

ECMC Board of Director's Regular Board Meeting

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

Staff Dining Room

462 Grider Street

Buffalo

AGENDA

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

- I. CALL TO ORDER: KEVIN M. HOGAN, ESQ., CHAIR
- II. APPROVAL OF MINUTES OF JUNE 30, 2015 REGULAR MEETING OF THE BOARD OF DIRECTORS
- III. RESOLUTIONS MAY BE DISTRIBUTED TO THE BOARD OF DIRECTORS DURING THE MEETING ON JULY 28, 2015.
- IV. BOARD PRESENTATIONS: JULIA CULKIN-JACOBIA, CHIEF PEOPLE OFFICER

MILLENNIUM COLLABORATIVE CARE/DSRIP
AL HAMMONDS, EXECUTIVE DIRECTOR
- V. REPORTS: CEO REPORT – RICHARD CLELAND
PRESIDENT’S REPORT – THOMAS QUATROCHE
- VI. REPORTS FROM STANDING COMMITTEES OF THE BOARD:
EXECUTIVE COMMITTEE: KEVIN M. HOGAN, ESQ.
AUDIT COMMITTEE: K. KENT CHEVLI, M.D.
BUILDINGS & GROUNDS COMMITTEE: RONALD BENNETT
FINANCE COMMITTEE: MICHAEL A. SEAMAN
- VII. REPORTS FROM SENIOR MANAGERS OF THE CORPORATION:

A. CHIEF EXECUTIVE OFFICER
B. PRESIDENT
C. CHIEF OPERATING OFFICER
D. CHIEF FINANCIAL OFFICER
E. SR. VICE PRESIDENT OF OPERATIONS
F. VICE PRESIDENT POST-ACUTE CARE
G. CHIEF MEDICAL OFFICER
H. SENIOR VICE PRESIDENT OF NURSING
I. CHIEF PEOPLE OFFICER
J. EXECUTIVE DIRECTOR LIFELINE FOUNDATION
K. EXECUTIVE DIRECTOR MILLENNIUM COLLABORATIVE CARE - DSRIP
- VIII. REPORT OF THE MEDICAL/DENTAL STAFF: MAY 18 , 2015
- IX. EXECUTIVE SESSION
- X. RETURN TO OPEN SESSION
- XI. ADJOURN

ERIE COUNTY MEDICAL CENTER CORPORATION

MINUTES OF THE REGULAR MEETING
OF THE BOARD OF DIRECTORS

TUESDAY, JUNE 30, 2015

STAFF DINING ROOM

Voting Board Members
Present:

Kevin M. Hogan, Esq
Bishop Michael Badger
Douglas H. Baker
Ronald Bennett
Ronald Chapin
K. Kent Chevli, M.D.
Jonathan Dandes

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

Voting Board Member
Excused:

Kevin E. Cichocki, D.C.

Joseph Zizzi, Sr., M.D.

Non-Voting Board
Representatives Present:

Richard C. Cleland
James Lawicki

Kevin Pranikoff, M.D.

Also Present:

Donna Brown
Samuel Cloud, D.O.
A.J. Colucci, III, Esq.
Anthony DePinto
Leslie Feidt
Stephen Gary
Al Hammonds
Mary Hoffman
Rita Hubbard-Robinson
Jarrod Johnson

Chris Koenig
Susan Ksiazek
Catherine Lewis
Charlene Ludlow
Michelle Mercer
Frank B. Mesiah
Thomas Quatroche
Juan Santiago
Kelly Showard
Greg Turner
Karen Ziemianski

I. CALL TO ORDER

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

Kevin Hogan welcomed Kathleen Grimm, M.D. as our newest board member.
Julia Culkin-Jacobia was introduced to the board as the new Chief People Officer.

II. APPROVAL OF MINUTES OF MAY 26, 2015 REGULAR BOARD MEETING.

Moved by Anthony Iacono and seconded by Michael Seaman.

Motion approved unanimously.

APPROVAL OF MINUTES OF JUNE 18, 2015 SPECIAL BOARD MEETING

Moved by Anthony Iacono and seconded by Michael Seaman

Motion approved unanimously.

III. ACTION ITEMS

A. Approval of June 2, 2015 Medical-Dental Staff Appointments and Re-Appointments.

Moved by Michael Hoffert and seconded by Sharon L. Hanson

Motion Approved Unanimously.

IV. BOARD PRESENTATION: MILLENNIUM COLLABORATIVE CARE (DSRIP)

AL HAMMONDS, MCC EXECUTIVE DIRECTOR

Mr. Hammonds introduced key leadership and decision makers for the ECMCC lead DSRIP PPS known as Millennium Collaborative Care, or MCC. MCC was awarded \$243 million over five years. Mr. Hammonds provided an overview of some of the projects underway, including ED Care Triage and Patient Activation Measures (PAM). He also highlighted the following critical dates: **June 30** - DSRIP year 1, 1st quarter implementation plan activities and milestones end; **July 6** – First draft of all 11 project characters and project implementation plans due; **July 31** - First quarter report filed with NYSDOH on approximately 1,000 items (resubmit organizational implementation plan, submit project implementation plans); **September 30** – Patient engagement targets for 9 projects due; **October 31** – Identify network providers that will be participating in each project as part of the quarterly reporting process and develop workforce budget and impact projections.

PATIENT EXPERIENCE: TERRACE VIEW RECOGNITION

CHRISTOPHER KOENIG, VP POST-ACUTE CARE

Chris Koenig introduced and honored Eden Richardson, Charge Nurse and Ariana Girling, CNA, both from Terrace View, for their dedication, hard work and all they give to Terrace View each and every day.

V. BOARD COMMITTEE REPORTS

All reports except that of the Performance Improvement Committee are received and filed in the May 31, 2015 2015 Board book.

VI. REPORTS OF CORPORATION'S MANAGEMENT

- A. Chief Executive Officer:
- B. President
- C. Chief Operating Officer
- B. Chief Financial Officer:
- C. Sr. Vice President of Operations:
- E. Vice President Post-Acute Care:
- F. Chief Medical Officer:
- G. Sr. Vice President of Nursing:
- H. Vice President of Human Resources:
- I. Chief Information Officer:
- J. Executive Director, ECMC Foundation:
- L. Executive Director, Millennium Collaborative Care:

Chief Executive Officer: Richard C. Cleland

- ECMC's Trauma Program was verified by the American College of Surgeons as a Level 1 Trauma Center. A celebration for all ECMC teammates and first responders is planned for June 30, 2015.
- Mr. Cleland provided an overview of the changes in healthcare, new leadership and new positions at ECMC. Volumes are at an all time high, quality is great and ECMCC has experienced great successes.
- Mr. Cleland started two new initiatives to further enhance cultural transformation and teammate engagement: "Walk in My Shoes" and a monthly "Breakfast with the CEO".
- Nursing participated with "Dress for Success" which collected over 600 articles of clothing to prepare those entering the working force.
- Julia Culkin-Jacobia began her new role as Chief People Officer and will oversee the human resources department.
- Mary Hoffman was appointed Chief Operating Officer. Mary's previous role at ECMC was Sr. Vice President of Operations.
- In May, the corporation had a \$1.5 million operating loss. Steve Gary is leading a \$6 million expense reduction initiative. June continues to reflect positive trends.
- Behavioral Health Center was awarded by Buffalo Business First 2015 "Best New Health Care Construction". This is the third consecutive year an ECMC construction project has received an award from Business First.
- The Emergency Department Modernization Project Planning design team has been working on the new ED renovation.

- The new Center of Occupational Health and Environmental Medicine held its grand opening June 5, 2015.
- Dr. Liise Kayler was appointed Transplant Program Director and begins July 6, 2015.
- Springfest Gala made over \$375,000 for the ECMC Foundation.
- 35th Running of the SUBARU 4-Mile Chase is Friday, July 17, 2015 and proceeds will be shared by the ECMC Foundation and PAL.
- “9 and Dine” Employee Golf Tournament will be July 24, 2015 at Diamond Hawk Golf Course.

President: Thomas Quatroche

- ECMCC is partnering with MASH to reduce the time it takes to discharge patients to home.
- ECMCC has been in discussions with the NYSDOH and some rural hospitals with possible opportunities.
- ECMCC conducted a strategic planning session with an expanded group of leaders and managers and received good input from management and physician leadership.
- A CON for the new Cath Lab was approved and CON’s for a new MRI and Orthopedic Clinic area were submitted in June.
- ECMC Lifeline Foundation officially changed name to the ECMC Foundation.
- The ECMC Foundation golf tournament has already raised \$129,000 to date.

Chief Financial Officer: Stephen Gary

A summary of the financial results through May 31, 2015 and a Quarterly Financial Statement and projected statement of Yearly Cash Flows are attached in the Board Book for review.

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

Moved by Michael Hoffert and seconded by Anthony Iacono to enter into Executive Session at 5:45 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 K. Kent Chevli, M.D. and seconded by Michael Seaman to reconvene in Open Session at 5:50 P.M. No action was taken by the Board in Executive Session.

Motion approved unanimously.

VIII. ADJOURNMENT

Moved by Anthony Iacono and seconded by K. Kent Chevli, M.D. to adjourn the Board of Directors meeting at 5:50P.M.

Sharon L. Hanson

Sharon L. Hanson
Corporation Secretary

CREDENTIALS COMMITTEE MEETING
June 2, 2015

Committee Members Present:

Robert J. Schuder, MD, Chairman	Richard E. Hall, DDS PhD MD FACS
Christopher P. John, PA-C	Nirmit D. Kothari, MD
Mark LiVecchi, DMD MD MBA	Brian M. Murray, MD
Susan Ksiazek, RPh, Director of Medical Staff Quality and Education	

Medical-Dental Staff Office and Administrative Members Present:

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

Kerry Lock, Credentialing Specialist

Members Not Present (Excused *):

Yogesh D. Bakhai, MD *

Mandip Panesar, MS MD *

CALL TO ORDER

The meeting was called to order at 3 PM by Dr. Robert J. Schuder. The proceedings from the previous meeting of May 5, 2015 were reviewed and accepted.

OF NOTE:

The committee received at its May meeting, the resignations of Drs. DeZastro and Feld from the Credentials Committee. Their contribution and commitment to the ECMC credentialing process has been immeasurable and will be missed.

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 – Baker, Teresa, NP Psychiatry
- B. Applications Withdrawn
- C. Application Processing Cessation
- D. Automatic Processing Conclusion (applications > 180 days from date of signature)
- E. Resignations

Cacho, Cele, NP	Family Medicine	5/29/15
Sticht, Rebecca, PA	Family Medicine	4/10/15
Umhauer, Margaret, NP	Neurology	1/9/15
Cruce, Elise, PA	Orthopaedic Surgery	4/3/15
Lex, Jacqueline, PA	Orthopaedic Surgery	5/7/15
Paczos, Tamera, MD	Pathology	6/13/15
Vanterpool, Jocelyn, MD	Psychiatry	5/6/15
Wirth, Kathryn, PA	Psychiatry	5/25/15
Fiore, Marissa, MD	Radiology/Imaging Svcs-Teleradiology	5/11/15
Hotchkiss, Laura, MD	Radiology/Imaging Svcs-Teleradiology	5/11/15
Hynes, Michael, MD	Radiology/Imaging Svcs-Teleradiology	5/19/15
- F. Conclusions

Eaton, Pamela, ANP	Family Medicine	5/7/15
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FOR INFORMATION

PRIVILEGE ADDITION/REVISION, RECOMMENDED – COMMENTS AS INDICATED

Cardiothoracic Surgery

Aldridge, Janerio, MD Associate Staff

-Moderate Sedation*

**FPPE satisfied with completion of competency based training*

Emergency Medicine

Stefko, Deana, FNP Allied Health Professional

Supervising Physician: Ronald M. Moscatti, MD

-Intercostal nerve block

Internal Medicine

Russell, Rebecca, PA-C Allied Health Professional

Supervising Physician: Yahya J. Hashmi, MD

-External Pacer Placement

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-Cardiac Monitoring **

-Therapy of Cardiac Failure **

**FPPE waived; low volume practitioner possesses these privileges at primary affiliation;*

***IM-PA form is recommended for privilege listing elimination - See New Business*

Obstetrics & Gynecology

Dolensek, Christian, DO Active Staff

Laser Surgery – External Mucosal Surfaces – Bartholin*

**Waive FPPE; possesses this privilege at primary affiliation and COS attests to competency*

Orthopaedic Surgery

Kelly, James, DO Active Staff

-Fluoroscans System*

**FPPE satisfied with the completion of competency based training; records on file*

FOR OVERALL ACTION

PRIVILEGE WITHDRAWAL

Anesthesiology

Konikoff, Karen, FNP Allied Health Professional

Previous dual appointment; retaining Internal Medicine privileges

Cardiothoracic Surgery

Grosner, Gary, MD Associate Staff

-Moderate Sedation

Internal Medicine

Bent-Shaw, Luis, MD Active Staff

-Apheresis Management

Gayles, Kenneth, MD Active Staff

-Arterial Catheter Insertion, percutaneous: radial, femoral, brachial, etc.

-Cardioversion – elective

-Central Venous Catheter Insertion, percutaneous

-External Pacer Placement

-Thoracentesis

-Stress Testing, all forms, exercise, pharmacologic

-Right heart, Swan-Ganz catheterization (PA catheter) and hemodynamic monitoring

-Left heart, catheterization, coronary and cardiac angiography, ventriculography, aortography

-Temporary Transvenous Pacemaker/ICD Placement

-Moderate Sedation

Obstetrics & Gynecology

Dolensek, Christian, DO Active Staff

-Amniocentesis- Lung Maturity (Lecithin/Sphingomyelin Ratio-Phosphatidyl Glycerol Tests)

-Urethral Slings

FOR OVERALL ACTION

APPOINTMENT APPLICATIONS, RECOMMENDED– COMMENTS AS INDICATED

A. Initial Appointment Review (16)

Anesthesiology

Coniglio, Julia, CRNA

Allied Health Professional

Moscato, Carla, CRNA

Allied Health Professional

Parzymieso, Courtney, CRNA

Allied Health Professional

Emergency Medicine

DeAngelis, John, MD

Active Staff

Johanna Innes, MD

Active Staff

Patel, Bindesh, DO

Active Staff

St. James, Erika, MD

Active Staff

Tanaka, Kaori, DO

Active Staff

Internal Medicine

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Dobson, Beata, NP	Allied Health Professional
Collaborating Physician: Christopher Jacobus, MD	
Inzeo, Dana, NP	Allied Health Professional
Collaborating Physician: Megan Farrell, MD	
Orthopaedic Surgery	
Fout, Allison, PA-C	Allied Health Professional
Supervising Physician: Andrew Stoeckl, MD	
Skibitsky, Ryan, PA-C	Allied Health Professionals
Supervising Physician: Nicholas Violante, MD	
Plastic and Reconstructive Surgery	
Keicher, Mallorie, PA-C	Allied Health Professional
Supervising Physician: Vivian Lindfield, MD	
Psychiatry	
Abu Al Hummos, Ali, MD	Active Staff
Rehabilitation Medicine - Chiropractic	
Morgan, Shaun, DC	Allied Health Professional
Surgery	
Schwaitzberg, Steven, MD	Active Staff

FOR OVERALL ACTION

REAPPOINTMENT APPLICATIONS, RECOMMENDED – COMMENTS AS INDICATED

B. Reappointment Review – (33)

Anesthesiology	
Brock, Carole, CRNA	Allied Health Professional
Davis, Howard, MD	Active Staff
Cardiothoracic Surgery	
Aldridge, Janerio, MD	Associate Staff
Dentistry	
Dunn, Mary, DDS	Courtesy Staff, <i>Refer & Follow</i>
Emergency Medicine	
Stefko, Deana, FNP	Allied Health Professional
Internal Medicine	
Anzelone-Kieta, Jennifer, PA-C	Allied Health Professional
Supervising Physician: Srikrishna Malayala, MD	
Batra, Manav, MD	Active Staff
Bent-Shaw, Luis, MD	Active Staff
Ebling, Nancy, DO	Active Staff
Ford, Daniel, PA-C	
Supervising Physician: Ritesh Patil, MD	
Gayles, Kenneth, MD	Allied Health Professional
Konikoff, Karen, FNP	Active Staff
Supervising Physician: Joseph A. Zizzi Jr., MD	
Kuhadiya, Nitesh, MD	Allied Health Professional
McMichael, Bonnie, MD	Active Staff
Meras, Larisa, MD	Associate Staff
Mishra, Archana, MD	Active Staff
Russell, Rebecca, PA-C	Active Staff
Supervising Physician: Yahya J. Hashmi, MD	
Shah, Dhiren, MD	Allied Health Professional
Stehlik, Edward, MD	Active Staff
Venuto, Rocco, MD	Courtesy, Refer & Follow
Wadhvani, Jai, MD	Active Staff
Yedlapati, Siva Harsha, MD	Active Staff

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Zimmerman, Kenneth, MD	Courtesy, Refer & Follow
Neurology	
Kandel, Amit, MD	Active Staff
Neurosurgery	
Siddiqui, Adnan, MD	Active Staff
Obstetrics & Gynecology	
Dolensek, Christian, DO	Active Staff
Oral & Maxillofacial Surgery	
Boyczuk, William, DDS, MD	Active Staff
Rodems, Fred, DDS	Active Staff
Orthopaedic Surgery	
Kelly, James, DO	Active Staff
Lifeso, Robert, MD	Courtesy Staff, <i>Refer & Follow</i>
Ritter, Christopher, MD	Active Staff
Psychiatry	
Ruggieri, Matthew, MD	Active Staff
Sengupta, Sourav, MD	Active Staff

FOR OVERALL ACTION

PROVISIONAL APPOINTMENT REVIEW, RECOMMENDED

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

June 2015 Provisional to Permanent Staff	Provisional Period Expires
Anesthesiology	
Matthews, Fayelyn, CRNA	Allied Health Professional 06/24/2014
Dermatology	
Conroy, Elizabeth, A., MD	Active Staff 06/24/2014
Kalb, Robert, E., MD	Active Staff 06/24/2014
Emergency Medicine	
Busse Jr., Donald, G., PA-C	Allied Health Professional 06/24/2014
<i>Supervising Physician: Joseph A. Bart, DO</i>	
Family Medicine	
Buslovich, Steven, MD	Active Staff 06/24/2014
Internal Medicine	
Lewis, Sherria, M., PA-C	Allied Health Professional 06/24/2014
<i>Supervising Physician: Misbah Ahmad, MD</i>	
Tauro, Colin, Benedict, MD	Active Staff 06/24/2014
Orthopaedic Surgery	
Bisson, Leslie, J., MD	Active Staff 06/24/2014
Jordan, Kelly, Marie, PA-C	Allied Health Professional 06/24/2014
<i>Supervising Physician: Leslie J. Bisson, MD</i>	
Reed, Kory, MD	Active Staff 06/24/2014
Pathology	
Amatya, Sirisa, Kandel, MD	Active Staff 06/24/2014
Psychiatry	
Kothari, Khyati, MD	Active Staff 06/24/2014

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

FOR OVERALL ACTION

AUTOMATIC CONCLUSION - UPCOMING REAPPOINTMENT EXPIRATION

Otolaryngology
Prince, Beverly, MD

Courtesy Staff, *Refer and Follow* 07/31/2015

FOR INFORMATION

OLD BUSINESS

Dentistry

At the April credential meeting, the committee felt the Level II and Advanced Level II core experience requirements for the Dentistry Department could be expressed more clearly. The requirements were separated into two sentences and re-presented. The content is essentially the same as was reviewed with the Chiefs of Service at their December 2014 meeting and is endorsed by the committee

MAXILLOFACIAL PROSTHETICS / DENTISTRY

Privileges to be recommended by the Chief of Service

Dentist Request for Maxillofacial Prosthetics / Dentistry Privileges:

- Training:** Completion of an approved residency in Dentistry. Privileging in the Level II Core groups and Level II Advanced Privileges require additional training in prosthodontics or equivalent training.
- Experience:** The Level II Maxillofacial Prosthetics core group requires completion of at least 50 dental exams / consults over the past 2 years and 10 dental procedures.
The Level II Advanced Maxillofacial Prosthetics core group require documentation of at least 5 procedures performed in the past 2 years. Documentation must be attached to the privilege form.
- Competence:** Initial appointment: Three letters of reference from physicians/dentists acquainted with the applicant's clinical and professional status and skills in the area of Dentistry.
Reappointment: Clinical evaluation documenting competence by the Chief of Dentistry to fulfill Ongoing Professional Practice Evaluation (OPPE).

NP Form Revisions pursuant to the Nurse Practitioner Modernization Act of January 1, 2015

A draft of Nurse Practitioner form cover sheet was distributed for review and endorsed by the committee.

PRACTICE AGREEMENT and PRACTICE PROTOCOL:

- Submission not required for nurse practitioners with greater than 3600 hours of practice (approximately 2 years full time) per Nurse Practitioner Modernization Act of 2015 but is REQUIRED per ECMC policy. Please submit Practice Agreement signed by both nurse practitioner and collaborating physician.
- REQUIRED for nurse practitioners with less than 3600 hours of practice (approximately 2 years full time). Please submit Practice Agreement signed by both nurse practitioner and collaborating physician. Please maintain in your records evidence of Chart Reviews performed by your collaborating physician.
- NEWLY certified nurse practitioners (NPs) are required to file with the New York State Education Department (SED) Form 4NP-“Verification of Collaborative Agreement and Practice Protocol” within 90 days after starting professional practice. The NP is not required to file any additional Form 4NPs with SED. A completed Form 4NP is not equivalent to a collaborative practice agreement. Form 4NP can be found on the SED website at: <http://www.op.nysed.gov/prof/nurse/np4np.pdf>

CLINICAL (PATIENT CARE) PRIVILEGES:

- Applicants should select each procedure individually that they are competent to perform and wish to exercise at ECMC. The Chief of Service shall recommend privileges and indicate particular conditions/limitations as appropriate.
- The Nurse Practitioner is considered an independent practitioner working in collaboration with licensed physicians and the collaborating physician(s) indicated below who are responsible for the Nurse Practitioner's actions.
- Evidence of the collaborating process (e.g. physician consultation) shall be maintained with documentation in the patient record as needed to verify compliance. Attestation forms and relationship evidence shall be provided upon the State Education Department's request with a misconduct penalty if absent.
- Privileges are recommended by the Chief of Service, endorsed by the Credentials Committee, approved by the Executive Committee and granted by the Board of Directors. **Applicants may NOT hand write a new privilege request onto an existing form.**

=====
APPLICANT: A copy of the signed privilege delineation form will be sent to you following appointment or reappointment approval. *Please retain for your records.*

Laser Policy Survey

At the April Credentials Committee meeting, the Chief of Oral and Maxillofacial Surgery and committee suggested a considered move toward consistent laser privilege policy and criteria across department lines. Concern was expressed for the lack of appreciation for staff and patient laser safety in the area of smoke evacuation and filtration as well as potential for burns and injury.

Since current laser privilege definitions are quite broad or even absent with limited to no credentialing criteria defined in some department areas, the committee recommended a canvas of the Chiefs of Service for advice and proposals.

MEC MOTION PURSUANT TO MAY CREDENTIALS COMMITTEE MEETING MINUTES

It was noted for the Credentials Committee that the MEC added the word “***significant***” to the recommended in the May Credentials Committee meeting minutes. This is the modification that was forwarded to the Board of Directors for final approval. The section (**Article I Application Policy, Section B: Significance of Applicant Authorization and Accountability**) now adds the highlighted wording to the revision (designated via the underlining) submitted by the Credentials Committee:

Agrees that any significant misrepresentation or misstatement in, or omission from the application, whether intentional or not, shall constitute cause for immediate cessation of the processing of the application and no further processing shall occur. When and if the practitioner will be afforded the opportunity to reapply will be determined on a case by case basis, with the nature of the misrepresentation, misstatement or omission as the primary criteria. A second application fee may be applied based on the circumstances.

Collaboration with GLH – change in re-appointment date allocation

As part of the process of harmonization with KH and a move to an online application, ECMC will be changing the month for re-appointment from that of the month of the initial appointment to the applicant's birth month. A systems enhancement with

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the next credentialing software upgrade will afford an automated process to re-assign re-appointment dates for existing practitioners. The conversion is tentatively slated to begin September 2015.

This change is being made to accommodate the synching of re-appointment dates for practitioners on staff at both facilities, allowing for a coordinated single application process and potentially reduced fees for the involved practitioners. A potential down side for ECMC that the MDSO is willing to take in the spirit of customer service, will be the inability to control the monthly re-appointment workload volume. A custom report will be scripted to allow us to identify the monthly volume variations. The results of the report will be relayed to the committee at a future meeting

Temporary Privilege Tracker

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

FOR OVERALL ACTION

NEW BUSINESS

Application Form

Following up on some modification to the application form proposed at the August 2014 Credentials meeting (see excerpt of minutes below) were not implemented. The MDSO asked for specificity for References be provided that were “Current”. The committee again agreed and supports the revision to the application:

**Add to the References section that references must be able to speak to “CURRENT” competence as defined by having worked with the practitioner within the past “5” years.
The committee agreed and supports the revision.**

Another modification to add “employment/contract” termination had been dismissed as not practical. It should be revisited in the light of experience with a recent applicant. Work is already underway to harmonize the ECMC and KH application forms. The benefit of adding this verbiage to the self-disclosure page has recognized and so will likely be included in the form sent through their respective approval processes.

PRIVILEGE FORMS

Internal Medicine – CIC privileges

The committee and Chief of Service recommend that since we no longer have a Cardiac Intensive Care Unit, the privilege offering for CIC privileges be removed from the Critical Care and Cardiology forms. Similar entries on the Nurse Practitioner and Physician Assistant forms will also be deleted.

INTENSIVE CARE PRIVILEGES: Patients requiring medical intensive care must have a qualified intensivist as the primary management attending. Where this is not available there must be consultation by an intensivist in a timely manner.				
Chief of Service action:				
INTENSIVE CARE PRIVILEGES – Critical Care	Physician Request	Recommend		Special Requirements
		YES	NO	
MEDICAL INTENSIVE CARE				
CARDIAC INTENSIVE CARE				

Internal Medicine – Physician Assistant Form

Privilege delineations for “Cardiac Monitoring” and “Therapy of Cardiac Failure” will be removed. They are not procedures.

Internal Medicine – Cardiology Form

The Cardiology privilege form has an extensive section on Volume and Credentialing Criteria for Initial and Reappointment Applications. The section is impractical and is in need of revision. The committee recommends review with the Chief of Service.

Mid Level Privilege Forms

Current forms have a listing for Entry Level- Basic-Advanced-Special procedures with indicated credentialing criteria volume figures. It has historically been the intention of the committee that these figures be regarded as “suggested procedure volumes” to be used as “guidelines” toward the demonstration of competence for the Supervising / Collaborating Physician /

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Chief of Service to consider when recommending privileges. The form does not explicitly state such and could present a risk with accreditation and regulatory bodies.

