

BOARD OF DIRECTORS

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

~ Regular Meeting ~



ERIE COUNTY MEDICAL CENTER CORPORATION

Tuesday, June 25, 2013

4:30 P.M.
Staff Dining Room, 2nd Floor - ECMCC

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



Mission

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

Vision

ECMC WILL BE A LEADER IN AND RECOGNIZED FOR:

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

The difference between
healthcare and true care™





Core Values

ACCESS

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

EXCELLENCE

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

DIVERSITY

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

FULFILLING POTENTIAL

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

DIGNITY

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

PRIVACY

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

FAIRNESS and INTEGRITY

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

COMMUNITY

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

COLLABORATION

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

COMPASSION

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

STEWARDSHIP

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

The difference between
healthcare and true care™



AGENDA

REGULAR MEETING OF THE DIRECTORS MEETING ERIE COUNTY MEDICAL CENTER CORPORATION TUESDAY, JUNE 25, 2013

- | | | |
|-------|--|--------|
| I. | CALL TO ORDER: KEVIN M. HOGAN, ESQ., CHAIR | 5-20 |
| II. | APPROVAL OF MINUTES OF MAY 28, 2013 REGULAR MEETING OF THE BOARD OF DIRECTORS. | |
| III. | RESOLUTIONS MAY BE DISTRIBUTED TO THE BOARD OF DIRECTORS DURING THE MEETING ON JUNE 25, 2013 | |
| IV. | REPORTS FROM STANDING COMMITTEES OF THE BOARD: | |
| | EXECUTIVE COMMITTEE: KEVIN M. HOGAN | ---- |
| | BUILDINGS AND GROUNDS COMMITTEE RICHARD F. BROX | 22-26 |
| | FINANCE COMMITTEE: MICHAEL A. SEAMAN | 27-29 |
| | INVESTMENT COMMITTEE KEVIN E. CICHOCKI, DC | 30-31 |
| | QI PATIENT SAFETY COMMITTEE: MICHAEL A. SEAMAN | ----- |
| V. | REPORTS FROM SENIOR MANAGERS OF THE CORPORATION: | |
| A. | CHIEF EXECUTIVE OFFICER | 33-36 |
| B. | CHIEF OPERATING OFFICER | 37-44 |
| C. | CHIEF FINANCIAL OFFICER | 45-52 |
| D. | CHIEF SAFETY OFFICER | ---- |
| E. | SR. VICE PRESIDENT OF OPERATIONS – RONALD KRAWIEC | 53-56 |
| F. | CHIEF MEDICAL OFFICER | 57-59 |
| G. | SENIOR VICE PRESIDENT OF NURSING | 60-62 |
| H. | VICE PRESIDENT OF HUMAN RESOURCES | 63-65 |
| I. | CHIEF INFORMATION OFFICER | 66-68 |
| J. | SR. VICE PRESIDENT OF MARKETING & PLANNING | 69-71 |
| K. | EXECUTIVE DIRECTOR, ECMCC LIFELINE FOUNDATION | ---- |
| VI. | REPORT OF THE MEDICAL/DENTAL STAFF MAY 20, 2013 | 74-85 |
| VII. | OLD BUSINESS | |
| VIII. | NEW BUSINESS | |
| IX. | INFORMATIONAL ITEMS | 86-104 |
| X. | PRESENTATIONS | |
| XI. | EXECUTIVE SESSION | |
| XII. | ADJOURN | |

Minutes from the



Previous Meeting

ERIE COUNTY MEDICAL CENTER CORPORATION

MINUTES OF THE REGULAR MEETING
OF THE BOARD OF DIRECTORS

TUESDAY, MAY 28, 2013

ECMCC STAFF DINING ROOM

Voting Board Members Present:	Kevin M. Hogan, Esq. Bishop Michael A. Badger Douglas H. Baker Richard F. Brox Ronald A. Chapin K. Kent Chevli, M.D.	Kevin E. Cichocki, D.C. Sharon L. Hanson Michael Hoffert Dietrich Jehle, M.D. Frank B. Mesiah Michael A. Seaman
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Voting Board Member Excused:	Anthony M. Iacono Thomas P. Malecki, CPA	Joseph Zizzi, Sr., M.D.
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Non-Voting Board Representatives Present:	Jody L. Lomeo	Kevin Pranikoff, M.D.
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Also Present:	Donna M. Brown Richard Cleland Chief Chris Cummings Katie Lisandrelli, Esq. Janique Curry Leslie Feidt John Fudyma, MD Susan Gonzalez James Kaskie Joseph Kowalski, MD	Ronald Krawiec Nadine Mund Brian Murray, M.D. Thomas Quatroche Michael Sammarco Lorne Steinhart Karen Ziemianski Janet Bulger, CSEA Karen Horlacher, NYSNA
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I. CALL TO ORDER

Chair Kevin M. Hogan called the meeting to order at 4:35 P.M.

II. APPROVAL OF MINUTES OF APRIL 30, 2013 REGULAR MEETING OF THE BOARD OF DIRECTORS.

Moved by Douglas Baker and seconded Bishop Michael A. Badger to approve the minutes of the April 30, 2013 regular meeting of the Board of Directors as presented.

Motion approved unanimously.

III. ACTION ITEMS

A. A Resolution to Abolish Positions

Moved by Richard F. Brox and seconded by Bishop Michael A. Badger.

Motion Approved Unanimously. Copy of resolution is attached.

B. Approval of Medical/Dental Staff Credentials, Resignations, Appointments and Re-appointments for May 7, 2013.

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

Motion Approved Unanimously. Copy of resolution is attached.

IV. BOARD COMMITTEE REPORTS

Moved by Bishop Michael A. Badger and seconded by Michael A. Seaman to receive and file the reports as presented by the Corporation's Board committees. All reports, except that of the Performance Improvement Committee, shall be attached to these minutes.

Motion approved unanimously.

V. PRESENTATION- CHRISTOPHER CUMMINGS, CHIEF OF POLICE

Chief Cummings provided an overview of the hospital police department as well as campus security. Over the past few months, the Chief conducted a thorough evaluation of the ECMC campus and has identified areas that need to improve, grow and work together cohesively.

VI. REPORTS OF CORPORATION'S MANAGEMENT

A. Chief Executive Officer:

B. Chief Operating Officer:

C. Chief Financial Officer:

D. Chief Safety Officer

E. Sr. Vice President of Operations:

F. Senior Vice President of Nursing:

G. Vice President of Human Resources:

H. Chief Information Officer:

I. Sr. Vice President of Marketing & Planning:

J. Executive Director, ECMC Lifeline Foundation:

1) Chief Executive Officer: Jody L. Lomeo

- The hospital has been extremely busy and has seen a surge in volume.
- Service line planning –strategies have been implemented around core services as well as throughout the hospital which is working well.

ERIE COUNTY MEDICAL CENTER CORPORATION

- Terrace View – A plan has been developed to move the Terrace View program forward. We have appointed an interim Administrator and interim Director of Nursing.
- Governor’s MWBE Program –The governor’s mandate was 20%. After one full year into the program, ECMC came in at 20.8%. Kudos to Janique Curry, MWBE Compliance Coordinator for a job well done.
- Patient Experience has shown improvement in some scores. We will continue to implement strategies to develop positive patient satisfaction scores. Four Patient Satisfaction Ambassadors have been hired to speak with each patient every day.
- Senator Kennedy is putting forward legislation regarding the placing of GPS units in people’s automobiles called Jackie’s Law.
- Theatre for Change – “The Impact of Domestic Violence in the Workplace” will be presented June 17th in the Smith Auditorium.
- Lifeline – thank you to Sue Gonzalez for an unbelievable event. More than 1,300 people attended ECMC’s Springfest. The evening was enjoyed by all.
- Behavioral Health is a difficult service line to manage; we have a creative plan in place and will manage the program to ensure the program matches the excellence of the facility.
- The lab consolidation is moving forward. The consolidation is targeted for completion in September 2013.

2) Chief Financial Officer: Michael Sammarco

A summary of the financial results through April 30, 2013 and a Quarterly Financial Statement and projected statement of Yearly Cash Flows are attached in the Board Book for review.

Moved by Douglas H. Baker and seconded by Bishop Michael Badger to receive and file the April 30, 2013 reports as presented by the Corporation’s Management.

The motion was approved unanimously.

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

Moved by Douglas H. Baker and seconded by Kevin E. Cichocki, D.C. to enter into Executive Session at 5:15 P.M. to consider matters made confidential by law, including certain compliance-related matters, strategic investments and business plans.

Motion approved unanimously.

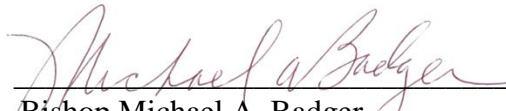
VIII. RECONVENE IN OPEN SESSION

Moved by Bishop Michael A. Badger and seconded by Michael Hoffert to reconvene in Open Session at 7:10 P.M.

Motion approved unanimously.

IX. ADJOURNMENT

Moved by Kevin C. Cichocki and seconded by Michael A. Seaman to adjourn the Board of Directors meeting at 7:11 P.M.



Bishop Michael A. Badger
Corporation Secretary

**A Resolution of the Board of Directors Authorizing
the Corporation to Abolish Positions**

Approved May 28, 2013

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

WHEREAS, the Chief Executive Officer has determined that a number of positions must be abolished for budgetary and efficiency reasons; and

WHEREAS, Chief Executive Officer and the Executive Committee have reviewed this matter and recommend it is in the best interests of the Corporation that the positions indicated below be abolished.

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

1. Based upon the review and recommendation of the Chief Executive Officer and the Executive Committee, the following positions are abolished:

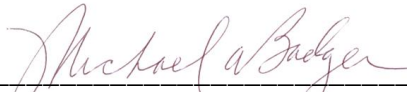
LPN RPT	51000906
Dispatcher SPD PT	51007290
Dispatcher SPD PT	51008978
Dispatcher SPD PT	51008979
Dispatcher SPD RPT	51004427
Dispatcher SPD RPT	51004399
SPD Aide	7970
SPD Aide	7964
SPD Aide	7967
SPD Aide	7989
SPD Aide	7946
SPD Aide	7943
SPD Aide	7977
SPD Aide	7934
SPD Aide	7953
SPD Aide	7975
SPD Aide	7952
SPD Aide	7965
SPD Aide RPT	51003521
SPD Aide RPT	60000083
SPD Aide RPT	60000082
SPD Aide RPT	51003405

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SPD Aide RPT	51008680
SPD Aide RPT	60000918
SPD Aide RPT	60000889
SPD Aide RPT	51003404

SPD Aide RPT	51005033
SPD Aide PT	51008928
SPD Aide PT	51007294
SPD Aide PT	51005597
SPD Aide PT	51008929
SPD Aide PT	51003247

2. The Corporation is authorized to do all things necessary and appropriate to implement this resolution.
3. This resolution shall take effect immediately.



Bishop Michael A. Badger
Corporation Secretary

CREDENTIALS COMMITTEE MEETING
May 7, 2013

Committee Members Present:

Robert J. Schuder, MD, Chairman
 Gregg I. Feld, MD
 Brian M. Murray, MD (ex officio)
 Philip D. Williams, DDS
 Richard E. Hall, DDS PhD MD FACS (ex officio)
 Nirmal D. Kothari, MD
 Susan Ksiazek, RPh, Director of Medical Staff
 Quality and Education

Medical-Dental Staff Office and Administrative Members Present:

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

Members Not Present (Excused *):

Yogesh D. Bakhai, MD (ex officio) *
 David G. Ellis, MD (ex officio) *
 Timothy G. DeZastro, MD *
 Christopher P. John, PA-C *

CALL TO ORDER

The meeting was called to order at 3 PM by Dr. Robert J. Schuder. The proceedings from the previous meeting of April 2, 2013 were reviewed and accepted.

RESIGNATIONS

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

Deceased – None		
Application Withdrawn		
Gary Ehlert, MD	Internal Medicine	May 6, 2013
Resignations:		
Leonardo Fugoso, MD	Neurology	April 8, 2013
Mary Ellen Fadel, ANP	Internal Medicine	April 25, 2013
David Gunther, MD	Internal Medicine	April 29, 2013
Lisa Hoffman, MD	Internal Medicine	April 29, 2013
Daniel Murak, MD	Family Medicine	April 29, 2013
Alfredo Rodes, MD	Internal Medicine	April 29, 2013
Claude Sy, MD	Internal Medicine	April 29, 2013
Raghupathy, Varavenkataraman, MD	Internal Medicine	April 29, 2013
Brian Snyder, MD	Internal Medicine	April 29, 2013
Prashant Joshi, MD	Emergency Medicine	May 1, 2013
Christa L. Switzer, PA-C	Emergency Medicine	May 1, 2013
Brian T. Bish, CRNA	Anesthesiology	May 2, 2013
Zachary A. Swanson, PA-C	Cardiothoracic Surgery	May 3, 2013

FOR INFORMATION

APPLICATION PROCESSING CONCLUSION

Psychiatry

Vineeth John, MD

After multiple information and documentation requests, the 180 day window for application processing defined in the Credentials Manual has been reached. The committee recommends conclusion of

CHANGE IN STAFF CATEGORY

Dentistry

Steven T. Braunstein, DDS

From Courtesy, *Refer & Follow* **To** Emeritus Staff

Psychiatry

Rajendra Badgayan, MD

From Active Staff **To** Courtesy, *Refer & Follow*

Jeffrey J. Grace, MD

From Active Staff **To** Courtesy, *Refer & Follow*

Brian S. Joseph, MD

From Associate Staff **To** Courtesy, *Refer & Follow*

Annemarie L. Mikowski, DO

From Active Staff **To** Courtesy, *Refer & Follow*

FOR OVERALL ACTION

DEPARTMENT ADDITION

Rehabilitation Medicine and Internal Medicine

Jennifer L. Anzelone-Kieta, PA-C

add Rehabilitation Medicine

Supervising MD: Dr. Mark LiVecchi

**FPPE waived; returning to previous department under OPPE*

review

Internal Medicine and Anesthesiology

Karen S. Konikoff, ANP

add Internal Medicine

Collaborating MD: Dr. Joseph Zizzi, Jr.

**FPPE waived; returning to previous department, same duties*

FOR OVERALL ACTION

CHANGE IN COLLABORATING / SUPERVISING ATTENDING

Internal Medicine

Kimberly F. Fedkiw, ANP

From Dr. Muhammad Achakzai **To** Dr. Nancy Ebling

Brian M. Hill, PA-C

From Dr. Neil Dashkoff **To** Dr. Brian Riegal

Lisa A. Venuto, PA-C

From Dr. Mandip Panesar **To** Dr. James Farry

Psychiatry

V. Thomas Chapin, PNP

From Dr. Rajendra Badgayan **To** Dr. DeviNalini Misir

FOR OVERALL ACTION

SPECIFIC PRIVILEGE ADDITION OR REVISION

Internal Medicine

Helen B. Doemland, PA-C

Allied Health Professional

Supervising MD: Dr. Christopher Jacobus

- Palliative Care Consultation

**FPPE satisfied with prior service, specialty training and competency assessment on file*

Orthopaedic Surgery

Michael A. Rauh, MD

Active Staff

- Fluoroscan*

**FPPE satisfied with competency based training*

Surgery

Joshua L. Jones, MD

Active Staff

- Fluoroscan*

**FPPE satisfied with competency based training*

FOR OVERALL ACTION

SPECIFIC PRIVILEGE WITHDRAWAL

Urology

Brian D. Rambarran, MD

Associate Staff

- Moderate Sedation

- Laparoscopic Reconstructive Procedures

FOR OVERALL ACTION

APPOINTMENTS AND REAPPOINTMENTS

A. Initial Appointment Review (7)

B. Initial Dual Department Appointment (1)

ERIE COUNTY MEDICAL CENTER CORPORATION

- C. Reappointment Review (33)
- D. Reappointment Dual Department Review (0)

Eight initial and thirty-three reappointment requests were presented to the Credentials Committee for review. The dossiers were found to be in order and are endorsed to the Medical Executive Committee for its approval with comments (if any) as indicated.

