

# ECMC Board of Director's Regular Board Meeting

Jun 30, 2015 at 04:30 PM - 06:30 PM

Erie County Medical Center Corporation

462 Grider Street

Buffalo

# AGENDA

REGULAR MEETING OF THE BOARD OF DIRECTORS  
ERIE COUNTY MEDICAL CENTER CORPORATION  
TUESDAY, JUNE 30, 2015

- I. CALL TO ORDER: KEVIN M. HOGAN, ESQ., CHAIR
- II. APPROVAL OF MINUTES OF MAY 26, 2015 REGULAR MEETING OF THE BOARD OF DIRECTORS  
  
APPROVAL OF MINUTES OF JUNE 18, 2015 SPECIAL MEETING OF THE BOARD OF DIRECTORS
- III. RESOLUTIONS MAY BE DISTRIBUTED TO THE BOARD OF DIRECTORS DURING THE MEETING ON JUNE 30, 2015.
- IV. REPORTS: CEO REPORT – RICHARD CLELAND  
PRESIDENT’S REPORT – THOMAS QUATROCHE  
DSRIP/MCC REPORT – AL HAMMONDS
- V. REPORTS FROM STANDING COMMITTEES OF THE BOARD:  
EXECUTIVE COMMITTEE: KEVIN M. HOGAN, ESQ.  
FINANCE COMMITTEE: MICHAEL A. SEAMAN  
QI PATIENT SAFETY COMMITTEE: DOUGLAS BAKER
- VI. REPORTS FROM SENIOR MANAGERS OF THE CORPORATION:
  - A. CHIEF EXECUTIVE OFFICER
  - B. CHIEF FINANCIAL OFFICER
  - C. CHIEF OPERATING OFFICER
  - D. PRESIDENT
  - E. SR. VICE PRESIDENT OF OPERATIONS
  - F. VICE PRESIDENT POST-ACUTE CARE
  - G. CHIEF MEDICAL OFFICER
  - H. SENIOR VICE PRESIDENT OF NURSING
  - I. INTERIM VICE PRESIDENT OF HUMAN RESOURCES
  - J. SR. VICE PRESIDENT OF MARKETING & PLANNING
  - K. EXECUTIVE DIRECTOR LIFELINE FOUNDATION
  - L. EXECUTIVE DIRECTOR MILLENNIUM COLLABORATIVE CARE - DSRIP
- VII. REPORT OF THE MEDICAL/DENTAL STAFF: MAY 18 , 2015
- VIII. EXECUTIVE SESSION
- IX. RETURN TO OPEN SESSION
- X. ADJOURN

ERIE COUNTY MEDICAL CENTER CORPORATION

MINUTES OF THE REGULAR MEETING  
OF THE BOARD OF DIRECTORS

TUESDAY, MAY 26, 2015

STAFF DINING ROOM

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Voting Board Members  
Present:

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

Kevin E. Cichocki, D.C.  
Jonathan Dandes  
Sharon L. Hanson  
Anthony Iacono  
Dietrich Jehle, M.D.  
Michael A. Seaman

Voting Board Member  
Excused:

Michael Hoffert  
Thomas P. Malecki, CPA

Joseph Zizzi, Sr., M.D.

Non-Voting Board  
Representatives Present:

Richard C. Cleland  
James Lawicki

Also Present:

Donna Brown  
Samuel Cloud, D.O.  
A.J. Colucci, III, Esq.  
Carla DiCanio-Clarke  
Stephen Gary  
Al Hammonds  
Mary Hoffman  
Jarrod Johnson

Chris Koenig  
Susan Ksiazek  
Charlene Ludlow  
Frank B. Mesiah  
Thomas Quatroche  
Lorne Steinhart  
Karen Ziemianski

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**I. CALL TO ORDER**

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

**II. APPROVAL OF MINUTES OF APRIL 21, 2015 REGULAR BOARD MEETING.**

Moved by Bishop Michael Badger and seconded by Kevin Cichocki, D.C.

**Motion approved unanimously.**

**III. ACTION ITEMS**

A. Resolution of the Board of Director Approving Capital Spending.

Moved by Anthony Iacono and seconded by Michael Seaman

**Motion approved unanimously.**

B. Approval of May 5, 2015 Medical-Dental Staff Appointments and Re-Appointments.

Moved by Bishop Michael Badger and seconded by Douglas Baker

**Motion Approved Unanimously.**

C. Approval for Dr. Margaret Brandwein-Gensler, M.D. as Chief of Pathology.

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

**Motion Approved Unanimously.**

D. Approval for revision to the Credentials Procedures Manual to add reference for time frames for re-application.

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

**Motion Approved Unanimously.**

E. Resolution Appointing Richard C. Cleland as Chief Executive Officer of the Erie County Medical Center Corporation.

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

**Motion Approved Unanimously.**

F. Resolution Appointing Thomas J. Quatroche, Jr., Ph.D. as President of the Erie County Medical Center Corporation.

Moved by Sharon L. Hanson and seconded by Douglas Baker

**Motion Approved Unanimously.**

**IV. BOARD PRESENTATION: MILLENNIUM COLLABORATIVE CARE (DSRIP)**

**AL HAMMONDS, MCC EXECUTIVE DIRECTOR**

Mr. Hammonds provided an overview of the MCC Board of Managers current activities and current focus. The total valuation award was \$243,019,729. Additional funding available via specialized demonstration. Mr. Hammond will provide monthly updates at future board meetings.

**V. BOARD COMMITTEE REPORTS**

All reports except that of the Performance Improvement Committee are received and filed in the April 30, 2015 2015 Board book.

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

- A. President/COO & Interim Chief Executive Officer:
- B. Chief Financial Officer:
- C. Sr. Vice President of Operations – Mary Hoffman:
- D. Sr. Vice President of Operations – Jarrod Johnson:
- E. Vice President Post-Acute Care:
- F. Chief Medical Officer:
- G. Sr. Vice President of Nursing:
- H. Vice President of Human Resources:
- I. Chief Information Officer:
- J. Sr. Vice President of Marketing & Planning:
- K. Executive Director, ECMC Lifeline Foundation:
- L. Executive Director, Millennium Collaborative Care:

President/COO, Interim CEO: Richard C. Cleland

- ECMC received its spring 2015 Leap Frog Hospital rating. We improved to a B.
- VERRAS Healthcare International has recognized ECMC as one of New York's ten "Best Value Hospitals" for 2014.
- Since January, we have added 100 additional nurses to the payroll.
- 45% of our teammates have responded to the employee survey so far. Our goal is to get to at least 50%.
- Thank you to Karen Ziemianski and her leadership team in making nurses week very special.
- Executive Leadership continues to round throughout the hospital. This has been a positive and rewarding experience for the team.
- Michelle Wienke, Chief Experience Officer has hit the ground running and is working on several projects for improvement opportunities.
- Mr. Cleland will shadow Dr. Cloud in the ED to understand what it is to be in the ED department on a daily basis. This is part of "Walk in My Shoes" program,
- Customer service scores have improved.
- Physician Strategic Council continues to work on the improvement plan from the physician survey.
- We have had several regulatory visits from NYSDOH (lab survey and LTC), UNOS and CMS.
- We are currently in the process of recruiting/interviewing a CPO (Chief People Officer).

ERIE COUNTY MEDICAL CENTER CORPORATION

- Primary Care Strategy – Maggie Nichols has been promoted Assistant Vice President of Primary Care Development.
- NYSDOH approved a CON for Cath lab upgrade.
- ECMC achieved 21.6 percent MWBE compliance rating for 2014-2015.
- A new ECMC website is under construction.
- Thank you to Jon Dandes and Sue Gonzales for Lifeline signature events.

Chief Financial Officer: Stephen Gary

A summary of the financial results through April 30, 2015 and a Quarterly Financial Statement and projected statement of Yearly Cash Flows are attached in the Board Book for review.

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

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

**Motion approved unanimously**

**VII. RECONVENE IN OPEN SESSION**

Moved by Bishop Michael Badger and seconded by Jonathan Dandes to reconvene in Open Session at 6:30 P.M. No action was taken by the Board in Executive Session.

**Motion approved unanimously.**

**VIII. ADJOURNMENT**

Moved by Douglas Baker and seconded by Sharon L. Hanson to adjourn the Board of Directors meeting at 6:30 P.M.



Sharon L. Hanson  
Corporation Secretary

**A Resolution of the Board of Directors Approving Capital Spending**

Approved May 26, 2015

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WHEREAS, Erie County Medical Center Corporation (the "Corporation") requires the disbursement of monies from its capital accounts for the purpose of meeting various capital expense needs (the "Disbursement"); and

WHEREAS, the Disbursement will occur under the direction of the Corporation's Chief Financial Officer and Chief Executive Officer; and

WHEREAS, the Disbursement is expected to total approximately two million dollars (\$2,000,000) for the balance of the year 2015; and

WHEREAS, the proposed Disbursement has been reviewed and approval has been recommended by the Finance Committee of the Board of Directors; and

WHEREAS, the Corporation seeks approval from the Board of Directors to make the Disbursement in accordance with the above.

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

1. The Corporation hereby ratifies the spending and disbursement of \$2 million of its capital funds in order to meet its urgent capital finance needs through December 31, 2015.
2. The Chief Financial Officer and Chief Executive Officer are authorized to oversee and implement the spending of these capital funds.
3. The Corporation is authorized to do all other things necessary and appropriate to implement this resolution.
4. This resolution shall take effect immediately.

\_\_\_\_\_  
*Sharon L. Hanson*  
Sharon L. Hanson  
Corporation Secretary





ERIE COUNTY MEDICAL CENTER CORPORATION

Higgs, Donald, MD, PhD  
Ophthalmic Pathology \*

Active Staff  
*\*FPPE to be conducted per COS*

FOR OVERALL ACTION

**PRIVILEGE WITHDRAWAL**

**Urology**

Gilbert, Richard, MD                      Active Staff  
-      Moderate Sedation

**APPOINTMENT APPLICATIONS, RECOMMENDED**

**A. Initial Appointment Review (10)**

**Family Medicine**

Golding, Douglas, MD                      Courtesy Staff, *Refer and Follow*  
Rajeswary, Jyotsna, MD                      Active Staff

**Gynecology and Obstetrics**

Ionescu, Adina, MD                              Active Staff

**Internal Medicine**

Banas, Anne, MD                              Active Staff  
Ministero, Jennifer, PA-C                      Allied Health Professional

*Supervising Physician: Nagaraja Sridhar, MD*

Muthulingam, Varathaseelan, MD                      Active Staff

**Orthopaedic Surgery**

Prybylski, Monica, NP                              Allied Health Professional

*Collaborating Physician: Christopher Mutty, MD*

**Pathology**

Brandwein-Gensler, Margaret, MD                      Active Staff - Chief of Service

**Psychiatry**

Delregno, Paula, MD                              Active Staff  
Wirth, Kathryn, PA-C                              Allied Health Professional

*Supervising Physician: Victoria Brooks, MD*

FOR OVERALL ACTION

**REAPPOINTMENT APPLICATIONS, RECOMMENDED**

**B. Reappointment Review – (26)**

**Anesthesiology**

Syed, Masroor, MD                              Active Staff

**Emergency Medicine**

Chauncey, Amanda, PA-C                              Allied Health Professional

*Supervising Physician: David G. Ellis, MD*

Dice, William, MD                              Active Staff

McCarthy, Elizabeth, PA-C                              Allied Health Professional

*Supervising Physician: Dietrich V. Jehle, MD*

**Internal Medicine**

Chaudhuri, Ajay, MD                              Active Staff

Krasner, Susan, PhD                              Allied Health Professional

**Neurology**

Samie, M. Reza, MD                              Active Staff

**Neurosurgery**

Bennett, Gregory, MD                              Active Staff

**Ophthalmology**

Knapp, Russell, MD                              Courtesy Staff, *Refer & Follow*

Niles, Charles, MD                              Associate Staff

Reidy, James, MD                              Active Staff

Schoene, Karen, MD                              Courtesy Staff, *Refer & Follow*

**Oral & Maxillofacial Surgery**

ERIE COUNTY MEDICAL CENTER CORPORATION

Nigalye, Sanil, DDS, MD	Active Staff
Park, Etern, DDS, MD	Active Staff
<b>Orthopaedic Surgery</b>	
Bone, Lawrence, MD	Active Staff
Rauh, Michael, MD	Active Staff
Szymanski, Talia, PA-C	Allied Health Professional
<i>Supervising Physician: Michael A. Rauh, MD</i>	
<b>Pathology</b>	
Higgs, Donald, MD, PhD	Active Staff
<b>Plastic &amp; Reconstructive Surgery</b>	
Gerretsen, Carly, FNP	Allied Health Professional
<i>Collaborating Physician: Thom R. Loree, MD</i>	
<b>Psychiatry &amp; Behavioral</b>	
Deakin, Christopher, MD	Courtesy, Refer & Follow
Improta, John, MD	Active Staff
<b>Radiology</b>	
Sarai, Paul, MD	Active Staff
<b>Surgery</b>	
Kulaylat, Mahmoud, MD	Active Staff
Passmore, Natalie, ANP	Allied Health Professional
<i>Collaborating Physician: Daniel Leary, MD</i>	
Pell, Michael, MD	Active Staff
<b>Urology</b>	
Griswold, John, MD	Active Staff

**FOR OVERALL ACTION**

***PROVISIONAL APPOINTMENT REVIEW, RECOMMENDED***

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

<b>May 2015 Provisional to Permanent Staff</b>	<b>Provisional Period Expires</b>
<b>Dermatology</b>	
Helm, Thomas, N., MD                      Active Staff	05/20/2015
<b>Internal Medicine</b>	
Antalek, Matthew, David, DO              Active Staff	05/20/2015
Braunscheidel, Denise, ANP              Allied Health Professional	05/20/2015
<i>Collaborating Physician: Joseph A Zizzi, Jr MD</i>	
Randazzo, Tina, Marie, PA-C              Allied Health Professional	05/20/2015
<i>Supervising Physician: Deepthi Tirunagara MD</i>	
Ryan, Shavawn, K., PA-C                  Allied Health Professional	05/20/2015
<i>Supervising Physician: Misbah Ahmad, MD</i>	
Vaqar, Sarosh, MD                          Active Staff	05/20/2015
<b>Psychiatry</b>	
Gokhale, Vinayak, S., MD                  Active Staff	05/20/2015
<b>Rehabilitation Medicine - Chiropractic</b>	
Birzon, Lawrence, R., DC                  Allied Health Professional	05/20/2015

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

**FOR OVERALL ACTION**

***AUTOMATIC CONCLUSION- REAPPOINTMENT EXPIRATION, FINAL NOTICE***

None

**Reappointment Expiration Date: as indicated**

above

***Planned Credentials Committee Meeting: May 5, 2015***

***Planned MEC Action date: May 18, 2015***

***OLD BUSINESS***

**Anoscopy Services in the Immunodeficiency Clinic**

S. Ksiazek completed a report of the transition of service, training requirements and liability insurance discussions for Anoscopy services in the Immunodeficiency Clinic.

**Letter Templates**

The Credentials Chair and Director of Medical Dental Staff Quality and Education continue to add to the bank of letter templates for use by the Medical-Dental Staff Office staff. These will not only support the office staff, but ensure consistency of communication from the Credentials Committee.

**Orthopaedic Surgery**

The committee received final recommendations from the Chief of Service for the addition of Hip Arthroscopy to the Orthopaedic Surgery form. Procedure codes shall be removed. Criteria will be inserted below the procedure request for requirement clarity. The following changes were endorsed by the committee:

<b>Requested</b> by applicant <b>(Y/N)</b>	<b>Recommended</b> by Chief of Service <b>(Y/N)</b>	<b>Procedure</b>
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**GRAFTS, IMPLANTATION**

_____	_____	Arthroscopy, knee, surgical; osteochondral autograft(s)
_____	_____	Arthroscopy, knee, surgical; osteochondral allograft
_____	_____	Autologous chondrocyte implantation, knee
_____	_____	Arthroscopy, hip, surgical *

**\*Arthroscopy, hip, surgical CREDENTIALING CRITERIA**

Initial privilege requests shall require completion of the training standards and competency verification indicated below.

1. Evidence of training in Hip Arthroscopy as demonstrated by residency/ fellowship completion, competency based training course, or attestation letter from program director or other hospital affiliation.
2. Case volumes of at least 5 needed for initial appointment, preferably within the past 2 years unless competency otherwise demonstrated.

**Adopted Medical Executive Committee 5/xx/2015**

Medical-Dental Staff Office use: Original date initial privilege granted / criteria satisfied: \_\_\_\_\_

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

Work continues on the development of a preface of the Nurse Practitioner privilege request form to include highlights of the Nurse Modernization Act as well as to include ECMC's requirements for Nurse Practitioners.

**Dentistry**

At a December 2014 meeting with the Chiefs of Dentistry, of Oral & Maxillofacial Surgery and Credentials Chair, Advanced Level II core training, experience and competence requirements for the Dentistry Department were defined. A question arose regarding a particular requirement to apply at initial appointment, reappointment or both. Without the presence of the Oral Max chief, a deferred offline discussion was suggested to resolve this matter.

**Internal Medicine Privilege form**

At the April credentials meeting, the committee suggested including specific requests for genital examinations to be understood as part of a comprehensive physical examination rather than as separate procedure. The committee should also discuss any impact upon the Staff Office electronic procedure list. Changes proposed by the committee inserting additional text and deleting separated procedure items versus keeping the original format:

**GENERAL DEPARTMENTAL PRIVILEGES**

Perform Inpatient and/or Ambulatory care history and physical exam and write-up.

Elicit a detailed and accurate history; perform comprehensive initial routine and physical examination **ADD->** (including genital exams); record these along with progress notes in the chart.

~~Perform pelvic (vaginal) examinations.~~

~~Perform male genital exams.~~

Recognizing a potential impact upon the IntelliCred privilege delineations, the suggested changes will also be reviewed with the Chief of Service to determine if this revision is of sufficient gravity to pursue.

**Laser Policy Poll**

At the April meeting, the Chief of Oral and Maxillofacial Surgery and committee suggested a considered move toward consistent laser privilege policy and criteria across department lines. Since current laser privilege definition is quite broad with limited credentialing criteria defined in 17 department areas, the committee recommended a canvas of the Chiefs of Service for advice and proposals.

**Temporary Privilege Tracker**

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

**FOR OVERALL ACTION**

***NEW BUSINESS***

**Orthopaedic Surgery- Form Clarification**

The Chief of Service and Medical Staff Office offered a clarification to the Percutaneous (Closed) Tenotomy privilege selection. The addition of (Tenex®) and the movement of the credentialing criteria will minimize selection overlook. Proposed changes below:

\_\_\_\_\_ Percutaneous **(Closed)** Tenotomy\* (Tenex®)

Medical-Dental Staff Office use: Original date initial privilege granted / criteria satisfied: \_\_\_\_\_

**\*Percutaneous (Closed) Tenotomy (Tenex®) CREDENTIALING CRITERIA**

Initial privilege requests shall require completion of the training standards and competency verification indicated below.

Training and education course completion documentation to include setup, programming and ultrasound guided identification, cutting, excision and debridement of diseased or pathologic pain-generating musculoskeletal tissue. Training experience will include the performance of 5 cadaver procedures within shoulder, elbow, knee, ankle or foot areas.

Case volumes needed for initial appointment are as defined in the training course. Current competence for reappointment requires periodic performance of the procedure. Reappointment case volumes shall be determined by the Chief of Service.

**Adopted Medical Executive Committee 6/23/2014**

Credentialing policy reminding applicants of the proper process to seek new departmental privilege delineation on an existing form will also be inserted on page 1:

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

**Credentials Procedure Manual**

ERIE COUNTY MEDICAL CENTER CORPORATION

Three application processing cessations in recent months have raised the question of time frames for re-application. The Credentials Committee was asked to evaluate adding some reference to this section of the procedure manual. Review of local and regional institutions revealed unaddressed to absent policies. The committee discussed various scenarios and advised decisions regarding reapplication be applied on a case by case basis. The following underlined text was recommended for addition to the applicable Credentials Procedure section, Article I Application Policy, Section B: Significance of Applicant Authorization and Accountability:

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

**Anesthesiology**

TEE credentialing criteria for anesthesia may no longer be met due to decreased local cardiac surgery volume. While the re-credentialing criteria do provide options for continued demonstration of competence and experience, the committee suggested adding a qualification to the privilege request area on the Anesthesiology form. Guidance will be sought from the Chief of Service as to the specific wording.

ANESTHESIOLOGY LEVEL III ADVANCED PRIVILEGES	Physician Request	Recommend		If Yes, indicate any requirements; If No, provide details. See p.6
		YES	NO	
<b>Intraoperative Transesophageal Echocardiography (TEE)</b> <i>[Credentialing criteria include the performance of a minimum of 10 exams under the direct supervision of a privileged anesthesiologist or cardiologist OR documentation of having passed the perioperative TEE exam administered by the National Board of Echocardiography.] See Credentialing Criteria p 6.</i>				

**RE-CREDENTIALING CRITERIA FOR TEE AS INTRAOPERATIVE MONITORING**

1. Physicians should perform a satisfactory number of cases per annum with acceptably low mortality and morbidity rates.
2. If an individual's procedure volume falls below the recommended case load, performance will be observed on several procedures chosen at random by the Director or his designee in order to attest to current competency.
3. If an individual has performed the majority of TEE procedures at other institutions, documentation of case material, mortality and morbidity data must be provided to the Chief of Service of Anesthesiology.

Rev. Med Exec 10/2001

**Surgical and Related Intradepartmental Criteria Currency**

Following a question related to Carotid Endarterectomy privileging criteria, the committee suggested the need for a review of the current literature and clinical practice, and based on such, revision of the criteria and the process for enforcement. This will require input from subject experts.

The committee suggested that with the annual review of the departmental privilege forms, the Credentials Chair identify other credentialing criteria that may be due for review with the department Chief of Service. The Medical-Dental Staff Office staff also requests that if and when any grandfathering has or will be applied to credentialing criteria, this be printed directly on the form.

**Leave of Absence**

ERIE COUNTY MEDICAL CENTER CORPORATION

The committee was informed that Dr. Kurt VonFricken has returned from military leave. All documentation as required by policy is in the credentials dossier.

**Plastic and Reconstructive Surgery**

Following a request for the addition of a Physician Assistant to the Department of Plastic and Reconstructive Surgery, a new privilege form was developed which reflects a similar structure to that of the current Nurse Practitioner form. Language consistent with current Physician Assistant forms was employed along with the delineation of privilege levels. The committee endorsed its adoption.

**FOR OVERALL ACTION**

**Remaining Items**

- Received information regarding new categories of evolving Nursing Practice;
- Advised of the renewal status of Pre-Employ contracts for background checks;
- and the receipt of a new JC standard effective July 2015 addressing “*categories of physicians as listed at 482.12(c)(1) and nonphysician practitioners who are determined to be eligible for appointment by the governing body.*” The current ECMC Medical-Dental Staff Bylaws already address this standard.

**FOR INFORMATION ONLY**

***OTHER BUSINESS***

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

**FPPE (Focused Professional Practice Evaluation)**

10 FPPEs completed since the last meeting.

- =Cardiothoracic Surgery (1 PA waived)
- =Family Medicine (1 PA)
- =Orthopaedics (1 PA)
- =Orthopaedic Surgery (2 DPMs waived, 1 PA)
- =Psychiatry (1 MD waived)
- =Radiology- Teleradiology (2 MD’s waived)
- =Rehabilitation Medicine (1 NP)

**OPPE (Ongoing Professional Practice Evaluation)**

No report from the PSO

The PPE policy review is due by June 2015. The policy has been circulated to current stakeholders. At this writing, the plan is to submit the policy as reviewed May 2015 with no revisions.