It was also suggested that each midlevel form be amended to include near the signature of the collaborating/supervising physician a statement attesting to the current competence of the midlevel to perform all of the privileges requested.

All Mid Level forms will therefore be edited to ensure clarity and consistency of interpretation and application.

Cardiothoracic Privilege Form

The Cardiothoracic privilege form is in need of revision, especially the section on Credentialing Policies at ECMC. The committee recommends review with the Chief of Service.

Neurology Privilege Form

The Neurology form is also in need of revision. To meet immediate needs, the Chief of Service recommends that the 3 categories of privilege request:

Unlimited Limited Limited with Consultation

be removed and replaced with the Yes No column format used in other department forms. The Chief of Service also recommends that the following delineated privilege be removed from the current form:

8. Responsibility for Residents, Medical Students:

and the addition of the “Admitting”, “Ambulatory” and “Consultation” delineations consistent with other ECMC forms. These three modifications have been forwarded to the Credentials Chair for revision of the existing form.

The potential update of the format to a core and cluster design which harmonizes with the KH form is under review by the Chief of Service.

Pediatric Privilege Form

Without a department of Pediatrics, the Pediatric form is obsolete and will be deleted.

Oral and Maxillofacial Surgery Form

It was confirmed with the Chief of Service that there is a continued need to delineate procedure privileges by age < and > age 12. The formatting of the privileges in the electronic system does not afford a side by side age delineation, so will be set up as separate privileges. This is consistent with the formatting in use at KH.

Anesthesiology – Transesophageal Echo (TEE) Privileges

The Chief of Service wishes to retain the TEE privilege selection for those applicants who will maintain current competence documentation.

OBGyn

A meeting is scheduled with the Chief of Service for a final review of the draft revisions. The form will be presented to the committee at the July meeting.

Annual Medical Assessment and Initial History / Physical Evaluation Forms

The committee agreed that family members and spouses should not be signing evaluation forms. It was suggested to use the same verbiage as that listed in the Credentials Manual for peer references: “are not....related to the applicant by blood or marriage”

This revision shall be made by the Credentials Chair.

FOR OVERALL ACTION

OTHER BUSINESS

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

FPPE (Focused Professional Practice Evaluation)

16 FPPEs completed since the last meeting.

=Anesthesiology (1MD)

=Emergency Medicine (1 MD waived)

=Internal Medicine (5 PA's, 1 PA waived, 1 MD waived)

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=Obstetrics and Gynecology (6 MD's waived)

=Psychiatry (1 MD waived)

OPPE (Ongoing Professional Practice Evaluation)

A meeting has been scheduled with the PSO; will report back at next month's meeting.

ADJOURNMENT

With no other business, a motion to adjourn was received and carried with adjournment at 4:35 PM.

Respectfully submitted,

A handwritten signature in black ink that reads "Robert J. Schuder MD". The signature is written in a cursive style.

Robert J. Schuder, MD,
Chairman, Credentials Committee

Att.

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

VOTING BOARD MEMBERS
 PRESENT OR ATTENDING BY
 CONFERENCE TELEPHONE:

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

VOTING BOARD MEMBERS
 EXCUSED:

RONALD BENNETT
 ANTHONY M. IACONO
 DEITRICH JEHLE, MD

ALSO PRESENT:

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

GUESTS

ALAN GRACIE
 CHRISTOPHER ECKERT RYAN GILBERT

* ATTENDING BY PHONE

I. CALL TO ORDER

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

II. APPROVAL OF MINUTES

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

III. 2014 INDEPENDENT EXTERNAL AUDIT REPORT OF FREED MAXICK

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

IV. Executive Session with Freed Maxick

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

V. February Financial Statements

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

VI. ADJOURNMENT

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

DRAFT

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS
MINUTES OF THE BUILDING & GROUNDS COMMITTEE MEETING
JUNE 30, 2015
ECMCC EXECUTIVE CONFERENCE ROOM

BOARD MEMBERS PRESENT: RONALD BENNETT, ESQ. RONALD CHAPIN
MICHAEL HOFFERT BISHOP MICHAEL BADGER

ALSO PRESENT: DOUGLAS FLYNN JARROD JOHNSON
FRANK MESIAH

I. CALL TO ORDER

Ronald Bennett called the meeting to order at 3:35p.m.

II. APPROVAL OF MARCH 31, 2015 AND MAY 26, 2015 MINUTES:

Moved by Ronald Bennett and seconded by Michael Hoffert to receive and file the Buildings and Grounds Committee minutes of March 31, 2105 and May 26, 2015 as presented.

III. UPDATE – Recently Completed Initiatives/Projects

Tenant Upgrades @ UB Orthopaedics – Phase 1 of 2

- The first of two renovation phases has been completed since our last meeting. The scope of work is combination of maintenance & tenant requested modifications, including carpeting replacement, painting, & general renovation of their conference room.

ED Annexing of the Former CPEP Fast Track Unit

- Miscellaneous renovations within the former CPEP Fast Track unit were completed in mid June, with this space now being utilized for ED patient surges.

Isolation Rooms 774 & 874

- This project converted patient rooms 774 and 874 into “Isolation” rooms to better accommodate potential future need for negative pressure patients rooms. These renovations were completed earlier this month.

Residency Renovations @ 1st Flr Dental Clinic

- This three phase renovation within the occupied 1st floor Dental Clinic shall be substantially complete within the next few days. This renovation was expedited in an effort to accommodate a new, larger class of dental residents starting in early July.

IV. UPDATE – IN PROGRESS INITIATIVES/PROJECTS

Fire Door & Wall Inspections & Corrections

- Since our last meeting, Plant Ops has begun proactive surveys of facility fire doors and firewalls, in anticipation of this year’s Joint Commission inspection of the lab building & next year’s inspection of the main hospital.

9 Zone 1 Renovations

- Completed improvements to date include a new nurse call & Wander-Guard systems. Work on the creation of a new staff workroom continues with zone corridor work including painting the ceiling and installation of a hand-washing sink to occur in the near future.

Immuno Clinic Improvements / Phase 2 of 2

- Coordination of phase 2 in progress with work to begin later this week. The scope of this phase includes the construction of a dividing work between patient and staff areas.

Remedial Repairs @ MICU

- Progress on intended remedial repairs has been limited to date based on the high patient census. Project scope includes repairs to millwork, doors, flooring, and general painting. Work is being completed on a room-by-room basis within this occupied unit.

Escalator Repair

- Replacement of the right side escalator drive chain has been purchased on an “emergency” basis with coordination now in progress, work planned to begin within a week’s time.

Pathology Renovation

- The existing pathology department on the ground floor of the lab building is going to be receiving a renovation and modernization effort, a contract stipulation of the new Chief Pathologist. Design work continues as temporary accommodations for initially displaced functions progress.

2015 ECMCC Group A Capital Projects

Each of the below three projects are bundled along with the re-roofing of the DK Miller building into a single bid package. This package is currently out to bid, with bids due on July 22nd. The Plant Operations Department is performing a number of prerequisite tasks that will enable a quick start to these aggressively scheduled projects, these in progress tasks include:

Orthopaedic Clinic Expansion

- After a series of remedial improvements to Suite G242, Ambulatory Administration is being relocated into this their new home, leaving the former location vacant in anticipation of the upcoming capital renovation. Also in progress is the construction of a new office Suite within the DK Miller building, within the 1st floor waiting area, which shall accommodate the soon to be displaced GME group. Other pending prerequisites include the emptying of the former UB Family Medicine Suite and the relocation of Finance’s Charge Entry personnel.

Bariatric CT & Fluoroscopy Units

- Plant Operations began asbestos abatement for the project this past weekend. The phased nature of this pending renovation, coupled with its very aggressive schedule required that any opportunity to advance the scope be expedited. Two of the three phases of abatement shall be completed via in house means.

Equipment Replacement @ Cath Lab 2

- Once in house abatement work for the above Radiology Project is completed, Plant Operations staff shall tackle the full scope of abatement for this single-phase project prior to contracted forces mobilizing in early August.

V. UPDATE – PENDING INITIATIVES/PROJECTS

Signage & Wayfinding Initiative - Interior Wayfinding

- Funding approval for this initiative is currently under consideration via the Capital Asset Request process. Once this approval is received, the signage manufacturer shall be authorized to begin the fabrication process. These fabrications shall be coordinated with relate prerequisite Plant Ops aesthetic & security improvement work which is planned to begin late this summer.

Emergency Department Modernization Project

- Progress on the programmatic requirements for the project have been slow to develop, requiring additional consideration on the forecasted patient volumes, the quantity of exam rooms, impact of DSRIP's influence, and location of the intended expansion, ie ground or first floor.

Main Building Envelope Study

- Selection of the study consultant was been completed, and their proposal has been submitted for capital funding consideration. Part of the study's services is to submit the energy savings concept to NYSERDA in the hope that it will qualify for a Flex-Tech agreement. If successful, this arrangement could result in incentive contributions up to 50% of the cost of the study. Such an agreement could then also lead to potential future funding incentives that would be based on the substantiation of implemented energy-saving improvements.

Boiler System – Energy Efficiency Improvements

- A yearlong study of our boiler system was recently completed. The results of this study forecast that a \$2 million investment in system related improvements would lead to \$250K of energy savings per year. A related design services proposal has been forwarded for funding consideration.

Energy Management & Project Services

- Siemens Building Technologies has been identified as the successful consultant. An applicable contract is currently under review. This proposal if implemented would address several needed infrastructure improvements that will lead to significant future energy savings.

ERIE COUNTY MEDICAL CENTER CORPORATION

Demolition of 409, 411, & 525 Grider Street

- C&R Housing has been identified as the successful contractor for this Grider Community Gardens project. An applicable contract has been issued for signatures. The plan is to expedite the abatement & demolition process after the issuance applicable City permits.

Tenant Upgrades @ UB Orthopaedics – Phase 2 of 2

- Phase 2 of this project has been postponed until August, following the influx of the newest resident class. Scope shall include carpeting replacement and painting within the main corridor and the general staff area.

Ground Floor Space Consolidations

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

Urology Table Replacement Renovations

- Current intent is to replace an antiquated Urology table with a modern unit allowing for addition procedures to be completed within the Urology Suite, freeing up Operating Room time.

Cleve Hill Primary Care Clinic

- Within the last several months, ECMC had resumed discussions with our landlord concerning desired renovations to our leased space at the Cleve Hill Clinic. Before authorizing the related design work Administration is awaiting feedback on how DSRIP might contribute to this effort.

HPD Control Room & Security System Head-End

- This project will construct a new Police Control Room off of the main lobby, which in turn will house a new innovative security system that will integrate both new & legacy systems into a single monitoring & alarm system. Project approval awaiting confirmation of funding via "lease" dollars.

Education & Training Center

- This project is now planned as a 2016 capital effort. Design work is expected to resume later this year when the plan for the prerequisite relocations is solidified. This relocations include the Medical Library, Patient Advocates, Volunteers & miscellaneous others. This project is the direct predecessor to the planned 2016 MICU renovation.

Medical ICU Renovation

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

ERIE COUNTY MEDICAL CENTER CORPORATION

VI. ADJOURNMENT

Ronald Bennett adjourned the Board of Directors Building and Grounds Committee meeting at 4:30 p.m.

DRAFT

BOARD OF DIRECTORS
MINUTES OF THE FINANCE COMMITTEE MEETING
JUNE 16, 2015
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

THOMAS R. MALECKI, CPA

VOTING BOARD MEMBERS
EXCUSED:

ANTHONY M. IACONO

ALSO PRESENT:

RICHARD CLELAND
ANTHONY J. COLUCCI, III
KELLY FINUCANE
STEPHEN GARY
VANESSA HINDERLITER

MARY HOFFMAN
JARROD JOHNSON
CHRISTOPHER KOENIG
LESLIE LYMBURNER
THOMAS QUATROCHE

I. CALL TO ORDER

The meeting was called to order at 8:30 AM by Chairman Michael Seaman.

II. APPROVAL OF MINUTES

Motion was made by Douglas Baker, seconded by Ronald Bennett, and unanimously passed to approve the minutes of the Finance Committee meeting of May 19th, 2015.

III. MAY FINANCIAL REPORT (AMOUNTS IN THOUSANDS)

ECMC incurred an operating loss of \$1,497 for the month of May compared to budgeted income of \$893 and May, 2014 operating loss of \$795. Patient volume continues to be slightly higher than budget and higher, overall, compared to last year. Discharges, length of stay and volumes were examined and discussed. Mr. Gary presented a summary of operating performance variances and explained the significance of each. He then discussed the second half of 2015 and the significance of growing revenues and reducing expenses.

IV. 2016 BUDGET ASSUMPTIONS

The current budget goals set for 2016 include improved operating performance, strategic and routine capital investment and strengthening the balance sheet. Mr. Gary reviewed key assumptions to be used in developing the 2016 revenue budget.

V. SERVICE LINE FINANCIAL ANALYSIS

Mr. Gary presented additional service line profitability data as previously requested by the Committee.

V. ADJOURNMENT

There being no further business, the meeting was adjourned at 9:31AM by the Chair.

DRAFT

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS

MINUTES OF THE HUMAN RESOURCES COMMITTEE MEETING

TUESDAY, JULY 14, 2015

ECMCC STAFF DINING ROOM

VOTING BOARD MEMBERS
PRESENT OR ATTENDING BY
CONFERENCE TELEPHONE:

MICHAEL HOFFERT, CHAIR
BISHOP MICHAEL BADGER

RICHARD CLELAND
FRANK MESIAH

BOARD MEMBERS EXCUSED:

CARLA DICANIO-CLARKE
BEN LEONARD
NANCY TUCKER
NANCY CURRY
JULIA CULKIN-JACOBIA

MARY HOFFMAN
CHRIS KOENIG
ANTHONY DIPINTO
BELLA MENDOLA

ALSO PRESENT:

I. CALL TO ORDER

Chair Michael Hoffert called the meeting to order at 10:00am.

II. RECEIVE & FILE

Moved by Frank Mesiah to receive the Human Resources Committee minutes of the May 12, 2015 meeting and seconded by Bishop Michael Badger.

III. LABOR RELATIONS

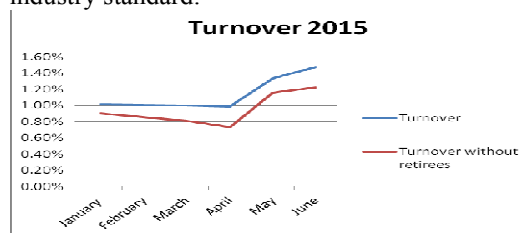
Carla DiCanio-Clarke reported that the AFSCME collective bargaining agreement expires December 31, 2015. Dates for negotiations are being selected and a list of proposals are being compiled. Management is still deciding which would be more beneficial, a separate agreement (separate from the County) or a sub agreement that sits inside of a larger County contract (similar to CSEA).

IV. WORKERS COMPENSATION AND EMPLOYEE OCCURRENCES

The Workers compensation and employee occurrences reports were distributed. The data is constant. Behavioral Health leadership will be invited going forward. A breakdown of occurrences by hospital, behavioral health and Terrace View has been requested. Discussion ensued regarding incidents versus number of patients.

V. EMPLOYEE TURNOVER

The turnover report was distributed. Turnover for the hospital is increasing slightly but it still low for industry standard.



ERIE COUNTY MEDICAL CENTER CORPORATION

VI. TERRACE VIEW REPORT

A job fair was held on June 18, 2015 to recruit CNAs. Peer to peer interviews were conducted. The in-service classroom was opened for applicants who have difficulty applying online. Incentives for CNA retention were discussed.

VII. NURSING TURNOVER REPORT

May

Hires: 9 FTEs

- Med/Surg: 1.5 FTEs
- Behavioral Health: 3.5 FTEs, 1 PT (LPN: 3 FTEs)
- Critical Care: 2 FTEs

Losses: 5 FTEs & 3 PD (LPN: 2)

- Med Surg: 1 FTE & 1 PD (LPN: 1 FTE)
- Behavioral Health: 2 FTEs (LPN: 1 FTE)
- Critical Care: 2 FTEs & 1 PD

Turnover Rate: .67%

Turnover Rate YTD: 2.92%

June

Hires: 11 FTEs & 3 PT (LPN: 3 FTEs)

- Med/Surg: 5 FTEs & 2 PT
- Behavioral Health: 3 FTEs & 1 PT (LPN: 1 FTE)
- Critical Care: 3 FTEs

Losses: 5.5 FTE & 7 PD (LPN: 1)

- Med/ Surg: 3 FTEs & 5 PD (LPN: 1)
- Behavioral Health: 1.5 FTEs & 2 PD
- Critical Care: 1 FTE

Turnover Rate: 1.5%

Turnover Rate YTD: 3.7%

VIII. WELLNESS AND BENEFITS

Nancy Tucker reported that 21 teams participated in the Lose to Win Weight loss challenge. 351 lbs. were lost all together.

Pension statements will be distributed mid-July.

IX. OTHER INFORMATION

Process improvements for the application process as well as other HR functions were discussed. Mike Hoffert thanked HR for their continued efforts.

X. ADJOURNMENT

Moved by Michael Hoffert to adjourn the Human Resources Committee meeting at 10:55am and seconded by Bishop Badger.

ERIE COUNTY MEDICAL CENTER CORPORATION

REPORT TO THE BOARD OF DIRECTORS
RICHARD C. CLELAND, MPA, FACHE, NHA
CHIEF EXECUTIVE OFFICER
JULY 28, 2015

Over the last few months my top priority has been organizational engagement. This is key to our success as we face and overcome the challenging healthcare landscape. I will continue my commitment to directly engage our teammates and patients. This engagement includes executive rounding, patient interviews, “Walk In My Shoes” and “The Breakfast Club” initiatives, CEO E-mail Express, visiting work areas including our off site clinics, elevator discussion, etc. Each of these meetings and personal contacts have been very important. It is very inspiring what I am hearing from our ECMC family and our patients!

So it is my honor to continue leading this great organization. I will make sure we remain focused on what is important, ensure our strategic course is strong, visionary and committed to our long term success.

PATIENT AND TEAMMATE ENGAGEMENT (VALUE BASED PURCHASING) & QUALITY

Our 2015 “Employee of the Year” was awarded to Paul Keleher, Physical Therapy, at the Employee Picnic. Paul is a very humble man, a people person, a “go to guy,” a positive influence on his co-teammates, patients, patient families, and the entire clinical care team. Paul was nominated by Kevin Jenney who described him as the “complete package” of skills, teamwork, compassion, and dedication. On behalf of everyone, we are all very proud of the work you do and want to thank you for continuing to help ECMC succeed!

I am very happy to report that the two newest initiatives introduced over the last month to further enhance cultural transformation and teammate engagement have been very positively received by the organization. “Walk in My Shoes” and “The Breakfast Club” have taken engagement in a truly new direction. I will continue reporting on these through E-mail Express.

I am looking to set up an ECMC blogging account and to keep in touch with everyone in the organization on a daily basis. I hope to have this in place shortly.

Please review the executive leadership quality dashboard that I have attached to the end of my report. The report shows all publicly reported quality and customer service data.

Congratulations to Amy Eustace who had perfect TIME & ATTENDANCE for June. She received \$1000 as a result of the “Perfect Time and Attendance” initiative for bedside staff from the Summer Surge committee. There were 422 candidates for this drawing. This initiative was a great success – good job to all! Keep up the good work for July’s drawing!

ECMC's new Patient and Family Information Guides have been completed. I would like to thank and want to recognize all those involved in the process of pulling these together: Donna Brown, Michelle Wienke, Brenda Shoemaker, Ebony Harwell, Ann Victor-Lazarus, Charlene Ludlow, Gene Zombron, Joe Cirillo, and Jackie Wilson.

Last week our nursing department distributed six (6) "Kindness Coins" starting in our Emergency Room, PACU, Inpatient Medicine/Surgical Units, Behavioral Health, Rehabilitation Medicine, and Critical Care. Our teammates are passing on the "Kindness Coins" to the next teammate who is observed to be living the values and behavioral standards of our ECMC Mission statement "*To provide every patient the highest quality of care delivered with compassion.*" We are keeping track and mapping the progress of where the Kindness Coins travel.

The Step Down Trauma Transition Program: Transitioning Care and Hand Off Communication for a Vulnerable Population, led by the TICU staff of 7z2 – Cheryl Nicosia, Renee Delmont, Melinda Lawley, Linda Schwab, and Karen Ziemianski will be recognized for their quality improvement initiative in the Healthcare Association of New York State publication, *Profiles in Quality and Patient Safety*, which will appear on the HANYS' website later this year. The program focused on the communication and safety aspects of trauma patient transfers from the TICU to the step down trauma floor, 7z2. I would like to thank them for their continued commitment to quality and improved patient care. KUDOS!

The 2015 Giving Garden was a dream of John Valvo III, Hospital Aide from the Orthopedic Clinic. The Giving Garden is located behind Terrace View. The produce will be given to food pantries within the community. Items planted in the garden were: acorn squash, kohlrabi, zucchini, big boy tomatoes, kale, collards, Swiss chard, parsley, purple basil, and cucumbers.

HOSPITAL OPERATIONS

Volumes continue to reflect favorable trends with continued improvement over prior year actual results. In June, we unfortunately had a \$374K operating loss. On a year to date basis, ECMCC has incurred an operating loss of \$4.7 million which is favorable to a \$7.2 million operating loss during same period in 2014 (improvement of \$2.5 million). Executive Leadership continues to work hard on overcoming the variance. Steve Gary, CFO, is leading a \$6 million expense reduction initiative. This will focus on the following areas:

- Vacancy control;
- Overtime management;
- Discretionary spending;
- Travel and conference;
- Consultant use;

In addition to the expense reduction, leadership has identified \$2-\$3 million in revenue opportunity for 2015. We feel very confident that the expense reduction and revenue enhancement initiative will improve financial performance without impacting bedside care, quality, staffing, or customer service.

Several key statistics include:

- Acute discharges – 5.8% higher than budget for June; 6.6% higher than budget YTD and 7% higher in comparison to 2014.
- All discharges – .3 % higher than budget for June; 1.5% higher than budget YTD and 4.7% higher in comparison to 2014.
- Operating room volumes 8.2% higher than budget YTD and 10% higher than same period in 2014.
- Case Mix improved to 1.81 a 12% improvement over same period 2014.
- Emergency Department volumes are -1.9 % lower than budget and equal/flat to 2014 YTD.
- Acute Length of Stay (LOS) for June 2015 was 6.2 days and 6.1 days for June 2014. 2015 YTD 6.6 and 2014 YTD 6.3.
- Terrace View average daily census at 375.

July continues to reflect positive trends. Month to date we are exceeding budget in acute discharges by 4.5 % and also seeing LOS at 6.3. The surgical volume remains very strong as well at 4.2% higher than budget. Our ER volumes are 9.4% higher than budget.

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

The Emergency Department Modernization Project Planning design team has been working on the new ED renovation. A final list of plan options has been developed. ED and ECMC leadership will be making a final recommendation by the end of July.

Transplant search and recruitment of a new Program Director has concluded with the appointment of Dr. Liise Kayler to head up our transplant program effective July 6, 2015. Since her arrival, we have had seven (7) transplants including two (2) live donor transplants. Year to date we have had 28 transplants.

We are pleased to announce the appointment of Gerry D’Amaro as Administrative Director of Laboratory Services at ECMC, effective July 13, 2015. Gerry brings over 35 years of lab experience to us. He started his career at Lakeshore Hospital as a microbiologist and has held

many administrative roles throughout his career. Most recently, he was the Administrative Laboratory Manager at Brooks Memorial Hospital in Dunkirk, NY.

On June 29, 2015 physician, clinical and operational leadership of ECMC met for an offsite Strategic Planning Session. This meeting brought leadership up to date on a vast amount of areas and to set the stage for a modification of our strategic plan.

Topics covered included:

- Why we were meeting
- What we know about healthcare changes current and future (i.e. reimbursement change from volume to quality and outcomes)
- Impact on ECMC
- Federal and State updates
- ECMC Market Assessment 2013-2014
- DSRIP-Millennium Collaborative Care presentation and update
- Review of mission, vision and core values
- 2015 goals
- External and internal strategies underway

I would like to commend our Case Management Department. Under the leadership of Becky DelPrince, several significant accomplishments have been achieved. In addition to the continued improvement of our LOS, we must recognize the significant reduction of acute ALC patients. At one point this winter, we had over forty (40) ALC patients. Currently, and on a daily basis, this number remains in the single digits.

ECMCC FOUNDATION

Over the past few months, several successful events have taken place. I would like to thank Jon Dandes, Chair, and individual members of the ECMCC Foundation Board of Directors for all that they do for ECMCC. Sue Gonzalez and her team continue to raise the bar, finding new ways to build on previous successes!

- 35th Running SUBARU 4-Mile Chase was held on Friday July 17, 2015. Proceeds to benefit ECMC Foundation and PAL; 1,400 runners; an absolutely fantastic event.
- 9 and Dine Employee Golf Tournament was held on July 24, 2015 at Diamond Hawk Golf Course; over 80 ECMC participants; a great time for all.
- ECMC Day at Buffalo Bisons – to be held on July 31, 2015; Pre-Game Tent Party and Friday Night Bash.
- Park County Club Golf Tournament-August 10, 2015, 224 golfers registered.