APPOINTMENT APPLICATIONS, RECOMMENDED

A. Initial Appointment Review (7)

Family Medicine

Sandra Michel, ANP Allied Health Professional
Collaborating MD: Stephen Evans

Internal Medicine

Shakeel Ahmad, MD Active Staff
 Joshua Washburn, PA-C Allied Health Professional
Supervising MD: Nauman Tahir

Stephanie Weldy, ANP Allied Health Professional
Collaborating MD: Nancy Ebling

Orthopaedic Surgery

Shane Griffin, PA-C Allied Health Professional
Supervising MD: Nicholas Violante

Plastic & Reconstructive Surgery

Alice L. Spies, RNFA Allied Health Professional
Supervising MD: Thom Loree

Surgery

Nicole Ksiazek, PA-C Allied Health Professional
Supervising MD: Mark Laftavi

B. Initial Dual Dept. Review (1)

Internal Medicine & Rehab Medicine

Miles Sumner, PA-C Allied Health Professional
Supervising MD: Kaunteya Reddy and Mark LiVecchi

FOR OVERALL ACTION

REAPPOINTMENT APPLICATIONS, RECOMMENDED

C. Reappointment Review (33)

Anesthesiology

Elizabeth L. Mahoney, MD Active Staff
 Masroor A. Syed, MD Active Staff

Cardiothoracic Surgery

LuJean Jennings, MD Courtesy, Refer & Follow

Dentistry

Sebastian G. Ciancio, DDS Courtesy, Refer & Follow

Emergency Medicine

William H. Dice, MD Active Staff
 Amanda A. Chauncey, PA-C Allied Health Professional
Supervising MD: Dr. David Ellis

Elizabeth A. McCarthy, PA-C Allied Health Professional
Supervising MD: Dr. Dietrich Jehle

Internal Medicine

Ajay Chaudhuri, MD Active Staff
 Susan S. Krasner, PhD Allied Health Professional

Neurology

M. Reza Samie, MD Active Staff

Neurosurgery

Gregory J. Bennett, MD Active Staff

Ophthalmology

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Russell G. Knapp, MD Courtesy, *Refer & Follow*
 Charles R. Niles, MD Associate Staff
 James J. Reidy, MD Active Staff
 Karen R. Schoene, MD Courtesy, *Refer & Follow*

Oral & Maxillofacial Surgery

Sanil B. Nigalye, DDS, MD Active Staff

Orthopaedic Surgery

Lawrence B. Bone, MD Active Staff
 Michael A. Rauh, MD Active Staff
 Talia G. Szymanski, PA-C Allied Health Professional
Supervising MD: Dr. Michael Rauh

Otolaryngology

Beverly C. Prince, MD Courtesy, *Refer & Follow*

Plastic & Reconstructive Surgery

Carly A. Gerretsen, FNP Allied Health Professional
Collaborating MD: Dr. Thom Loree

Pathology

Donald E. Higgs, MD Active Staff

Psychiatry

Christopher M. Deakin, MD Courtesy, *Refer & Follow*
 John M. Improtta, MD Active Staff
 Kathleen M. Quinlan, MD Active Staff
 Howard C. Wilinsky, MD Active Staff

Surgery

George A. Blessios, MD Active Staff
 Mahmoud N. Kulaylat, MD Active Staff
 Natalie A. Passmore, ANP Allied Health Professional
Collaborating MD: Dr. Daniel Leary

Michael A. Pell, MD Active Staff

Radiology/Imaging Services – Teleradiology

Paul S. Sarai* Active Staff
**Quality control review of every tenth reappointment application; no deficiencies noted.*

Urology

Kevin J. Barlog, MD Associate Staff
 John J. Griswold, MD Active Staff

FOR OVERALL ACTION

PROVISIONAL APPOINTMENT REVIEW, RECOMMENDED

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

May 2013 Provisional to Permanent Staff	Provisional Period Expires
Family Medicine	
Barber, Mercedes, ANP Allied Health Professional	05/22/2013
<i>Collaborating Physician: Dr. Stephen J. Evans</i>	
Hartnett, Christine, M., PA-C Allied Health Professional	05/22/2013
<i>Supervising Physician: Dr. Stephen J. Evans</i>	
Mellas, Theresa, C., PA-C Allied Health Professional	05/22/2013
<i>Supervising Physician: Dr. Antonia J. Redhead</i>	
Internal Medicine	
Freer, Jack, Paul, MD Active Staff	05/22/2013
Packianathan, Nalini, B., MD Active Staff	05/22/2013
Parker, Kirsten, F., MS ANP Allied Health Professional	05/22/2013
<i>Collaborating Physician: Dr. Christopher Jacobus</i>	
Sisti, Cary, D., MS ANP Allied Health Professional	05/22/2013
<i>Collaborating Physician: Dr. Dominic R. Lipome</i>	

ERIE COUNTY MEDICAL CENTER CORPORATION

The future July 2013 Provisional to Permanent Staff list has been compiled for Chief of Service and Collaborating / Supervising physician review 60 days before endorsement to the Medical Executive Committee.

FOR OVERALL ACTION

AUTOMATIC MEMBERSHIP CONCLUSION, RECOMMENDED

Expiring in August 2013

Last Board Approval Date

Internal Medicine

Bilen, Ziya, MD

Courtesy Staff, *Refer & Follow*

08/02/2011

Obstetrics & Gynecology

Gugino, Lawrence J., MD *

Active Staff

08/02/2011

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

Reappointment Expiration Date: August 1, 2013

Planned Credentials Committee Meeting: May 7, 2013

Planned MEC Action date: May 20, 2013

Planned Board confirmation by: June 2013

Last possible Board confirmation by: July 2013

FOR OVERALL ACTION

FUTURE MEMBERSHIP CONCLUSION, UNDER CONSIDERATION

Expiring in September 2013

Last Board Approval Date

Dentistry

Margaret E. O’Keefe, DDS, MSD Associate Staff

08/30/2011

Internal Medicine

Daniel J. Ford, PA-C

Allied Health Professional

08/30/2011

Supervising MD: Dr. Gerald Logue

Reappointment Expiration Date: September 1, 2013

Planned Credentials Committee Meeting: June 4, 2013

Planned MEC Action date: June 24, 2013

Planned Board confirmation by: July 2013

Last possible Board confirmation by: August 2013

FOR INFORMATION ONLY

OLD BUSINESS

Cardiology Mid Levels

The committee awaits any information regarding changes to the Cardiology service as they are affected by integration with the GVI.

Fluoroscanner Use in the ED

As per the Department of Radiology/Imaging Services, the only use of the mini C-arm in the ED is by the orthopaedic surgeons and residents. As all are documented to have completed the competency based training, the machine will be left in the ED. The exposure log is to be completed with each use. The Department of Radiology/Imaging Services will monitor for ongoing compliance.

ATLS Certification

The Department of Surgery has been very helpful in clarifying the physician training requirements for the American College of Surgeons Trauma Registry. These will be utilized for any applicable form revisions.

Ongoing Quality Control Monitoring

The Medical-Dental Staff Office continually monitors performance with regard to corporate compliance, accreditation, and regulatory standards. Any identified non-compliance would be remediated and reported to the Credentials Committee as due diligence.

A brief report from the NYS NAMSS annual meeting was presented, with specific note of JC standards and state specific requirements for telemedicine credentialing. The committee was assured that the NYS requirements were built into the Teleradiology contract and continue to be followed for initial appointments and re-appointments.

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The Medical-Dental Staff Office was acknowledged for their commitment not only to enhancing their knowledge through education, but their diligence with follow up of open issues.

Privilege Form Revisions

INTERNAL MEDICINE

The initial draft of an integrated Allied Health Professional (Physician Assistant-Nurse Practitioner) form has been provided to the Chief of Service for preliminary comments. The Chief of Service suggests that AHP reps of Credentials Committee and the Medical Executive Committee assist with the review and design process. A meeting will be scheduled with the Credentials Committee Chair.

UROLOGY

A rough privilege form draft has been submitted to the Chief of Service for review and revision with progress in May anticipated.

ORTHOPAEDICS

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

Temporary Privilege expirations during Pending Initial Applications

The tracking system for Urgent and Temporary Privilege expiration periods and the status of application completion was reviewed (Attachment A). All were in order, and none approaching the 120 day maximum.

OVERALL ACTION REQUIRED

NEW BUSINESS

Internal Medicine- Cardiology Privilege Form Revision Draft

The attached Internal Medicine privilege form section of Cardiac Imaging contains procedures not offered and not performed at ECMC. Following a request by the Radiology/Imaging Chief and Associate Chief of Service, and with the concurrence by the Internal Medicine Chief of Service, a committee recommendation is made to delete these elements from the Cardiology privilege form section indicated below:

INTERNAL MEDICINE – Cardiology

Chief of Service action:

INTERNAL MEDICINE – CARDIAC IMAGING LEVEL II PROCEDURAL PRIVILEGES	Init/Reap Volume	Physician Request	Recommend		If Yes, indicate any requirements; If No, provide details. See p.14
			YES	NO	
Computed Tomography and Magnetic Resonance CARDIOLOGY PROCEDURES					
Credentialing Criteria: (Pre 2008) Initial request requires the following: Interpretation of at least 150 Contrast Cardiac CTs, with 50 where the candidate is physically present (and mentored) and involved in acquisition and interpretation of the cases, and evaluation of 50 non-contrast studies, and attendance in at least 20 hrs of devoted CCT (cardiac CT) classes.					
Computed Tomography, Interpretation Cardiac CT (64 slice computed tomography) Not currently offered at ECMCC	Pre 2008: 150 / 50 See p 11	Future Request			Post 2008 Completion of a six month dedicated training in Cardiac CT in an ACGME-accredited institution, with a letter of training verification from the program director.
Credentialing Criteria: (Pre 2008) Initial request requires the following: Interpretation of at least 150 Cardiac MR, with 50 where the candidate is physically present (and mentored) and involved in acquisition and interpretation of the cases, and attendance in at least 30 hrs of devoted Cardiac Magnetic Resonance classes.					

ERIE COUNTY MEDICAL CENTER CORPORATION

Cardiac MR -- Cardiac Magnetic Resonance -- C-MRI Not currently offered at ECMCC	150 over past 5 yrs / then 50 per year	Future Request			
Positron Emission Tomography (PET) (not currently offered at ECMCC)	FUTURE				

DELETE THIS SECTION

Liver Biopsy Privileges – Internal Medicine

A previous request was made by the new Director of GI Services for the special addition of liver biopsy privileges to a particular section of the Internal Medicine form. The committee will defer action on this request until the related business issues are addressed.

Surgery Privilege Form

In response to a question regarding apparently inconsistent ACLS requirements, the committee will ask the Surgery Chief of Service to review ACLS and ATLS requirements as well as to consider a general review and update of the Surgery Form.

Additional Surgery Procedure

The Surgery Chief of Service requests the addition of a new privilege (Nuss Procedure for Pectus Excavatum) to the Surgery delineation form. The committee endorses the request (see below), and recommends discussion with the Chief of Service regarding the potential for specific credentialing criteria to be subsequently added. Previous procedures in the surgery form indicated as “deleted” will also be removed.

II. GENERAL THORACIC SURGERY

Nuss Procedure for Pectus Excavatum ← ADDED PROCEDURE

Previous procedures indicated as DELETED will also be removed:

- ~~Chest wall major plastic (thoracoplasty), --Delete reconstruction, excision~~ Dept. of Cardiothoracic Surgery only
- ~~Thymectomy (transthoracic)~~ Delete -- Dept. of Cardiothoracic Surgery only
- ~~Cardiotomy without pump~~ Delete -- Dept. of Cardiothoracic Surgery only
- ~~Cardiotomy with pump~~ Delete -- Dept. of Cardiothoracic Surgery only
- ~~Coronary by pass surgery~~ Delete -- Dept. of Cardiothoracic Surgery only
- ~~Thoracic aorta surgery (aneurysm, coarctation, etc.)~~ Delete: C-T Surg

AND PAGE 3: d) ~~Bronchography~~ Delete --Dept. of Cardiothoracic Surgery only

Oral and Maxillofacial Surgery Privilege Form Changes

The Oral and Maxillofacial Surgery Chief of Service requests the following privileges be added to the department’s form. These procedures categorically require documentation of additional training or significant experience and can only be granted following completion of a head and neck surgery fellowship program. The additions are endorsed by the committee.

ORAL and MAXILLOFACIAL SURGERY

Enter " ✓ " in Dentist Request Column

Chief of Service action:

LEVEL III PRIVILEGES, continued <i>Those procedures which categorically require documentation of additional training or significant experience and can only be granted following completion of a head and neck surgery fellowship program.</i>	Dentist Request child / adult <=12 / >12y	Recommend		If Yes, with the following requirements: (provide details)
		YES	NO	
Resection of head and neck cancer including glossectomy (partial and total), neck dissection, resection floor of mouth, maxillectomy, mandibulectomy, laryngectomy				

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Parotidectomy – with and without facial nerve dissection and repair				
Facial reanimation surgery				
Laryngoscopy / bronchoscopy				
Esophagoscopy, dilation, repair				
Thyroid / parathyroid surgery – aspiration, biopsy, excision				
External ear – excision of neoplasm, reconstruction of external ear				
Eyelid and lacrimal system – biopsy, excision of neoplasms, repair and reconstruction				
Repair of tracheoesophageal fistula				

Qualifications for Director of Nuclear Medicine Services

The Department of Radiology/Imaging Services has recently completed its review of the qualifications of the nuclear services director. These are submitted through the Credentials Committee (Attachment B) for approval by the Medical Executive Committee, empowered by the organized medical staff and in compliance with JC MS 03.01.01 EP 17. The qualifications of the other members of the nuclear medicine staff were reviewed and approved at the February 2013 MEC meeting.

OVERALL ACTION REQUIRED

OPEN ISSUES

Verification of DEA Registration Renewal

The status of a staff member’s DEA registration renewal and initiation of FPPE evaluation will be monitored through the Medical-Dental Staff Office.

ICU Training/FPPE for MICU midlevels

The committee was provided a status update on the training and practice evaluation for Exigence midlevel practitioners in the granted ICU privileges earlier this year to facilitate such training and competency documentation. This has also been reviewed with the Internal Medicine Chief of Service.

OTHER BUSINESS

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

FPPE (Focused Professional Practice Evaluation)

- Family Medicine (1 FNP)
- Internal Medicine (3 MDs, 1 RPA-C)
- Neurology (1 MD)
- Radiology (1 MD)

OPPE (Ongoing Professional Practice Evaluation)

- The department of Neurology OPPE has been successfully completed for 13 practitioners (2 ANPs, 9 MDs, 1 MD PhD and 1 PhD). One DO did not return the requested documentation.
- The department of Pathology OPPE has been successfully completed for 4 MDs.

ERIE COUNTY MEDICAL CENTER CORPORATION

- OPPE for department of Psychiatry has been successfully completed for 43 practitioners (1 DO, 36 MDs, 4 PhDs and 2 PNPs). One physician did not return the requested documentation.
- Otolaryngology OPPE has been successfully completed for 3 MDs.
- Teleradiology OPPEs have been successfully completed for 46 practitioners (1 DO, 1 DO DVM and 44 MDs).
- OB/GYN OPPE is complete and will be signed by the Chief of Service this week.
- Rehabilitation Medicine OPPE has been initiated with all mailings completed.
- Chiropractic OPPE mailings have been completed.
- Cardiothoracic Surgery OPPE has been initiated. All mailings have been completed with a portion already returned.

Given the “once program, two sites” model with the GVI transition, the Cardiothoracic Chief of Service has indicated that OPPE for all physicians in the department will moving forward need to be conducted using the low volume process and a primary affiliation other than ECMC.

PRESENTED FOR INFORMATION

ADJOURNMENT

With no other business, a motion to adjourn was received and carried with adjournment at 4:20PM.

Respectfully submitted,



Robert J. Schuder, MD,
Chairman, Credentials Committee

Att.



Executive Committee

Minutes from the



Buildings & Grounds Committee

ERIE COUNTY MEDICAL CENTER CORPORATION
BOARD OF DIRECTORS
MINUTES OF THE BUILDING & GROUNDS COMMITTEE MEETING
JUNE 11, 2013
ECMCC STAFF DINING ROOM

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

I. CALL TO ORDER

Richard Brox called the meeting to order at 9:35 A.M.

II. RECEIVE AND FILE APRIL 9, 2013 MINUTES

Moved Frank Mesiah and seconded by Michael Hoffert to receive and file the Buildings and Grounds Committee minutes of April 9, 2013 as presented.

III. UPDATE – PENDING CAPITAL INITIATIVES / PROJECTS

Behavioral Health COE Project (HEAL21)

- New CPEP Building – exterior enclosure progressing with metal stud and paneling installations, spray-on fireproofing nearing completion, mechanical system supports & hangers on-going, completion remains on target for January 2014.
- 4th Floor – Above Ceiling Work / Required waste line replacements to accommodate the 5th floor renovations have been coordinated within operational patient zones, requiring secure barriers between the construction trades and the patient populations. The last of this work shall be completed by end of week. The successful follow-through of this critical coordination effort is assisting in acceleration the 5th for renovation schedule.
- 4th Floor / Phase 1 Renovations [Zone 6], Office and Therapy areas, renovations are in progress, completion expected September 2013
- 4 Zone 3 / New Admissions Unit - a change in patient service line for this zone is being considered, now envisioned to serve the more exceptional patients. Design change meetings have been on-going for several weeks, this zone of renovation being the last to start and finish in the project, current completion forecasted at mid August 2014.
- 5th Floor – Renovations / North - Zones 3&4, partitions readying for first coat of paint, expected to be available for occupancy by mid September; South – Zones 1&2, stud framing on-going, roughins and dry-walling to varying degrees through the floor, expected to be ready for occupancy by mid November.

ERIE COUNTY MEDICAL CENTER CORPORATION

Site & Parking Reconstruction Project

- Project substantially complete, punchlist work and final landscaping in progress.
- Parking and Revenue Control System – final coordination efforts in progress for the second and final step of system implementation which is scheduled for Wednesday June 19th with final preparations on-going.
- New ID Badging Process – mass distributions began yesterday June 10th.

Dental Residency Expansion / Oral Surgery Relocation

Phase 1 of this multi-phase In-House renovation is complete, coordination of Oral Surgery relocation in progress. Once relocated the remaining vacant space in the Dental Suite shall be renovated into General Dentistry space, to accommodate the expanded Residency program. Phase 2 completion expected this fall.

Chilled Water Plant Improvements

- Project substantially complete, with punchlist work in the final stage.
- Recently recognized manufacturing flaw in the Cooling Tower fan units shall have the manufacturer replace all with proper units. This work shall be expedited and phased in an effort to complete the corrections prior to the high demand cooling season, ECMC awaiting the replacement schedule.

Access Road Water Main

- The NYSDOT bridge reconstruction project in underway, with full completion expected this fall. This project shall include the replacement of ECMC's 12" water main that runs under the bridge deck.

Gift Shop Renovation

- This project is moving forward as a series of In-House renovations, via a Fast-Track approach in an effort to reach completion as soon as possible, currently projected for mid fall.
- Pre-requisite relocations including 1) a new permanent Patient Advocate Office @ the 2nd floor, 2) the temporary relocation of the Cashiers Suite into the now vacant Social Services Suite and 3) the temporary relocation of the Gift Shop into the former Patient Advocate office. These relocations shall allow for a start to the project while work on the Architectural & Engineering plans resumes. The intent being to have all (3) relocations complete by the end of this week.
- Architectural / Engineering service agreement with Foit Albert (NYSESD WBE) to be executed shortly.

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

- Since our last meeting the entire dual CON project has been bid and awarded, with work begun on the axial corridor structural modifications, with contractor mobilization at the floor levels begun.

ERIE COUNTY MEDICAL CENTER CORPORATION

- New Axial Corridor was closed between Renal Center and the Main Hospital yesterday and shall remain closed for approximately six weeks. Until then circulation shall be detoured through an enclosed temporary corridor which runs north / south between the new axial corridor and the County Toxicology Building.
- 1st Floor / The Ambulatory Surgical Center shall be completed at an accelerated pace with dual shifts of tradesmen working on the project until complete and ready of occupancy by early December 2013.
- 2nd Floor / Article 28 Level shall be completed utilizing a single shift until complete and ready for occupancy by mid February 2014.
- 3rd Floor / Tenant Level shall be completed utilizing a single shift until complete and ready for occupancy by late February 2014. Tenants include Urology [Private Practice], UBMD Endocrinology & Nephrology.

IV. UPDATE – PENDING CAPITAL INITIATIVES/PROJECTS

GI Lab Renovations

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

Orthopedic COE Initiative / Phase 2 - In Patient Beds

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

Orthopedic COE Initiative / Phase 3 - Office & Exam Expansion

This 3rd conceptual phase to the Ortho COE initiative, would have the Spine Center soft space renovated into addition Exam Rooms, with displaced office functions relocated to vacant Head & Neck space and or ground floor DKMiller. ECMC awaits related feedback from the Orthopedic Group before further developing the concept. The earlier version of this project was forecasted at the \$2.4 million mark.

