

The difference between healthcare and true care™



ECMC Board of Director's Annual and Regular Board Meeting

Jan 27, 2015 at 04:30 PM - 06:30 PM

Erie County Medical Center

Staff Dining Room

462 Grider Street

Buffalo

AGENDA

REGULAR MEETING OF THE BOARD OF DIRECTORS
ERIE COUNTY MEDICAL CENTER CORPORATION
TUESDAY, JANUARY 27, 2015

- I. CALL TO ORDER: KEVIN M. HOGAN, ESQ., CHAIR
- II. APPROVAL OF MINUTES OF NOVEMBER 25, 2014 REGULAR MEETING OF THE BOARD OF DIRECTORS
- III. RESOLUTIONS MAY BE DISTRIBUTED TO THE BOARD OF DIRECTORS DURING THE MEETING ON JANUARY 27, 2015.
- IV. REPORTS FROM STANDING COMMITTEES OF THE BOARD:

EXECUTIVE COMMITTEE:	KEVIN M. HOGAN, ESQ.
AUDIT COMMITTEE:	K. KENT CHEVLI, MD
FINANCE COMMITTEE:	MICHAEL A. SEAMAN
HUMAN RESOURCES COMMITTEE:	MICHAEL HOFFERT
INVESTMENT COMMITTEE:	KEVIN CICHOCKI, D.C.
QI PATIENT SAFETY COMMITTEE:	DOUGLAS BAKER
- V. REPORTS FROM SENIOR MANAGERS OF THE CORPORATION:
 - 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. CHIEF MEDICAL OFFICER
 - F. SENIOR VICE PRESIDENT OF NURSING
 - F INTERIM VICE PRESIDENT OF HUMAN RESOURCES
 - G SR. VICE PRESIDENT OF MARKETING & PLANNING
 - H. EXECUTIVE DIRECTOR LIFELINE FOUNDATION
- VI. REPORT OF THE MEDICAL/DENTAL STAFF: DECEMBER 15, 2014
- VII. EXECUTIVE SESSION
- VIII. RETURN TO OPEN SESSION
- IX. ADJOURN

ERIE COUNTY MEDICAL CENTER CORPORATION

AGENDA FOR THE
2015 ANNUAL MEETING OF THE
BOARD OF DIRECTORS
TUESDAY, JANUARY 27, 2015

- I. CALL TO ORDER: KEVIN M. HOGAN, CHAIR
- II. APPROVAL OF MINUTES OF FEBRUARY 25, 2014 ANNUAL MEETING OF THE BOARD OF DIRECTORS
- III. RESOLUTIONS MAY BE DISTRIBUTED TO THE BOARD OF DIRECTORS DURING THE MEETING ON JANUARY 27, 2015
- IV. REPORT FROM THE CHIEF EXECUTIVE OFFICER
- V. ADJOURN

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS
MINUTES OF THE ANNUAL MEETING
FEBRUARY 25, 2014
ECMCC STAFF DINING ROOM

Voting Board Members Present or Attending by Conference Telephone:	Kevin M. Hogan, Chair Bishop Michael A. Badger Douglas H. Baker Richard F. Brox via phone Ronald A. Chapin K. Kent Chevli, M.D. Kevin E. Cichocki, D.C.	Sharon L. Hanson Michael Hoffert Anthony M. Iacono Dietrich Jehle, M.D. Thomas P. Malecki, CPA Frank B. Mesiah Michael A. Seaman
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Voting Board Representatives Excused:	Joseph Zizzi, Sr., M.D.
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Non-Voting Board Representatives Present:	Jody L. Lomeo	Kevin Pranicoff, MD
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Also Present:	Donna Brown Richard Cleland Anthony Colucci, III, Esq. Janique Curry Leslie Feidt John Fudyma, MD Susan Gonzalez Ronald Krawiec	Susan Ksiazek Charlene Ludlow Brian Murray, M.D. Kathleen O'Hara Michael Sammarco Lorne Steinhart Karen Ziemianski Karen Horlacher
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I. CALL TO ORDER

There being a quorum present, Board Chair Kevin M. Hogan called the Annual Meeting to order at 4:40 P.M.

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

Moved by Michael Hoffert and seconded by Sharon L. Hanson to approve the minutes of the January 22, 2013 Board of Directors Annual meeting.

Motion approved unanimously.

III. Action Items

A. A Resolution Appointing Officers of the Corporation

Moved by Kevin Cichocki, DC and seconded by Thomas Malecki

Motion approved unanimously. Copy of resolution attached.

IV. REMARKS BY CHIEF EXECUTIVE OFFICER

CEO Jody L. Lomeo presented a summary of ECMCC's 2013 accomplishments and comments, as follows:

- 2013 was a year of growth on the ECMC Health Campus, both physically and clinically
 - ECMCC opened the 390-bed Terrace View long term care facility.
 - Completed most of construction on Behavioral Health Center of Excellence.
 - Completed a new transitional care unit.
 - Opened new chemical dependency and psychiatric outpatient clinics.
 - Built out most of Medical Office Building.
 - ECMCC experienced growth in admissions, surgeries, and emergency room visits
 - Operating room volumes increased from 10,229 cases (2012) to 10,350 cases (2013).
 - Emergency Department volumes increased from 63,918 (2012) to 64,686 (2013)
 - Total discharges increased from 16,091 (2012) to 16,316 (2013).
 - New clinicians added including Bariatric Surgery, Dental Oncology, new orthopedic total joint surgeons, new neurologist and neurosurgeons and additional head and neck surgeons.
 - ECMCC managed expenses more efficiently. ECMC ended 2013 with an operating surplus.
 - Joint Commission Survey – the full survey was our best ever. Kudos to the great team effort led by Charlene Ludlow. The surveyors commented that it was one of the best surveys they ever experienced.
 - The BRIDGE project began in 2013 under Rich Cleland's leadership. The project resulted in savings in 2013 and will contribute more to the bottom line in 2014.
 - Great Lakes Health cardiovascular consolidation went very well. ECMC and Kaleida Health worked together to improve quality without jeopardizing the ECMC trauma program.
 - Opened a state-of-the-art ambulatory surgery center in December 2013. There are two new operating suites with two additional shells.
 - ECMCC workforce – for the first time, ECMCC bargained a separate agreement from the County of Erie which allowed us to significantly address legacy costs and work rules, as well as ensure employees were compensated fairly and competitively in the healthcare market.

ERIE COUNTY MEDICAL CENTER CORPORATION

- ECMCC reached Meaningful Use State 1 in 2013 earning \$2.7 million payment (and raising the total earned for Stage 1 to \$6.3million). A fully electronic medical record system is being implemented unit by unit and clinic by clinic.
- ECMC Lifeline Foundation experienced great success, both clinically and financially. Springfest saw record numbers of both attendees and funds raised. Over 1,500 breast screens on the Mammography bus. Plans were finalized for a first-ever Capital Campaign to be unveiled in 2014.
- ECMCC became more stable in 2013 and will have the ability to meet the challenges that lie ahead.

The year all-in-all was a success with an incredible amount of challenges. We look forward to an even better 2014.

V. ADJOURNMENT

Moved by Douglas Baker seconded by Anthony Iacono to recess the annual meeting at 4:50 p.m., subject to recall at the discretion of the Chair.

Sharon L. Hanson

Sharon L. Hanson
Corporation Secretary

ERIE COUNTY MEDICAL CENTER CORPORATION

A Resolution Appointing Officers of the Corporation

Adopted February 25, 2014

WHEREAS, pursuant to Article V, Section 2 of the By-Laws of Erie County Medical Center Corporation (the "By-Laws"), the Board of Directors (the "Board") is required to elect officers of the Corporation at each annual meeting; and

WHEREAS, the Board recommends the election of the following persons as officers of the Corporation:

Chief Executive Officer:	Jody L. Lomeo
Secretary:	Sharon L. Hanson
Assistant Secretary:	Patty Chase
Treasurer:	Bishop Michael Badger

WHEREAS, pursuant to Article V, Sections 6 and 7 of the By-Laws, the Board of Directors is required to elect one of its members to serve as Chair of the Board and one or more of its members to serve as Vice-Chair(s) of the Board, who shall serve two year terms of office; and

WHEREAS, the Board recommends that the Corporation elect the following Directors to serve as Chair and Vice-Chairs of the Board:

Chair:	Kevin Hogan
Vice-Chair:	Kent Chevli
Vice-Chair:	Douglas Baker
Vice-Chair:	Michael Seaman

NOW THEREFORE, the Board of Directors resolves as follows:

1. That Jody L. Lomeo be, and he hereby is, appointed the Chief Executive Officer of the Corporation to serve until his successor is duly appointed and qualified or his earlier resignation or removal from office.

2. That Sharon L. Hanson be, and she hereby is, appointed the Secretary of the Corporation to serve until his successor is duly appointed and qualified or his earlier resignation or removal from office.

3. That Patty Chase be, and she hereby is, appointed the Assistant Secretary of the Corporation to serve until his successor is duly appointed and qualified or her earlier resignation or removal from office.

ERIE COUNTY MEDICAL CENTER CORPORATION

4. That Bishop Michael Badger be, and he hereby is, appointed the Treasurer of the Corporation to serve until his successor is duly appointed and qualified or his earlier resignation or removal from office.

5. That Kevin Hogan be, and he hereby is, appointed the Chairperson of the Board to serve until his successor is duly appointed and qualified or his earlier resignation or removal from office.

6. That Douglas Baker, Kent Chevli, and Michael Seaman be, and they hereby are, appointed as Vice-Chairs of the Board of Directors of the Corporation to serve until their successors are appointed and qualified or their earlier resignation or removal from office.

7. This resolution shall take effect immediately.

Sharon L. Hanson

Sharon L. Hanson
Corporation Secretary

ERIE COUNTY MEDICAL CENTER CORPORATION
ANNUAL REPORT TO THE BOARD OF DIRECTORS
RICHARD C. CLELAND, MPA, FACHE, NHA
PRESIDENT/CHIEF OPERATING OFFICER, INTERIM CEO
JANUARY 27, 2015

A Year of Growth

2014 was a year of growth on the ECMC Campus. Growth came in many areas, clinically and physically. ECMCC completed the Behavioral Health Center of Excellence, our third historic collaboration with Kaleida under Great Lakes Health.

New service lines were added including bariatric surgery, oral oncology and maxillofacial prosthetics, a new dermatology clinic and growth in primary care. ECMC experienced exceptional growth in the volume of discharges, surgeries, emergency room visits and outpatient visits. Operating room volumes increased from 12,715 cases (2013) to 13,368 cases in (2014); acute discharges increased from 10,983 in (2013) to 11,445 in (2014). Total discharges increased from 16,316 (2013) to 17,796 in (2014); Emergency Department volumes increased from 64,702 (2013) to 66,416 in (2014); outpatient volumes increased from 347,509 (2013) to 375,676 (2014).

We opened a beautiful, new ambulatory center building in 2014. The structure is home to a state-of-the-art surgery center whose surgical and other patient areas rival some of the best healthcare organizations nationally. The ambulatory center building also is home for the Center of Oncology Care specializing in head, neck, plastic and reconstructive surgery, dental and medical oncology, maxillofacial prosthetics and breast oncology.

With our additional service lines and growth, we are managing operational expenses. We achieved a growth of 10% in 2014 (over 2013), and only a 2% increase in FTE's. Efficient utilization of resources is the focus as the Fee for Service payment model transitions to a preventative health care delivery system.

The BRIDGE initiative has transitioned from NOVIA to our clinical and physician leadership. This is key to long term sustainability. The creation of service line dash reports for physicians and clinical leaders is monumental. We thank our clinical Chiefs of Service for their assistance in bringing this to implementation.

Quality of Care Milestones – Our Future in Leading Quality is Paramount

We have been blessed with great growth across the board. In addition, we have had some great quality milestones in 2014. Our MICU team was given the highest level and recognition by the New York State Department of Health for achievements in avoiding hospital acquired infections (HAI's). Our MICU reported for 2 years (2013 & 2014) zero central line associated blood stream infections. In addition, we also have zero infections for 2 years (2013 & 2014) for ventilator associated pneumonia and catheter associated pneumonia. Truly a great team effort by our nurses, physicians, IV team, environmental services, respiratory care, infection control and nursing in-service.

Our clinical teams have seen significant improvement in reducing patient falls, reducing pressure ulcers rates, and are above the 90th percentile in stroke measures, patient survival rates for CHF, pneumonia and MI. Our outpatient dialysis received a 5-diamond patient safety recognition. In addition, we were recognized by the AHA for “Get with the Guidelines” Gold-Plus Heart Failure Quality Achievement Award.

In 2014, our value based purchasing (VBP) scores improved from performance rating of 22.6 to 27.5. Our patient experience ratings improved by 50% and our patient outcomes improved by 30%.

The NCQA recognized both ECMC Cleve-Hill Family Health Center and Immunodeficiency Services in 2014 as a Patient Center Medical Home (PCMH) Level 3 achievement. This is the highest level of achievement possible in certification. Five exceptional areas were met: comprehensive centered care, patient centered care, coordinated care, accessible care and quality and safety of care. Another great team accomplishment!

ECMC's nursing department was recognized for patient safety innovation at shift change by HANYS with the Pinnacle Award nomination for “I Pass the Baton”.

To bring higher awareness and transparency to quality and customer service ratings and outcomes, we introduced “Fulfilling Potential/Striving for Excellence” center on the 3rd floor outside administration. This area will post in detail ECMC's most recent released public data on quality outcomes and customer service. As leaders, we must do everything we can to provide our patients the best in both areas.

The Commission on Accreditation of Rehabilitation Facilities (CARF): Our commitment to Quality and Distinction of Excellence

After a rigorous peer review process, CARF International accredited ECMC's Medical Rehabilitation (MRU) program for a period of three years. This recognition is clear evidence that our rehab patients are receiving the best medical care available anywhere in the country. CARF-accreditation means the MRU has passed an in-depth survey and meets rigorous CARF guidelines for service and quality. A first-time three (3) year accreditation is rare. Dawn Walters, Dr. Mark Livecchi and Marie Johnson should each be individually recognized for their dedication and hard work on this accomplishment.

ECMCC Workforce: Leading the Culture Transformation

ECMC's success in 2014 is due to the excellence of our workforce. Our teammates, physicians and leadership have led our quality and operational excellence. In addition to providing the best quality of care in the region, it is refreshing to see the level of support for our Lifeline Foundation and our Volunteers by attending, volunteering and donating. This truly is "True Care" in action.

Although Western New York is known for its winter weather, no one could have ever expected the magnitude of the "Snovember" storm. ECMC stayed open and in full operation because so many of our teammates gave selflessly. Thank you everyone for your commitment and dedication.

We reached a new seven-year contract with our nurses - New York State Nurses Association (NYSNA) ending a 2.75 year period without an agreement. We thank each of our 913 nurses for their commitment to our patients. We also thank NYSNA leadership for their support of the agreement which was ratified by 95% of our nurses. The agreement includes increase in tuition assistance and the creation of a professional enrichment program incentive – clinical ladders insuring ECMCC nurses are compensated fairly, grow professionally and continue providing the best care possible to our patients.

The KUDOS program was created by our patient advocates. Michelle Wienke, Michele Blackburn, Sue McKegney and Erica Lillis brought to our attention the many great deeds that occur daily, but go unnoticed. With the creation of the KUDOS program, a co-worker simply fills out a card identifying the individual and the deed, submits it to the patient advocacy department and the recipient receives a \$3 coupon for the Great Lakes Café. In 2014, 1500 KUDOS cards were submitted, WOW!

A Year of Transition – Leadership Positioned for Success

We wished Mike Sammarco well as he transitioned from the CFO role to his new role as Vice President of Finance in Millennium Collaborative Care (MCC) and welcomed Steve Gary as our new CFO. Mary L. Hoffman joined the Executive Leadership team as Sr. Vice President of Operations in July. Mary comes to ECMC with significant executive leadership expertise. Chuck Rice, Administrator for Terrace View retired in December and Anthony DePinto was appointed Chuck's successor. Anthony was previously the administrator at Riverwood Health Facility for Elderwood. Phyllis Murawski was appointed transplant administrator in September. Phyllis stepped in quickly and led a successful plan of correction to re-open our living donor transplant program. Becky Del-Prince joined ECMC from CHS as Vice President of Systems and Integrated Care and has already begun the transformation of the case management department.

Financial Efficiencies – Making Process Improvement a Priority

The finance department has made several significant operational changes including restructuring our annual budgeting process, settling several managed care and third party reimbursement open rate issues (bringing in \$1.6 million in revenue), plus appealing an outstanding Medicare rate appeal generating an additional \$1.9 million. Steve Gary led and completed the NYS Department of Corrections contract.

DSRIP – Millennium Collaborative Care

We end 2014 with the creation of Millennium Collaborative Care (as part of the Delivery System Reform Incentive Payment, or DSRIP) through which ECMC will lead the transformation of the Medicaid delivery system from a fee-for-service payment system to a population health/preventative care system for the eight (8) county WNY region. In July, ECMCC successfully prepared and submitted an application for an \$8.4 million Intermediate Access Assurance Fund (IAAF) grant. In September, ECMCC submitted a project planning grant application and was awarded \$1.5 million. Both grants have been instrumental in establishing an initial structure and plans to organize our nearly 4000 care providers to serve over 230,000 lives attributed to MCC.

Patient Engagement and Customer Service

Stories of ECMCC “care miracles” and the caring nature of our teammates continued throughout 2014. The Patient Advocates program was expanded in 2014 to include the Emergency Department where we have seen significantly-increased activity. The Patient Advocates Program has led to several creative endeavors including “Meals on Demand,” “Consider it Done,” and the KUDOS program.

In order to improve how ECMCC measures the quality of the care it is delivering, we transitioned from NRC Picker to Press Ganey in 2014. Press Ganey provides a vast array of value added services including a dedicated account representative, enhanced training and education programs, and a more comprehensive level of data reports and details.

Meaningful Use Accomplishments

Meaningful Use Stage 2

ECMCC successfully met the core measures and quality requirements to submit for the inpatient Meaningful Use Stage 2 incentives. Several initiatives were required to meet these stringent requirements including ECMC’s main healthcare information system (Meditech) hardware and software upgrade, upgrade of computer devices, implementation of patient portal for patient engagement, house wide computerized physician order entry, electronic medication reconciliation, implementation of several electronic interfaces and the introduction of the continuum care record (CCD), improving electronic interoperability between care providers.

ECMC has received the year 3 Medicare payment of \$895,907 for successfully attesting to the MU 2 core measures for inpatient and anticipate an additional payment for MU 2 attestation from Medicaid shortly. Current payment from Medicare and Medicaid for MU inpatient attestation is \$7,200,133. We will continue to optimize the physician and clinical workflow and prepare for MU Stage 3.

Clinical Automation.

ECMCC is dedicated to working with the inpatient provider community to improve the efficiency of computerized physician order entry, medication reconciliation and electronic discharge routine. We also are working with the PACU to automate current operations. This will assist with streamlining the communication process as patient transitions from the OR to inpatient areas.

The Emergency Department care providers, led by Dr. Manka, began electronic documentation of their notes and discharge information resulting in a fully electronic discharge process. ECMC has made the investment in the enterprise wide Nuance Dragon Voice Recognition tools. The

Emergency Department was the first department to integrate this technology into daily operations.