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

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

Sincerely yours,

Richard C. Cleland

**Executive Leadership
2015 Goal Report**

GOALS	RESPONSIBLE PARTY	UPDATES	UPDATES IN PROCESS/UNDERWAY
<p>1) Develop a comprehensive 2015 customer service and patient engagement plan:</p> <p>a. Maximizes Press Ganey capabilities (training, education, forms and strategies)</p>	<p>Brown/ Executive Leadership</p>	<p>(a) [DB] Press Ganey will be on site beginning 1/30 from 10am-2pm bi-weekly to meet with various team members to enhance their knowledge on the Press Ganey suite of Patient Experience resource tools. Ongoing. Franklin Allen, the patient experience advisor for Press Ganey, is on site and meeting with departments every other week. [DB] Franklin is planning an inpatient stay sometime in August to evaluate our areas of opportunity. (a)[KZ] Nursing has submitted master plan for 2015 to Donna Brown – Nursing has patient experience meetings once a month where data/speakers/presentation occur. Nursing has mandatory rounding from 10 – noon, 5 days a week – with audits submitted for QI purpose. Nurse executive has rounding sheets that are submitted for QI purpose also. Nursing started engagement strategy cards for verbal and written compliments by patients, families, etc. Over 85 cards have been remitted for 2015.</p>	<p>(a) [CL] IT interface in progress. (a) [KZ] In Process - Nursing started engagement strategy cards for verbal and written compliments by patients, families, etc. Over 300 cards have been remitted for 2015. Nursing has observational experience with Franklin; feedback obtained. (a) [JJ] In Process - Operations is meeting with Donna Brown to develop quarterly action plans to contribute to positively affecting HCAHPS scores. Each dept. will develop individual plans for execution of strategies. (a) [KZ] Live discharge phone calls 12z2, 12z3, 7z2, 7z1, 8z1. Press Ganey word find completed. Advocate hired for ER. Kindness coins and book club for managers started.</p>
<p>b. All reports-all organizations - all daily practice to mimic Press Ganey top hospitals</p>		<p>(b) [DB] Working with Juan to develop 2 RFPs for Patient Experience training. RFPs will be completed the week of 1/26/15 and will go out to bid. Should be able to begin year long training 3/15/15. RFP's are complete and will go advertised 2/23/15. RFP has been revised and will be sent to purchasing on 3/27/15. (b) [KZ] Nursing has completed meetings for Immunization x3/ VTE x3/ and stroke education to maximize VBP points.</p>	<p>(b) [KZ] Underway - Nursing will start CAUTI initiative in June. (c) KZ no CLABSI for med-surg in June. (b) Personalized education for VTE #5 for all nursing. (b) [DB] RFP will be finalized the week of 7/27/15 and will be submitted to Purchasing for Bidding.</p>
<p>c. Includes monthly department and employee training and development</p>		<p>(c) [DB] Next steps to work with EL and department managers on the development of PE plans for their areas. Developed template for department managers to use in the drafting of their PE plans. Met with IT, Environmental Services, and the ED. We will be meeting every two weeks until 4/30 to draft plans which will be</p>	<p>(c) [KZ] In Process - Patient feedback HOT Team – 6North, 6z1, 12z2, completed in ER. Resolving ER issue/dental/billing – next meeting ORTHO.</p>

GOALS	RESPONSIBLE PARTY	UPDATES	UPDATES IN PROCESS/UNDERWAY
		<p>presented to their EL for support and by-in.</p> <p>(c) [KZ] Nursing has completed action plans for all managers and units within hospital. Current volume in census has affected all PT experience scores. (Dec 91.7/40 ranks) in communication with nursing dimension.</p> <p>(c) [KZ] Leadership Education once a month for hospital sponsored by nursing.</p>	<p>(c) [DB] Working with Jarrod's areas to complete Patient Experience Plans.</p>
d. Roll Out of "Point of Care" rounding tool		<p>(d) [DB] I have sent Leslie the requirements for the Point of Care rounding tool. We will meet w/o 1/19/15 to discuss next steps towards implementation. The meeting is pushed back to the w/o 3/30/15.</p>	<p>(d) [DB] Working with Franklin to set up pilot.</p>
e. Implementation of "Consider it Done"		<p>(f) [DB] I am working with IT and the existing Intranet service request portal – modify in order to track and monitor requests.</p>	<p>(f) [DB] Developing a pilot with IT to determine who users are and who will be responsible for monitoring. July 2015- currently with IT Governance Committee for Evaluation.</p>
f. 2 nd annual Patient Experience Fair		<p>(g) [DB] We will have our kick-off meeting for the annual Patient Experience Summit the w/o 1/19/15. We had our meeting and the date for the PES is in April but may push back to 10/15. There is a lot going on and we are working short staffed and this may not be a good time to have it.</p>	<p>(f) [DB] In progress – working with Press Ganey to develop. Tentative date is October 27, 2015.</p>
g. Add additional resources-advocates to CPEP, Outpatient and Behavioral Health(inpatient)		<p>(h) [DB] I need to meet with BH to discuss the vision and what the need is.</p>	
h. Patient Experience data for providers		<p>(h) [DB] Working with IT and Press Ganey to develop the necessary fields in our data upload so that our physicians can review their Patient Experience data. Meeting with IT and Press Ganey 2/23/15 to determine what the data set needs to be for the upload of this information. Working with IT and Press Ganey to make sure we have all providers in the Press Ganey database. W/O 3/30/15 to be completed.</p> <p>(h) [CL] Need IT interface for provider specific data.</p>	<p>(h) [CL] Upgrade completed. Developing data transfer feed. [DB] Physicians can review scores now.</p>
2) Reorganize Renal Service Line	Murray Hoffman Ludlow		
a. Develop a CKD Transition Clinic		<p>(c) [MH] Analysis underway. [BM] Ongoing negotiations with HealthNow.</p>	

GOALS	RESPONSIBLE PARTY	UPDATES	UPDATES IN PROCESS/UNDERWAY
b. Improve STAR Rating of the Chronic Hemodialysis Program		(d) [CL] Dashboard for dialysis program expanded. Monthly meetings are held. Minutes of meetings provide tasks and responsibilities assigned for addressing indicators that require improvement initiatives. Successful OP dialysis CMS survey in February 2015. Plan of Correction accepted; monitoring. COMPLETED.	(d) [MH] April 2015: 2 stars – committee focused on improving fistula rate.
3) Physician Contract Management-Streamline involvement, prioritize involvement, prioritize by impact, manage regularly and hold accountable (currently Medical Director/Legal/Compliance/Finance/Executive Leadership/Service Line Management/Contract Mgr	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. [MH] Met on February 10; follow up meeting scheduled April 20. Process being drafted by Katie L. Next meeting on May 4	[MH] On-site review 5/21 by McGlady. Findings and work proposal pending.
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. Management/Physician retreat scheduled on 6/29/15.	(a) [RC] Completed on 6/29/15 – follow up session to be scheduled.
5) 5.7 LOS	Hoffman	Daily focus; current LOS = 5.8, excluding outliers [KZ] Results of fishbone have resulted in over 30 projects that will assist the organization in loss reduction. Participated in transport pilot - COMPLETED [MH] Major focus on ALC patients and developing community strategies for difficult to place patients.	[MH] July LOS 6.6. YTD 6.6. Daily focus Acute ALC = 10. [KZ] Underway – Redesign rapid rounds utilizing concrete coded data; Standardization of patient questions.
6) Roll out 2015 ECMC marketing campaign	Quatroche	First meeting held with Foundation and Jon Dandes, Chair of Capital Campaign. Russell J. Salvatore Orthopedic Unit campaign underway. Continuing ECMC ad in April and planning new commercial/campaign.	
7) Update ECMC website	Quatroche	Key stakeholders identified and to be interviewed; plan developed. Stakeholders interviewed. Designs to be presented in April.	
8) PI – Patient caused injury and assaults	Clarke/Culkin- Jacobia	Formation of a transparent multidisciplinary team to look at all incidents where patients have caused injury in order to form both an internal and external plan for reduction.	

GOALS	RESPONSIBLE PARTY	UPDATES	UPDATES IN PROCESS/UNDERWAY
<p>9) Develop comprehensive service line profile report which includes the following information:</p> <p>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.</p>	<p>Murray Ludlow Gary Feidt</p>	<p>(a) [CL] Orthopedic dashboard developed; attended QI meeting on 1/15. Surgery dashboard developed. Medicine dashboard developed; will further develop each service line under medicine and provide data to each service line champion. Psych developed. ED & Family Med developed. Rehab in progress. Adding Rehab service for indicators. Providing monthly data. (a) [BM] Nothing new of significance beyond the Bridge project reports that we continue to refine. We have added some OR metrics to Surgery. Dashboard being refined by M. Lindstrom in response to physician input.</p>	
<p>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</p>		<p>(b) [SG] Cost accounting system for 2013 is reconciled with 2014 reconciliation in process. Currently evaluating system/platform for cost accounting and decision support which may result in the sunset of the 5 software tools currently in place and result in one single source of truth.</p>	<p>6/1/15 - (b) [SG] Inpatient and outpatient service line data was prepared for 2014 reconciling to audited financial statements. This data was presented at both the BOD Finance Committee and ELT meetings. Further analysis across the care continuum is in process and expected to be complete for the Finance Committee meeting.</p>
<p>c. Identify key service line <u>quality reporting</u>, develop master schedule to insure timely submission of materials and organizational awareness</p>		<p>(c) [CL] Master list of quality indicators developed and will be distributed to exec leaders. Timeline document will be shared also. Grid of measures being updated to reflect third party incentives and dollars. (c) [BM] Document circulated by C. Ludlow. (c) [CL] Additional data being added as requested – Target 5/4.</p>	<p>[CL] COMPLETED. Revised document will be distributed to EL at July 28 meeting.</p>
<p>d. Complete assessment of <u>productivity</u> and establish benchmark productivity levels</p>		<p>(d) [SG] Productivity consultant selected, data assembled and assessment process is underway with expected 4/1/15 due date for results. Consultant has completed their data analysis and is in process of scheduling a 4-hour meeting with ELT to review draft results and process for engagement of department leadership. (d) [KZ] Nursing participated with all productivity consultations, data collection and meetings. Met with consultants for review March 2015.</p>	<p>6/1/15 - (d) [SG] Productivity consultant completed work and reviewed report with ELT. Implementation of the productivity standards into a reporting tool is in process as well as departments with significant variances from current operations to benchmark levels of performance.</p>
<p>10) Restructure PI to focus on all publicly reported and Pay for Performance data. Incorporate monthly updates of performance in all areas should be consolidated and reported regularly with action</p>	<p>Ludlow</p>	<p>(b) 2014 payer incentive data submitted. 2015 contract initiatives defined with IH + HealthNow. Final indicators for Univera submitted 1/22/15. All contracts signed.</p>	<p>[CL] 2015 IHA in progress.</p>

GOALS	RESPONSIBLE PARTY	UPDATES	UPDATES IN PROCESS/UNDERWAY
plans and accountability: a. Payer Incentives			
11) 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. Productivity consultant confirmed structure. Lead candidate completing interview process.	6/1/15 - The lead candidate rejected the role electing to stay at his current employer for an internal promotion that was offered. In process of vetting a second candidate.
12) Create Employee Concierge Program: 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 e. Work with LMHF to begin the drafting of a customized insurance plan for ECMC employees	Maggie Nichols/ Clarke/Gary	<p>[CC] Met with Steve Gary on project status, follow up scheduled. Meeting scheduled with vendor on 2/27/2015.</p> <p>[SG] Contracted with a firm to develop RFP for consulting support to establish the employee discount/co-pay waiver program.</p> <p>[CC] Received a draft RFP from vendor to review on 3/24/2015.</p> <p>[MN] Employee health/concierge program has been named E-CARE4U.</p> <p>[MN] RFP has been sent out to MWBE for vendor selection - 7/2015.</p> <p>[MN] Meeting will be set up by Julia Culkin-Jacobia with LMHF to begin a discussion on a customized insurance plan for ECMC employees - would seek to incorporate a discounted co-pay and or discount for services rendered at ECMC.</p> <p>[MN] Dental clinic in the ambulatory building will be able to accommodate ECMC employees within a week of calling after they fill a vacancy for a dental hygienist. Tom Quatroche indicated they are in the process of filling the position.</p> <p>[MN] Mobile Car Wash: Information regarding a vendor for mobile car wash service on site has been sent to Ann Victor for review and contract set up.</p> <p>[MN] A report has been provided by Lawley that shows 2015 YTD employee drug utilization and a business plan is being constructed for a proposed Retail pharmacy which would include veterinary medications.</p> <p>[MN]LIST OF CONCIERGE SERVICES: 1. Mobile Car wash</p>	<p>[MN] Employees were surveyed on interest in rendering services at ECMC starting 7/6/2015. Survey will conclude 7/24/2015. There are currently 800 surveys completed.</p>

GOALS	RESPONSIBLE PARTY	UPDATES	UPDATES IN PROCESS/UNDERWAY
		<p>2. Lunch order & Delivery: Morrison is currently creating a menu</p> <p>3. Take Out Dinner Menu: Morrison is currently creating menu, ordering method.</p> <p>4. Dry Cleaning Drop off and pick up: Currently in the process of speaking to potential vendors.</p> <p>5. Day Care: An employee with interest in setting up a day care has requested a meeting to discuss the potential of opening up her own day care that would accept children of ECMC employees only. A meeting has been set up with Julia Culkin-Jacobia to discuss this option further.</p> <p>Concierge Services in the works:</p> <ol style="list-style-type: none"> 1. Appointment Coordination 2. Taxi or Shuttle Services 3. Coordination of mail/shipping services 4. Prescription pick up/delivery 5. Book Travel Arrangements 	
13) Kronos Improvements-enforcing the overtime timekeeping requirement	Clarke/Culkin-Jacobia	Investigating; setting up meetings to explore the issue, in the meantime enforcing the pre-approval of OT rules.	
14) Update Human Resources Intranet Page	Clarke/Culkin-Jacobia	Assigned and planning begun for employee portal function to be added to general website re-design. Met with Martin group on website re-design from HR perspective.	
15) Civil Service-fully implement transition from EC to ECMCC: a. Integrate ECMCC's Position Manager System with NYS Civil Service Testing Division	Clarke/Culkin-Jacobia	Assigned, awaiting go live date.	
16) Update Employee Handbook	Clarke/Culkin-Jacobia	Assigned and awaiting the transition of civil service as many of the edits would change based upon the civil service implementation.	
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GOALS	RESPONSIBLE PARTY	UPDATES	UPDATES IN PROCESS/UNDERWAY
17) 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/Culkin-Jacobia	Added to goals for Sue Sponholz for first quarter, first meeting scheduled. New technology exploration begun with IT for increased compliance in annual physicals and flu shots. RFP under review and also exploring possibility of servicing function in-house.	
18) 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. Plan was presented and adopted at ELT. New VP of Managed Care has been recruited and scheduled to start on June 8.	
19) 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. Monthly grid of regulatory events developed.	[CL] Developed document—continuously updated as surveys occur.
20) Meet NYS EPCS	Murray Feidt	[BM] Working with Leslie and UB to achieve this goal. [LF] Pilot for e-prescription in TCU completed, results in review. Implemented electronic discharge process for BH and CD, began pharmacy collection by registration in ER and PACU, collection of key provider demographics at 65%, began roll-out of e-prescription in outpatient clinics. Risks: Allscripts upgrade and clinic roll-out, unknown LTC solution and identification of waiver program. Working with PM to mitigate risks. 6/1/15 – regulation due date has been recast for March 2016. Outpatient: postpone upgrade to 7/2015. Once in place will roll out to clinics. Inpatient: resolving minor issues with vendor. Planned roll out once resolved. LTC: solution has yet to be identified. Working with LTC leadership to develop options and recommendations to IT Governance.	
21) Implement network vulnerability and scanning	Feidt	6/1/15 - Developing remediation plan and PI plan.	In process.
22) Provider dictionary optimization update	Feidt	Completed the de-centralization of data entry process with oversight of the MDS office. Interface development in progress with targeted date of 3/31/15. Continual effort to define appropriate use and access of supporting	

GOALS	RESPONSIBLE PARTY	UPDATES	UPDATES IN PROCESS/UNDERWAY
		<p>dictionary elements is in progress. Clean up of current dictionaries and reporting requirements are at risk due to resource. Working with PM to mitigate.</p> <p>6/1/15 – Successfully completed interface re-design and placed in production, obtained access to the data within the Intellicred solution allowing us to begin the cleanup of the provider dictionary including specialty and services, finalize job description for Medical Dental Dept, ready to begin the recruitment of this position. The team is now positioned well to re-define the definition of various fields within the provider dictionary and hence re-align the assignment of the provider’s specialty and services. Focusing knowledgably business owners will be key in this. A meeting has been scheduled to discuss further.</p>	
23) Re-organize Quantros occurrence system	Murray Colucci	[BM] Have reached out to Quantros to see if they can develop a Lessons Learned field and improve the ease of closing the loop with those originating complaints. Awaiting response from Quantros.	
24) Implement NSQIP to focus on quality improvement for surgical patients (replace SCIP)	Murray	[CL] Completed application; staff hired. Begin education and chart review on May 4.	[CL] Underway
25) Develop comprehensive Medical/Physician Affairs plan to address: <ul style="list-style-type: none"> a. Updating and keeping current Provider Dictionary b. Liaison/Concierge Service(on boarding) c. Insure all physician and allied provider credentialing is in compliance to ECMC By Laws d. Staffing and structure in place and department optimal in effectiveness 	Murray	<p>Ongoing. Looking to hire a Systems Manager for MDSO. Hiring in MDSO so that Sue Ksiazek can fulfill this position.</p> <p>Need a plan for OPPE. Need a low volume plan, need OP plan.</p> <p>See above. One position still needs to be filled.</p> <p>[CL] Plan for inpatient physicians with patient volumes.</p>	
26) Consolidate and streamline research efforts across organization (dialysis, transplant, H&N, oral oncology, etc)	Hoffman Murray Lisandrelli Cleland Gary	<p>[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.</p> <p>[BM] Attempting to develop agreements with UB to cover data extraction by all UB personnel.</p>	[SG] 6/1/15 - Framework for self-sustaining grant infrastructure business plan developed with complete business plan in process.

GOALS	RESPONSIBLE PARTY	UPDATES	UPDATES IN PROCESS/UNDERWAY
		[BM] Most will be covered by our agreement with Research Foundation. For those hired via practice plans there is an agreement between UB/Kaleida/ ECMC. The practice plan must provide a Letter of Indemnification for the individual's research activities.	
27) 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.	
28) Dietary Redesign/Improvement	Johnson	Expands "Catering By Demand" to all inpatient survey units: [DB] Dietary brought in a team to do a "Fresh Eyes" assessment. Ron was provided with the report and from what I can tell "Catering on Demand" will be discontinued and a total revamp and retooling of the program will take place. [KZ] Dietary continues to struggle (year 3) - June 2015	[JJ] TouchPoint completed "Fresh Eyes" assessment and follow up visit. Very favorable verbal follow up assessment. Awaiting final written report. Dietary management rounds daily on patients in collaboration with RN managers.
29) <u>Foundation Goals:</u> a. Finalize the capital campaign cabinet and solicitation team b. Finalize the ER renovation's capital campaign marking concepts c. Kick off capital campaign silent phase through identification of major/naming rights donors and begin solicitation of those identified d. Capital Campaign kickoff to Executive Leadership and ECMC Physicians e. Expand Professional/Development Opportunities, ECMC Employees	Gonzalez	(a) 2/17 Capital Campaign Case brief approved by TQ & SG; case statement draft 1 now to be written by Martin Group. (b) 5/29/15 – Refocus of campaign tone and direction; case statement to be rewritten to reflect new direction. (c) Initial campaign cabinet discussion held 1/8 and top 3 naming rights prospects identified – no update as of 5/29/15. (d) 5/28/15 – Leadership Strategy session regarding ELT silent kickoff to begin July 1. (e) 5/29/15 – May focus on purchase of BH education materials/texts for staff development and extension of offered professional development funding for BH credentialing needs.	

Executive Leadership
Goal COMPLETION Report
2015 Quarter #1

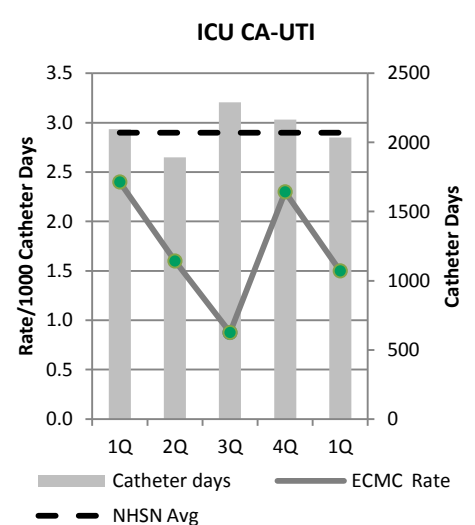
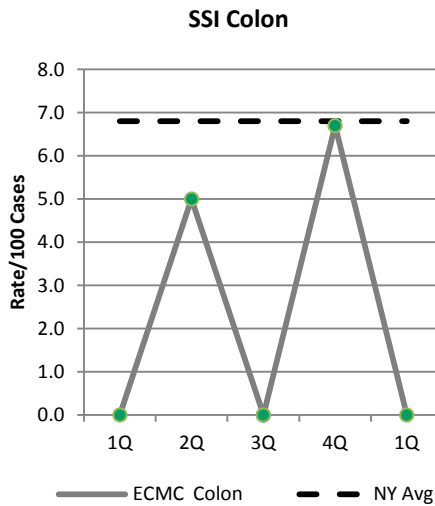
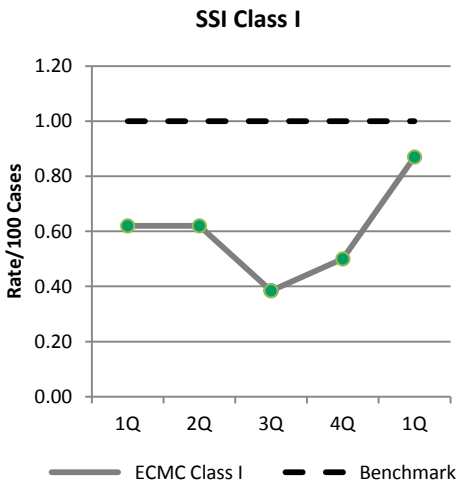
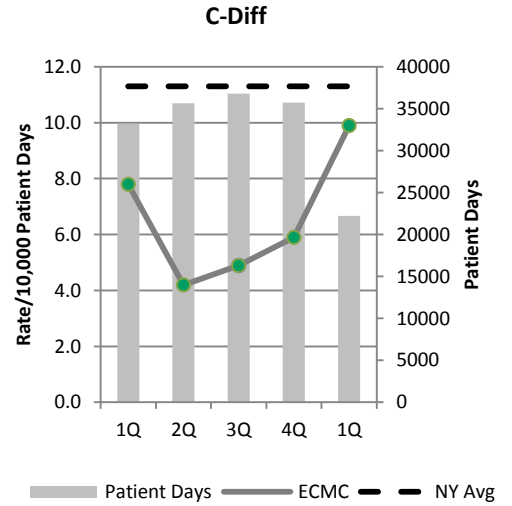
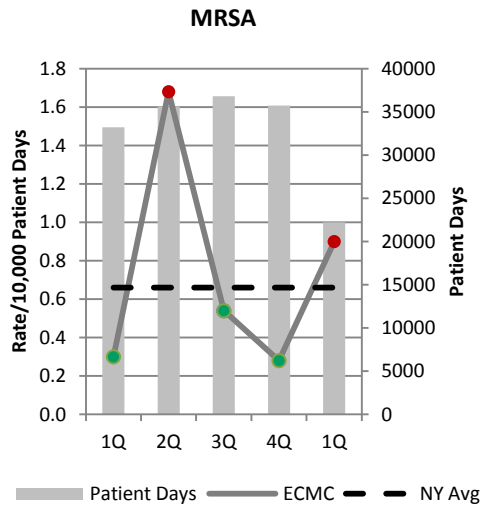
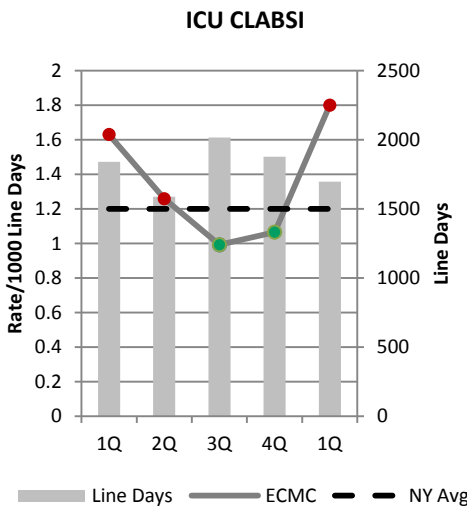
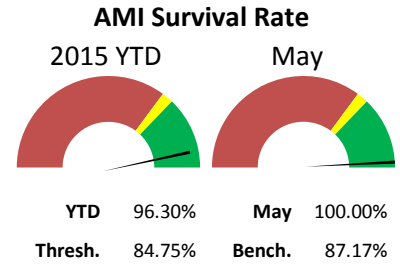
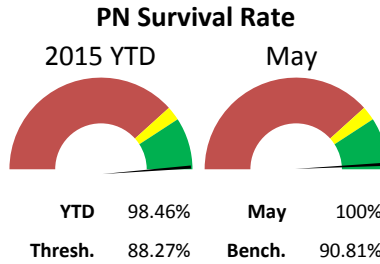
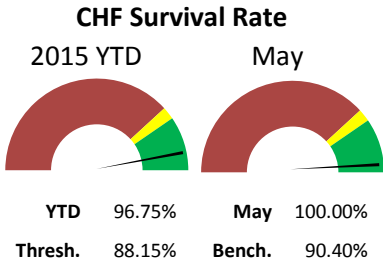
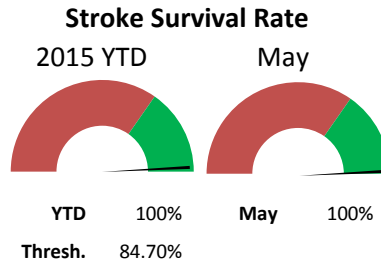
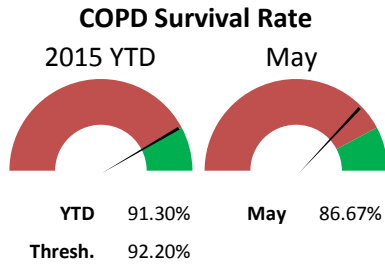
GOALS	RESPONSIBLE PARTY	COMPLETED
2015 First Quarter Goals		
Develop a comprehensive 2015 customer service and patient engagement plan: a. Mandatory leadership support	Brown/ Executive Leadership	COMPLETED 3/31/15 [DB & MH] All EL has signed the ECMC Executive Leadership contract on 1/13/15 for Patient Experience. [DB] Contract has been signed by all EL. [DB] Holding EL accountable for submission of weekly rounding logs. Some are out of compliance. Will continue to reinforce and address with Rich. [KZ] Nursing has submitted all required rounding forms.
b. Roll out MWBE plan to meet the 30% goal for 2015		COMPLETED 3/31/15 [DB] Will bring a workgroup together 1/26/15; finance, purchasing, IT, plant operations, etc. to develop MWBE 2015 goal plan. Team has been brought together to begin the discussion but we needed to meet some DSRIP deadlines so we will regroup the w/o 2/23/15. Working with SG on business model to expand the department to carry work load and once in place we will roll out the department through a hospital wide education.
c. Expand Patient Experience department to include CXO and to function globally for the hospital		COMPLETED 3/31/15 [DB] Developed the CXO job description and reporting structure. Waiting to hear back from Civil Service. Position has been approved and Michelle Wienke has been placed in the position as of 2/16/15. However she will not be released from Nursing until 3/19/15. She will continue to support Nursing and where she can she will begin to work on various patient experience projects as needed. ECMC announcement made naming Michelle Wienke as Chief Experience Officer. Nursing is interviewing to back fill Michelle's old position. Michelle will train new advocate and then step into her role as CXO 4/1/15. [CC] Position approved by Erie County and incumbent hired and started effective 2/16/2015.
d. Update Patient Information Booklet		COMPLETED 7/17/15 (e) [DB] Meeting with committee w/o 1/19/15 to review draft of Patient Information booklet. Met with committee; making final tweaks will forward to committee for review 2/20/15 then to EL for final input 2/24/15. Received some input from EL team. Waiting for the OMH Patient Bill of Rights. Final draft to be forwarded to Rich w/o 3/30/15. [CL] Reviewed for regulatory compliance. [DB] Final copy sent to Joe Cirillo 6/26 and sent to print shop 7/10. Distributed week of 7/20.
DSRIP/Millennium Collaborative Care: a. Key staff appointments	Cleveland Quatroche	COMPLETED 3/31/15 (a) [TQ] Medical Director hired. Chief Integration Officer hired. Executive Director hired.
b. Appoint Board of Managers		(b) [TQ] Four (4) Board of Managers meetings held.
c. Develop infrastructure to insure readiness plan for 4/1/2015		(c) [TQ] Structure developed. (c) [CL] Working with MCC on clinical integration process reporting & data requirement.