Signage & Wayfinding Project – Campus Site

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

Life Safety Generator Replacement Project

- One of our original six Life Safety (LS) generators is beyond repair & is currently non-functional, a rental unit has been in place maintaining LS compliance since, and it shall remain necessary until replacement. Our Engineer is nearing completion with a

ERIE COUNTY MEDICAL CENTER CORPORATION

related set of bidding documents. Project shall have new generator set located on the roof above the Radiology, new structural support shall be required, replacement in current location not an option. More detail & budget estimate to follow.

Main Bldg Envelope Study

- The main building exterior is in need of multiple repairs, including the cleaning, sealing and caulking of existing precast panels, replacement and or repair of window and panel systems need to be considered. ECMC shall be seeking an exterior building envelope expert to survey and analyze our current circumstances and make recommendations on potential repair scenarios. A “Request for Proposal” for such expert design services shall be developed and distributed in the near future.

VI. ADJOURNMENT

Moved by Richard Brox to adjourn the Board of Directors Building and Grounds Committee meeting at 10:15 a.m.

Next Building & Grounds meeting – August 13, 2013 at 9:30 a.m. - Staff Dining Room

Minutes from the



Finance Committee

BOARD OF DIRECTORS
MINUTES OF THE FINANCE COMMITTEE MEETING
MAY 21, 2013

ECMCC BOARD OF DIRECTORS CONFERENCE ROOM

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

I. CALL TO ORDER

The meeting was called to order at 8:35 a.m. by Michael A. Seaman, Chair.

II. RECEIVE AND FILE MINUTES

Motion was made and accepted to approve the minutes of the Finance Committee meeting of April 23, 2013.

III. APRIL 2013 FINANCIAL STATEMENT REVIEW

Michael Sammarco provided a summary of the financial results for April, 2013 which addressed volume, income statement activity and key financial indicators.

Total discharges were under budget by 80 for the month of April. Year-to-date discharges were under budget by 235, and 27 ahead of the prior year. Acute discharges were under budget by 80 for the month, under budget by 179 year-to-date, and 3 under the prior year.

Observation cases were 168 for the month. The average daily census was 331, compared to a budget of 354 and 327 the prior year. Average length of stay was 6.3 for April, compared to a budget of 6.0 and 6.0 the prior year. Non-Medicare case mix was 1.88 for the month compared to a budget of 2.04, and Medicare case mix was 2.02, compared to a budget of 1.80.

Inpatient surgical cases were 24 under budget for the month, 22 under budget year-to-date and 38 over the prior year. Outpatient surgical cases were over budget by 9 for the month, under budget by 238 year-to-date, and 47 less than the prior year. Emergency Department visits were under budget for the month by 337, and 61 less than the prior year.

Hospital FTEs were 2,358 for the month, compared to a budget of 2,307. Terrace View FTEs were 423 for the month, compared to a budget of 440.

The Hospital had an operating loss for the month of \$601,000, compared to a budgeted loss of \$123,000 and a loss of \$1 million the prior year. Terrace View had an operating loss of \$298,000, compared to a \$433,000 loss for the month of March.

The consolidated operating loss for the month was \$899,000 compared to a loss of \$1.5 million the prior year, and a budgeted loss of \$147,000. The consolidated year-to-date operating loss was \$5.7 million.

Days operating cash on-hand was 36.0, obligated cash was \$111.4 million, and days in accounts receivable were 41.8 for the month.

IV. CASH FLOW PROJECTIONS:

Mr. Sammarco distributed the monthly cash flow projection and reviewed the details with the committee members.

V. ADJOURNMENT:

The meeting was adjourned at 9:05 a.m. by Michael Seaman, Chair.

Minutes from the



Investment Committee



ECMCC Management Team



Chief Executive Officer

ERIE COUNTY MEDICAL CENTER CORPORATION

REPORT TO THE BOARD OF DIRECTORS
JODY L. LOMELO, CHIEF EXECUTIVE OFFICER
JUNE 25, 2013

I hope everyone is doing well as we enter the summer months. So much is happening on the campus and I appreciate the time and effort our Board members are spending to make certain ECMC continues to grow and thrive.

HOSPITAL OPERATIONS

In May, volumes have increased in all major areas throughout the hospital and that has translated into a small operating surplus. As we proceed through our busiest time of the year, here are some operational highlights for the month of May 2013:

- Total discharges for the month of May were 28 over May 2012 and 52 discharges over the prior year-to-date.
- Acute discharges were 11 under May 2012 and 14 less than the prior year-to-date
- Length of stay held steady at 6.4 compared to 6.3 in April
- Both Medicare and Non-Medicare case mix dropped to 1.71 and 1.62 respectively, compared to the prior month.
- Inpatient surgical cases were 14 over May 2012 and 52 over the prior year-to-date
- Outpatient surgical cases were 46 over May 2012 and just 3 less than the prior year-to-date.
- The hospital had an operating surplus of \$356,000 for the month compared to April's loss of \$601,000.
- Terrace View had an operating loss of \$236,000 compared to the prior month loss of \$298,000.
- The consolidated year-to-date operating loss currently stands at \$5.6 million

The Executive team continues to implement a cost reduction and revenue enhancement plan that was presented at the March Board meeting. We have seen great traction on many

action items that include Behavioral Health consolidation, Super Lab, overtime reduction, and Terrace View restructuring. We will remain focused on this plan.

We have begun the process of changing how we plan and account for our major services throughout the hospital. The service line teams are meeting and have been working on developing their business and strategic plans.

JUNE 13TH

On June 13, 2013, we remembered the tragic events of the previous year and held a memorial service for Jackie Wisniewski and her family. Our thoughts and prayers will always be with Jackie and her family. We must continue to strive to be leaders in the advocacy against domestic violence. We are most thankful for all of the support that we have received both internally and externally as we continue our healing journey. A special thank you to the *Clothes Line Project* and *Theatre for Change* as they have partnered with us in training and educating our workforce against domestic violence.

GREAT LAKES HEALTH

The initiatives of Great Lakes Health have gained momentum and we continue to see tangible evidence of successful collaboration. The development of the Behavioral Health Center of Excellence is on pace and will be both an opportunity and a challenge for this institution. Kaleida Health has determined that it will no longer be accepting psychiatric inpatients and plans to close its Behavioral Health program. Our teams are working together to plan for the surge of patients that will be coming to the ECMC campus. I have held discussions with the leadership at Kaleida, Great Lakes Health and the University at Buffalo to begin a search for a President/Director for our new Behavioral Health Program. I will keep you updated as to where we are with the search and the model going forward.

The Super Lab consolidation continues to move forward. We are looking at a start date of late summer. Physicians from ECMC and Kaleida are finalizing which tests will be done at the essential service lab and which tests will be sent to the Super Lab.

TERRACE VIEW

As discussed in previous Board meetings, we have begun the process of evaluating Terrace View operations and implementing new strategies to reduce expense and create an optimal staffing model. An outside consultant is providing assistance as we meld the cultures of Alden and the Grider Street campus. We have appointed Chuck Rice as interim Administrator and Jennifer Cronkhite as interim Director of Nursing. I would like to thank both Chuck and Jennifer for their leadership.

Terrace View's potential sub-acute short term rehabilitation program will need outside assistance in expanding its current census from 24 to 48, or a higher number. An RFP was published for professional and administrative services. We have received responses from two companies that specialize in this business and are currently being reviewed.

We will continue to keep you informed of the progress of Terrace View. Thank you to everyone at Terrace View for believing in our mission of providing the highest quality of care to each person.

KALEIDA LABOR

As I am sure your have read, Kaleida and its union partners have tentatively agreed to a new three year contract. This is very good news because a work stoppage at the Kaleida Health facilities would have a negative impact on the health of our entire community.

Thanks once again for your support. As always I am grateful for your time, energy and passion for ECMC and the patients we serve.

Jody



Chief Operating Officer

ERIE COUNTY MEDICAL CENTER CORPORATION
REPORT TO THE BOARD OF DIRECTORS
RICHARD C. CLELAND, MPA, FACHE, NHA
CHIEF OPERATING OFFICER
JUNE 2013

EXECUTIVE MANAGEMENT

Our Executive Management (EM) team completed our Dale Carnegie training program “Executive Leadership Team Training”. This initiative which took place over the months of March, April, May, and into early June was a fantastic experience and a great opportunity to develop essential team building. We look to expand this program to our senior management team this fall.

We are planning for a summer Joint Commission survey and everyone in the organizations is preparing. Charlene Ludlow has done a great job in keeping the organization focused and ready for the survey.

The EM team has accomplished several significant goals for the 2nd quarter of 2013. Twenty-six (26) key initiatives have been identified and (21) of these are completed or are underway (see attached report).

We currently have identified over \$10 million in revenue expense savings for 2013 impact. I extend sincere praise for our EM in achieving this goal.

I attached a very nice complimentary letter to my report. I received this letter recently about the exceptional care experienced in our ER and on 12th floor zone 2.

BEHAVIORAL HEALTH CENTER OF EXCELLENCE

We continue to work with our partners at Kaleida Health/BGMC in an expedited fashion. We look to bring in (36) new inpatient beds by September 1, 2013 (5-south) and an additional (36) inpatient beds by December 1, 2013. This will offset BGMC inpatient program closure which is expected to take place by end of June.

New CPEP construction should be completed by January 1, 2014. We continue working with BGMC on the outpatient consolidation and look towards an October 2013 transfer.

Dr. Dubovsky has initiated the Strategic Planning Committee which will oversee consolidation of the behavioral health programs.

I attached a very nice complimentary letter to my report. I received this letter recently about the exceptional care experienced in our behavioral health program.

TERRACE VIEW

A leadership was made in May. Charles Rice has been appointed Interim Administrator and Jennifer Cronkhite – Interim Director of Nursing. Cultural integration has continued and consultant, Jeannine Brown Miller, has been hired to lead this transformation. Areas that are in need of improvement include: staffing/recruitment, training, support services operating model and customer service. Occupancy remains at 98-99%.

ERIE COUNTY MEDICAL CENTER CORPORATION

LEADERSHIP APPOINTMENT – CASE MANAGEMENT

Anoma Mullegama – Vice President of Systems and Integrated Care began on June 10, 2013.

VHA – Novia completed Phase I of the assessment and is scheduled to complete the financial component last week of June.

LOS came in at (6) days for May with a significant improvement and our Medicare length of stay, 6.1 down from 8.1, which is due to our Transitional Care Unit (TCU).

NEW CONSTRUCTION/RENOVATION PROJECTS

Construction has started at the Renal Center of Excellence on the four (4) new ambulatory operating rooms (1st floor) and on both the Medical Office Building and Outpatient Article 28 (Head/Neck/Plastics, Oncology, and Breast Health). All renovations will be completed by mid to late December 2013.

**Executive Management
Goal Report-2nd Quarter 2013
June 20, 2013**

Goals	Responsible Party(s)	Completed
<u>2013 Second Quarter Goals</u>		
1) Approval CON MOB	Rich/Tom	April 2, 2013
2) Open TCU	Rich	April 1, 2013
3) LOS <6 by end of quarter	Rich, Karen, Dr. Murray	May(6.0)LOS
4) Re-design ambulatory care-Phase II revenue & efficiency enhancement	Ron	June 1, 2013
5) Super Lab –fiscal model and testing period	Ron	
6) JC Survey	Everyone	
7) Business service line Development:		
a. Trauma/Burn/ER Services;	Lorne, Karen	Meetings underway
b. Orthopedics;	Lorne, Tom	Meetings underway
c. Behavioral Health/Chemical Dependency;	Lorne, Rich	Meetings underway
d. Head, Neck and Breast;	Lorne, Tom	
e. Transplant/Renal;	Lorne, Dr. Murray	
f. LTC;	Lorne, Rich	Meetings underway
g. Ambulatory Services/Clinics	Lorne, Ron	
h. Immunodeficiency;	Lorne, Ron	
i. Rehabilitation Services;	Lorne, Rich	Meetings underway
8) Submit CON – Ortho (Phase II & Phase III)	Tom	
9) Outside assessment case management	Rich	Completed May 27, 2013
10) Reorganization medical services office	Dr. Murray	
11) EM complete Dale Carnegie Leadership course	Everyone-EM	June 3, 2013
12) Implement Pinpoint Service Line Dashboards and Report Cards	Mike	May 1, 2013
13) Progress with Stage II Meaningful Use	Leslie	
14) Be at <u>least</u> break even financial status(profitability is goal)	Everyone-EM	
15) Develop Comprehensive Physician Plan to address:	Dr. Murray	
→ Contracting (by committee)		
→ P4P Reviews (by committee)		
→ Recruiting (a Physician Strategic Plan)		
▪ i.e. – ACS recommendations(Trauma), Neurosurgery, etc., address where shortages are on the horizon		
→ Liaison/Concierge Service(on boarding)		
16) Head and Neck/Oncology Practice Manager(consolidation)	Tom Q	June 10, 2013
17) Terrace View Restructuring	Rich	Underway May 20, 2013
18) Automate Switchboard	Donna	
19) Level III Observation –Sitter Service	Karen, Kathy	June 14, 2013

20) OR On Call Reduction to (1)Team	Tom	May 1, 2013
21) Redesign ECMC Patient Transport	Charlene	June 15, 2013
22) CSEA Per Diem and Part Time Plan	Kathy, Ron, Karen, Charlene	
23) Purchasing Assessment-Cardinal	Mike	June 1, 2013
24) Contract and Purchased Services Review	Rich	May 31, 2013
25) Overtime managed down to 65 FTE's from 98 FTE's	Everyone -EM	Currently 74 FTE's
26) Hire and recruit VP System and Integrated Care	Rich	June 10, 2013

NEW YORK
state department of
HEALTH

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

Sue Kelly
Executive Deputy Commissioner

June 17, 2013

Mr. Thomas Quatroche
Sr. Vice President of Marketing, Planning, and Business
Erie County Medical Center Corporation
462 Grider Street
Buffalo, New York 14226

Re: 121161 - C
Erie County Medical Center
(Erie County)
Create two additional operating rooms
in a building adjacent to the main hospital
building
Total Project Cost: \$14,920,203

Dear Mr. Quatroche:

The Department of Health has reviewed the documentation addressing the contingencies that were related to the proposed approval of the above project. As of this date, all contingencies on this project have been satisfied.

Upon completion of all drawing review submission(s) required by the Bureau of Architectural and Engineering Facility Planning as described in your CON approval letter, you may begin construction. At the time that construction begins, please complete the enclosed form and return it to the Bureau of Project Management.

It is understood that the commencement of construction is your acknowledgment that project costs do not exceed approved project costs as indicated above. Additional costs will not be eligible for reimbursement without the prior approval of the Department. Please be reminded that in accord with FGI, Section 3.7 – 3.6.1, provisions shall be made for the visual surveillance of all doorways leading to semi-restricted areas from unrestricted areas. Acceptable provisions may include video surveillance system or similar means.

Per 710.9 you must notify the appropriate Regional Office at least two months in advance of the anticipated completion of construction date, so that the pre-opening survey can be scheduled. Failure to provide such notice may result in delays affecting both the pre-opening survey and authorization by the Department to commence occupancy and/or operations.

If you have any questions regarding this letter, please contact the Bureau of Project Management at 518-402-0911, New York State Department of Health, Division of Health Facility Planning, Room 1842, Corning Tower, Empire State Plaza, Albany, New York 12237.

Sincerely,



Charles P. Abel
Acting Director
Division of Health Facility Planning

Enclosure

HEALTH.NY.GOV
facebook.com/NYSDOH
twitter.com/HealthNYGov

June 7, 2013



Mr. Michael Zuber
President, Behavioral Health
462 Grider Street
Buffalo, NY 14214

Dear Mr. Zuber:

I am sure you have heard the expression, "People are quick to criticize and s-l-o-w to compliment." Well, I would like to compliment the nursing staff in Behavioral Health, 4th Floor, Zone 4.

A very close and dear friend of mine (48 years) is currently a "resident" and occupies room 427. She was admitted around May 26 and during my almost daily visits, I was greeted by different staff members (LPNs ?) upon entering and exiting the unit. Each and every person was friendly and professional. However, I would like to single out one individual in particular - Bob Parczewski. Bob is friendly. Bob is professional. Beyond that, Bob has a "talent" for making people laugh. As you are well aware, "Laughter is the best medicine." Mary Ann herself told me that Bob is the only one who can make her laugh. And that, Mr. Zuber, is a big deal, in spite of the fact that Mary Ann has severe depression and anxiety.

I would also like to bring to your attention the extra time Mr. Parczewski took to talk to myself and another visitor of Mary Ann's when visiting hours were officially over (12:00 to 1:00). We talked in the corridor about Mary Ann and it was quite evident Bob was genuinely concerned about her mental health.

In any event, I would like to commend you on your exceptional staff. Feel free to share my comments with Bob.

Sincerely,

A handwritten signature in blue ink that reads "Valerie Bartkowiak".

Valerie Bartkowiak
80 Gates Street
Sloan, NY 14212
valoriecalorie@yahoo.com

cc: Laurie Carroll, Unit Manager
Paula Fisher, VP of Behavioral Health

4778 Union Road
Buffalo NY, 14225

Richard Cleland
C.O.O., E.C.M.C.
462 Grider Street
Buffalo, New York 14215

Dear Mr. Cleland:

Recently my 91 year old Mother was brought in to ECMC Emergency Room after suffering a head injury with significant blood loss. She was then admitted to the twelfth floor Telemetry Unit, where she remained for the next week.

I am writing today to commend your hospital staff for her experiences as a patient in your hospital. The ER nursing and Medical staffs were very kind and informative.

The nursing staff on the 12th floor was consistently cheerful and helpful. Jan Valencourt N.P. seemed to be very capable, and her informative phone call the morning after my Mom's admission was so comforting.

Casey Davis, her social worker, made herself available to speak with me whenever I had questions, reassured me when I was anxious, and when the time came for discharge, she effectively communicated to me the options for my Mothers' continuing care.

I want to comment that I myself am a nurse and have been in and out of many hospitals in the Buffalo area over the course of my career. I was pleasantly impressed with the quality of care we encountered during the week my Mom was with you.

Thank you. And thanks to the staff who lovingly cared for my Mom, Claire Lippert.

Sincerely,



Sandra Lippert, R.N., M.S.N.