ECMCC upgraded the main transplant patient care management software solution in 2014. This will allow the organization to fully optimize workflow and provide electronic communications to various referring physicians.

Security Assessment.

With the ever increasing concern over data breaches, it was crucial that ECMCC understands its risk posture and potential exposure. ECMCC completed an IT Security assessment including a remediation strategy and implementation plan.

Partnering with Kaleida Health, ECMCC acquired a secured texting platform, CorText, to provide our care providers a secured method of communicating patient data through texting. This tool will be implemented during the first quarter of 2015.

Improved Cellular Wireless Service

Verizon Wireless has implemented a neutral host distributed antenna system. This allows ECMC and Verizon to provide reliable coverage for all Verizon cellular users on campus. Verizon's heavy investment also will provide the infrastructure for other carriers to integrate their technologies at a much lower cost, improving coverage for their customers as well.

IT Governance Strategy

An IT Governance strategy has been developed to align IT investment with leadership priorities. This strategy will support the corporate mission, business goals and deliverables, in a transparent, consistently dependent and repeatable manner that optimizes returns to the business. An IT Executive Governance Board and Interdisciplinary Advisory Council will represent all areas of the organization.

Other 2014 Accomplishments

The Lifeline Foundation continues to experience great success with signature events such as Spring Fest Gala (1,503 attendees), Park Country Club Golf Tournament, October's Breast Cancer Awareness Month and Hockey Fights Cancer. In 2014, the foundation put those funds to work with over 2,000 breast screenings on the mammography bus. By year end, a plan was finalized for a first-ever capital campaign to support an expanded and updated Emergency Department.

In May, the Remembrance Garden was unveiled. This is located between the ambulatory building and Terrace View.

In June, Russell J. Salvatore donated \$500,000 for our new orthopedic unit which is opening in 2015. Also in June, we opened the Great Lakes Café which replaced the out dated cafeteria.

In late October, ECMCC volunteered to become an Ebola-designated center. Both the New York State Department of Health and the CDC worked closely with ECMCC. We are looking at an early March 2015 site visit from the CDC as the next step in the process of becoming a designated center.

I would like to thank everyone for their efforts and support for a successful 2014. I am honored and privileged to be in my role working for the most dynamic healthcare organization where our patient's care is priority. I am also very proud of our mission and our 2014 accomplishments as they are examples of "True Care".

Rich Cleland

AGENDA

REGULAR MEETING OF THE BOARD OF DIRECTORS
ERIE COUNTY MEDICAL CENTER CORPORATION
TUESDAY, JANUARY 27, 2015

- I. CALL TO ORDER: KEVIN M. HOGAN, ESQ., CHAIR
- II. APPROVAL OF MINUTES OF NOVEMBER 25, 2014 REGULAR MEETING OF THE BOARD OF DIRECTORS
- III. RESOLUTIONS MAY BE DISTRIBUTED TO THE BOARD OF DIRECTORS DURING THE MEETING ON JANUARY 27, 2015.
- IV. REPORTS FROM STANDING COMMITTEES OF THE BOARD:

EXECUTIVE COMMITTEE:	KEVIN M. HOGAN, ESQ.
AUDIT COMMITTEE:	K. KENT CHEVLI, MD
FINANCE COMMITTEE:	MICHAEL A. SEAMAN
HUMAN RESOURCES COMMITTEE:	MICHAEL HOFFERT
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- V. REPORTS FROM SENIOR MANAGERS OF THE CORPORATION:
 - A. PRESIDENT & CHIEF OPERATING OFFICER
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 - F INTERIM VICE PRESIDENT OF HUMAN RESOURCES
 - G SR. VICE PRESIDENT OF MARKETING & PLANNING
 - H. EXECUTIVE DIRECTOR LIFELINE FOUNDATION
- VI. REPORT OF THE MEDICAL/DENTAL STAFF: DECEMBER 15, 2014
- VII. EXECUTIVE SESSION
- VIII. RETURN TO OPEN SESSION
- IX. ADJOURN

ERIE COUNTY MEDICAL CENTER CORPORATION

MINUTES OF THE REGULAR MEETING
OF THE BOARD OF DIRECTORS

TUESDAY, NOVEMBER 25, 2014

STAFF DINING ROOM

Voting Board Members
Present:

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

Anthony Iacono
Dietrich Jehle, M.D.
Thomas P. Malecki, CPA
Frank B. Mesiah
Michael A. Seaman
Ronald Bennett

Voting Board Member
Excused:

Bishop Michael A. Badger
Ronald A. Chapin

Michael Hoffert
Joseph Zizzi, Sr., M.D.

Non-Voting Board
Representatives Present:

Richard C. Cleland

Kevin Pranicoff, MD

Also Present:

Donna Brown
Anthony Colucci, Esq.
Janique Curry
Leslie Feidt
John Fudyma, M.D.
Stephen Gary
Susan Gonzalez
Mary Hoffman

Susan Ksiazek
Ronald Krawiec
Charlene Ludlow
Brian Murray, M.D.
Kathleen O'Hara
Thomas Quatroche
Karen Ziemianski

I. CALL TO ORDER

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

Mr. Hogan announced that Ronald Bennett has been appointed as an ECMC Board Director succeeding Richard Brox, whose term has expired.

A reception to thank Mr. Brox for his service will be announced at a later date.

II. APPROVAL OF MINUTES OF THE OCTOBER 28, 2014 REGULAR BOARD MEETING.

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

Motion approved unanimously.

III. ACTION ITEMS

A. Resolution of the Board of Directors Authorizing the Corporation to Abolish a Position

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

Motion Approved Unanimously

B. Resolution Approving Investment in Collaborative Care Ventures, LLC

Moved by Frank Mesiah and seconded by Anthony Iacono

Motion Approved Unanimously

C. Approval of Medical/Dental Staff Credentials, Resignations, Appointments and Re-appointments for November 4, 2014.

Moved by Anthony Iacono and seconded by Sharon L. Hanson.

Motion Approved Unanimously

D. Approval of Appointment of Andrea Manyon, M.D. Chief of Service Family Medicine

Moved by Kevin E. Cichocki, D.C. and seconded by Douglas Baker

Motion Approved Unanimously

IV. BOARD COMMITTEE REPORTS

Audit Committee: K. Kent Chevli, M.D. reported that the Audit Committee met November 18 and engaged Freed Maxick to perform the 2014 Audit.

Quality Performance Improvement Committee: November 18, 2014 meeting canceled due to inclement weather.

All reports shall be included in the November 25, 2014 Board book.

V. PRESENTATION: DSRIP

THOMAS QUATROCHE, SR. VP MARKETING & BUSINESS DEVELOPMENT

Tom Quatroche provided an overview of DSRIP (Delivery System Reform Incentive Payment) Program. DSRIP's purpose is to restructure the health care system by reinvesting in the Medicaid program, with the primary goal of reducing avoidable hospital use by 25% over 5 years. ECMCC is on target to submit its application by mid-December 2014.

V. REPORTS OF CORPORATION'S MANAGEMENT

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

1) President/COO; Interim CEO: Richard C. Cleland

- Springfest 2015 honorees are:
 - Community Leader – Russell Salvatore
 - Distinguished Physician – Yogesh Bakhai, M.D.
 - Distinguished Nurse – Cameron Schmidt
 - Entertainment – Village People and The Spinners
- Russell J. Salvatore Orthopaedic Unit is scheduled to open February 2015.
- YTD – achieved a \$79,000 operating profit, much improved over 2013.
- Dr. Howard Zucker, NYS Commissioner of Health made a surprise visit to ECMC and was extremely impressed with ECMC's ability to maintain outstanding care to our patients during the Snowvember storm.
- Kudo's to Karen Ziemianski and her team for an extraordinary job during the Snowvember storm. The team pulled together through this challenging time and met the needs of our patients.

2) Chief Financial Officer: Stephen M. Gary

A summary of the financial results through October 31, 2014 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 K. Kent Chevli, M.D. and seconded by Kevin E. Cichocki, D.C., to enter into Executive Session at 5:10 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 Seaman and seconded by Frank Mesiah to reconvene in Open Session at 6:25 P.M. No action was taken by the Board in Executive Session.

Motion approved unanimously.

VIII. ADJOURNMENT

Moved by Michael Seaman and seconded by Anthony Iacono to adjourn the Board of Directors meeting at 6:30P.M.


Sharon L. Hanson
Corporation Secretary

**A Resolution of the Board of Directors Authorizing
the Corporation to Abolish a Position**

Approved November 25, 2014

WHEREAS, in connection with his duties and responsibilities as set forth in the Corporation's by-laws, the Interim Chief Executive Officer is required to periodically assess the numbers and qualifications of employees needed in various departments of the Corporation and to establish, assess and allocate resources accordingly, subject to the rights of the employees as they may appear in the Civil Service Law or any collective bargaining agreement; and

WHEREAS, the Interim Chief Executive Officer has determined that a number of positions must be abolished for budgetary and efficiency reasons and recommends the following as being in the best interests of the Corporation; and

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

1. Based upon the review and recommendation of the Interim Chief Executive Officer, the following position is abolished:

Fiscal Analyst – Finance Department

Position # 51004392

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

3. This resolution shall take effect immediately.



Sharon L. Hanson
Corporation Secretary

ERIE COUNTY MEDICAL CENTER CORPORATION

**Resolution Approving Investment in
Collaborative Care Ventures, LLC**
Approved November 25, 2014

WHEREAS, the Corporation is authorized by Article 10-C of the New York Public Authorities Law to provide health care services and to own and maintain health care facilities, directly and indirectly, to improve the quality and availability of health care to the citizens of Western New York and the State of New York, especially those who may lack or be limited in their access to such services and facilities; and

WHEREAS, the Corporation has had a several year history of joining with Kaleida Health, among others, to collaborate in the delivery and improvement of health care in the region; and

WHEREAS, Kaleida Health and the Corporation have determined that future collaboration between them will be aided by the formation of an independent entity and have formed Collaborative Care Ventures, LLC as a means of compliantly collaborating in regard to certain future endeavors;

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

1. The Corporation is authorized to be a member of Collaborative Care Ventures, LLC and to fully participate in the operations of that business entity.
2. The Corporation is authorized to invest \$7.4 million in Collaborative Care Ventures, LLC and the Interim Chief Executive Officer, Chief Financial Officer, and General Counsel of the Corporation, and the respective successors of each or any of them, are directed to execute all documents incidental to the transfer of these funds, to pay the Corporation's share of the expenses incurred in forming and operating Collaborative Care Ventures, LLC, and to appoint such representatives of the Corporation as are necessary in order to properly monitor the operations of Collaborative Care Ventures, LLC.
3. To the extent that any actions have been taken by the Corporation, or its agents, in furtherance of this resolution before the effective date of this resolution, those actions are ratified by the Corporation and this Board of Directors.
4. This resolution shall take effect immediately.



Sharon L. Hanson
Corporation Secretary

CREDENTIALS COMMITTEE MEETING
November 4, 2014

Committee Members Present:

Robert J. Schuder, MD, Chairman
Yogesh D. Bakhai, MD
Nirmit D. Kothari, MD
Brian M. Murray, MD
Richard E. Hall, DDS PhD MD FACS
Mandip Panesar, MS MD

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

Medical-Dental Staff Office and Administrative Members Present:

Tara Boone, Medical-Dental Staff Services Coordinator

Members Not Present (Excused *):

Gregg I. Feld, MD *
Christopher P. John, PA-C *
Judith Fenski, Credentialing Specialist*
Timothy G. DeZastro, 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 October 7, 2014 were reviewed and accepted with minor edits noted.

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 - None
- B. Applications Withdrawn
 - Internal Medicine**
 - Jo, Joo Kyeong, NP Allied Health Professional
 - Supervising Physician: Dr. Riffat Sadiq*
 - Morey, Frederick, DO Active Staff
- C. Application Processing Cessation – None
- D. Automatic Processing Conclusion (inactive applications > 180 days from date of signature)
- E. Resignations
 - Emergency Medicine**
 - Pierce, David, MD 11/01/14
 - Internal Medicine**
 - Bauman, Lisa, NP 08/06/14
 - Supervising Physician: Mark D. Fisher, MD*
 - Kwakye-Berko, Danielle, MD 09/30/14
 - Sauvageau, Sandra, FNP 10/16/14
 - Collaborating Physician: Yahya J. Hashmi, MD*
 - Schmidt, Jessica, PA-C 07/19/14
 - Supervising Physician: Mark D. Fisher, MD*
 - Tukov, Magdalene, NP 10/06/14
 - Collaborating Physician: Dr. Muhammad I. Achakzai*

ERIE COUNTY MEDICAL CENTER CORPORATION

Oral and Maxillofacial Surgery

Jenson, Steven A., DDS

09/30/14

Orthopaedic Surgery

Trillizio, Jennifer, PA-C

11/12/14

Supervising Physician: Marc Fineberg, MD

Psychiatry

Masci, Jarod, MD

10/13/14

Williams, Stephen, MD

10/10/14

Radiology/Imaging Services - Teleradiology

Shin, Patrick, MD

09/21/14

FOR INFORMATION

CHANGE IN STAFF CATEGORY

Internal Medicine

Wagner, Jenia, MD

Active Staff to Courtesy Staff, *Refer and Follow*

FOR OVERALL ACTION

CHANGE OR DEPARTMENT ADDITION

Internal Medicine - adding Family Medicine

Sumner, Miles, PA-C

Allied Health Professional

Supervising Physician: Stephen Evans, MD

Internal Medicine- adding Psychiatry (for CD privileges)

Fisher, Mark D., MD

Active Staff

FOR OVERALL ACTION

CHANGE OR ADDITION IN COLLABORATING/SUPERVISING ATTENDING

Internal Medicine

Anzelone-Kieta, Jennifer, PA-C

Allied Health Professional

Supervising Physician: Srikrishna V. Malayala, MD

Schregel, Kristen, NP

Allied Health Professional

Supervising Physician: Subrato Ghosh, MD

Szabad, Kristen, PA-C

Allied Health Professional

Supervising Physician: Yahya J. Hashmi, MD

FOR OVERALL ACTION

PRIVILEGE ADDITION/REVISION

Emergency Department*

Bruni, Cristina, PA-C

- Moderate Sedation

Hull, Chris, ANP

- Moderate Sedation

Jurek, Jeffrey, PA-C

- Moderate Sedation

Krolczyk, Steven, PA-C

- Moderate Sedation

Nienburg, Sarah, PA-C

-Moderate Sedation

**FPPE satisfied with completion of requisite training*

Internal Medicine

Hashmi, Yahya J., MD

- Paracentesis

**FPPE waived; represents a core privilege for an ICU practitioner*

Neurosurgery

Pollina, John, MD

- Incision & placement of skull in subcutaneous site

**FPPE waived; represents a core privilege for neurosurgery*

Psychiatry

McCunn, Kara, MD

- ECT- Full Privilege

*FPPE satisfied with completion of requisite training. Letter from ECMC proctor on file.

FOR OVERALL ACTION

PRIVILEGE WITHDRAWAL

None

APPOINTMENT APPLICATIONS, RECOMMENDED

A. Initial Appointment Review (17)

Anesthesiology

Cantie, Shawn, MD	Active Staff
Denisco, Dawn, CRNA	Allied Health Professional
Grolemund, Stephanie, CRNA	Allied Health Professional

Internal Medicine

Atwaibi, Mohamed, MD	Active Staff
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Family Medicine

Manyon, Andrea, MD	Active Staff
Michel, Sandra, ANP	Allied Health Professional

Supervising Physician: Stephen Evans, MD

Sticht, Rebecca, PA-C	Allied Health Professional
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Supervising Physician: Stephen Evans, MD

Ward, Jennifer, ANP	Allied Health Professional
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Supervising Physician: Stephen Evans, MD

Orthopaedic Surgery

Cimorelli, Amanda, PA-C	Allied Health Professional
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Supervising Physician: Robert Ablove, MD

Peterson, Andrew PA-C	Allied Health Professional
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Supervising Physician: Michael Rauh, MD

Pathology

Frisch, Nora, MD	Active Staff
Mojica, Wilfrido, MD	Active Staff
Ondracek, Theodore, MD	Active Staff
Paczos, Tamera, MD	Active Staff
Paterson, Joyce, MD	Active Staff
Rong, Rong, MD	Active Staff

Psychiatry

Romero, Ricardo, MD *	Active Staff
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**Limited Permit; site supervisor designated and practitioner advised to apply for DEA*

FOR OVERALL ACTION

REAPPOINTMENT APPLICATIONS, RECOMMENDED

C. Reappointment Review (20)

Emergency Medicine

Cristina Bruni, PA-C	Allied Health Professional
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Supervising Physician: Dr. Kerry Cassel

Mark Sieminski, MD	Active Staff
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Family Medicine

Charles Yates, MD	Active Staff
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Internal Medicine

Shakeel Ahmad, MD	Courtesy Staff, Refer & Follow
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Therese Ball, ANP	Allied Health Professional
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ERIE COUNTY MEDICAL CENTER CORPORATION

<i>Supervising Physician: Dr. Wajdy Hailoo</i>		
Kimberly Pierce, ANP	Allied Health Professional	
<i>Supervising Physician: Dr. Nimit Kothari</i>		
Entela Pone*, MD	Active Staff	<i>*Defer to the December Credentials meeting</i>
Stephanie Snios, PA-C	Allied Health Professional	
<i>Supervising Physician: Dr. Colin Tauro</i>		
Miles Sumner, PA-C	Allied Health Professional	
<i>Supervising Physician: Dr. Yahya J. Hashmi</i>		
Joshua Washburn, PA-C	Allied Health Professional	
<i>Supervising Physician: Dr. Sarosh Vaqar</i>		
Stephanie Weldy, ANP	Allied Health Professional	
<i>Supervising Physician: Dr. Nancy Ebling</i>		
Alyssa Whiteside, PA-C	Allied Health Professional	
<i>Supervising Physician: Dr. Colin Tauro</i>		
Neurosurgery		
Emily Grisante, PA-C	Allied Health Professional	
<i>Supervising Physician, First Assist with Dr. John Fahrback</i>		
John Pollina, MD	Active Staff	
Orthopaedic Surgery		
Elise Cruce, PA-C	Allied Health Professional	
<i>Supervising Physician, First Assist with Dr. Andrew Stoeckl</i>		
Shane Griffin, PA-C	Allied Health Professional	
<i>Supervising Physician, First Assist with Dr. Christopher Ritter</i>		
Nicole Ksiazek, PA-C	Allied Health Professional	
<i>Supervising Physician, First Assist with Dr. Nicholas Violante</i>		
Plastic & Reconstructive Surgery		
Alice Spies, RNFA	Allied Health Professional	
<i>Supervising Physician, First Assist with Dr. Thom Loree</i>		
Psychiatry		
Mark Sokoloff, PhD	Allied Health Professional	
Rehabilitation Medicine		
Kimberly Pierce, ANP	Allied Health Professional	
<i>Collaborating Physician: Rehabilitation Medicine: Dr. Mary Welch</i>		
Teleradiology		
Michael Hynes, MD	Active Staff	

FOR OVERALL ACTION

PROVISIONAL APPOINTMENT REVIEW, RECOMMENDED

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

November 2014 Provisional to Permanent Staff	Provisional Period Expires
Cardiothoracic Surgery	

ERIE COUNTY MEDICAL CENTER CORPORATION

Carlson, Russell, E., MD	Active Staff	11/26/2014
Emergency Medicine		
Olsen, Erica, L., MD	Active Staff	11/26/2014
Family Medicine		
Ohira, Masashi, MD	Active Staff	11/26/2014
Internal Medicine		
Dang, Neha, MD	Active Staff	11/26/2014
Manoj, Kumar, MD	Active Staff	11/26/2014
Szigeti, Kinga, MD	Active Staff	11/26/2014
Tirunagara, Deepthi, MD	Active Staff	11/26/2014
Orthopaedic Surgery		
Card, Tiffany, E., PA-C	Allied Health Professional	11/26/2014
<i>Supervising Physician: Dr. John Callahan</i>		
Otolaryngology		
Young, Paul, R., MD	Active Staff	11/26/2014
Pathology		
Balos, Lucia, MD	Active Staff	11/26/2014
Psychiatry		
DiGiacoma, Michael, R., MD	Active Staff	11/26/2014
Gunn, Susan, A., PsyNP	Allied Health Professional	11/26/2014
<i>Collaborating Physician: Dr. Zhanna Elberg</i>		
Mutton, Holly, B., DO	Active Staff	11/26/2014
<i>Also, the future January 2015 Provisional to Permanent Staff list was compiled now for Chief of Service and Collaborating / Supervising physician review 60 days before endorsement to the Medical Executive Committee.</i>		
FOR OVERALL ACTION		

AUTOMATIC CONCLUSION- REAPPOINTMENT EXPIRATION, RECOMMENDED

None

Reappointment Expiration date as indicated above
Planned Credentials Committee Meeting: November 4, 2014
Planned MEC Action date: November 17, 2014
Planned Board confirmation by: December, 2014
(Last possible Board confirmation by: January 2015)
FOR OVERALL ACTION

OLD BUSINESS

Ad hoc BOD Committee Report - Oral Maxillofacial applicant

The Credentials Committee awaits the detail requested, approaching one year on this open issue. Requested data remains not available, with extenuating circumstances at present.