GOALS	RESPONSIBLE PARTY	COMPLETED
d. Hire Executive Director		(d) [RC] Executive Director hired. Complete.
e. Hire Clinical Integration Officer		(e) [RC] Clinical Integration Officer hired. Complete.
Reorganize Renal Service Line c. Develop and hire leadership/manager for dialysis service line e. Recruit and hire full-time Renal Transplant Program Director	Hoffman Murray Ludlow	COMPLETED 2/23/15 (c) [MH] Theresa Sitgreaves hired on 2/23/15. COMPLETED 6/2015 (d) Dr. Liise Kayler began 7/6.
f. Prepare for UNOS Review – April 2015		COMPLETED 7/2015 (b) [BM] Performed review of UNOS and CMS plans of correction. (b) [CL] QAPI program developed and monthly meetings organized. Dashboard developed for each program as was as task groups to address indicators that need improvement. Submission on status of POC. Monthly QI meetings being held. (b) [MH] Actively preparing. Desk Review to be completed by May 6. Living Donor review to be completed on April 26. Documents submitted to UNOS on April 23. [CL] Data submitted – monitoring compliance. [MH] UNOS follow up –data submitted 6/22. Requested to visit program – currently scheduling.
Identify key current hospital quality reporting, develop master schedule to insure timely submission of materials and organizational awareness	Ludlow	COMPLETED 3/31/15 [CL] Completed/Ongoing; will add POC requirements. Developed process to oversee POC/surveys 2015.
Center for Occupational & Environmental Medicine Clinic – opened and operational	Krawiec	COMPLETED 3/31/15 Opened and seeing patients. Lab contract prices and letterhead set. Dr. Hailoo in the community promoting the clinic services with various labor and other organizations.
Secure new contracts for South town primary care practices a. Establish permanent space to replace current temporary sites.	Krawiec	COMPLETED 3/31/15 Sharma Medical signed new three year extension for Hamburg site. Lease for new bldg site in Legal for review. Orchard Park practice agreed to go the Krog/Kaleida site on Rte 20A on 7-1-15. Design drawings complete, permit process in progress. Expedited timeline with current lease ending 6-30-15.
Security improvements to insure access control	Krawiec	COMPLETED 3/31/15 In Process: access controls in place on doors. Will activate employee entrance during off hours first. Dock area will be activated with expansion of VeriRep. Buzz-in intercom system being installed in DK Miller. Completed.
Establish active capital budget process and associated review committee	Gary	COMPLETED 3/31/15 First draft of process is complete. Process to be reviewed at an upcoming ELT meeting. Process reviewed at ELT meeting. Scheduled for final review at ELT meeting by end of February. Completed.
EBOLA certification designation	Ludlow	COMPLETED 3/31/15 [CL] Attending NYC meeting on 1/23/15. Education requirements being met monthly and employee monitoring process in development. CDC visit on 3/4/15 successful. NYSDOH CDESS training completed; lab equipment ordered; policy updates completed. 3/11/15 -

GOALS	RESPONSIBLE PARTY	COMPLETED
		Lab validation completed with CDC & NYS – no deficiencies. 3/27/15 – Submitted for NYS Grant for Ebola designated Center money. [KZ] Nursing participated, educated and reviewed all aspects of Ebola designation – Positive survey results.
Receive approval of CONs for two new ORs	Quatroche	COMPLETED 3/31/15 CONs approved. Scheduled to open April 13.
Open the new Russell J. Salvatore Orthopedic Unit	Krawiec	COMPLETED 3/31/15 [RK] DOH inspection scheduled for 3-2-15. Ribbon cutting 3-12-15. First patients arrive on 3-18-15. [KZ] Nursing was the champion for all aspects of the Russell Salvatore Orthopedic Unit. Unit opening successful and patients moved to new zone on 3/17/15.
Surgery electronic physician documentation	Feidt	COMPLETED 3/31/15 Targeted roll-out date for 2/10/15. This will include PDOC and Dragon. Final sign off for templates in progress with Dr. Cooper and HIM Committee. Training in progress. No identified risks at this time.
Bariatrics certification – Center of Excellence	Ludlow Ziemianski	COMPLETED 3/31/15 Achieved Center of Excellence certification.
Foundation Goals a. Rebranding of ECMC Foundation to be more clearly and closely align the Foundation to the hospital g. Expand Professional/Development Opportunities, ECMC Employees f. 4 Mile Subaru Chase partnership-fundraiser event	Gonzalez	COMPLETED 3/31/15 (a) 2/12 Foundation Board approves organizational name change; approval now needed from NYS. COMPLETED 6/23. Name officially ECMCC Foundation. 2/12 Foundation Board approves organization logo change; logo by Martin Group adopted (g) Study materials purchased by Foundation for Respiratory Therapy to begin prep for exams and Reference materials purchased for Head & Neck staff as requested. COMPLETED 7/17/15 (f) 4 Mile Chase event meetings change to weekly to start process and permits; sponsor solicitation to begin. Event on Friday, 7/17.
Implement network vulnerability and scanning	Feidt	COMPLETED 6/1/15 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. Report completed 6/1/15. Developing remediation plan and PI plan.
Complete Virtual desktop infrastructure assessment	Feidt	COMPLETED 3/31/15 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.
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	Ludlow	COMPLETED (a) [CL] Master list of all indicators tracked has been developed; will work with Finance to define financials attached. Third party contract incentives developed. Complete by May 4.

GOALS	RESPONSIBLE PARTY	COMPLETED
Head & Neck/Oral Oncology –hospital and physicians aligned, support operational model.	Quatroche	<p>COMPLETED 5/20/15</p> <p>[TQ] Model developed. Managers in place for each department.</p> <p>[KZ] Nursing met with key physicians in oncology to set up a designated unit, service and education to set up an inpatient service line. Nursing coordinated with finance review of potential inpatient service line. Nursing awaiting physician designated unit response 3/15. 5/20/15 –response received.</p> <p>[KZ] July 2015 - Underway – 9/1 will be in patient oncology unit – nurses working on completing competency.</p>

Executive Dashboard - July 2015



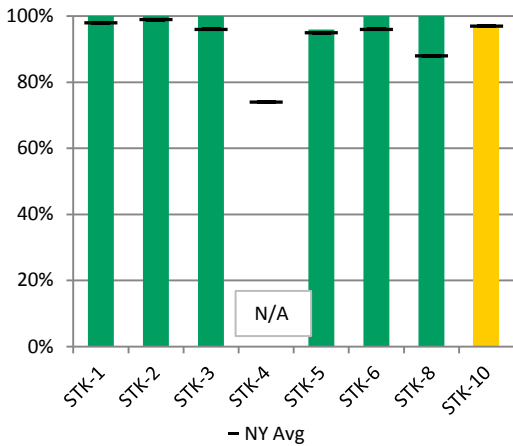
To enable quick interpretation, please note the following:

- - - Black lines represent benchmarks
- Red represents worse than the benchmark

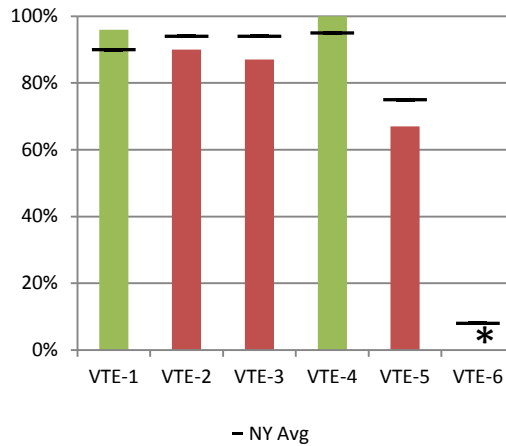
- Yellow represents equal to the benchmark
- Green represents better than the benchmark

Executive Dashboard - July 2015

STK Jan 2015 - May 2015

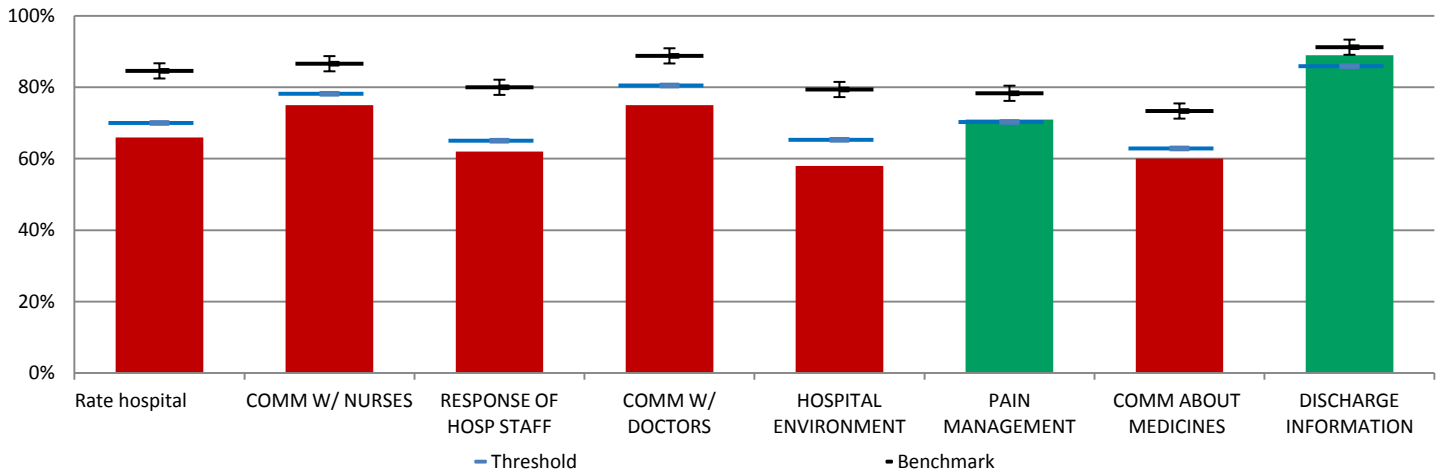


VTE Jan 2015 - March 2015

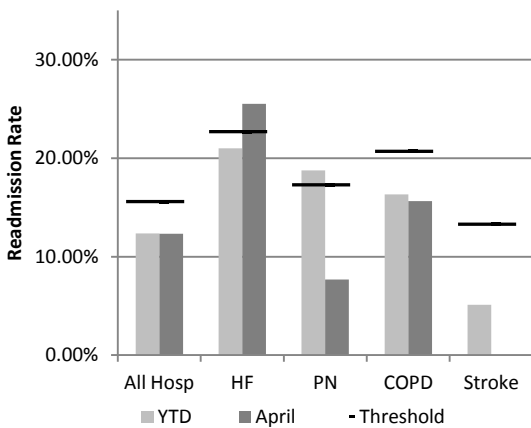


*VTE 6 - Lower is better. 8 pts developed VTE during hospitalization, all received prophylaxis

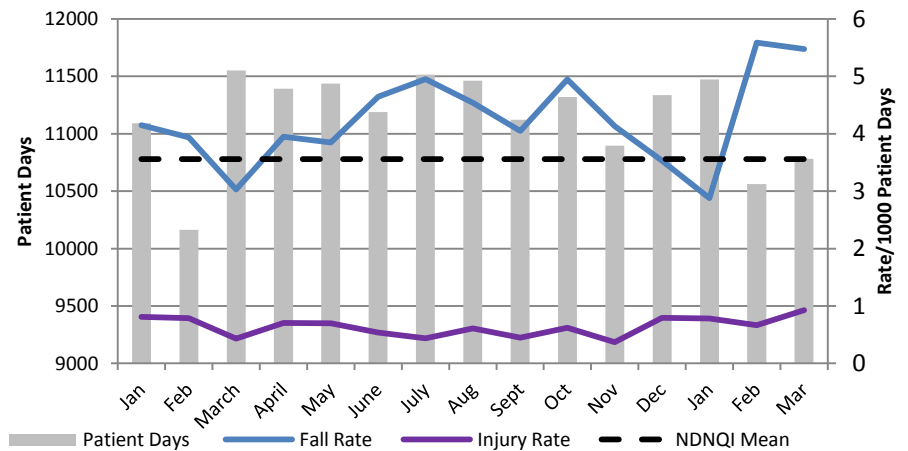
HCAHPS - Discharges January - June 2015



30 Day Readmissions



Hospital Wide Fall Rate



To enable quick interpretation, please note the following:

- - - Black lines represent benchmarks
- Red represents worse than the benchmark

- Yellow represents equal to the benchmark
- Green represents better than the benchmark

Marketing and Development Report
Submitted by Thomas Quatroche, Jr., Ph.D.
President
July 28, 2015

Corporate Initiatives

Strategic Planning

The strategic plan is being updated following a strategic planning session for managers and physician leadership. A session will be scheduled for the Board of Directors in the near future to finalize the goals and initiatives of the corporation in the Strategic Plan.

Rural Hospital Discussions and Vital Access Provider Assurance Program (VAPAP)

ECMC and Kaleida are talking with a number of community/rural hospitals to assist them in their application for VAPAP funding. This application contains a plan that must include a strategy for long-term sustainability through collaboration. It also needs a “sign-off” from its local PPS, Millennium Collaborative Care.

Payer strategies

ECMC is looking to implement various private and public payer initiatives (bundling, gain sharing, etc.) to create efficiencies and align the organization to achieve these goals. The plan is to rollout these initiatives in the Fall of 2015.

MASH

ECMC continues to work with MASH through its joint venture to develop the following initiatives:

- A transportation network servicing the various hospital discharges and work to assist care coordination for population health initiatives
- A preferred diagnostic network to be the preferred provider for payer networks and self-insured organizations
- Continuing work with primary care for ED avoidance and specialist linkage

PBC Legislation

We are continuing our dialogue with the Governor’s office to advocate for the signing of this bill. As soon as the bill is signed we will be refocusing our efforts to developing a planning process in the coming months for collaboration.

The CON’s for a new MRI and Orthopedic Clinic area were submitted in June, and communication with the DOH is on-going for these projects.

Marketing

A full marketing plan is under development for the ECMC Transplant program with the arrival of Dr. Liise Kayler. This will involve presentations, office visits, new collateral material, and other advertising in the region.

The activation of the Buffalo Bills relationship is underway. In addition to the “Billieive” game sponsorship to fight breast cancer. ECMC and Children’s Hospital will be sponsoring a game to thank Police, Fire, and EMS for their role in saving lives as a team member in the adult and child trauma programs. New commercials will also be part of ECMC’s activation.

ECMC is looking to launch its new website in September. Patient stories, medical content, and better search engine strategy are just some of the enhancements to the page. ECMC Medical Minutes will also continue to be featured.

ECMC Foundation

The Foundation has exceeded expectations again with its involvement in the Subaru race which grossed \$75,000. The Foundation is also preparing for the August 10th, ECMC Golf Tournament which has taken in \$200,000 to date.

Media Report

- **The Buffalo News: ECMC CEO worked his way up to public role at public hospital.** Richard Cleland, CEO of ECMC, spends about four hours a week working alongside people in all departments of the hospital, including a Saturday morning stint in the emergency room.
- **Buffalo Business First; The Buffalo News: Study shows fewer duplicate tests when health exchange data is available.** Researchers at the Brookings Institution worked in collaboration with HealthLink to study how HIE affected how doctors ordered laboratory tests and radiology exams in emergency departments at Erie County Medical Center, Buffalo General Medical Center and Kenmore Mercy.
- **Ken-Ton Bee: Town of Tonawanda Senior Center to hold free safe driving presentation event.** A presenter from the Erie County Medical Center Driver Rehabilitation Program spoke about ways for senior citizens to stay safe on the road.
- **Buffalo Business First: ECMC plans \$5M in orthopedic, radiology expansions.** Erie County Medical Center is planning an orthopedic clinic expansion that will more than quadruple the existing space.
- **The Buffalo News, Refresh Buffalo Blog: Subaru 4-Mile Chase marks its 35th year.** The 35th annual Subaru Buffalo 4-Mile Chase was held at Elmwood and Bidwell Parkway with proceeds benefitting the Erie County Medical Center Foundation and Police Athletic League of Buffalo.

REPORT TO THE BOARD OF DIRECTORS
MARY L. HOFFMAN
CHIEF OPERATING OFFICER
JULY 2015

AMBULATORY SERVICES:

Provider Productivity

The Ambulatory administrative team continues to meet monthly to review visit volumes in all Ambulatory Clinics and work with the Centralized Scheduling department to schedule appointments with continuity of care providers for all visit types. Centralized Scheduling has noted in past month a significant influx of new patients being referred from hospital discharge and ER follow ups. We continue to monitor no show rates and work with providers to modify scheduling.

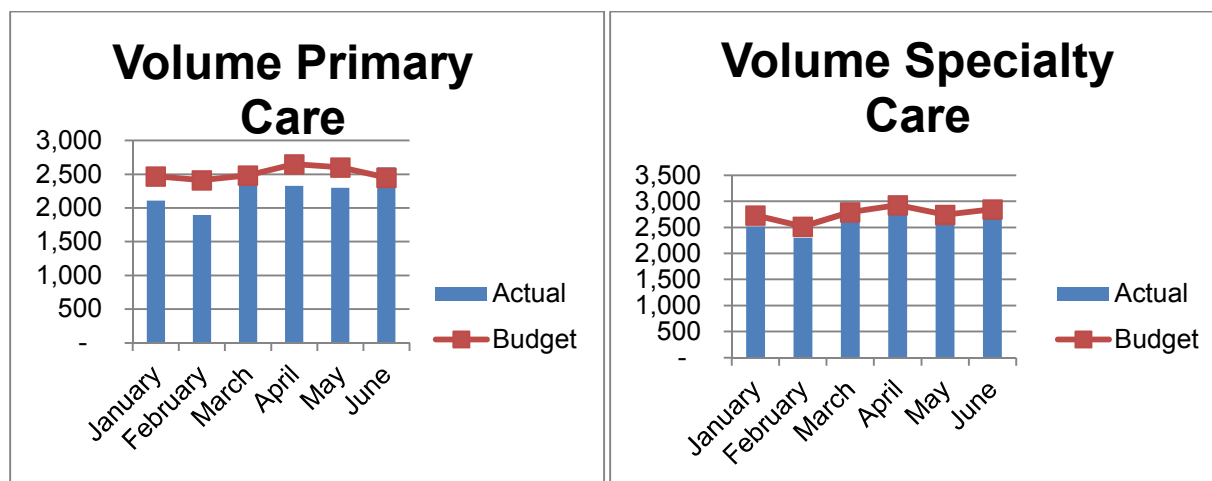
Visit Volume Opportunities to Increase Volume

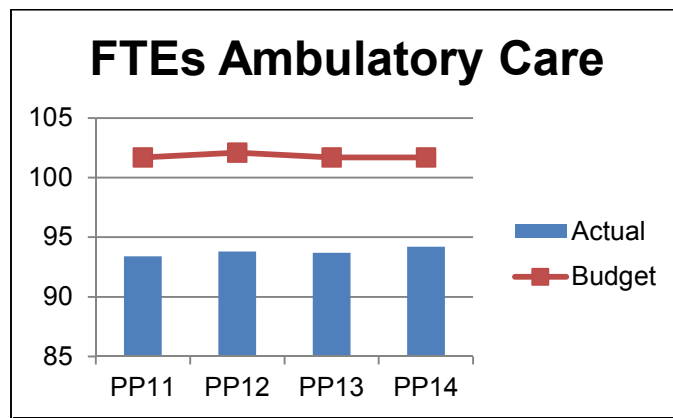
- Implementation of open access as part of Patient Centered Medical Home requirements. This concept has started in our Immunodeficiency department. We will monitor our weekly numbers, at this point total ~ 5 per week.
- Enhancement of our proactive outreach to patients for Chronic Disease Management – this process will be piloted both in conjunction with local HMOs and with ECMC registry reports.

Ambulatory Clinic Work Flow

- Aligning workflows according to PCMH standard for not only continuity of care within clinics, but continuum of care within the community as well.
- Ambulatory social worker is continuing to build community network opportunities. We will be meeting with the OMH Coordination of Depression Care program members within the next month to collaborate community services.

Volumes for Ambulatory Care





BEHAVIORAL HEALTH:

Mental Health Awareness month concluded. Feedback very positive and early planning next year will continue our recognition of hard work and dedication to wellness in the BH community.

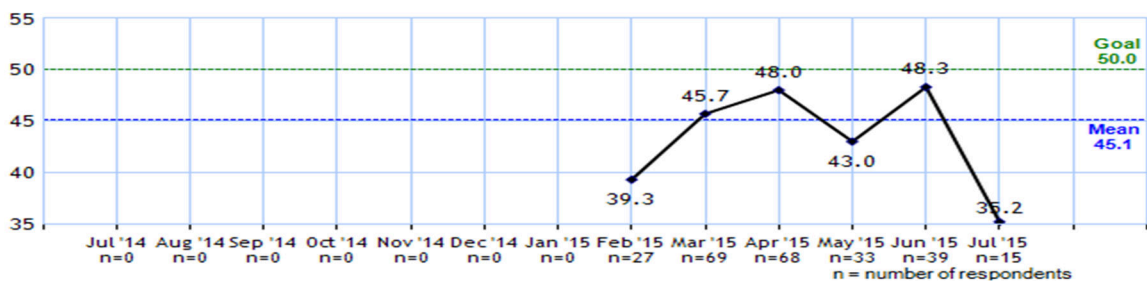
OMH

- CPEP certification survey completed April 20-22; still awaiting final report.

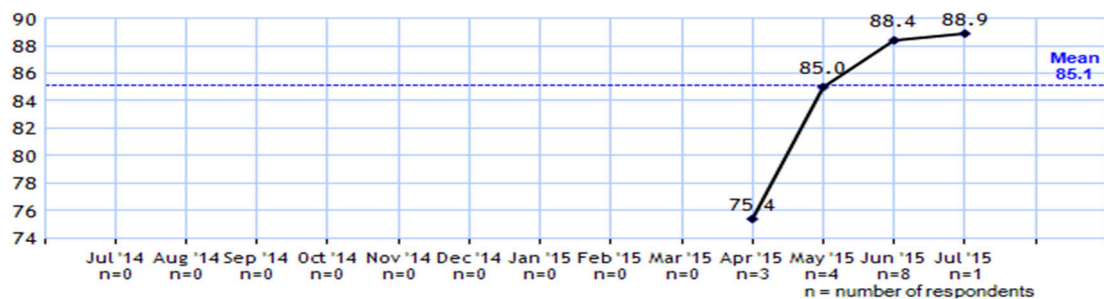
Patient Satisfaction

- Reports for BH inpatient units from Press Ganey available. Top box score = 48.3. Currently working on questionnaire to be used in CPEP as unable to use Press Ganey.
- Request in to Press Ganey to separate each unit in BH as value to being able to focus on specific issues and determine basis for trends.

Topbox Score- Inpatient Services



Topbox Score- Outpatient Services



Staff

- Recruitment continues for all levels of staff.

Training

- Training initiated for Zero Suicide Grant. Data collection begins July 2015.
- Working with UB to develop appropriate training for all CPEP staff regarding trauma informed care.

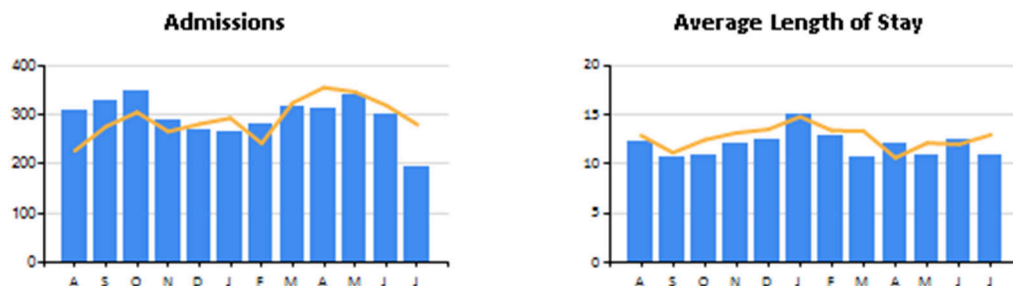
CPEP

- Created Task Force to review physical plant in CPEP to ensure safety and meet patient needs.
- CPEP task force goals:
 - To develop streamlined workflows for staff and quality management for patients
 - To review and recommend changes that positively impact Behavioral Health and other parts of the hospital
 - To ensure compliance

Other

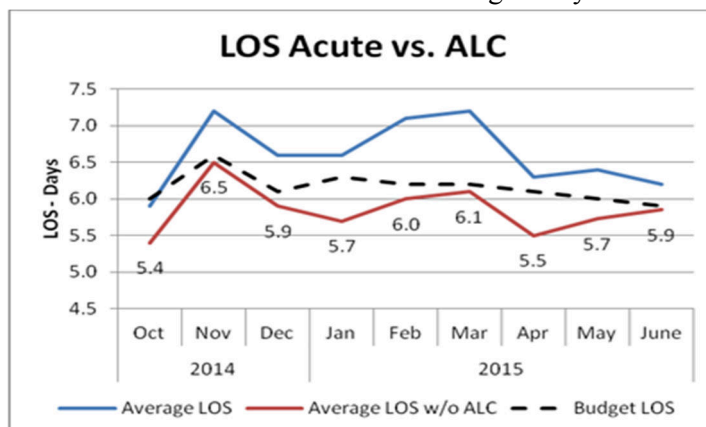
- Unit name for 4South will be “Progressions” as per suggestion and vote by unit staff to define unit for schizophrenic population. Grant for \$20,000 awarded by ECMC Foundation to do minor renovations on 4South.

Volumes for Behavioral Health



BRIDGE UPDATE:

- BRIDGE initiative is in operational mode assuring processes initiated with Novia are imbedded into day to day operations.
- Dashboard is being distributed monthly.
- Teams continue to focus on drill downs into discharge delays.