Chief Financial Officer

The difference between
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Internal Financial Reports
For the month ended May 31, 2013

Erie County Medical Center Corporation

Balance Sheet May 31, 2013 and December 31, 2012

(Dollars in Thousands)

	May 31, 2013	Audited December 31, 2012	Change from December 31st
ASSETS			
Current assets:			
Cash and cash equivalents	\$ 44,777	\$ 20,611	\$ 24,166
Investments	983	3,112	(2,129)
Patient receivables, net	47,080	42,548	4,532
Prepaid expenses, inventories and other receivables	34,187	49,459	(15,272)
Total Current Assets	127,027	115,730	11,297
Assets Whose Use is Limited:			
Designated under self-Insurance programs	95,500	93,151	2,349
Designated by Board	25,000	25,000	0
Restricted under debt agreements	26,728	32,479	(5,751)
Restricted	23,511	25,436	(1,925)
	170,739	176,066	(5,327)
Property and equipment, net	258,287	247,113	11,174
Deferred financing costs	3,030	3,091	(61)
Other assets	4,364	4,621	(257)
Total Assets	\$ 563,447	\$ 546,621	\$ 16,826
LIABILITIES AND NET ASSETS			
Current Liabilities:			
Current portion of long-term debt	\$ 7,006	\$ 6,936	\$ 70
Accounts payable	24,831	29,369	(4,538)
Accrued salaries and benefits	16,946	18,661	(1,715)
Other accrued expenses	30,168	17,386	12,782
Estimated third party payer settlements	30,217	27,651	2,566
Total Current Liabilities	109,168	100,003	9,165
Long-term debt	178,442	180,354	(1,912)
Estimated self-insurance reserves	58,044	56,400	1,644
Other liabilities	103,144	99,827	3,317
Total Liabilities	448,798	436,584	12,214
Net Assets			
Unrestricted net assets	103,580	98,968	4,612
Restricted net assets	11,069	11,069	0
Total Net Assets	114,649	110,037	4,612
Total Liabilities and Net Assets	\$ 563,447	\$ 546,621	\$ 16,826

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Erie County Medical Center Corporation

Statement of Operations

For the month ended May 31, 2013

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net Patient Revenue	\$ 34,726	\$ 36,359	\$ (1,633)	\$ 34,747
Less: Provision for bad debts	(2,112)	(2,200)	88	(2,050)
Adjusted Net Patient Revenue	32,614	34,159	(1,545)	32,697
Disproportionate Share/IGT Revenue	4,396	4,396	-	4,702
Other Revenue	1,747	2,071	(324)	1,888
Total Operating Revenue	38,757	40,626	(1,869)	39,287
Operating Expenses:				
Salaries / Wages / Contract Labor	14,391	13,833	(558)	13,301
Employee Benefits	8,674	9,425	751	9,044
Physician Fees	3,793	4,551	758	4,259
Purchased Services	2,878	2,711	(167)	3,186
Supplies	5,878	6,076	198	6,276
Other Expenses	578	668	90	746
Utilities	442	469	27	381
Insurance	(402)	550	952	512
Depreciation & Amortization	1,676	1,648	(28)	1,446
Interest	730	716	(14)	447
Total Operating Expenses	38,638	40,647	2,009	39,598
Income (Loss) from Operations	119	(21)	140	(311)
Non-operating gains (losses):				
Grants - HEAL 21	4,240	833	3,407	-
Interest and Dividends	277	-	277	347
Unrealized Gains/(Losses) on Investments	(615)	267	(882)	(2,252)
Non-operating Gains(Losses), net	3,902	1,100	2,802	(1,905)
Excess of (Deficiency) of Revenue Over Expenses	\$ 4,021	\$ 1,079	\$ 2,942	\$ (2,216)
Retirement Health Insurance	782	1,413	(631)	1,469
New York State Pension	2,078	2,173	(95)	1,756
Total impact on operations	\$ 2,860	\$ 3,586	\$ (726)	\$ 3,225

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Erie County Medical Center Corporation

Statement of Operations

For the five months ended May 31, 2013

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net Patient Revenue	\$ 166,935	\$ 167,838	\$ (903)	\$ 158,798
Less: Provision for bad debts	(9,759)	(9,399)	(360)	(9,418)
Adjusted Net Patient Revenue	157,176	158,439	(1,263)	149,380
Disproportionate Share/IGT Revenue	21,979	21,979	-	23,510
Other Revenue	9,895	10,416	(521)	9,149
Total Operating Revenue	189,050	190,834	(1,784)	182,039
Operating Expenses:				
Salaries / Wages / Contract Labor	70,410	64,673	(5,737)	64,215
Employee Benefits	43,729	44,929	1,200	43,529
Physician Fees	20,859	21,513	654	21,106
Purchased Services	13,810	13,499	(311)	13,374
Supplies	28,009	28,079	70	26,769
Other Expenses	3,325	3,285	(40)	3,106
Utilities	3,037	2,289	(748)	2,318
Insurance	-	2,750	2,750	2,571
Depreciation & Amortization	8,173	8,099	(74)	7,241
Interest	3,308	3,301	(7)	2,192
Total Operating Expenses	194,660	192,417	(2,243)	186,421
Income (Loss) from Operations	(5,610)	(1,583)	(4,027)	(4,382)
Non-operating Gains (Losses)				
Grants - HEAL 21	10,000	4,167	5,833	-
Interest and Dividends	1,272	-	1,272	1,813
Unrealized Gains/(Losses) on Investments	(568)	1,332	(1,900)	1,877
Non Operating Gains (Losses), net	10,704	5,499	5,205	3,690
Excess of (Deficiency) of Revenue Over Expenses	\$ 5,094	\$ 3,916	\$ 1,178	\$ (692)
Retirement Health Insurance	5,061	6,728	(1,667)	7,345
New York State Pension	10,446	10,376	70	8,864
Total impact on operations	\$ 15,507	\$ 17,104	\$ (1,597)	\$ 16,209

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Erie County Medical Center Corporation

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

(Dollars in Thousands)

	<u>Month</u>	<u>Year-to-Date</u>
<u>UNRESTRICTED NET ASSETS</u>		
Excess (Deficiency) of Revenue Over Expenses	\$ 4,021	\$ 5,094
Other Transfers, Net	(94)	(482)
Contributions for Capital Acquisitions	-	-
Net Assets Released from Restrictions for Capital Acquisition	-	-
	<hr/>	<hr/>
Change in Unrestricted Net Assets	3,927	4,612
	<hr/>	<hr/>
<u>TEMPORARILY RESTRICTED NET ASSETS</u>		
Contributions, Bequests, and Grants	-	-
Net Assets Released from Restrictions for Operations	-	-
Net Assets Released from Restrictions for Capital Acquisition	-	-
	<hr/>	<hr/>
Change in Temporarily Restricted Net Assets	-	-
	<hr/>	<hr/>
Change in Total Net Assets	3,927	4,612
	<hr/>	<hr/>
Net Assets, Beginning of Period	110,722	110,037
	<hr/>	<hr/>
NET ASSETS, End of Period	\$ 114,649	\$ 114,649
	<hr/>	<hr/>

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Erie County Medical Center Corporation

Statement of Cash Flows

For the month and five months ended May 31, 2013

(Dollars in Thousands)

	Month	Year-to-Date
<u>CASH FLOWS FROM OPERATING ACTIVITIES</u>		
Change in net assets	\$ 3,927	\$ 4,612
Adjustments to Reconcile Changes in Net Assets to Net Cash Provided by (Used in) Operating Activities:		
Depreciation and amortization	1,676	8,173
Provision for bad debt expense	2,112	9,759
Net Change in unrealized (gains) losses on Investments	615	568
Transfer to component units	94	482
<u>Changes in Operating Assets and Liabilities:</u>		
Patient receivables	(3,178)	(14,291)
Prepaid expenses, inventories and other receivables	(9,563)	15,272
Accounts payable	(757)	(4,538)
Accrued salaries and benefits	1,835	(1,715)
Estimated third party payer settlements	261	2,566
Other accrued expenses	835	12,782
Self Insurance reserves	(32)	1,644
Other liabilities	434	3,317
Net Cash Provided by (Used in) Operating Activities	(1,741)	38,631
<u>CASH FLOWS FROM INVESTING ACTIVITIES</u>		
Additions to Property and Equipment, net		
Campus expansion	(1,274)	(13,658)
Routine capital	(634)	(5,628)
Use of bond proceeds for campus expansion	263	6,336
Decrease (increase) in assets whose use is limited	3,236	(1,009)
Purchases (sales) of investments, net	338	1,561
Investment in component units	(94)	(482)
Change in other assets	-	257
Net Cash Provided by (Used in) Investing Activities	1,835	(12,623)
<u>CASH FLOWS FROM FINANCING ACTIVITIES</u>		
Principal payments on long-term debt	(371)	(1,842)
Net Cash Provided by (Used in) Financing Activities	(371)	(1,842)
Increase (Decrease) in Cash and Cash Equivalents	(277)	24,166
Cash and Cash Equivalents, Beginning of Period	45,054	20,611
Cash and Cash Equivalents, End of Period	\$ 44,777	\$ 44,777

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Erie County Medical Center Corporation

Key Statistics

Period Ended May 31, 2013

Current Period				Year to Date				
Actual	Budget	% to Budget	Prior Year	Actual	Budget	% to Budget	Prior Year	
995	1,046	-4.9%	1,006	Discharges:				
135	142	-4.9%	134	Acute	4,657	4,887	-4.7%	4,671
32	27	18.5%	25	CD - Detox	642	648	-0.9%	637
215	210	2.4%	200	CD - Rehab	132	140	-5.7%	129
38	43	-48.8%	44	Psych	1,045	1,025	2.0%	1,003
22	43	-100.0%	-	Rehab	169	208	-18.8%	187
				TCU	37	83	-55.4%	-
1,437	1,511	-4.9%	1,409	Total Discharges	6,682	6,991	-4.4%	6,627
				Patient Days:				
6,402	6,226	2.8%	5,841	Acute	31,152	29,088	7.1%	28,926
422	454	-7.0%	412	CD - Detox	2,204	2,074	6.3%	2,011
512	515	-0.6%	547	CD - Rehab	2,595	2,670	-2.8%	2,575
2,626	2,747	-4.4%	2,870	Psych	13,208	13,407	-1.5%	13,550
572	1,025	-44.2%	721	Rehab	3,527	4,956	-28.8%	3,988
257	516	-50.2%	-	TCU	454	996	-54.4%	-
10,791	11,483	-6.0%	10,391	Total Days	53,140	53,191	-0.1%	51,050
				Average Daily Census:				
207	201	2.8%	188	Acute	206	193	7.1%	190
14	15	-7.0%	13	CD - Detox	15	14	6.3%	13
17	17	-0.6%	18	CD - Rehab	17	18	-2.8%	17
85	89	-4.4%	93	Psych	87	89	-1.5%	89
18	33	-44.2%	23	Rehab	23	33	-28.8%	26
8	17	-50.2%	-	TCU	3	7	-54.4%	-
348	370	-6.0%	335	Total ADC	352	352	-0.1%	336
				Average Length of Stay:				
6.4	6.0	8.1%	5.8	Acute	6.7	6.0	12.4%	6.2
3.1	3.2	-2.2%	3.1	CD - Detox	3.4	3.2	7.3%	3.2
16.0	19.1	-16.1%	21.9	CD - Rehab	19.7	19.1	3.1%	20.0
12.2	13.1	-6.6%	14.4	Psych	12.6	13.1	-3.4%	13.5
15.1	23.8	-36.9%	16.4	Rehab	20.9	23.8	-12.4%	21.3
11.7	12.0	-2.7%	-	TCU	12.3	12.0	2.3%	-
7.5	7.6	-1.2%	7.4	Average Length of Stay	8.0	7.6	4.5%	7.7
				Occupancy:				
85.3%	82.7%	3.2%	81.6%	% of acute staffed beds	88.3%	84.3%	4.8%	81.3%
				Case Mix Index:				
1.71	1.82	-6.0%	1.73	Medicare	1.87	1.75	6.9%	1.76
1.62	2.12	-23.6%	2.36	Non-Medicare	1.84	2.10	-12.0%	2.17
178	147	21.1%	155	Observation Visits	853	601	41.9%	648
474	460	3.0%	460	Inpatient Surgeries	2,120	2,128	-0.4%	2,068
697	713	-2.2%	653	Outpatient Surgeries	3,148	3,402	-7.5%	3,151
29,518	33,600	-12.1%	31,936	Outpatient Visits	144,799	152,579	-5.1%	145,197
5,564	5,961	-6.7%	5,660	Emergency Visits Including Admits	25,955	27,702	-6.3%	26,310
42.6	40.0	6.5%	37.1	Days in A/R	42.6	40.0	6.5%	37.1
6.8%	6.2%	9.5%	6.4%	Bad Debt as a % of Net Revenue	6.5%	6.2%	4.5%	6.6%
2,350	2,405	-2.3%	2,397	FTE's	2,387	2,327	2.6%	2,371
3.82	3.73	2.3%	3.95	FTE's per adjusted occupied bed	3.88	3.56	8.9%	3.95
\$ 11,396	\$ 11,616	-1.9%	\$ 11,952	Net Revenue per Adjusted Discharge	\$ 11,904	\$ 11,672	2.0%	\$ 11,958
\$ 13,308	\$ 13,695	-2.8%	\$ 14,106	Cost per Adjusted Discharge	\$ 14,446	\$ 13,952	3.5%	\$ 14,542
Terrace View Long Term Care:				Patient Days				
11,711	11,848	-1.2%	10,363	Patient Days	51,240	53,800	-4.8%	53,360
378	382	-1.2%	334	Average Daily Census	339	356	-4.8%	351
431	444	-2.9%	324	FTE's	362	406	-10.9%	338
6.4	6.5	-1.8%	5.7	Hours Paid per Patient Day	6.3	6.5	-3.1%	5.4



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

Erie County Medical Center Corporation
Report to the Board of Directors
Ronald J. Krawiec, Senior Vice President of Operations
June 25, 2013

LABORATORY – JOSEPH KABACINSKI

Kaleida Health-ECMCC Lab Integration

The effort to implement the ECMCC and Kaleida Health integrated laboratory service strategy is now at a very detailed level. The transition for Anatomic Pathology will occur in early August with the remainder of the Lab sometime in September depending on the timeframe for linking the multiple information systems. The ECMCC Lab venture with Kaleida Health will mirror the provision of laboratory services at the Kaleida Health system where certain tests are sent to the central production laboratory at Flint Road and other tests remain at the essential services lab (ESL) at each hospital. The primary benefits accruing from a consolidated laboratory include a significant reduction in the cost of labor, equipment, supplies and consumables; conservation of capital resources; savings through group purchasing and use of common analyzer platforms; and a more robust Great Lakes' Laboratory growth strategy to increase market share.

Progress is monitored weekly by the integration project Steering Committee. There are three detail orientated workgroups: Logistics and Sample Transfer; Technology, Production and Service Levels; and Information Systems. The ECMCC Human Resources Department and Lab leadership have met with Erie County's Civil Service experts to review civil service classification rules as they apply to retrenchment, "bumping" and employee rights. An updated FAQ will be produced to keep staff informed.

Supply chain personnel from KH and ECMCC are pursuing common procurement options to reduce costs of consumables, reference lab testing and equipment. A meeting with financial leadership from KH and ECMCC to discuss financial models and details of the agreement is being scheduled.

AMBULATORY SERVICES – BONNIE SLOMA

Patient Centered Medical Home transformation has been initiated at both ECMC Primary Health Center (IMC) and Cleve-Hill Family Health Center. Some initiatives have included the teaming of providers and staff to increase patient continuity and pre-visit planning and morning huddles to optimize patient visit time. Eight quality measures are being addressed that cover both preventive services and chronic disease management. Clinic schedules have been adjusted for same day access for patients with urgent needs. Providers are being encouraged to use clinical decision support within the EMR for the three focused conditions including Diabetes, Hypertension, and Depression. There has been significant movement at both sites to reach the goal of being recognized at Level 2

or Level 3 through the National Committee for Quality Insurance. A thorough review of all 154 factors for Cleve-Hill will take place next week with the hope that the data will justify submitting by the end of the month. Items will not be submitted unless there is a high level of certainty based on experience that Cleve-Hill will receive Level 3 recognition.

The new ambulatory management team has been working with accounting to develop metrics to better manage the clinics in a consistent manner. This includes monthly dashboards and financials for each clinic. The process includes a deep dive of each cost center to ensure all expenses are properly allocated and the development of a cross functional revenue cycle team with finance and our program managers to improve revenue capture.

PHARMACEUTICAL SERVICES – RANDY GERWITZ

Mid-Atlantic Purchasing Coalition

ECMC has joined a larger VHA regional purchasing coalition known as the Mid-Atlantic Purchasing Coalition or MAPC. ECMC plans to continue its previous active leadership role with this new larger group and will enjoy additional savings and clinical resources. To aid in the integration, the director is currently working with the Empire – Metro group to incorporate the MAPC members into our annual educational retreat and hope garner a greater nursing attendance as well. This meeting is scheduled annually for mid-October and we are planning to have a medication safety focus for 2013.

Billing of anesthesia gases

The Department of Pharmaceutical Services (DPS) in cooperation with Anesthesiology and HIS, is now receiving scanned copies of the anesthesia record to be used for billing. In doing so we are closer to full compliance with the GPO exclusion as recently redefined by HRSA. It positions ECMC to take advantage of 340B savings related to gases used in conjunction with outpatient surgeries. We expect the savings to be significant; estimated near \$30,000 annually.

IMAGING – ERIC GREGOR

Radiology charges were up \$1.3 million or 5% from May 2012 while denials and late charges are both down. The concerted efforts the past two years to collect more net revenue in both technical and professional components continue to be effective. In comparison, the Radiology staff productivity is up 9% from May of 2012. Overtime continues to be in control during May at .85 FTE for a busy 24/7 Department.

The Department of Radiology/Imaging Services will have three onsite surveys during the next few months. All three will be unannounced visits. The annual New York State Department of Health & MQSA (Mammography) surveys is slated for early to mid-Summer, as is the Joint Commission survey. Radiology's Performance Improvement,

EOC, and Joint Commission Committees continue to plan, educate, and communicate with staff and physicians with respect to these critical visits.



Chief Medical Officer

ERIE COUNTY MEDICAL CENTER CORPORATION

**REPORT TO MEDICAL EXECUTIVE COMMITTEE
BRIAN M. MURRAY, MD, CHIEF MEDICAL OFFICER
JUNE 2013**

UNIVERSITY AFFAIRS

Searches continue for new Chairs in the department of Orthopedics, Neurosurgery and Family Medicine. The week of June 24th is Incoming resident Orientation Week.