***ADJOURNMENT***

With no other business, a motion to adjourn was received and carried with adjournment at 4:10 PM.

Respectfully submitted,



Robert J. Schuder, MD,  
Chairman, Credentials Committee

Att.

ERIE COUNTY MEDICAL CENTER CORPORATION

MINUTES OF THE SPECIAL MEETING  
OF THE BOARD OF DIRECTORS

THURSDAY, JUNE 18, 2015

STAFF DINING ROOM

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Voting Board Members Present or Attending by Phone:	Kevin M. Hogan, Esq. Bishop Michael A. Badger Ronald Bennett, Esq. Katie Grimm, M.D. Sharon L. Hanson	Michael Hoffert Anthony M. Iacono Michael A. Seaman
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Voting Members Excused:	Douglas H. Baker Ronald A. Chapin K. Kent Chevli, M.D. Kevin E. Cichocki, D.C.	Jonathan Dandes Thomas Malecki
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Non-Voting Board Representatives Present:	James Lawicki Kevin Prantikoff	Richard C. Cleland
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Also Present:	A.J. Colucci, III, Esq. Steve Gary Thomas Quatroche
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**I. CALL TO ORDER**

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

**II. ROLL CALL OF ATTENDANCE:**

A roll call was taken and a quorum was found to be present.

**III. ECMCC ACT AMENDMENT**

Mr. Colucci explained that the legislation has now passed both the N.Y. Senate and the N.Y. Assembly. The next step in the process is transmitting the legislation to the N.Y. Governor for signature.

**IV. CHIEF PEOPLE OFFICER:**

Mr. Cleland explained to the full board that the search process had concluded, that a successful candidate has accepted an offer of employment and would be starting at ECMCC on June 29, 2015.

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

Moved by Michael Seaman and seconded by Sharon L. Hanson to enter into Executive Session at 8:45 A.M. to consider matters made confidential by law including certain personnel matters.

**Motion approved unanimously**

**VI. RECONVENE IN OPEN SESSION**

Moved by Michael Seaman and seconded by Michael Hoffert to reconvene in Open Session at 9:00 A.M. No action was taken by the Board in Executive Session.

**Motion approved unanimously.**

**VII. ACTION ITEM**

A. Resolution to Appoint Mary L. Hoffman as Chief Operating Officer.

Moved by Michael Seaman and seconded by Michael Hoffert

**Motion Approved Unanimously**

**VIII. ADJOURNMENT**

Moved by Sharon L. Hanson and seconded by Michael Seaman to adjourn the Board of Directors meeting at 9:00 A.M



Sharon L. Hanson  
Corporation Secretary



ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS  
MINUTES OF THE BUILDING & GROUNDS COMMITTEE MEETING  
MAY 26, 2015  
ECMCC EXECUTIVE CONFERENCE ROOM

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BOARD MEMBERS PRESENT: RONALD BENNETT, ESQ.

ALSO PRESENT: DOUGLAS FLYNN JARROD JOHNSON  
FRANK MESIAH

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**I. CALL TO ORDER**

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

**II. APPROVAL OF MARCH 31, 2015 MINUTES:**

Approval of the March 31, 2015 was tabled as a quorum of the BOD Building & Grounds committee members were not in attendance.

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

**Surgical Simulation Lab**

- A portion of the former EP Lab has been retrofitted to accommodate a University Department of Surgery simulation lab; the completed was available in late April.

**Surgeons Dictation Room**

- The former Assistant Head Nurses office suite has been converted into a Surgeons Dictation room, which is immediately adjacent to the Surgery Suite.

**Immuno Clinic Improvements / Phase 1**

- Aesthetic upgrades to the patient care areas on the lower level Immuno Clinic were completed in mid-April, prior to their annual regulatory survey.

**7 Zone 3 Remedial Repairs**

- With the Orthopaedic patients being relocated to their new 6<sup>th</sup> floor location, the 7 Zone 3 populations have occupied 7 Zone 1, being a more desirable unit. The vacant 7 Zone 3 has since received remedial improvements in anticipation of assuming the “surge” zone designation, allowing for the decommissioning of 12 Zone 1 the prior surge zone designee in advance of next year’s MICU Renovation Project.

**Legionella Prevention System @ Terrace View LTC**

- The commissioning of a legionella prevention system has been completed since our last meeting, this being a proactive measure which shall minimize potential Legionella occurrences.

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

- Equipment installations in have been completed and official DOH blessing was received on 04/15/15, allowing for use of this two new surgical rooms

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

**Signage & Wayfinding Initiative - Interior Wayfinding**

- Price quotations are under review from our signage vendor. Once reviewed quotes shall be submitted for official capital funding consideration. Once are fabricated & delivered the plan shall be remove the mock-up wayfinding elements as Plant Ops staff applies aesthetic & security improvements, followed by the installation of the permanent wayfinding elements. Installations expected to begin this summer.

**Emergency Department Modernization Project**

- Since our last meeting, initial design discussions have begun. Discussions have focused on space programming requirements, the quantity of exam rooms, & how DSRIP may influence the department modernization vision.

**Main Building Envelope Study**

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

**Energy Management & Project Services**

- Plant Ops vetting of initial Siemens recommendations have led to a refined proposal, this proposal being under Finance Department review. This proposal covers several needed infrastructure improvements that will lead to significant future energy savings. Once approved by Finance the proposal shall be forwarded for capital funding consideration.

**Remedial Repairs @ MICU**

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

**Tenant Upgrades @ UB Orthopaedics**

- A combination of maintenance & tenant requested modifications continue at the DK Miller building ground floor. Work includes carpeting replacement, painting, & general renovation of their conference room.

## ERIE COUNTY MEDICAL CENTER CORPORATION

### **ED Annexing of the Former CPEP Fast Track Unit**

- Miscellaneous renovations are wrapping up in the former CPEP Fast Track unit, which shall be utilized as overflow space for the Emergency department. Work expected to be complete by the end of next week.

### **Isolation Rooms 774 & 874**

- These patient rooms are being converted into “Isolation” rooms to better accommodate potential future need for negative pressure patients rooms. Room 774 to be completed this week, 874 expected to be complete by the end of next week.

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

- Phase 1 of 3 is well underway on this in-house renovation, within the occupied 1<sup>st</sup> floor Dental Clinic. Full project completion is targeted for completion prior to July 1<sup>st</sup>, the start of the expanded dental residency program here in the clinic.

### **9 Zone 1 Renovations**

Project includes the construction of a new Nursing Station, the installation of a new Nurse Call system, and the installation of a Wanderguard system are the highlighted of this pending project. New system installations expected to begin today with work at Nurse Station in progress with countertop installations.

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

### **Escalator Repair**

- Remedial repairs to the non-functional escalator are to be purchased on an “emergency” basis once capital approval is received. Future consideration of a full rehabilitation of both escalators is being discussed.

### **Demolition of 409, 411, & 525 Grider Street**

- Bidding documents for these Grider Community Gardens structures shall be issued this week. The plan being to expedite the abatement & demolition process after the issuance applicable City permits.

### **Immuno Clinic Improvements / Phase 2**

- Phase 2 is to begin in the near future, which shall involve improvements similar to these completed in Phase 1, these being within the staff areas.

### **Ground Floor Space Consolidations**

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

**2015 ECMCC Group A Capital Projects**

*The below four projects shall be bundled into a single set of bidding documents later this spring with hope of getting started with related renovations in early August.*

**Orthopaedic Clinic Expansion**

- Bidding documents in progress, a draft Limited Review Application CON is currently being finalized by administration. This single-phase renovation is targeted for an early spring completion.

**Bariatric CT & Fluoroscopy Units**

- Bidding documents in progress, a draft Limited Review Application CON is currently being finalized by administration. This three phase renovation is targeted for full completion by the end of the calendar year, the project scope includes (2) CT units and (1) fluoroscopy unit installations.

**Equipment Replacement @ Cath Lab 2**

- Bidding documents in progress, a draft Limited Review Application CON was previously submitted and approved. This single-phase renovation is targeted for a late winter completion.

**Roofing Replacement @ DKMiller**

- Bidding documents in progress, this project completion is targeted for the late fall.

**Pathology Renovation**

- The existing pathology department on the ground floor of the lab building is going to be receiving a renovation and modernization effort, a contract stipulation of the new Chief Pathologist. Design work continues as the initial relocations coordination is being expedited.

**Cleve Hill Primary Care Clinic**

- ECMC has resumed discussions with our landlord concerning desired renovations to our leased space at the Cleve Hill Clinic. Design work to continue upon acceptance of the landlords design services proposal. Administration is reviewing the potential impact of DSRIP on this intent.

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

- This project would construct a new Police Control Room off of the main lobby, which in turn will house a new innovative security system that will integrate both new & legacy systems into a single monitoring & alarm system. The intent is to use “lease” funds to purchase this new system.

**Education & Training Center**

- The development of this project had been hampered by a lack of viable space for those that would be displaced by its implementation. Progress on this front has improved of late, which has resurrected applicable design discussions. These prerequisite relocations include the reduction and or relocation of the Medical Library, relocation of the Patient Advocates, Volunteers & miscellaneous others. This project is the direct predecessor to the planned 2016 MICU renovation.

# ERIE COUNTY MEDICAL CENTER CORPORATION

## **Medical ICU Renovation**

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

## **VI. ADJOURNMENT**

Ronald Bennett adjourned the Board of Directors Building and Grounds Committee meeting at 4:15p.m.

BOARD OF DIRECTORS  
MINUTES OF THE FINANCE COMMITTEE MEETING  
MAY 19, 2015

ECMCC BOARD OF DIRECTORS CONFERENCE ROOM

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VOTING BOARD MEMBERS  
PRESENT OR ATTENDING BY  
CONFERENCE TELEPHONE:

MICHAEL SEAMAN	KEVIN HOGAN
BISHOP MICHAEL A. BADGER	DEITRICH JEHLE, MD
DOUGLAS H. BAKER	THOMAS R. MALECKI, CPA
RONALD BENNETT	

VOTING BOARD MEMBERS  
EXCUSED:

ANTHONY M. IACONO

ALSO PRESENT:

RICHARD CLELAND	MARY HOFFMAN
ANTHONY J. COLUCCI, III	JARROD JOHNSON
STEPHEN GARY	LESLIE LYMBURNER
VANESSA HINDERLITER	THOMAS QUATROCHE

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**I. CALL TO ORDER**

The meeting was called to order at 8:27 p.m. by Chairman Michael Seaman.

**II. APPROVAL OF MINUTES**

Motion was made by Douglas Baker, seconded by Bishop Michael Badger, and unanimously passed to approve the minutes of the Finance Committee meeting of April 21, 2015.

**III. APRIL, 2015 FINANCIAL STATEMENTS**

ECMC had an April 2015 operating loss of \$914,000 compared to budgeted surplus of \$1.814 million and April 2014 operating income of \$13,000. Mr. Gary reviewed discharges, length of stay and volumes. April 2015 discharges were 5.3% above budget and 8.3% greater than April 2014. Average length of stay was reported as 7.7 days compared to 8.1 days budgeted and 8.3 days for last year. Mr. Gary then gave a summary of operating performance variances and explained the significance of each.

**IV. 2015 REFORECAST**

In discussing the 2015 reforecast, Mr. Gary reviewed the results of operations, the balance sheet and cash flow and the reasoning behind a capital authority request. Projecting current trends forward would result in an unacceptable loss at year end. Baseline adjustments would result in a projected \$7.8 million loss, while implementing

the Management Action Plan would produce an income of \$50,000. Mr. Gary explained the Management Action plan and discussion followed regarding the same.

Mr. Gary asked the committee to consider recommending a \$2 million capital authorization for “urgent need” matters only through year end. Chair Seaman asked for a motion to that effect following some discussion. Motion was made by Mr. Baker, seconded by Bishop Badger and passed unanimously.

**V. ADJOURNMENT**

There being no further business, the meeting was adjourned at 9:34 am by the Chair.

DRAFT

ERIE COUNTY MEDICAL CENTER CORPORATION

REPORT TO THE BOARD OF DIRECTORS  
RICHARD C. CLELAND MPA, FACHE, NHA  
CHIEF EXECUTIVE OFFICER  
JUNE 30, 2015

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

I would like to thank ECMCC's Board of Directors for their confidence in my appointment to CEO. I am honored and extremely appreciative of the appointment. My history extends fourteen (14) years and now into my seventh position. I truly know ECMCC and our mission and how vital we are to the community. A strong ECMCC is critical in continuing the great success we have had over the past several years. We are very proud of those accomplishments and they need to continue. As I put the finishing touches on the leadership team, we are up for the challenge and I am honored to be among those leading the effort.

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

I am very happy to have started two new initiatives over the last month to further enhance cultural transformation and teammate engagement. "Walk in My Shoes" is a program where the CEO works alongside various Teammates. My first two assignments included shadowing Dr. Sam Cloud during a Saturday morning emergency department shift. In addition, I spent a half of a shift with our human resources department, both recruiting and working with two associates in the main human resource reception area. I learned a lot and admire all our front line and "behind the scenes" teammates. I really enjoy spending time fully engaged with many of our departments obtaining valuable knowledge and understanding what is faced on a daily basis. I look forward to my next three assignments which will be the customer service reception desk, patient transport and the grounds department.

In addition to the "Walk in My Shoes" program, I have initiated a monthly breakfast meeting with randomly selected teammates. These meetings will enhance engagement of "off shift" teammates and also will develop better communications. Next month, I am looking to set up an ECMC blogging account and to keep in touch with everyone in the organization on a daily basis.



Please review the executive leadership quality dashboard that I have attached to the end of my report. The report shows how the organization is doing in respect to all public reported quality and customer service data.

## **HOSPITAL OPERATIONS**

Volumes continue to reflect favorable trends with continued improvement over prior year actual results. In May, we unfortunately had a \$1.5 million operating loss. On a year to date basis, ECMCC has incurred an operating loss of \$4.3 million which is favorable to a \$5.8 million operating loss during same period in 2014 (improvement of \$1.5 million). Executive Leadership has “cranked it up a notch.” Steve Gary, CFO, is leading a \$6 million expense reduction initiative. This will focus on the following areas:

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

We feel very confident that the expense reduction initiative can improve financial performance without impacting bedside care, quality, staffing and customer service.

Several Key Statistics Include:

- Acute discharges – 7.1% higher than budget for May; 7.5% higher than budget YTD and 8% higher in comparison to 2014.
- All discharges – .5 % higher than budget for May; 1.7% higher than budget YTD and 6.3% higher in comparison to 2014.
- Operating room volumes 7.7% higher than budget YTD and 6.3% higher than same period in 2014.
- Case Mix very soft at 1.68 blended YTD compared to 1.82 blended YTD, a 6.4% drop.
- Emergency Department volumes are 2.5 % greater than budget and 2% greater than 2014 YTD.
- Acute Length of Stay (LOS) for May was (6.4) May 2014(6.3). 2015 YTD 6.7 and 2014 YTD 6.3.
- Terrace View average daily census at 382.

June continues to reflect positive trends. Month to date we are exceeding budget in acute discharges by 10.3 % and also seeing improvement in LOS at 6.0. The surgical volume remains very strong as well at 10.9% higher than budget and 8% higher YTD over 2014.

Executive Leadership 2015 second quarter goal report updated and attached. I separated goals that have been accomplished from those underway. Overall we have over forty (40) goals

identified for the first quarter (many are yearlong goals). We determined the priorities and have identified customer and patient engagement, reviewing and modifying our strategic plan, physician contracting, LOS reduction, and service line profile reporting (profitability, quality outcomes and measures, productivity and patient satisfaction) as top priorities.

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

ECMC's Behavioral Health Center was awarded by Buffalo Business First 2015 "Best New Health Care Construction". This is the third straight year an ECMC construction project has been received an award from Buffalo Business First.

ECMC's Trauma Program was verified by American College Surgeons as Level 1 Trauma Center (5<sup>th</sup> in NYS) and was found deficiency free in the verification survey. This demonstrates our highest commitment to quality of care and continues to distinguish what we are doing on Grider Street from our trauma center peers across New York State. A celebration for all ECMC Teammates and First Responders is planned for June 30, 2015.

New Center for Occupational Health and Environmental Medicine held a grand opening on June 5, 2015.

We have put finishing touches on the leadership team with two appointments. First, the Board of Directors appointed Mary L. Hoffman to Chief Operating Officer. Mary previously served as Senior Vice President of Operations. In addition, on June 29, 2015 Julia Culkin-Jacobia began serving as the first ECMCC Chief People Officer. In this role, Julia will oversee the human resource department and in turn take on additional duties as outlined below.

Focus of Chief People Officer:

- People
- Value
- Capacity

Chief People Officer will:

- Create a work environment and culture that leads to a strong affinity with our mission which is aligned with the business objective and strategy.
- Identify, attract, and retain the talent needed to drive the organizations' value.
- Tap into employee's knowledge and creativity to increase employee engagement.
- Define and build a culture that can be leveraged to drive business success.

- The CPO will be the Executive Lead over the HR department, while the function of HR will continue to focus on systems, processes, procedures, and policies.

I would like to take this opportunity to thank Carla DiCanio-Clarke for the last 6+ months as Interim Vice President of HR. Carla played a HUGE role in our organizations success over this period and I appreciate her professionalism throughout the entire period.

Transplant search and recruitment of a new Program Director has concluded with the appointment of Dr. Liise Kayler to head up our transplant program effective July 6, 2015. Dr. Kayler is currently the Director of Kidney and Pancreas Transplantation at Montefiore Health System in the Bronx. We are looking forward to her leadership so we can further enhance and grow our program.

On June 15, 2015 the Bariatric Service team celebrated their accreditation as a Bariatric Center of Excellence. The survey took place on March 27, 2015, and like the recent trauma survey, the program was noted to have no deficiencies. Dr. Caruana, Dr. Cavaretta and their team have been with the hospital since January 2014. Patients receiving surgery are admitted to 10N, where nurses use best practice initiatives to provide their care until discharge. The bariatric service and 10N staff continue to provide outstanding outcomes with their patients and we are honored to be awarded the Center of Excellence in Bariatric Surgery.

On June 29, 2015, Leadership will begin the assessment of the ECMCC strategic plan, focusing on updating goals in light of current trends. Physician, clinical and operational leadership will be in attendance. This will be our first session of this type since 2009.

## **ECMCC FOUNDATION**

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

- Lifeline Foundation held its Board of Director's meeting on June 11, 2015. It was announced that the Springfest Gala made over \$375,000 on the event. Congratulations to everyone!
- 35<sup>th</sup> Running SUBARU 4-Mile Chase-Friday July 17, 2015 at 7pm. Proceeds to benefit ECMC Foundation and PAL. There will be a Pre-Race Party-Live Music and a Post-Race Party.
- 9 and Dine Employee Golf Tournament will be July 24, 2015 at Diamond Hawk Golf Course.
- ECMC Day at Buffalo Bison's – July 31<sup>st</sup>. Pre-Game Tent Party and Friday Night Bash.

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

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

Sincerely yours,

Richard C. Cleland

NYS Triple Aim: New York Hospitals Are Improving Health, Enhancing Quality, and Reducing Costs.

**HANYS** Healthcare Association of New York State

## Erie County Medical Center Increases Breast Cancer Screening

Breast cancer is one of the most common cancers in women and, if detected early, one of the most treatable. Since mammography is the most effective breast cancer screening tool, Erie County Medical Center invested in a mammography coach that serves as a mobile breast health clinic. The coach is equipped with two state-of-the-art, full-field digital mammography systems that provide fast, accurate, and exceptional image quality. Two certified mammography technologists conduct the mammograms which are read by a board certified radiologist who specializes in women's imaging.

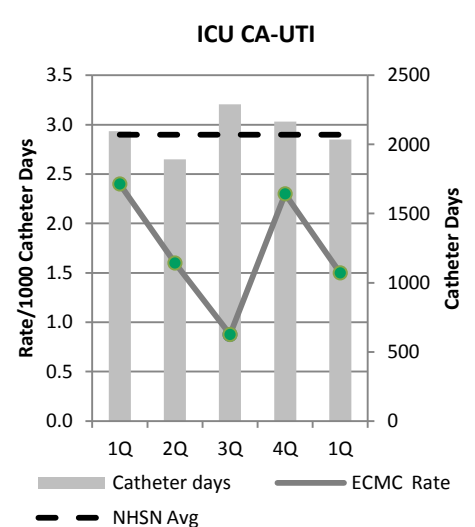
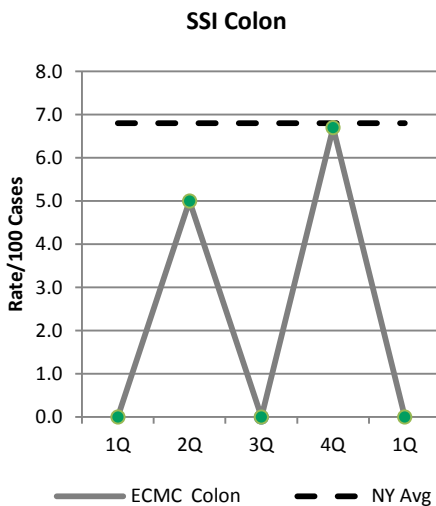
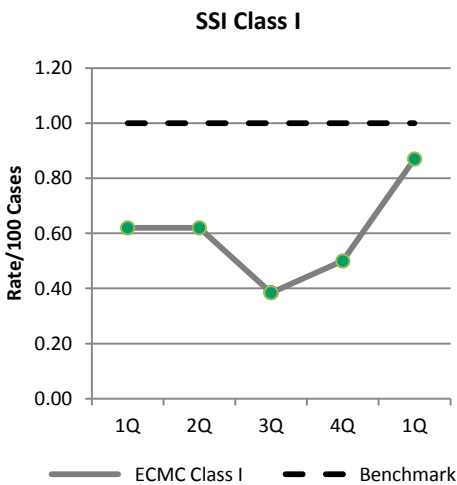
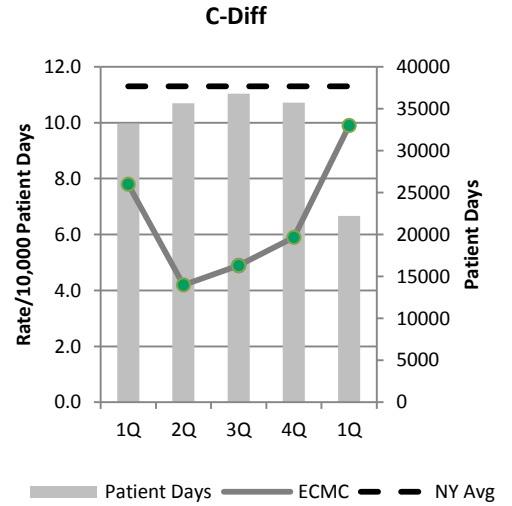
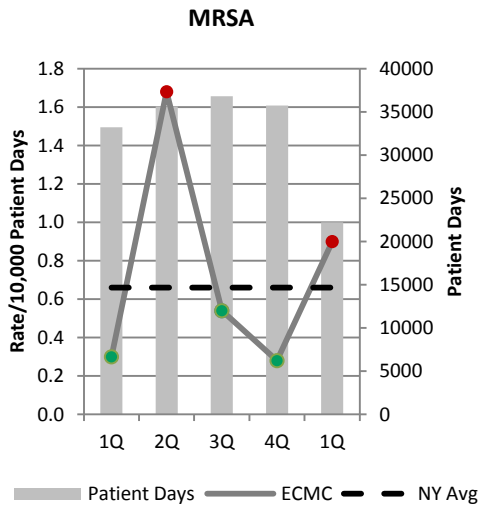
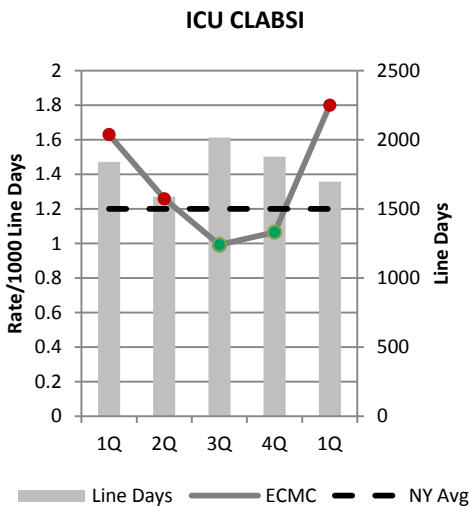
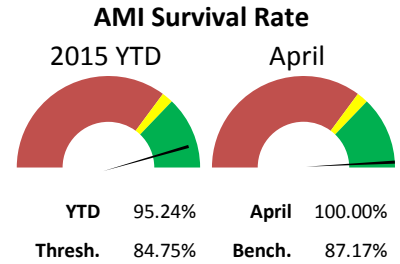
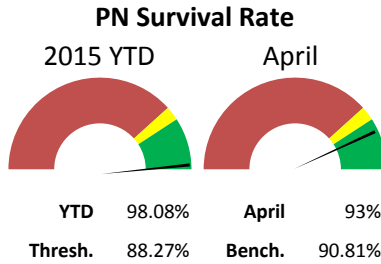
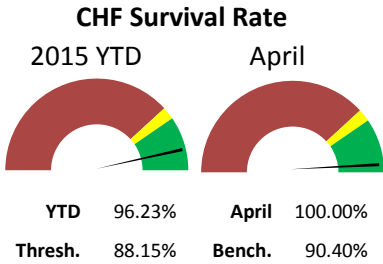
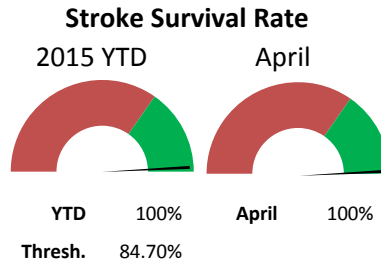
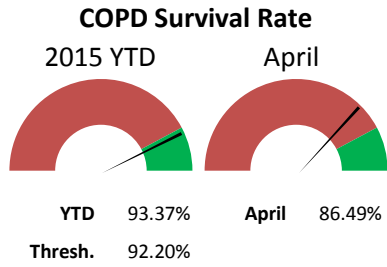
The mobile mammography coach goes out into the community and visits inner city churches, community centers, healthcare facilities, and public events. It is also part of a system of care in patient-centered medical homes. As a result of this outreach effort, more than 1,400 Western New York women have been screened for breast cancer, most of whom probably would not have otherwise received mammograms. Out of 1,410 exams, 110 women were flagged for secondary exams, and those tests detected breast cancer in two patients.