Vendor for Corporate Compliance Due Diligence

Per Corporate Compliance, the data reports from IT are in process and testing will commence this month. The revision of the corresponding policy and procedures are also underway. Full implementation is slated for early December.

Dental Department Form Revisions

A meeting with the Credentials Chair, the Chiefs of Dentistry and Oral and Maxillofacial Surgery has been scheduled for November 13th. Background materials have been circulated for review to assist with the discussion.

Internal Medicine Combined Allied Health Professional Privilege Form

The most recent version of the combined PA-NP Internal Medicine privilege form will be incorporated into the deliberations of the ad-hoc MEC AHP committee to be convened by the President of the Medical-Dental Staff. Suggestions were made regarding case experience documentation. Will also need to reconcile the new draft against the MD General and Critical Care forms to ensure a consistent cross walk for all AHP Privileges.

Tenex Procedure Equipment Update

Equipment ordered and first case scheduled for early November; close from agenda.

Surgery- Transplant Surgeons

It has been confirmed that at the present time, there are no specific credentialing criteria or case volumes mandated by any regulatory or accrediting body for transplant surgery. The program director is aware that if this should change, the Credentials Committee welcomes incorporating these into the privilege form, as was done for Bariatric Surgery.

Follow-up of applicant review at the September and October 2014 MEC meetings

Following the input of the Physicians Health Advisory Committee to the MEC, the Credentials Committee received the MEC’s recommendation expressed as a motion in the minutes from the Executive Session of the October 2014 MEC meeting. Letters have been prepared for the Nurse Practitioner applicant and her collaborating physician and will be reviewed by ECMC legal counsel.

Internal Medicine

Discussion of the supervision and accountability of Allied Health Professionals awaits the implementation of the AHP ad-hoc committee. The credentials committee further suggested focusing on competency as it applies to cognitive privileging, that is elements of practice which relate to diagnosis, treatment plans plus collaboration and supervision. The Credentials Committee agreed that this will be more of an issue for the medical vs. surgical services.

As this process will take time, The Credentials Committee recommended that the IM Chief of Service meet with the President of the Medical-Dental Staff and the Chief Medical Officer to review the documents collected at his request to determine if pending IM AHP appointment applications might move forward. It will also serve to develop set criteria that would be consistently applied to all practice plans within Internal Medicine.

Temporary Privilege expirations during Pending Initial Applications

Refer to the attached tracking system.

NEW BUSINESS

Family Medicine - Joint Bursa Injections

The request was received from the Medical Director of the ECMC LTCF to add Joint and Bursa Injections to the Family Medicine form and endorsed by the Credentials Committee at its October meeting, has been approved by the incoming Chief of Service. The committee included the addition with the Arthrocentesis entry as a privilege cluster.

LEVEL II CORE PRIVILEGES

PROCEDURAL LEVEL II PRIVILEGES	Init/Reap Volume	Physician Request	Chief of Service action:		If Yes, indicate any requirements; If No, provide details. See p. 6
			Recommend YES	NO	
NG Tube Insertion with Guide Wire	5/				
Thoracentesis - adult	5/				
Tracheostomy Tube Replacement	1/				
Arthrocentesis – adult includes bursa and joint injections	3/				
Arthrocentesis – pediatric includes bursa and joint injections	10/				
Lumbar Puncture (adult/child)	5/				
Paracentesis					

IM Privilege Form

ERIE COUNTY MEDICAL CENTER CORPORATION

A practitioner request for Chemical Dependency privileges to be added to the IM form was received by the Medical-Dental Staff Office and previewed for the Credentials Committee. Since parallel privilege sources are available and the signatory endorsing the privileges should be knowledgeable of the specialty, the Credentials Committee recommends that this request not go forward.

UB Faculty on site for Teaching only

A request had been considered by the committee for confirmation of the past tradition that UB Faculty at ECMC (Psychiatry) for the purpose of ONLY resident observation and evaluation do not need to be privileged members of the Medical-Dental Staff. The committee reaffirmed its previous decision that privileged staff membership should be required for these situations. The Chief of Psychiatry confirmed that there are currently no non-privileged faculty onsite overseeing student and resident education.

OVERALL ACTION REQUIRED

OPEN ISSUES

Nurse Practitioner NYS Law change effective January 2015

Committee action items remain:

- 1) Revise page 1 of the current NP form for every department; remove outdated text
- 2) Send letter to every Nurse Practitioner on staff explaining why ECMC will opt to not make changes to collaborating designation and privilege alignment (per Risk Management, no new information or decisions from the legal or liability insurance arenas).

FOR COMMITTEE INFORMATION

OTHER BUSINESS

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

FPPE (Focused Professional Practice Evaluation)

Emergency Department – 1 MD

Oral and Maxillofacial Surgery – 1 DMD

Surgery - 1 PA

OPPE (Ongoing Professional Practice Evaluation)

Radiology/Imaging Services - Teleradiology (41 MDs)

Internal Medicine – Team Health Hospitalist Group (6 MDs, 20 AHPs)

No report from the Patient Safety Office.

Discussion:

- 1) Family Choice – the committee recognized the limitations of policy compliance for on-call practitioners who do not come on-site for off hours NH coverage. It was agreed that given the non JC status of the LTCF, waiving FPPE and utilizing the OPPE supplied by the plan comes as close as is realistic to meeting the spirit of the JC requirements.
- 2) The committee discussed the ongoing challenges of completing FPPE/OPPE for low/no volume practitioners and the hesitancy of the chiefs of service to recommend no volume practitioners to the Courtesy Refer and Follow category.

FOR COMMITTEE INFORMATION

ADJOURNMENT

With no other business, a motion to adjourn was received and carried with adjournment at 4:50 PM.

Respectfully submitted,

A handwritten signature in black ink that reads "Robert J. Schuder MD". The signature is written in a cursive style with a large initial 'R' and 'S'.

Robert J. Schuder, MD,
Chairman, Credentials Committee

ERIE COUNTY MEDICAL CENTER CORPORATION

Board of Directors
Minutes of the Audit Committee Meeting

Tuesday, November 18, 2014

ECMCC Board of Directors Conference Room

Voting Board Members Present or Attending by Conference Telephone:	Kent Chevli, MD (via phone) Bishop Michael A. Badger Frank B. Mesiah (via phone)	
Voting Board Members Excused:	Anthony M. Iacono	
Also Present:	Stephen Gary Richard Cleland Anthony J. Colucci, III, Esq.	Nadine Mund Thomas Quatroche
Guests:	Al Gracie Chris Eckert	Ryan Gilbert (via phone)

I. Call to Order

Chairman Dr. Kent Chevli called the Audit Committee meeting to order at 10:33 a.m.

II. Receive and File Minutes

Motion was made and accepted to approve the minutes of the Audit Committee meeting of July 22, 2014.

III. Compliance Matter

Anthony Colucci reported that he was informed in September of a possible compliance issue at Terrace View. Mr. Colucci directed the Corporate Compliance officer for ECMC as well as a member of outside counsel to investigate the issue. Management personnel were instructed to immediately cease the practice in question and shall continue until such time that we receive further guidance on this issue.

IV. Freed Maxick 2014 Financial Statement Audit

Al Gracie, Client Relationship Director from Freed Maxick, gave a description of the 2014 audit plan. The Executive summary outlined the scope of the engagement as it relates to the financial statements. Mr. Gracie also reviewed the timing for key deliverables.

ERIE COUNTY MEDICAL CENTER CORPORATION

V. Freed Maxick Additional Procedures

Mr. Gracie described additional procedures that Freed Maxick has been engaged to perform related to various internal controls. A meeting will be scheduled for mid-January to report on these procedures.

VI. Internal Audit Recommendations

Mr. Gary recommended that ECMC would benefit from a robust internal audit function. Mr. Gary further stated that he believed that an outsourced or co-sourced model would best serve ECMC. Management recommends issuing two (2) RFPs – one seeking a firm to provide internal audit services and the other, to potentially engage a new external auditor should Freed Maxick propose and be selected for the internal audit function. Mr. Gary will report the status of this process at the next Audit Committee meeting so that the Committee can provide direction to Management with respect to the selection process.

VI. Executive Session

The Chairman called for an Executive session with the auditors at 10:59 AM, after which Management was excused.

V. Adjournment

There being no further business, the meeting was adjourned after Executive session at 11:06 AM by Chairman Chevli.

BOARD OF DIRECTORS
MINUTES OF THE FINANCE COMMITTEE MEETING
DECEMBER 16, 2014
ECMCC BOARD OF DIRECTORS CONFERENCE ROOM

VOTING BOARD MEMBERS
PRESENT OR ATTENDING BY
CONFERENCE TELEPHONE:

MICHAEL SEAMAN
BISHOP MICHAEL A. BADGER
DOUGLAS H. BAKER
RONALD BENNETT

DEITRICH JEHLE, MD
THOMAS R. MALECKI, CPA

VOTING BOARD MEMBERS
EXCUSED:

ANTHONY M. IACONO

ALSO PRESENT:

RICHARD CLELAND
ANTHONY J. COLUCCI, III
STEPHEN GARY

MARY HOFFMAN
KEVIN HOGAN
RONALD KRAWIEC
THOMAS QUATROCHE

I. CALL TO ORDER

The meeting was called to order at 8:32 p.m. by Chairman Michael Seaman.

II. APPROVAL OF MINUTES

Motion was made by Bishop Michael Badger, seconded by Thomas Malecki unanimously passed to approve the minutes of the Finance Committee meeting of October 28, 2015.

III. CONTROLLER

Steve Gary announced to the committee that a new Controller has been hired. Leslie Lymburner, a CPA, is coming to ECMC from Roswell Park after 15-18 years of service. Her experience at Roswell makes her an excellent fit here at ECMC. Steve notified the committee that Leslie would be invited to join the Finance committee meetings and offered to help schedule any 1:1 time that committee members might want with Ms. Lymburner.

IV. NOVEMBER 2014 FINANCIAL STATEMENTS

Mr. Gary summarized the current financial performance of ECMC stating that November's loss of \$1.3 Million was unfavorable compared to a budget of 116 Thousand and unfavorable to prior year of \$1.2 Million. There is a year to date operating loss of \$1.2 Million compared to a budgeted income of \$314 Thousand and to a prior year loss

of \$1.4 Million. Significant events effecting performance during the month include the November snow storm, Intermediate Access Assurance Grant Revenue and other variables

Mr. Gary reviewed variances in volume, case mix, revenue and expenses. Patient volumes remained greater than last year even with the snow storm. Volume, however, is short of budget both monthly and year-to-date. Length of stay continues to improve. A summary of the operating performance variances and the current balance sheet was reviewed with discussion between committee members.

V. YEAR-END CLOSE PROCESS AND TIMING

Mr. Gary reviewed the significant financial statement data required to complete the year-end close process including: reports from actuaries on malpractice, worker's compensation and the GASB45 liability; detailed IGT/UPL calculations; multiple reimbursement and cost report settlements and asset impairment testing. Mr. Gary also reviewed the key accounting estimates that are required between now and the end of the year and the range of possible outcomes.

VI. JOINT FINANCE/AUDIT COMMITTEE MEETING

A joint Finance/Audit committee meeting is scheduled for January 20, 2015. Freed Maxick, ECMCC's independent audit firm, was engaged to perform additional procedures related to internal controls and processes and will discuss their findings at the joint meeting in January.

VII. ADJOURNMENT

There being no further business, the meeting was adjourned at 9:30 pm by Chairman, Mr. Seaman

Turnover Rate: .47%
Turnover Rate YTD: 8.9%

December

Hires: 10 FTES & 1PD (LPN: 4 FTES)

- Med/ Surg: 2 FTES & 1 PD
- Behavioral Health: 7 FTES (LPN: 4 FTES)
- Critical Care: 1 FTE

Losses: 4.5 FTES (LPN: 1 FTE)

- Med/ Surg: 4 FTES
- Behavioral Health: .5 FTES (LPN:1)

Turnover Rate: .6%
Turnover Rate YTD: 9.5%

VIII. EMPLOYEE TURNOVER REPORTS

Turnover reports were distributed for November and December 2014. The turnover rate continues to be low. Recruitment efforts were discussed. Behavioral Health will be holding an open house in the near future.

IX. WELLNESS AND BENEFITS

Wellness week will be January 26, 2015-January 30, 2015. Staff from LMHF will be onsite to assist. Seminars will be held at both Terrace View and ECMC. LMHF offers a \$50 debit card to employees and their spouses who receive physicals. Packets can be picked up at Human Resources.

X. ADJOURNMENT

Moved by Michael Hoffert to adjourn the Human Resources Committee meeting at 10:15am.

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS

MINUTES OF THE INVESTMENT COMMITTEE MEETING

FRIDAY, MARCH 28, 2014

ECMCC BOARD OF DIRECTORS CONFERENCE ROOM, 3RD FLOOR

VOTING BOARD MEMBERS	KEVIN CICHOCKI, DC	EXCUSED:
PRESENT OR ATTENDING BY	K. KENT CHEVLI, MD	SHARON HANSON
CONFERENCE TELEPHONE:		

ALSO PRESENT:	JOHN EICHNER	RONALD KRAWIEC
	MICHAEL SAMMARCO	
	JODY LOMELO	

GUESTS:	CHARLES GREGOR,	GALLAGHER
	KAREN WATSON	FIDUCIARY
		ADVISORS, LLC

I. CALL TO ORDER

Dr. Kevin Cichocki called the Investment Committee meeting to order at 8:30 a.m.

II. RECEIVE AND FILE JUNE 25, 2013 MINUTES

Motion was made and unanimously approved to receive and file the Investment Committee minutes of June 25, 2013, as presented. Of note, Mr. Charles Gregor advised the committee that he will be retiring from his position and Ms. Karen Watson will be ECMCC's Investment Advisor.

III. INVESTMENT PERFORMANCE UPDATE:

Gallagher Fiduciary Advisors, LLC (GFA) presented the ECMCC's investment performance report for the year ended December 31, 2013 and for the two month period ended February 28, 2014. The reports were distributed, reviewed, and discussed. Mr. Charles Gregor and Ms. Karen Watson of GFA provided the Committee with a proposed change in investment model for their consideration. Underperforming funds were highlighted and reviewed with explanations of performance. GFA makes no recommendations to modify any funds within the portfolio at this time. After further discussion, based on recent market performance, it was determined to rebalance the portfolio to 30% equity. The current investment policy will be modified by GFA to reflect this change and position statement.

MOTION: Motion was made by Dr. Kent Chevli and seconded by Dr. Kevin Cichocki to rebalance the Erie County Medical Center Corporation investment portfolio to 30% equity from the current 20% equity position.

MOTION APPROVED

ERIE COUNTY MEDICAL CENTER CORPORATION

IV. INVESTMENT POLICY & GUIDELINE REVIEW:

The current policy was reviewed. Some demographic changes are required due to a change in the operating system used by GFA, and the contact list will be updated to reflect Mr. Gregor's retirement and Ms. Watson's assignment to the ECMCC account. Additionally, the approved **motion** to modify the ECMCC portfolio equity balance to 30% will be included in the revised policy. (See Sec. III of these minutes).

MOTION: Motion was made by Dr. Kent Chevli and seconded by Dr. Kevin Cichocki to modify the current ECMCC Investment Policy permitting a 30% equity portfolio balance.

MOTION APPROVED

V. ADJOURNMENT:

The meeting was adjourned at 9:10 a.m. by Chairman Cichocki.

Recognition for Systematic use of Patient Centered Coordinated Case Management Processes. This is the highest level of achievement possible in certification. There are five (5) key areas of care that must be provided to receive this recognition.

- A. Comprehensive Centered Care – Multidisciplinary approach to care.
- B. Patient Centered Care – Recognizing that patients and families are core members of the care team, medical home practices ensure that they are fully informed partners in establishing care plans.
- C. Coordinated Care – Access all elements of the broader healthcare system.
- D. Accessible Service – Accessible services with shorter waiting times for urgent needs, enhanced in person hours, 24/7 access to team.
- E. Quality and Safety – Engaging in performance measurement and improvement, measuring and responding to patient experiences and patient satisfaction, and meeting population health management.

This is a true testament of all the hard work the entire team provides to improve patient care. I would like to thank the entire multidisciplinary team which includes: Melissa Gulino, Heather Fox, our social workers, nurses, medical providers, pharmacy, administrative staff (receptionist, finance) and educational testimony team who play a vital role in the patient experience.

HOSPITAL OPERATIONS

Volumes continue to reflect favorable trends with continued improvement over prior year actual results (by an average of 9% across the board). We have not yet closed the month of December, however, it appears we will be at least break even or better. Management continues executing its operational performance plan.

Several Key Statistics Include:

- Acute discharges - December + 166 (+445 in 2014 vs. 2013)
- All discharges - December + 180 (+1,480 in 2014 vs. 2103)
- Operating room volumes missed budget for December by 4% lower +156 over 2013 in December and an incredible 670 case improvement over 2013
- Emergency Department saw a 5% increase over 2013 in December and YTD growth came in at 3% over 2013

January 2015 is trending along very much the same.

We received approval of our Certificate of Need for two additional operating rooms which will go into the ambulatory center. This will help us with flexibility of schedules associated with our continued growth. Leaders in this growth include orthopedics, bariatrics, Head, Neck and Plastics and transplant.