PROFESSIONAL STEERING COMMITTEE

Meeting was held on June 10th, a verbal report will be provided to the Committee by Dr Bakhai in my absence.

MEDICAL STAFF AFFAIRS

See separate report by Sue Ksiazek for full details.

UTILIZATION REVIEW	March	April	May	YTD vs. 2013 Budget
Discharges	949	874	989	-4.8%
Observation	160	168	178	+40.9%
LOS	6.8	6.8	6.0	+9.2%
ALC Days	408	397	373	-18.8%
CMI	1.85	1.93	1.71	-11.2%
Surgical Cases	850	834	966	-6.2%
Readmissions (30d)	NA	NA		

CLINICAL ISSUES

Short Stay Admissions

We had a recent visit by the CMS Mobile Unit who reviewed the charts of 20 short stay patients (<48 hours) that ECMC billed as hospital admissions. Nineteen of the 20 were ruled inappropriate admissions that should have been triaged to Observation status and therefore will lead to the admission being denied, no reimbursement for the hospital which has essentially dispensed free care. CMS is increasing its auditing of short-stay admissions through RAC audits. The reviewers commented that most of the cases were patients with transient problems e.g chest and abdominal pain, post procedural complications which were “admitted” often for monitoring or additional diagnostic testing rather than for a valid diagnosis requiring admission and advised that such patients should in future be “observed;” until they either recover and discharge or develop

clear-cut indications for admission. Usually this should be clear by 48 hours (the two midnight rule). It is always preferable to observe first and then switch to an admission (which requires a simple order) than to admit and then have to backtrack to Observation which requires not only a Physician order but also a discussion between the attending physician and the UR physician both of whom must document in separate notes in the chart the reasoning for switching back to Observation.

Hospital Readmit Rates Showing Improvement

A new analysis from CMS shows progress on reducing hospital readmission rates. CMS found all-cause, 30-day readmissions for Medicare patients dropped to 18.4 percent in 2012 from 19 percent during the previous five years. That means hospitals saw about 70,000 fewer readmissions during last year



Senior Vice President of Nursing

ERIE COUNTY MEDICAL CENTER CORPORATION

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

May, 2013

Nurses' Week Celebration:

ECMC celebrated Nurses Week, May 6th through May 10th, with many fun and informative activities planned by the Nurse Recognition Committee. The week began with ice cream sundaes served on each nursing unit by Mr. Lomeo and nursing volunteers, followed by a Journal Club Presentation Tuesday on "The Power of Positive Nursing". The week's activities continued with a celebratory lunch for all nurses mid-week, a Cultural Diversity Conference on Thursday, and capped off with Moonlight Bowling at a local bowling center on Friday night.

National Nursing Award Recipient:

7 South nurse, Laura Senchoway, has won the Daisy Award from D'Youville College for her participation as a Dedicated Education Unit Instructor. The Daisy Award is a national award that recognizes nurses that give extraordinary care and outstanding clinical instruction. Laura has been a dedicated adjunct instructor for D'Youville for many semesters. The award was presented at the D'Youville College Nursing Pinning ceremony that was held in May. Laura was also selected as the Nurse of the Month for March, 2013 here at ECMC.

Community Events:

- Linda Schwab, RN, Trauma Program Coordinator reported that the Trauma Service presented the "Let's Not Meet By Accident" program this month to students from Lackawanna High school. This program has been offered to the students prior to attending the school prom for the past 10 years. Students from East High School also attended the program as part of the health careers course. The students were able to experience injury prevention and receive information on health career opportunities.
- Paula Quesinberry, RN, ECMC Stroke Coordinator, spent the afternoon of May 22nd teaching stroke awareness at a "Day of Health" held at the Price Phase II Senior Apartments.
- On May 25th the Red Knight's 21 Motorcycle Club sponsored a bike run to benefit the ECMC Trauma Intensive Care Unit. After a blessing from Fr. Mazur, 137 riders and friends took an 85 mile ride through scenic Western New York starting at ECMC and ending at the Ebenezer Ale House in West Seneca. Stops

along the way gave the riders a roll of the dice and a chance at prizes. The event was lead by *Dennis Robinson, RN*, who along with ECMC staff volunteers, worked together with the Lifeline Foundation and Red Knights to donate raffle items, auction items and prizes, and supported the day's activities. The event brought together members of the motorcycle community with ECMC to promote motorcycle safety and support Western New York's Trauma Center. The group hopes to make this bike run an annual event. The event was staffed by volunteers from the hospital's Nursing, Trauma Services, and OR Scheduling Departments. TICU Nursing staff also donated baskets for a Chinese auction.

Continuing Education:

- Staff Nurse Jennifer Sweetland participated in the "Educating Health Professionals in Interprofessional Care" (EHPIC) course. The goal of the program, sponsored by the Office of Interprofessional Education at the University of Buffalo, is to provide the knowledge, skills and attitude needed to advance interprofessional education and improve patient outcomes in Western New York.
- Michael Ackerman, RN, Assistant Director of Nursing for Critical Care, presented an article entitled, "Sepsis 2013" at a National Teaching Institute of the AACN in May. The program was attended by Cameron Schmidt, RN, Center for Professional Development & Innovation, as well as the following ECMC Critical Care nurses:

MICU - Lindsey Blair, Michelle Meli, Candace Lyke, Kristin Nizzaro

CTU - Renee Brzezinski, Nicole Knox

TICU - Cheryl Nicosia, Noelle Robb, Melinda Lawley, Lee DeVinney-Boymel, Ethan Christian, Kim Brignon, Ayeshia Wyatt & Amy Ruty

The program was well-attended, with an audience of approximately 1,000.

- On May 31st, Lisa Hauss, RN, Unit Manager on 8 zone 2 and several of her staff members, attended at program on the topic of "Emotional Control: Dealing with Difficult People/Situations".



Vice President of Human Resources

**Report for the
Board of Directors
Human Resources Department
June 25, 2013**

- I. NYSNA Negotiations
The parties met in April to further discuss proposals. Additional sessions have been scheduled. A number of individual tentative agreements have been reached.
- II. Benefits & Wellness
Wellness: The Labor Management Healthcare Fund has scheduled a one-day retreat at Beaver Hollow Fitness Camp for eligible ECMCC employees on July 8, 2013.
- III. Terrace View **Flash Report**
For 5/5/13 – 5/11/13
Number of new lost work days: 0
Number of employees on modified duty: 5
Number of employees who returned to work: 2
Total number of employees out on W/C: 10
Retired: 0
Number of new occurrences: 1
Terminations: 0
- For 5/12/13-5/18/13
Number of new lost work days: 2
Number of employees on modified duty: 5
Number of employees who returned to work: 2
Total number of employees out on W/C: 10
Retired: 0
Number of new occurrences: 3
Terminations: 0
- For 6/9/13- 6/15/13
Number of new lost work days: 1
Number of modified workers: 4
Number of employees who returned to work: 1
Total number of employees out on W/C: 8
Retired: 0
Number of new occurrences: 1
Terminations: 0
- IV. Recruitment Activities for period from 4/17/13 – 6/17/13
(1) All Applicants - total of 3,458 applicants
(2) New Hires - total of 90 new hires or 3%

- (3) Applicants sent to Managers – 410 or 12%
- (4) Applicants not hired but viable – 1,386 or 40%

V. Consolidation of Services

Discussions are on-going with Kaleida Health regarding the Behavioral Health and the Laboratory Medicine consolidations. Erie County Personnel has provided guidance on layoffs and with the Lab Medicine positions. Staff have been provide with FAQs.

VI. Terrace View

The Employee Committee of ECMC (hospital and clinics) is joining with the Terrace View Employee Committee to coordinate activities and programming.

VII. New ID Badges

The Human Resources and HIS Departments have worked with Plant Operations and the Medical-Dental Staff in distributing over 4,000 new identification badges to staff, tenants, vendors, students, residents, etc.



Chief Information Officer



HEALTH INFORMATION SYSTEM/TECHNOLOGY June 2013

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

Clinical Automation/Strategic Initiatives.

Great Lakes Health Care System - Lab Integration. The ECMC/Kaleida IT Team has developed a detail work plan to ensure delivery of the Pathology solution by July 29, 2013 followed by September 30, 2013 for the 'reference model' solution. The 'reference model' solution will support the operations of the remaining laboratory units (i.e. microbiology, chemistry, etc.). The following activities have been accomplished to achieve the above goals.

- Dedicated 'fiber' between the two facilities for redundant data connectivity has been ordered and planned for an 8/1/2013 delivery through Fibertech.
- Testing of the transmission of patient admission data between the two facilities has been successfully tested and completed.
- Initial stages of development and analysis of the interface allowing the transfer of laboratory tests for the 'reference model' solution has begun.

Allscripts Ambulatory Clinic Electronic Medical Record. We are continuing to strive toward a September delivery date for go live within the Immunodeficiency clinic, onboard the new residents within the clinic areas and support PCMH initiatives with clinical leadership. We have developed several working teams to analysis the impact of implementing a billing interface between Allscripts and Meditech for automate the billing process and to automate Chemical Dependency and Behavioral Health Clinics. Both initiatives will require additional resources to support implementation, go live and post go live activities.

ARRA Meaningful Use (MU) - Inpatient and Outpatient Report Card. Continue to monitor MU stage 1 for inpatient through the Clinical Informatics Steering Committee. In preparation for Meaningful Use Stage 2 we are focusing on the following initiatives

- Engaged our business and clinical owners to assist with the overall work plan and test plan in order to upgrade our main inpatient healthcare information system (Meditech) to the version 5.66. Our go live date is 8/22/2013. This date is a tightly linked with the delivery date of the Great Lakes Super Lab initiative. We will begin working with our business owners to perform unit and integrated/validation testing over the next several weeks.
- Rolled out CPOE to the Transitional Care Unit (TCU).
- Working with the Medical Dental Staff, we are in the process of formulating a strategy for house wide CPOE roll out, problem list, medication reconciliation and e-prescribing integration. The final plan will be presented to executive management.

Operational Efficiencies

Access Control and Parking. Working under the direction of the Badging Committee, IT, HR and Plant Operations completed the re-badging of its workforce. This included detailed implementation plan, numerous system enhancements and the development of the communication strategy. This project support the parking Re-design initiative scheduled for 6/19/2013. Many thanks should go out to the interdisciplinary team; a great job was done by all.

ECMC Managed Print Strategy. With the HP Managed Print contract in place, we have kicked off the managed print project. Our goal is to improve end user efficiencies; reliability of the services provided and takes advantage of cost efficiencies. High level milestone dates have been identified. We have begun developing technical plan and will begin engaging our business owners to identify end user requirements.



Sr. Vice President of Marketing & Planning

Marketing and Development Report
Submitted by Thomas Quatroche, Jr., Ph.D.
Sr. Vice President of Marketing, Planning and Business Development
June 24, 2013

Marketing

New image “It’s happening here” campaign underway
Further marketing efforts for Regional Center of Excellence in Transplantation and Kidney Care underway
Medical Minute on WGRZ-TV has featured kidney disease, organ donation, breast health, the mobile mammography vehicle, rehabilitation services and allergic rhinitis

Planning and Business Development

GVI transfer of PCI transfer completed and EP transfer to be completed
Operation room expansion planning completed and DOH contingencies approved
Medical Office Building Approved
Planning underway for Orthopedic Floor
Coordinating integration of cardiac services with GVI
Working with Professional Steering Committee
Developing primary care and specialty strategy and have had multiple confidentiality agreements signed
Primary care practices growing and specialties seeing patients at locations

Media Report

- **The Buffalo News; WGRZ-TV, Channel 2; WKBW-TV, Channel 7; ECMC Remembers Colleague Killed Last Year:** Employees remember Jackie Wisniewski with a moment of silence, a display created to raise awareness of domestic violence and a peace garden. Jody Lomeo is quoted.
- **Associated Press; USA Today; The Buffalo News; NFL News; WGRZ-TV, Channel 2; WIVB-TV, Channel 4; WBFO Radio; Lyndy’s Sports Annuals; GoErie.com; NBCSports.com; The Daily News Online; The Niagara Gazette and many other media sources: Jim Kelly’s cancer surgery called successful.** Thom Loree, ECMC’s director of head and neck surgery department, removed the cancer from Kelly’s upper jaw.
- **The Buffalo News: Kaleida stops behavioral health admissions.** Erie County Medical Center and Kaleida Health last year announced a \$25.3 plan to consolidate mental health and chemical dependency services at ECMC’s Grider Street Campus. Rich Cleland is quoted.
- **Buffalo Healthy Living: Erie County Medical Center opened the regions first Transitional Care Unit (TCU).** ECMC’s TCU is designed to reduce the number of days Medicare patients remain in the medical/surgical units of a hospital, while still maintaining the highest level of care possible. Jody Lomeo is quoted.
- **The Buffalo News, WIVB-TV, Channel 4; WNY Health Magazine; Challenger Community News; The Buffalo Criterion: New options on menu for Delavan-Grider residents.** Residents of the Delavan-Grider Neighborhood have a new set of wheels for grocery shopping thanks to a van service unveiled Friday at the Erie County Medical Center Farmer’s Market on Grider Street. Rita Hubbard-Robinson and Joseph Cirillo are quoted.
- **The Buffalo News: Farmer’s, vendors get creative to keep customers coming this season.** ECMC’s Farmer’s Market at Grider Street now includes food trucks.
- **The Buffalo News; WIVB-TV, Channel 4: Bicyclists ride 50 miles for ECMC.** Bicyclists rode almost 50 miles as an act of gratitude to ECMC, organized by a former trauma patient.
- **WGRZ-TV: Another WNYer Inspired to Donate a Kidney.** The story of an ECMC transplant recipient and his live donor and how they changed each other’s lives. Dr. Mark Laftavi is quoted.

Community and Government Relations

Lifeline Foundation Mobile Mammography Unit has screened over 1,500 women
Working with HANYS on potential nurse staffing legislation

CLINICAL DEPARTMENT UPDATES

Surgical Services

Operating room volume up 1% or 35 cases
Total joint surgical volume growth up 35% or 65 cases
Consolidation of cardiac services line with GVI, elective open heart and interventional catheterization will be done at the GVI; Trauma surgical care will be maintained along with diagnostic catheterizations.
Ongoing development of two addition OR suits in the renal building to streamline ambulatory surgical care, projected to open January 2014
Patient experience meetings help with pre and post op staff with various hospital departments
Education session held on June 20th with all staff and physicians for surgical services regarding patient safety

Oncology

2,722 visits through June
Hiring nursing management
Chart audits being conducted for proper documentation
Lisa Zoltak, RN (Specialty Clinics Charge Nurse) currently working with Oncology nurses for Joint Commission readiness
Oncology's last chart audit showed 98-100% compliance in most areas. There are a few areas that need more work. The clinic area is clean and up to date. New staff interviews are ongoing. Charlene has been working to complete back bills and get them to HIM for coding and billing.

Plastics and Reconstruction

Currently; Clinical Leader, Carly Gerretsen, FNP-C, RNFA is working with the ECMCC provision of care chapter to help and assist in preparing our department to meet the Joint Commission standards, in order to complete the upcoming Joint Commission review on (TBD).
Clinical Chairman, Thom R. Loree, MD along with Program Coordinator, Kathi McGowan have begun the ACGME (Accreditation Council for Graduate Medical Education) application process in applying for a Plastic Surgery Residency program, at ECMCC.
Relocation process: As the Department is moving forward with the move to the Kidney Building on the ECMCC Medical Campus, Clinical Chairman, Thom R. Loree, MD, Carly Gerretsen, FNP-C, RNFA, and Kathi McGowan are working on the orders needed to complete the move. Meetings regarding the move are held weekly with Francisco Hidalgo, Kideney Architects, Bio Med, and ECMCC staff

Other Clinical

Anesthesiology contacts completed with physicians
Contacts in negotiations with UB Department of Surgery
Oncology services reorganized and Service Line Manager hired
Cardiothoracic service line being implemented
Merged Angiography with Cath Lab

NEW BUSINESS

**OLD
BUSINESS**



Medical-Dental Executive Committee

**MEDICAL EXECUTIVE COMMITTEE MEETING
MONDAY, MAY 20, 2013 AT 11:30 A.M.**

Attendance (Voting Members):

Yogesh Bakhai, MD	Mark LiVecchi, MD	
William Belles, MD	Khalid Malik, MD	
Gregory Bennett, MD	Michael Manka, MD	
Michael Chopko, MD	Mandip Panesar, MD	
Samuel Cloud, DO	Kevin Prankoff, MD	
Ravi Desai, MD	Richard Schuder, MD	
Timothy DeZastro, MD	Philip Stegemann, MD	
Richard Ferguson, MD	James Woytash, MD, DDS	
William Flynn, MD		
Catherine Gogan, DDS		

Attendance (Non-Voting Members):

Andrew Stansberry, PA	Randy Gerwitz	
Brian Murray, MD	Susan Gonzalez	
Richard Cleland	Ronald Krawiec	
Jody Lomeo	Ann Victor-Lazarus, RN	
Arthur Orlick, MD	Michael Sammarco	
Karen Ziemianski, RN	Nadine Mund	

Excused:

Daniel Amsterdam, PhD	Richard Hall, MD, DDS, PhD	Charlene Ludlow, RN
Mohammadreza Azadfard, MD	Joseph Izzo, Jr., MD	Leslie Feidt
Vanessa Barnabei, MD	Joseph Kowalski, MD	Susan Ksiazek
Neil Dashkoff, MD	Thom Loree, MD	John Fudyma, MD
Howard Davis, MD	James Reidy, MD	
Nancy Ebling, DO	Rocco Venuto, MD	

Absent:

None		

I. CALL TO ORDER

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

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

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

III. CEO/COO/CFO BRIEFING

A. CEO REPORT - Jody Lomeo

- 1. BOARD INITIATIVE** – Mr. Lomeo advised that a proposal to revise the budget by \$10 million for 2013 by reducing expenses and streamlining operations to address a potential budget shortfall has been submitted to the Board.
- 2. BEHAVIORAL HEALTH PROJECT** - The Behavioral Health hospital construction is progressing on schedule with no unexpected delays.
- 3. OPERATING ROOM CONSTRUCTION** – Bids are being received and reviewed to begin construction on the new ambulatory operating suites.
- 4. SPRINGFEST BIG SUCCESS!** Mr. Lomeo thanked Sue Gonzalez, Executive Director of the Lifeline Foundation, and members for their support of this great event for the hospital.