CARE MANAGEMENT:

Case Management

- Case Management: To advance the Case Managers knowledge and work force efficiency we are participating in a 'Gap Analysis' this month with McKesson representatives. We are looking to expand our knowledge base of the InterQual product and how it can be utilized to its maximum potential with Meditech. While the consultants are on site, they will also be completing the annual educational component that is covered under our current licensure agreement. As always we will continue to focus on decreasing the LOS while managing the continued growth in volume.

Appeal and Denials

- Appeal and Denials: We are forming a hospital wide Appeals and Denial committee. Our goal is to improve our capturing of the Appeals and Denial data which is received through various levels of the organization and create a more unified appeal approach. The new team will include members from Care Management, Finance, HIM, Patient Access and the medical staff.

ALC Process

- ALC process: We are continuing to reach out to several community organizations to strengthen our relationships in the community and to ensure we are offering our patients all available services. We are also asking these organizations to assistance in becoming creative to fill the gaps in services that are currently not available to our patients such as the need for a patient to receive Peritoneal Dialysis at a SNF. Our barriers for placing patients continue to be placing those patients that require an Adult Residence level of care but have limited finances or Behavioral Health diagnoses. Our ALC population has remained at or below budgeted levels.

DIALYSIS:

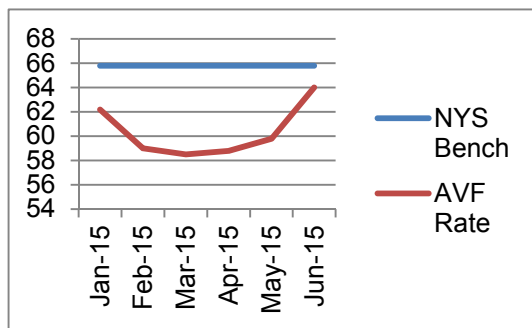
Outpatient

- Home Hemodialysis – Contract has been signed. Coordinating training of staff and patient – backed up to August due to contract issues. Currently have 4 patients set to train.
- Current patient census – Incenter Hemo - 166, PD – 12 with 4 patients having PD cath in place and being flushed, Home Hemo – Four (4) patients ready to start training. Three (3) patients have received kidney transplants here at the hospital in the last 3 weeks.
 - **Total number of patients - 183**
- Investigating the possibility of an Infusion Center in the Home Therapy side of our unit. Currently evaluating business model.

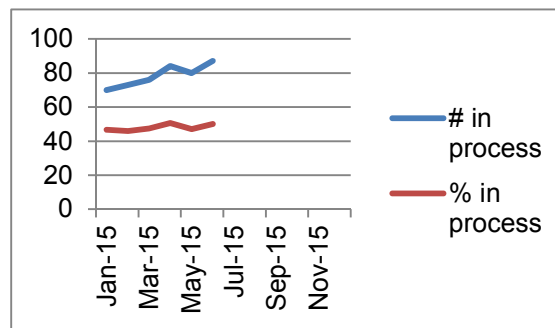
Inpatient

- Treatments done in unit – 169 on 10N, 47 off-station (in ICUs, etc).
- 11 plasmapheresis treatments completed.
- 5 Acute Outpatients (in acute renal failure for > 30 days – unable to do in chronic unit due to acute status).
 - **Total number of treatments - 232**

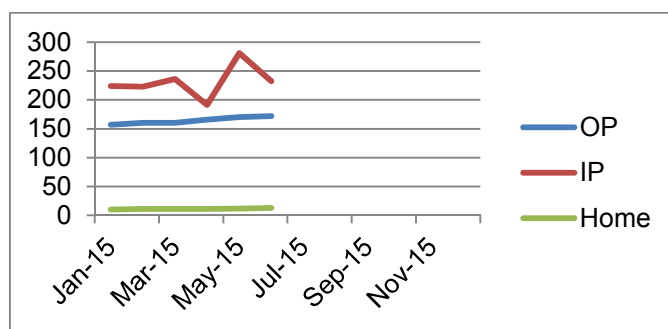
ECMC Outpatient Dialysis AVF Rates 2015



Outpatient Dialysis
Patients currently in Transplant Process



Dialysis Program Census



RADIOLOGY:

Regulatory

- Karen Bruno, MRI Tech is the first Certified MRI Safety Officer in Western New York.

New Projects

- **Nuclear Medicine - Glofil Study**- Begin offering this renal test that is primarily given to Living Donors. We will be the only facility this side of Rochester that offers this test. Processes and training are in place. Awaiting requests for Glofil studies. Marketing to other facilities has been discussed.
- **Ultrasound - Varicose Vein ablation**- We are now performing Varicose Vein Ablation in Ultrasound. One (1) patient has been completed; three (3) patients pending.
- **Interventional Y-90** – First patient completed and second scheduled. We will follow the reimbursement process.
- Radiologist group transition planned for September 15, 2015.

Ongoing Projects

- **Powerscribe 360** - go-live August 25, 2015- and additional training Sept 15, 2015 for new group.

Improvement to existing voice recognition dictation, robust Peer Review program, integration of radiation dose in report (JC mandate to report radiation dose), population of contrast information to report (with new scanners and injector upgrade).

- **Meaningful Use/Imaging Clinical Decision** -
 - Will learn more at upcoming conference, awaiting news from proposed regulation.
 - January 2017 is date for implementation.
 - Putting together team to include IT, Physician leadership, radiology and compliance to evaluate regulation and our compliance level, reporting capabilities and financial ramification involved.

Productivity

Overall of Imaging areas are up **1.4%** over 2014

Vascular Access Ultrasound volumes have increased by **40%**

CT outpatient volumes have dropped by **12%**- We are reviewing ordering physician's history to see if we are lost regular referrers.

Radiology OR_cases have increased by **199 patients over last year**- up **5.5%**

Overall Imaging Volumes are up by 1.4%

2015

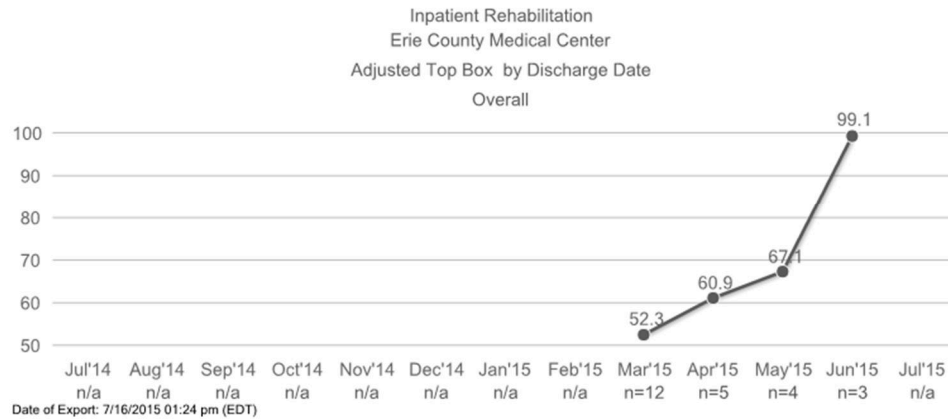
CT	Jan	Feb	March	April	May	June	YTD 2015	YTD 2014	Variance	
Inpatient	1163	1042	1546	1783	2086	1674	9294	8322	972	
Outpatient	1165	989	1696	1502	1780	1959	9091	10229	1138	
TOTAL	2328	2031	3242	3285	3866	3633	18385	18551	166	<1%
MRI										
Inpatient	130	102	122	118	134	119	725	768	43	
Outpatient	212	191	198	233	225	217	1276	1264	12	
TOTAL	342	293	320	351	359	336	2001	2032	31	1.5%
RAD										
Inpatient	3259	3010	3159	3353	3832	3569	20182	18438	1744	
Outpatient	5153	4274	5316	5059	5386	5583	30771	32148	1377	
TOTAL	8412	7284	8475	8412	9218	9152	50953	50586	367	<1%
Ultrasound										
Inpatient	454	395	450	431	383	425	2538	2392	146	
Outpatient	537	522	683	639	606	625	3612	4233	621	
TOTAL	991	917	1133	1070	989	1050	6150	6625	475	7.7%
VASCULAR ULTRASOUND										
	228	231	248	237	195	228	1367	1171	196	
	367	365	452	445	419	452	2500	1112	1388	
	595	596	700	682	614	680	3867	2283	1584	40.0%
Nuc Med										
Inpatient	71	116	138	102	109	94	630	616	14	
Outpatient	221	190	270	235	197	235	1348	1509	161	
TOTAL	292	306	408	337	306	329	1978	2125	147	7.4%
TOTAL										1.4

REHABILITATION SERVICES

- Press Ganey Top Box score for the inpatient Rehab unit is trending up. Overall score for April was 47.8, May 52.5, and June 90.9 (small “n” noted for each period).
- MRU – CARF accreditation validation letter accepted by CARF International for 2015.

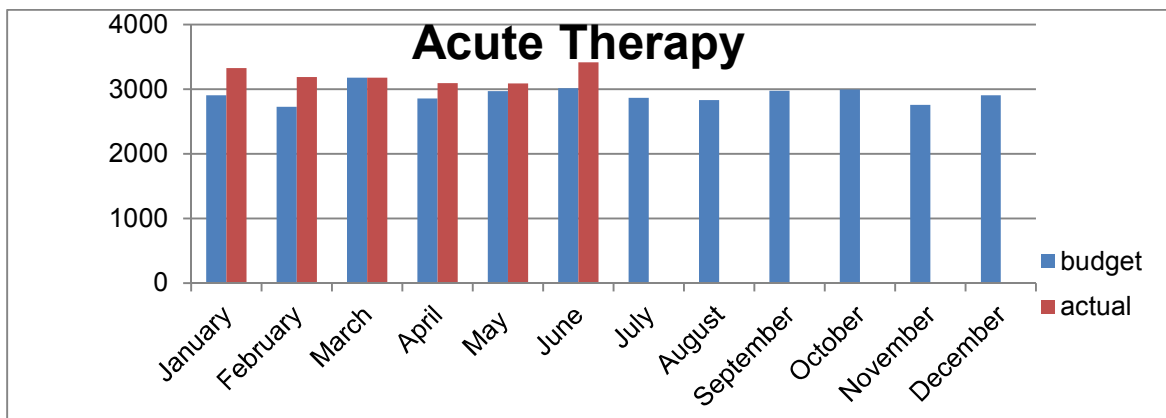
Inpatient Rehab Services (8North and TCU)

Press Ganey Topbox Score overall:

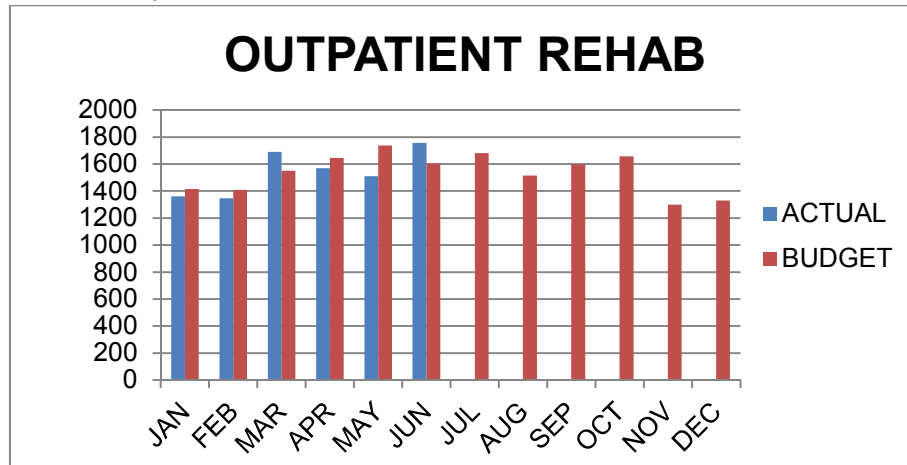


Volumes Budget vs. Actual for Acute Therapy

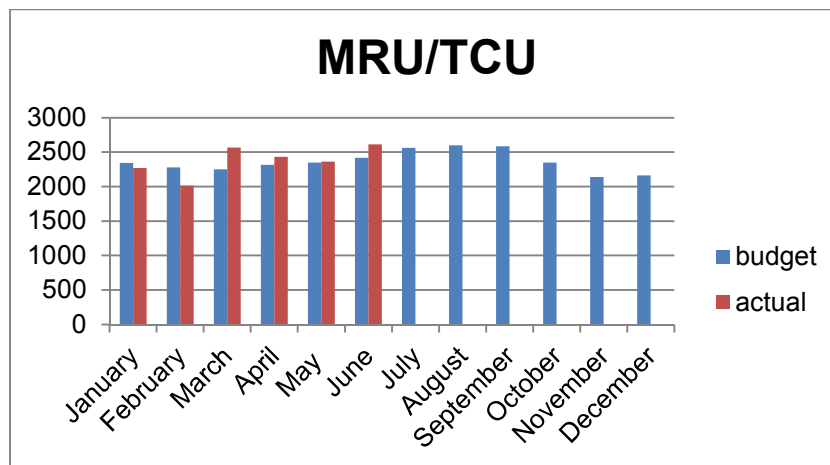
- Acute Care volumes up 1,640 visits YTD versus budget with acute therapy seeing a growing demand to assist in throughput initiatives.
- The MRU and TCU volumes are 295 visits YTD over budget. Staff is appropriately shared between the MRU and TCU to maximize FTEs based on the unit census.
- Outpatient Therapy - June volumes (versus budget) up 150 visits. Specifically: OT up 122, PT down 4, ST down 36, Rehab up 41, MD no budget data available due to first year of service under ECMC.
 - YTD actual versus YTD budget down 123 visits
 - YTD volumes (versus 2014) up 117 visits (without MD visit numbers from 2014)
- A Pain Committee has been initiated on TCU in which therapy is participating. It is called “The Pain Project” and is run by the DON. The purpose is to find better ways of consistently managing patients’ pain so they can participate in therapy, meals and activities without feeling drowsy.



Outpatient Rehab Services by Volume - ECMC



MRU/TCU



PEDS

- Introduction of Sanctuary Model to key hospital staff. Met with Michelle Wienke to discuss the philosophy of the Sanctuary Model and how it ties into ECMC’s patient experience focus.
- Tower Foundation Grant application- Initial submission completed.
- Meeting with Family Help Center to discuss possible partnership collaboration.
- Meeting with Grider Family Practice to discuss possible collaborations within hospital system.

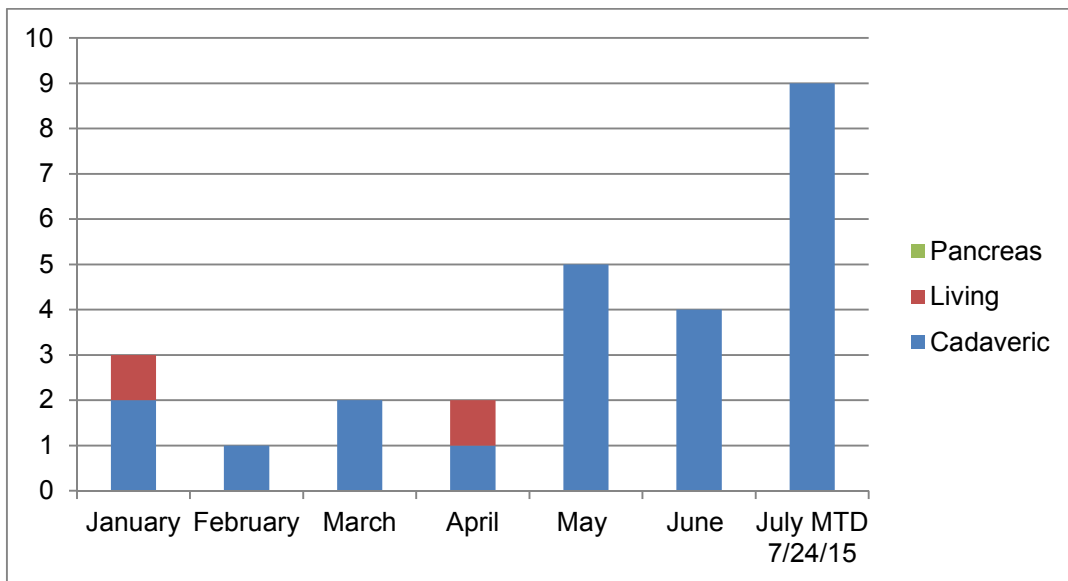
School 84

- OT Department saw 82 students for 477 visits and 983 units which is a slight decrease from last year’s stats of 495 visits and 1,042 units.
- PT has 42 students on program: 235 visits and 454 units which is a slight decrease from last year’s stats of 260 and 518.

TRANSPLANT SERVICES:

- Dr. Liise Kayler started as Program Director and Surgical Director on July 6, 2015. Dr. Kayler has performed five transplants since July 6.
- Dr. Laftavi removed from Clinical and will continue to work with UB and be available to Transplant if needed.
- Working with Charlie Cavaretta and Joe Cirillo regarding outreach to area.
- Hamot Transplant Center, which is associated with UMPC, has opened in Erie, PA.
- Working with Buffalo Women & Children’s Hospital to try to assist in reopening pediatric transplant locally. In the meantime, will work to see if we can do teenage transplant internally, in conjunction with Women & Children’s Hospital surgeons and nephrologists.
- Living Donor, first chart of next Living Donor sent to MPSC, awaiting review; hope to restart active surgeries by first week of August.
- Living Donor team required to visit two centers, will visit Cornell in August.

2015 Transplant Activity



Total YTD = 26

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Internal Financial Reports
For the month ended June 30, 2015

Erie County Medical Center Corporation

Management Discussion and Analysis

For the month ended June 30, 2015

(Amounts in Thousands)

An operating loss of \$374 was incurred for the month of June which is unfavorable to budget by \$2,254 and unfavorable to the first quarter reforecast by \$696 but favorable to the prior year by \$1,090. On a year to date basis, ECMCC incurred an operating loss of \$4,743 which is unfavorable to budget by \$11,581 but favorable to the prior year by \$2,493. Favorable impacts of greater than budgeted volumes and case mix index in June were offset by not achieving budgeted salary and benefit costs savings as well as increases in physician fees and purchased services.

Discharges of 1,531 for June were 26 (1.7%) greater than the prior year and 5 (0.3%) greater than budget at 1,505 and 1,526 respectfully. The favorable June discharge variance to budget is primarily due to 55 more acute services and 13 more chemical dependency services which were offset by 59 less behavioral health services and 4 less transitional care services. Medical rehab discharges met budgeted expectations for the month of June.

Average length of stay in June was on budget at 7.8 days. The average daily census of 398 is greater than both budget of 396 and prior year of 396.

The blended acute case mix for June was 1.81 which is 7.6% higher than budgeted case mix of 1.68 and 9.0% higher than the prior year case mix of 1.66. The year to date blended acute case mix of 1.71 is 3.9% lower than budgeted case mix of 1.78 and 4.5% lower than the prior year case mix of 1.79.

Outpatient visits at 29,609 were 1.0% higher than budget due to increased clinic volumes across multiple services and outpatient dialysis services. Emergency volumes at 5,733 were 1.9% less than budget and 1.9% lower than the prior year.

Other revenue for the month of June was less than budget by \$260 and on a year to date basis greater than budget by \$2,139. Year to date favorable performance is substantially due to higher than expected rebate and incentive revenues coupled with recognition of DSRIP related grant revenue. This is offset by expenses incurred related to the DSRIP grant.

Salaries and wages were unfavorable to budget for June by \$1,609 and year to date by \$7,368. The variance in FTE's totaled 179 of which 63 are attributable to productivity gains assumed in the budget that are not realizable and 59 due to an assumed vacancy factor not being realized due to high volumes. Year to date, this variance was driven by an unfavorable PTO liability growth of \$1,672 mainly attributable to timing of when employees take their vacation, increased inpatient volumes, and not meeting the budgeted productivity and vacancy factors noted above. In addition, an increase in contract labor related to DSRIP offset by DSRIP grant revenue as referred to above.

Benefits were unfavorable to budget in June by \$167 and \$1,670 year to date primarily due to increases in salary coupled with an increase in the post retirement health obligation as a result of a change in actuarial assumptions. Benefits year to date are 54.5% of salaries compared to a budgeted rate of 57.1%.

Physician fees were unfavorable to budget for June by \$301 and on a year to date basis by \$1,766 due to an increase in physician on call fees and an unbudgeted initiative to create an advanced medical home.

Purchased services were unfavorable to budget for June by \$530 and on a year to date basis by \$3,202 primarily attributable to costs for reimbursable grant expenses including consulting related to DSRIP. This was partially offset by the recognition of DSRIP Grant revenue as noted above.

Depreciation expense was unfavorable to budget in June by \$338 and on a year to date basis by \$1,448 primarily due to the use of component depreciation method for Terrace View and the CPEP program after the budget was completed. This has been partially offset by the recording of the corresponding third party revenue for Terrace View and is expected to be offset by expected future reimbursement for CPEP that is currently in development.

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Erie County Medical Center Corporation

Balance Sheet June 30, 2015 and December 31, 2014

(Dollars in Thousands)

	June 30, 2015	Audited December 31, 2014	Change from December 31st
Assets			
Current Assets:			
Cash and cash equivalents	\$ 6,787	\$ 6,251	\$ 536
Investments	10,736	3,270	7,466
Patient receivables, net	57,577	51,491	6,086
Prepaid expenses, inventories and other receivables	51,380	76,930	(25,550)
Total Current Assets	126,480	137,942	(11,462)
Assets Whose Use is Limited:			
Designated under self-Insurance programs	70,783	68,243	2,540
Restricted under third party agreements	50,957	28,617	22,340
Designated for long-term investments	21,034	21,837	(803)
Total Assets Whose Use is Limited	142,774	118,697	24,077
Property and equipment, net	281,581	288,997	(7,416)
Other assets	31,841	31,286	555
Total Assets	\$ 582,676	\$ 576,922	\$ 5,754
Liabilities & Net Postion			
Current Liabilities:			
Current portion of long-term debt	\$ 8,227	\$ 8,137	\$ 90
Accounts payable	31,155	34,076	(2,921)
Accrued salaries and benefits	37,225	22,274	14,951
Other accrued expenses	39,643	40,930	(1,287)
Estimated third party payer settlements	12,529	20,511	(7,982)
Total Current Liabilities	128,779	125,928	2,851
Long-term debt	164,198	166,579	(2,381)
Estimated self-insurance reserves	48,956	45,525	3,431
Other liabilities	125,102	119,859	5,243
Total Liabilities	467,035	457,891	9,144
Total Net Position	115,641	119,031	(3,390)
Total Liabilities and Net Position	\$ 582,676	\$ 576,922	\$ 5,754

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Erie County Medical Center Corporation

Statement of Operations

For the month ended June 30, 2015

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net patient revenue	\$ 38,301	\$ 37,314	\$ 987	\$ 33,406
Less: Provision for uncollectable accounts	(983)	(1,378)	395	-
Adjusted Net Patient Revenue	<u>37,318</u>	<u>35,936</u>	<u>1,382</u>	<u>33,406</u>
Disproportionate share / IGT revenue	5,104	5,104	-	4,259
Other revenue	<u>2,680</u>	<u>2,940</u>	<u>(260)</u>	<u>2,299</u>
Total Operating Revenue	<u>45,102</u>	<u>43,980</u>	<u>1,122</u>	<u>39,964</u>
Operating Expenses:				
Salaries & wages / Contract labor	16,301	14,692	(1,609)	14,773
Employee benefits	8,693	8,526	(167)	8,611
Physician fees	5,570	5,269	(301)	5,173
Purchased services	3,647	3,117	(530)	3,512
Supplies	5,825	5,738	(87)	5,859
Other expenses	1,855	1,276	(579)	289
Utilities	482	724	242	468
Depreciation & amortization	2,438	2,100	(338)	2,053
Interest	<u>665</u>	<u>658</u>	<u>(7)</u>	<u>690</u>
Total Operating Expenses	<u>45,476</u>	<u>42,100</u>	<u>(3,376)</u>	<u>41,428</u>
Income/(Loss) from Operations	<u>(374)</u>	<u>1,880</u>	<u>(2,254)</u>	<u>(1,464)</u>
Non-operating Gain/(Loss):				
Interest and dividends	148	-	148	187
Unrealized gain/(loss) on investments	<u>(552)</u>	<u>333</u>	<u>(885)</u>	<u>723</u>
Non-operating Gain/(Loss)	<u>(404)</u>	<u>333</u>	<u>(737)</u>	<u>910</u>
Excess of Revenue/(Deficiency) Over Expenses	<u>\$ (778)</u>	<u>\$ 2,213</u>	<u>\$ (2,991)</u>	<u>\$ (554)</u>
Retirement health insurance	1,520	1,421	(99)	1,375
New York State pension	<u>1,821</u>	<u>1,832</u>	<u>11</u>	<u>2,115</u>
Impact on Operations	<u>\$ 3,341</u>	<u>\$ 3,253</u>	<u>\$ (88)</u>	<u>\$ 3,490</u>

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Erie County Medical Center Corporation

Statement of Operations

For the six months ended June 30, 2015

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net patient revenue	\$ 215,228	\$ 218,993	\$ (3,765)	\$ 212,404
Less: Provision for uncollectable accounts	(4,522)	(7,980)	3,458	(12,831)
Adjusted Net Patient Revenue	210,706	211,013	(307)	199,573
Disproportionate share / IGT revenue	31,372	30,626	746	32,355
Other revenue	22,992	20,853	2,139	14,121
Total Operating Revenue	265,070	262,492	2,578	246,049
Operating Expenses:				
Salaries & wages / Contract labor	97,825	90,457	(7,368)	90,941
Employee benefits	53,305	51,635	(1,670)	52,452
Physician fees	33,379	31,613	(1,766)	30,581
Purchased services	21,932	18,730	(3,202)	19,166
Supplies	33,461	34,646	1,185	34,479
Other expenses	8,683	7,662	(1,021)	5,347
Utilities	3,127	4,364	1,237	4,331
Depreciation & amortization	14,046	12,598	(1,448)	11,829
Interest	4,055	3,949	(106)	4,159
Total Operating Expenses	269,813	255,654	(14,159)	253,285
Income/(Loss) from Operations	(4,743)	6,838	(11,581)	(7,236)
Non-operating Gain/(Loss):				
Interest and dividends	859	-	859	1,488
Investment Income/(Loss)	1,037	2,000	(963)	1,988
Non-operating Gain/(Loss)	1,896	2,000	(104)	3,476
Excess of Revenue/(Deficiency) Over Expenses	\$ (2,847)	\$ 8,838	\$ (11,685)	\$ (3,760)
Retirement health insurance	9,118	8,525	(593)	48,750
New York State pension	11,142	10,909	(234)	12,608
Impact on Operations	\$ 20,260	\$ 19,434	\$ (827)	\$ 61,358