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# Executive Dashboard - June 2015



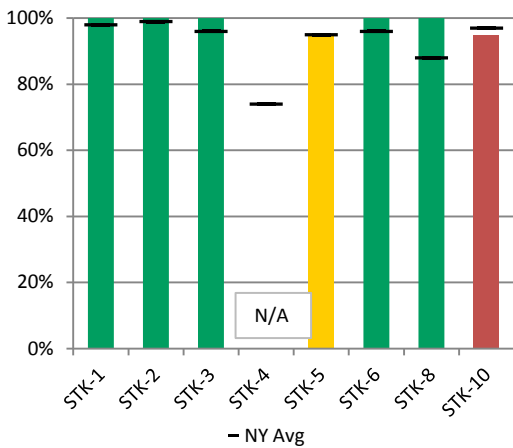
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- - - Black lines represent benchmarks
- Red represents worse than the benchmark

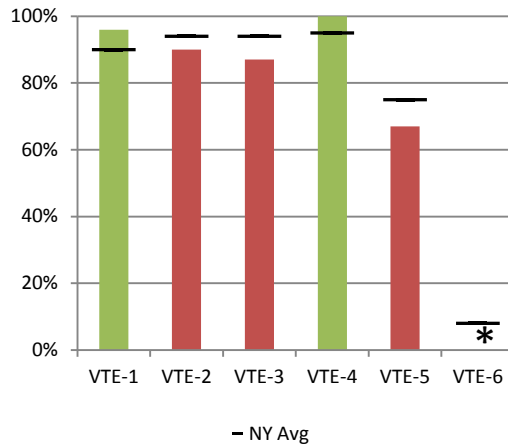
- Yellow represents equal to the benchmark
- Green represents better than the benchmark

# Executive Dashboard - June 2015

STK Jan 2015 - March 2015

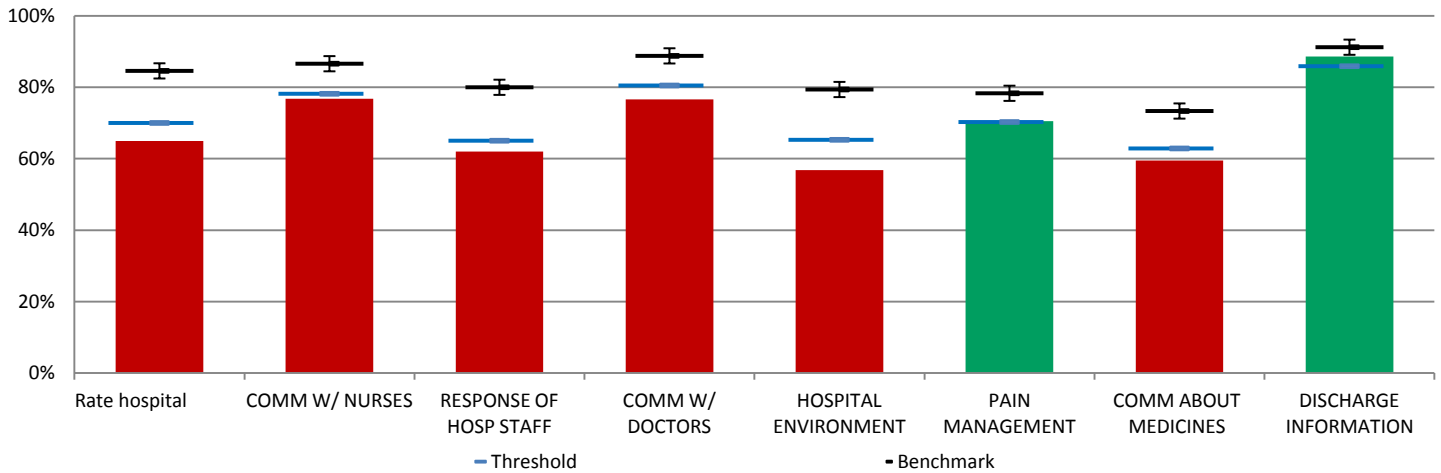


VTE Jan 2015 - March 2015

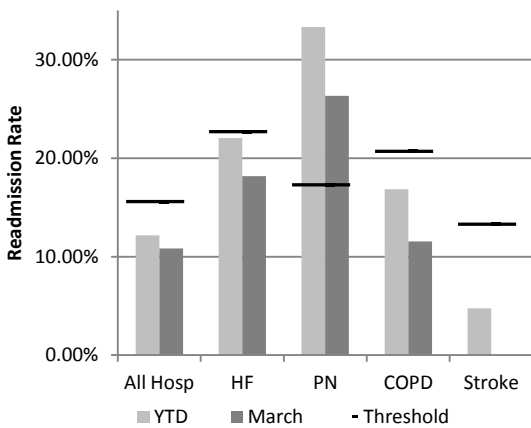


\*VTE 6 - Lower is better. 8 pts developed VTE during hospitalization, all received prophylaxis

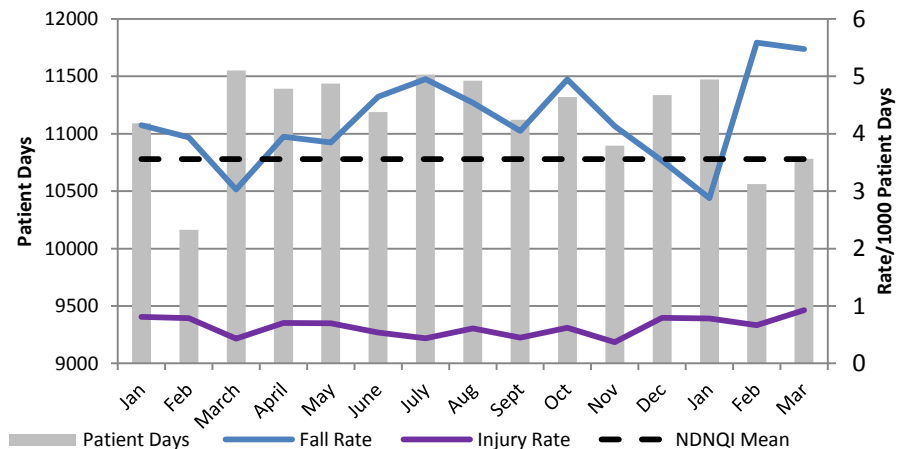
HCAHPS - Discharges January - May 2015



30 Day Readmissions



Hospital Wide Fall Rate



To enable quick interpretation, please note the following:

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

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

**Marketing and Development Report**  
**Submitted by Thomas Quatroche, Jr., Ph.D.**  
**President**  
**June 29, 2015**

## **MASH**

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

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

## **PBC Legislation**

ECMC's anti-trust amendment to its PBC legislation has passed both the Assembly and Senate unanimously and is heading to the Governor's office. We are continuing our dialogue with the Executive's office to advocate for the signing of this bill. We will be presenting the legal benefits of this legislation and developing a planning process in the coming months.

## **Rural Hospital Discussions**

We continue to have discussions with rural hospitals on various ways we can assist them with clinical challenges. Most notably, we have begun the process of investigating telehealth solutions for behavioral health.

## **Strategic Planning**

ECMC held a strategic planning session for managers and physician leadership to educate them on various initiatives and seek input for future plans. A similar session will be scheduled for the Board of Directors in the near future to finalize the strategic initiatives of the corporation and seek additional input.

A CON for the new Cath Lab was approved and CON's for a new MRI and Orthopedic Clinic area were submitted in June.

## **Marketing**

After a successful campaign for the Russell J. Salvatore Orthopaedic unit and Behavioral Health Awareness in May, ECMC's marketing in the month of June has been focused on ECMC's Level One Trauma Accreditation. Public Relations efforts, print advertising, and billboards were used to spread the message of this accomplishment. A campaign for the fall is currently underway.

ECMC also is nearly complete on the redesign of its website. The home page and most of the



major pages have been redesigned to be launched soon. Patient stories, medical content, and better search engine strategy are just some of the enhancements to the page.

ECMC Medical Minutes featured Sciatica, Sunburn, Seasonal Allergies, HIV Testing and Chemical Dependency.

## **ECMC Foundation**

ECMC Lifeline Foundation has been officially changed to ECMC Foundation. This new name will allow the Foundation to continue its efforts to better raise dollars for and represent ECMC in the community. Coming off the most widely attended and profitable Springfest, the ECMC Foundation is preparing for various runs and walks. It also prepares for the Golf Tournament and has already raised \$129,000 to date.

## **Surgical Services**

The surgical center and its additional OR suite continues to grow in volume. YTD May volume is 184 cases (29%) over last year. Growth from UB orthopedics accounts for 149 of the 184 case gain. The Main OR has increased its volume by 164 (4.7%) cases from January – May. Elective total-joints continue to grow from last year with 442 cases currently from Jan-May. The combined volume from the Surgical Center and Main OR is showing an 8.1% surgical intervention growth from January - May.

A new technology investment (\$360,000) has been approved for the Main OR. The minimally invasive video cameras for laparoscopic and arthroscopic procedures have been updated. This will enhance the procedure video view to be high definition for all services. New Cardiac Cath lab table replacement (1.5 million) is ongoing and expected to be completed by year's end. This table replacement will be used for cardiac diagnostic studies and vascular studies and interventions.

## **Media Report**

- **Buffalo Business First; Buffalo Healthy Living: ECMC rounds out executive team with two appointments.** Mary Laski Hoffman succeeds Rich Cleland as chief operating officer while Julia Culkin-Jacobia joins the hospital as chief people officer.
- **Buffalo Business First; The Buffalo News; Buffalo Healthy Living; Clarence Bee; WGRZ-TV, Channel 2; WIVB-TV, Channel 4; WKBW-TV, Channel 7; Becker's Hospital Review: ECMC appoints Cleland as CEO, Quatroche as president.** A year after his appointment to the interim post, Richard Cleland has been approved as permanent CEO for the Erie County Medical Center Corp., while Thomas Quatroche was named president.
- **Insurance Journal; Washington Times; WNY Labor Today: Center for work related health needs opens in Buffalo.** The center for Occupational and Environmental Medicine opened on June 5 at Erie County Medical Center.
- **Buffalo Healthy Living; WKBW-TV, Channel 7: ECMC, Deaf Access Services to use ER signing guide.** Doctors and nurses in the emergency room at Erie County Medical Center will soon have a new way to communicate with deaf or hard-of-hearing patients and family members.
- **The Buffalo News: Schumer backs bill aiding Upstate NY trauma centers.** Sen. Charles Schumer is pushing for more federal funding for Upstate New York's far-flung network of trauma centers, including the Erie County Medical Center.

- **The Buffalo News; UB School of Medicine and Biomedical Sciences: In Memoriam: Gerald L. Logue, Medical Educator, Hematologist.** Logue was an attending physician and specialist in hematology for three of UB's affiliated teaching hospitals and health care systems: Buffalo General Medical Center, the VA Western New York Healthcare System and Erie County Medical Center.
- **Lockport Journal: Wilson's top students want to make a difference.** Audrey Wagner, salutatorian, says that an internship at Erie County Medical Center got her used to the feel of the hospital and confirmed her desire to go into the medical field.

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

**AMBULATORY SERVICES:**

**Provider Productivity**

The Ambulatory administrative team continues to meet monthly to review visit volumes in all Ambulatory Clinics. We are working with the Centralized Scheduling department to ensure that the individual clinic nuances for scheduling are clear. We continue to monitor No Show rates for each clinic and are working with the providers to overbook patients to balance the patient no shows.

Visit Volume Opportunities to increase volume:

- Implementation of open access as part of Patient Centered Medical Home requirements. This concept is being piloted in our Immunodeficiency department starting June 15, 2015.
- Enhancement of our proactive outreach to patients for Chronic Disease Management.
- Review of patient requests for narcotic refills and ensuring that they are assessed in the clinic by a provider in a structured time frame appropriate for the need of narcotic use.

**ER Diversion Initiative**

- Outreach is made to every patient for follow up on patient status and ensure appointment is made with PCP as identified by diagnosis and discharge disposition. Re-education to patients is performed if ER visit was deemed as an appropriate office visit in lieu of ER. Due to multiple EHR systems, working with IT to improve communication between ER providers and PCP providers regarding treatment plans.

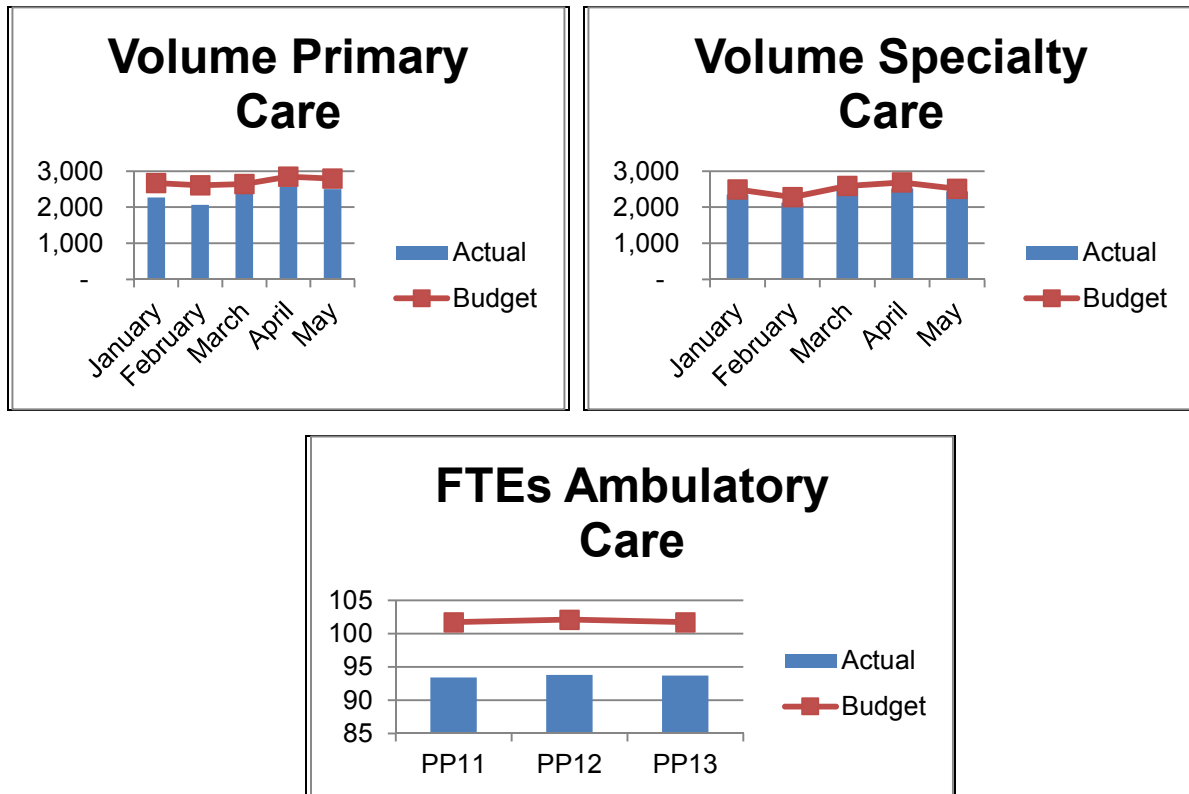
**Ambulatory Clinic Work Flow**

- Aligning workflows according to PCMH standard for not only continuity of care within clinics, but continuum of care within the community as well.
- Ambulatory Social worker is continuing to build community network opportunities.

**Center for Occupational and Environmental Medicine**

On Friday June 5, 2015, the Ribbon Cutting ceremony was held for the “Grand Opening of The Center for Occupational & Environmental Medicine at ECMC”. This Center is a regional health resource for Western New York’s workforce members who have work-related health needs. It is one of several other centers within the New York State Occupational Health Network Program and it is a state-funded service supported by \$3 million over five years. This Center is guided and supported by a broad-based advisory board, led by union leadership and representation from the entire Western New York community. The area’s Union Leadership came to us requesting support and assistance in filing the State grant to establish this Center on the ECMC Health Campus.

**Volumes for Ambulatory Care**



**BEHAVIORAL HEALTH:**

Mental Health Awareness month concluded. Staff very appreciative of recognition and thanks for well done improvements. All activities had very good attendance. Auction of art work to be completed June 2015.

**OMH**

- CPEP certification survey completed April 20-22; still awaiting final report.
- QA/PI process going well- management team comfortable with new reporting structure.
- Zero-suicide grant – final plans and workflow being worked on with involvement of OMH and the CPEP Task Force. “Train the Trainers” are Kim Fleischer and Deborah Riter who have been educated.

**Patient Satisfaction**

- Reports for BH inpatient units from Press Ganey available. Top box score = 52.8. Currently working on questionnaire to be used in CPEP as unable to use Press Ganey.
- Awarded \$20,000 from the ECMC Foundation for minor renovations on 4South to be developed as schizophrenia unit based on requests of the clinical team.

**Staff**

- Meeting held with physicians, nurses, other clinical staff to discuss how to redesign CPEP for safety and best care. Initial contact with Kidney completed; awaiting drawings.

- External recruitment meeting with nursing and HR recruiter held to resolve lack of applicants for CPEP. Considering use of PsychPros for recruitment of experienced nurses.

### Training

- Initiated training for focused admissions - schizophrenia on 4South and OCD on 5North.
- Working with UB to develop training for all CPEP staff regarding trauma informed care.
- Education plan for Behavioral health concepts expanded to include all staff, in addition to nursing, to increase knowledge base. This will be led by nursing inservice coordinators.
- VP of BH and Director CPEP attended conference in Saratoga, NY held by American Assoc of Psychiatric Nursing.
- AVP of BH attended conference in Baltimore, focusing on suicide competency based training for suicide prevention.

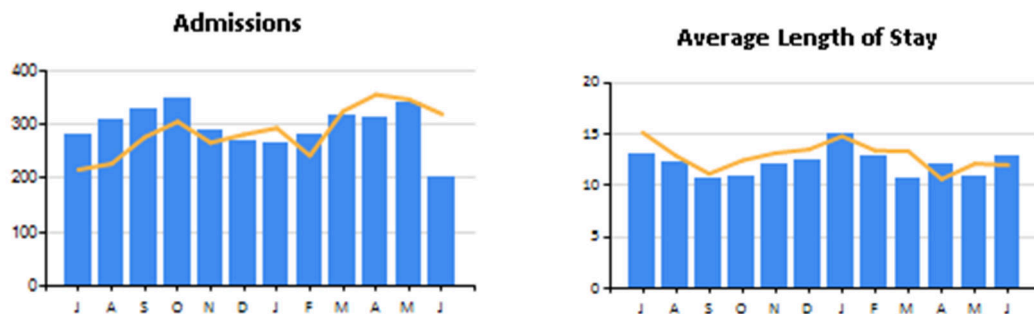
### CPEP

- EOB closed x3 days to install new sound absorbing ceiling in main adult milieu.
- CPEP task force goals:
  - To develop streamlined workflows for staff and quality management for patients
  - To review and recommend changes that positively impact Behavioral health and other parts of the hospital
  - To ensure compliance

### Other

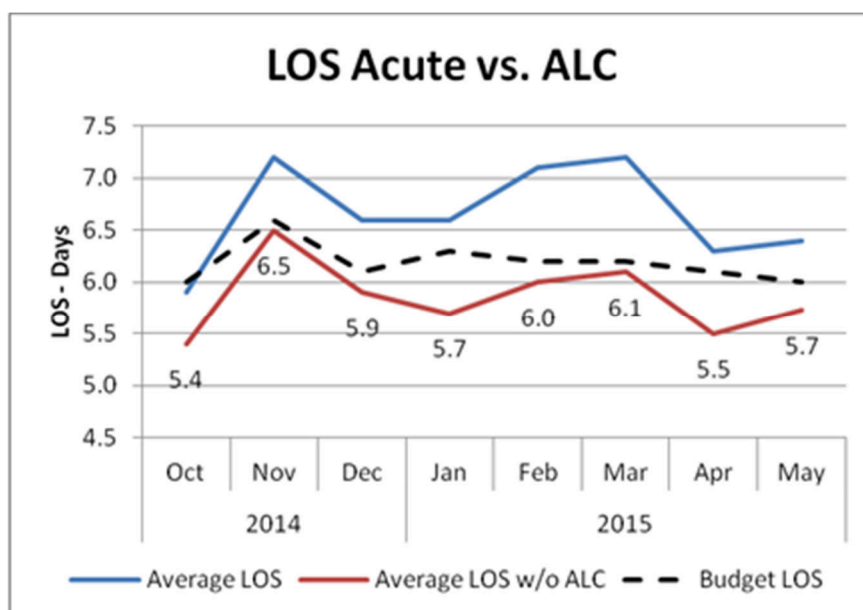
Marketing materials written, reviewed, and approved with layouts. Photos were taken in various areas of BH for marketing externally and internally.