B. FINANCIAL REPORT – Michael Sammarco, CFO

- a. FINANCIALS** – April financials reflect a bit slower volume than hoped. Medicare case mix was just over 2 which is an improvement. The hospital had an operating loss of \$600,000 and Terrace View of \$300,000 for the month with a year to date consolidated loss of \$5.7 million.

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

A. UNIVERSITY AFFAIRS

Bruce R. Troen, MD, has agreed to become our first Chief of the Division of Geriatric and Palliative Medicine, with an appointment as Professor in the Department of Medicine. The appointment of Dr. Troen marks the integration of the formerly separate divisions of geriatrics and of palliative care into one. Dr. Troen will also have an appointment with the VA Western New York Healthcare System and the Buffalo VA Medical Center.

Dr. Troen received both his undergraduate and medical degrees with honors from Harvard College and Harvard Medical School. He completed his medical residency at Barnes Hospital in St. Louis, MO. He then joined the Laboratory of Molecular Biology with the National Cancer Institute in Bethesda, MD followed by a fellowship in geriatric medicine at the University of Michigan. Dr. Troen has been with the University of Miami, Miller School of Medicine since 2002 and has been their interim chief of the Division of Gerontology and Geriatric Medicine since 2011.

B. PROFESSIONAL STEERING COMMITTEE

Next meeting of the Committee will be in June.

C. MEDICAL STAFF AFFAIRS

See separate report by Sue Ksiazek for full details.

UTILIZATION REVIEW	February	March	April	YTD vs. 2013 Budget
Discharges	872		949	874 -4.7%
Observation	157		160	168 +47.8%
TCU	NA		NA	15 -62.5%
LOS	6.5		6.8	6.8 +10.9%
ALC Days	326		408	397 -14.5%
CMI	1.92		1.85	-8.9%
Surgical Cases	899		850	834 - 8.2%
Readmissions (30d)	NA		NA	

D. CLINICAL ISSUES

1. Details for: CMS PROPOSALS TO IMPROVE QUALITY OF CARE DURING HOSPITAL INPATIENT STAYS

CMS PROPOSALS TO IMPROVE QUALITY OF CARE DURING HOSPITAL INPATIENT STAYS

OVERVIEW: On Apr. 26, 2013, the Centers for Medicare & Medicaid Services (CMS) issued a proposed rule that would update Medicare payment policies and rates under the Inpatient Prospective Payment System (IPPS) and Long-Term Care Hospitals Prospective Payment System (LTCH PPS) in Fiscal Year (FY) 2014.

The proposed rule, which would apply to approximately 3,400 acute care hospitals and approximately 440 LTCHs, would affect discharges occurring on or after October 1, 2013.

In addition to setting the standards for payment for Medicare-covered inpatient services, the FY 2014 hospital payment proposed rule lays out a proposed framework for implementation of the new Hospital-Acquired Conditions Reduction Program, which would begin in 2015. The proposed rule would also update the measures and financial

incentives in the Hospital Value-Based Purchasing (VBP) and Readmissions Reduction programs. It would also revise measures for the Hospital Inpatient Quality Reporting (IQR) program, Inpatient Psychiatric Facility Quality Reporting and Long-Term Care Hospital (LTCH) Quality Reporting programs, and PPS-Exempt Cancer Hospital Quality Reporting Program.

This fact sheet discusses major quality-related provisions of the proposed rule. A separate fact sheet on proposed payment changes is available on the CMS Web page at:

www.cms.gov/apps/media/fact_sheets.asp.

NEW HOSPITAL-ACQUIRED CONDITION REDUCTION PROGRAM

Section 3008 of the Affordable Care Act required CMS to establish a financial incentive for IPPS hospitals to improve patient safety by imposing financial penalties on hospitals that perform poorly with regard to hospital-acquired conditions (HACs). HACs are conditions that patients did not have when they were admitted to the hospital, but that developed during the hospital stay. This proposed rule outlines a general framework for the HAC Reduction Program for the FY 2015 implementation.

Under this program, hospitals that rank in the lowest-performing quartile of hospital acquired conditions would be paid 99 percent of what they would otherwise be paid under the IPPS beginning in FY 2015. To determine this quartile, CMS is proposing quality measures and a scoring methodology as well as a process for hospitals to review and correct their data.

For FY 2015, the first year of the program, CMS is proposing to measure HACs using measures that are either calculated using claims or are part of the Inpatient Quality Reporting program and would consist of two domains of measure sets.

The proposed Domain 1 measures would include six patient safety indicator (PSI) measures developed by the Agency for Health Care Research and Quality (AHRQ). These measures are: pressure ulcer rate; volume of foreign object left in the body; iatrogenic pneumothorax rate; postoperative physiologic and metabolic derangement rate; postoperative pulmonary embolism or deep vein thrombosis rate, and accidental puncture and laceration rate. An alternative to Domain 1 is also being proposed, which would consist of a composite PSI measure set.

The proposed Domain 2 measures would include two healthcare-associated infection measures developed by the Centers for Disease Control and Prevention's (CDC) National Health Safety Network: Central Line-Associated Blood Stream Infection and Catheter-Associated Urinary Tract Infection.

Under the scoring methodology proposed, hospitals would be given a score for each measure within the two domains. A domain score would be calculated and the two domains would be weighted equally to determine a total score under the program. Risk factors such as the patient's age, gender, and comorbidities would be considered in the calculation of the measure rates so that hospitals serving a large proportion of sicker patients would not be unfairly penalized. In accordance with the statute, we propose a process for hospitals to review and correct their information. We welcome comment on this proposal.

HOSPITAL READMISSIONS REDUCTION PROGRAM

The Hospital Readmissions Reduction program began on October 1, 2012. The maximum reduction under this program, which was one percent of payment amounts in FY 2013, will increase to two percent of payment amounts in FY 2014, as specified under the Affordable Care Act.

CMS currently assesses hospitals' readmission penalties using three readmissions measures endorsed by the National Quality Forum (NQF): heart attack, heart failure, and pneumonia. For FY 2014, CMS proposes a revised methodology to take into account planned readmissions for these three existing readmissions measures. CMS also proposes to add two new readmission measures, which would be used to calculate readmission penalties beginning for FY 2015: readmissions for hip/knee arthroplasty and chronic obstructive pulmonary disease.

PROPOSED CHANGES TO THE HOSPITAL IQR PROGRAM AND THE EHR INCENTIVE PROGRAM

The Hospital IQR Program grew out of the Hospital Quality Initiative developed by CMS in consultation with hospital groups. By statute, hospitals that do not participate successfully in the Hospital IQR program have their annual payment updates reduced by 2.0 percentage points. Since the implementation of this financial penalty, hospital

participation has increased to well over 99 percent of Medicare-participating hospitals that are reimbursed under the IPPS.

Measures reported under the IQR Program are published on the *Hospital Compare* Web site (<http://www.hospitalcompare.hhs.gov/>), and may later be adopted for use in the Hospital VBP Program, mandated by the Affordable Care Act, which affects payment rates to hospitals beginning in FY 2013.

The Hospital IQR Program measure set has grown from a starter set of 10 quality measures in 2004 to the set of 57 quality measures listed in this proposed rule. These measures include chart-abstracted measures, such as heart attack, heart failure, pneumonia, and surgical care improvement measures; claims-based measures such as mortality and readmissions; healthcare-associated infections measures; a surgical complications measure; survey-based measures, such as patient experience of care; immunization measures, and structural measures that assess features of hospitals—such as hospital volume, how the hospital deploys staff, or provider qualifications—to assess their capacity to improve quality of care.

For the FY 2016 payment determination and subsequent years, we are proposing to remove four chart abstracted measures and one structural measure as well as adopt five new claims based measures.

We are proposing to validate two new chart abstracted HAI measures: hospital-onset methicillin-resistant *staphylococcus aureas* (MRSA) bacteremia, and *clostridium difficile*. We also are proposing to reduce the number of records used for HAI validation from 48 to 36 patient charts for individual hospitals annually for the FY 2015 payment determination and subsequent years. We also propose to provide hospitals with the option to securely transmit electronic versions of medical information to meet validation requirements.

CMS also proposes to reduce providers' reporting burden by expanding several Medicare Electronic Health Record (EHR) Incentive Program policies with the Hospital IQR Program policies. This would include expanding the submission period for electronic clinical quality measures to begin January 2, 2014; allowing eligible hospitals and critical access hospitals that would like to submit aggregate data for Meaningful Use the option of attesting, and streamlining the submission of aggregate population data in order to invoke the case number threshold exemption for an electronic clinical quality measure.

CMS is proposing that hospitals participating in the IQR program have the option to electronically submit one quarter's data for 16 quality measures from four measure sets. Hospitals that do not submit electronically would have to submit a full year's worth of data via chart-abstraction. CMS also proposes collection and reporting of this measure data through Certified Electronic Health Record Technologies (CEHRTs).

CMS believes the use of CEHRTs will greatly simplify and streamline reporting for many hospital quality-reporting programs. We also anticipate that through electronic reporting, hospitals will be able to leverage electronic health records for Hospital IQR Program quality data that is now manually abstracted from charts. Our intent is to harmonize measures across hospital quality reporting programs, improve care, and minimize the reporting burden on hospitals. If hospitals choose to electronically report these four measure sets, this will satisfy the reporting requirement for both the CQM component of the Medicare EHR Incentive program and the requirement to report these measures under the Hospital IQR program.

PROPOSALS FOR LTCH, PPS-EXEMPT CANCER AND INPATIENT PSYCHIATRIC QUALITY REPORTING PROGRAMS:

The rule also proposes new quality reporting measures for LTCHs, PPS-Exempt Cancer Hospitals, and Inpatient Psychiatric Facilities in 2015 and beyond.

LTCH Quality Reporting. CMS is continuing to expand the LTCH Quality Reporting Program and is proposing five new LTCH quality measures that would affect the FY 2017 and FY 2018 payment updates. For the FY 2017 payment determination, the proposal includes: an all-cause unplanned readmission measure for 30 days post-discharge from long-term care hospitals, the CDC's National Healthcare Safety Network (NHSN) facility-wide inpatient hospital-onset MRSA bacteremia outcome measure, and the NHSN facility-wide inpatient hospital-onset *clostridium difficile* infection (CDI) outcome measure. CMS is also proposing to apply the NQF measure of the percent of residents experiencing one or more falls with major injury (long stay) for the FY 2018 payment determination.

PPS-Exempt Cancer Hospital Quality-Reporting Program. The NPRM proposes new quality measures for the PPS-Exempt Cancer

Hospital Quality-Reporting Program, an Affordable Care Act program. A total of 11 PPS-Exempt Cancer Hospitals would be covered in this program. In this rule, CMS proposes to add one new measure of surgical site infection for the FY 2015 program, and 13 new measures covering surgical processes of care, patient experience of care, and oncology for the FY 2016 program.

Inpatient Psychiatric Facility Quality Reporting Program. The Affordable Care Act also authorized the Secretary of the Health and Human Services to establish an Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program. Under the IPFQR Program, inpatient psychiatric facilities (IPFs) are required to submit quality data to CMS on selected quality measures. For the FY 2016 payment determination and subsequent years, CMS is proposing three new measures: alcohol use screening; alcohol and drug use status after discharge; and follow-up after hospitalization for mental illness. These measures would be added to the six measures adopted in FY 2013.

CMS also proposes to request voluntary information on IPFs' efforts to assess the patient experience of care for the FY 2016 payment determination. Submission of this information would be completely voluntary and would not in any way affect a facility's FY 2016 payment determination.

PROPOSED CHANGES IN THE HOSPITAL VBP PROGRAM:

Proposed Program Requirements for FY 2014. The proposed rule outlines operational details for FY 2014, including an increase in the applicable percent reduction to base operating DRG payment amounts (1.25 percent) and the total estimated amount available for value-based incentive payments (approximately \$1.1 billion).

Proposed Program Requirements for FY 2016. The proposed rule would readopt all finalized FY 2015 Clinical Process of Care measures for the FY 2016 measure set, except primary percutaneous coronary intervention received within 90 minutes of hospital arrival; blood cultures performed in the emergency department prior to initial antibiotic received in hospital, and discharge instructions for heart failure patients.

CMS also proposes to adopt new measures for FY 2016, including one new clinical process measure, influenza immunization, and two new healthcare-associated infection measures, Catheter-Associated Urinary Tract Infection (CAUTI) and Surgical Site Infection (SSI), the latter of which is stratified into two separate surgery sites.

The proposed rule outlines the proposed performance and baseline periods for the FY 2016 program, and proposes re-classification of the Hospital VBP program domains to more closely align with the National Quality Strategy in FY 2017. It proposes weighting for the proposed aligned domains for 2017, as well as proposed domain weighting under the current domain structure for FY 2016.

The proposed rule proposes performance standards, including achievement thresholds and benchmarks for the FY 2016 program, including the “floors” for all eight Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) dimensions.

The proposed rule proposes to use the same scoring methodology and performance standards previously adopted for the three 30-day mortality and Agency for Healthcare Research and Quality (AHRQ) patient safety composite measures for FYs 2017-2019. CMS has also proposed performance and baseline periods, as well as performance standards, for the three 30-day mortality and Agency for Healthcare Research and Quality (AHRQ) patient safety composite measures for FYs 2017-2019.

Additional Proposed Policies. CMS has also proposed a disaster/extraordinary circumstance waiver process under the Hospital VBP program, for a hospital struck by a natural disaster or experiencing extraordinary circumstances.

CMS proposes to allow a hospital to request a Hospital VBP program waiver at the same time that it makes a similar request under the Hospital Inpatient Quality Reporting (IQR) program. Based on prior experience with the Hospital IQR program, CMS anticipates providing such waivers only to a small number of hospitals.

More information about the Hospital VBP program is available online at: <http://www.cms.gov/hospital-value-based-purchasing>.

CMS will accept comments on the proposed rule until June 25, 2013, and will respond to all comments in a final rule to be issued by August 1, 2013. The proposed rule, which includes tables for the proposed and previously adopted measures referenced in this fact sheet, can be downloaded from the *Federal Register* at: <http://www.ofr.gov/inspection.aspx?AspxAutoDetectCookieSupport=1>.

The proposed rule will appear in the May 10, 2013 *Federal Register*.

- E. **PARKING UPDATE** – A formal communication will be forthcoming. The final steps of securing the parking lots are expected to be completed by mid-June. The Medical Dental staff will not need to have their photo taken for the new badge as the photo in the system can be reused. Badge distribution will be coordinated through practice offices.

VII. ASSOCIATE MEDICAL DIRECTOR REPORT – John Fudyma, MD

- A. No report.

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

- A. Thank you note from Nursing regarding the Medical Staff’s support of Nurses’ Week was included as part of Ms. Ksiazek’s report.

IX. LIFELINE FOUNDATION – Susan Gonzalez

- A. **SPRINGFEST EVENT** – The May Springfest event was a huge success with more than 1,300 in attendance.

X. CONSENT CALENDAR

	MEETING MINUTES/MOTIONS	ACTION ITEMS
A.	MINUTES OF THE Previous MEC Meeting: April 22, 2013	Received and Filed
B.	CREDENTIALS COMMITTEE: Minutes of May 7, 2013 (Extraction: Additional Surgery Procedure, Thymectomy was tabled and will be presented at the June Credentials Committee meeting.)	Received and Filed with noted correction
	- 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
	• Qualifications for Nuclear Services Director	Reviewed and Approved
C.	HIM Committee: Minutes of April 25, 2013	Received and Filed
	1. PDOC Template ED H & P/Medical Clearance	Reviewed and Approved
	2. Mass Fluid Resuscitation Record	Reviewed and Approved
	3. Chemotherapy Consent	Reviewed and Approved
	4. Total Joint Replacement: Post Op Order Set	Reviewed and Approved
	5. Sepsis Order Set	Reviewed and Approved
	6. Surgical Pre-Op Checklist	Reviewed and Approved
D.	P & T Committee Meeting – May 1, 2013 Minutes	Received and Filed
	1. Sepsis Order Set - approve	Reviewed and Approved
	2. Clevidipine, restricted to the Critical Care Areas – Add to Formulary	Reviewed and Approved
	3. Denosumab, restricted to the Outpatient Clinics – Add to Formulary	Reviewed and Approved
	4. Temsirolimus, Zoledronic acid, Gemcitabine, Cetuximab, Cabazitaxel – Add to Formulary	Reviewed and Approved
	5. Amiodarone infusion, 150 mg/Dextrose 100mL, 360 mg/Dextrose 200mL – add as line extensions	Reviewed and Approved
	6. Dimethicone 1% Cream, 4mL packet– add as a line extension	Reviewed and Approved
	7. Make dimethicone 1% Cream Therapeutically Equivalent to Butt Paste - approve	Reviewed and Approved
	8. Dexmedetomidine 200 mcg/NS 50 mL, Injection – add as a line	Reviewed and Approved

	MEETING MINUTES/MOTIONS	ACTION ITEMS
	extension	
	9. Etomidate 20 mg/10 mL vial– add as a line extension	Reviewed and Approved
	10. Ipratropium/Albuterol 0.5/2.5 mg/3 ml Neb Soln – add as a line extension	Reviewed and Approved
	11. Methohexital 200 mg/20 mL vial– add as a line extension	Reviewed and Approved
	12. Hydromorphone 0.5 mg iSecure syringe– add as a line extension	Reviewed and Approved
	13. Boudreaux's® Butt Paste – Delete from Formulary	Reviewed and Approved
	14. TI-58 Spironolactone - Approve	Reviewed and Approved
	15. IV-03 Medications Which May Only Be Administered Intravenously By Registered Nurses In Critical Care Areas – Approve Revisions	Reviewed and Approved
E.	Transfusion Committee – February 21, 2013 Minutes	Received and Filed
F.	OR Committee – April 24, 2013 Minutes	Received and Filed

X. CONSENT CALENDAR, CONTINUED

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

MOTION UNANIMOUSLY APPROVED.

B. MOTION: Officers Stipend increase for the President of the Medical Dental Staff and the Chair to the Credentials Committee.

Credentials Chair – Increase to \$20,000 per year effective calendar year 2013.

President Stipend – Increase to \$40,000 per year effective calendar year 2013.

MOTION UNANIMOUSLY APPROVED.

(note: Dr. Schuder abstained from vote)

C. MOTION: Annual contribution of \$10,000 as a standing donation to the Lifeline Employee Benefit Fund.

MOTION UNANIMOUSLY APPROVED.