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Erie County Medical Center Corporation
Statement of Changes in Net Position
For the month and six months ended June 30, 2015

(Dollars in Thousands)

	<u>Month</u>	<u>Year-to-Date</u>
Unrestricted Net Assets:		
Excess/(Deficiency) of revenue over expenses	\$ (778)	\$ (2,847)
Other transfers, net	(89)	(543)
Contributions for capital acquisitions	-	-
Net assets released from restrictions for capital acquisition	-	-
	<u> </u>	<u> </u>
Change in Unrestricted Net Assets	<u>(867)</u>	<u>(3,390)</u>
Temporarily Restricted Net Assets:		
Contributions, bequests, and grants	-	-
Other transfers, net	-	-
Net assets released from restrictions for operations	-	-
Net assets released from restrictions for capital acquisition	-	-
	<u> </u>	<u> </u>
Change in Temporarily Restricted Net Assets	<u>-</u>	<u>-</u>
Change in Net Position	<u>(867)</u>	<u>(3,390)</u>
Net Position, beginning of period	<u>116,508</u>	<u>119,031</u>
Net Position, end of period	<u>\$ 115,641</u>	<u>\$ 115,641</u>

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Erie County Medical Center Corporation

Statistical and Ratio Summary

	June 30, 2015	December 31, 2014	ECMCC 3 Year Avg. 2012 - 2014
<u>Liquidity Ratios:</u>			
Current Ratio	1.0	1.2	1.1
Days Operating Cash, includes current Investments	12.0	12.7	13.6
Days in Designated Cash & Investments (Covenant 57 days)	75.0	92.3	110.6
Days in Patient Receivables	49.5	45.3	45.2
Days Expenses in Accounts Payable	21.4	25.2	27.3
Days Expenses in Current Liabilities	88.3	93.3	90.3
Cash to Debt	51.2%	58.6%	63.0%
Working Capital	\$ (2,299)	\$ 19,574	\$ 15,298
<u>Capital Ratios:</u>			
Long-Term Debt to Fixed Assets	58.3%	57.6%	63.5%
Assets Financed by Liabilities	80.2%	79.4%	79.5%
Debt Service Coverage (Covenant > 1.1)	1.3	2.3	1.8
Capital Expense	4.6%	3.2%	3.0%
Debt to Capitalization	62.3%	61.8%	63.5%
Average Age of Plant	12.1	11.3	13.8
Debt Service as % of NPSR	3.8%	4.0%	3.8%
Capital as a % of Depreciation	47.2%	99.2%	280.1%
<u>Profitability Ratios:</u>			
Operating Margin	-1.8%	0.2%	0.2%
Net Profit Margin	-1.3%	0.9%	2.1%
Return on Total Assets	-1.0%	0.7%	1.5%
Return on Equity	-4.9%	3.5%	7.5%
<u>Productivity and Cost Ratios:</u>			
Total Asset Turnover	0.9	0.9	0.9
Total Operating Revenue per FTE	\$ 156,104	\$ 186,752	\$ 175,781
Personnel Costs as % of Total Revenue	56.1%	52.5%	54.6%

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Erie County Medical Center Corporation

Key Statistics

Period Ended June 30, 2015

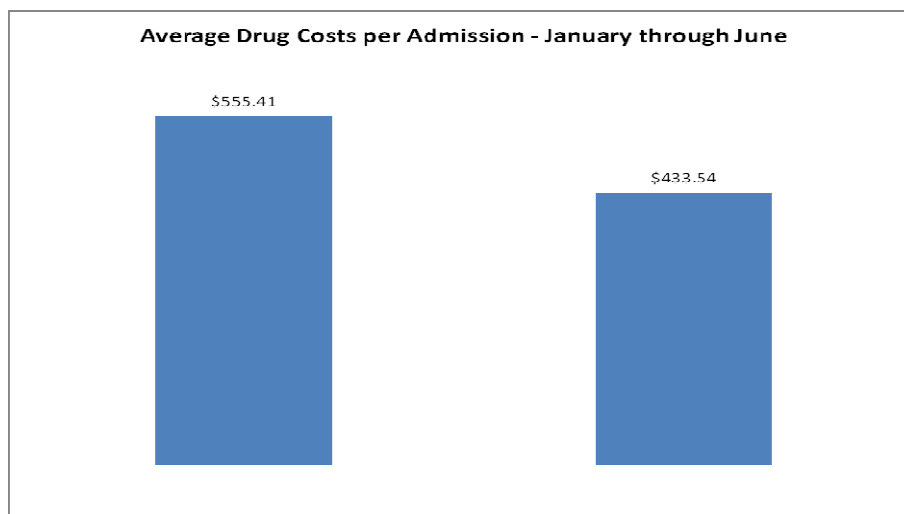
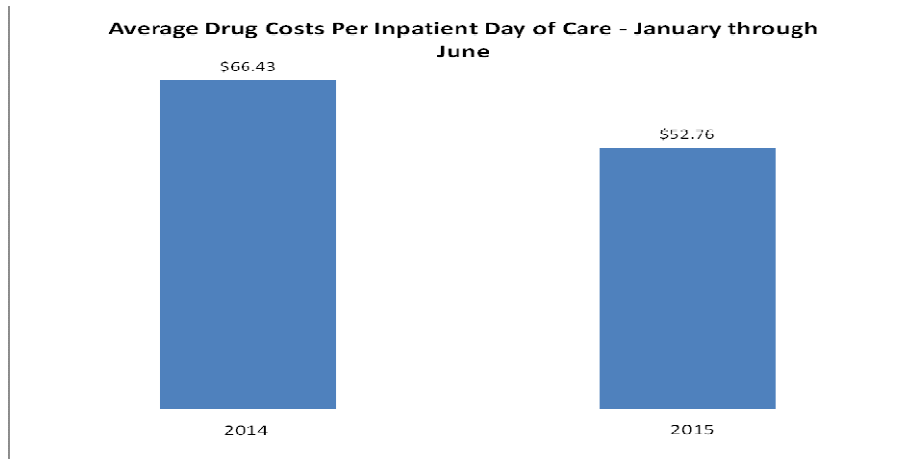
Current Period				Year to Date			
Actual	Budget	% to Budget	Prior Year	Actual	Budget	% to Budget	Prior Year
Discharges:				Discharges:			
998	943	5.8%	968	5,897	5,530	6.6%	5,501
305	364	-16.2%	320	1,808	2,132	-15.2%	1,875
137	133	3.0%	133	831	769	8.1%	776
33	24	37.5%	25	177	157	12.7%	151
33	33	0.0%	31	199	174	14.4%	178
25	29	-13.8%	28	175	192	-8.9%	186
1,531	1,526	0.3%	1,505	9,087	8,954	1.5%	8,667
Patient Days:				Patient Days:			
6,228	5,564	11.9%	5,878	39,056	33,817	15.5%	34,521
3,529	4,187	-15.7%	3,945	21,387	24,525	-12.8%	23,993
486	455	6.8%	468	2,902	2,630	10.3%	2,659
489	441	10.9%	432	3,018	2,886	4.6%	2,834
870	850	2.4%	822	4,412	4,483	-1.6%	4,574
349	369	-5.4%	322	2,318	2,441	-5.0%	2,378
11,951	11,866	0.7%	11,867	73,093	70,782	3.3%	70,959
Average Daily Census (ADC):				Average Daily Census (ADC):			
208	185	11.9%	196	216	187	15.5%	191
118	140	-15.7%	132	118	135	-12.8%	133
16	15	6.8%	16	16	15	10.3%	15
16	15	10.9%	14	17	16	4.6%	16
29	28	2.4%	27	24	25	-1.6%	25
12	12	-5.4%	11	13	13	-5.0%	13
398	396	0.7%	396	404	391	3.3%	392
Average Length of Stay:				Average Length of Stay:			
6.2	5.9	5.8%	6.1	6.6	6.1	8.3%	6.3
11.6	11.5	0.6%	12.3	11.8	11.5	2.8%	12.8
3.5	3.4	3.7%	3.5	3.5	3.4	2.1%	3.4
14.8	18.4	-19.4%	17.3	17.1	18.4	-7.2%	18.8
26.4	25.8	2.4%	26.5	22.2	25.8	-13.9%	25.7
14.0	12.7	9.7%	-	13.2	12.7	4.2%	-
7.8	7.8	0.4%	7.9	8.0	7.9	1.8%	8.2
Occupancy:				Occupancy:			
81.1%	82.7%	-2.0%	86.0%	81.1%	82.7%	-2.0%	86.0%
Case Mix Index:				Case Mix Index:			
1.81	1.68	7.6%	1.66	1.71	1.78	-4.1%	1.79
196	224	-12.5%	202	1,102	1,470	-25.0%	1,326
538	510	5.5%	503	2,919	2,869	1.7%	2,780
747	670	11.5%	661	4,095	3,846	6.5%	3,846
29,609	29,325	1.0%	30,103	161,057	174,714	-7.8%	170,101
5,733	5,847	-1.9%	5,842	32,676	32,398	0.9%	32,333
49.5	44.2	11.5%	51.8	49.5	44.2	11.5%	51.8
2.5%	3.9%	-34.4%	7.0%	0.2%	3.8%	-94.8%	6.8%
2,622	2,433	7.7%	2,437	2,559	2,435	5.1%	2,448
3.68	3.36	9.3%	3.32	3.59	3.47	3.4%	3.50
\$ 12,296	\$ 11,602	6.0%	\$ 10,799	\$ 11,740	\$ 11,797	-0.5%	\$ 11,490
\$ 14,896	\$ 13,460	10.7%	\$ 13,183	\$ 15,047	\$ 14,206	5.9%	\$ 14,539
Terrace View Long Term Care:				Terrace View Long Term Care:			
11,252	11,556	-2.6%	11,530	69,145	69,435	-0.4%	69,304
375	385	0.6%	384	382	384	-0.4%	383
438	447	-2.1%	448	431	446	-3.5%	446
6.8	6.8	0.5%	6.8	6.5	6.7	-3.1%	6.7

Erie County Medical Center Corporation
Report to the Board of Directors
Jarrod G. Johnson, Senior Vice President of Operations
July 28, 2015

PHARMACEUTICAL SERVICES – RANDY GERWITZ

DPR Financial Report

Through June the DPS continues to run well below budget, documenting a positive variance of \$843,000. The DPS has been under budget for 5 of 6 months in 2015. Savings both in average drug costs per inpatient day of care and average drug costs per admission for 2015 compared to 2014 are shown in the graphs below. This savings is significant in the face of continued drug shortages and double digit inflation rates for drugs.



TCU Pharmacist Interventions

The DPS provides consultant pharmacy services to the Transitional Care Unit in compliance with NYS DOH requirements. Through June of 2015 the pharmacist providing these services has documented 424 clinical interventions in efforts to optimize therapies and decrease risk of adverse drug events. Her recommendations have been accepted by the medical staff 92% of the time.

Collaborative Drug Therapy Management

Two pharmacists in oncology are entering into ECMC's first collaborative drug therapy management (CDTM) agreement. CDTM agreements establish protocols which allow the pharmacists to adjust medication therapies with the goals of enhanced outcomes and patient experiences, minimization of medication related adverse events and increased responsiveness to patients and the care team. We look forward to providing updates to the Board on the impact of this and other related agreements in the months to come.

PLANT OPERATIONS – DOUG FLYNN

The Plant Operations department continues to provide the necessary services for the continued operation of the campus. General project updates include the following:

2015 Group A Capital Projects

- These projects consist of Radiology, Orthopedic clinic expansion, Cath Lab 2 renovations and the DK Miller routing replacement. A general contractor meeting was held in June 2015 and bids are due July 22. Projects are anticipated to commence during the first week of August.

Pathology & Dental Renovation

- Pathology renovation is a fast track approach with initial demolition to begin the week of July 20.
- Dental Suite renovations are in phase II near completion.

Grider Street Corridor Demolition

- The abatement and demolition of Grider Community Gardens owned structures (409,411, and 525 Grider St.). Initial work to begin week of July 20, 2015.

Hospital Escalator Repairs

- Both escalators are operational with new hours of operation.

Emergency Department

- Several options are being considered for the Emergency Department Modernization Project.
- Emergency Ramp – decorative fencing installations atop the parapet walls nearing completion.

LABORATORY – JOSEPH KABACINSKI

Regulatory - Accreditation Surveys

The formal, written report summarizing findings in the New York State re-accreditation and licensing survey was received from Wadsworth Center on June 10. The survey went very well and most recommendations included in the written report were discussed at the Exit Conference held at the conclusion of the survey. Lab leadership has prepared a detailed, written response documenting our activities and plans addressing the recommendations. The report was submitted to Wadsworth Center on Wednesday, July 8. The NY State survey and participation in NY State proficiency test programs is required for Labs operating in NY State and by the federal government to allow the ECMCC Lab to participate and bill federal Medicare and Medicaid programs. We undergo the New York State Lab re-accreditation survey every two years.

The Joint Commission Laboratory Re-accreditation Survey is pending. The ECMCC Lab is near the tail-end of the six-month “window” for the survey to occur. The survey “window” continues through August 6, 2015 so JC will be onsite at any time. This is an unannounced survey so the ECMCC Lab is in a continual state of readiness. Accreditation in Lab by JC is for two years.

KH-ECMCC Lab Integration - Anatomic and Clinical Pathology

The Kaleida Health and ECMCC Lab collaboration has arrived at “equilibrium” for the moment. Additional opportunities are being discussed at monthly meetings between ECMCC and Kaleida Lab leadership. A current initiative is scrutiny of the current list of ECMCC tests sent to our commercial reference Lab, Laboratory Corporation of America (LCA). We estimate additional potential savings in the \$50,000 range. The tests sent to LCA are being compared to the KH test menu for lower pricing and cost savings. If KH performs the test and can meet or beat LCA pricing, we will transition that assay to KH. This transition process involves building the test database and integrating with KH for proper specimen collection, rapid test turnaround time, etc.

With the integration of services, approximately 20-25% of ECMCC’s daily Lab workload continues to be processed at KH. Monthly Lab Integration and ESL Operations Committee meetings are on-going. The committees contain key ECMCC and KH representation and any processing/reporting issues are addressed.

Several assays from Diagnostic Immunology and Microbiology are not available at KH. The remainder of the transition will occur as soon as KH obtains and perfects the methodology (including NY State approval) necessary to perform these assays. KH Leadership has been asked to provide an updated timetable for implementation of these select assays.

Anatomic Pathology Renovation

The plan for major renovation and upgrade of the Anatomic Pathology Department is complete. A temporary grossing area and processing area is being built to accommodate workflow while major construction takes place. Capital purchases have been approved by Executive Administration for two grossing stations (approximately \$66,000); and four working pathologists' microscopes (dual head), plus camera equipment and a five-headed scope with video camera for the Anatomic Pathology Teaching Conference Room (approximately \$131,000). The total project both includes renovation of the Anatomic Pathology facilities as well as the upgrade of equipment.

The formal reference Lab service agreement between ECMCC and Kaleida Health is still with the KH Legal Department. It has not been signed. It is being vetted by the KH Legal Department. The agreement will comply with regulatory guidelines and restrictions.

Other Items

The ROTEM thromboelastograph was validated and “went live” on June 30. To date, we have used the new equipment with four patients. The device was essential for obtaining certification of the ECMCC Trauma Service. The device cost \$65,000 (not including consumables for the assay).

The Applied Management Systems, Inc. consultant report on Lab operations has been reviewed. To insure completeness and accuracy, a “Lab data refresh” is underway to insure accurate FTE and test counts are the basis for recommendations. (The original data was collected in October 2014.) The refresh will include data for the first six months of 2015.

The ECMCC Dialysis Service plans to utilize the ECMCC Lab for all testing in the near future. There are about 4,000 tests per month currently sent outside of ECMCC that can be performed by the ECMCC Lab. We plan to assume this work in late Fall 2015 with significant improvements in service and patient care.

The Lab received approval of a capital request for approximately \$17,000 to upgrade the Data Innovations server and middleware used by our prime analyzers in Biochemistry. The current server and middleware won't be supported by the vendor so replacement is essential. The purchase order is in process.

A successful UNYTS Blood Drive was held on Thursday, June 18 in the Staff Dining Room. Another drive is scheduled for Thursday, August 20.

DIETARY – MORRISON

- Discussions continue to transition dietary services from Morrison Senior Living to Morrison Healthcare Sector. New contract provisions are being discussed and considered, as well as a transition date.
- TouchPoint consultants provided an on-site assessment of the previously provided 12-week action plan for improvement of services.
- Quarterly operational improvement plans are being jointly developed with nursing for 8zone3, 8zone4, 7zone1, and 6zone4.
- A new hospital catering policy is under development and will be implemented approximately August 1, 2015.

HOSPITAL POLICE & SECURITY – CHRIS CUMMINGS

Security

- Developing an updated campus security assessment.
- Interviews conducted of DKM doctors regarding new security initiative.
- Received quote and PO to install exterior cameras on the ED ramp.
- Reviewed Pathology blueprints and identified access control and camera locations.
- Initiated front lobby traffic post and identified corrective issues:
 - Transport vehicle parking
 - Employee drop off
 - Employee parking in front of lobby doors
 - Unauthorized delivery vehicle parking
- Identified the need and developed a plan for placing bollards in front of main lobby entrance.
- Coordinated discharged patient pickup plan with Buffalo Transportation and MASH administrators.
- Prepared an agreement with School 84 to allow ECMC HPD to utilize their existing video surveillance cameras for observation.

Campus Parking

- Assist with creation of new campus parking plan.

Report to the Board of Directors
Christopher Koenig, PT, DPT, MBA, NHA
Vice President of Post Acute Care
7/20/15

Terrace View:

- As of this reporting, Terrace View is nearly three months into the Medicaid Case Mix window, which determines our six month Medicaid reimbursement in the future. We continue to show improvements in care and appropriate documentation for our patients, resulting in an improvement in our score. We have realized the benefit of hiring a Rehab Director and MDS Director, as both areas show great improvements in efficiency. Approximately 25% of our patients fall into a Rehab category, and 26% in an extensive category. Our percentage of patients in the physical category has decreased from 37% to 24% currently. Our current running score is 094, we have exceeded our last submissions score with a few weeks left in the window.

- Quality Measures: Improvements continue and noted in the following areas:
 - short term pain complaints(2.4 point improvement)
 - High risk pressure ulcers (.2 improvement)
 - New or worsening pressure ulcers (0.1 point improvement)
 - Physical Restraints (0.3 point improvement)
 - Antipsychotic meds (0.4 improvement)
 - Catheter insert/left in bladder (.7 improvement)
 - Increase ADL Help ((3.8 point improvement)

- Patient Day Analysis compared to June 14:
 - Skilled payer days increased by 379
 - Medicare billed days increased by 238
 - Medicaid days decreased 1,175, with Medicaid pending increasing 396
 - An overall difference in days of 162 days comparing 2014-2015. This can be accounted for in the shift from custodial or long term billed days to higher reimbursable skilled days, as well as strategic efforts to maintain the level of sub acute beds and avoid conversion of these beds back to custodial or long term

- Staffing additions and changes:
 - Kristin Laskowski, OTR has accepted the position of Rehab Director at Terrace View and started the first week in July. We have already realized the benefits of adding this position in terms of CMI management and improvements to patient care.

- Customer Service in-servicing has taken place on all shifts at TV to enhance patient experience
 - Administration at Terrace View is performing staff and patient rounding, logs are kept and turned into C. Koenig for review
 - C N A shift start time will change to make staffing more efficient surrounding patient meal and sleep times. This was received well from the unions.
 - We will be implementing and improving on a mentorship program for all new orientee's to improve job satisfaction and retention
 - An "Employee of the Year" parking spot will be added to K lot by 7/24/16
 - Town Hall meetings will begin in August and continue bi-annually. The format will include an update on Terrace View happenings, changes to the health care environment such as regulation, employee recognition. The VP of Post Acute will coordinate the meetings, and give time for staff to add to the agenda prior.
- Statistical Reporting and oversight:
 - Meetings have been held with various members of the finance department to develop and generate reports to provide a stronger level of real time oversight of the health of Terrace View's finances. I will continue to report on these measures in coming monthly reports.

Transitional Care Unit (TCU)

- Compliance with the plan of correction from the NYS DOH is at 100%. The unit has become the model for advanced directives and related patient care
- A mock survey to prepare TCU for their next review is occurring the week of 7/20
- The TCU will be the location for the implementation of the Hospice GIP beds which will be discussed below in the Palliative Care section.
- Occupancy for TCU has increased from an average of 12 beds to 18 beds as of today's reporting.
- Monthly phone meetings with HANYS and all NYS TCUs continue as we progress to define the role of TCUs within hospital operations, as well as with local DOH. We are collaborating in an effort to increase advocacy to the DOH in regards to issues such as admissions from other acute centers, DOH survey and regulations among many others.
- Four QMs affect the TCU, which is compared to all SNFs and TCUs as peers. These measures are short term pain, new or worsening pressure ulcers, antipsychotic and antianxiety medications. We have begun tracking mechanisms to ensure improvement, but increasing star rankings in these areas will be difficult as the regulations currently stand as TCU compares to LTC.

Palliative Care:

- The Health Foundation Grant submitted and approved in May has been activated. Chloe Emerling started the Project Manager position in early July, and hit the ground running. She is currently performing an employee survey in regards to the effectiveness of past techniques by the palliative care team.
- The General Inpatient Bed contract with Hospice is in the final phases of approval with ECMC's legal team. Hospice will begin training RNs on the TCU as early as next week.
- Comfort Home: progress continues on the Comfort Home in regards to moving toward realization. We are reviewing internally in Executive Leadership and with the Legal Team at ECMC as to how we can operationalize this project.
 - o Policy and procedure manuals continue to be improved upon
 - o Operational budget will be reviewed and finalized with assistance from Cross Roads in Batavia
- Outpatient Chronic Disease Management Clinic, Palliative Care- meetings have taken place in regards to an ECMC and DSRIP need for greater PCP involvement for patient's who's trajectory to palliative care is increased as a result of a chronic disease diagnosis.
 - o A palliative needs assessment meeting will be coordinated on 7/22/15 with Physicians from ECMC to discuss feasibility and referral to this clinic
 - o A cost analysis is being performed, as well as a SWOT analysis which will be available for review in the coming weeks
 - o Dr. Grimm is working with UB to include outpatient palliative as part of the clinical rotation schedule
- Conversation Project:
 - o Chloe Emerling is assisting Sandra for continued outreach into the community
 - o Currently in progress is review of 17 months of surveys received during outreach, Chloe will compile and prepare for presentation
 - o A presentation was given in June to the Erie County Senior Services Coalition, Buffalo Block Club consisting of more than 70 block club presidents
- A follow up meeting on the WNY Palliative Initiative with P2 will occur on 7/24. Dr. Grimm and Chris Koenig have been chosen to represent ECMC and Millennium Collaborative Care at RCPI. The agenda for these meetings are to reform and strengthen palliative care initiatives in WNY, as well as strengthen relationships with payers.
- A meeting was held with Kaleida representatives on 7/20/15 to coordinate efforts around eMOLST implementation and other palliative care items. We are currently working on an educational seminar to occur in the fall in regards to end of life documentation.

Respectfully submitted,

Christopher Koenig

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

UNIVERSITY AFFAIRS

House passes 21st Century Cures Act

The House of Representatives has overwhelmingly passed the 21st Century Cures Act, the broad bill designed to accelerate the development and regulatory approval of medical breakthroughs. The legislation would provide an additional \$9.3 billion in mandatory funding over the next five years to the National Institutes of Health and establish a Cures Innovation Fund to support work on breakthroughs in biomedical research. It also would provide \$550 million in added funding to the FDA.

PROFESSIONAL STEERING COMMITTEE

Dr Murray will provide an update on the meeting held July 6th.

MEDICAL STAFF AFFAIRS

The Bylaws Committee met July 23rd to perform the required triennial review of the Bylaws. Committee hopes to have a proposed revision available for review no later than the September Meeting of the Medical Executive Committee.

UTILIZATION REVIEW

See attached Flash report

CLINICAL ISSUES

Hospitalist Service

ECMC has finalized contractual arrangements for the Acute Hospitalist Service to transition from TeamHealth to Apogee effective September 1st. Apogee is actively recruiting the necessary physician and extenders and will be sending in an implementation team during August. Anybody interested in meeting with them should let me know as soon as possible.

H & P Audit – See Attached.

ICD-10 Implementation

The October 1st deadline for the CMS-required use of ICD-10 coding system is fast approaching. ECMC has a specific team that is meeting weekly to manage the transition. This has implications for physicians as the change could significantly impact both hospital and physician reimbursement. Training of physicians in improving their documentation is felt to be key so we have invited Mark Doctor, our ICD 10 consultant to present today to the Medical Executive Committee.

CMS Changing the 2-Midnight Rule

Last week, CMS announced proposed revisions to the 2-midnight rule for determining when inpatient admissions are appropriate for payment under Medicare Part A.

The rule has been revised for stays expected to last less than 2 midnights, the agency said. Under the proposed new rule, stays expected to be shorter than 2 midnights would be "payable under Medicare Part A on a case-by-case basis based on the judgment of the admitting physician" with appropriate supporting documentation and excluding procedures not on the inpatient-only list or otherwise listed as a national exception. The agency reiterated, however, that "it would be rare and unusual for a beneficiary to require inpatient hospital admission for a minor surgical procedure or other treatment in the hospital that is expected to keep him or her in the hospital for a period of time that is only for a few hours and does not span at least overnight." There will be no policy changes for stays over the 2-midnight benchmark.

The other significant proposed change is that Quality Improvement Organizations (QIOs) will conduct first-line medical reviews of claims for inpatient admissions, with the Recovery Audit program focusing on only those hospitals with consistently high denial rates. QIO patient status reviews will focus on educating doctors and hospitals about the Part A payment policy for inpatient admissions, the agency said.

Comments on the proposed changes to the 2-midnight rule will be accepted until Aug. 31, 2015, and a final rule will be issued on or around Nov. 1, 2015.

Observation Status

A recent review suggests that we had almost 400 patients in the first 6 months of 2015 who were brought into the hospital on Observation Status who were discharged after the second midnight still on Observation Status. CMS indicates that patients on Observation Status who require continued services in the hospital that cannot be provided as an outpatient are to be converted to inpatient status if they cannot be discharged before the second midnight. However the prolongation of a stay cannot be justified if it is simply to await testing (e.g. a Monday Stress test) or for placement or social reasons. The difference between Observation and Admission reimbursement can be between \$5-10,000 per case. If only 50% of the 400 could have been upgraded to admission status , this would have meant potentially \$2 million of additional revenue. I need their support of the Chiefs of Service to ensure their attendings are aware and addressing this issue.