We completed our physician survey in early January. Overall we received a 46% participation, which is significantly higher than 2009. We are currently reviewing the data and will be rolling out the results in early February and then develop action plans to address areas needing improvement.

Construction continues on the Russell J. Salvatore Orthopedic unit. Our first orthopedic overflow unit will open January 28, 2015. The remaining 22-bed unit will open in February/March. The new units are spectacular and I would like to thank our physicians, Karen and her team for great planning and design.

Executive Leadership 2015 first quarter goal report updated and attached. 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, DSRIP/Millennium Collaborative Care, Level 1-Trauma Certification, reviewing and modifying our strategic plan and service line profile reporting (profitability, quality outcomes and measures, productivity and patient satisfaction) as top priorities.

DSRIP - Millennium Collaborative Care

- Project Plan Application submitted 12/22/14;
- Scale and Speed Application submitted 1/14/15;
- Work Group Meetings scheduled for next 6 weeks;
- Project Plan Approval in progress;
- Independent Assessor recommendations made public 2/2/15;
- DSRIP Project Approval & Oversight Team public hearings and meetings re: Independent Assessor recommendations, 2/17-20;
- Capital Restructuring Financing Program applications due 2/20/15;
- Project Plan Awards expected in early March 2015;
- Draft Implementation Plan due 3/1 to DSRIP Support Team;
- Final Implementation Plan due 4/1 to DOH;
- 230,975 lives attributed our DSRIP/Millennium Collaborative Care;
- 3,855 providers in our DSRIP/Millennium Collaborative Care;

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

**Executive Leadership
Goal Report
2015 Quarter #1**

GOALS	RESPONSIBLE PARTY(S)	UPDATE
2015 First Quarter Goals		
<p>1) Develop a comprehensive 2015 customer service and patient engagement plan:</p> <ul style="list-style-type: none"> a. Maximizes Press Ganey capabilities(training, education, forms and strategies) b. Mandatory leadership support c. All reports-all organizations-all daily practice to mimic Press Ganey top hospitals d. Includes monthly department and employee training and development e. Roll Out of " Point of Care" rounding tool f. Update Patient Information Booklet g. Implementation of "Consider it Done" h. 2nd annual Patient Experience Fair i. Add additional resources-advocates to CPEP, Outpatient and Behavioral Health(inpatient) j. Expands "Catering By Demand" to all inpatient survey units k. Patient Experience data for providers l. Roll out MWBE plan to meet the 30% goal for 2015 m. Expand Patient Experience department to include CXO and to function globally for the hospital. 	<p>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.</p> <p>(b) [DB & MH] All EL have signed the ECMC Executive Leadership contract on 1/13/15 for Patient Experience.</p> <p>(c) 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.</p> <p>(d) Next steps to work with EL and department managers on the development of PE plans for their areas.</p> <p>(e) 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.</p> <p>(f) Meeting with committee w/o 1/19/15 to review draft of Patient Information booklet.</p> <p>(g) No report.</p> <p>(h) We will have our kick-off meeting for the annual Patient Experience Summit the w/o 1/19/15.</p> <p>(i) No report.</p> <p>(j) Meeting slated for 1/22/15 to discuss dietary opportunities.</p> <p>(k) 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.</p> <p>(l) Will bring a workgroup together 1/26/15; finance, purchasing, IT, plant operations, etc. to develop MWBE 2015 goal plan.</p> <p>(m) Developed the CXO job description and reporting structure. Waiting to hear back from Civil Service.</p>
<p>2) DSRIP/Millennium Collaborative Care:</p> <ul style="list-style-type: none"> a. Key staff appointments b. Appoint Board of Managers c. Develop infrastructure to insure readiness plan for 4/1/2015 	<p>Cleland/ Quatroche</p>	<p>[TQ] Appointments in search process.</p> <p>[TQ] Board of Managers appointed and first meeting 1/20/15.</p> <p>[TQ] Plan under development.</p>

GOALS	RESPONSIBLE PARTY(S)	UPDATE
3) Level 1-Trauma Certification-American College of Surgeons:	Ziemianski/ Murray	[BM] Received commitment from Dr. Moreland to be the third neurosurgeon. Dr Flynn developing neurotrauma policy. [KZ] Gathering all trauma related research.
4) Update ECMC's Strategic Plan: a. 3 rd 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.
5) 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 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 c. Identify key service line <u>quality reporting</u> , develop master schedule to insure timely submission of materials and organizational awareness d. Complete assessment of <u>productivity</u> and establish benchmark productivity levels	Murray/Ludlow/ Gary/Feidt	[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. (Murray) Nothing new of significance beyond the Bridge project reports that we continue to refine. We have added some OR metrics to Surgery. [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. [CL] Master list of quality indicators developed and will be distributed to exec leaders. Timeline document will be shared also. [SG] Productivity consultant selected, data assembled and assessment process is underway with expected 4/1/15 due date for results.
6) 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] Meeting needs to be rescheduled.
7) Reorganize Renal Service Line a. Recruit and hire full-time Renal Transplant Program Director b. Prepare for UNOS review-April 2015 c. Develop and hire leadership/manager for dialysis service line d. Develop a CKD Transition Clinic;	Murray/Hoffman/ Ludlow	[BM] Search Committee underway. [MH] Complete. [BM] Performed review of UNOS and CMS plans of correction. [CL] QAPI program developed and monthly meetings organized. Dashboard developed for each program as was as task groups to address indicators that need improvement. [MH] Actively preparing. [BM] Interviews for dialysis manager ongoing. [MH] Offer pending. [MH] Analysis underway.

GOALS	RESPONSIBLE PARTY(S)	UPDATE
e. Improve STAR Rating of the Chronic Hemodialysis Program		[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. [MH] Focus for 1 st qtr.
8) 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: a. CMS/Core Measures b. Leapfrog c. Payer Incentives d. Value Based Purchasing(Press Ganey)	Ludlow	[CL] Master list of all indicators tracked has been developed; will work with Finance to define financials attached. No report. 2014 payer incentive data submitted. 2015 contract initiatives defined with IH + HealthNow. Final indicators for Univera will be submitted 1/22/15. Working with Press Ganey on a VBP dashboard that will identify variances monthly to physician champions and provide outcome data quarterly.
9) Identify key current hospital quality reporting, develop master schedule to insure timely submission of materials and organizational awareness	Murray	Refer to Charlene.
10) Develop a comprehensive Business Intelligence/Enterprise Decision Making structure and begin implementation of that structure	Gary	Organization structure developed pending best practice data from productivity consultant. Identified lead candidate and in process of recruiting for this leadership role.
11) Head & Neck/Oral Oncology –hospital and physicians aligned, support operational model.	Quatroche	Model developed. Search underway for Practice Manager.
12) Center for Occupational & Environmental Medicine Clinic-opened and operational 13) Secure new contracts for South town primary care practices a. Establish permanent space to replace current temporary sites. 14) Security improvements to insure access control.	Krawiec Krawiec Krawiec	Complete: Opened and operational. Working on set pricing model for the contracted services with unions and employers which is a large portion of this service. Complete: Three year extension with Sharma Medical; signed and operational. In process: Orchard Park decision this week on final site, Hamburg in process. ETA 2 nd Qtr 2015. In process. Electronic door control in place on most doors. Need to solve Lobby issues prior to implementing access controls on employee entrance. Dock controls ETA Feb.
15) Establish active capital budget process and associated review committee.	Gary	First draft of process is complete. Process to be reviewed at an upcoming ELT meeting.
16) 5.7 LOS	Hoffman	Daily focus current LOS

GOALS	RESPONSIBLE PARTY(S)	UPDATE
17) Create Employee Concierge Program: <ul style="list-style-type: none"> a. Same day scheduling for clinics and dental b. Increase primary care population; c. Capture higher levels of surgical and acute care; d. Co-Pay waiver-reimbursement 	Clarke/Gary	[CC] Met with Steve Gary on project status, follow up scheduled. [Gary] Contracted with a firm to develop RFP for consulting support to establish the employee discount/co-pay waiver program.
18) Kronos Improvements-enforcing the overtime timekeeping requirement	Clarke	Investigating
19) Update Human Resources Intranet Page	Clarke	Assigned
20) Civil Service-fully implement transition from EC to ECMCC: <ul style="list-style-type: none"> a. Integrate ECMCC's Position Manager System with NYS Civil Service Testing Division 	Clarke	Assigned, awaiting go live date
21) Update Employee Handbook;	Clarke	Assigned
22) Employee Health Updates including: <ul style="list-style-type: none"> 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.
23) 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.
24) EBOLA certification designation;	Ludlow	Attending NYC meeting on 1/23/15. Education requirements being met monthly and employee monitoring process in development.
25) Regulatory-stay within compliance for the following agencies: <ul style="list-style-type: none"> 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.
26) Receive approval of CON's for two new OR's;	Quatroche	CON's received.
27) Update ECMC website	Quatroche	First meeting scheduled; management interviews being scheduled.
28) Roll out 2015 ECMC marketing campaign	Quatroche	Marketing campaign in development in conjunction with Capital campaign.

GOALS	RESPONSIBLE PARTY(S)	UPDATE
29) Open the new Russell J. Salvatore Orthopedic Unit	Krawiec	Target for occupancy in mid-March.
30) Meet NYS EPCS	Murray Feidt	[Murray] Working with Leslie and UB to achieve this goal. [Feidt] 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.
31) Surgery electronic physician documentation	Feidt	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.
32) 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.
33) Provider dictionary optimization update	Feidt	(33) 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.
34) 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.
35) 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.
36) Implement NSQIP to focus on quality improvement for surgical patients(replace SCIP)	Murray	No report
37) Develop comprehensive Medical/Physician Affairs plan to address: → Updating and keeping current Provider Dictionary; → Liaison/Concierge Service(on boarding);	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.

GOALS	RESPONSIBLE PARTY(S)	UPDATE
<ul style="list-style-type: none"> → Insure all physician and allied provider credentialing is in compliance to ECMC By Laws; → Staffing and structure in place and department optimal in effectiveness 		See above. One position still needs to be filled.
38) 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.
39) 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.
40) <u>Lifeline Goals:</u> <ul style="list-style-type: none"> • Rebranding of ECMC Foundation to be more clearly and closely align the Foundation to the hospital; • Finalize the capital campaign cabinet and solicitation team; • Finalize the ER renovation’s capital campaign marking concepts; • Kick off capital campaign silent phase through identification of major/naming rights donors and begin solicitation of those identified; • Capital Campaign kickoff to Executive Leadership and ECMC Physicians; • New 4 Mile Chase partnership-fundraiser event; • Expand Professional/Development Opportunities, ECMC Employees 	Gonzalez	1/12 - Design chosen, Martin Group to provide final artwork by 1/30. Capital Campaign case statement & marketing meeting held 1/12; draft being prepared. Initial campaign cabinet discussion held 1/8 and top 3 naming rights prospects identified. Leadership kick-off - no update. 4 mile Chase event meetings continue bi-weekly to start process and permits. Currently working to add Respiratory Therapy Certificates to professional development menu of opportunities for employees and meeting set for possible employee advancement scholarship initiative

ECMC Executive Leadership Commitment for Patient Experience and Excellence

FIRST

I will commit that each meeting I attend as it relates to ECMC, we will start with a patient experience story. I will refer to our employees and staff as teammates!

SECOND

I, along with Donna Brown, will meet with each of my department managers to explain the reason for a patient experience plan. We will evaluate the current state of each department.

THIRD

I will require that the plan be submitted for review 2 weeks after our initial meeting. In this plan the vision for the department must be identified by the manager and include realistic and measureable goals.

FOURTH

I will require that each department manager report to me monthly on the plan implementation. What are the barriers to excellence? Do we need scripting, role playing or other educational resources? I will discuss with my managers barriers that need to be addressed in order to implement our plan. I will work in a timely manner to remove these barriers.

FIFTH

We will celebrate our successes and work through our challenges together. I will work with my managers to recognize and reward our team members when a good job is done. This can be a written notice of achievement or a verbal acknowledgement. This must be visible throughout ECMC, either in email, bulletin board, or during Management Council.

SIXTH

I will report monthly during Executive Leadership on the patient experience journey.

SEVENTH

We will commit to a comprehensive educational and development plan that will begin with leadership and include all departments and ECMC teammates in the organization.

EIGHTH

We will commit to establishing a department of Patient Engagement and hire a Chief Engagement Officer.

NINTH

Starting January 18, 2015, I will block off or schedule (2) hours a day, Monday, and Friday from 10 am to 12 noon, 4pm to 6pm or 10pm to 12am for the purpose of rounding ECMC (hospital, off site clinics, Terrace View) where applicable. These two hours are to be used in engaging 2 teammates and 2 of our customers (patients, patient's families) in determining where we can enhance our leadership through communication, positive reinforcement, problem solving, support and acknowledgement of our teammates and our mission.

Starting February 16, 2015, I will block off or schedule (2) hours a day, Monday, Wednesday and Friday from 10 am to 12 noon, 4pm to 6pm or 10am to 12am for the purpose of rounding ECMC (hospital, off site clinics, Terrace View) where applicable. These two hours are to be used in engaging 2 teammates and 2 of our customers (patients, patient's families) in determining where we can enhance our leadership through communication, positive reinforcement, problem solving, support and acknowledgement of our teammates and our mission.

Richard Cleland

Richard Cleland
President/COO
Interim CEO

Donna M. Brown

Donna Brown

Carla DiCanio-Clarke

Carla DiCanio-Clarke

Anthony Colucci

Anthony Colucci

Leslie Feidt

Leslie Feidt

Stephen Gary

Stephen Gary

Mary Hoffman

Mary Hoffman

Ronald Krawiec

Ronald Krawiec

Charlene Ludlow

Charlene Ludlow

Brian Murray, M.D.

Brian Murray, M.D.

Thomas Quatroche

Thomas Quatroche

Karen Ziemianski

Karen Ziemianski

Chris Koenig

Chris Koenig



New York State
Partnership
for Patients



December 5, 2014

Dear Colleague:

Congratulations on your hospital's many accomplishments toward meeting the national Partnership for Patients' goal of reducing hospital-acquired conditions and preventable readmissions through the New York State Partnership for Patients.

Your achievements in these areas are a testament to your hospital's extraordinary efforts and steadfast commitment to improve patient safety. We share your organization's pride in the tremendous progress it has made in three years. We also appreciate your hospital's contributions to NYSPFP's collaborative efforts to improve outcomes statewide.

It has been our privilege to partner with many of your leaders and staff who have gone above and beyond to inspire sustainable change. We are confident that your hospital will continue to build on this momentum in the years ahead.

Thanks to your important work, patients are safer and outcomes are better across New York State. We are pleased to present you with this Certificate of Participation to share with your leadership and staff in recognition of your hospital's outstanding efforts.

Sincerely,

A handwritten signature in black ink, appearing to read "D. Whalen".

Dennis P. Whalen
President, Healthcare Association of New York State

A handwritten signature in black ink, appearing to read "Kenneth E. Raske".

Kenneth E. Raske
President, Greater New York Hospital Association

Certificate of Participation

NYS PARTNERSHIP FOR PATIENTS

This certificate is presented to

ERIE COUNTY MEDICAL CENTER

and its staff for their many achievements toward meeting the national Partnership for Patients' goals of reducing hospital-acquired conditions and preventable readmissions.



Dennis P. Whalen
President, Healthcare Association of New York State



New York State
Partnership
for Patients



Kenneth E. Raske
President, Greater New York Hospital Association

**HOSPITAL-ACQUIRED
INFECTIONS**

**New York State
2013**

New York State Department of Health, Albany, NY
September 2014

pg 121-124

Hospital Success Stories

NYSDOH would like to recognize the achievements of three hospitals for their outstanding work in preventing HAIs in 2013.

SSI Prevention Success

St Francis Hospital-the Heart Center in Roslyn, New York, had a significantly low sternal wound SSI rate in CABG surgery patients when compared to other hospitals in New York State in 2013. At St Francis all members of the interdisciplinary health care team including experienced surgeons; operating room (OR), anesthesia, and post-anesthesia care unit staff; intensivists; midlevel practitioners (MLP); nursing staff; performance improvement staff; pharmacy staff; microbiology laboratory staff; and infection prevention and control staff are committed to consistently identifying and implementing processes that will improve patient outcomes.

Preventing SSIs begins with pre-admission testing (PAT), where patients receive a packet of six chlorhexidine wash cloths for their pre-op bath the night before surgery along with written instructions and mupirocin intranasal ointment for decolonization of MRSA/*Staphylococcus aureus*. The nurse practitioners educate the patients on appropriate use of the wash cloths and mupirocin as well as the rationale for use. All CABG patients have a HgbA1c (a test that might indicate diabetes) performed in PAT, and if it is elevated an automatic endocrine consult is requested.

When the patient is admitted the MLP will check to be sure the patient has had 5 days of mupirocin, and if not will order to continue its use.

In the holding room, hair is removed using clippers no more than an hour prior to surgery. This is followed by a second bath with chlorhexidine wash cloths. Chlorhexidine and alcohol are used as skin preps in the OR. Antibiotic prophylactic guidelines were developed by infectious disease and pharmacy staff and are monitored by both pharmacy and performance improvement personnel. Guidelines recommend timely and weight based administration of antibiotics.

Glucose control is managed in the cardiothoracic (CT) ICU by intensivists, MLPs and nursing. Glucose is monitored hourly with a target range of 120 to 160, adjusting insulin dosage with a continuous insulin infusion.

Wound care is performed on the sternal incision beginning 48 hours post-operatively with one chlorhexidine wash cloth and is continued for five days.

If an SSI is identified the cardiac surgeon is notified. Risk factors are assessed based on a case control study of five years of data conducted by performance improvement personnel. The three most common risk factors at St Francis for sternal wound infections are obesity, smoking, and diabetes. Infection prevention and control staff also assess lack of compliance with preventive

measures such as uncontrolled glucose, appropriate antibiotic use, pre-op bathing and hair removal, OR skin prep, and use of mupirocin twice a day for five days, with feedback to members of the team on areas of noncompliance.

If wound cultures grow *S. aureus* (which includes MRSA) the microbiology laboratory checks for mupirocin resistance. In addition, mupirocin resistance is monitored every six months in a sample of *S. aureus* isolates.

If uncontrolled glucose levels are noted, a referral is made to the CTICU Performance Improvement Team.

It is the consistent use of preventive measures and follow-up when infections do occur that have led to a significantly low SSI rate. St Francis Hospital plans to continue this process and is consistently exploring new and innovative ways to prevent SSIs.

CLABSI Prevention Success

Erie County Medical Center (ECMC) in Buffalo, NY has been successful in CLABSI reduction in their 12-bed medical intensive care unit (MICU).

ECMC is a 602-bed tertiary care facility, and serves as the regional trauma center for the eight counties of Western NY. Currently, critical care is provided in a 12 bed MICU, a six bed Burn Treatment Center and a 24-bed Trauma Intensive Care Unit. In addition to Medical Surgical Services, ECMC is the Regional Center for Renal Transplant and Behavioral Health Services.

The Patient Safety Department includes five certified infection Preventionists (IPs) who report directly to the Chief Safety Officer, who has an infection prevention background and is certified in infection control (CIC). This offers the infection prevention program tremendous administrative support.