XII. OLD BUSINESS

A. None

XIII. NEW BUSINESS

B. None

XIV. ADJOURNMENT

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

Respectfully submitted,



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

Reading Material



**From the
Chief Executive Officer**

WKBW - TV Buffalo, New York

[Print this article](#)

ECMC Marks One Year Since Deadly Shooting

Originally printed at <http://www.wkbw.com/news/local/ECMC-Marks-One-Year-Since-Deadly-Shooting-01178961.html>

By Rachel Elzufon
June 13, 2013

Buffalo, NY (WKBW) - Staff at ECMC banded together Thursday to remember an employee killed by her ex-boyfriend doctor one year ago.

Jackie Wisniewski's friends and colleagues took time on Thursday to remember her at a special and private interfaith memorial service.

Without a doubt, the hospital has changed since last year's shooting.

Timothy Jordan shot Jackie Wisniewski, a young mother, to death inside ECMC. Jordan was later found dead of a self-inflicted gunshot wound outside of his Lakeview home.

The hospital now has a new mission -- fighting domestic violence.

One hospital corridor is lined with messages -- promises from young men never to hurt a woman.

On nearby walls, shirts made by domestic violence victims hang, in hope of raising awareness.

Jackie's family continues to fight domestic violence as well. They are pushing legislation to toughen penalties against abusers who stalk victims with GPS devices, similar to the one Jackie found on her car shortly before the shooting.

ECMC is also creating a permanent reminder of Jackie Wisniewski.

The hospital is creating a garden. Inside, will sit a bench and plaque in her honor.

Jackie's colleagues also made a quilt with loving messages and memories.

In the last year, the hospital has provided counseling and support to those who need help dealing with the tragedy.

Speedy recovery expected for Jim Kelly after

1:36 p.m. EDT June 7, 2013



(Photo: Gary Wiepert, AP)

BUFFALO (AP) — Doctors anticipate Jim Kelly will have a "successful outcome" after the Buffalo Bills Hall of Fame quarterback underwent surgery to remove cancer from his upper jaw on Friday.

"The surgery went very well," according to a news release issued by Buffalo's Erie County Medical Center. "We are hopeful for a speedy recovery and successful outcome."

The release was issued just before noon shortly after the operation was completed by Thom Loree, the hospital's director of the oral and maxillofacial surgery department.

During the operation, doctors said they removed part of Kelly's jawbone where the squamous cell carcinoma was found at the gum site." Doctors then reconstructed the affected area.

"Mr. Kelly is recovering comfortably at this time," the hospital said. "He will remain here at the hospital until he feels comfortable to be discharged."

The 53-year-old Kelly had revealed on Monday that he had been diagnosed with cancer about two weeks earlier.

Calling the prognosis for recovery as being "very good," Kelly said tests showed the cancer was isolated to his jaw and not spread to the rest of his body.

Kelly said it wouldn't be determined until after the operation as to whether he would require chemotherapy.

"I am extremely confident in my road to recovery," he said. "I plan to tackle this challenge head on, as we Kellys always

Kelly's wife, Jill Kelly, posted updates on her Twitter account on Friday. She included a picture of chocolate covered strawberries brought to her while waiting for the operation to be completed.

"We love our team and our fans!" Jill Kelly wrote, followed by the term "PrayersForJK," which has become popular on Twitter for cancer patients.

The Bills also posted a picture of Kelly and notes of support on their Twitter account, one of which read: "No one circles

The diagnosis stems from pain Kelly began experiencing in his jaw in December. He initially thought it was an infection, but antibiotics failed to help.

Tests eventually led to doctors removing a nickel-sized cyst from his gums and nasal cavity during an operation in early 2013. The cancer was found to be in the jaw.

It's the latest operation Kelly has required over the past two years. He's also had surgery to correct back, neck and hernia issues.

Kelly spent 11 seasons with the Bills before retiring following the 1996 campaign, and has since made Buffalo his home. In a swashbuckling style, Kelly was the face of Bills teams that made four consecutive Super Bowl appearances in the early 1990s.

Inducted into the Pro Football Hall of Fame in 2002, Kelly still holds nearly every significant career franchise passing record. He has 26 300-yard games and 100 touchdowns.

Kelly intended to draw upon his faith and family, and the perseverance he's developed in facing other challenges in his life. Kelly's son, Hunter, was born with Krabbe disease, an inherited degenerative disorder of the central and peripheral nervous system. He had less than three years to live, Hunter died at the age of 8 in 2005.

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Tuesday, June 18, 2013

[The Buffalo News.com \(/\)](http://www.buffalonews.com/)

City & Region

Kaleida stops behavioral health admissions

BY: [Henry Davis \(mailto:hdavis@buffnews.com\)](mailto:hdavis@buffnews.com)

Published: June 14, 2013, 01:08 AM

Updated: June 14, 2013, 01:08 AM

Kaleida Health has stopped new admissions to its behavioral health program and has notified employees they will have to find new jobs within the hospital system or elsewhere.

Erie County Medical Center and Kaleida Health last year announced a \$25.3 million plan to consolidate mental health and chemical dependency services at ECMC's Grider Street campus.

Kaleida Health's behavioral health program originally included 91 inpatient beds. Forty-eight beds will be transferred to ECMC and 43 beds will be decertified. Currently, the program maintains 47 beds, of which 25 are filled by patients.

With the lower number of patients, however, staffing issues have arisen recently as nurses and other workers have taken jobs elsewhere in Kaleida Health.

"We're stopping admissions sooner than we anticipated primarily because of the staffing challenges, and phasing out the program in anticipation of the consolidation," said Michael Hughes, spokesman for Kaleida Health.

The 88 remaining employees – nurses, social workers and mental health counselors – can bump less-senior workers in other departments, float to different jobs depending on need or seek employment elsewhere, he said.

Cori Gambini, president of CWA Local 1168, which represents many Kaleida Health workers, said she hopes an agreement can be reached to offer the employees training for new positions in Kaleida Health.

"Employees in the program started taking other jobs as they opened up," she said. "It got to the point where there was so little dedicated staff that they couldn't safely take care of the patients."

The new Center of Excellence in Behavioral Health, scheduled to open in January, will include an expanded emergency behavioral health facility, increasing from 6,500 square feet to 18,000 square feet, as well as an 18,000-square-foot outpatient center.

The center will be able to quickly triage patients to various services, which should make the facility operate smoothly, said Rich Cleland, ECMC's chief operating officer.

The combined program also will include an 180-bed inpatient psychiatric program that will begin operations in phases, starting in September, as well as 22 detoxification beds and 20 inpatient chemical dependency rehabilitation beds.

ECMC and Kaleida Health received a \$15 million state grant to help pay for construction. The organizations are funding the remaining cost.

The project is the third major initiative between the organizations to consolidate services under the Great Lakes Health System of Western New York.

The other initiatives integrated their cardiac services on the Buffalo Niagara Medical Campus and developed a Regional Center of Excellence for Transplantation & Kidney Care on ECMC's campus.

In 2006, the state Commission on Health Care Facilities in the 21st Century, also known as the Berger Commission, ordered ECMC and Kaleida Health to form a unified governance structure that included the University at Buffalo to consolidate some high-end services to improve quality and efficiency. Their agreement led to the formation of the parent organization known as Great Lakes Health.

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Cirillo, Joe

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News

2 new results for **Erie County Medical Center**

Kaleida stops behavioral health admissions as consolidation with ECMC nears

Buffalo News

Erie County Medical Center and Kaleida Health last year announced a \$25.3 million plan to consolidate mental health and chemical dependency services at ECMC's Grider Street campus. Kaleida Health's behavioral health program originally included 91 ...

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St. Catharines Standard

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reducing patient stays at ECMC

Transitional care demonstration project for Medicare patients is a first in WNY

By Annette Pinder

Erie County Medical Center opened the region's first Transitional Care Unit (TCU), which is designed to reduce the number of days Medicare patients remain in the medical/surgical units of a hospital, while still maintaining the highest level of care possible.

When patients require longer stays at the hospital, TCUs help reduce the time patients spend in medical/surgical units and, instead, enable them to receive the care they require in a TCU.

ECMC's TCU is described as a "demonstration project," for patients who are medically stable with clear prognoses, but are still quite ill. It is a 19-bed facility, and about 400 patients will use it over the next 12 months. A significant advantage is that rehabilitation can begin immediately upon the patient's arrival to the unit.

The TCU is also perfect for individuals with complex conditions that require costly care, or for those who will be discharged to home within a few days. "The main purpose," says Jody L. Lomeo, ECMC's CEO, "is to provide better care to patients."

The New York State Department of Health approved ECMC's TCU in September 2011 as the first in Western New York to utilize this unique care model. Hospital officials hope to set an example for other hospitals throughout the state with patients requiring this type of transitional care. The Department of Health approval of our TCU project confirms the validity of our proposal to New York State," explained Richard Cleland, ECMC's chief operating officer.

Currently, similar units can be found in Binghamton, Champlain and Long Island. On an average day at ECMC, 24 medical-surgical beds are occupied by some patients for whom Medicare eligibility is exhausted. These patients should be discharged more expeditiously and transferred to a Medicare Skilled Nursing Facility (SNF) for which Medicare would pay for extended convalescence. Unfortunately, however, there are simply not enough SNF Medicare beds available in Western New York.

ECMC is unable to accept patients from outside of the hospital into the new TCU. The TCU will meet some of the need for additional beds, with a unit that will administer the appropriate level of care that is also Medicare-reimbursable. But the TCU will be used to care for the most complex and costly patient conditions, while freeing ECMC's medical-surgical beds for patients requiring necessary medical-surgical care.



There are many new and innovative changes taking place at ECMC. In February, ECMC's Terrace View Long-Term Care Facility opened. Terrace View is located adjacent to the \$27 million Regional Center of Excellence for Transplantation & Kidney Care that opened a year ago. Also underway on the Health Campus is a \$35 million consolidated behavioral health center due to open next year, which will provide much-needed state-of-the-art mental health services in our community. With an estimated overall economic impact on the region of \$750 million, ECMC had total revenues in 2012 of nearly \$500 million and does not receive a subsidy from Erie County.

WNY Resource:

Erie County Medical Center
462 Grider Street, Buffalo, NY 14215
716.898.3000 www.ecmc.edu

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City & Region



Bill Covington buys some produce from Nancy Bryant at the farmers' market on Grider Street across from Erie County Medical Center on Friday. Mark Mulville/Buffalo News

East Side

New options on the menu for Delavan-Grider residents

BY: [Jane Kwiatkowski \(mailto:jkwiatkowski@buffnews.com\)](mailto:jkwiatkowski@buffnews.com)

Published: May 31, 2013, 09:25 PM

Updated: May 31, 2013, 09:25 PM

Residents of the Delavan-Grider neighborhood have a new set of wheels for grocery shopping thanks to a van service unveiled Friday at the Erie County Medical Center Farmers' Markets on Grider Street.

"There are various fast-food restaurants and corner stores where you can buy potato chips but not potatoes," said Rita Hubbard-Robinson, institutional advancement director at ECMC Lifeline Foundation. "The No. 1 thing residents felt was an issue was the lack of access to fresh food. The access to healthy food and nutrition leads to healthy outcomes."

The idea for a door-to-door grocery shuttle evolved after meetings with residents indicated an overwhelming concern at the lack of a grocery store within the neighborhood bordered by Fillmore Avenue, Kensington Avenue, William L. Gaiter Parkway, East Delavan, Bailey Avenue and East Ferry Street.

The grocery shuttle will provide transportation Tuesdays and Saturdays to Tops Markets on Grant and Amherst streets.

On Fridays, the van will ferry residents to the Farmers' Market, 351 Grider St.

The three-month demonstration program was jump-started by a \$1,200 grant from the Society for Community Research and Action. White Rock Missionary Baptist Church and Buffalo United Front also provided support.

Adult participants may register for the transportation service by calling 218-9889. Registration is limited to 40 participants and will continue throughout the weekend at area churches and community centers.

The service is expected to begin Tuesday. Hours are 10 a.m. to 2 p.m. Tuesday and Friday and 7 a.m. to 11 a.m. Saturday.

Delavan-Grider residents have been meeting regularly to address ways to improve their health, Hubbard -Robinson noted.

"How many people in this neighborhood have hypertension?" she asked. "Everyone does, which leads to diabetes, which leads to heart disease. Why is that going on? Because people don't know about sodium, about reading labels. Where do you learn that?"

Starting Tuesday, the Tops on Grant and Amherst streets will offer healthy food demonstrations in addition to nutrition counseling, according to Jon Douglas, store manager.

"It will allow us to educate the consumer on how to build a healthier lifestyle through fresh food," Douglas said. "We'll see what the people want."

The launch of the ECMC Farmers' Market four years ago was a direct response to the neighborhood's need for fresh produce, said Joe Cirillo, ECMC spokesman.

"The market's mission is to provide a neighborhood-based location that offers a variety of approaches to healthy living," said Cirillo.

In addition to fruit and produce vendors, the market will offer lunch from three area food trucks on a rotating basis: The Whole Hog, Black Market and Lloyd's Taco.

Nutrition education and gardening tips will be offered by Cornell Cooperative Extension.

Fitness, too, will energize the market this summer featuring Gospel Aerobics with Jocelyn McEntire of the YMCA.

email jkwiatkowski@buffnews.comcom

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Thursday June 20, 2013
[The Buffalo News.com \(/\)](http://www.buffalonews.com/)
Life & Arts



Chad Coyle, co-owner of Duke's Donuts, sells a doughnut to a customer at the Farmers' Market in North Tonawanda on Saturday. Today's farmers' markets don't sell just produce and plants. *John Hickey/Buffalo News*

Farmers, vendors get creative to keep customers coming this season

Local farmers and vendors are getting creative to keep customers coming this season

By Jason Silverstein
News Staff Reporter

Updated: June 4, 2013, 05:13 PM Published: June 4, 2013, 05:13 PM

What comes to mind when you envision your nearest farmers' market? A small circle of third-generation farm families, humbly waiting on you with baskets of apples and tomatoes?

In some cases, that's still the case. But many of today's farmers' markets are growing into very different ventures.

"New people are coming out who have never been to farmers' markets, and different things draw them," said John Long, city market clerk at the North Tonawanda Farmers' Market, which added about 30 vending spots just this year. "It's not just fruit and vegetables. It's now the variety of things going on."

Variety is the key word for Western New York's farmers' markets, and not just because there are more than 40 to peruse across Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming counties. Sure, you can still get your locally grown produce almost anywhere. But these days, no two farmers' markets are alike. At some, you might find homemade popsicles or organic dog treats or lunches from one of Buffalo's famous food trucks. At others, you can browse for books or beauty products or handcrafted jewelry, and enjoy live music or food demonstrations before heading out. A few markets are packed with so many vendors and activities that they might as well be weekly festivals.

Long said that these expansions came from the recent downturn in the economy, which uprooted the modest traditions of most farmers' markets. Faced with that harsh climate, many small farmers and vendors fostered a more entrepreneurial spirit, looking for creative ways to draw and keep customers. Many farmers' markets are bigger and busier than they were a few years ago, and a weekly trip to the average farmers' market is now more like "a social event," Long said.

"You see people running into people that they haven't seen in weeks or in months, and then they just

want to hang out there," he said. "They stay a little longer, and spend a little more money, also."

Watch out, Wegmans.

Here's our list of Western New York's farmers' markets, with a few new venues and a lot of new foods, services and activities. Four favorite markets online for updates and special events.

Allegany county

Angelica Farmers' market, 1 W. Main St. (585-466-3787). 9 a.m. to 1 p.m. Saturday, June 15 through Oct. 5. Produce, honey, syrup, bread, baked goods, cheese, eggs, meats, wine, nut butters, plants and flowers, artisans, music and festivals. Accepts WIC and Senior Nutrition coupons.

Belmont Farmers' market, 32 Willets Ave. (Route 19), (942-3710). 11 a.m. to 5 p.m. Thursday, through Oct. 31. Produce, maple products, baked goods, eggs, mustard, honey, plants, flowers. New: crafts. Accepts WIC, Senior Nutrition coupons and credit/debit cards.

Wellsville Farmers' market, 191 N. Main St., (585-610-0565). Noon to 6 p.m. Thursday, through Oct. 3. Produce, baked goods, nut butters, bread, mustard, jams, jellies, syrups, beef, pork, soups and prepared meals, health and beauty products. New: Local artisans and crafters. Accepts WIC, Senior Nutrition coupons, and credit/debit cards.

Cattaraugus County

Olean Farmers' market, North Union Street (Jamestown Community College), (676-9181; [reapfarmersmarket.com \(/apps/pbcsedit.dll/reapfarmersmarket.com\)](http://reapfarmersmarket.com (/apps/pbcsedit.dll/reapfarmersmarket.com))). 8 a.m. to 2 p.m. Saturday, through Oct. 27. Producer-only fruit and vegetables, baked goods, flowers and plants, honey, poultry, cheese, wine, eggs. New: arts and crafts. Accepts EBT, WIC, Senior Nutrition coupons and debit cards.

Franklinville Farmers' market, 1 Park Square (942-3710). 3 to 6 p.m. Wednesday, through Oct. 30. Fruit and vegetables, maple products, baked goods, plants and cut flowers, honey, eggs, mustard. Accepts WIC, Senior Nutrition coupons, EBT and credit/debit cards.

Ellicottville Farmers' market, 1 W. Washington St. (676-9181; reapfarmersmarket.com). 2 to 6 p.m. Friday, June 21 through Oct. 4. Fruit and vegetables, meats, maple products, baked goods, dairy products. New: arts and crafts. Accepts WIC and Senior Nutrition coupons.

Southern Tier Farmers' market, 1900 Constitution Ave., Olean, and in Jefferson Park, Broad and Jefferson streets, Salamanca (942-3710). Both locations: 2 to 7 p.m. Friday, through Oct. 25. Fruit and vegetables, maple products, eggs, mustard, plants and cut flowers, honey, baked goods, crafts. Accepts WIC, Senior Nutrition coupons, EBT and credit/debit cards.

Chautauqua County

Downtown Jamestown Farmers' market, 119-121 W. Third St. (Foundry Alley), (664-2477, [jamestownrenaissance.org \(/apps/pbcsedit.dll/jamestownrenaissance.org\)](http://jamestownrenaissance.org (/apps/pbcsedit.dll/jamestownrenaissance.org))). 10 a.m. to 3 p.m. Friday, June 7 through Oct. 25. Organic produce, lunches, goat milk fudge, baked goods, cheese, meats, flowers, honey, maple and Concord grape products, live entertainment, food demos. New: wine, cupcakes. Accepts WIC, Senior Nutrition coupons, EBT and credit/debit cards.

