**

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

**NEW BUSINESS –**

A. **MOTION:** Policy Approval: Critical Lab Result Values Reporting Policy (LAB)  
**MOTION UNANIMOUSLY APPROVED.**

B. **MOTION:** Policy Approval: DLM Reflex Testing (LAB)  
**MOTION UNANIMOUSLY APPROVED.**

**VIII. OTHER NEW/OLD BUSINESS**

A. **NATIONAL HEALTHCARE DECISIONS DAY** – April 16<sup>th</sup> has been designated Healthcare Decisions Day. It is often that a health care proxy has been selected but no conversation has occurred. Please encourage this conversation with your patients and if you need additional training and/or information, Dr. Katie Grimm and her team can be contacted to provide this. Thank you for making this a priority in your practice and teaching.

**IX. 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 12:20 p.m.

Respectfully submitted,



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