The ECMC MICU reported zero CLABSI's for 2013, and continues to be CLABSI free for the first half of 2014. The unit follows the standard central line insertion bundle as recommended by the Institute for Healthcare Improvement. A line cart is used to keep all line insertion supplies in one location for efficiency. An electronic procedure form was developed by the MICU providers to consistently confirm compliance with all elements of the insertion bundle. This remains part of the MICU patient electronic medical record. In addition, when accessing any line, the hubs are scrubbed with alcohol and covered with a sterile cap after every use. ECMC also has a dedicated IV team for peripherally inserted central catheter (PICC) line insertion, which provides consistent proficiency.

The MICU staff is comprised of a dedicated group of intensivists and hospitalists. The continuity of providers has resulted in a team dynamic which facilitates communication and prioritizes prevention of infections.

Multidisciplinary rounds are conducted daily and are comprised of the medical attending physician, intensivist, nurse practitioner/physician assistant, unit manager, charge nurse, clinical pharmacist, and nutritionist. Line necessity is reviewed daily, resulting in earlier line discontinuation and immediate replacement of emergent femoral lines.

The IPs provide CLABSI data to the critical care units for immediate case review. Results are discussed with the staff by the nurse managers and presented monthly by the IPs to the Critical Care Quality Improvement Committee.

Consistent adherence to established evidence-based practice guidelines and participation in New York State Partnership for Patients initiatives have also been important to their success.

CDI Prevention Success

Two hospitals in the Mount Sinai Health System: **Mount Sinai Beth Israel Brooklyn, and Mount Sinai St. Luke's Hospital** were successful in reducing CDI rates.

Between 2010 and 2013, hospital onset CDI rates significantly decreased by an average of 50% across the two hospitals. The hospitals were able to significantly reduce hospital onset CDI rates by: linking infection prevention goals with organizational strategies and resources related to patient safety and process improvement; engaging and facilitating teamwork; creating and linking a culture of safety to outcomes; and setting achievable goals and measuring and assessing effectiveness of interventions with feedback in a timely manner. This was accomplished with the support of senior administration leadership, identification of physician, nursing, environmental services, and transport champions, and support from front line staff.

A tiered approach was used to implement their CDI prevention bundle. Interventions first focused on: hand hygiene with soap and water, adherence to contact precautions and availability of gowns and gloves, elimination of routine use of rectal thermometers, and patient placement in a private room or cohorting with similar patients. Patient placement started in the Emergency Departments and required strong coordination and communication between the Admitting Departments and clinical staff. The second set of interventions involved partnering with environmental services, transporters, and patient care services staff to ensure adequate cleaning of equipment, patient rooms, and bathrooms with a bleach-based disinfectant. Particular attention was given to shared equipment and high touch areas.

Compliance with their infection prevention bundle and environmental protocols was validated through the use of direct observation, checklists, fluorescent markers, and handheld luminometers. Results were reported back in a timely manner to Senior Leadership, including

the Board of Trustees, and to front line staff at each of the hospitals. Control charts were utilized to determine trends and variations over time.

The two most recent interventions involved daily chlorhexidine gluconate bathing of patients, which has been shown to reduce hospital onset CDI, and alignment of their antimicrobial stewardship programs to evaluate antimicrobial use in relation to CDI. Protocols for the treatment of community acquired pneumonia were modified. Esomeprazole use was also monitored.

The Mount Sinai Health System team attributes their success to adherence to evidence-based practices, careful tracking and trending of performance, and, most importantly, to exceptional teamwork and infection prevention leadership.

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Internal Financial Reports
For the month ended December 31, 2014

Erie County Medical Center Corporation
Management Discussion and Analysis
For the month ended December 31, 2014

The preliminary operating results for 2014 reflect performance that is favorable to both the 2014 budget as well as the 2013 results. Operating income amounted to \$931 Thousand compared to a budget of \$587 Thousand and 2013 of \$897 Thousand. The results are considered preliminary at this time with final unaudited results to be issued in February due to the timing of receipt of key information such as actuarial reports and complex third party payer and cost reporting settlement calculations that are dependent on information that is external to ECMCC. Management does not anticipate any material change in these results from the amounts presented.

Net patient service revenues are \$2,289,000 (.6%) less than budget and \$45,784,000 (12.4%) greater than 2013. These variances are consistent with underlying volumes; case and service mix, as well as previously reported favorable third party reimbursement settlements as follows.

Year to date discharges were 17,796 which were 1,480 (9.1%) greater than the prior year and 1,645 (8.5%) less than budget at 16,316 and 19,441 respectfully. The unfavorable discharge variance compared to budget is due to lower than expected volumes in all service lines except chemical dependency which had an increase of 9 discharges. There were 773 fewer acute services, 733 fewer behavioral health services, 80 fewer in transitional care services and 68 less in medical rehab services. The favorable performance compared to 2013 is across all service lines, except medical rehab with notable increases in Acute care of 4.2% and Behavioral Health of 33.6%.

Year to date Medicare acute case mix for was 1.76 compared to budget of 1.82 and Non-Medicare acute case mix was 1.77 compared to budget of 1.78.

Other operating revenues are \$3,374,000 (11.1%) greater than budget and \$3,626,000 (10.6%) less than 2013. The variance to budget is largely due to the DSRIP IAAF and DSRIP Project Planning Grant funds awarded and recognized in the amount of \$3,084,000 and \$577,000 respectively. The decrease from 2013 is due to the DSRIP IAAF and Project Planning Grant revenues referenced above as well as the 2013 recognition of Grant revenue of \$10,200,000 primarily associated with CPEP Center of Excellence which was offset by a Physician Professional Fee Revenue increase of \$4,039,000 (31.7%) greater than 2013. Other contributing factors were due to a net decrease in other miscellaneous revenues of \$600,000.

DSH / UPL payments are \$19,279,000 (37.7%) and \$8,604,000 (13.9%) greater than budget and 2013 respectively as a result of favorable prior year settlements of amounts owed.

Overall operating expenses are \$20,020,000 (4.0%) and \$50,728,000 (10.9%) greater than budget and 2013 respectively with the following notable variances:

Salaries and contract labor are \$4,208,000 (2.3%) and \$11,898,000 (4.5%) greater than budget and 2013 respectively due to larger than expected salaried physician and contract labor costs. Of the \$4,200,000 variance \$954,000 was due to the November blizzard with the balance pertaining to increases in overtime and other average hourly rate increases.

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Employee benefits are \$7,512,000 (7.0%) less than budget and \$1,468,000 (1.5%) greater than 2013. Favorable variances in health and workers' compensation insurance and New York State Pension contributed to the favorable variance from budget.

Physician fees are \$8,786,000 (15.4%) greater than budget and \$11,945,000 (22.1%) greater than 2013. This variance has been partially offset by the \$4,039,000 favorable variance in professional fee revenues compared to the 2013 actual as noted above. The remainder net variance is attributable to increases in on call and physician coverage.

Total supply cost is unfavorable compared to budget by \$4,404,000 (11.7%) and increased compared to 2013 by \$5,357,000 (8.4%). Supply cost as a percent of revenue amounted to 16.8% compared to a budget of 15.7% and 2013 of 17.4%. Improvements related to 2013 performance were noted to supply management initiatives with unfavorable variances principally related to increases in Kidney acquisition cost, implantables, principally related to Bariatric and Orthopedic surgery and general patient supplies.

Depreciation and amortization expense is \$4,603,000 (21.3%) greater than budget and \$6,025,000 (29.8%) greater than 2013. The increase in expense compared to 2013 is principally related to the cost segregation of Terrace View.

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Erie County Medical Center Corporation

Statement of Operations

For the twelve months ended December 31, 2014

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net patient revenue	\$ 440,385	\$ 441,072	\$ (687)	\$ 392,067
Less: Provision for uncollectable accounts	(26,244)	(24,642)	(1,602)	(23,710)
Adjusted Net Patient Revenue	414,141	416,430	(2,289)	368,357
Disproportionate share / IGT revenue	70,390	51,111	19,279	61,786
Other revenue	34,174	30,800	3,374	37,800
Total Operating Revenue	518,705	498,341	20,364	467,943
Operating Expenses:				
Salaries & wages / Contract labor	184,007	179,799	(4,208)	172,109
Employee benefits	99,873	107,385	7,512	98,405
Physician fees	65,953	57,167	(8,786)	54,008
Purchased services	42,052	37,648	(4,404)	35,835
Supplies	69,517	65,513	(4,004)	64,160
Other expenses	14,149	12,900	(1,249)	6,822
Utilities	7,629	7,357	(272)	7,151
Depreciation & amortization	26,244	21,641	(4,603)	20,219
Interest	8,350	8,344	(6)	8,337
Total Operating Expenses	517,774	497,754	(20,020)	467,046
Income/(Loss) from Operations	931	587	344	897
Non-operating Gain/(Loss):				
Interest and dividends	5,278	-	5,278	4,665
Investment Income/(Loss)	(2,050)	3,500	(5,550)	3,564
Non-operating Gain/(Loss)	3,228	3,500	(272)	8,229
Excess of Revenue/(Deficiency) Over Expenses	\$ 4,159	\$ 4,087	\$ 72	\$ 9,126
Retirement health insurance	17,154	16,638	516	12,505
New York State pension	23,417	25,272	(1,855)	23,639
Impact on Operations	\$ 40,571	\$ 41,910	\$ (1,339)	\$ 36,144

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Erie County Medical Center Corporation

Key Statistics

Period Ended December 31, 2014

Current Period				Year to Date				
Actual	Budget	% to Budget	Prior Year	Actual	Budget	% to Budget	Prior Year	
Discharges:				Discharges:				
985	971	1.4%	819	Med/Surg (M/S) - Acute	11,445	12,218	-6.3%	10,983
269	392	-31.4%	279	Behavioral Health	3,709	4,442	-16.5%	2,776
136	127	7.1%	114	Chemical Dependency (CD) - Detox	1,595	1,586	0.6%	1,554
29	24	20.8%	24	CD - Rehab	308	308	0.0%	302
35	38	-7.9%	38	Medical Rehab	362	430	-15.8%	462
32	39	-17.9%	32	Transitional Care Unit (TCU)	377	457	-17.5%	239
1,486	1,591	-6.6%	1,306	Total Discharges	17,796	19,441	-8.5%	16,316
Patient Days:				Patient Days:				
6,447	5,892	9.4%	5,018	M/S - Acute	72,721	73,199	-0.7%	71,482
3,661	4,247	-13.8%	3,839	Behavioral Health	45,635	51,101	-10.7%	36,188
474	452	4.9%	408	CD - Detox	5,553	5,322	4.3%	5,214
475	515	-7.8%	441	CD - Rehab	5,660	6,066	-6.7%	5,734
652	822	-20.7%	899	Medical Rehab	9,208	9,609	-4.2%	10,015
314	544	-42.3%	431	TCU	4,726	5,474	-13.7%	3,188
12,023	12,472	-3.6%	11,036	Total Patient Days	143,503	150,771	-4.8%	131,821
Average Daily Census (ADC):				Average Daily Census (ADC):				
208	190	9.4%	162	M/S - Acute	199	201	-0.7%	196
118	137	-13.8%	124	Behavioral Health	125	140	-10.7%	99
15	15	4.9%	13	CD - Detox	15	15	4.3%	14
15	17	-7.8%	14	CD - Rehab	16	17	-6.7%	16
21	27	-20.7%	29	Medical Rehab	25	26	-4.2%	27
10	18	-42.3%	14	TCU	13	15	-13.7%	0
388	402	-3.6%	356	Total ADC	393	413	-4.8%	352
Average Length of Stay:				Average Length of Stay:				
6.5	6.1	7.9%	6.1	M/S - Acute	6.4	6.0	6.1%	6.5
13.6	10.8	25.6%	13.8	Behavioral Health	12.3	11.5	7.0%	13.0
3.5	3.6	-2.1%	3.6	CD - Detox	3.5	3.4	3.8%	3.4
16.4	21.5	-23.7%	18.4	CD - Rehab	18.4	19.7	-6.7%	19.0
18.6	21.6	-13.9%	23.7	Medical Rehab	25.4	22.3	13.8%	21.7
9.8	13.9	-29.7%	-	TCU	12.5	12.0	4.7%	-
8.1	7.8	3.2%	8.5	Average Length of Stay	8.1	7.8	4.0%	8.1
Occupancy:				Occupancy:				
82.5%	84.2%	-2.0%	74.5%	% of M/S Acute staffed beds	82.4%	86.4%	-4.7%	74.5%
Case Mix Index:				Case Mix Index:				
1.70	1.89	-9.9%	1.97	Medicare (Acute)	1.76	1.82	-3.0%	1.81
1.62	1.85	-12.8%	2.00	Non-Medicare (Acute)	1.77	1.78	-0.5%	1.87
167	191	-12.6%	244	Observation Status	2,370	2,019	17.4%	2,192
447	457	-2.2%	407	Inpatient Surgeries	5,668	5,829	-2.8%	5,171
699	739	-5.4%	583	Outpatient Surgeries	7,700	8,126	-5.2%	7,544
28,275	33,750	-16.2%	29,524	Outpatient Visits	375,676	373,872	0.5%	347,509
5,501	5,583	-1.5%	5,244	Emergency Visits Including Admits	66,416	69,924	-5.0%	64,702
43.4	45.0	-3.6%	49.1	Days in A/R	43.4	45.0	-3.6%	49.1
5.3%	6.2%	-13.8%	8.5%	Bad Debt as a % of Net Revenue	6.3%	6.2%	2.5%	6.7%
2,464	2,481	-0.7%	2,431	FTE's	2,445	2,510	-2.6%	2,390
3.46	3.49	-0.9%	3.74	FTE's per Adjusted Occupied Bed	3.47	3.49	-0.5%	3.72
\$ 13,852	\$ 11,087	24.9%	\$ 8,879	Net Revenue per Adjusted Discharge	\$ 11,779	\$ 11,027	6.8%	\$ 11,363
\$ 15,928	\$ 13,103	21.6%	\$ 14,005	Cost per Adjusted Discharge	\$ 14,455	\$ 13,095	10.4%	\$ 14,181
Terrace View Long Term Care:				Terrace View Long Term Care:				
11,698	11,904	-1.7%	11,797	Patient Days	139,308	140,160	-0.6%	132,704
377	384	-1.7%	381	Average Daily Census	382	384	-0.6%	364
438	437	0.2%	447	FTE's	447	441	1.4%	433
7.8	7.4	5.3%	7.9	Hours Paid per Patient Day	6.7	6.5	2.0%	6.8

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

BEHAVIORAL HEALTH:

- Transition Unit 4zone3, going very well (LOS 9.3). Seclusion restraints significantly lower than on general unit.
- Working on major grant possibility with local foundation aiming toward developing an urgent care and specialty inpatient units.
- Significant increase in autistic youth and adults presenting and staying in CPEP. Working with OPWDD to collaborate on long term solutions.

BRIDGE UPDATE:

- BRIDGE initiative is in operational mode assuring processes initiated with Novia are imbedded into day to day operations.
- Dashboard has been developed for monitoring purposes.
- 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.
- All teams focusing on sustainability.

CARE MANAGEMENT:

- Implemented new staffing model which merges the RN Case Manager role with the Utilization RN role. Cross-training of these two disciplines started on January 5, 2015.
- Implement a restructured Appeals and Denials process to include monthly reports and physician involvement. The restructured program will also increase ownership in the management of these cases to include attending physician. The initial meeting for this project is scheduled for January 22, 2015.
- Restructured the ALC process which would include the development of a daily focus on these patients, their barriers and alternative plans to expedite their discharge. Initial weekly meetings started on January 7, 2015 with complete case reviews of all ALC cases by Care Managers Management team members.

POST ACUTE CARE:

Christopher Koenig has accepted the position of Vice President of Post Acute Care effective February 8, 2014, overseeing Terrace View, TCU, geriatric and palliative care initiatives.

Palliative Care

- Hospice:
 - Working on transferring contract to SNF bed, identify ability to modify room location throughout contract

- Comfort House:
 - Meeting on January 28 to review operations with current comfort houses in existence
 - Donors beginning to be identified
 - Capital costs reviewed through potential grant opportunities, DSRIP and otherwise

Graduate Workforce Enhancement Program (GWEP)

- Grant through HRSA being reviewed with UB PCRI, UB MD, and ECMC
- Expand current education programs and geriatrics at ECMC
- Meetings in process to discuss ability to pursue grant
 - \$750,000 max annual award

Terrace View Staffing

- 36 open positions
- Job fair at TV on January 28, 2015 in effort to recruit
- Plans to continue to build relations with local schools to increase clinical on site time

Case Mix

- Current running average is 0.83, goal is 0.85
 - Weekly meetings reviewing every patient to maximize capture of care given

Quality Measures

- Consistent month over month improvement in the following:
 - Catheter use, UTI, weight loss, antipsychotics, restraint use
 - Pain QMs remain difficult to address secondary to patient diagnoses, QA process specifically set up to combat

TRANSPLANT SERVICES:

- Living Donor Program up and running, did four (4) Living Donors after opening, total of nine (9) for the year.
- Last pancreas transplant was June 16, 2014, UNOS requires every six (6) months. Can be contacted regarding inactivity. Only one (1) local pancreas recovered in 2014 and that was transplanted at ECMC in June.
- Adding staffing to focus on waitlist management.
- Began new referral/evaluation process, patients are now being screened over the phone at referral, then if pass screening being invited in for education. After education the evaluation process starts. This insures patients are making an informed decision and resources are being used more efficiently.
- Outreach focus, ECMC is hosting a Dialysis Social Worker meeting this month to start building relationships and educate on our new process, and new allocation system.

AMBULATORY SERVICES:

We are continually researching and expanding services to better meet the needs of our growing community.

- Ambulatory Administration positions filled; Assistant Vice President – Cassandra Davis, PCMH Clinical Manager – Annette Phillips. Management positions also filled with the exception of Specialty Clinics, for which we are currently recruiting.
- IAAF funds approved to bolster staff positions in preparation for DSRIP and Ambulatory care redesign. We have recently hired some key positions with more to come.
 - Nurse Practitioners, Nurse Case Managers, Social Worker, and additional clinical staff will play key roles in enacting Population Health Model and increasing access for our patients.
 - Focused efforts will be placed on chronic-disease, high ER utilizers, and high-risk populations.
 - Case Managers will assist in carrying out Transition of Care Model, improved patient services as well as increasing our revenue.
- PCMH-Level Three certification was awarded to Immunodeficiency Services.
- Dr. Orlick has been designated as the Medical Director over Specialty Care and Dr. Fudyma over Primary Care. Dr. Shon has been appointed by UB/MD as Medical Director in Immunodeficiency.
- Weekly meetings are being held with supervisors from Revenue Cycle/COR/Centralized Scheduling to improve processes and prepare for placement of PASRs into clinic settings. Centralized Scheduling process will also be streamlined to provide designated contacts for each service line, increasing provider satisfaction and improved user access.
- GI back log continues to be a challenge. Multiple measures pending to rectify systemic issues and barriers to access. Additional resources identified include additional physician support from UB|MD and the hiring of a Nurse Practitioner. Referral process will also be examined and modified.
- Immunodeficiency has received the Ryan White Part C award of \$791,461.00 for 2 years. Part D application process started.