Dunkirk Farmers' market, 50 Lakeshore Drive West (Dunkirk Memorial Park), (366-6200, Ext. 302). 9 a.m. to 2 p.m. Sunday and 3 to 7 p.m. Thursday, through October. Produce, honey, flowers, meat, eggs, cheese, crafts, music on Thursday. Accepts WIC, Senior Nutrition coupons, EBT and credit/debit cards.

Fredonia Farmers' market, Church Street (680-2844, [facebook.com/fredoniafarmersmarket \(/apps/pbcsedit.dll/facebook.com/fredoniafarmersmarket\)](http://facebook.com/fredoniafarmersmarket (/apps/pbcsedit.dll/facebook.com/fredoniafarmersmarket))). 8 a.m. to 1 p.m. Saturday, through Oct. 26; 10 a.m. to 1 p.m. November through May. Baked goods, organic meat and eggs, rabbit meat, produce, honey, eggs, cheese, flowers, honey, crafts. Accepts WIC, Senior Nutrition coupons and EBT cards; some vendors accept credit/debit cards.

Lakewood Farmers' market, 140 Chautauqua Ave. (763-8557). 2 to 6 p.m. Tuesday, through Sept. 24. Local produce, meats, cheese, goat milk fudge, herbs and herb plants, jams and jellies, jewelry. Accepts WIC, Senior Nutrition coupons, EBT and credit/debit cards.

Erie County

Alden Farmers' market, 13119 Broadway (Route 20) (937-6177; <http://aldenny.org> (<http://aldenny.org>)). 8:30 a.m. to 1 p.m. Saturday, through Oct. 5. Fruit and vegetables, local meats, baked goods, honey and maple products, jams, jellies, flowers, fudge, plants, live music, craft shows. New: pasta, spices and olive oils, handcrafted soaps. Accepts WIC and Senior Nutrition coupons.

Blasdell Market, 3785 South Park Ave. (Ilio DiPaolo's parking lot), (649-7917, <http://hamburg-chamber.org> (<http://hamburg-chamber.org>)). 9 a.m. to 2:30 p.m. Wednesday, through Nov. 6. Baked goods, pierogies, seasonal fruit and vegetables, hanging baskets, bedding flowers, bread, juices and syrups, wines, locally made popsicles, crafts and merchants (blankets, stationery, baskets). Accepts WIC and Senior Nutrition coupons.

Clarence Hollow Farmers' market, 10717 Main St., (480-3920; <http://clarencfarmersmarket.com> ([/apps/pbcsedit.dll/clarencfarmersmarket.com](http://apps/pbcsedit.dll/clarencfarmersmarket.com))). 8 a.m. to 1 p.m., Saturday, through Oct. 13. Fruit, organic vegetables and eggs, grass-fed beef and chicken, baked goods, maple syrup, wine, honey, Monarch butterflies, live music. New: doughnuts. Some vendors accept WIC, Senior Nutrition coupons, credit/debit cards.

Clinton-Bailey Farmers' market, 1443 Clinton St. (822-2466; clintonbaileymarket.com ([/apps/pbcsedit.dll/clintonbaileymarket.com](http://apps/pbcsedit.dll/clintonbaileymarket.com))). 7 a.m. to 6 p.m. Sunday through Friday, 6 a.m. to 6 p.m. Saturday, through Nov. 1. Produce, plants, baked goods, flea market on Saturday. Some vendors accept WIC, Senior Nutrition coupons, EBT, credit/debit cards.

Downtown Country Market, 403 Main St. (856-3150; buffaloplace.com ([/apps/pbcsedit.dll/buffaloplace.com](http://apps/pbcsedit.dll/buffaloplace.com))). 8 a.m. to 2:30 p.m. Tuesday and Thursday, through Oct. 24. Producer-only fruit and vegetables, baked goods, flowers, pet food, sausage. New: gluten-free baked goods, goat cheese. Some vendors accept WIC and Senior Nutrition coupons.

Colden Community Farmers' market, 8745 Supervisor Ave. (Bread of Life Outreach Center), (863-9892, breadoflifecolden.org ([/apps/pbcsedit.dll/breadoflifecolden.org](http://apps/pbcsedit.dll/breadoflifecolden.org))). 8:30 a.m. to 1 p.m. Saturday, through Oct. 12. Produce, baked goods, flowers, plants, goat milk soap, maple syrup, honey products, breads, live music, crafts every other week.

East Aurora Farmers' market, Grey Street (Tops Plaza), (771-9590). 7 a.m. to 1 p.m. Wednesday and Saturday, through Nov. 27. Vendor-only produce, baked goods, pasta, coffee, nursery stock, dog biscuits, maple syrup, goat cheese, cut flowers. New: mushrooms. Accepts WIC and Senior Nutrition coupons.

Elmwood-Bidwell Farmers' market, Elmwood Avenue and Bidwell Parkway, (881-0707; elmwoodmarket.org ([/apps/pbcsedit.dll/elmwoodmarket.org](http://apps/pbcsedit.dll/elmwoodmarket.org))). 8 a.m. to 1 p.m. Saturday, through Dec. 21. Producer-only fruit and vegetables, dairy products, beer, wheatgrass, natural meat, baked goods, honey, several live bands each week. New: wine. Accepts EBT and Senior Nutrition Coupons.

ECMC Farmers' market at Grider (<https://www.facebook.com/pages/ECMC-Farmers-Market-at-Grider/153297461406758>), 351 Grider St. (898-3509). 10 a.m. to 3 p.m. Friday, through Oct. 11. Fruit and vegetables, soaps, ice cream and frozen treats, honey, eggs, plants and flowers, occasional food demos and live music. New: food trucks. Some vendors accept WIC, Senior Nutrition coupons, EBT.

Hamburg Farmers' market, Village of Hamburg parking lot, Main and Buffalo streets, (649-7917; hamburg-chamber.org ([/apps/pbcsedit.dll/hamburg-chamber.org](http://apps/pbcsedit.dll/hamburg-chamber.org))). 7:30 a.m. to 1 p.m. Saturday, through Nov. 2. Produce, plants, flowers, baked goods, spices, herbs, syrups, cheese, pasta, pierogies, pickles, veggie burgers, live music. New: meat, sauerkraut, mushrooms, wines. Some vendors accept WIC and Senior Nutrition coupons.

Holland Farmers' market, 49 N. Main St., (537-9590; thehollandmkt.com ([/apps/pbcsedit.dll/thehollandmkt.com](http://apps/pbcsedit.dll/thehollandmkt.com))). 8:30 a.m. to 2 p.m. Sunday, through Nov. 24. Organic fruit and vegetables, grass-fed beef, honey and maple products, chicken, goat, jams, jellies, dog treats, herbs, goat milk soap, live music. New: fresh doughnuts and cider. Accepts WIC and Senior Nutrition coupons.

Kenmore Farmers' market, 2919 Delaware Ave., (873-5700; kenmorefarmersmarket.com ([/apps/pbcsedit.dll/kenmorefarmersmarket.com](http://apps/pbcsedit.dll/kenmorefarmersmarket.com))). 8 a.m. to 12:30 p.m. Saturday, June 22 through Oct. 26. Produce, flowers, baked goods, pasta, jams, jellies, coffee, honey and maple products, chocolate, entertainment. Accepts WIC and Senior Nutrition coupons; some vendors accept credit/debit cards.

Marketplace at Larkin Square, 745 Seneca St., 14210. 5 to 8 p.m. Wednesday, June 19 through Sept. 18 (362-2665; larkinsquare.com/marketplace ([/apps/pbcsedit.dll/larkinsquare.com/marketplace](http://apps/pbcsedit.dll/larkinsquare.com/marketplace))). Produce, breads, baked goods, tea and coffee, pet treats, crafts and jewelry. Some vendors accept credit/debit cards.

Friday, June 21, 2013

[The Buffalo News.com \(/\)](http://www.buffalonews.com/)

City & Region



Dan Humiston arrives at Chestnut Ridge Park on Sunday after completing a 50-mile bike ride through Southern Erie County one year after the accident that nearly killed him. John Hickey/ Buffalo News

erie county

Bicyclist, back from injury, thanks responders

By Barbara O'Brien

News Staff Reporter

Updated: May 26, 2013, 08:17 PM Published: May 26, 2013, 08:17 PM

Dan Humiston smiled Sunday as he finished his 50-mile bike ride through Southern Erie County.

It went a lot smoother than a year ago, when he was coming down a hill on Trevett Road in Concord, hit a pothole or patch of stones, and went flying over the bicycle. He landed in a rocky drainage ditch, and suffered two broken hips, damage to several vertebra and bleeding on his brain.

But the 49-year-old owner of the Tanning Bed recovered, and got some friends together Sunday to ride the same route, although they stopped short of the spot where he lost control of his bike last May 26.

"It's not a very good stretch of road. Why relive it?" he said.

The bikers spent about four hours on the ride Sunday, and their stops included the Mortons Corners Volunteer Fire Company, whose volunteers responded to his accident.

Humiston had riding jerseys made up for the bikers with the names and logos of the groups that helped put him back together: Mortons Corners Fire Company, Mercy Flight, Erie County Medical Center, UB Orthopedics, and Buffalo Rehab Group.

"I finally made it," he said as he glided into the parking lot at Chestnut Ridge Park on Sunday, where a chicken barbecue was waiting for bikers.

A year ago, Humiston had been barreling down a hill in a group of riders before he hit a rough patch of road and was ejected.

"We found him on the side of the road. He was just crumpled on the side of the road, the bike was about 50 yards downhill and across the road," recalled friend John Hurley. "He was out cold for about 10 minutes."

There was a time Humiston's family and friends did not know if he would walk again, let alone ride his bike. And when they visited him last summer, they talked of this year.

"All the guys I rode with the day I crashed, they go, 'Next summer, we're going to do this ride, we're going to finish it.' That was the inspiration for this," said Humiston.

He spent three months in bed, which made it difficult to campaign for the Assembly. Humiston, who ran for Congress in 2008, had announced his candidacy for the Assembly shortly before the accident. He did not win.

Eight weeks after the accident, he was allowed to swim, but not to kick. When he graduated to a wheelchair, he set up a 5-kilometer course near his home and wheeled himself around it. He was allowed to stand up on Labor Day, and was skiing by Christmas.

"I feel good," he said Sunday, but he said he has lost strength and flexibility.

He's now training for the Ironman Triathlon in Lake Tahoe, Calif., in September. His friends knew he would come back, but even they were surprised at how quickly he did.

Some things have changed, however.

"I'm a big chicken going downhill. Used to be you went downhill and got to rest. I'm on my brakes all the time since my crash," Humiston said.

They've all learned something, Hurley said.

"I think a lot of us who were here last year were saying this is good. We can get out here and conquer the demon. We're all being careful," Hurley said. "We've learned we're not getting any younger and we've got to slow down a little bit."

email: bobrien@buffnews.com

By Barbara O'Brien

News Staff Reporter

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Print - Yet Another WNYer Inspired To Donate a Kidney To A Stranger | wgrz.com

wgrz.com

12:19 AM, May 23, 2013

BUFFALO, N.Y. - At first glance you might think Mark Schifferle and Robert Murphy are an unlikely set of friends.

Mark lives in Wheatfield, Robert on Buffalo's East Side.

But as it turns out they share a lot of things.

Among them: a love of fishing, a sly sense of humor and lunch together every Wednesday.

Soon they'll be sharing something else- one of Mark's kidneys.

Mark had been thinking about becoming a living donor for a while.

Then last year he saw a story we did about a guy from North Tonawanda, Greg Emminger who donated one of his kidneys to a total stranger, someone he had found through a website called the Western New York Kidney Connection where people in need of a kidney can post their bios for potential donors to see.

Mark Schifferle: 'It was like click, a big click (went off) and Western New York Kidney (Connection) so I went on the computer and pulled up bios, it's the greatest thing in the world you get to pick and choose (who you want to donate to)."

And that was very important to Mark because he wanted to choose someone with a specific background to receive one of his kidneys.

He wanted a Vietnam Veteran.

Scott Brown: "Why did you want to donate to a Vietnam Vet?"

Mark Schifferle: "Because I easily could have been there myself. I was 14 numbers away from being drafted, but for the grace of God I could have easily been there myself. I'm not doing this for any other reason than to help somebody and put that war to rest."

So he went to the Kidney Connection web page and came across the bio of Robert Murphy which said in part:

"I graduated from East High School and went into the Army and was in Vietnam from 1967 to '68, I received the purple heart and the bronze star. I am an active member of Calvary Episcopal Methodist Church, I enjoy fishing and playing pool.

"I am grateful for all I have and hope that I will be given an opportunity for a second chance

through a new kidney. Thank you for reading my profile."

And that as they say, was the start of a beautiful friendship between Robert and Mark.

Robert Murphy: "I was home that night watching TV and I got a call from a guy saying my name is Mark and I want to give you a kidney and I'm saying OK right. It was about a week before I called him cause I thought it was a joke, somebody playing a joke. And then I called him and found out he was serious and then we've been friends ever since then."

We spoke with the two friends about a week before their surgery.

Scott Brown: "What kind of guy is he?"

Mark Schifferle: "Like the big brother I never had, we're like the integrated Mutt and Jeff."

Scott Brown: "What do you think of this guy and what he's doing for you?"

Robert Murphy: "I think it's great. He's a great guy, I told you even if he wasn't giving me a kidney, Mark is a great person. You just don't find people like that. They just don't come along, they're very rare. Like they say if you've got five friends, you can count them on your hand, he's one of them."

Scott Brown: "It seems like in a week or so you guys are going to be joined forever?"

Robert Murphy: "Oh yeah, be like geese - mates for life you know."

Although Robert and Mark laugh a lot when they're together, there's one part of our story that's no joke.

For the last four and a half years, Robert has been on dialysis. And that means three times a week for three and a half hours each time, he's tethered to a machine that removes waste, salt and extra water from his body.

And because he's on dialysis, the amount of fluid Robert can take in is severely limited, and that can mean everything from a glass of water to many fruits that contain a lot of liquid.

Scott Brown: "How much of a change in your life is it going to be not to come here (for dialysis)?"

Robert Murphy: "It's going to be like a new lease on life. A life changer. I don't have to worry about how much water I can drink, how much fluid I can take. Don't have to worry about coming to dialysis. That's not a normal life. I'm ready, I'm ready, I waited four and a half years, so I'm ready."

It's now one week before the surgery.

Mark and Robert are in adjoining rooms at ECMC going through their final tests.

Robert gets final instructions on all of the medications he'll take after the surgery to prevent his body from rejecting Mark's kidney.

Both men are cleared and the surgery is a go.

Scott Brown: "All the testing's done how do you feel?"

Robert Murphy: "I'm excited, I'm ready, all go."

Scott Brown: "Have you thought about the changes for your quality of life?"

Robert Murphy: "I thought about all the water I could drink."

Mark Schifferle: "Testing's finally over we're getting down to it, I'm excited about the whole thing. I'm ready, let's do it. Let's do this."

It's the morning of the transplant.

Mark is already in surgery

Robert will be brought down shortly.

Among the family members with him is his sister who's come up from Philadelphia.

Scott Brown: "What did you think when you heard a total stranger was going to donate a kidney to him?"

Pam Ackason: "I'm a very spiritual person and I just said God has answered our prayers. So what more can we ask for? God is good, yes."

Scott Brown: "This is the day how are you doing?"

Robert Murphy: "I'm not nervous or nothing, I'm just excited, ready to go."

Mark's surgery is going well. Doctors are preparing to remove his right kidney.

ECMC has permitted us to be right in the operating room as we continue to try and increase awareness about living donors.

Scott Brown: "How much better is a kidney from a living donor rather than a deceased one?"

Transplant Surgeon Dr. Mark Laftavi: "Very much better. I always say it's like you buy a brand new car or a used car. That's a simple way of saying. The longevity of this kidney is normally better, the function is better.

"Normally we expect this kidney to work twice compared to the deceased donor. Let's say if a deceased donor works eight nine years, this kidney probably works 18 years, 20 years."

After about three hours of surgery, Mark's kidney is ready to be removed.

And then Dr. Laftavi walks right by us with Mark's kidney, and Robert's future in his hands.

The doctor then begins prepping Mark's kidney for the transplant.

With the kidney on a tray filled with ice, Dr. Laftavi walks it right next door where Robert is all prepped and ready. The less time the kidney spends outside the body the better it is.

From the time Mark's kidney was removed it takes just 25 minutes to implant it into Robert.

Dr. Mark Laftavi: "There's nice pulsing in the kidney, nice pink color and that's what we normally want to see. The kidney starts to make urine, so that's a good sign the kidney starts to pee after ten minutes, five minutes. That's very good when the kidney starts functioning on the table that means it's a good outcome."

Robert's sister then gets the good news from the doctor.

Dr. Mark Laftavi: "Yeah he's doing very well, making some urine and the donor is also doing very well, both of them somebody has prayed for all of us."

Pat Ackason: "Oh yes. Praise God thank you so much. All right everything will be fine. I'm feeling ecstatic I'm so happy we waited for this for a long time and I prayed for this for four and a half years and it has finally come about."

It's not hard to tell which is Mark Schifferle's home in Wheatfield - it's the one with the big sign made by a neighbor that says "Welcome Home To Our Hero Mark."

It's just a week after surgery and the first time that Mark and Robert have gotten together since they were released from the hospital a few days ago.

They toast each other's good health, not with champagne but with something that tastes even better to Robert- a glass of ice cold water.

Scott Brown: "Now that you're out of the hospital what do you think about the guy sitting next to you?"

Robert Murphy: "I can't say enough about him. He's a great guy, it's like a miracle you know?"

Scott Brown: "When you hear him say it's like a miracle how does that make you feel?"

Mark Schifferle: "It puts the last piece in place, it was a no-brainer picking him, it's just been a dream come true."

Now with the transplant a success, Mark can finally put the war behind him and Robert has a new life ahead of him.

Their friendship has turned into something much deeper. Mark is planning on taking a special trip later this summer.

Robert Murphy: "He's going to our family reunion down in North Carolina in August, he's a member of the family, my sister made him a member of the family. And she done told all the family members, so she's waiting on them to come welcome him and his wife."

Scott Brown: "New brother and sister?"

Robert Murphy: "Oh yeah, lifetime member now. Yeah, we blood brothers."

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