### Volumes for Behavioral Health



### BRIDGE UPDATE:

- BRIDGE initiative is in operational mode assuring processes initiated with Novia are imbedded into day to day operations.
- Dashboard is being distributed monthly.
- Teams continue to focus on drill downs into discharge delays. (*Patient Days graph attached below*).



## CARE MANAGEMENT:

### Case Management

- Case Management: We continue to focus on our LOS, and placing our patients in the correct status upon admission. Our LOS is currently slightly higher than budget. We are utilizing current expected LOS DRG guidelines to assist the team in expediting discharges along with daily aggressive physician advisor rounds. Our volume continues to exceed last year (by 100 discharges) and budget (by 65 discharges).

### Appeal and Denials

- Appeal and Denials: We are now looking to expand the Appeals and Denials current review process to other areas of the hospital. We have recently been working with Health Information Management to assist this team with the DRG change denials. Dr. Orlick has agreed to assist with this process. The current plan is to replicate the process utilized in the Med/Surg area for Appeals and Denials with the HIM team.

### ALC Process

- ALC process: We are continuing to reach out to several community organizations to strengthen our relationships in the community and to ensure we are offering our patients all available services. Our current barriers appear to be placing the younger TBI patients into rehab centers along with those patients who have behavioral health diagnoses.  
Also, we have also re-educated the Care Management staff on the regulations that govern the disposition of a patient in Observation status verses those patients who are Admission Denials. This primarily includes patients who were sent to us by SNF, Adult Residence, or Group Homes. These additional educational classes have assisted in continuing to decrease the ALC populations by 60% of the medical surgical cases.

## **DIALYSIS:**

### **Outpatient**

- Continue to work on transitioning from MIQS (dialysis EMR) to Meditech (hospital EMR). Tentative transition date possibly pushed back to Nov/Dec 2015 due to ICD-10 roll-out October 1, 2015.
- Investigating transition from Spectra Laboratories to ECMC/Great Lakes labs for outpatient/home labs due to multiple issues with Spectra.
- Copay Issue – Full time staff member hired to work on collection of copays, and help with insurance management. Set to start in dialysis on July 13.
- Home Hemodialysis – Contract has been signed. Coordinating training of staff and patient – set for July. Currently have 4 patients set to train.
- Current patient census – Incenter Hemo - 170, PD – 12 with 4 patients having PD cath in place and being flushed, Home Hemo – 4 patients ready to start training.
- Investigating the possibility of an Infusion Center in the Home Therapy side of our unit. We have 2 unused patient training rooms which could easily be converted into infusion rooms. We would focus on renal infusions, which are currently being outsourced to infusion centers in the community.

### **Inpatient**

- 298 treatments done in unit – 241 on 10N, 40 off-station (in ICUs, etc)
- 7 plasmapheresis treatments completed
- 10 Acute Outpatients (in acute renal failure for > 30 days – unable to do in chronic unit due to acute status)

## **RADIOLOGY:**

### **Regulatory**

- Nuclear Medicine received ICANL accreditation
- MRI received ACR accreditation
- Both CT units received ACR accreditation

### **New projects**

- **Nuclear Medicine** - *Glofil Study*-Begin offering this renal test that is primarily given to Living Donors. We will be the only facility this side of Rochester that offers this test. Looking to reach out to other facilities rather than sending to Rochester.
- **Ultrasound** - *Varicose Vein ablation*- We will be performing Varicose Vein Ablation in Ultrasound. This procedure has the opportunity to bill >\$5K per procedure. Two (2) patients have been scheduled.
- Radiologist group transition planned for September 15, 2015.

### **Ongoing Projects**

- **Radimetrics** - Radiation Dose Reporting- has been installed and protocols are being entered in CT. Should think about adding Cardiology Unit to be able to report radiation dose and alert users if exceeding dose.

- **Powerscribe 360** - go-live August 25, 2015- and additional training Sept 15, 2015 for new group. Improvement to existing voice recognition dictation, robust Peer Review program, integration of radiation dose in report (JC mandate to report radiation dose), population of contrast information to report (with new scanners and injector upgrade)

### Overall Imaging Volumes are down by 4%

2015

CT							YTD	YTD	Variance	
		Jan	Feb	March	April	May	2015	2014		
	Inpatient	1163	1042	1546	1783	2086	7620	8322	700	
	Outpatient	287	255	455	389	409	1795	1917	122	
	ED	878	734	1241	1113	1371	5337	6027	690	
		2328	2031	3242	3285	3866	14752	16266	1512	10%
MRI										
	Inpatient	145	111	137	133	157	683	709	26	
	Outpatient	161	147	154	177	167	806	794	12	
	ED	37	35	29	41	35	177	184	7	
		343	293	320	351	359	1666	1687	21	1%
RAD										
	Inpatient	2095	1647	2121	3648	4115	13626	16661	3035	
	Outpatient	3390	3148	3331	2889	2828	15586	15034	552	
	ED	2657	2252	2744	1881	2275	11809	10000	1809	
		8142	7047	8196	8418	9218	41021	41695	674	2%
Ultrasound										
	Inpatient	211	219	234	250	205	1119	1075	44	
	Outpatient	270	275	348	364	349	1606	1831	225	
	ED	33	32	34	68	60	227	303	76	
		514	526	616	682	614	2952	3209	257	9%
Nuc Med										
	Inpatient	68	87	105	189	173	972	1035	63	
	Outpatient	74	64	80	148	133	675	718	43	
	ED	0	1	1	0	0	2	2	0	
		142	152	186	337	306	1649	1755	106	6%

### REHABILITATION SERVICES

The department of Rehab continues to work towards departmental initiatives as established in January 2015. The department welcomes another manager to oversee the Acute Care and education for the entire department, Kevin Jenney, PT. The department currently has an Acute Care manager, a Post-Acute manager (MRU and TCU) and an Outpatient manager at ECMC and a manager at the PEDS offsite overseen by a Director at ECMC who oversee approximately 180 staff members.

The annual report regarding 8NORTH to CARF International has been completed and submitted. Validation and approval was received from the rehab accrediting body.

ECMC was a major sponsor of the annual Headway Gala and the Rehabilitation department was well represented at this event by staff in all service areas. Headway is one of the associations we have



established a relationship with to promote community relationships- essential to maintaining our CARF accreditation.

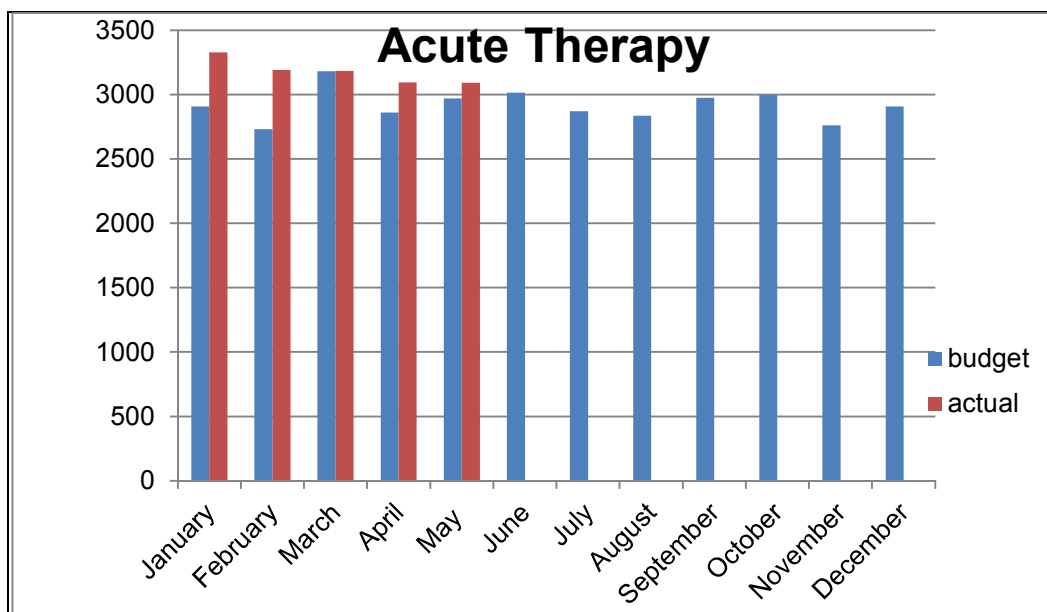
Conducted a brainstorming task force meeting on creating educational productive opportunities for ECMC's TBI. Currently there are no like services in NY State.

### Acute Rehab Services

- The Hoyer lifts purchased by the Volunteer Board arrived and were assigned to replace outdated models.
- Kevin Jenney is working with Dr. Panesar on managing therapy orders and CPOE. He is also focusing best practice therapy for MICU.

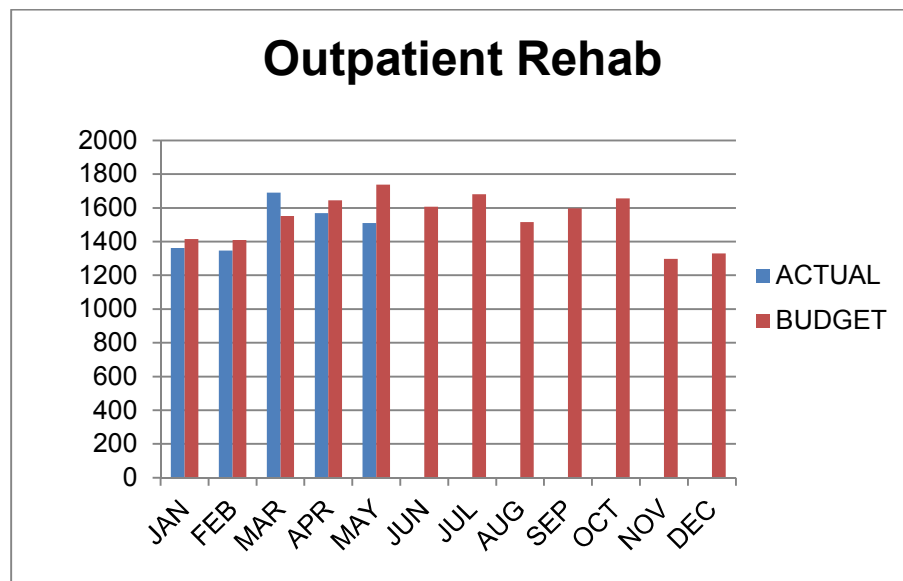
### Volumes Budget vs. Actual for Acute Therapy

- Acute Care volumes up 1238 visits YTD versus budget with acute therapy seeing a growing demand to assist in throughput initiatives.
- The MRU and TCU volumes are 103 visits YTD over budget.
- Outpatient Therapy - MTD volumes (versus budget) down 228 visits. Specifically: OT down 15, PT down 153, ST down 82, Rehab up 20 visits.



### Outpatient Rehab Services - ECMC

- Preparing for start of outpatient specific coder for ICD10 implementation. Secondly this coder should improve better revenue capture through proper use of modifiers and billing practices.
- Continue to improve data collection system. Currently testing new scheduling system to improve data capture.
- Fast pass trial successful—allows recurring outpatients to more quickly and efficiently enter ECMC.



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

- Meeting with ECMC IT, Compliance department and PEDS held to discuss pilot of county-initiated PORTAL program to convert preschool billing to electronic point-of-entry data input and progress note documentation.
- Current Outreach activities with Sanctuary Institute, Family Help Center Daycare, Devereaux Center for Resilient Children, ECCCCF and The LINK.

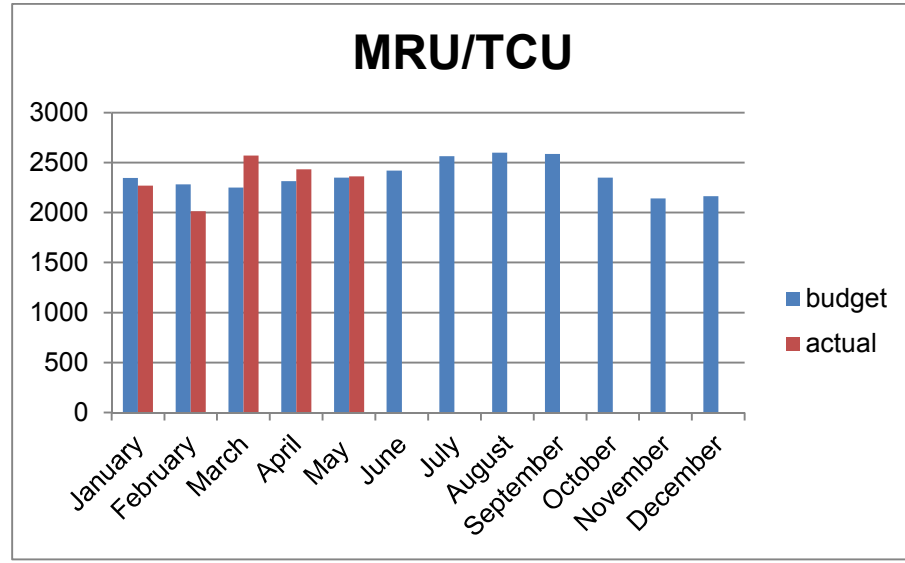
#### School 84 PT and OT

- The PT Department continues to perform Transfer and Lift Training for the new teacher assistants and long term substitute teachers in the building on an as needed basis.
- The OT Department continues to train new staff as they come in on therapeutic feeding as it relates to the children in their classroom.
- OT/PT Departments hosted students from the KenTon BOCES early childhood program from May 11-May 15 for an hour a day.
- OT Department saw 82 students for 527 visits and 1,100 units which is very comparable to last year's stats of 516 visits and 1,108 units.
- PT has 42 students on program: 223.5 visits and 435 units which is a slight decrease from last year.

#### MRU/TCU

- For the month of May there was a "Triple Check" for the TCU. This is a meeting that cross references information from therapy billing records, the MDS (long term care billing instrument used to verify therapy minutes and reimbursement categories) along with information in the billing department.
- Angela Jocoy, Senior PT, continues to ready the department for CARF re-survey. She has updated our binders with the new information she obtained at her course last month. Currently, she is re-distributing P/P to appropriate departments for review so these will be up to date and in compliance as well.

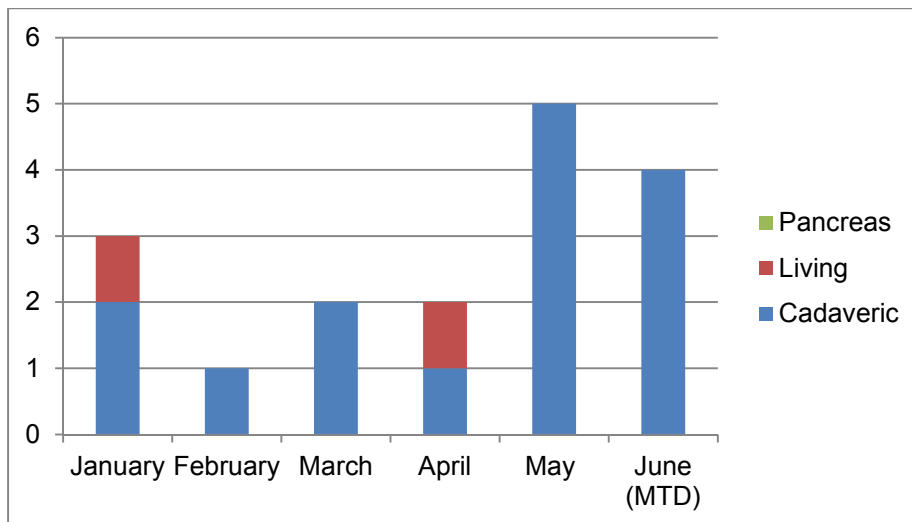
- Ongoing SLP/OT/PT Councils, MRU PI and TCU QI meetings. FIM data continues to be studied and education is underway to continue to improve our FIM scoring and thus our over PEM score.



**TRANSPLANT SERVICES:**

- Department Leadership continues to progress, New Transplant Director named, Liise Kayler, MD to begin July 6, 2015.
- UNOS desk audit resulted in no major findings, 2 minor, (a letter was not sent and the MR# instead of UNOS number was used on ABO form) ABO form to be revised and audit closed.
- June 3, 2015, phone call with MPSC workgroup, Living Donor team revising process of evaluating altruistic donors. Main concerns were around Selection Committee minutes and tightening criteria for altruistic donors. Formal response submitted June 22, 2015.

**2015 Transplant Activity**



**Total YTD = 17**

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

# Erie County Medical Center Corporation

## Management Discussion and Analysis

### For the month ended May 31, 2015

#### (Amounts in Thousands)

An operating loss of \$1,497 was incurred for the month of May which is unfavorable to budget by \$2,390 and unfavorable to the first quarter reforecast by \$900 but favorable to the prior year by \$702. On a year to date basis, ECMCC incurred an operating loss of \$4,370 which is unfavorable to budget by \$9,328 but favorable to the prior year by \$1,402. Favorable impacts of higher than budgeted inpatient volumes and an increased Net Revenue per adjusted discharge in May were partially offset by service and payer mix, an increase in salary and benefit costs including physician fees and increased purchased services. Similarly, year to date unfavorable performance reflects these same trends.

Discharges of 1,596 for May were 87 (5.8%) greater than the prior year and 8 (0.5%) greater than budget at 1,509 and 1,588 respectfully. The favorable May discharge variance to budget is primarily due to 68 more acute services, 8 more medical rehab services and 13 more chemical dependency services which were offset by 69 less behavioral health services, and 8 less transitional care services.

Average length of stay in April amounted to 7.8 days compared to a budget of 8.0 days. The average daily census of 402 is less than budget of 409 but greater than prior year of 393.

The blended acute case mix for May was 1.63 which is 3.8% lower than budgeted case mix of 1.70 and 10.6% lower than the prior year case mix of 1.79. This is consistent with year to date blended acute case mix of 1.68 which is 6.4% lower than budgeted case mix of 1.80 and 7.7% lower than the prior year case mix of 1.82.

Outpatient visits at 26,879 were 13.5% less than budget due to reduced clinic volumes across multiple services. Emergency volumes at 5,801 were 2.5% greater than budget and 2.7% higher than the prior year.

Other revenue for the month of May was greater than budget by \$981 and on a year to date basis by \$2,400 substantially due to higher than expected rebate and incentive revenues coupled with recognition of DSRIP related grant revenue. This is offset by expenses incurred related to the DSRIP grant.

Salaries and wages were unfavorable to budget for May by \$2,062 and year to date by \$5,759. The variance for May is driven by a \$448 increase in the PTO liability coupled with actual FTE's for the month over budget by 5.4%. (3.3% year to date). The variance in FTE's totaled 172 of which 63 are attributable to productivity gains assumed in the budget that are not realizable and 59 due to an assumed vacancy factor not being realized due to high volumes. These variances totaled \$579. Year to date, this variance was driven by an unfavorable PTO liability growth of \$1,748 mainly attributable to timing of when employees take their vacation, increased inpatient volumes, and not meeting the budgeted productivity and vacancy factors noted above.

Benefits were unfavorable to budget in May by \$177 and \$1,503 year to date driven primarily by increases in salary costs driving a corresponding increase in salary related benefits coupled with an increase in the post retirement health obligation as a result of a change in actuarial assumptions. Benefits year to date are 52.8% of salaries compared to a budgeted rate of 55.4%.

Physician fees were unfavorable to budget for May by \$661 and on a year to date basis by \$1,467 due to an increase in physician on call fees and an unbudgeted initiative to create an advanced medical home.

Purchased services were unfavorable to budget for May by \$515 and on a year to date basis by \$2,673 primarily attributable to costs for reimbursable grant expenses including consulting related to DSRIP. This was partially offset by the recognition of DSRIP Grant revenue as noted above.

Depreciation expense was unfavorable to budget in May by \$222 and on a year to date basis by \$1,110 primarily due the use of component depreciation method for Terrace View and the CPEP program after the budget was completed. This has been partially offset by the recording of the corresponding third party revenue for Terrace View and is expected to be offset by expected future reimbursement for CPEP that is currently in development.

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## Erie County Medical Center Corporation

### Balance Sheet May 31, 2015 and December 31, 2014

(Dollars in Thousands)

	May 31, 2015	Audited December 31, 2014	Change from December 31st
<b>Assets</b>			
Current Assets:			
Cash and cash equivalents	\$ 6,542	\$ 6,251	\$ 291
Investments	19,326	10,830	8,496
Patient receivables, net	53,593	51,491	2,102
Prepaid expenses, inventories and other receivables	44,370	76,930	(32,560)
<b>Total Current Assets</b>	<b>123,831</b>	<b>145,502</b>	<b>(21,671)</b>
Assets Whose Use is Limited:			
Designated under self-Insurance programs	69,492	68,243	1,249
Restricted under third party agreements	49,673	28,617	21,056
Designated for long-term investments	21,152	21,837	(685)
<b>Total Assets Whose Use is Limited</b>	<b>140,317</b>	<b>118,697</b>	<b>21,620</b>
Property and equipment, net	282,628	288,997	(6,369)
Other assets	31,845	23,726	8,119
<b>Total Assets</b>	<b>\$ 578,621</b>	<b>\$ 576,922</b>	<b>\$ 1,699</b>
<b>Liabilities &amp; Net Position</b>			
Current Liabilities:			
Current portion of long-term debt	\$ 8,212	\$ 8,137	\$ 75
Accounts payable	30,532	34,076	(3,544)
Accrued salaries and benefits	34,912	22,274	12,638
Other accrued expenses	38,794	40,930	(2,136)
Estimated third party payer settlements	12,765	20,511	(7,746)
<b>Total Current Liabilities</b>	<b>125,215</b>	<b>125,928</b>	<b>(713)</b>
Long-term debt	164,664	166,579	(1,915)
Estimated self-insurance reserves	48,006	45,525	2,481
Other liabilities	124,228	119,859	4,369
<b>Total Liabilities</b>	<b>462,113</b>	<b>457,891</b>	<b>4,222</b>
<b>Total Net Position</b>	<b>116,508</b>	<b>119,031</b>	<b>(2,523)</b>
<b>Total Liabilities and Net Position</b>	<b>\$ 578,621</b>	<b>\$ 576,922</b>	<b>\$ 1,699</b>

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## Erie County Medical Center Corporation

### Statement of Operations

For the month ended May 31, 2015

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
<b>Operating Revenue:</b>				
Net patient revenue	\$ 36,669	\$ 37,216	\$ (547)	\$ 35,296
Less: Provision for uncollectable accounts	(1,109)	(1,359)	250	(2,293)
Adjusted Net Patient Revenue	35,560	35,857	(297)	33,003
Disproportionate share / IGT revenue	5,104	5,104	-	6,359
Other revenue	3,976	2,995	981	2,303
<b>Total Operating Revenue</b>	<b>44,640</b>	<b>43,956</b>	<b>684</b>	<b>41,665</b>
<b>Operating Expenses:</b>				
Salaries & wages / Contract labor	17,275	15,213	(2,062)	15,748
Employee benefits	8,740	8,563	(177)	8,701
Physician fees	5,930	5,269	(661)	4,992
Purchased services	3,672	3,157	(515)	3,458
Supplies	5,932	6,077	145	5,564
Other expenses	1,343	1,281	(62)	917
Utilities	237	745	508	336
Depreciation & amortization	2,322	2,100	(222)	2,053
Interest	686	658	(28)	691
<b>Total Operating Expenses</b>	<b>46,137</b>	<b>43,063</b>	<b>(3,074)</b>	<b>42,460</b>
<b>Income/(Loss) from Operations</b>	<b>(1,497)</b>	<b>893</b>	<b>(2,390)</b>	<b>(795)</b>
<b>Non-operating Gain/(Loss):</b>				
Interest and dividends	121	-	121	152
Unrealized gain/(loss) on investments	1,227	333	894	1,137
Non-operating Gain/(Loss)	1,348	333	1,015	1,289
<b>Excess of Revenue/(Deficiency) Over Expenses</b>	<b>\$ (149)</b>	<b>\$ 1,226</b>	<b>\$ (1,375)</b>	<b>\$ 494</b>
Retirement health insurance	1,520	1,421	(99)	1,375
New York State pension	1,786	1,813	27	2,080
<b>Impact on Operations</b>	<b>\$ 3,306</b>	<b>\$ 3,234</b>	<b>\$ (72)</b>	<b>\$ 3,455</b>