RADIOLOGY:

- Radiology received American College of Radiology (ACR) accreditation for both CT units through June 2018.
- Purchased two (2) CT scanners and one (1) Radiographic & Fluoroscopic (R&F) room. Final construction and installation date pending.
- Drs. Jon Marshall (Radiology), Tony Martinez (Hepatology) and Dan Ford, PA (Oncology) are collaborating with the “WNY Liver Cancer Network”. They are investigating the possibility of forming a multidisciplinary committee to discuss the treatment plans for liver cancer patients.
- Productivity:
 - 2014 FTE levels were reduced by 15%
 - 2014 Overall procedural volumes decreased by 2.7%

REHABILITATION SERVICES:

- Developed internal ECMC service line, transitioning from Team health for Physiatry services and adding two (2) Nurse Practitioners.
- 2014 Admissions down by 22% (95 patients).
- Case Mix:
 - ECMC 2.38
 - Regional 1.32
 - National 1.34

Outpatient Rehab

- Therapy/psychology volumes at end of 2014 were down by 5% from 2013; related mostly to weather and staff extended sick leave.
- Receipts were up 7% or \$80,205 as a result of revenue cycle improvements.
- Driver evaluation program volume increased by 14%.
- New patient experience PDSA in place related to clerical throughput, key processes, decrease wait time, improve data collection, and decrease denials (\$4,288 at end of November).

DIALYSIS:

- Theresa Sitgreaves has accepted position of Director of Dialysis Center effective February 23, 2015. Theresa will be responsible for inpatient, outpatient, and home dialysis programs.
- Outpatient Dialysis unit was awarded the 5-Diamond recognition award for patient safety.
- All regulatory CMS Crown Web reporting is current.
- Facility Attestation will be completed by January 31, 2015 as per IPRO ESRD Network requirement.
- Monthly treatment volume for December = 1,766.
- During the November storm our team of nurses and other staff worked diligently to ensure the safety of our patients coming to dialysis, and treated many community dialysis patients that were unable to attend dialysis at their home unit.
- Encouraging staff to join American Nephrology Nurses Association (ANNA).

Erie County Medical Center Corporation
Report to the Board of Directors
Ronald J. Krawiec, Senior Vice President of Operations
January 27, 2015

PHARMACEUTICAL SERVICES – RANDY GERWITZ

MAPC Pharmacy Distribution Task Force update:

ECMCC's Director of Pharmaceutical Services has dedicated significant time to the Mid-Atlantic Purchasing Coalition (MAPC) pharmacy distribution task force, acting as the co-chair of this 8-member group. The task force was challenged to oversee and develop a request for enhancement to the VHA national agreement for this service. The goal of the distribution initiative was to leverage a pre-committed aggregate group of health care organizations with the express purpose of selecting one distribution partner for a 3-year agreement with services to begin in 2015. The task force represents 31 committed member organizations with a drug spend in excess of \$680 million annually. Success of the initiative was defined as all members receiving a minimum savings equivalency of 75 basis points. In addition, the selected vendor must be able to interface with each member's related technology systems.

Currently, we can report that all vendor responses have been received and evaluated. Voting to award the contract will occur on January 22, 2015 and we are confident that the resulting agreement will result in savings well in excess of the 75 basis points required to declare success. Projections for savings to the committed members will likely exceed \$20 million over three (3) years.

PLANT OPERATIONS – DOUG FLYNN

General Project Updates:

- New Orthopedic Unit on 6 Zone 1 is complete and opened on January 21, 2015.
- GI Lab Renovation is complete and occupied in mid December 2014.
- Exterior Signage Project is substantially complete in mid December. Punch list items and some old foundations out in the spring.
- Orthopedic Inpatient Care on 6 North on target for occupancy in mid March.
- Renovation of the Lifeline Suite is complete. Staff moved in on Wednesday, January 20, 2015.
- Renovation of the new Chief Medical Officer suite was completed and occupied in mid December 2014.

GRIDER FAMILY HEALTH - MAGDALENA NICHOLS

No Show Rate:

In January 2015, the clinic began making appointment confirmation calls in the morning as a follow up to the systematic Tavoca appointment reminder calls that are made two (2) days prior to a patient's medical appointment. This new effort has been an effective method in reducing the no show rate and also opening up more daily slots for patients looking to be seen the same day.

Build Health Grant:

The clinic is working with the Lifeline Foundation along with other area community organizations in their pursuit of the Build Health Grant. As a part of the grant, the clinic will host the preventative program "Healthy Lifestyle Talks: Preventing Preventable Medical Conditions". The program is focused toward males and females 18 years of age and older with or without a diagnosis including but not limited to diabetes, hypertension, obesity, CHF, etc.

Patient Centered Medical Home (PCMH):

The clinic is in the process of finalizing data for submission in order to obtain national PCMH recognition.

HEALTHeLINK:

Trainer, Mary Frank, from HEALTHeLINK will be coming to the clinic on 1/27/2015 to hold training sessions for all clinic staff on how to utilize and obtain data from HEALTHeLINK VHR. New HEALTHeLINK accounts have been established for all clinic staff and a HEALTHeLINK work flow will be added to the current pre-visit planning work flow. This effort will help in directly downloading patient medical results into the EMR vs. the current scanning of paper documents improving both effectiveness of the EMR and clinic efficiency.

DIETARY – MORRISON

Patient Experience:

Tara Churchfield has joined ECMC as our new Assistant Director of Dining Services. Tara brings with her the distinction of having the highest regional patient satisfaction scores for Morrison. Tara's primary focus will be concentrated on "Patient Services" and improving ECMCC's patient satisfaction scores.

Morrison's national "Fresh Eyes" team is coming to ECMC this week to review the entire dietary department and its systems to provide suggestions and alternatives to improve both the patient satisfaction and the operational efficiency.

New Patient Trays have recently been rolled out with December being first full month of our patients experiencing our new tray system. The new tray system should improve the temperature and presentation of our inpatient food. It was reviewed at the P.I. Board meeting on Tuesday, December 9, 2014.

Top box Press-Ganey scores are increasing in the area of Temperature of Food, Quality of Food, and Courtesy of Caterer.

Marketing:

The cafeteria “Floor Banners” and “Post Cards” that are available in the lobby help us offset the competitive food options in the main lobby. We continue to operate 24 hours throughout the winter season in the Café making sure that we are offering a variety of healthy eating options for each guest everyday.

The ECMC website continues to have seven (7) different e-blasts that rotate throughout the week promoting the Great Lakes Café for ECMC employees.

Ken Mischok, our new Sous Chef in the Café, has taken the initiative to enhance our 3-week menu cycle which will be implemented in the first quarter of 2015. More exciting dining choices are on the way each week.

In 2014, the cafeteria has provided \$207,930 of income to ECMC.

Webtrition and Menu Labeling:



Webtrition is a web-based proprietary ingredient, recipe and menu management solution from the Compass Group. Each ingredient is linked to our preferred product and contains up-to-date costing. This allows our chefs and managers to manage production, yield and waste. Best-in-class recipes are built and tested by culinary teams, validated by nutritionists and then utilized to build menus that meet client and customer needs.

Customizable, stream-lined signage and customer-facing websites are powered with the menus and nutrition information. Webtrition’s centralized database helps ensure recipe quality, reliable nutrition data and production management features that result in increased sales and patient/customer satisfaction.

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

UNIVERSITY AFFAIRS

The Dean recently announced the appointment of Steven D. Schwaitzberg, MD, FACS as Chair of the Department of Surgery at the University at Buffalo School of Medicine and Biomedical Sciences. Dr. Schwaitzberg will also serve as the Medical Director, Surgical Program Development, at Kaleida Health and ECMCC This appointment will be effective on or before June 1, 2015.

The Dean also announced the appointment of Alan J. Lesse, MD, as the Interim Senior Associate Dean for Medical Curriculum in the School of Medicine and Biomedical Sciences. Dr. Lesse's leadership appointment was effective 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.

PROFESSIONAL STEERING COMMITTEE

Dr. Murray will provide a verbal update on the meeting held January 12th 2015.

UTILIZATION REVIEW

See attached Flash report

CLINICAL ISSUES

Ebola Virus

Governor Andrew M. Cuomo appointed ten hospitals in New York State in October to be key medical response centers to provide the extensive treatment necessary for Ebola patients. The Governor and the New York State Department of Health (DOH) are pleased that the CDC has recognized five of those hospitals to treat a patient with Ebola.

The five New York-designated hospitals currently on the HHS-approved list are:

- North Shore System LIJ/Glen Cove Hospital; Glen Cove, New York
- Montefiore Health System; New York City, New York
- New York-Presbyterian/Allen Hospital; New York City, New York
- NYC Health and Hospitals Corporation/HHC Bellevue Hospital Center; New York City, New York
- The Mount Sinai Hospital; New York City, New York

To qualify to be on the HHS list of approved treatment centers, a facility must be surveyed by CDC to assess staffing, equipment and infrastructure to provide care. ECMC was notified that we will be visited on March 4th 2015 by the NYSDOH/CDC with a view to being the sixth center so designated in New York State.

CMS Introduces New Chronic Care Management Code for 2015

Starting in January 2015, Medicare will pay doctors to coordinate the care of Medicare beneficiaries. This significant policy change is in response to growing evidence that patients with chronic illnesses suffer from disjointed, fragmented care. This will cover the 70% of 54 million Medicare beneficiaries who are still in the traditional fee-for-service Medicare program (about 30% are in HMOs and other private health plans). Although this is already work many doctors are doing on behalf of their patients, they have historically not been paid for it. Medicare will begin paying monthly fees to doctors who manage care for patients with two or more chronic conditions like heart disease, diabetes, and depression. Two-thirds of Medicare beneficiaries have at least two chronic conditions, and they account for 93% of Medicare spending according to HHS. Doctors will draft and help carry out a comprehensive plan of care for each patient who signs up for one. Under new federal rules, these patients will have access to doctors or other healthcare providers on a doctor's staff 24 hours a day and seven days a week to deal with urgent chronic care needs. As part of the new service, doctors will assess patients' medical, psychological, and social needs; check whether they are taking medications as prescribed; monitor the care provided by other doctors; and make arrangements to ensure a smooth transition when patients move from a hospital to their home or to a nursing home. Doctors can expect to receive about \$42 a month for managing the care of a Medicare patient. Care management services can be provided only if patients agree in writing. Patients will pay about 20 percent of the \$42 fee, the same proportion as for many other doctor services. The new G-code can be used for chronic care management services provided to patients with two or more chronic conditions that are expected to last at least a year. The code could be billed only once a month for each patient. Now more than ever, with these new rules in place it is important to use the right revenue cycle management (RCM) solution. The new care management services can be provided not only by doctors but also by nurse practitioners, physician assistants and certain other health professionals. Medicare officials said they expected doctors and other providers to focus on sicker patients with four or more chronic conditions.

DOH Discusses e-Prescribing Waiver with HANYS' HIT Strategy Group

More than 200 HANYS members participated on HANYS' HIT Strategy Group call Tuesday regarding the New York State Department of Health's (DOH) electronic prescribing waiver process. Officials from DOH's Bureau of Narcotic Enforcement (BNE) walked through the waiver process, established at HANYS' request, which will allow providers making a good faith effort to achieve compliance to seek a waiver from the state's e-prescribing mandate, otherwise effective March 27, 2015.

According to BNE, waivers may be granted based upon a showing by a practitioner that his or her ability to issue an electronic prescription is unduly burdened by economic

hardship, technological limitations that are not reasonably within the practitioner's control, or other exceptional circumstances.

BNE officials provided examples of scenarios that might be considered technical limitations under the waiver, including a delay in vendor software application becoming compliant with the Drug Enforcement Agency's Electronic Prescribing of Controlled Substances (EPCS) requirements, or insufficient time from vendor delivery date of certified software application to fully implement, test, and accommodate workflow changes essential to ensuring patient safety or timely patient access to prescriptions.

The waiver process for Article 28 hospitals will allow them to facilitate waiver applications on behalf of multiple practitioners; it will also allow practitioners to file a waiver request directly. HANYS emphasized to BNE the importance of a rapid turnaround time of waiver decisions to give providers ample time for planning and ensure predictability. Specifically, HANYS asked BNE to allow a provider's date of submission of the application for a waiver to be considered the working approval date, given how backlogs of applications under review may cause BNE to be unable to process all requests before March 27.

BNE has indicated that the waiver application and guidance documents will be formally finalized shortly. HANYS will notify HIT Strategy Group members as soon as the waiver materials are available.

ECMC Goals for 2015

- 1) Develop a comprehensive 2015 customer service and patient engagement plan:
 - a. Maximizes Press Ganey capabilities(training, education, forms and strategies);
 - b. Mandatory leadership support;
 - c. All reports-all organizations-all daily practice to mimic Press Ganey top hospitals;
 - d. Includes monthly department and employee training and development;
 - e. Roll Out of “ Point of Care” rounding tool;
 - f. Update Patient Information Booklet;
 - g. Implementation of “Consider it Done”;
 - h. 2nd annual Patient Experience Fair;
 - i. Add additional resources-advocates to CPEP, Outpatient and Behavioral Health(inpatient);
 - j. Expands “Catering By Demand” to all inpatient survey units;
- 2) DSRIP/Millennium Collaborative Care:
 - a. Key staff appointments;
 - b. Appoint Board of Managers;
 - c. Develop infrastructure to insure readiness plan for 4/1/2015;
- 3) Level 1-Trauma Certification-American College of Surgeons:
- 4) 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 BRIDGE initiative goals and take ownership of this function;
 - b. Complete the evaluation of service line profitability and establish action plan for services with a negative operating margin, including maintaining service sure to core mission;
 - c. Identify key service line quality reporting, develop master schedule to insure timely submission of materials and organizational awareness;
 - d. Complete assessment of productivity and establish benchmark productivity levels;
- 5) 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:
- a. CMS/Core Measures;
 - b. Leapfrog;
 - c. Payer Incentives;
 - d. Value Based Purchasing(Press Ganey);
- 6) 5.7 LOS
- 7) EBOLA certification designation;
- 8) Open the new Russell J. Salvatore Orthopedic Unit
- 9) Meet Federal/New York State ePrescribing guidelines
- 10) Implement NSQIP to focus on quality improvement for surgical patients(replace SCIP);
- 11) Develop comprehensive Medical/Physician Affairs plan to address:
- Updating and keeping current Provider Dictionary;
 - Liaison/Concierge Service(on boarding);
 - Insure all physician and allied provider credentialing is in compliance to ECMC By Laws;
 - Staffing and structure in place and department optimal in effectiveness;
- 12) Work with UB to streamline the review and approval of research studies while assuring compliance with HIPAA and Anti-Kickback statutes.

ECMC Flash Report for 12/31/2014

Budget	MTD	Diff	Diff %	PMTD	Acute Summary	Budget	YTD	Diff	Diff %	PYTD
978	991	13	1.3 %	0	Admissions	0	0	0	NaN	0
969	985	16	1.7 %	0	Discharges	0	0	0	NaN	0
6.0	6.5	0.5	8.6 %	NaN	Avg Length of Stay	6.0	NaN	NaN	NaN	NaN
-	4.8	-	-	NaN	Expected Length of Stay	-	NaN	-	-	NaN
5,893	6,417	524	8.9 %	0	Patient Days	0	0	0	NaN	0
438	651	213	48.6 %	0	ALC Days	4,989	0	-4,989	-100.0 %	0
144	157	13	9.0 %	0	One Day Stays	0	0	0	NaN	0
1.8736	1.6355	-0.2381	-12.7 %	NaN	Case Mix	1.8736	NaN	NaN	NaN	NaN
6.0	6.8	0.8	13.8 %	NaN	Medicare Avg Length of Stay	6.0	NaN	NaN	NaN	NaN
-	123	-	-	0	Admissions from Observation	-	0	-	-	0
Budget	MTD	Diff	Diff %	PMTD	Behavioral Health	Budget	YTD	Diff	Diff %	PYTD
383	270	-113	-29.5 %	0	Admissions	0	0	0	NaN	0
395	269	-126	-31.9 %	0	Discharges	0	0	0	NaN	0
11.5	13.7	2.2	19.3 %	NaN	Avg Length of Stay	11.5	NaN	NaN	NaN	NaN
4,245	3,689	-556	-13.1 %	0	Patient Days	0	0	0	NaN	0
Budget	MTD	Diff	Diff %	PMTD	Chemical Dependency	Budget	YTD	Diff	Diff %	PYTD
148	169	21	14.2 %	0	Admissions	0	0	0	NaN	0
156	165	9	5.8 %	0	Discharges	0	0	0	NaN	0
965	949	-16	-1.7 %	0	Patient Days	0	0	0	NaN	0
Budget	MTD	Diff	Diff %	PMTD	Rehab Medicine	Budget	YTD	Diff	Diff %	PYTD
27	28	1	3.7 %	0	Admissions	0	0	0	NaN	0
34	35	1	2.9 %	0	Discharges	0	0	0	NaN	0
821	652	-169	-20.6 %	0	Patient Days	0	0	0	NaN	0
Budget	MTD	Diff	Diff %	PMTD	Transitional Care	Budget	YTD	Diff	Diff %	PYTD
35	33	-2	-5.7 %	0	Admissions	0	0	0	NaN	0
36	32	-4	-11.1 %	0	Discharges	0	0	0	NaN	0
549	316	-233	-42.4 %	0	Patient Days	0	0	0	NaN	0
Budget	MTD	Diff	Diff %	PMTD	Terrace View / LTC	Budget	YTD	Diff	Diff %	PYTD
-	58	-	-	0	Admissions	-	0	-	-	0
-	44	-	-	0	Discharges	-	0	-	-	0
11,904	11,698	-206	-1.7 %	0	Patient Days	0	0	0	NaN	0
Budget	MTD	Diff	Diff %	PMTD	Operating Room	Budget	YTD	Diff	Diff %	PYTD
978	1,001	23	2.4 %	0	General Surgeries	0	0	0	NaN	0
442	453	11	2.5 %	0	Inpatient	0	0	0	NaN	0
536	548	12	2.2 %	0	Outpatient	0	0	0	NaN	0
Budget	MTD	Diff	Diff %	PMTD	Emergency Department	Budget	YTD	Diff	Diff %	PYTD
4,358	4,481	123	2.8 %	0	ER Visits	0	0	0	NaN	0
776	850	74	9.5 %	0	ER Admits	0	0	0	NaN	0
17.8 %	19.0 %		1.2 %	NaN	% of ER Visit Admits	NaN	NaN		NaN	NaN
192	173	-19	-9.9 %	0	Observation	0	0	0	NaN	0
1,223	1,020	-203	-16.6 %	0	CPEP Visits	0	0	0	NaN	0
295	250	-45	-15.3 %	0	CPEP Admits	0	0	0	NaN	0
24.1 %	24.5 %		0.4 %	NaN	% of CPEP Visit Admits	NaN	NaN		NaN	NaN
5,581	5,501	-80	-1.4 %	0	Total ED Volume	0	0	0	NaN	0
Budget	MTD	Diff	Diff %	PMTD	Outpatient Visits	Budget	YTD	Diff	Diff %	PYTD
6,357	2,848	-3,509	-55.2 %	0	Behavioral Health	0	0	0	NaN	0
5,704	4,580	-1,124	-19.7 %	0	Chemical Dependency	0	0	0	NaN	0
6,343	5,904	-439	-6.9 %	0	Clinics - A	0	0	0	NaN	0
1,727	2,299	572	33.1 %	0	Clinics - B	0	0	0	NaN	0
1,805	1,853	48	2.7 %	0	Dialysis	0	0	0	NaN	0
2,960	1,674	-1,286	-43.4 %	0	Referred / Ancillary	0	0	0	NaN	0
690	662	-28	-4.1 %	0	Surgical	0	0	0	NaN	0
1,485	1,305	-180	-12.1 %	0	Therapy	0	0	0	NaN	0
461	413	-48	-10.4 %	0	Transplant / Vascular	0	0	0	NaN	0
Budget	MTD	Diff	Diff %	PMTD	Radiology	Budget	YTD	Diff	Diff %	PYTD
-	3,100	-	-	0	CT Scan	-	0	-	-	0
-	8,495	-	-	0	Diagnostic Imaging	-	0	-	-	0
-	373	-	-	0	MRI	-	0	-	-	0
-	290	-	-	0	Nuclear Medicine	-	0	-	-	0
-	611	-	-	0	Ultrasound	-	0	-	-	0
-	5,129	-	-	0	Total Inpatient Procedures	-	0	-	-	0
-	7,740	-	-	0	Total Outpatient Procedures	-	0	-	-	0

ERIE COUNTY MEDICAL CENTER CORPORATION

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

GRATITUDE 2014

(Thankfulness, gratefulness appreciation to ALL)

As we close out the year, the theme of being grateful and who I am grateful for is very important to me and hopefully to you too. I am grateful for all of you and what you do for our patients and hospital each and every day.