CMS Introduces Mandatory Bundling for Knee and Hip Replacements

CMS late last week released a proposed rule that would bundle payments for knee and hip replacements for 75 metro areas. The Comprehensive Care for Joint Replacement (CCJR) Model for Acute Care Hospitals would bundle all related care for a 90-day episode. Among other provisions, under certain circumstances the 3-day stay skilled nursing facility rule can be waived in this model. It is a five year test beginning January 1, 2016. "We believe that by requiring the participation of a large number of hospitals with diverse characteristics, the proposed model would result in a robust data set for evaluation of this bundled payment approach, and would stimulate the rapid development of new evidence-based knowledge," CMS said in its proposed rule. Comments on the proposed rule are due by September 8, 2015..

ProPublica publishes complication rates for 17,000 individual surgeons

ProPublica on Tuesday released a scorecard of risk-adjusted complication rates for almost 17,000 individual surgeons at more than 3,500 hospitals nationwide based on an analysis of Medicare data. Analysis includes data on eight common elective procedures. The scorecard categorizes the adjusted complication rates by surgeon as low, medium, and high. It allows users to search by location, by surgeon, or by hospital.

For its analysis, *ProPublica* analyzed Medicare data from 2009 to 2013 for eight common elective procedures, which accounted for 2.3 million total surgeries:

- Knee replacements;
- Hip replacements;
- One type of spinal fusion on the neck;
- Two types of spinal fusions in the lower back;
- Gall bladder removals;
- Prostate removals; and
- Prostate resections.

ProPublica's Marshall Allen and Olga Pierce say they selected those eight procedures because "they are typically performed on healthy patients and are considered relatively low risk." *ProPublica* excluded trauma and other high-risk cases from its analysis, excluded surgeries on beneficiaries who were admitted through another health care facility or the ED. The analysis adjusted the complication rates based on the patient age and health, luck, and each hospital's overall performance. The publication consulted with 24 physicians to determine which hospital readmissions within 30 days that "could be reasonably attributed to complications from surgery." The analysis only counted patient deaths that occurred in the hospital within a beneficiary's initial stay. *ProPublica* did not report complication rates for surgeons that performed fewer than 20 operations of a certain type on Medicare beneficiaries.

ERIE COUNTY MEDICAL CENTER: QUALITY IMPROVEMENT MONITOR

Aspect of Care: Patient Safety: History and Physical Results for First Quarter 2014

Indicator: Staff will promote safety patient and minimize the risk of medical errors by ensuring proper documentation.
All entries must be timed, signed, and dated.

Signed	Time Signed	Date Signed	H/P completed within 30 days prior or within 24 hrs of admission	H/P Includes All Required Criteria
70/80 87.5% COMPLIANT	70/80 87.5% COMPLIANT	70/80 87.5% COMPLIANT	70/80 87.5% COMPLIANT	70/80 87.5% COMPLIANT

80 charts (History and Physicals) from the 1st Quarter of 2014 were audited for the following criteria:

- **H/P done within 24 hours of admission:**
 - all charts had an H&P. (100% compliant)
- **Timed:**
 - 10 of the charts that were audited had an H&P that was not timed. (12.5% non-compliant)
- **Dated:**
 - 10 of the charts that were audited had an H&P that was not dated. (12.5% non-compliant)
- **Signed:**
 - 10 of the charts that were audited had an H&P that was not signed. (12.5% non-compliant)

ERIE COUNTY MEDICAL CENTER: QUALITY IMPROVEMENT MONITOR

Aspect of Care: Patient Safety: History and Physical Results for Second Quarter 2014

Indicator: Staff will promote safety patient and minimize the risk of medical errors by ensuring proper documentation.
All entries must be timed, signed, and dated.

Signed	Time Signed	Date Signed	H/P completed within 30 days prior or within 24 hrs of admission	H/P Includes All Required Criteria
79/80 98.8% COMPLIANT	79/80 98.8% COMPLIANT	79/80 98.8% COMPLIANT	79/80 98.8% COMPLIANT	72/80 90.0% COMPLIANT

80 charts (History and Physicals) from the 2ND Quarter of 2014 were audited for the following criteria:

- **H/P done within 24 hours of admission:**
 - All charts had an H&P but 1 was not electronically signed by any MD within 24 hours (0.02% non-compliant)
- **Timed:**
 - 8 of the charts that were audited had an H&P that was not timed within 24 hours (10% non-compliant)
- **Dated:**
 - 8 of the charts that were audited had an H&P that was not dated within 24 hours (10% non-compliant)
- **Signed:**
 - 8 of the charts that were audited had an H&P that was not signed within 24 hours (10% non-compliant)

Delinquent charts with Attending physicians:

V# 4011933 D/C 6/11/14 Dr. Schaeffer – H&P signed 12 days after admission
V# 3998376 D/C 6/2/14 Dr. Hom – H&P not signed
V# 4002131 D/C 5/31/14 Dr. Hom – H&P not signed
V# 3952743 D/C 4/2/14 Dr. Ohira – H&P done 3/27 by Dr. Farrell, electronically signed by Dr. Farrell 3/31, electronically signed by Dr. Ohira 4/4
V# 3936594 D/C 4/14/14 Dr. Holmes – H&P signed >24hr limit
V# 3963879 D/C 4/22/14 Dr. Hom – H&P not signed
V# 4001612 D/C 6/17/14 Dr. Hom – H&P not signed
V# 4017515 D/C 6/17/14 Dr. Bhatnagar – H&P signed >48hrs

ERIE COUNTY MEDICAL CENTER: QUALITY IMPROVEMENT MONITOR

Aspect of Care: Patient Safety: History and Physical

Results for First Quarter 2015

Indicator: Staff will promote safety patient and minimize the risk of medical errors by ensuring proper documentation.
All entries must be timed, signed, and dated.

Signed	Time Signed	Date Signed	H/P completed within 30 days prior or within 24 hrs of admission	H/P Includes All Required Criteria
80/80 100% COMPLIANT	80/80 100% COMPLIANT	80/80 100% COMPLIANT	80/80 100% COMPLIANT	80/80 100% COMPLIANT

80 charts (History and Physicals) from the 1st Quarter of 2015 were audited for the following criteria:

ERIE COUNTY MEDICAL CENTER CORPORATION

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

July, 2015

The Department of Nursing reported the following in the month of July:

- The month of July began our Walk-A-Thon. It will take place during the month of June, July and August. Prizes will be awarded to the most laps logged.
- On Wednesday, July 8th we recognized some of nurses who recently graduated with their Masters Degree with a reception here at the hospital. Congratulations to: Denise Abbey, RN, Joanne Wolf, RN, Tanya Culligan, RN, Sandra Hartman, RN, and Richard Waterstram, RN.
- July 1, 2015, Kim Miller RN, BSN, CCRN, Charge Nurse in the TICU, assumed office as the President-Elect for the WNY-Chapter of the American Association of Critical Care Nurses (AACN). She will serve as Chapter President beginning July 1, 2016.
- Critical Care Nursing continues to promote "Unity Wednesday". Every Wednesday this summer, critical care nurses will be wearing new bright green t-shirts with the ECMC critical care nursing logo.
- On June 30th & July 1st, a celebration for all of the employees here at ECMC was held acknowledging our official verification for Level 1 Trauma Center from the American College of Surgeons.
- Let's Not Meet by Accident was presented on July 16th to the students from D'Youville College's Health Careers Summer Camp
- On July 16th Paula Quesinberry attended the Buffalo Municipal Housing Authority Annual Health and Wellness Fair at the Frederick Douglass Community Center. Paula presented the American Heart Association and American Stroke Association Program entitled "Power To End Stroke (You are the Power)". This is an education and awareness campaign that embraces and celebrates the culture, energy, creativity and lifestyles of Americans. It unites people to help make an impact on the high incidence of stroke within their communities.
- Patient Advocates have started a word find contest for staff.

- Kindness coins have been put into circulation during the month of July. Our nursing department distributed six (6) "Kindness Coins" starting in our Emergency Room, PACU, Inpatient Medicine/Surgical Units, Behavioral Health, Rehabilitation Medicine, and Critical Care. Our teammates are passing on the "Kindness Coins" to the next teammate who observed to be living the values and behavioral standards of our ECMC's Mission statement *"To provide every patient the highest quality of care delivered with compassion."*

We are keeping track and mapping the progress of where the Kindness Coins travel. A map is located down on the ground floor near the staffing office.

- Book Club is going strong: "the Nurse Leader Handbook" - participants include Nurse Managers along with the Nurse Executive Committee to reflect on the leadership role
- Patient Experience - Deaf Adult Services. A booklet was distributed with beginner signs (with pictures) to use until an interpreter is available. There is also a phone number being distributed as to how to contact an interpreter.
-

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS

MINUTES OF THE HUMAN RESOURCES COMMITTEE MEETING

TUESDAY, JULY 14, 2015

ECMCC STAFF DINING ROOM

VOTING BOARD MEMBERS
PRESENT OR ATTENDING BY
CONFERENCE TELEPHONE:

MICHAEL HOFFERT, CHAIR
BISHOP MICHAEL BADGER

RICHARD CLELAND
FRANK MESIAH

BOARD MEMBERS EXCUSED:

CARLA DICANIO-CLARKE
BEN LEONARD
NANCY TUCKER
NANCY CURRY
JULIA CULKIN-JACOBIA

MARY HOFFMAN
CHRIS KOENIG
ANTHONY DIPINTO
BELLA MENDOLA

ALSO PRESENT:

I. CALL TO ORDER

Chair Michael Hoffert called the meeting to order at 10:00am.

II. RECEIVE & FILE

Moved by Frank Mesiah to receive the Human Resources Committee minutes of the May 12, 2015 meeting and seconded by Bishop Michael Badger.

III. LABOR RELATIONS

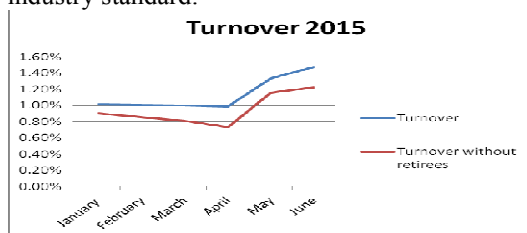
Carla DiCanio-Clarke reported that the AFSCME collective bargaining agreement expires December 31, 2015. Dates for negotiations are being selected and a list of proposals are being compiled. Management is still deciding which would be more beneficial, a separate agreement (separate from the County) or a sub agreement that sits inside of a larger County contract (similar to CSEA).

IV. WORKERS COMPENSATION AND EMPLOYEE OCCURRENCES

The Workers compensation and employee occurrences reports were distributed. The data is constant. Behavioral Health leadership will be invited going forward. A breakdown of occurrences by hospital, behavioral health and Terrace View has been requested. Discussion ensued regarding incidents versus number of patients.

V. EMPLOYEE TURNOVER

The turnover report was distributed. Turnover for the hospital is increasing slightly but it still low for industry standard.



ERIE COUNTY MEDICAL CENTER CORPORATION

VI. TERRACE VIEW REPORT

A job fair was held on June 18, 2015 to recruit CNAs. Peer to peer interviews were conducted. The in-service classroom was opened for applicants who have difficulty applying online. Incentives for CNA retention were discussed.

VII. NURSING TURNOVER REPORT

May

Hires: 9 FTEs

- Med/Surg: 1.5 FTEs
- Behavioral Health: 3.5 FTEs, 1 PT (LPN: 3 FTEs)
- Critical Care: 2 FTEs

Losses: 5 FTEs & 3 PD (LPN: 2)

- Med Surg: 1 FTE & 1 PD (LPN: 1 FTE)
- Behavioral Health: 2 FTEs (LPN: 1 FTE)
- Critical Care: 2 FTEs & 1 PD

Turnover Rate: .67%

Turnover Rate YTD: 2.92%

June

Hires: 11 FTEs & 3 PT (LPN: 3 FTEs)

- Med/Surg: 5 FTEs & 2 PT
- Behavioral Health: 3 FTEs & 1 PT (LPN: 1 FTE)
- Critical Care: 3 FTEs

Losses: 5.5 FTE & 7 PD (LPN: 1)

- Med/ Surg: 3 FTEs & 5 PD (LPN: 1)
- Behavioral Health: 1.5 FTEs & 2 PD
- Critical Care: 1 FTE

Turnover Rate: 1.5%

Turnover Rate YTD: 3.7%

VIII. WELLNESS AND BENEFITS

Nancy Tucker reported that 21 teams participated in the Lose to Win Weight loss challenge. 351 lbs. were lost all together.

Pension statements will be distributed mid-July.

IX. OTHER INFORMATION

Process improvements for the application process as well as other HR functions were discussed. Mike Hoffert thanked HR for their continued efforts.

X. ADJOURNMENT

Moved by Michael Hoffert to adjourn the Human Resources Committee meeting at 10:55am and seconded by Bishop Badger.



HEALTH INFORMATION SYSTEM/TECHNOLOGY July 2015

Great Lakes Health (GLH) IT Committee.

Since last board meeting the committee has completed several milestones including the selection of a 3rd party organization to assist our committee feasibility assessment. We have selected Culbert Healthcare Solutions for this engagement for their experience similar engagements and exhibited knowledge base of current industry trends.

With this engagement, our goal is to better understand the capital investment and long term cost structures of our current and potential future state enterprise wide IT application options. This engagement consists of two phases. Phase 1 consists of a current state analysis of each organizations current state IT investments and maintenance and on-going support costs as well as an understanding of each organization current and future IT needs. Phase II of this engagement includes the development of a budget to understand the capital investment and longer term operating costs of replacing the current both organizations IT applications. They will focus on the following three scenarios, specifically:

1. Replace the existing Kaleida Health and ECMC IT platforms with Epic's integrated suite of Access, Revenue Cycle and Clinical applications across inpatient, ambulatory care, long-term care and VNA settings.
2. Replace the existing Kaleida Health and ECMC IT platforms with Cerner's integrated suite of Access, Revenue Cycle and Clinical applications across inpatient, ambulatory care, long-term care and VNA settings.
3. Maintain the current Kaleida Health ECMC IT vendor strategy identify gaps and quantify cost to improve integration.

In support of the feasibility study, we are actively engaged with both Epic and Cerner leadership to understand their offerings in relation to population health, value based purchasing, operational efficiencies and business intelligence in addition to the development of an accurate proposal including selection of products, services, migration strategies and on-going support requirements.

The committee will continue to engage the University of Buffalo Medical Practices on this endeavor.

Millennium Collaborative Care (MCC).

Finalized the design and initiated deployment for the Back Office tools for MCC including SharePoint and other office tools, isolated the MCC network and deployment of workstations, mobile devices and other tools to MCC team members. We established the security architecture for the storage and utilization of ECMC, PPS and NYS Medicaid data. Instituted secure data transfer between ECMC and the NYS DoH. In addition, we have finalizing the MCC Security Charter and Program documentation.

Clinical Automation.

We continue to monitor our compliance for Meaningful Use Stage 2 inpatient core measures. We are successful with all core measures including our patient portal enrollment requirement. I want to thank our business partners and nursing staff for assistance with this measure.

We have successfully rolled out inpatient electronic prescription (e-prescription) of non-controlled substances. We also have completed the pilot for electronically prescribing controlled substances required by NYS (Regulation of Electronic Prescription of Controlled Substances (EPCS). We will begin roll out house wide over the next several weeks.

ICD-10. We are supporting the ICD-10 stakeholders and project manager to ensure our organization meets the regulatory deadline

Monday, August 10
PARK COUNTRY CLUB



Benefiting Patient Care at ECMC

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Pegula Sports & Entertainment
Ray Laks Acura
Seneca Diabetes Foundation
Tim Hortons/ECMC
UBMD Emergency Medicine
UBMB Internal Medicine
unyts
Valic
WNY Imaging Group



Monday, August 10
PARK COUNTRY CLUB
4949 Sheridan Drive, Williamsville, New York

MORNING FLIGHT

7:00 AM Registration
Clubhouse Breakfast
Gift Pickup
Practice Range

8:00 AM Shotgun Start
Beverages on Course
Food Stations on Course

12:30 PM Clubhouse Lunch

AFTERNOON FLIGHT

11:30 AM Registration
Clubhouse Lunch
Gift Pickup
Practice Range

11:30 PM Clubhouse Lunch

1:00 PM Shotgun Start
Beverages on Course
Food Stations on Course

6:00 PM Terrace Cocktail Reception

ECMC Lifeline Foundation 2015
Tournament of Life Golf Classic Committee

Michael A. Seaman
Tournament Chair

William Scott Jr.
Tournament Co-Chair

Stephen Bell
Richard Cleland
Elder Garney Davis
David DiMatteo
Christopher Eckert, CPA
John Fudyma, MD
Michael Hoffert
Susan Gonzalez

Jim O'Neill
Mandip Panesar, MD
Thomas Quatroche
Ron Raccuia
Stacy Roeder
Joseph Sciandra
Michael Straeck
Frank Zivis



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ECMC Foundation in the amount of \$ _____

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462 GRIDER STREET,
ROOM G-1
BUFFALO,
NEW YORK 14215

Report to the ECMCC Board of Directors
Al Hammonds, CSSBB
Executive Director, Millennium Collaborative Care (MCC)
Delivery System Reform Incentive Payment Program (DSRIP)
7/28/15

GOVERNANCE:

Board of Managers: The MCC Board of Managers now has 17 of 18 active members currently, representing hospitals, safety net primary care providers, skilled nursing facilities & post-acute care, behavioral health, substance abuse, developmentally disabled, community-based organizations, and voice of the consumer (Medicaid population) representation across all eight counties. There is still one new Board of Managers member to be added and voted on by the Voice of the Consumer Subcommittee. They will be added by the next Board of Managers meeting in August. The Board of Managers approved the updated MCC organizational chart, budget approach model and the project specific budget for review to be implemented. The Board of Managers Chair is Ann Constantino, CEO of Horizon Health Services.

Project Advisory Committee (PAC): There are 27 members of the PAC, representing the hospitals, behavioral health, developmentally disabled, primary care, post-acute care, and labor, across all eight counties of WNY. The primary objective of the PAC is to review and provide input on all of the DSRIP projects. A PAC chair is in the process of being appointed, with a 3-member nominating committee in place. The MCC Administrative Director, Greg Turner, will facilitate the PAC meetings and process. The last meeting took place on June 17th. Beginning in July, DSRIP project charters and project reviews began to be presented by the MCC Project Managers, starting with the ED Care Triage and Patient Activation Measures (PAM) projects.

Physician Steering Committee: A Physician Steering Committee was held on June 25th at 6:30pm, at Salvatore's Italian Gardens. Seven Physicians were in attendance with MCC staff support for the meeting. Dr. Frances Ilouze, Committee Chair for the Physician Steering and the MCC Chief Medical Officer (CMO), Dr. Tony Billittier, facilitate the Physician Steering Committee meetings and process. Quarterly meetings were originally recommended, but after extended discussions, the group decided to meet monthly. The next Physician Steering Committee will be scheduled for some time in August.

Clinical Quality Committee: The Clinical Quality Committee had its first meeting on June 29th (please see CIO report). The Clinical Quality Committee Co-Chairs are Joanne Haefner and Dr. Michael Cummings. The MCC Chief Integration Officer (CIO), Michele Mercer, facilitates the Clinical Quality Committee meetings and process. They reviewed the Clinical Quality Committee Charter and established project work to focus on and key metrics. The next meeting is August 10th.

FINANCIAL SUSTAINABILITY:

MCC is in the process of defining procedures for financial operations and funds flow between MCC & ECMC. Rick Braun (Southern Tier Council) is serving in a short-term advisory capacity to help oversee financial sustainability for DSRIP & MCC, until our Director of Business Operations & Development is hired. A brief meeting took place on July 9th which established plans for MCC bank accounts and cost centers to manage DSRIP/MCC funds for the projects, general operations expenses, information technology (IT) needs. DSRIP Planning Grant Funds leftover are estimated at between \$350,000 & \$400,000, with reconciliations still being cleaned up. DSRIP year 1 funding received is \$18 million, with an additional \$3.9 million due from New York State before the end of July.

On a separate note, Rich Cleland (ECMC, CEO) met with Jason Helgerson (NYS Medicaid Director for the NYS DOH) on June 25th with the goal of obtaining additional information regarding ECMC/MCC DSRIP funding concerns. Results of the meeting were positive with more follow up needed. A joint letter was drafted (see attached) by Cleland and DSRIP/MCC Executive Director Hammonds as a follow up to the meeting focusing on documenting with the data, inequitable and incomprehensible funding awarded to ECMCC/MCC in comparison to all other PPS' in the state. Graphical comparisons were illustrated and presented in the letter as well as total funding per attributed recipients (i.e. a pmpm proxy) analysis for each PPS. It is key that DSRIP/MCC secure the committed \$80 to \$100 million in additional funding that was later committed to MCC by the state, with no strings attached.

Finally, financial sustainability implementation planning activities are being worked on specifically focusing on developing a financial organizational chart, financial reporting, and establishing a communication of financial issues with partner's process.

IMPLEMENTATION PLANNING & PROGRESS:

There are three critical elements of implementation planning that MCC is focused on:

1. Defining the organizational structure and how the Project Management Office (PMO) will evolve. More to come in the August Board of Managers meeting, presented by Administrative Director, Greg Turner.
2. Evaluating MCC's network readiness, partner infrastructure and capabilities. This is the Letter of Intent and Master Service Agreement process, led by CMO, Dr. Billittier.
3. Defining structures and processes that MCC will leverage to support its partners in the collaborative. The initial work here is focusing on PCMH and population health measures and processes, led by CIO, Michele Mercer.

Please note the attached comprehensive *DSRIP Projects Status & Start Dates chart*, which illustrates ramp up progress of all 11 projects with project managers identified, along with project champions identified.

Master Service Participation Agreement Process: The process of obtaining the next level of Provider participation commitments is underway. MCC is implementing a three-phased approach:

1. Attestations (now completed and cleaned up)
2. Letter of Intent – not legally bonding, but seeks a signed commitment from Providers to commit to high level, but more detailed commitment than attestation on organization information sharing (i.e. financial sustainability assessments, workforce assessments, etc.) and specific project participation, as well as, commitments to dates to provide key information over the next 6 months working towards the Master Participation Agreement (MPA). *Three LOI meetings are scheduled with different groups of providers for July 21st, July 29th, and August 6th.*
3. Master Service Participation Agreement (MPA) – this will be an overarching agreement for all participating Providers that will be a part of MCC, with addendums of detailed participation agreements for each of the Provider Groups, outlining individual organizational commitments, incentive payments, etc.

The Board of Managers Chair, Anne Constantino, has asked Joanne Haefner (SNAPCAP) and Rick Braun (Southern Tier Council) to serve in an advisory capacity to MCC Executive Director, Al Hammonds on the Master Service Agreement Process.

Request for Proposal Process: The MCC Executive Director is seeking approval from the Board of Managers on the evaluation process for RFPs. The process is as follows:

1. ECMC Purchasing receives letters of intent and later actual bids from CBOs seeking to work on the designated project(s) for MCC.

2. ECMC Purchasing submits the bid packages to the designated MCC Evaluation Team (Operations Director, Administrative Director, Executive Director, & Process Expert). The Project Manager overseeing the project going through the RFP is excluded from the evaluation process. The MCC Evaluation Team submits its results individually, in a spreadsheet provided by ECMC Purchasing, to ECMC Purchasing.
3. ECMC Purchasing then scores the evaluations and drafts the award letters.
4. MCC communicates the results and award letters to the CBOs to provide the services.

Request for Proposals in progress are as follows:

- Patient Activation and Engagement (PAM) – Complete/Awarded (see AVP of Operations/Santiago report for details)
- Health Literacy and Cultural Competency Administration – Forthcoming
- Health Literacy and Cultural Competency Trainers (CBO) – Forthcoming
- Maternal and Prenatal Health (CBO) – Forthcoming
- Workforce Strategy and Management Administration – Awarded
- Mental and Emotional Well-Being – Forthcoming
- Population Health – Forthcoming

Staffing: Updates on MCC Staffing are as follows:

- MCC Employees Onboard Currently: 16 FTEs, 1 Contract, 1 Intern
- MCC Employees in Transition to Come Onboard: 1 FTE (Clinical Director) effective 7/27/2015
- MCC Positions To Be Filled: 12 FTEs
 - Director of Business Operations & Development
 - Crisis Stabilization (Behavioral Health) Project Administrator
 - Community Health Workers (4)
 - Compliance Officer
 - INTERACT (SNF) Project Administrator
 - INTERACT Project Coaches (2)
 - Practitioner Engagement Coordinator
 - Workforce Development Director

TIMETABLE OF KEY UPCOMING DATES:

- July 29th:** Letter of Intent - MCC/Nursing Homes/Home Care
- July 31st:** First Quarter Report filed with NYS Department of Health on approximately 1,000 items.
- Resubmit organizational implementation plan (based on IA feedback)
- Submit project implementation plans
- August 3rd:** Board of Managers Executive Committee Conf. Call
- August 6th:** Letter of Intent-MCC/DDO/Behavior Health/Substance Abuse
- August 17th:** Board of Managers meeting - Face to face
- September 7th:** Board of Managers Executive Committee Conf. Call
- September 21st:** Board of Managers meeting - Face to face
- September 30th:** Patient engagement targets for 9 projects due.
- October 5th:** Board of Managers Executive Committee Conf. Call
- October 19th:** Board of Managers meeting - Face to face
- October 31st:** Identify network providers that will be participating in each project as part of the Quarterly Reporting Process.
- Develop Workforce budget and impact projections.