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## Erie County Medical Center Corporation

### Statement of Operations

For the five months ended May 31, 2015

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
<b>Operating Revenue:</b>				
Net patient revenue	\$ 176,927	\$ 181,679	\$ (4,752)	\$ 176,751
Less: Provision for uncollectable accounts	(3,539)	(6,602)	3,063	(10,584)
Adjusted Net Patient Revenue	<u>173,388</u>	<u>175,077</u>	<u>(1,689)</u>	<u>166,167</u>
Disproportionate share / IGT revenue	26,268	25,522	746	28,096
Other revenue	<u>20,312</u>	<u>17,912</u>	<u>2,400</u>	<u>11,822</u>
<b>Total Operating Revenue</b>	<u>219,968</u>	<u>218,511</u>	<u>1,457</u>	<u>206,085</u>
<b>Operating Expenses:</b>				
Salaries & wages / Contract labor	81,524	75,765	(5,759)	76,168
Employee benefits	44,612	43,109	(1,503)	43,841
Physician fees	27,810	26,343	(1,467)	25,408
Purchased services	18,285	15,612	(2,673)	15,654
Supplies	27,635	28,908	1,273	28,620
Other expenses	6,829	6,388	(441)	5,057
Utilities	2,645	3,639	994	3,863
Depreciation & amortization	11,608	10,498	(1,110)	9,777
Interest	<u>3,390</u>	<u>3,291</u>	<u>(99)</u>	<u>3,469</u>
<b>Total Operating Expenses</b>	<u>224,338</u>	<u>213,553</u>	<u>(10,785)</u>	<u>211,857</u>
<b>Income/(Loss) from Operations</b>	<u>(4,370)</u>	<u>4,958</u>	<u>(9,328)</u>	<u>(5,772)</u>
<b>Non-operating Gain/(Loss):</b>				
Interest and dividends	711	-	711	1,300
Investment Income/(Loss)	<u>1,589</u>	<u>1,667</u>	<u>(78)</u>	<u>1,266</u>
Non-operating Gain/(Loss)	<u>2,300</u>	<u>1,667</u>	<u>633</u>	<u>2,566</u>
<b>Excess of Revenue/(Deficiency) Over Expenses</b>	<u>\$ (2,070)</u>	<u>\$ 6,625</u>	<u>\$ (8,695)</u>	<u>\$ (3,206)</u>
Retirement health insurance	7,599	7,105	(494)	6,875
New York State pension	<u>9,321</u>	<u>9,076</u>	<u>(245)</u>	<u>10,493</u>
<b>Impact on Operations</b>	<u>\$ 16,920</u>	<u>\$ 16,181</u>	<u>\$ (739)</u>	<u>\$ 17,368</u>

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**Erie County Medical Center Corporation**

**Statement of Changes in Net Position  
For the month and five months ended May 31, 2015**

*(Dollars in Thousands)*

	<u>Month</u>	<u>Year-to-Date</u>
<b>Unrestricted Net Assets:</b>		
Excess/(Deficiency) of revenue over expenses	\$ (149)	\$ (2,070)
Other transfers, net	(80)	(453)
Contributions for capital acquisitions	-	-
Net assets released from restrictions for capital acquisition	-	-
	<hr/>	<hr/>
Change in Unrestricted Net Assets	(229)	(2,523)
	<hr/>	<hr/>
<b>Temporarily Restricted Net Assets:</b>		
Contributions, bequests, and grants	-	-
Other transfers, net	-	-
Net assets released from restrictions for operations	-	-
Net assets released from restrictions for capital acquisition	-	-
	<hr/>	<hr/>
Change in Temporarily Restricted Net Assets	-	-
	<hr/>	<hr/>
Change in Net Position	(229)	(2,523)
	<hr/>	<hr/>
Net Position, beginning of period	116,737	119,031
	<hr/>	<hr/>
<b>Net Position, end of period</b>	<b>\$ 116,508</b>	<b>\$ 116,508</b>
	<hr/>	<hr/>

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## Erie County Medical Center Corporation

### Statistical and Ratio Summary

	May 31, 2015	December 31, 2014	ECMCC 3 Year Avg. 2012 - 2014
<b><u>Liquidity Ratios:</u></b>			
Current Ratio	1.0	1.2	1.1
Days Operating Cash, includes current Investments	17.7	12.7	13.6
Days in Designated Cash & Investments (Covenant 57 days)	79.6	92.3	110.6
Days in Patient Receivables	46.7	45.3	45.2
Days Expenses in Accounts Payable	20.9	25.2	27.3
Days Expenses in Current Liabilities	85.6	93.3	90.3
Cash to Debt	55.2%	58.6%	63.0%
Working Capital	\$ (1,384)	\$ 19,574	\$ 15,298
<b><u>Capital Ratios:</u></b>			
Long-Term Debt to Fixed Assets	58.3%	57.6%	63.5%
Assets Financed by Liabilities	79.9%	79.4%	79.5%
Debt Service Coverage (Covenant > 1.1)	1.4	2.3	1.8
Capital Expense	5.2%	3.2%	3.0%
Debt to Capitalization	62.1%	61.8%	63.5%
Average Age of Plant	12.2	11.3	13.8
Debt Service as % of NPSR	3.9%	4.0%	3.8%
Capital as a % of Depreciation	45.1%	99.2%	280.1%
<b><u>Profitability Ratios:</u></b>			
Operating Margin	-2.0%	0.2%	0.2%
Net Profit Margin	-1.2%	0.9%	2.1%
Return on Total Assets	-0.9%	0.7%	1.5%
Return on Equity	-4.3%	3.5%	7.5%
<b><u>Productivity and Cost Ratios:</u></b>			
Total Asset Turnover	0.9	0.9	0.9
Total Operating Revenue per FTE	\$ 180,187	\$ 186,752	\$ 175,781
Personnel Costs as % of Total Revenue	56.4%	52.5%	54.6%

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**Erie County Medical Center Corporation**

**Key Statistics**  
**Period Ended May 31, 2015**

<b>Current Period</b>				<b>Year to Date</b>				
<b>Actual</b>	<b>Budget</b>	<b>% to Budget</b>	<b>Prior Year</b>	<b>Actual</b>	<b>Budget</b>	<b>% to Budget</b>	<b>Prior Year</b>	
<b>Discharges:</b>				<b>Discharges:</b>				
1,027	959	7.1%	927	Med/Surg (M/S) - Acute	4,898	4,587	6.8%	4,533
326	395	-17.5%	348	Behavioral Health	1,503	1,768	-15.0%	1,555
150	132	13.6%	132	Chemical Dependency (CD) - Detox	695	636	9.3%	643
24	29	-17.2%	25	CD - Rehab	144	133	8.3%	126
43	35	22.9%	40	Medical Rehab	166	141	17.7%	147
26	38	-31.6%	37	Transitional Care Unit (TCU)	150	163	-8.0%	158
<b>1,596</b>	<b>1,588</b>	<b>0.5%</b>	<b>1,509</b>	<b>Total Discharges</b>	<b>7,556</b>	<b>7,428</b>	<b>1.7%</b>	<b>7,162</b>
<b>Patient Days:</b>				<b>Patient Days:</b>				
6,584	5,754	14.4%	5,788	M/S - Acute	32,841	28,253	16.2%	28,643
3,715	4,544	-18.2%	4,191	Behavioral Health	17,862	20,338	-12.2%	20,048
507	451	12.4%	471	CD - Detox	2,416	2,175	11.1%	2,191
528	533	-0.9%	491	CD - Rehab	2,529	2,445	3.4%	2,402
732	901	-18.8%	825	Medical Rehab	3,542	3,633	-2.5%	3,752
403	483	-16.6%	404	TCU	1,969	2,072	-5.0%	2,056
<b>12,469</b>	<b>12,666</b>	<b>-1.6%</b>	<b>12,170</b>	<b>Total Patient Days</b>	<b>61,159</b>	<b>58,916</b>	<b>3.8%</b>	<b>59,092</b>
<b>Average Daily Census (ADC):</b>				<b>Average Daily Census (ADC):</b>				
212	186	14.4%	187	M/S - Acute	217	187	16.2%	190
120	147	-18.2%	135	Behavioral Health	118	135	-12.2%	133
16	15	12.4%	15	CD - Detox	16	14	11.1%	15
17	17	-0.9%	16	CD - Rehab	17	16	3.4%	16
24	29	-18.8%	27	Medical Rehab	23	24	-2.5%	25
13	16	-16.6%	13	TCU	13	14	-5.0%	14
<b>402</b>	<b>409</b>	<b>-1.6%</b>	<b>393</b>	<b>Total ADC</b>	<b>405</b>	<b>390</b>	<b>3.8%</b>	<b>391</b>
<b>Average Length of Stay:</b>				<b>Average Length of Stay:</b>				
6.4	6.0	6.8%	6.2	M/S - Acute	6.7	6.2	8.9%	6.3
11.4	11.5	-0.9%	12.0	Behavioral Health	11.9	11.5	3.3%	12.9
3.4	3.4	-1.1%	3.6	CD - Detox	3.5	3.4	1.7%	3.4
22.0	18.4	19.7%	19.6	CD - Rehab	17.6	18.4	-4.5%	19.1
17.0	25.7	-33.9%	20.6	Medical Rehab	21.3	25.8	-17.2%	25.5
15.5	12.7	21.9%	-	TCU	13.1	12.7	3.3%	-
<b>7.8</b>	<b>8.0</b>	<b>-2.0%</b>	<b>8.1</b>	<b>Average Length of Stay</b>	<b>8.1</b>	<b>7.9</b>	<b>2.0%</b>	<b>8.3</b>
<b>Occupancy:</b>				<b>Occupancy:</b>				
81.9%	85.5%	-4.2%	82.1%	% of M/S Acute staffed beds	85.0%	85.5%	-0.6%	82.1%
<b>Case Mix Index:</b>				<b>Case Mix Index:</b>				
1.63	1.70	-3.8%	1.79	Blended (Acute)	1.68	1.80	-6.4%	1.82
191	265	-27.9%	239	Observation Status	906	1,246	-27.3%	1,124
517	487	6.2%	436	Inpatient Surgeries	2,381	2,359	0.9%	2,277
693	635	9.1%	672	Outpatient Surgeries	3,348	3,176	5.4%	3,185
26,879	31,076	-13.5%	30,474	Outpatient Visits	134,448	145,389	-7.5%	139,998
5,801	5,658	2.5%	5,648	Emergency Visits Including Admits	26,943	26,551	1.5%	26,491
46.7	44.2	5.7%	50.8	Days in A/R	46.7	44.2	5.7%	50.8
3.1%	3.8%	-19.2%	7.2%	Bad Debt as a % of Net Revenue	1.9%	3.8%	-50.7%	6.7%
2,605	2,433	7.1%	2,441	FTE's	2,547	2,435	4.6%	2,451
3.72	3.27	13.8%	3.33	FTE's per Adjusted Occupied Bed	3.57	3.49	2.3%	3.53
\$ 11,445	\$ 11,121	2.9%	\$ 10,571	Net Revenue per Adjusted Discharge	\$ 11,627	\$ 11,837	-1.8%	\$ 11,635
\$ 14,889	\$ 13,294	12.0%	\$ 13,359	Cost per Adjusted Discharge	\$ 15,079	\$ 14,362	5.0%	\$ 14,828
<b>Terrace View Long Term Care:</b>				<b>Terrace View Long Term Care:</b>				
11,827	11,989	-1.4%	11,971	Patient Days	57,893	57,879	0.0%	57,774
382	387	-1.4%	386	Average Daily Census	383	383	0.0%	383
430	447	-3.7%	445	FTE's	430	446	-3.7%	445
6.1	6.3	-2.4%	6.2	Hours Paid per Patient Day	6.5	6.8	-3.7%	6.8

Erie County Medical Center Corporation  
 Report to the Board of Directors  
 Jarrod G. Johnson, Senior Vice President of Operations  
 June 30, 2015

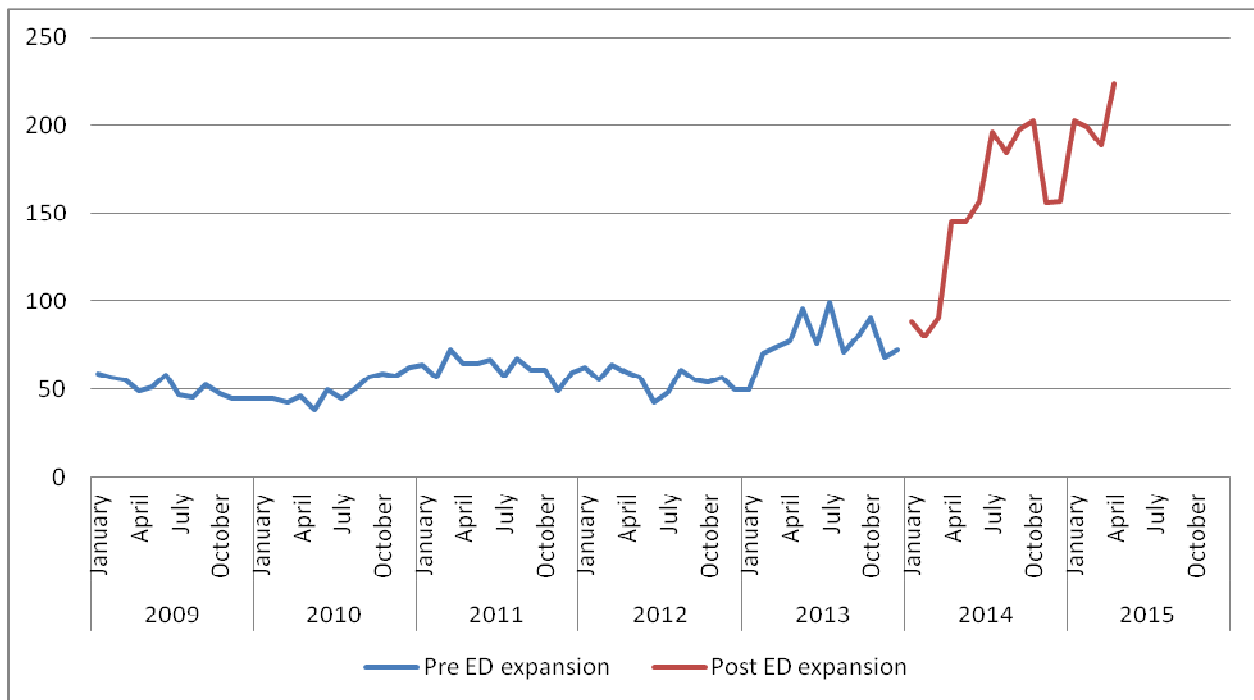
**PHARMACEUTICAL SERVICES – RANDY GERWITZ**

**DPS financial report**

Through May the DPS is pleased to report continued operations below year to date budget projections with a favorable variance of \$816,200.

**Pharmacy Interventions**

With the addition of clinical pharmacy services to the Emergency Department and Oncology in 2014 the DPS has seen an explosion in clinical interventions. Pharmacy interventions focus on patient safety and the effective use of medications. The graph below displays the increase in interventions over the last few years adjusted for patient days.



**New DPS service**

The DPS is pleased to announce the development of a new position and service, the Medication Reconciliation Assistant. The focus and purpose of the position will initially be to create an accurate medication list for surgical patients allowing true medication reconciliation by the medical staff and facilitating both the admission and discharge process. Once fully established our goal will be to expand this service to impact a greater percentage of non-admitted Emergency Department patients and clinic patients to ensure Joint Commission compliance and accurate patient records in a cost effective manner.

## **PLANT OPERATIONS – DOUG FLYNN**

### **General Project Updates**

#### *Hospital Escalator Repairs:*

- Funding approved for emergency procurement status. Project being scheduled with an anticipated repair and completion by August 2015.

#### *Grider Street Corridor Demolition:*

- The abatement and demolition of Grider Community Gardens owned structures (409,411, and 425 Grider St.) are being placed out to bid in July 2015.

#### *2015 Group A Capital Projects:*

- Four (4) projects are being incorporated into a single set of bidding documents within the next month.

#### *Space Planning:*

- Accounting and appraisal facility walkthrough is near completion with UBMD and UB. Projected to be complete by July 1. Reconciliation of leased space to be completed during July 2015.
- A new process for space collection is being developed for commencement by August 2015.

#### *Pathology Renovation:*

- Design work is underway and working in collaboration with Margaret Brandwein-Gensler, MD, Chief of Pathology Services.

## **LABORATORY – JOSEPH KABACINSKI**

### **Regulatory - Accreditation Surveys**

The annual New York State Department of Health Report of Gross Annual Receipts (GAR) for 2014 was prepared and submitted to the Wadsworth Center in Albany on May 27, 2015. This mandatory submission is required by all New York State permitted laboratories. Information from the GAR is used to calculate laboratory inspection and reference fees for the next permit year from July 1, 2015 through June 30, 2016.

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

The Joint Commission Laboratory Re-accreditation survey is pending. The ECMCC Lab is now in the six-month “window” for the survey to occur. The survey “window” continues through August 6, 2015. This is an unannounced survey so the ECMCC Lab is in a continual state of readiness. Accreditation in Lab by JC is for two years.

On May 19, 2015, we were surveyed and inspected by the American Association of Blood Banks (AABB). The AABB survey scrutinized our Blood Bank and Lab Transfusion Medicine activities. The AABB accreditation survey was successful and our ECMCC Blood Bank received a two year re-accreditation through May 2017. The successful survey demonstrates our compliance and adherence to rigorous requirements established for excellence in Transfusion Medicine.

### **KH-ECMCC Lab Integration - Anatomic and Clinical Pathology**

The Kaleida Health and ECMCC Lab collaboration continues and we are reviewing additional opportunities. The current list of ECMCC tests sent to our commercial reference Lab, Laboratory Corporation of America (LCA) is under scrutiny. The tests sent to LCA are being compared to the KH test menu. If KH performs the test and can meet or beat LCA pricing, we will transition that assay to KH. This transition process involves building the test database and integrating with KH for proper specimen collection, rapid test turnaround time, etc.

With the integration of services, approximately 20-25% of ECMCC’s daily Lab workload continues to be processed at KH. Monthly Lab Integration and ESL Operations Committee meetings are held. The committees consist of ECMCC and KH staff members. Any processing/reporting issues that develop are resolved by the committees.

Several assays from Diagnostic Immunology and Microbiology are not available at KH. These assays were to be in place once the transition to the ESL model occurred (over one year ago). The remainder of the transition will occur as soon as KH obtains and perfects the methodology (including NY State approval) necessary to perform these assays. The tests are required by ECMCC Centers of Excellence (Transplant, Behavioral Health) and specific ECMCC clinical services (Immunodeficiency, Oncology, etc.). KH Leadership has been asked to provide an updated timetable for implementation of these select assays.

Planning and development work continues on the major renovation and upgrade of the Anatomic Pathology Department. Bi-weekly meeting with Lab leadership, ECMCC Plant Operations, Kidney Architects, the ECMCC IT Department, etc. are scheduled. The meetings are used to manage and communicate activities related to the project. The project both includes renovation of the Anatomic Pathology facilities as well as an upgrade of equipment. New grossing stations have been ordered and will be part of the renovation

The formal reference Lab service agreement between ECMCC and Kaleida Health should be signed shortly. It is being vetted by the KH Legal Department. The agreement will comply with regulatory guidelines and restrictions.

## **Other Items**

The Lab and IT Departments are working on maintaining access to the Cerner Charon archived Lab results. This system allows for retrieval of patient Lab test results that preceded installation of the Meditech Lab system (when Cerner Classis was out LIS platform).

Lab leadership met with key personnel in dialysis on Friday, May 8, regarding resumption of day-to-day Lab testing currently “farmed out” to a for-profit dialysis Lab. There are about 4,000 tests per month currently sent-outside of ECMCC that can be performed by the ECMCC Lab. A cost analysis is underway to assist in managing the budget for Lab testing. We plan to assume this work in late Fall 2015.

The ROTEM thromboelastograph is being installed. The device has been validated and physician training is on-going. A thromboelastogram device will assist in monitoring blood use during the massive transfusion of our trauma patients and is essential to certification of our Trauma Service. The device cost \$65,000 (not including consumables for the assay). The device “go-live” is planned for June 23.

The Lab has placed a capital request for approximately \$17,000 to upgrade the Data Innovations server and middleware used by our prime analyzers in Biochemistry. The current server and middleware won't be supported by the vendor effective July 2015, so replacement is essential. This item has been approved by Executive Leadership. Equipment options are being reviewed.

A UNYTS Blood Drive was held on Thursday, June 18 in the Staff Dining Room.

## **DIETARY – MORRISON**

- Results and recommendations received from “Touch Point”, Morrison’s sister company, regarding Morrison’s “Fresh Eyes” report. The findings are currently under review and being discussed with Morrison as part of strategy development to improve food quality and the customer service.
- A NYS survey audit was conducted in April with no issues reported. As part of the 25% give back program, ECMCC has realized approximately \$26,000.
- Rounding being implemented daily on nursing units to ensure high quality and improving patient experience.
- Specific action plans being created for each nursing zone in collaboration with each nurse manager. This action is being commenced to improve the patient experience and positively impact HCAHPS scores.
- Discussions underway with Morrison Healthcare (Hospital Operation Division) to improve food service operations at ECMC. Current contract is with Morrison Senior Services Division for ECMC.

## **ENVIRONMENTAL SERVICES – JOE D'AMORE**

- We are continuously interviewing candidates to hire. We currently have 17 approved openings, and 6 positions that are in Position Manager pending approval. Need to fill positions to decrease overtime and effectively clean facility and provide a safe environment.
- Continue to work on overall performance and morale of departments to improve patient/visitor experiences.
- Working in concert with clinical departments on improving HCAHPS scores.
- Various projects to support operations.

## **HOSPITAL POLICE & SECURITY – CHRIS CUMMINGS**

### **Security**

- Conducted a walk through with the tenants of DK Miller building and developed access control and apartment style entrance procedure – quote obtained / PO issued.
- Completed security plan for upgrade of cameras on ED ramp – quote obtained / PO issued.
- Reviewed plans for placing a fence surrounding the ED ramp – quote obtained / PO issued.
- Prepared access control plan for the ED – quote obtained / PO issued.
- Cameras installed and operational in Ambulatory Center/ground floor dialysis.
- Camera installed at Lifeline entrance.
- Camera, electronic door release and panic alarm installed in Lifeline offices.
- Assisted in developing FastPass feature for outpatients entering the main lobby.
- Reviewed blueprints to determine video surveillance and access control locations for pathology department renovation project.
- Reviewed blueprints to determine video surveillance and access control locations for the expansion of 1285 Main Street clinic.
- Attended meetings to assist with planning of transportation of patients by ECMC.
- Continued coordination with Plant Operations and Department of Health to develop smoking law enforcement procedures.
- Completed SES annual report for submission to administration.

### **Workplace violence**

- Presented to the WNY Healthcare Human Resource supervisors on workplace violence program, threat assessment team and dangerous persons policies.
- Reviewed workplace violence prevention training that is scheduled to be provided to all ECMC employees via a grant through HR.



**Interviews**

- Conducted four (4) interviews for vacant HPS Assistant positions.