Your vision, inspiration, and assistance are very much appreciated by the Department of Nursing and it is cherished always!

Karen Ziemianski, RN, MS
Senior Vice President of Nursing

December, 2014 & December, 2015

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

- ECMC Administration participated in the 2014 Harvard Business school club of Buffalo's Health care management development program. This is the second year of our participation. Forty Health care leaders from the community and health related business rotated between 4 hospitals for an evening of case study and leadership situation discussions. ECMC's nursing presenters were Dawn Walters, Karen Ziemianski and Jim Turner.
- Throughout the month of December, Nursing and a multidisciplinary staff on 8 north sponsored a patients' families for Christmas. Our family collected \$ 350.00 as well as donations which included a guitar and an amplifier to give to our patient's daughter. This outpouring of generosity was to share the Christmas spirit but most importantly to boost the morale of our patients. He was seriously injured which will impact the rest of his life. This was the start of many great things to come. He and his family were overwhelmed with our generosity. This is what our patients and staff experience is truly all about.
- Our entire nursing family generously donated gifts to both School 84 and School 61. This initiative was organized by our Nursing Recognition Committee. These members include: Nicole Knox, Donna Oddo, Kathy Fryling, Nicole Derenda, Renee Delmont, Sandra Lauer, Denise Abbey, Melinda Lawley monitored by Phyllis Murawski. Both schools included approximately 500 students. School 84 has about 200 handicapped children, some of whom are in foster care and many not have otherwise truly enjoyed the Christmas spirit - something every child should experience. We celebrated with the entire school on Monday, serving lunch and distributed gifts with Santa Claus.

- The teachers were in awe of each of the nurses who so unselfishly shared their time and generosity. School 61 has approximately 303 students, 18 classrooms and has a 95% free lunch program. This speaks to the level of poverty these children experience. The principal was speechless, as we made multiple trips with the ECMC Lifeline van and our cars to distribute these gifts. The crossing guard also helped. When the last of the gifts were distributed, the principle sat down to collect her thoughts - She was both thankful and elated with our “village mission”. Teachers could be seen tearing up and also expressing their gratitude. The Lancaster High Schools Leaderships Program partnered with us as well, collecting over 300 books for each of these students. On Wednesday, December 17th these children will come and carol in our lobby. We will surprise them with homemade cookies and our support as they sing. This project was beyond words. What we did was to share our leadership traits and qualities along with our mission and vision under the direction of Karen Ziemianski.
- A-AHEC hosted a Nurse Leadership & Management Training Workshop for all levels of Nursing Professions. The following nurses attended: Renee Delmont, Pam Riley, Donna Gatti, Jessica McGuiagan, Jeremy Hepburn, Laurie Carrol, Maria Pinti, Cameron Schmidt, Nicole Knox, Judy Dobson, Karen Paolini, Joy Duffin, Ashley Scruggs, Doran Murray, Lisa Zoltak, Jessica Park-Brooks, and Anthony Swan.
- Peggy Cieri was the guest speaker in the Pinning Ceremony for the junior year Trocaire Nurses. Approximately 60 people attended the ceremony.

Turnover Rate: .47%
Turnover Rate YTD: 8.9%

December

Hires: 10 FTES & 1PD (LPN: 4 FTES)

- Med/ Surg: 2 FTES & 1 PD
- Behavioral Health: 7 FTES (LPN: 4 FTES)
- Critical Care: 1 FTE

Losses: 4.5 FTES (LPN: 1 FTE)

- Med/ Surg: 4 FTES
- Behavioral Health: .5 FTES (LPN:1)

Turnover Rate: .6%
Turnover Rate YTD: 9.5%

VIII. EMPLOYEE TURNOVER REPORTS

Turnover reports were distributed for November and December 2014. The turnover rate continues to be low. Recruitment efforts were discussed. Behavioral Health will be holding an open house in the near future.

IX. WELLNESS AND BENEFITS

Wellness week will be January 26, 2015-January 30, 2015. Staff from LMHF will be onsite to assist. Seminars will be held at both Terrace View and ECMC. LMHF offers a \$50 debit card to employees and their spouses who receive physicals. Packets can be picked up at Human Resources.

X. ADJOURNMENT

Moved by Michael Hoffert to adjourn the Human Resources Committee meeting at 10:15am.



HEALTH INFORMATION SYSTEM/TECHNOLOGY January 2015

Meaningful Use (MU).

ECMC has received the year 3 Medicare payment of \$895,907 for successfully attesting to the MU 2 core measures for inpatient. We anticipate an additional payment for MU 2 attestation from Medicaid shortly. Current payment from Medicare and Medicaid for MU inpatient attestation is \$7,200,133. We will continue to optimize the physician and clinical workflow and prepare for MU Stage 3.

Regulatory.

We continue to work with Clinical leadership to ensure the organization will meet the New York State E-prescribing of Controlled Substances by March 2015. This includes updating our core inpatient and outpatient electronic health record (EHR) systems, Allscripts and Meditech, implement e-prescribing to all inpatient, outpatient areas and develop of contingency plan for outpatient areas that are still paper-based or have no e-prescribing tool (ex. Dentrax and LTC)

Accomplishments include establishing a pilot with TCU for non-controlled substances e-prescribing implementing electronic discharge process for Behavioral Health and Chemical Dependency, begin preferred pharmacy collection by registration in ER and PACU, Allscripts clinics implementing non-controlled substances e-prescribing and data file and pre-registration of 74% of active providers for inpatient eprescription.

We will continue to work with our EHR vendors to ensure we are on the appropriate level of software to meet regulation, drive toward the selection of the appropriate toolset for the LTC area and evaluate whether our facility or areas of the facility meet requirements for a New York State waiver program

Security.

We have engaged a 3rd party MWBE vendor to assist us with identifying the vulnerabilities and exposures on critical ECMC servers, applications and of Internet facing connections, analyze and rate the risk and remediate were appropriate to meet ECMC business requirements, secure the environment and maintain business operations. They will be performing rogue wireless access point scan throughout the next two months followed by a written assessment of risks and recommended remediation plan. We will provide executive summary of findings and correction plan upon completion.

IT Governance Model

Working with Executive Leadership, we have developed an IT Governance strategy to align IT investment and priorities closely with the business strategy. This model will closely support the corporate missions, business goals with our IT Strategy and will assist with the overall management, funding and prioritization of IT services and our deliverable resulting in a transparent, consistently dependent and repeatable manner that optimize returns to the business. Supporting committee does include the IT Executive Governance Board and Interdisciplinary Advisory Council. Both committees' will represent all areas of the organization.

Marketing and Development Report
Submitted by Thomas Quatroche, Jr., Ph.D.
Sr. Vice President of Marketing, Planning and Business Development
January 27, 2014

Marketing

ECMC Medical Minutes have covered Seasonal Effective Disorder, Pedestrian Safety, Impaired/Drowsy Driving, Food Allergies, Preventing Falls, Blood Donation and Snowmobile Safety.

New television commercial on air focusing on major services

Activating Bills partnership and developing advertisement, Jim Kelly Commercial on air

Continuing marketing to OPA primary care physicians and internal audience

Process began for website redesign

Planning and Business Development

Leading DSRIP efforts for ECMC with community collaborations

ECMC PPS now has 3,900 providers and over 150,000 Medicaid lives

Niagara Falls and Upper Alleghany Health System joining ECMC PPS

Received \$500,000 planning award from state for this new partnership

Meeting with Rural Hospitals to develop new and continue existing relationships

Collaborating with Kaleida on new business initiatives

Business Development Director visiting primary care and dentists office to develop relationships for specialists

Service line development and margin analysis underway and have developed metrics and business plans

CON for renovating two new OR's submitted and new Cath Lab to be submitted shortly

Working with Professional Steering Committee.

Developing primary care and specialty strategy and have had multiple confidentiality agreements signed
Signed Dr. Eugene Kalmuk

Primary care practices growing and specialty physicians seeing patients at locations

Various discussions with healthcare partners underway with confidentiality agreement signed

Media Report

- **Buffalo Healthy Living Magazine: Help for older drivers at ECMC's driver rehabilitation program. Occupational therapist and Supervisor of the Outpatient and Driver Rehab program at ECMC, Lisa Thorpe discusses the natural progression of driving ability as we age.**
- **Buffalo Business First: McDonald, Cleland to serve on statewide HANYS board.** Rich Cleland, interim CEO, President and Chief Operating Officer, will serve in a leadership role at the state level with the Healthcare Association of New York State.
- **WKBW-TV, Channel 7; WIVB-TV, Channel 4: ECMC doctor discusses the possible life-threatening effects of frostbite.** "Your judgment and your ability to respond to things decreases over time and as the temperature goes down eventually most people die of cardiac arrest. Dr. Ron Moscati is quoted
- **Buffalo Business First: DOH approves \$17M in construction at three WNY hospitals.** Erie County Medical Center will spend \$3.2 million to renovate two new operating rooms, bringing to four the total operating rooms in its new surgery center building on Grider Street
- **The Buffalo News: Report raps ECMC for Tim Hortons, other unhealthy food options.** ECMC does not directly contract with the fast food restaurant and offers healthy dining options in its cafeteria.

- **The Buffalo News: ECMC's Dr. Joseph Kowalski is honored by Cheektowaga Central Board of Education.** Kowalski, director of the Spine Center at Erie County Medical Center and a 1982 Cheektowaga High School graduate, was nominated for the Wall of Fame.

Community and Government Relations

Advocating to Legislators and DOH for DSRIP, letters sent to Governor from delegation

Farmer's market had great success with increased vendors

NFL "Crucial Catch" event held with over 150 women

Sponsored and participated in Buffalo Bills Billie Weekend and Sabres "Hockey Fights Cancer"

Mammography coach celebrated 2 year anniversary

CLINICAL DEPARTMENT UPDATES

Surgical Services- end of year

- The Surgical Center performed 1,461 total cases for the year the result of a combination of new volume growth and transferred outpatients from the main OR.
- Total growth of both the Main OR and surgical center combined was 821 cases or 8.6%. new volume.
- Growth of volume came from: UB orthopedics-442 cases; Excelsior orthopedics-216 cases; and 464 cases were bariatric procedures.
- DOH approval to expand two additional OR suits in the surgical center with a goal of being operational by late spring 2015
- GI renovated unit opened late December with additional patient bathroom and patient bay space. This will assist with patient flow and privacy.

ECMC Lifeline Foundation

Springfest 2015



Saturday, May 9th
Buffalo Niagara
Convention Center

Featured Entertainment
Gala Mainstage: The Spinners



Opening Act: Village People



see back panel for pre-party details!



Springfest Pre-Party Reverse Raffle

**\$10,000
Cash Grand Prize**

**Ten CASH Prizes
Awarded in Reverse Order.
Only 300 Tickets Will be Sold!**

Drawing: Tuesday, March 24, 2015

\$100.00 Donation

**Pre-Party Silent Auction,
Basket Raffle, and
\$10,000 Reverse Raffle!**

**Tuesday, March 24, 2015
5:30-8:30**

Salvatore's Italian Gardens

Food Stations & Open Bar

\$40.00 per person

**Tickets on Sale Now in
Foundation Office, Rm. 61**

**MEDICAL EXECUTIVE COMMITTEE MEETING
MONDAY, DECEMBER 15, 2014 AT 11:30 A.M.**

Attendance (Voting Members):

D. Amsterdam, PhD	M. Panesar, MD	
S. Anillo, MD	K. Pranikoff, MD	
M. Azadfard, MD	R. Schuder, MD	
Y. Bakhai, MD	J. Serghany, MD	
L. Balos, MD	R. Venuto, MD	
G. Bennett, MD		
R. Calabrese, MD		
R. Desai, MD		
R. Ferguson, MD		
W. Flynn, MD		
R. Hall, MD, DDS, PhD		
J. Kowalski, MD		
M. LiVecchi, MD		
M. Manka, MD		
A. Manyon, MD		

Attendance (Non-Voting Members):

B. Murray, MD	S. Siskin	R. Berger, MD
R. Cleland, MD	R. Krawiec	M. Anders, MD
S. Ksiazek	C. Ludlow, RN	
A. Orlick, MD	A. Victor-Lazarus, RN	
K. Ziemianski, RN	C. Cavaretta	
M. Hoffman, RN	K. Cich	

Excused:

V. Barnabei, MD	J. Izzo, Jr., MD	A. Sinha, MD
W. Belles, MD	M. Jajkowski, MD	P. Stegemann, MD
M. Chopko, MD	E. Jensen, MD	
S. Cloud, DO	T. Loree, MD	
T. DeZastro, MD	M. Sullivan, DDS	
N. Ebling, DO	J. Reidy, MD	

Absent:

I. CALL TO ORDER

- A. Dr. Richard Hall, President, called the meeting to order at 11:40 a.m. **Agenda items added** – DSRIP, 2015 Value Based Purchasing.

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

- A. Many thanks to Dr. Richard Hall for an excellent two years as President of the Medical Dental Staff.

- B. Thank you to Dr. Ravi Desai, Dr. Nancy Ebling, Dr. Michael Chopko and Andrew Stansberry, PA, outgoing At-Large members and Allied Health representative.
- C. The Seriously Delinquent Records report was included as part of Dr. Hall's report. Please review carefully and address with your staff.

II. DSRIP Presentation – Thomas Quatroche

- A. Mr. Tom Quatroche provided a brief presentation on the Delivery System Reform Incentive Payment Program also known as DSRIP.
 - i. DSRIP is a result of a Medicaid Waiver and allows NYS to reinvest \$8 billion of the \$17 billion in federal savings generated by Medicaid Redesign Team reforms. The program should transform NYS health care system, bend the Medicaid cost curve and assure access to quality care for all Medicaid members.
 - ii. Main focus is on delivery transformation. Incentive payments to public hospitals and safety net providers for engaging projects designed to achieve delivery system transformation. This requires collaboration with community providers in a Performing Provider System (PPS). Payments are linked to achievement of performance benchmarks.
 - iii. DSRIP goals include reduce avoidable hospital admissions and ED visits by 25% statewide over 5 years. Preserve and transform health care delivery to ensure access to better health, better health care at lower cost.
 - iv. Application due by end of December and projects will be up and running by April 2015.
 - v. Millennium Collaborative Care (MCC) is the group involving ECMC – has over 400 community partners and 3,900 providers – over 150,000 Medicaid lives. Funding received to date includes \$1.5 million in planning grant dollars and \$8.5 million in Interim Access Assurance Fund.
 - vi. Governance structure will have a Board of Managers, Project Action Team, Task Forces and 4 stakeholder meetings will be held (100 to 200 in attendance). Internal and external staff hired to date includes Chief Integration Officer, Project Management Staff, Administrative Assistant, Community Outreach and Grant Writers. Need to hire Executive Director, Medical Director, Data analytics staff, etc.
 - vii. ECMC has 11 projects. Strategies developed by Task Forces with assistance from KPMG. Final award will fund projects and as a public hospital, will receive funding for all Medicaid eligible uninsured lives and those not using Medicaid fully.

III. 2015 Value Based Purchasing – Charlene Ludlow, RN

- A. The following values were presented with appropriate comparisons to other Crimson Consortium facilities.

1. Mortality Rate – CHF, AMI, Pneumonia, COPD
2. Quality Dashboards – Readmissions, LOS, Specialties Used, Average Charges
3. 2015 CMS Required Measures
 - ED Arrival to Departure
 - Decision to Admit to Departure
 - Influenza immunization
 - VTE Prophylaxis
 - ICU VTE Prophylaxis
 - Anticoagulation Overlap
 - VTE Discharge Instructions
 - Potentially Preventable
 - VTE Prophylaxis
 - Thrombolytic for Ischemic Stroke
 - Discharged on Statin
 - Stroke Education
 - PSI 90 complications Composite
 - Complications following elective hip/knee surgeries
 - Mortality – AMI, HF, PN, COPD, Ischemic Stroke
 - Readmission – HF, PN, Total, COPD, Ischemic Stroke
 - Hospital Wide Infection

National Surgical Quality IP (will replace SCIP measures)

 - National database for surgical care
 - American College of Surgeons
 - Focus on specific procedures
 - Review 25 to 50 clinical variables
4. Value Based Purchasing 2015
 - Clinical Process – 5%
 - HCAPHS – 25%
 - Clinical Outcomes (mortality rates) – 25%
 - Efficiency rate – 25% (Medicare spending per beneficiary)
 - Safety – 20% (CAUTI, CLABSI, MRSA, CDI, PSI)

IV. CEO/COO/CFO BRIEFING

A. CEO REPORT – Richard Cleland

- a. **Snow Storm** – Executive Management approved days off for those who could not make it in and for those who were covering for them were also awarded extra days off in their bank.
- b. **November Financials** - \$1.3 million loss was recorded for the month. Still optimistic that we will experience a break even by

year end. Surgery and discharges are all up for the year. Efficiencies need to be improved in some areas.

- c. **Strategic Plan** – Mr. Cleland will share with MEC at next month's meeting.
- d. **Trauma Certification Survey** – Surveyors will be here to complete the survey on March 10-11, 2015.
- e. **Badge System for Visitors and Guests** – System was put in place to meet the requirements for Ebola and to secure entrances. Improvements are being implemented to make the system more efficient but is a bit inconvenient at present. Many ideas were presented to improve.
- f. **Yogesh Bakhai, MD** – Congratulations on the Distinguished Physician Award at the Springfest Gala in 2015. **Cam Schmidt, RN**, was selected as the Distinguished Nurse Award and Russell Salvatore will be honored as the Community Honoree.

B. COO Report – Mary Hoffman

- a. **Assistant Vice President for Ambulatory Services** – Cassie Davis was appointed to this position after the departure of Ms. Bonnie Sloma.
- b. **Director of Outpatient Dialysis** – new position seeking a candidate.
- c. **Rehab Services** - will be restructured and changes will be in place shortly.
- d. **Case Management/Utilization Review** – New structure and changes in job description is underway to make things a little more streamline for providers and patients.