DSRIP Projects Status & Start Dates

Project	Status	Project Manager	Projected Start-up Dates	Project Champion
2ai: Create Integrated Delivery System	Major biz/system requirements defined	Michele Mercer Greg Turner	8/1/2015	Al Dirschberger, Ph.D. - ECDSS
2biii: ED Triage for at-risk patients	Over 400 patient appointments sched.	Amy Rockwood Don Vincent	4/1/2015	Shelia Kee - NFMCC
2bvii: INTERACT project	Conducted informational sessions in Niagara Co (7/13) and Jamestown (7/17)	Saralin Tiedeman	7/13/2015	Chris Koenig - ECMC
2bviii: Hospital-Home Care	Conducted informational sessions in Niagara Co (7/15)	Saralin Tiedeman	7/15/2015	Chris Koenig - ECMC Craig Dlugosz, RN - VNA
2di: Patient Activation Measurement	Training conducted for Insignia Tool	Rita Hubbard- Robinson Rachel Laster	6/25/2015	Rita Hubbard- Robinson, JD - MCC
3ai: Behavioral Health Integration	Charter and Schedule being developed and finalized	Andrea Wanat	8/1/2015	Howard Hitzel, Psy.D. - LSBH

DSRIP Projects Status & Start Dates

Project	Status	Project Manager	Projected Start-up Dates	Project Champion
3aii: Crisis stabilization services	Charter and Schedule being developed and finalized	Andrea Wanat	8/1/2015	Jessica Pirro, Crisis Services
3bi: Cardiovascular Health	Charter and Schedule being developed and finalized	Priti Bangia	8/1/2015	Anthony Billittier, MD – MCC
3fi: Maternal & child health	Issuing RFQ/P week of 7/20	Sandy McDougal	7/13/2015	Momba Chia, MHA -Kaleida Gale R. Burstein, MD - ECDOH
4ai: Mental, emotional, and behavioral (MEB) well-being	Charter and Schedule being developed and finalized	Catherine Lewis Andrea Wanat	8/1/2015	Ken Houseknecht, - MHA Al Dirschberger, Ph.D. - ECDSS
4di: Reduce premature births in NYS	Coordinated/contacted 4 of 6 birthing hospitals	Sandy McDougal	7/13/2015	Momba Chia, MHA - Kaleida Gale R. Burstein, MD - ECDOH

**MEDICAL EXECUTIVE COMMITTEE MEETING
MONDAY, JUNE 22, 2015 AT 11:30 A.M.**

Attendance (Voting Members):

D. Amsterdam, PhD	R. Hall, MD, DDS, PhD	
M. Anders, MD	J. Izzo, Jr. MD	
S. Anillo, MD	E. Jensen, MD	
M. Azadfard, MD	N. Kothari, MD	
Y. Bakhai, MD	M. LiVecchi, MD	
W. Belles, MD	M. Manka, MD	
G. Bennett, MD	A. Manyon, MD	
S. Cloud, DO	M. Panesar, MD	
M. Cummings, MD	R. Schuder, MD	
T. DeZastro, MD	P. Stegemann, MD	
W. Flynn, MD	R. Venuto, MD	
R. Ferguson, MD	K. Prantikoff, MD	
M. Brandwein-Gensler, MD		
K. Grimm, MD		
W. Guo, MD		

Attendance (Non-Voting Members):

B. Murray, MD	M. Hoffman, MD	C. Cavaretta
R. Cleland, MPA, FACHE, NHA	R. Gerwitz, R. Ph.	L. Feidt
J. Fudyma, MD	S. Gonzalez	
S. Ksiazek, R. Ph.	J. Johnson	
A. Orlick, MD	C. Ludlow, RN	
K. Ziemianski, RN	N. Mund	

Excused:

V. Barnabei, MD	J. Reidy, MD	S. Gary
R. Calabrese, MD	J. Serghany, MD	A. Victor-Lazarus, RN
D. Ford, RPA-C		C. Davis, RN
M. Jajkowski, MD		
T. Loree, MD		
M. Sullivan, DDS		

Absent:

I. CALL TO ORDER

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

II. MEDICAL STAFF PRESIDENT'S REPORT – S. CLOUD, MD

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

- B. **Activation of the Bylaws Committee** – Dr. Cloud is seeking a few members to sit on the Bylaws Committee. Meetings will take place in July and August with report expected at the September Medical Executive Committee meeting and vote by the members of the medical dental staff at the October Medical Dental Staff meeting. Please contact Dr. Cloud if you are able to participate.
- C. **Officer Vacancy** – Dr. Cloud reminded the Committee that Dr. DeZastro will be leaving his seat as President-Elect as of September 1. Dr. Grimm will move into that seat and Dr. Cummings will move to Treasurer. A Secretary will then be needed. Dr. Cloud explained options available via the Bylaws to the Committee. Nominations are requested from the Committee and will be considered at next month’s meeting.

MOTION: Activate the Nomination Committee for the purpose of identifying and electing a new Secretary due to the vacancy of Dr. DeZastro’s seat.

MOTION UNANIMOUSLY APPROVED.

III. CEO/COO/CFO BRIEFING

- A. **CEO REPORT – Richard Cleland**
 - 1. Mr. Cleland announced the promotion of Mary Hoffman to Chief Operating Officer. All congratulated Mary on her position. Mr. Cleland also announced Mr. Tom Quatroche has been promoted to the position of President. Congratulations to Mr. Quatroche as well. Updated organizational chart will be published tomorrow.
 - 2. **Transplant Director** – Dr. Liise Kaler has been appointed to Program Director of the Kidney Transplant Center of Excellence at ECMC effective July 2015 after conducting a national search for the position. Dr. Kayler joins ECMC and the University of Buffalo from Montefiore Medical Center where she recently worked as Director of the Kidney and Pancreas Transplant Program.
 - 3. **Trauma Center Designation Celebration** – A house-wide celebration is planned to acknowledge the hard work and accomplishment to achieve this designation.
 - 4. **Hospitalist Contract** – Mr. Cleland announced that a new group, Apogee, has been awarded the hospitalist contract and will be in place in September.
- B. **COO Report – Mary Hoffman, RN, MBA**
 - 1. **Transportation Initiative** – Ms. Hoffman announced that ECMC is working with MASH to assist with transportation of patients home and to other facilities to expedite discharges.

- C. CHIEF NURSE REPORT – Karen Ziemianski, RN**
 - 1. **Volumes** – Volumes are up resulting in heavy workloads for the nursing staff.
 - 2. **VBP** – Ms. Ziemianski reports excellent nursing patient satisfaction scores between the 60th and 90th percentile.

- D. CFO REPORT – Mr. Cleland for Steve Gary**
 - 1. **May 2015 Report** – Mr. Cleland reports that ECMC has high volumes but operating costs are still higher than desired and has led to an operating loss. Dr. Murray advised that he included Value Based Purchasing data in his report.

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

A. UNIVERSITY AFFAIRS

1. Death of Dr Gerald Logue

It is with great sadness that we acknowledge the recent death of Dr. Gerald Logue, Professor of Medicine and Division Chief of Hematology at the University at Buffalo. Dr. Logue served the medical school and the community for many years in numerous capacities as a superb clinician, avid researcher, and dedicated teacher. He was particularly dedicated to ECMC and his expertise and wisdom will be sadly missed.

2. Retirement of Dean of Dental School

UB recently announced that Dr Michael Glick's service as Dean of the School of Dental Medicine will conclude on August 14, 2015, after which time he will focus his full effort on his faculty role as a scholar and educator in the Department of Oral Diagnostic Sciences. In the coming weeks, UB will seek input from the School's faculty and staff regarding an interim dean appointment.

B. PROFESSIONAL STEERING COMMITTEE

There was no meeting this month. June meeting was deferred until July..

C. UTILIZATION REVIEW

May 2015 Flash report was distributed and reviewed.

D. CLINICAL ISSUES

1. Quality of Care

The Executive Dashboard was distributed and reviewed.

2. Clinical Certifications

ECMC Receives National Verification for Trauma Center

Dr. Murray announced that ECMC received notification from the national Committee on Trauma of the American College of Surgeons (ACS) that **Erie County Medical Center is a Level I Trauma Center!**

ECMC underwent an intensive evaluation process over a two-year time frame, including an extensive on-site review. Our dedicated team of Dr. Flynn, Dr. Manka, Dr. Murray, Peggy Cramer, Linda Schwab, Karen Ziemianski, Charlene Ludlow, and many others worked tirelessly to ensure that we met every goal set by the College. **Not only are we designated a Level I Trauma Center, but the ACS found absolutely no deficiencies in the review or evaluation process!**

Clearly, this notification confirms what we have known all along about ECMC's commitment to the highest quality trauma care. Today, we recognize all of the doctors, nurses, and first responders who have made this Trauma Center system one of the best in the nation!

E. CLINICAL INFORMATICS UPDATES

1. The following updates were recently implemented in Meditech.

June 17, 2015 – **New Procedure Discontinuation Document**

There is a new PDOC document for providers to document when they remove lines/drains.

July 6, 2015 – **Discharge Medications Added to DC**

There will be functionality that will allow the provider to pull the Discharge Medications into the Discharge Summary

ePrescribe for Uncontrolled Substances

We will turn on e-prescribing for uncontrolled substances in all areas.

Ongoing – Cortext

Secure Health Messaging allows you to use an app to securely text patient information (HIPAA compliant) – Call the Help Desk (x4477) if you are interested.

Implementation of PDOC/Dragon

Below is outlined the project plans for each of the four phases required for full implementation of PDOC/Dragon throughout the physician community. Our goal is to improve physician satisfaction, support quality and timely reporting and to significantly reduce our operational spend for transcription costs.

Phase 1: Fully Operationalize Operative Notes within the OR.

Templates for Operative Notes and the setup of Nuance Dictation have already been enabled. Engage physicians and build support mechanism with HIM to operationalize

Time Frame: ASAP

Phase 2: Services with PDOC/No Dragon Instance.

Setup instance of nuance and hardware for services noted in project plan supporting inpatient and outpatient provider documentation needs. Nuance dictation will be implemented to those services without full ambulatory EHR capabilities following the ambulatory EHR roll out schedule.

Timeframe: Inpatient 6/11/2015 – 8/11/2015
Outpatient 6/11/2015 – 12/31/2015

Phase 3: Services with no electronic provider documentation tool and no dragon instance

Develop service specific electronic provider documentation templates and setup Nuance dictation capabilities for services noted in detailed project plan. It is Important to note that the establishment of physician ambassadors for each service will be a critical success factor to meeting dates. Most if not all of these services are consulting services.

Timeframe: 6/17/2015 – 11/23/15

Phase 4: Long Term Care (LTC) – Electronic Provider Documentation.

LTC does not have a tool to electronic document their notes. A temporary solution was developed using Nuance dictation and was not well received by the LTC provider community for several reasons. The organization

will need to evaluate the purchase of Meditech electronic provider documentation tool (PDOC). We are gathering costs at this time and will present to IT Governance for recommendation. We are continuing to look for short term alternative solutions.

IT UPDATE FROM DR. PANESAR, CIO

- A. **Great Lakes Initiative** - Dr. Panesar updated the group on the Great Lakes initiative to integrate the EMR. The group is still looking at options and will be seeking input from the MEC prior to a final decision. DSRIP requirements are being considered as new platforms are being reviewed.
- B. **Discharge Medications** – There have been issues with discharge medications not properly updating upon patient discharge. In order to address this, the PAC is looking at forcing a final medication reconciliation signature prior to the medications being included in the discharge summary/instructions.

V. ECMC FOUNDATION – S. Gonzalez

- A. **Golf Tournament** – Event is scheduled for August 10th. It is expected that the event will sell out rapidly so please get your reservations in early.
- B. **Springfest** – Raised over \$375,000 this year. Thank you to all for your excellent support.
- C. **Subaru Buffalo 4 Mile Chase** – July 17, 2015. Proceeds to benefit ECMC Foundation and PAL.
- D. **Memorial or Honorariums** – It is desired to have a place on the campus identified for memorials and/or honorariums. The Jackie Wisniewski Memorial Garden has been identified as a location for this. Two new benches have been added in memorial for a long time patient and staff. Brick pavers are also available for a smaller donation.

VI. CONSENT CALENDAR

MEETING MINUTES/MOTIONS		ACTION ITEMS
A.	MINUTES OF THE Previous MEC Meeting: May 18, 2015	Received and Filed
1.	CREDENTIALS COMMITTEE: Minutes of June 2, 2015	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

MEETING MINUTES/MOTIONS		ACTION ITEMS
1.	HIM Committee: Minutes of May 28, 2015	Received and Filed
	1. Medical Rehabilitation Unit Disclosure Letter	Reviewed and Approved
	2. Bariatric Post-Op Call Form	Reviewed and Approved
	3. Code blue Cardioversion Report	Reviewed and Approved
2.	P & T Committee Meeting – Minutes of June 2, 2015	Received and Filed
	1. Esomeprazole (Nexium®) 40 mg for Oral Suspension, Delayed Release - add to Formulary	Reviewed and Approved
	2. Castor Oil and Balsam Peru Ointment - add to Formulary	Reviewed and Approved
	3. Balsam Peru, Castor Oil & Trypsin Ointment - delete from Formulary	Reviewed and Approved
	4. Make Balsam Peru and Castor Oil Ointment and Balsam Peru, Castor Oil & Trypsin Ointment Therapeutic Equivalents - approve	Reviewed and Approved
	5. FEIBA® (Anti-Inhibitor Coagulant Complex (Human) - add to Formulary, Restricted To Attending Hematologists, Attending Trauma Surgeons, and Attending Intensivists	Reviewed and Approved
	6. ATI-001 Proton Pump Inhibitors - approve revision	Reviewed and Approved
	7. FIV-001 Adult General Intravenous Drug Administration - approve revision	Reviewed and Approved
	8. FIV-005 Medications Which May Be Administered Intravenously Only By Physicians and Extenders- approve revision	Reviewed and Approved
	9. FRM-007 Adverse Drug Reactions - approve revision	Reviewed and Approved
	10. FRM-023 Recombinant Factor Vlla (NovoSeven®, rFVIIa), and 4-Factor Prothrombin Complex Concentrate (Kcentra™; 4F-PCC) and activated prothrombin complex concentrate (FEIBA; aPCC) - approve revision	Reviewed and Approved
	11. FRM-019 Inpatient Desensitization - approve review	Reviewed and Approved
	12. FRM-022 Patient's Own Medication - approve review	Reviewed and Approved
	13. FRM-025 Medication Hold During Hospitalization- approve review	Reviewed and Approved
	14. FRM-026 Gray Market Pharmaceuticals - approve review	Reviewed and Approved
	15. Guidelines for Warfarin Reversal in Adult Patients without History of HIT; Emergent Dabigatran Reversal, and Anti-factor Xa (Rivaroxaban, Apixaban) Reversal for Adult Patients without History of HIT - approve Guidelines	Reviewed and Approved

VII. CONSENT CALENDAR, CONTINUED

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

B. MOTION: Approve Policy: Secure Texting.
MOTION UNANIMOUSLY APPROVED.

IX. OTHER NEW/OLD BUSINESS

A. None

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,

A handwritten signature in blue ink, appearing to read "Michael Cummings", with a large, stylized flourish at the end.

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

ECMC CEO worked his way up to public role at public hospital



Stopping by to visit the trauma center, Richard Cleland, CEO of ECMC, spends about four hours a week working alongside people in all departments of the hospital, including a Saturday morning stint in the emergency room. His takeaway from that: “It’s amazing.” Robert Kirkham/Buffalo News

In 1979, Richard Cleland had a dream of becoming an FBI agent – but he didn’t have a job. An uncle who worked at Kenmore Mercy Hospital said there was an opening for a linen attendant, working weekend mornings delivering bedding to the floors. Cleland said he’d like to do that, and his uncle agreed to hire him on one condition: “Get a haircut.”

A few years later, when Cleland was working full-time cleaning floors, his boss called him into his office and asked if he would consider taking a shift supervisor job. Cleland wasn’t sure he would like management, until he learned he’d get nearly double what he was making at the time. “I go, ‘Nine bucks an hour? You’ve got your man,’ ” recalled Cleland, who even agreed to wear a tie.

Cleland gave up on law enforcement and stuck with the health-care industry. He continued as a manager in cleaning and environmental services, moved into long-term care and finally took on executive posts overseeing hospital operations.

Following an earlier stint at Erie County Medical Center, he rejoined the hospital in 2006, became chief operating officer in 2012 and was named interim CEO last year, after his predecessor, Jody L. Lomeo, took the top job at Kaleida Health. The ECMC board appointed Cleland permanent CEO in May.

Cleland, 52, is a North Tonawanda native who graduated from SUNY Buffalo State and earned a master’s degree in public administration from Canisius College. He lives in Clarence with his wife, Marsha, a part-

time registered nurse at Kenmore Mercy, where they met. One of his three children, Ashley, works at ECMC as an occupational therapist.

Cleland oversaw major projects to build the TerraceView nursing home at ECMC and to consolidate the behavioral health services offered by ECMC and Kaleida Health at the Grider Street hospital.

ECMC employs 3,300 people, brings in \$515 million in annual revenue and recently was certified a Level I regional trauma center. Cleland takes over as permanent CEO at a time when hospitals are grappling with federal health care reform and with financial pressures from government and private payers.

Q: What's the difference between a chief operating officer and a CEO?

A: You can always say COOs make the trains run on time, and CEOs lay the tracks. COO required me to get involved in the integral details of just about every area of the organization, in terms of delivery, efficiency, quality, customer service, budgets, finances and staffing. Really making the vision work, again. I was doing both jobs for a good part of last year, and it was challenging. I went from COO – which I was only in that position a year and a half – to CEO. I was just getting comfortable with the COO position. So the CEO, different competencies, definitely. I've always been somewhat private. I realize it's more public, the face of the franchise. Public speaking – I've worked hard on that.

Q: You're learning the jobs of ECMC employees – or "teammates," as you call them – through a Walk in My Shoes program, at the suggestion of the chief experience officer you hired. How does that work?

A: I spend about four hours a week in a department, working alongside. I think it's important to understand and see what others see on their jobs, experience things. You get to learn, you get to really engage the workforce, or our teammates. I spent five hours in the ER on a Saturday morning with the ER attending, which was invaluable, just to see how they run the ER, the trauma. It's amazing. I was in patient information the other day, and then patient transport. I'm going to work a shift in security, so I'll get my police work.

Q: ECMC traces its roots to the Buffalo City Hospital a century ago. What is its role today?

A: Back in 2004, it converted from a county-run hospital to a public benefit corporation. That's very much like an authority, a state authority. The board of directors are the owners of ECMC. And we are a public, safety-net hospital, again. We kept our status. Our mission is to take care of all patients who arrive at our door. Providing services that others don't. Behavioral health. Trauma. Medical rehab. Long-term care.

Q: ECMC is known as the hospital patients go to when they've been shot, burned or otherwise suffered trauma. Is it becoming a hospital of choice?

A: We've really focused on cultural change over the last five years, brought in services that we heard our patients wanted. We talked about bariatrics (the treatment of obesity), we talked about renal transplants, which is really a community jewel that we are operating. Oncology's been an area that we've grown. Plastic, reconstructive surgery, those are diversifying our portfolio, along with maxillofacial prosthetics. And if you go on our orthopedic unit and you introduce yourself and you talk to our patients, our family members, when they're here for the first time they say, "Wow, couldn't believe this. This is unbelievable. This is great. Love it."

Q: ECMC earned just \$942,000 in operating income last year. That's a margin of 0.2 percent on your revenues. How much does that concern you?

A: All this work, and we're barely making a dollar, you know? You look at the margins and, to keep the mission going, we have a responsibility to assure the financial viability of the organization. No money, no mission. Financially speaking, we're looking at: Are we billing? Are we collecting everything? What is the cost of care? Can we get patients discharged earlier in the day? How is your nursing overtime? Those types of things.

Q: Are you worried about competition from ambulatory surgery centers?

A: We have to be aware of it. We have to really be looking at it extremely closely to ensure that our outpatient volumes, our inpatient, aren't being impacted. I think competition is always going to be there. I

think we need to collaborate and look at other opportunities with our partners, to look at those types of environments as well for us. To see where it makes sense cost-wise. Is it what our surgeons want? Is it what our patients want? You want to be ahead of that. You don't want to be one day looking at your operating rooms and there's nobody there. So far, that has not been the case.

email: swatson@buffnews.com

From the Buffalo Business First

[:http://www.bizjournals.com/buffalo/news/2015/07/22/study-shows-fewer-duplicate-tests-when-health.html](http://www.bizjournals.com/buffalo/news/2015/07/22/study-shows-fewer-duplicate-tests-when-health.html)

Study shows fewer duplicate tests when health exchange data is available

Jul 22, 2015, 6:00am EDT



[Tracey Drury](#)

Reporter- *Buffalo Business First*

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

The use of health information technology can significantly cut down on unnecessary testing at hospital emergency departments, according to a new research study based on a pilot study at three Western New York hospitals.

The study, published last month in the Journal of the American Medical Informatics Association and the Center for Technology Innovation at the Brookings Institution, showed a significant reduction in the duplication of tests when physicians had access to health information exchange data.

Researchers at the Brookings Institution worked in collaboration with HealtheLink to study how HIE affected how doctors ordered laboratory tests and radiology exams in emergency departments at Kenmore Mercy Hospital, Erie County Medical Center and Buffalo General Medical Center. The study took place over eight weeks last year, with HealtheLink clinical liaisons shadowing physicians at the three EDs.

The nonprofit HealtheLink is the regional health information organization for Western New York and part of the Statewide Health Information Network of New York.

In the first ED, the ability to access patient records within HealtheLink led to a 52 percent reduction in lab tests and a 36 percent reduction in radiology exams. In the second hospital, access to HIE resulted in a 25 percent and 26 percent reduction in lab tests and radiology exams, respectively; while the third hospital saw a 47 percent reduction in radiology exams. The number of lab tests ordered was not affected since patients were being seen for cardiac and neurovascular issues which required new laboratory tests regardless of past results.

[Dan Porreca](#), HealtheLink executive director, said the study highlights the value of interoperability and access to patient data. And less testing means savings for the hospitals, insurers and patients, who also save time and are exposed to less radiation unnecessarily.

“However you quantify it, at the end of the day, it’s a savings to the community,” he said.

And though the study included just three sites, it’s fair to say the findings could be extended to other hospitals in the region who have access to and are using HealtheLink to share information, Porreca said.

"We have three different types of hospital settings and in each of those cases there was positive results," he said. "It's not a stretch to say if there's savings in these three, there will be savings across all the EDs in the region."

Niam Yaraghi, a fellow at the Brookings Institution and author of the study, said the study shows that investments in health information technology are paying off.

"There were no randomized control trials on the HIEs and that was one of the reasons people were skeptical," he said.

Yaraghi studied HealthLink's systems and outcomes while completing his dissertation in Buffalo. The new study represented a continuation of that data. Though there have been other studies that look at similar data, Yaraghi said HealthLink's exchange data is much more robust, including health information on about 712,000 people who have opted in, and about 3,400 physicians from more than 700 area hospitals and health provider organizations.

"In New York, HealthLink has been very successful in terms of bringing different providers of data on board," he said. "The data on HealthLink is relatively more comprehensive than other HIE platforms so the results you're observing are relatively much more salient and more significant."

"So you can be almost 100 percent sure that your data is available on HealthLink if you have given consent," he said.

Tracey Drury covers health/medical, nonprofits and insurance



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Ken-Ton Bee

2015-07-21 / Local News

Town of Tonawanda Senior Center to hold free safe driving presentation event

The Town of Tonawanda Senior Center will hold a presentation event, concerning safe driving for senior citizens. The event will begin at 10 a.m. Friday, July 31, and will be held at the Senior Center at 291 Ensminger Road in Tonawanda.

A presenter from the Erie County Medical Center Driver Rehabilitation Program will attend to speak about ways for senior citizens to stay safe on the road.

Lisa Thorpe, an occupational therapist and driver rehabilitation specialist, will give a presentation on the ECMC driver evaluation program. She will provide background information on natural age-related changes and their possible impact on driving performance.

She will also give an overview of information on when to be concerned about driving skills, how to maintain driving fitness, and the driver screening and evaluation process.

This program will help attendees evaluate their own driving skills and make informed decisions on safe driving. The presentation will teach about a person's ability to continue driving after an illness, injury or functional age decline.

The program is free of charge. Attendees are encouraged to bring a family member to listen to the information and ask any questions they may have. The program is presented through the Town of Tonawanda Crime Board's Neighborhood Watch.

From the Buffalo Business First

[:http://www.bizjournals.com/buffalo/news/2015/07/17/ecmc-plans-5m-in-orthopedic-radiology-expansions.html](http://www.bizjournals.com/buffalo/news/2015/07/17/ecmc-plans-5m-in-orthopedic-radiology-expansions.html)

ECMC plans \$5M in orthopedic, radiology expansions

Jul 17, 2015, 11:49am EDT



[Tracey Drury](#)

Reporter- *Buffalo Business First*

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

Erie County Medical Center is planning an orthopedic clinic expansion that will more than quadruple the existing space. It's one of two renovation/expansion projects at the Buffalo trauma center planned valued at nearly \$5 million.

The \$1.8 million orthopedic project calls for creating a Center for Orthopedic Care on the first floor in vacant space adjacent to the main elevators and next to the radiology department.

The proposed move and expansion will increase the clinic from eight to 14 examination rooms and includes modernization of support spaces, patient waiting and staff areas. The existing orthopedic clinic would increase from 1,750 square feet to 6,891 square feet.

The project [follows the opening](#) of ECMC's \$12.5 million Russell J. Salvatore Orthopaedic Unit, a 22-bed unit on the sixth floor offering surgery and rehabilitation.

In plans filed with the State Department of Health, ECMC said the center would better meet patient needs while reducing unnecessary ER visits.

The existing orthopedic clinic opened in 1978 and is operating at or near maximum capacity. Patient volume has increased 24.3 percent in the past decade, with 9,850 or more visits in each of the past six years. They include patients with recreational and sports injuries, sprains/strains, fractures, dislocations, muscle/joint pain and work injuries.

With revenue of \$468 million and 602 beds, ECMC is the regional trauma center for Western New York.

In the filing with the DOH, hospital officials cited high volume and limited space.

"Due to the consistently high volume and limited space, operational bottlenecks occur between physician sessions," they said. "The substantial growth in patient visit volume has stretched ECMC's resources, and the limitations of having just eight exam rooms have created barriers to providing efficient patient care."

It also cited operational challenges, including inadequate space for teaching and physician interaction and concerns about meeting privacy regulations.

A second project would replace two CT scanners and a radiographic-fluoroscopic unit. The \$3.1 million project would replace older equipment that have begun to fail, resulting in intermittent downtimes.

According to the plans filed with DOH, the new equipment would better meet the needs of ECMC's bariatric patients: The existing flouroscopy equipment has a 330-lb. weight capacity, while the CT units are limited to 450 lbs. The replacement units would allow the hospital to serve patients up to 660 lbs, allowing it to expand its services and pursue designation as a Bariatric Center of Excellence.

Last year, the hospital performed nearly 42,000 scans on its CT units. ECMC said the new technology is faster and has better image quality, and it exposes patients to lower doses of radiation.

"With respect to outpatient services, ECMC has challenges consistently meeting the demands of outpatient cases in a timely manner due to handling high priority emergency cases. The new/replaced units' superior speed will lead to faster scan processing times thereby reducing the number - and amount of time - delays impact ECMC's outpatient cases."

Both projects require a separate limited review by DOH administrators.

Tracey Drury covers health/medical, nonprofits and insurance

REFRESH BUFFALO BLOG

Subaru 4-Mile Chase marks its 35th year

on Wednesday, July 15, 2015 7:28 AM, updated: July 13, 2015 at 4:29 pm

ADVERTISEMENT

The 35th annual Subaru Buffalo 4-Mile Chase will start at 7 p.m. Friday at Elmwood Avenue and Bidwell Parkway, with proceeds to benefit the Erie County Medical Center Lifeline Foundation and Police Athletic League of Buffalo.

The pre-race starts at 5 p.m. and the post-race party is at 7:45 p.m., featuring Billy McEwen and the Soul Invaders. For information on the chase and children's run for those aged 5 to 10, visit buffalosubaruchase.com.