**Outside agencies**

- Held community meeting and presented PowerPoint regarding 1285 clinic merger with community partners to discuss issues.

**Emergency preparedness**

- Assisted with planning and execution of emergency department drill testing evacuation procedures for mass casualty incident.

Report to the Board of Directors  
Christopher Koenig, PT, DPT, MBA, NHA  
Vice President of Post Acute Care  
6/24/15

***Terrace View:***

- The most recent DOH survey has posted to the CMS Nursing Home Compare Website. As a result of the great improvements in their survey, Terrace View increased their ranking by one star to two. Quality Measures, which are another factor in the ranking continue to improve, which should add an additional star within the next year.

- As of this reporting, Terrace View is two months into the Medicaid Case Mix window, which determines our six month Medicaid reimbursement in the future. We continue to show improvements in care and appropriate documentation for our patients, resulting in an improvement in our score. Our current running score is 0.89, which is higher than previous years with one month of improvements still ahead. We are on track to improve on last submissions score.

-Quality Measures: Improvements continue and noted in the following areas:

- short term pain complaints(1.3 point improvement)
- High risk pressure ulcers (.6 improvement)
- New or worsening pressure ulcers (0.1 point improvement)
- Antipsychotic meds (0.6 improvement)
- Catheter insert/left in bladder (.7 improvement)

- Patient Days: Sub acute and skilled days continue to increase. When compared to May 2014, May of 2015 had an increase in Rehab Ultra billed days of 2%, and showed an increase in over all Medicare billed days by 416 days. This is a direct result of increased utilization of Terrace View for sub acute services, as well as increased over all census.

- A piece of Erie County Home's legacy was preserved and put on display on the ground floor court yard at Terrace View: the dinner bell from the Erie County home was installed on 6/24/15.

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

- The DOH performed a resurvey of the TCU on May 12<sup>th</sup> – 14<sup>th</sup>. The DOH found the TCu in full compliance. Surveyors stated that they were impressed with the level of care and improvements to policy and procedures.

- Monthly phone meetings with HANYS and all NYS TCUs continue as we progress to define the role of TCUs within hospital operations, as well as with local DOH. We are collaborating in an effort to increase advocacy to the DOH in regards to issues such as admissions from other acute centers, DOH survey and regulations among many others.

- A meeting was held with Susan Glose, NP, PhD to review current pain QMs and methods to improve. We will be monitoring this closely, as pain is one of the few QMs that affect the TCU.

- Four QMs affect the TCU, which is compared to all SNFs and TCUs as peers. These measures are short term pain, new or worsening pressure ulcers, antipsychotic and antianxiety medications. We have begun tracking mechanisms to ensure improvement, but increasing star rankings in these areas will be difficult as the regulations currently stand as TCU compares to LTC.

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

- A grant was submitted to the Health Foundation of Western and Central New York and was approved on 5/21/15. The grant will of \$60,000 help pay for a Project Manager at ECMC for Palliative care and the Conversation Project. The HFWCNY is proceeding with the grant and will continue to collaborate with ECMC on our continued efforts to support the underserved and geriatric populations. Chloe Emerling has accepted the PM position, and will be joining us at ECMC shortly. We look forward to her assistance growing our programs at ECMC

- Hospice contract update: A meeting was held with Hospice on 6/19/15 to discuss the GIP bed placement at Terrace View. After reviewing the request to move the contract from two beds to four beds to support the hiring of a dedicated RN, it was decided that one to two beds would be more feasible. As a result, we are reviewing adding this bed to the TCU, as the RN to patient ratio is already higher. We anticipate this being mutually agreeable.

- We have been meeting with the American Cancer Society in regards to collaborating on Palliative initiatives for oncology patients. This has developed and strengthened a relationship with RPCI and ECMC Palliative care practitioners.

- Comfort Home Progress: We are currently reviewing potential plans with the Legal Department. Being reviewed is the potential for setting up a brand new NFP vs having an existing one take on responsibility. We continue to work on policy and procedure with our partners at Cross Roads. Reverend Jeff Carter has expressed interest in assisting with the development of a training curriculum for volunteers.

- Sandra Lauer and Elder Wiggins have completed Mercy Doula training, and will begin training Medical Residents on Saturday, 6/27/15

- Outpatient Chronic Disease Management Clinic, Palliative Care- meetings have taken place in regards to an ECMC and DSRIP need for greater PCP involvement for patient's who's trajectory to palliative care is increased as a result of a chronic disease diagnosis. Conversations regarding this include developing a clinic that can support other areas of the hospital in an effort to manage patients medically and socially, and include a multidisciplinary team to avoid potentially preventable hospital admissions

- Conversation Project: Representatives from the ECMC palliative care team have presented at the following locations in the month of May and early June: Elder Law Day, Transitions of Care presented by the Caregiver Coalition, True Bethel Bible Study, Juneteenth, UAW National Conference in Detroit by special request, VNA, ANAC, and the Episcopal Diocese. As is evident by the request to have Rev Garney Davis present in Detroit, the demand for ECMC's expertise and leadership in Advanced Care planning is growing.

- A meeting was held, moderated by P2 on 6/17/15 at RCPI. In attendance were CMOs of CHS, MCC, IHA, BC/BS, and Univera, Dr. Pat Bomba, ECMC represented by Chris Koenig and Dr. Grimm, and Pat Ahern from Hospice Buffalo. The agenda for the meeting was to engage payors in conversations regarding palliative care and advanced care planning, and what the needs of the health care consumers are in the eight counties of WNY. We will continue to meet periodically to improve coordination for these services and relationships with payors to give our patients the appropriate care they deserve.

Respectfully submitted,

Christopher Koenig

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

**UNIVERSITY AFFAIRS**

**Death of Dr Gerald Logue**

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

**Retirement of Dean of Dental School**

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

**PROFESSIONAL STEERING COMMITTEE**

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

**UTILIZATION REVIEW**

**See attached Flash report**

**CLINICAL ISSUES**

**Quality of Care**

See attached Executive Dashboard

**Clinical Certifications**

**ECMC Receives National Verification for Trauma Center**

I am pleased to announce that we have received notification from the national Committee on Trauma of the American College of Surgeons (ACS) that **Erie County Medical Center is a Level I Trauma Center!**

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

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

### **Clinical Informatics Updates**

The following updates were recently implemented in Meditech.

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

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

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

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

#### **ePrescribe for Uncontrolled Substances**

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

#### **Ongoing – Cortext**

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

### **Implementation of PDOC/Dragon**

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

Phase 1: Fully Operationalize Operative Notes within the OR.

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

Time Frame: ASAP

Phase 2: Services with PDOC/No Dragon Instance.

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

Timeframe: Inpatient 6/11/2015 – 8/11/2015

Outpatient 6/11/2015 – 12/31/2015

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

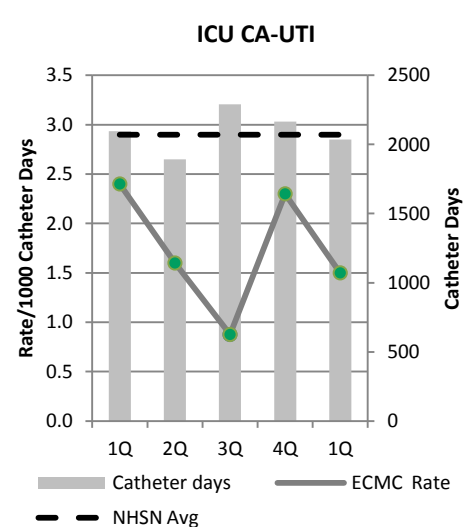
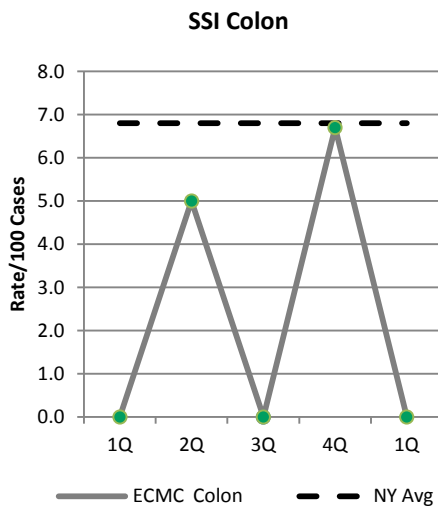
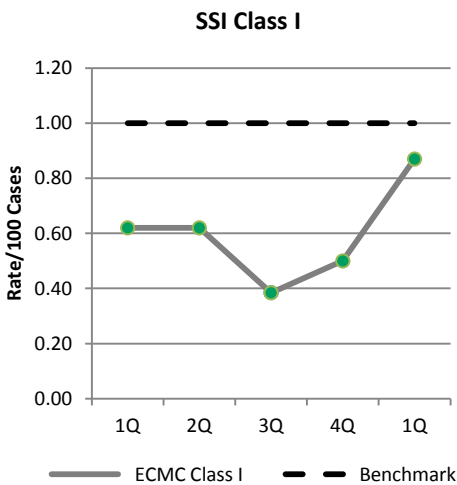
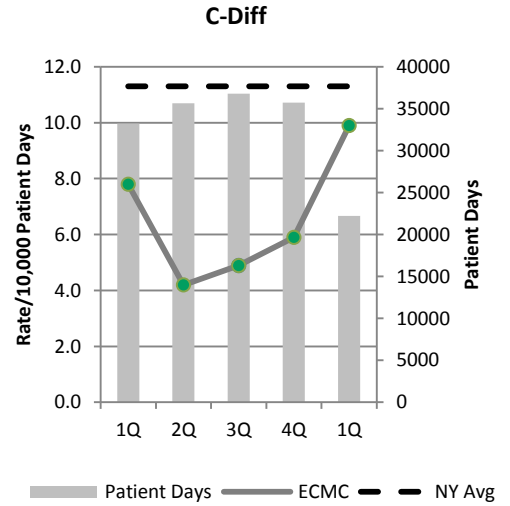
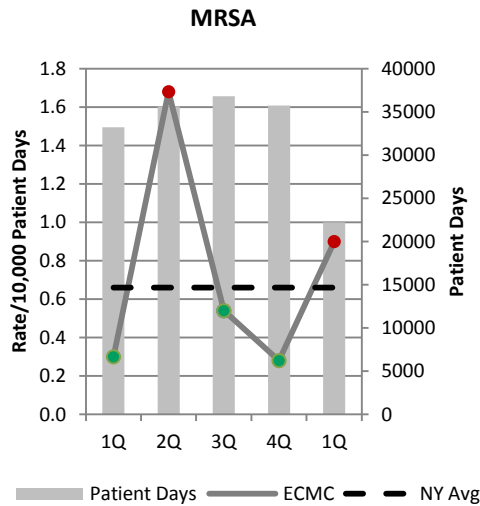
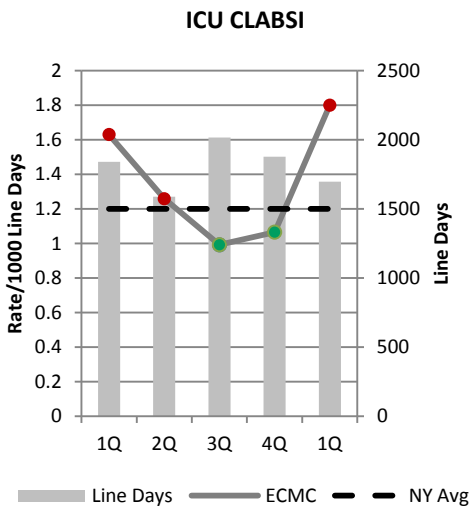
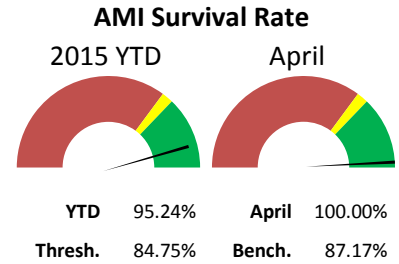
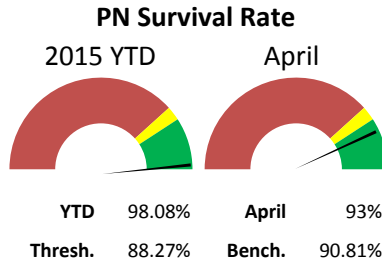
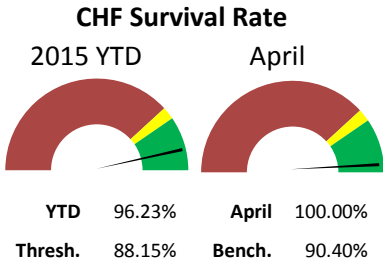
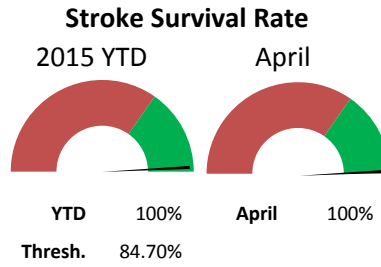
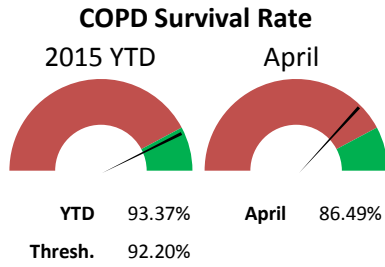
Develop service specific electronic provider documentation templates and setup Nuance dictation capabilities for services noted in detailed project plan. It is Important to note that the establishment of physician ambassadors for each service will be a critical success factor to meeting dates. Most if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

Timeframe: 6/17/2015 – 11/23/15

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

LTC does not have a tool to electronic document their notes. A temporary solution was developed using Nuance dictation and was not well received by the LTC provider community for several reasons. The organization will need to evaluate the purchase of Meditech electronic provider documentation tool (PDOC). We are gathering costs at this time and will present to IT Governance for recommendation. We are continuing to look for short term alternative solutions.

# Executive Dashboard - June 2015



To enable quick interpretation, please note the following:

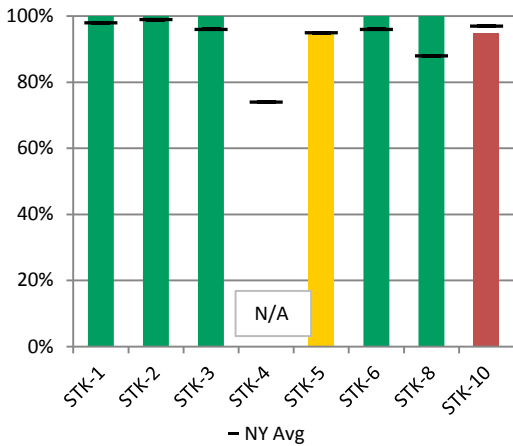
- - - Black lines represent benchmarks
- Red represents worse than the benchmark

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

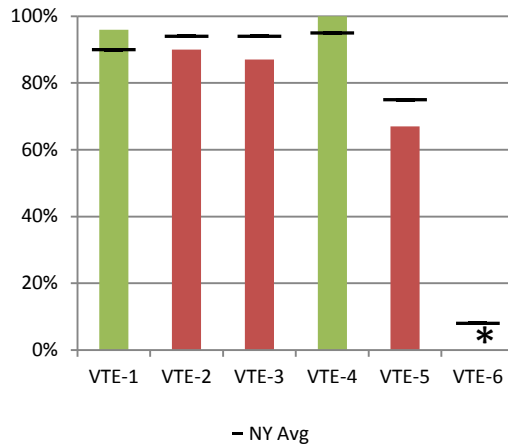


# Executive Dashboard - June 2015

STK Jan 2015 - March 2015

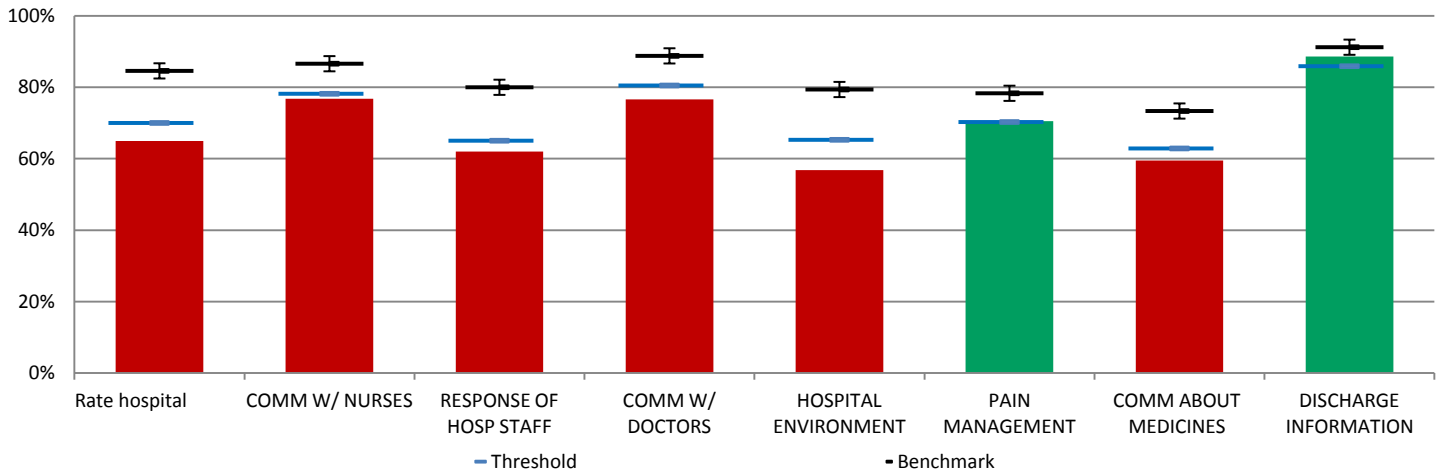


VTE Jan 2015 - March 2015

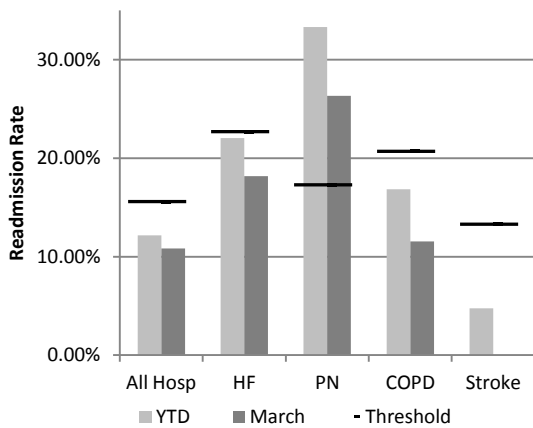


\*VTE 6 - Lower is better. 8 pts developed VTE during hospitalization, all received prophylaxis

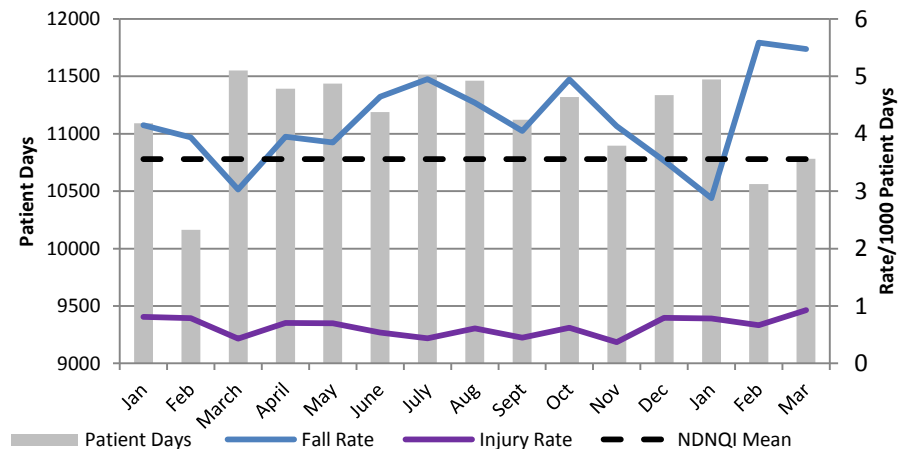
HCAHPS - Discharges January - May 2015



30 Day Readmissions



Hospital Wide Fall Rate



To enable quick interpretation, please note the following:

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

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

ECMC Flash Report for 5/31/2015

Budget	MTD	Diff	Diff %	PMTD	Acute Summary	Budget	YTD	Diff	Diff %	PYTD
958	1,029	71	7.4 %	910	Admissions	4,594	4,908	314	6.8 %	4,536
962	1,027	65	6.8 %	927	Discharges	4,598	4,898	300	6.5 %	4,533
6.0	6.4	0.4	6.8 %	6.2	Avg Length of Stay	6.0	6.7	0.7	11.8 %	6.3
-	4.6	-	-	4.9	Expected Length of Stay	-	4.7	-	-	4.9
6.0	6.6	0.6	10.1 %	6.6	Discharge LOS	6.0	6.7	0.7	12.2 %	6.5
4.4	4.9	0.5	11.4 %	5.1	Average LOS w/o Outliers	4.4	5.1	0.7	16.5 %	5.1
-	41.2	48 Outliers		41.7	Discharge LOS - Outliers	-	38.0	238 Outliers		42.4
-	97.6	12 ALC pts		67.6	Discharge LOS - ALC	-	80.5	57 ALC pts		109.8
5,754	6,584	830	14.4 %	5,788	Patient Days	28,253	32,847	4,594	16.3 %	28,643
352	690	338	96.0 %	381	ALC Days	1,728	4,377	2,649	153.3 %	1,334
136	179	43	31.6 %	147	One Day Stays	716	733	17	2.4 %	710
1.6961	1.6022	-0.0939	-5.5 %	1.7819	Case Mix	1.6961	1.6938	-0.0023	-0.1 %	1.8031
6.3	8.9	2.9	48.8 %	7.1	Medicare Avg Length of Stay	6.3	8.1	2.1	35.6 %	7.2
-	110	-	-	100	Admissions from Observation	-	549	-	-	460
Budget	MTD	Diff	Diff %	PMTD	Behavioral Health	Budget	YTD	Diff	Diff %	PYTD
394	339	-55	-14.0 %	346	Admissions	1,778	1,509	-269	-15.1 %	1,560
395	326	-69	-17.5 %	348	Discharges	1,768	1,503	-265	-15.0 %	1,555
11.5	11.4	-0.1	-0.9 %	12.0	Avg Length of Stay	11.5	11.9	0.4	3.3 %	12.9
4,544	3,715	-829	-18.2 %	4,191	Patient Days	20,338	17,862	-2,476	-12.2 %	20,048
Budget	MTD	Diff	Diff %	PMTD	Chemical Dependency	Budget	YTD	Diff	Diff %	PYTD
156	176	20	12.8 %	156	Admissions	766	841	75	9.8 %	769
161	174	13	8.1 %	157	Discharges	769	839	70	9.1 %	769
984	1,035	51	5.2 %	962	Patient Days	4,620	4,945	325	7.0 %	4,593
Budget	MTD	Diff	Diff %	PMTD	Rehab Medicine	Budget	YTD	Diff	Diff %	PYTD
37	27	-10	-27.0 %	35	Admissions	145	161	16	11.0 %	147
35	43	8	22.9 %	40	Discharges	141	166	25	17.7 %	147
901	732	-169	-18.8 %	825	Patient Days	3,633	3,542	-91	-2.5 %	3,752
Budget	MTD	Diff	Diff %	PMTD	Transitional Care	Budget	YTD	Diff	Diff %	PYTD
30	21	-9	-30.0 %	29	Admissions	161	149	-12	-7.5 %	155
38	26	-12	-31.6 %	37	Discharges	163	150	-13	-8.0 %	158
483	403	-80	-16.6 %	404	Patient Days	2,072	1,969	-103	-5.0 %	2,056
Budget	MTD	Diff	Diff %	PMTD	Terrace View / LTC	Budget	YTD	Diff	Diff %	PYTD
-	48	-	-	48	Admissions	-	242	-	-	249
-	49	-	-	52	Discharges	-	247	-	-	245
11,989	11,827	-162	-1.4 %	11,971	Patient Days	57,879	57,882	3	0.0 %	57,774
Budget	MTD	Diff	Diff %	PMTD	Operating Room	Budget	YTD	Diff	Diff %	PYTD
962	1,014	52	5.4 %	948	General Surgeries	4,661	4,908	247	5.3 %	4,594
458	478	20	4.4 %	414	Inpatient	2,219	2,263	44	2.0 %	2,174
504	536	32	6.3 %	534	Outpatient	2,442	2,645	203	8.3 %	2,420
Budget	MTD	Diff	Diff %	PMTD	Emergency Department	Budget	YTD	Diff	Diff %	PYTD
4,516	4,715	199	4.4 %	4,579	ER Visits	21,214	21,808	594	2.8 %	21,497
759	880	121	15.9 %	786	ER Admits	3,699	4,167	468	12.7 %	3,830
16.8 %	18.7 %		1.9 %	17.2 %	% of ER Visit Admits	17.4 %	19.1 %		1.7 %	17.8 %
265	200	-65	-24.5 %	246	Observation	1,246	934	-312	-25.0 %	1,140
1,142	1,087	-55	-4.8 %	1,069	CPEP Visits	5,337	5,136	-201	-3.8 %	4,994
312	307	-5	-1.6 %	337	CPEP Admits	1,542	1,428	-114	-7.4 %	1,526
27.3 %	28.2 %		0.9 %	31.5 %	% of CPEP Visit Admits	28.9 %	27.8 %		-1.1 %	30.6 %
5,658	5,802	144	2.5 %	5,648	Total ED Volume	26,551	26,944	393	1.5 %	26,491
Budget	MTD	Diff	Diff %	PMTD	Outpatient Visits	Budget	YTD	Diff	Diff %	PYTD
2,587	2,592	5	0.2 %	2,631	Behavioral Health	11,548	13,328	1,780	15.4 %	11,727
4,932	3,976	-956	-19.4 %	4,842	Chemical Dependency	24,643	22,646	-1,997	-8.1 %	23,043
9,307	8,562	-745	-8.0 %	8,652	Clinics	44,676	42,212	-2,464	-5.5 %	40,324
1,857	1,982	125	6.7 %	1,842	Dialysis	8,692	9,276	584	6.7 %	8,681
4,010	1,704	-2,306	-57.5 %	3,461	Referred / Ancillary	18,823	8,358	-10,465	-55.6 %	16,442
741	705	-36	-4.9 %	683	Surgical	3,540	3,452	-88	-2.5 %	3,359
1,737	1,515	-222	-12.8 %	1,626	Therapy	7,758	7,481	-277	-3.6 %	7,227
472	380	-92	-19.5 %	418	Transplant / Vascular	2,453	1,993	-460	-18.8 %	2,298
Budget	MTD	Diff	Diff %	PMTD	Radiology	Budget	YTD	Diff	Diff %	PYTD
3,755	3,866	111	3.0 %	3,656	CT Scan	16,725	16,272	-453	-2.7 %	16,266
9,070	9,216	146	1.6 %	8,594	Diagnostic Imaging	42,819	41,796	-1,023	-2.4 %	41,695
369	359	-10	-2.7 %	343	MRI	1,772	1,666	-106	-6.0 %	1,687
328	303	-25	-7.6 %	328	Nuclear Medicine	1,757	1,646	-111	-6.3 %	1,757
639	614	-25	-3.9 %	639	Ultrasound	3,046	3,187	141	4.6 %	3,209
5,593	6,082	489	8.7 %	4,878	Total Inpatient Procedures	26,055	26,380	325	1.2 %	24,221
8,581	8,276	-305	-3.6 %	8,682	Total Outpatient Procedures	40,127	38,187	-1,940	-4.8 %	40,393

## ERIE COUNTY MEDICAL CENTER CORPORATION

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

June, 2015

*The Department of Nursing reported the following noteworthy items in the month of June:*

- On June 2<sup>nd</sup>, Daemen College held a Leadership & Management Training Workshop called - Driving Quality, Safe Patient Care: Current Theory, Initiatives and Ideas. Some of the nurses who attended were: Sarah Maggio, Matt Warne, Karen Ziemianski, Sandra Beauchamp, Kris Reed, Therese Aquilina, Donna Price, Shelly Moran, Valeta Dunn, Karen Davis, Kristina Kachermeyer, Janelle Strait, Kaitlin Floyd, Colleen Parker, Jamie Zajac, Keishonta Lawrence, Julie Reinhardt, Alecia Kurek, and Tonya Parmenter
- June 9<sup>th</sup> was the 2015 Professional Nurses Association of WNY Awards Banquet held at Salvatore's Italian Gardens. Michelle Swygert was nominated for the Nurse of Distinction Award and Tara Gregorio won the Outstanding Staff Nurse Award.
- The Nursing Department sponsored a "Dress for Success" program. Dress for Success is a global not for profit organization that promotes economic independence of disadvantaged women by providing professional attire, a network of support, and the career development tools to help women thrive in work and in life. This operation started in 1997 and has expanded to more than 140 cities and 19 countries and has helped more than 850,00 women work toward self sufficiency. Collections were accepted from June 1 through June 12th.
- Kim Miller RN, BSN, CCRN, charge nurse in the Trauma Intensive Care Unit, will begin serving her term as president-elect for the AACN WNY-Chapter on July 1, 2015. She will serve her term as chapter president starting in July, 2016. Cheryl Nicosia RN, MS, CCRN, the immediate past president, will serve as an AACN WNY-Chapter board member during 2015-16.
- Audrey Hoerner, Unit Manager and Nurse Practitioner of the burn treatment center was the Keynote Speaker at Trocaire Colleges Nursing Pinning Ceremony on May 12, 2105 at the Basilica in Lackawanna. She spoke of the Journey in nursing

and how there is so many different opportunities and flexibility available to nurses. She spoke of how she came into nursing and where her journey took her

and how she has worked for 28 years in nursing. Audrey encouraged all of them to go back to school and get their BSN and see where their journey takes them. She spoke of the opportunity to learn something new every day and she challenged the students to continue on with their journey and hoped that in 28 years of nursing that they will be as pleased with their career as she is.

- Stephanie Dague is the Director of Development at the Nurses, House, Inc. She shared how and when this house came into existence as well as when and how it was sold. This is a National Organization originally founded in 1922 from a wealthy woman, who was not a nurse, just loved nurses who donated 300,000 to start this. This was for Nurses who needed respite located in Long Island. This is a service type program, management took it over in 1960 which benefits Nurses in need. Those afflicted by floods, hurricanes, house fires ect. can apply for this service. The application can be found online [www.nurseshouse.org](http://www.nurseshouse.org) . It supports 1,000 to up to 3,000 for this type of devastation. They have never turned anyone away to date. The Nurses sold paper dolphins which ranged in price from \$1.00 to \$5.00. The raised over \$500.00 to donate to this special house.
- The ECMC Trauma Program presented the Trauma REACH ( Rural EMS and Community Hospitals) conference along with Trauma programs from Rochester and Syracuse. The conference was held May 5<sup>th</sup>, in Farmington NY, with 125 participants from rural EMS and community hospitals in the Upstate NY region. Linda Schwab and Beth Moses were part of the planning and coordination committee. Beth Moses has been presenting the Let's Not Meet by Accident " program to hundreds of high school students to raise awareness of distracted driving and safe driving just in time for the busy prom and graduation season.
- The Juneteenth Festival of Buffalo was started in 1976 and is an important component of summertime events in the Buffalo-Niagara region. Juneteenth of Buffalo, Inc. exists exclusively for charitable and educational purposes. It is staffed by volunteers and its mission is to actively preserve and promote the broad spectrum of African American heritage through educational and cultural activities that will benefit the community as a whole. Juneteenth festival, Inc. partners with existing organizations with similar community-based objectives to help achieve its mission. ECMCC's Stroke Coordinator attended and manned an educational table and display, entitled "We Have the Power to End Stroke". The ECMCC table cloth was used. A colorful flip chart, brain models, stroke book markers and American Stroke Association handouts and verbal information were used to educate the public. The topics included: *Stroke and high blood pressure in African Americans, What is a stroke, types, stroke signs and symptoms, emergency actions, stroke risk factors, prevention guidelines and powering your lifestyle.* Approximately 253 people stopped at the stroke educational display for information. Several former ECMCC stroke patients stopped to say hello and tell me how they were progressing.

- HANYS acknowledgment “Profile in Quality and Patient Safety” publication step down Trauma Transition Program ECMC.
- HANYS acknowledgment “Profile in Quality and Patient Safety” publication E-Assuagement board ECMC
- Submitted to Zynx Health CITE Award Nominations for: Bill Arnold, Lynn Whitehead, and Nicole Knox.

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS

MINUTES OF THE HUMAN RESOURCES COMMITTEE MEETING

TUESDAY, MAY 12, 2015

ECMCC STAFF DINING ROOM

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VOTING BOARD MEMBERS  
PRESENT OR ATTENDING BY  
CONFERENCE TELEPHONE:

MICHAEL HOFFERT, CHAIR

BOARD MEMBERS EXCUSED:

FRANK MESIAH

ALSO PRESENT:

CARLA DICANIO-CLARKE  
BEN LEONARD  
NANCY TUCKER  
NANCY CURRY  
MARY HOFFMAN

MARY HOFFMAN  
CHRIS KOENIG  
ANTHONY DiPINTO  
BELLA MENDOLA  
BILL WILKINSON

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**I. CALL TO ORDER**

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

**II. RECEIVE & FILE**

Moved by Michael Hoffert to receive the Human Resources Committee minutes of the March 10, 2015 meeting.

**III. EMPLOYEE RECOGNITION**

Carla DiCanio-Clarke recognized the team members of 12 Zone 1, particularly Teneisha Neal. She was the first person to be assigned permanently to 12 Zone 1. The unit is not a typical med/surg unit. It was an ICU unit so it was not fully equipped at first. Teneisha has overcome obstacles and really focused on teamwork. She has also been recognized by the nursing recognition committee.

**IV. EEO REPORT**

Carla distributed the report that she composes annually. Next meeting she will distribute the industry standard report.

**V. WORKERS COMPENSATION AND EMPLOYEE OCCURRENCES**

The Workers Compensation and employee occurrences report was distributed. The number of employees still out from Workers Compensation injuries at Terrace View has spiked. Shirley Chojnacki will help monitor those numbers.

**VI. BEHAVIORAL HEALTH REPORT**

Carla distributed a report showing the assault trends with job title, zone, and time of day. The many committees that investigate incidents were discussed. Assaults escalate in the evening because the patient becomes agitated when they find out they are not being discharged. The NDNQI data will compare ECMC to other hospitals with behavioral health programs.

**VII. NURSING TURNOVER REPORT**

**March**

**Hires: 10 FTEs & 1 PD (LPN: 2 FTEs)**

- Med/ Surg: 4.5 FTEs
- Behavioral Health: 5.5 FTEs & 1 PD

**Losses: 4 FTEs & 7 PD**

- Med/ Surg: 3 FTEs & 3 PD

ERIE COUNTY MEDICAL CENTER CORPORATION

- Behavioral Health: 2 PD
- Critical Care: 1 FTE & 2 PD

**Turnover Rate:** .5%

**Turnover Rate YTD:** 1.9%

**April**

**Hires: 23 FTEs & 4 PD (LPN:1 FTE) to date**

- Med/Surg: 16.5 FTEs & 3 PD(LPN:1 FTE)
- Behavioral Health: 4FTEs & 1 PD
- Critical Care: 2.5 FTEs

**Losses: 2FTEs & 1 PD**

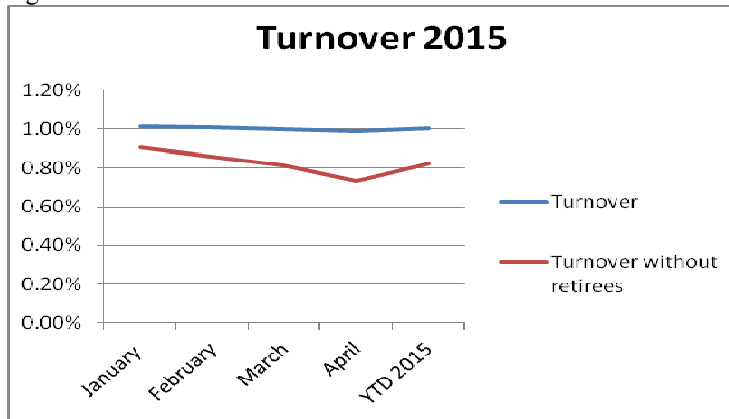
- Med/ Surg: 2 FTEs
- Critical Care: 1 PD

**Turnover Rate:** .3%

**Turnover Rate YTD:** 2.2%

**VIII. EMPLOYEE TURNOVER REPORTS**

Turnover reports were distributed. The turnover rate has been consistent. The number of employees that are retiring has increased.



**IX. TERRACE VIEW REPORT**

A job fair was held at Terrace View on May 12<sup>th</sup> for RN and LPN applicants. A CNA job fair is being planned for the end of June. A recognition event was held on April 29<sup>th</sup>. Extra Charge Nurses were added to the staffing plan.

**X. RECRUITMENT/JOB FAIRS**

A report was distributed depicting the past job fairs that human resources staff have attended.

**XI. WELLNESS/BENEFITS**

The Lose to Win Weight loss challenge is under way. 125 employees are participating. Nancy Tucker is assessing on whether a Retirement Planning Seminar is needed. The benefits fair is scheduled for Wednesday, October 14<sup>th</sup>. This will be the kickoff to the open enrollment period.

**XII. LABOR RELATIONS**

Carla DiCanio-Clarke reported that there is a runoff election taking place for AFSCME President and Grievance Chair. Ballots are due on May 22. The AFSCME contract expires at the end of 2015. Management has begun preliminary meetings to discuss negotiations.

**XIII. ADJOURNMENT**

Moved by Michael Hoffert to adjourn the Human Resources Committee meeting at 10:40am.



## HEALTH INFORMATION SYSTEM/TECHNOLOGY June 2915

### **Great Lakes Health (GLH) IT Committee.**

With the resignation of Dr. Elkin as the chair of the GLH IT Committee, we have re-aligned the GLH IT Committee to include ECMC and Kaleida Health clinician representatives and IT professionals. The ECMC representatives are as follows: Dr. Panesar (CMIO), Karen Ziemianski (VP of Nursing and Leslie Feidt, (CIO). The goal of the team is to evaluate the feasibility of a shared common IT strategy and recommend to the each of its board a final solution by September 1, 2015. The committee has made great strides over the past six weeks including completion of site visits to Cerner and Epic facilities. We are in the process of working with each of its organizations Chief Financial Officers to determine our combined total cost of ownership and plan to engage with a 3<sup>rd</sup> party organization to assist with this portion of the assessment. With that we have reached out to the University of Buffalo Medical Dental Practices (UMBD) as well to collaborate. This exercise will lead to a better understanding of return on investment and financial opportunities between both organizations. We will continue to drive toward better understanding each vendor's offerings including population health, clinical optimization and overall financial impact. This will be accomplished by work sessions and scheduled vendor onsite visits and reference sites.

### **Millennium Collaborative Care (MCC).**

We are working closely with the leadership of MCC to develop a population health IT strategy in support of the requirements of DSRIP. The strategy will be aligned with the goals and objectives of Great Lakes Health and OPA. We are also working toward the development of an infrastructure, leveraging our current IT platforms, to support the day to day business operations.

### **Clinical Automation.**

We continue to monitor our compliance for Meaningful Use Stage 2 inpatient core measures. We are compliant with the exception of the patient portal enrollment. We are working closely with our nursing and patient experience team members and are seeing a significant increase in the patients are being enrolled in the ECMC portal. We are confident that with the continual focus, we will be successful with our goal of 5% enrollment.

We have successfully completed the pilot for inpatient electronic prescription (eprescription) including eprescription of controlled substances. This will allow us to successfully meet the NYS Regulation of Electronic Prescription of Controlled Substances (EPCS). We will begin roll out house wide over the next several weeks.

With the assistance of our physicians and clinical teams, we have successful completed the Leapfrog Study. This study is used by hospitals to assess their compliance with the group's patient safety standards as follows: (a) assure that prescribers enter hospital medication orders via a computer system that includes decision support software to reduce prescribing errors; and (b) demonstrate that its inpatient CPOE system can alert physicians to at least 50% of common serious prescribing errors. We have received a score of good progress toward implementation.



This has not deviated from last years score. We will be working with the CMIO to develop a strategy to move our score to fully implement for next year's study.

Report to the ECMCC Board of Directors  
Al Hammonds, CSSBB  
Executive Director, Millennium Collaborative Care (MCC)  
Delivery System Reform Incentive Payment Program (DSRIP)  
6/30/15

**GOVERNANCE:**

**Board of Managers:** There have been four Board of Managers' meetings, since the new Executive Director started on April 6th. The MCC Board of Managers now has 17 of 18 active members currently, representing hospitals, safety net primary care providers, skilled nursing facilities & post-acute care, behavioral health, substance abuse, developmentally disabled, community-based organizations, and voice of the consumer (Medicaid population) representation across all 8 counties. There is still one new Board of Managers member to be added and voted on by the Voice of the Consumer Subcommittee. They will be added by the next Board of Managers meeting in July. The Board of Managers approved the updated MCC organizational chart, budget approach model and the project specific budget for review to be implemented. The Board of Managers Chair is Ann Constantino, CEO of Horizons Health Services.

**Project Advisory Committee (PAC):** The first PAC meeting was held on May 7<sup>th</sup>. There are 27 members of the PAC across all 8 counties of WNY representing the hospitals, behavioral health, developmentally disabled, primary care, post-acute care, and labor. The primary objective of the PAC is to review and provide input on all of the DSRIP projects. A PAC chair must be appointed and the MCC Administrative Director, Greg Turner, will facilitate the PAC Meetings and process. The last meeting took place on June 17<sup>th</sup>. A nominating committee was established to select a PAC Chair. Starting in July, DSRIP project charters and project reviews will be presented by the MCC Project Managers, starting with the ED Care Triage and Patient Activation Measures (PAM) projects.

**Physician Steering Committee:** A Physician Steering Committee was held on June 25<sup>th</sup> at 6:30pm at Salvatore's Italian Gardens. The Physician Steering Committee Chair is Dr. Frances Ilouze. The MCC Chief Medical Officer (CMO), Dr. Tony Billittier, facilitates the Physician Steering Committee meetings and process.

**Clinical Quality Committee:** The Clinical Quality Committee planning process is underway. The Clinical Quality Committee Co-Chairs are Joanne Haefner and Dr.

Michael Cummings. The MCC Chief Integration Officer (CIO), Michele Mercer, will facilitate the Clinical Quality Committee meetings and process.

### **FINANCIAL SUSTAINABILITY:**

NYS DOH released funding awards to all of the Performing Provider Systems across the state. MCC was awarded \$243 million over five years. DSRIP year one funding will be \$34.2 million (DSRIP year one is 4/1/2015 – 3/31/2016). MCC will receive 60% funding of year one funding, by the end of May, 20% in January 2016, and 20% in July 2016. Additionally, \$80 million to \$100 million of funding is being made available through a specialized demonstration program by NYS DOH, focusing in three areas: Home Health, Behavioral Health Transition to Managed Care (HARP), and Managed Long-term Care Plan (MLTC). MCC will be required to submit a program proposal. Due to lower than expected award funds, budget categories critical to success are as follows:

- Project implementation and infrastructure
- Revenue loss, a methodology to be developed
- Internal provider incentives
- Contingency, linked to DSRIP year 1 for state penalty and high performance fund.

### **IMPLEMENTATION PLANNING & PROGRESS:**

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

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

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

1. Attestations (now completed and cleaned up)

2. Letter of Intent – not legally binding, but seeks a signed commitment from Providers to commit to high level, but more detailed commitment than attestation on organization information sharing (i.e. financial sustainability assessments, workforce assessments, etc.) and specific project participation, as well as, commitments to dates to provide key information over the next 6 months working towards the Master Participation Agreement (MPA).
3. Master Service Participation Agreement – this will be an overarching agreement for all participating Providers that will be a part of MCC, with addendums of detailed participation agreements for each of the Provider Groups, outlining individual organizational commitments, incentive payments, etc.

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

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

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

**Staffing:** Since the last Board of Managers meeting, MCC has hired six new team members:

- Sandy McDougall – Project Manager, Maternal Child Health & Premature Babies
- Saralin Tiedeman – Project Manager, INTERACT (focused on Skilled Nursing Facilities & Post-Acute Care)
- Rita Hubbard-Robinson – Project Director, Patient Activation Measures (PAM)
- Tammy Fox – Project Management Coordinator & Health Information Technology
- Andrea Wanat – Project Manager, Behavioral Health Integration
- Antoinette Litz – Executive Assistant

**TIMETABLE OF KEY UPCOMING DATES:**

**June 30th:** DSRIP Year 1, 1<sup>st</sup> Quarter Implementation Plan activities and milestones end.

**July 6th:** Board of Managers meeting: conference call and  
First draft of all 11 project charters and project implementation plans due

**July 20th:** Board of Managers meeting: face to face

**July 31st:** First Quarter Report filed with NYS Department of Health on approximately 1,000 items.

Resubmit organizational implementation plan

Submit project implementation plans

**September 30th:** Patient engagement targets for 9 projects due.

**October 31<sup>st</sup>:** Identify network providers that will be participating in each project as part of the Quarterly Reporting Process.

Develop Workforce budget and impact projections.

**MEDICAL EXECUTIVE COMMITTEE MEETING  
MONDAY, MAY 18, 2015 AT 11:30 A.M.**

**Attendance (Voting Members):**

D. Amsterdam, PhD	W. Guo, MD	
M. Anders, MD	N. Kothari, MD	
S. Anillo, MD	M. LiVecchi, MD	
M. Azadfard, MD	M. Manka, MD	
Y. Bakhai, MD	A. Manyon, MD	
L. Balos, MD	M. Panesar, MD	
G. Bennett, MD	P. Stegemann, MD	
R. Calabrese, MD	J. Serghany, MD	
S. Cloud, DO	R. Venuto, MD	
M. Cummings, MD		
T. DeZastro, MD		
W. Flynn, MD		
D. Ford, RPA-C		
M. Brandwein-Gensler, MD		
K. Grimm, MD		

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

B. Murray, MD	R. Gerwitz	
J. Fudyma, MD	C. Ludlow, RN	
A. Orlick, MD	A. Victor-Lazarus, RN	
K. Ziemianski, RN	C. Davis, RN	
S. Gary	J. Johnson	
L. Feidt		

**Excused:**

V. Barnabei, MD	E. Jensen, MD	
W. Belles, MD	T. Loree, MD	
R. Ferguson, MD	M. Sullivan, DDS	
R. Hall, MD, DDS, PhD	J. Reidy, MD	
J. Izzo, MD		
M. Jajkowski, MD		

**Absent:**


**I. CALL TO ORDER**

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

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

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

- B. **Thanks to Lucia Balos, MD and Appointment of Dr. Gensler** – Dr. Balos served as interim Chief of Pathology at ECMC since Dr. Woytash’s retirement. Dr. Cloud presented Dr. Balos with a gift of gratitude for her excellent service on behalf of ECMC. We now welcome Margaret Brandwein-Gensler, MD as the newly appointed Chief of Pathology. Her appointment will be brought forth to the Board of Directors at their May meeting.
- C. Dr. Cloud proposed the following **MOTION** for approval:  
*Request \$200,000 from the Medical Dental Staff Treasury in support of the ECMC Emergency Department renovation Capital Campaign.*

**The motion was seconded and unanimously approved.**

- D. **Officer Resignation** – Dr. Timothy DeZastro announced his resignation in his position of President – Elect as of September 15, 2015.
- E. **Activation of the Bylaws Committee** – Dr. Cloud announced the need to activate the Bylaws Committee to review the Bylaws as per requirements. Members are needed to sit on the Committee. Please contact Dr. Cloud or Susan Ksiazek if you are able to serve.