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

A. CLINICAL ISSUES

Ebola Virus

Statement:

Governor Andrew M. Cuomo appointed ten hospitals in New York State in October to be key medical response centers to provide the extensive treatment necessary for Ebola patients. The Governor and the New York State Department of Health (DOH) are pleased that the CDC has recognized five of those hospitals to treat a patient with Ebola. We look forward to working with the five additional hospitals that have agreed to be Ebola treatment centers in New York State.

Background:

To qualify to be on the HHS list of approved treatment centers, a facility must be surveyed by CDC to assess staffing, equipment and infrastructure to provide care. New York State is requesting that CDC visit all of the New York-designated centers so they may be added to the federal list of approved Ebola treatment centers.

The five New York-designated hospitals currently on the HHS-approved list are:

- North Shore System LIJ/Glen Cove Hospital; Glen Cove, New York
- Montefiore Health System; New York City, New York
- New York-Presbyterian/Allen Hospital; New York City, New York
- NYC Health and Hospitals Corporation/HHC Bellevue Hospital Center; New York City, New York
- The Mount Sinai Hospital; New York City, New York

The additional five hospitals that have agreed to become Ebola-designated centers are:

- Erie County Medical Center
- Upstate University Hospital in Syracuse
- University of Rochester Medical Center in Rochester
- Stony Brook University Hospital on Long Island
- Women and Children's Hospital of Buffalo

B. ECMC Goals for 2015

1. Work toward DSRIP Goals
2. Establish a Designated Ebola Treatment Center at ECMC
3. Achieve Level 1 Trauma Certification
4. Reorganize the Renal Service Line
5. Finalize Institutional, Service and Physician dashboards in Crimson.
Create a Quality/Safety Monthly Flash Report.
6. Work with Finance to develop regular Service Line Financial Dashboards to share with providers. Consider potential for Bundled payments.
7. In collaboration with the Patient Safety Office and Quality Improvement Departments develop a Strategic Plan for Optimizing ECMC's performance on key metrics involved in Value-based Purchasing and Hospital Quality ratings.
8. Implement the American College of Surgeons NSQIP Performance Improvement plan.

C. Utilization Review – November Flash Report was distributed and reviewed.

VI. ASSOCIATE MEDICAL DIRECTORS REPORTS

No reports.

VII. CONSENT CALENDAR

MEETING MINUTES/MOTIONS		ACTION ITEMS
1.	MINUTES OF THE Previous MEC Meeting: November 17, 2014	Received and Filed
2.	CREDENTIALS COMMITTEE: Minutes of December 2, 2014	Received and Filed
	- Resignations	Reviewed and Approved
	- Appointments	Reviewed and Approved
	- Reappointments	Reviewed and Approved
	- Dual Reappointment Applications	Reviewed and Approved
	- Provisional to Permanent Appointments	Reviewed and Approved
3.	HIM Committee: Minutes of November 20, 2014	Received and Filed
	1. Trauma History & Physical	Reviewed and Approved
	2. ECD & KPI Letter	Reviewed and Approved
	3. Informed Consent for Donor Kidney Organ	Reviewed and Approved
4.	P & T Committee Meeting – Minutes of December 2, 2014	Reviewed and Approved
	1. Alphanate® - add to Formulary	Reviewed and Approved
	2. AlphaNine® - add to Formulary	Reviewed and Approved
	3. Cefdinir (Omnicef®), 300mg capsule, 125mg/5mL - add to Formulary	Reviewed and Approved
	4. Tacrolimus XL (Astagraf® XL), 0.5 mg, 1 mg, 5 mg capsules - add to Formulary	Reviewed and Approved
	5. BenefiX® - delete from the Formulary	Reviewed and Approved
	6. Cefpodoxime (Vantin® - delete from the Formulary)	Reviewed and Approved
	7. Humate-P® - delete from the Formulary	Reviewed and Approved
	8. Neomycin Oral Solution - delete from the Formulary	Reviewed and Approved
	9. Chloral Hydrate - delete from Formulary	Reviewed and Approved
	10. TriHIBit® Vaccine - delete from the Formulary	Reviewed and Approved
	11. TI-63 Oral Third Generation Cephalosporins - approve Policy	Reviewed and Approved
	12. Bi-Annual Review of Policies & Procedures <ul style="list-style-type: none"> • TI-25 Soluble Fiber Products • TI-26 Potassium Chloride Oral Administration • TI-28 Desvenlafaxine • TI-29 Heparin • TI-32 Paliperidone • TI-33 Bupropion (Wellbutrin®) XL to SR • TI-34 Carvedilol(Coreg®) - approve review 	Reviewed and Approved
5.	Transfusion Committee: Minutes of September 25, 2014	Reviewed and Approved

VIII. CONSENT CALENDAR, CONTINUED

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

IX. NEW BUSINESS

A. **Informational Items –**

- Letter from Timothy DeZastro, MD, Treasurer – Distributed
- 2015 MEC Meeting Schedule – Distributed

B. **Critical Values –** Item was tabled by Dr. Amsterdam until next month.

X. ADJOURNMENT

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

Respectfully submitted,



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

help for older drivers at ecmc's driver rehabilitation program

By Andrea Pinder

Not too long ago, we were hearing about people crashing into buildings on an almost daily basis. Things have calmed down a bit, but as we consider these strange occurrences, we often wonder how they can happen. December marks Older Driver Safety Awareness Month, so it seemed like a good time to check in with Lisa Thorpe, MS, OTR, DRS, Occupational Therapist and Supervisor of the Outpatient and Driver Rehab program at Erie County Medical Center.

ECMC's Driver Rehabilitation Program helps determine an individual's ability to drive, which is extremely important in a community where 20% of the population is age 60 or older. Lisa, or another ECMC occupational therapist with specialized training in driver rehabilitation, conducts a thorough in-clinic and behind the wheel evaluation, and makes recommendations. Sometimes there is a need for vehicle adaptation and training. For example, if a person was involved in an accident involving a left-turn collision, placing that person in left turn situations in different traffic situations helps evaluate and assess the problem. Vehicle modifications to solve the problem might involve mirror placement, hand controls, or repositioning the gas pedal.

Lisa says, "It isn't a matter of pass-fail. The goal is to identify appropriate strategies so people remain safe and independent. A formal driver evaluation should be considered, particularly if there is a question about a person's ability to drive safely, or if they've had an illness or injury that affects functional performance. We determine an individual's ability to drive by understanding their strengths and limitations."

Lisa says, "We need to take more responsibility as a community, and as families to address driving safety, and the holidays are a great time to sit down with loved ones and be open and honest." If you notice a relative or friend having difficulty driving, Lisa recommends having a non-critical, non-threatening conversation about driving.

We all know that increased age brings changes in mental and sensory abilities that can challenge a person's continued ability to drive safely. But there are a variety of safe travel options for people of all ages. "The real

need," says Lisa, is a broader awareness of solutions, rather than focusing on the problem. We must address the needs of older drivers and keep them on the road as long and safely as possible.

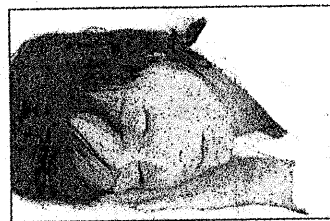
It's also important to know that help is available. At ECMC we evaluate a person's overall ability to operate a vehicle safely and provide rehabilitation, if necessary."



WNY Resource: Erie County Medical Center's Driver Rehabilitation Program employs occupational therapists who are specially trained in the full scope of driving rehabilitation. ECMC therapists work with older adults, families, and caregivers in identifying an individual's unique challenges and finding strategies that will help them live life to its fullest by keeping them active, healthy, and safe in their communities. To learn more about the program and keep your loved ones safe, call 893-3225. Lisa will be glad to answer your questions.

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From the Buffalo Business First

:http://www.bizjournals.com/buffalo/blog/morning_roundup/2015/01/mcdonald-cleland-to-serve-on-statewide-hanys-board.html

McDonald, Cleland to serve on statewide HANYS board

Jan 7, 2015, 12:12am EST



Tracey Drury

Buffalo Business First Reporter- *Buffalo Business First*

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Two Western New York hospital executives will serve in leadership roles at the state level with the Healthcare Association of New York State (HANYS).

Both will serve on the board of trustees for the association for 2015: Joseph McDonald, president and CEO at Catholic Health, will serve as past chairman on the executive committee; while Richard Cleland, interim president and CEO and chief operating officer at Erie County Medical Center, was elected to the board.

McDonald, joined Catholic Health as CEO in 2002 and oversees a system with five hospital sites as well as nursing homes, ambulatory surgery sites, diagnostic treatment centers, primary care and specialty care sites. He was elected chairman of HANYS in 2011.

Cleland joined ECMC in 2008 and was named site president last spring.

HANYS is the only statewide hospital and continuing care association in New York, representing 500 nonprofit and public hospitals, nursing homes, home care agencies and other health care organizations.

Tracey Drury covers health/medical, nonprofits and insurance

Code Blue: Is your health at risk?

BY: [Jill Perkins \(mailto:jill.perkins@wkbw.com\)](mailto:jill.perkins@wkbw.com)

POSTED: 11:24 PM, Jan 12, 2015

UPDATED: 6:40 AM, Jan 14, 2015

TAG: [erie \(/topic/erie\)](/topic/erie) | [buffalo \(/topic/buffalo\)](/topic/buffalo)

BUFFALO, N.Y. (WKBW) - A Code Blue was issued for Buffalo Monday night, and with the dropping temperatures, doctors are warning about potential health risks.

When skin is exposed to temperatures below freezing, 15 minutes is all it takes for frostbite to set in. Signs of frostbite can include the blue lips, numb fingers, red cheeks or blistered skin. Doctors say that if your skin gets so cold that the blood stops flowing, you could be at risk of amputation.

Once temperatures reach 15 degrees or below, St. Luke's Mission of Mercy on Walden Avenue in Buffalo opens at 8 p.m. providing food and shelter to people who otherwise would have no safe place to stay the night.

Doctors also say anyone whose core temperature drops to about 95 degrees is in immediate danger of hypothermia, which could be deadly.

Dr. Ron Moscati, an emergency room physician at ECMC says hypothermia is more commonly seen with people who don't have a way of getting out of the cold.

"Obviously that can kill you," said Dr. Moscati.

"As your body temperature goes down, in a way it's like being intoxicated. Your judgment and your ability to respond to things decreases over time and as the temperature goes down eventually most people die of cardiac arrest."

People under the age of 18 or over the age of 65 have to be extra careful in the cold weather because they lose body heat more easily.

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From the Buffalo Business First

:<http://www.bizjournals.com/buffalo/news/2015/01/05/ecmc-approved-for-3-2m-or-expansion.html>

DOH approves \$17M in construction at three WNY hospitals

Jan 5, 2015, 3:03pm EST



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State officials this week approved three separate construction projects totaling \$17 million at Western New York hospitals.

The construction includes upgraded surgery and operating rooms and a new outpatient center.

- Kenmore Mercy Hospital, part of Catholic Health, will begin an [\\$8 million renovation](#) that includes relocating its surgery holding and recovery unit into the old emergency department and upgrading the post-anesthesia care unit at the Elmwood Avenue hospital.
- Niagara Falls Memorial Medical Center expects to [break ground this spring](#) on a \$5.5 million, 26,589-square-foot outpatient facility on the 10th Street campus to house outpatient and community services. The Golisano Center for Community Health is funded in part by a \$3.5 million gift from Rochester philanthropist [B. Thomas Golisano](#).
- Erie County Medical Center will spend \$3.2 million to [renovate two new operating rooms](#), bringing to four the total operating rooms in its new surgery center building on Grider Street. The hospital itself has another 12 operating rooms.

All three projects were okayed by the state Department of Health following administrative reviews through the certificate-of-need process.

Tracey Drury covers health/medical, nonprofits and insurance

Report raps ECMC for Tim Hortons, other unhealthy food options



A report by a national doctors' group calls Erie County Medical Center out for being home to fast-food chains. Harry Scull Jr./Buffalo News file photo

By Stephen T. Watson | News Staff Reporter | [@buffaloscribe](#) | [Google+](#)
on January 19, 2015 - 1:27 PM

This is tough news for Western New York diners to stomach, but a national doctors' group is criticizing Erie County Medical Center for serving food from Tim Hortons and Mighty Taco to its patients, employees and visitors.

A new **report** from the Physicians Committee for Responsible Medicine rapped ECMC for offering some of the least-healthy food options of any public hospital in the country. The Grider Street hospital received the fourth-lowest score, out of 200 hospitals reviewed, because it is home to three fast-food restaurants and because its cardiac patient menu has some items that aren't heart-friendly.

The Washington, D.C.-based committee cited the hospitals for entering into contracts with fast-food chains that peddle the kind of junk food that brought in some of their patients in the first place — including some agreements that reward the hospitals with higher rental payments when the outlets sell more burgers, French fries and pop.

“It’s just such a contra-indication to what a hospital is, and its very essence. It’s a place that really should be bringing people back to health, and fast-food restaurants are known for their high-fat, cholesterol-laden options that really seem to please customers’ taste buds without any real thought given to making their customers healthier,” Cameron Wells, a staff dietitian with the committee, said in an interview. The committee also has issued reports on food served in schools, airports and other public spaces.

An ECMC spokesman said the hospital doesn’t directly contract with the fast-food restaurants because Benderson Development Co. leases the space in question and subleases it to the three restaurants. Erie County reached that agreement with Benderson in the early 2000s, before ECMC became a public benefit corporation, and the contract provides ECMC no control over who fills the space, according to Thomas Quatroche, the hospital spokesman.

Quatroche said the committee report contains a few errors but he conceded it raises an important issue. He said the hospital has taken steps to offer healthy dining options in its cafeteria and said the three restaurants have a mix of menu options for their customers.

“With any restaurant, there’s healthy choices and there’s not-so-healthy choices,” he said in an interview.

ECMC earned a score of 72, and a grade of C, from the committee, which said it obtained information on the restaurant contracts and cardiac patient menus through public open-records requests in the various states.

The doctors’ group initially looked at 200 large public hospitals across the country before whittling the list down to those that host fast-food restaurants and then zeroing in on the 20 worst. The report highlights the six worst, according to the committee, including ECMC.

“In my experience there, people enjoy having the options of Tim Hortons and Mighty Taco and Subway,” said Jody L. Lomeo, the former board chairman and CEO of ECMC. (Did Lomeo eat at the restaurants? “Look at me,” he quipped.)

The doctors’ group described Tim Hortons, a staple of the local culinary scene, as serving “unhealthful breakfast sandwiches, lunch sandwiches, and ice cream in the hospital 24 hours a day.”

Representatives for Tim Hortons did not respond to messages seeking comment Monday. Quatroche pointed out that the Tim Hortons outlet inside the hospital serves breakfast but not lunch sandwiches or ice cream.

As for Mighty Taco, Quatroche said ECMC officials “did express concern” with Benderson when the development company informed the hospital of plans to sublease long-vacant space to the taco chain. “We just asked them to look at other options,” Quatroche said.

Executives with Mighty Taco and Benderson did not respond to requests for comment Monday.

Benderson has a 20-year contract with the hospital that is up in six or seven years, Quatroche said. The hospital at that point wants to have more control over what food is served in its building, either by leasing out the space itself or by rewriting the next contract to ensure final say over subleasing decisions, he said.

The doctors’ group did not say what it wants to see in the hospitals in place of McDonald’s, Tim Hortons and other fast-food restaurants. Wells told The News she’s not offering specific

recommendations but she wants to make it easier for patients, hospital workers and visitors to make healthy choices. The report does praise the nine hospitals that have closed fast-food restaurants since 2009.

The committee also sought and analyzed the menus of food served to cardiac patients at the hospitals.

The doctors' group criticized ECMC for including cheese ravioli, tuna macaroni salad and chicken à la king on the menu served to the patients, but also applauded the hospital for serving vegetarian chili.

The report gave a pat on the back to hospitals that have their own organic gardens, or that get fresh vegetables from local farmers.

ECMC said it has upgraded its cafeteria and added healthier options from its food-service vendor, Morrison, such as "Meatless Monday" promotions and a "Wellness Wednesday" feature that promotes a designated superfood.

Quatroche also said ECMC hosts a farmers' market every Friday during the summer, for employees and members of the community.

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Cheektowaga Central honors seven for involvement in schools, community

By Lisa A. McPartland

Suburban Correspondent

on January 18, 2015 - 8:40 PM

The Cheektowaga Central Board of Education has honored seven community members for their involvement with the schools and community.

Six were named winners of the 11th annual Community Involvement Awards, and one was a Wall of Fame inductee:

- Guidance counselor Frank Marchese was named in the School/District Committees category for his work as chairman of various events over the years. In his nomination, math teacher Jerry Orgek said that Marchese rallied the district together to raise money for the Marcia Dudek Scholarship, ran the Walk for Warriors, which raised more than \$10,000 this past school year, and is involved in helping with “Year of Math.”
- Technology teacher Nicholas Bordonaro nominated Mike and Patricia Pittman in the Sports/Athletics category for their contributions to the boys’ soccer program. Bordonaro noted that the Pittmans purchased and donated pink uniforms for the varsity team to wear during Breast Cancer Awareness Month. They also made jerseys available for sale to teachers and staff and sold 120 to benefit the Breast Cancer Awareness Fund.
- Paula Valentino was honored for her work in the arts. Music teacher Shawn Rydzik nominated Valentino for her work with the Music Boosters, especially with the basket raffle that she suggested adding to the “Jazz Coffee House” four years ago. He said that the many hours of personal time donated by her resulted in more than doubling what the original coffee house raised for the boosters and the William Reynolds Memorial Music Scholarship Fund.
- In the Business/Agency/Organization category, the Cheektowaga Mobile Safety Net Team was cited for its benefits to the students and families of the district. Superintendent Dennis Kane said the team comprises town and other government officials, human service agencies and education representatives that help students and their families. Benefits include helping Pine Hill Education Center students earn high school credits by helping at the Healing Heart Ministry Food Pantry, placing an adult literacy program and GED program at Pine Hill and identifying parents of children who would benefit from job training.

- Seniors Dameon Pawli and Alyssa Reesor were honored in the Student as Community Contributor category. Guidance counselor Rod Staszak nominated Pawli because he has clocked more than 141 community service hours as a member of the U.S. Naval Sea Cadet Corps/The Sullivans Division, as well as participated in fundraising for Superstorm Sandy victims and other causes. School Board President Renee Wilson nominated Reesor because of her involvement in school groups. She has been the captain of the soccer team, a member of the indoor track team and a TEAM Award recipient. She also is a member of band, jazz band, science honor society, Spanish honor society, National Honor Society and Tri M Music Honor Society.

- Dr. Joseph Kowalski, a 1982 Cheektowaga High School graduate, was nominated by classmates Thomas Daly and Jack Zastempowski for the Wall of Fame. Kowalski played goaltender for the Buffalo Junior Sabres and was a member of the team that won the 1982 national junior championship. He went on to Clarkson College to play Division I hockey while majoring in electrical engineering. He received a doctorate in medicine from the University at Buffalo School of Medicine and Biomedical Sciences in 1993. He currently is director of the Spine Center at Erie County Medical Center.