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

- A. **CEO REPORT – Richard Cleland**
  - 1. Mr. Quatroche provided a brief update on behalf of Mr. Cleland and he reports volumes continue to be up over last year.
  - 2. **Congratulations again to Dr. Yogesh Bakhai** for receiving the Physician Award at the very successful Springfest Event. Behavioral Health Awareness month is underway and events are going on all month.
  - 3. **DSRIP Award** was received and was a bit less than expected. A letter was sent and further funds are expected closer to the amount anticipated.
  - 4. **Summer Surge** – Plans are underway to accommodate the surge anticipated over the summer.
- B. **CHIEF NURSE REPORT – Karen Ziemianski, RN**
  - 1. **Volumes** – To address increased volumes, 40 additional nurses have been added to the staff. New staff will be added throughout the summer.

2. **WNY Professional Nurses Association Award** – Tara Gregorio, ECMC Staff Nurse, was selected to receive the WNY Outstanding Staff Nurse and will receive her award at the ceremony in June.

**D. CFO REPORT – Steve Gary**

1. **April 2015 Report** – ECMC performed better than last year though short of budget. Admissions are 2% over budget and 5% over last year. Strong surgical and ED volumes are also reported. \$900,000 operating loss was realized. DSRIP funding expired in April. Total operating loss of \$2 million year to date and it is expected to break even by end of the year. There is a notable decrease in severity of illness which is being reviewed. LOS decreased for the month.

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

**A. UNIVERSITY AFFAIRS**

Rebecca Calabrese, MD, has been chosen as one of 3 UBMD faculty to receive a teaching award at the Medical Residents’ graduation ceremony on Thurs., June 18. Dr. Calabrese is a UB assistant professor in the Division of General Internal Medicine and medical director of the UBMDIM Hospitalist Program at Erie County Medical Center (ECMC).

**B. PROFESSIONAL STEERING COMMITTEE**

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

**C. UTILIZATION REVIEW**

Dr. Murray distributed the Flash Report for April 2015 for review.

**D. CLINICAL ISSUES**

**1. Quality of Care**

- a. Dr. Murray distributed the Executive Physician Summary report for April 2015 for review.

**2. Clinical Certifications**

On 3/27/15, the American Society for Metabolic and Bariatric Surgery Accreditation (ASMBS) notified ECMC that it will be granted the status of Center of Excellence.



Grider Family Health was granted certification as a Level II Patient Centered Medical Home by the National Committee for Quality Assurance (NCQA).

### **3. Chief of Pathology**

I will be forwarding the name of Dr Margaret Brandwein-Gensler to the Board this month for appointment as Chief of Pathology at ECMC. Dr Brandwein-Gensler was recruited by UB Pathology from the University of Alabama where she was Tenured Professor of Pathology with a particular focus on Head and Neck Pathology in which she is extensively published. A graduate of Upstate Medical College she did her pathology residency at Mount Sinai School of Medicine and her fellowship at Memorial Sloan Kettering Institute. ECMC has committed to support DR Brandwein-Gensler’s establishment of a Head and Neck Fellowship at ECMC.

I would like to extend my sincerest thanks to Dr Lucy Balos who agreed to step in at short notice to take over as Chief of Service during this recruitment, following the resignation of Dr James Woytash.

### **4. ECMC receives recognition by Verras International**

VERRAS Healthcare International has recently awarded ECMC as one of New York’s ten “Best Value Hospitals” for 2014. See attachment notification which provides details on how this was determined. This is great news and Dr. Murray and I will be going to the June 4th event to receive this award.

### **5. HANYS Survey Shows Persisting Physician Shortage**

A survey of HANYS members shows that two-thirds of survey respondents identified a need for 942 physicians across the State, excluding New York City . Of that , nearly 200 are primary care phsycians.77% of institutions indicated that their primary care capacity is not sufficient to meet current needs and 86% reported that PCPs are difficult to recruit.

**V. LIFELINE FOUNDATION – S. Gonzalez**

A. Congratulations on a wonderfully successful Springfest Event!

**VI. CONSENT CALENDAR**

MEETING MINUTES/MOTIONS		ACTION ITEMS
1.	MINUTES OF THE Previous MEC Meeting: April 27, 2015	Received and Filed
2.	CREDENTIALS COMMITTEE: Minutes of May 5, 2015	Received and Filed
	- Resignations	Reviewed and Approved
	- Appointments	Reviewed and Approved
	- Reappointments	Reviewed and Approved
	- Dual Reappointment Applications	Reviewed and Approved
	- Provisional to Permanent Appointments	Reviewed and Approved
3.	HIM Committee: Minutes of April 23, 2015	Receive and File
	Hemodialysis Forms (Home Dialysis Program)	Reviewed and Approved
	1. <i>(Hemodialysis) Inpatient self-administration record</i>	Reviewed and Approved
	2. <i>Certificate of Home Hemodialysis Training Completion</i>	Reviewed and Approved
	3. <i>Color Visions Test Form</i>	Reviewed and Approved
	4. <i>Home Hemodialysis Concepts and Skills Checklist</i>	Reviewed and Approved
	5. <i>Cycler Pureflow Checklist Signoff</i>	Reviewed and Approved
	6. <i>Emergency Evacuation Kit</i>	Reviewed and Approved
	7. <i>Flow Sheet</i>	Reviewed and Approved
	8. <i>Home Hemodialysis Monthly Clinic Visit</i>	Reviewed and Approved
	9. <i>Home Hemodialysis Initial Home Visit</i>	Reviewed and Approved
	10. <i>Initial NxStage Physician Orders</i>	Reviewed and Approved
	11. <i>Medication List</i>	Reviewed and Approved
	12. <i>NxStage Maintenance Log</i>	Reviewed and Approved
	13. <i>NxStage Master Equipment Log</i>	Reviewed and Approved
	14. <i>Patient Education Letter</i>	Reviewed and Approved
	15. <i>Procedure Checklist for Buttonhole Creation Cannulation</i>	Reviewed and Approved
	16. <i>Procedure Checklist for Fistula/Graft Cannulation</i>	Reviewed and Approved
	17. <i>Sign for Supply Delivery</i>	Reviewed and Approved
	18. <i>Starting a New Patient</i>	Reviewed and Approved
	19. <i>Training Dates and Welcome Letter</i>	Reviewed and Approved
	20. <i>Termination of Home Training Program</i>	Reviewed and Approved

MEETING MINUTES/MOTIONS		ACTION ITEMS
	21. <i>Water and Dialysis Log</i>	Reviewed and Approved
	22. <i>What is expected of me while being a home hemodialysis patient?</i>	Reviewed and Approved
	23. <i>Yearly Home Visit</i>	Reviewed and Approved
	24. <i>Clinic Visit Checklist</i>	Reviewed and Approved
	25. <i>Home Hemodialysis Waste Disposal Training</i>	Reviewed and Approved
4.	<b>P &amp; T Committee Meeting – Minutes of May 5, 2015</b>	Received and Filed
	1. Masashi Ohira, MD, Family Medicine – approve membership to P&T Committee	Reviewed and Approved
	2. Prosource No Carb Liquid Protein Nutritional Supplement and Prosource Gelatein 20® - add to the Enteral Nutrition Formulary.	Reviewed and Approved
	3. Beneprotein® Powder – Remove from the Enteral Nutrition Formulary.	Reviewed and Approved
	4. Bexsero® Meningococcal Group B Vaccine – add to Formulary, restricted to Outpatient Clinics	Reviewed and Approved
	5. FRM-029 Collaborative Drug Therapy Management – approve Policy	Reviewed and Approved

**VII. CONSENT CALENDAR, CONTINUED**

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

**B. EXTRACTION: *Credentials Committee***

**MOTION – From the Credentials Committee**

**Modify the Credentials Procedure Manual as stated:**

**Credentials Procedure Manual**

Three application processing cessations in recent months have raised the question of time frames for re-application. The Credentials Committee was asked to evaluate adding some reference to this section of the procedure manual. Review of local and regional institutions revealed unaddressed to absent policies. The committee discussed various scenarios and advised decisions regarding reapplication be applied on a case by case basis. The following underlined text was recommended for addition to the applicable Credentials Procedure section, Article I Application Policy, Section B: Significance of Applicant Authorization and Accountability:

***Agrees that any significant misrepresentation or misstatement in, or omission from the application, whether intentional or not, shall constitute cause for***

**immediate cessation of the processing of the application and no further processing shall occur. When and if the practitioner will be afforded the opportunity to reapply will be determined on a case by case basis, with the nature of the misrepresentation, misstatement or omission as the primary criteria. A second application fee may be applied based on the circumstances.**

Motion to add the word “significant” to the wording of Section B, 18 approved,  
2 opposed.

**MOTION TO APPROVE MODIFICATION TO THE CREDENTIALS MANUAL,  
Article I application Policy, Section B: Significance of Applicant Authorization and  
Accountability AS ABOVE, UNANIMOUSLY APPROVED.**

#### **IX. OTHER NEW/OLD BUSINESS**

- A. **Medical Dental Staff Meeting Report – April 22, 2015**  
The report that was distributed to all members of the Medical Dental Staff was presented.
- B. **Practitioner Health Committee Newsletter – May 2015:** Newsletter received and filed. This was distributed to all members of the Medical Dental Staff.

#### **X. ADJOURNMENT**

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

Respectfully submitted,



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

From the Buffalo Business First

[:http://www.bizjournals.com/buffalo/blog/health\\_matters/2015/06/ecmc-rounds-out-executive-team-with-two.html](http://www.bizjournals.com/buffalo/blog/health_matters/2015/06/ecmc-rounds-out-executive-team-with-two.html)

# ECMC rounds out executive team with two appointments

Jun 24, 2015, 1:06pm EDT



[Tracey Drury](#)

Buffalo Business First Reporter- *Buffalo Business First*

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A month after his [appointment as CEO](#), [Richard Cleland](#) has made a series of executive hires to round out the leadership team at **Erie County Medical Center**.

[Mary Laski Hoffman](#) succeeds Cleland as chief operating officer (COO); while [Julia Culkin-Jacobia](#) joins the hospital as chief people officer.

Hoffman joined ECMC a year ago as senior vice president of operations, following a four-year stint as COO at **Lawley Benefits Group**. She brings more than 20 years' executive hospital leadership experience to the position with **Catholic Health**, including a five-year post as president and CEO at **Kenmore Mercy Hospital**.

She holds a nursing degree from **Niagara University** and an MBA from the **University at Buffalo** and was named a fellow in the **American College of Healthcare Executives** in 2007.

Culkin-Jacobia will lead human resource functions across the corporation. She comes to ECMC from **Greatbatch Inc.**, where she served as director of global compensation and benefits since spring of 2014. Before that, she spent nine years at Synacor in executive leadership posts.

She holds degrees in business administration and human resource management from UB.

The appointments follow Cleland's selection as permanent CEO by ECMC's board of directors after a year serving as interim post as well as president/COO. [Thomas Quatroche](#) took over as hospital president.

They're the next in a series of executive appointments: Last week, the hospital also announced it hired Dr. [Liise Kayler](#) as program director and Dr. [Mareena Zachariah](#) as medical director for its Regional Center of Excellence for Transplantation & Kidney Care. Kayler joins ECMC and the University at Buffalo from **Montefiore Medical Center**, where she served as director of the kidney and pancreas transplant program. Zachariah has served as a transplant nephrologist at ECMC since 2008.

With revenue of \$468 million, ECMC Corp. operates a 602-bed regional trauma center as well as Terrace View, a 390-bed long-term care facility on the same Grider Street campus. The corporation also runs more than 30 outpatient specialty care clinics as well as on and off campus health centers.

Tracey Drury covers health/medical, nonprofits and insurance

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Friday, June 26, 2015

[TheBuffaloNews.com](#)

# CITY & REGION



- [City & Region](#)

## Erie County Medical Center names new leaders

on May 27, 2015 - 12:30 PM

Erie County Medical Center announced Wednesday a change in top management.

The board of directors named Richard C. Cleland the hospital's new chief executive officer and Thomas J. Quatroche Jr. its new president.

Cleland most recently served as interim chief executive and Quatroche was senior vice president.

Jody Lomeo, the former chief executive of ECMC, became chief at Kaleida Health last year. ECMC and Kaleida Health operate under the parent organization known as Great Lakes Health.

Cleland will be in charge of all operations and coordinate care at ECMC and Terrace View, the skilled nursing facility on the Grider Street campus. Quatroche will serve as the corporate affairs officer, responsible for external affairs and strategic initiatives of the corporation, including affiliations with Great Lakes Health, Kaleida Health, and other organizations.

Cleland has been interim CEO since April 2014. He was chief operating officer from 2012 to 2014, and he held various other leadership positions at ECMC since 2008.

As a senior vice president and a member of the executive team for the last 10 years, Quatroche helped guide collaborations and public relations.

Cleland holds a master's in public administration from Canisius College, has a New York State nursing home administrator's license and a certification from St. Joseph's College of Maine in long-term care administration. He earned his undergraduate degree from SUNY Buffalo State.

Quatroche received a bachelor's in business administration and marketing from SUNY Fredonia, a master's degree in student personnel administration from SUNY Buffalo State and a doctorate in higher education – educational leadership and policy – from the University at Buffalo.





View this article online: <http://www.insurancejournal.com/news/east/2015/06/10/371123.htm>

## Center for Work-Related Health Needs Opens in Buffalo, New York

A center focused on workplace-related medical needs is open in Buffalo.

The Center for Occupational & Environmental Medicine opened on June 5 at the Erie County Medical Center. At least nine such centers have been funded by New York state in other regions of New York. The Buffalo center will serve all of western New York.

Officials say the center will provide free health screenings for workers and help them with worker compensation claims, counseling and other services.

The state will provide \$3 million in funding over five years.

Officials say the goal is to prevent work-related illness and injury through increased education, early diagnosis and treatment.

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# ECMC doctors, nurses to use sign language books

8:38 PM, May 26, 2015

4:01 PM, Jun 2, 2015

[erie](#) | [buffalo](#)



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Show CaptionHide Caption

BUFFALO, N.Y. (WKBW) - Doctors and nurses in the emergency room at Erie County Medical Center will soon have a new way to communicate with deaf or hard-of-hearing patients and family members.

ECMC worked with Buffalo Deaf Access Services to implement a 20-page Deaf Emergency Awareness Form (DEAF) booklet, a "cheat sheet" of sorts offering basic vocabulary and common medical terms based on American Sign Language.

ECMC will be the first hospital to use the book, with others to follow.

Deaf Access Services asserts this booklet should not replace interpreters at hospitals, but instead to be used in emergency situations until an interpreter becomes available.

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Friday, June 26, 2015

**TheBuffaloNews.com**

# BUSINESS

- *Business*

## Schumer backs bill aiding Upstate NY trauma centers

on June 10, 2015 - 4:49 PM

Sen. Charles E. Schumer is pushing for more federal funding for Upstate New York's far-flung network of trauma centers, including the Erie County Medical Center.

The New York Democrat said in a conference call with reporters Wednesday that he supports legislation that would provide additional aid to existing trauma care centers and to the development of trauma care systems linking hospitals in smaller, rural communities that aren't located near a regional trauma center.

The Trauma Systems and Regionalization of Emergency Care Reauthorization Act amends the Public Health Service Act to reauthorize two trauma care programs, which are set to expire in September, through 2020, according to the senator's office. The reauthorized Trauma Care Systems Planning Grant and Regionalization of Emergency Care Systems Pilot Projects programs would provide a total of \$24 million to trauma centers and hospitals.

Schumer pointed out trauma is the leading cause of death for people younger than 44 and the program renewals are needed to support Upstate New York's sparse system of trauma centers.

The state has 39 of the high-level centers for emergency care, but only 14 of them are upstate and just six of those are Level 1, meaning they provide the highest level of care for the most severely injured patients. One trauma center, ECMC, which is a Level 1 center, serves adult patients in the eight counties of Western New York.

# In Memoriam: Gerald L. Logue, Medical Educator, Hematologist

Published June 10, 2015



Gerald L. Logue, MD

Gerald L. Logue, MD, professor of [medicine](#) [/departments/medicine.html] and chief of [hematology](#) [/departments/medicine/divisions/hematology.html], died suddenly June 7. Logue, who was known for his commitment to medical training, had practiced medicine in Buffalo since 1982.

Devoted to Ethical, Humanistic Health Care

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*“He was an inspiring, engaged teacher and mentor whose ongoing commitment to medical education spanned all its levels — from medical student to fellow — and then to all of us who were honored to be his colleagues.”*

Stephen E. Wear, PhD  
Associate professor of medicine

Logue devoted himself to supporting and enhancing the dialogue regarding ethical and humanistic issues in health care.

He played a major role in developing the clinical ethics program in the Western New York area, and he was co-director of the University at Buffalo’s Center for Clinical Ethics and Humanities in Health Care [<http://wings.buffalo.edu/bioethics/>] with Stephen E. Wear, PhD [<http://medicine.buffalo.edu/content/medicine/faculty/profile.html?ubit=wear>], associate professor of medicine.

## Remembered for Excellence in Teaching

“He was an inspiring, engaged teacher and mentor whose ongoing commitment to medical education spanned all its levels— from medical student to fellow — and then to all of us who were honored to be his colleagues,” said Wear.

Logue received a White Coat Award for outstanding teaching and contributions to house staff in 1985. In 1993 he was awarded a Commendation for Teaching Excellence, and he was a recipient of the National Red Cross’ Special Citation for Exceptional Volunteer Service in 1994.

In 2013 Logue was honored with a Service Award

[[http://medicine.buffalo.edu/news\\_and\\_events/news.host.html/content/shared/smb/news/2013/06/2013-faculty-awards-2873.detail.html](http://medicine.buffalo.edu/news_and_events/news.host.html/content/shared/smb/news/2013/06/2013-faculty-awards-2873.detail.html)] at the UB School of Medicine and Biomedical Sciences’ Faculty and Staff Recognition Awards ceremony. The award recognized 30 years of outstanding contributions to education in medicine and hematology.

### Provided Leadership in Key Roles

Logue was an attending physician and specialist in hematology for three of the University at Buffalo's affiliated teaching hospitals and health care systems [about/hospital\_and\_researchaffiliations.html]: Buffalo General Medical Center, the VA Western New York Healthcare System and Erie County Medical Center.

He was chief of medicine and then chief of staff at the Buffalo VA Medical Center, chief of the Division of Hematology in UB's Department of Medicine and vice chair of medicine in 1990. He was a clinician with UBMD Internal Medicine [http://ubmd.com/practice-locations/practices/internal-medicine.html].

Logue served as president of the Buffalo Institute for Medical Research from 1992 to 1998 and was a member of the Western New York Hemophilia Center Board of Directors from 1984 to 2015. He was also a member of the American Red Cross Blood Services Board of Directors from 1989 to 1994.

### Trained at University of Pittsburgh, Duke University

Logue received his medical degree from the University of Pittsburgh School of Medicine in Pennsylvania and completed his internship, residency and fellowship in hematology at Duke University Medical Center in Durham, North Carolina.

He is survived by his wife Joelle, three sons and two grandchildren.

### Memorial Fund Commemorates Logue's Life

Memorials may be made to the Gerald Logue, MD Memorial Fund at the UB School of Medicine and Biomedical Sciences, care of the UB Foundation, PO Box 900, Buffalo, NY 14226.

## Wilson's top students want to make a difference

By Rachel Fuerschbach [rachel.fuerschbach@lockportjournal.com](mailto:rachel.fuerschbach@lockportjournal.com) | Posted: Friday, June 19, 2015 12:00 am

Wilson High School's top students credit the interest in their studies to shadowing opportunities.

Both Jacob Graca, valedictorian, and Audrey Wagner, salutatorian, say they've known what they wanted to do as a career since they were young.

For Wagner, she says she's always had a love for the sciences, particularly those that involve the studies of the brain.

"The studies of the brain have always been a little interesting to me, but I think its the foundation of science, it's concrete and so growing that its something that I want to be involved in and contribute to in the future," she said.

Wagner plans to attend the University of Pittsburgh where she will double-major in biology and neuroscience with a pre-med track. Her career goal is to work with children through general pediatrics, child psychiatry or neonatal.

Although Wagner is unsure of exactly which practice to go into she does know that the hospital atmosphere is where she feels comfortable. Wagner has done some volunteer work and shadowing at a pediatric office, Mount St. Mary's Hospital, Niagara Falls Memoria Medical Center and Kenmore Mercy. Wagner completed a paid internship on the nursing floor at Erie County Medical Center last summer.

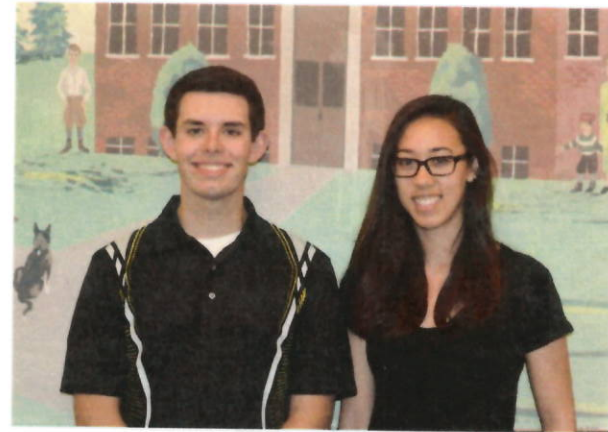
"The internship got me used to the feel of the hospital," Wagner said. "I wanted to make sure that this is what I wanted to do and I didn't feel out of place. I felt like this is where I should be."

As for Graca, he knew he wanted to enter the field of dentistry ever since he was a little kid. Having good experiences with personable dentists as a kid caused him to respect the job and sparked an interest, he said.

Like Wagner, Graca also participated in shadowing opportunities in order to be sure that dentistry was something he wanted to pursue. Shadowing a local dentist in Wilson last summer, Graca got to see what the occupation entailed and how the business worked.

"It was cool to see how the dentists interact with patients and how they run a practice," he said.

Graca will attend the University at Buffalo this fall where he was accepted into a seven-year combined bachelor and DDS program with the UB dental school. He hopes to eventually have his own dental practice within the



Wilson's top students want to make a difference

RACHEL

FUERSCHBACH/STAFF Valedictorian Jacob Graca and Salutatorian Audrey Wagner are excited to begin their college careers after graduation.

Western New York area after his schooling. Although both Wagner and Graca are excited for what the future brings them the two will miss the small town that they grew up in and the opportunities that they experienced.

“As cliché as it sounds, I would say to make the most of every moment. It goes by so quickly and you end up wishing you engaged in more,” Wagner advises underclassmen.

“Take advantage of every opportunity given to you,” Graca added. “And be kind to others because it will pay off in the long run.”

Graca, 17, is the son of Henry and Colette Graca. He has participated in the musical all four years, show choir, male acapella choir, ensemble band and jazz band. He has been a member of the soccer and baseball teams, was the captain of the scholastic bowl team and the president of the National Honor Society.

Wagner, 17, is the daughter of Chester Dale Wagner and Nancy Joy Wagner. She has been a member of the basketball team in her underclassman years and continued to work the books for the team. She has also been the class president all four years and was a member of the scholastic bowl team.

Wilson's graduation ceremony will take place at 9 a.m. June 27 at Artpark in Lewiston.

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