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

~ Regular Meeting ~



ERIE COUNTY MEDICAL CENTER CORPORATION

Tuesday, March 26, 2013

4:30 P.M.

Staff Dining Room, 2nd Floor - ECMCC

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



Mission

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

Vision

ECMC WILL BE A LEADER IN AND RECOGNIZED FOR:

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

The difference between
healthcare and true care™





Core Values

ACCESS

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

EXCELLENCE

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

DIVERSITY

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

FULFILLING POTENTIAL

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

DIGNITY

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

PRIVACY

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

FAIRNESS and INTEGRITY

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

COMMUNITY

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

COLLABORATION

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

COMPASSION

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

STEWARDSHIP

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

The difference between
healthcare and true care™



AGENDA

REGULAR MEETING OF THE BOARD OF DIRECTORS
ERIE COUNTY MEDICAL CENTER CORPORATION
TUESDAY, MARCH 26, 2013

- | | | |
|-------|--|--------|
| I. | CALL TO ORDER: KEVIN M. HOGAN, ESQ., CHAIR | |
| II. | APPROVAL OF MINUTES OF FEBRUARY 26, 2013 REGULAR MEETING OF THE BOARD OF DIRECTORS | 5-20 |
| III. | RESOLUTIONS MAY BE DISTRIBUTED TO THE BOARD OF DIRECTORS DURING THE MEETING ON MARCH 26, 2013. | |
| IV. | REPORTS FROM STANDING COMMITTEES OF THE BOARD: | |
| | EXECUTIVE COMMITTEE: KEVIN M. HOGAN, ESQ. | ---- |
| | FINANCE COMMITTEE: MICHAEL A. SEAMAN | 23-25 |
| | AUDIT COMMITTEE: DOUGLAS H. BAKER | 26-28 |
| | HUMAN RESOURCES COMMITTEE: BISHOP MICHAEL BADGER | 29-33 |
| | QI PATIENT SAFETY COMMITTEE: MICHAEL A. SEAMAN | ---- |
| V. | REPORTS FROM SENIOR MANAGERS OF THE CORPORATION: | |
| | A. CHIEF EXECUTIVE OFFICER | 35-46 |
| | B. CHIEF OPERATING OFFICER | 47-52 |
| | C. CHIEF FINANCIAL OFFICER | 53-60 |
| | D. CHIEF SAFETY OFFICER | ---- |
| | E. SR. VICE PRESIDENT OF OPERATIONS – RONALD KRAWIEC | 61-64 |
| | F. CHIEF MEDICAL OFFICER | 65-68 |
| | G. SENIOR VICE PRESIDENT OF NURSING | 69-70 |
| | H. VICE PRESIDENT OF HUMAN RESOURCES | 71-74 |
| | I. CHIEF INFORMATION OFFICER | 75-77 |
| | J. SR. VICE PRESIDENT OF MARKETING & PLANNING | 78-79 |
| | K. EXECUTIVE DIRECTOR, ECMCC LIFELINE FOUNDATION | 80-84 |
| VI. | REPORT OF THE MEDICAL/DENTAL STAFF: FEBRUARY 25, 2013 | 85-94 |
| VII. | OLD BUSINESS | |
| VIII. | NEW BUSINESS | |
| IX. | INFORMATIONAL ITEMS | 95-107 |
| X. | PRESENTATIONS | |
| XI. | EXECUTIVE SESSION | |
| XII. | ADJOURN | |

Minutes from the



Previous Meeting

ERIE COUNTY MEDICAL CENTER CORPORATION

MINUTES OF THE REGULAR MEETING
OF THE BOARD OF DIRECTORS
TUESDAY, FEBRUARY 26, 2013
ECMCC STAFF DINING ROOM

Voting Board Members Present: Kevin M. Hogan, Esq., Chair
Bishop Michael A. Badger
Douglas H. Baker
Richard F. Brox
Ronald A. Chapin
K. Kent Chevli, M.D.
Kevin E. Cichocki, D.C.

Sharon L. Hanson
Michael Hoffert
Anthony M. Iacono
Dietrich Jehle, M.D.
Thomas P. Malecki, CPA
Frank B. Mesiah
Michael A. Seaman

Voting Board Member Excused: Joseph Zizzi, Sr., M.D.

Non-Voting Board Representatives Present: Ronald Bennett
Jody L. Lomeo

Kevin Pranikoff, M.D.

Also Present: Donna Brown
Richard Cleland
Anthony Colucci, III, Esq.
Janique Curry
Leslie Feidt
John Fudyma, MD
Richard Hall, MD
Ronald Krawiec
Brian Murray, M.D.

Kathleen O'Hara
Thomas Quatroche
Michael Sammarco
Karen Ziemianski
Janet Bulger, CSEA
Karen Horlacher
Dr. Mandip Panesar
John Henry
Lorne Steinhart

I. CALL TO ORDER

Chair Kevin M. Hogan, Esq. called the meeting to order at 4:35 P.M.
Mr. Hogan announced Michael Hoffert's appointment to the Erie County Medical Center Corporation Board of Directors effective February 11, 2013

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

Moved by Sharon L. Hanson and seconded Michael A. Seaman to approve the minutes of the January 22, 2013 regular meeting of the Board of Directors as presented.

Motion approved unanimously.

III. ACTION ITEMS

- A. A Resolution to Transfer Funds to Grider Community Gardens
Moved by Sharon L. Hanson and seconded by Michael Hoffert.
Motion Approved Unanimously. Copy of resolution is attached.

- B. A Resolution Authorizing the Creation of Internal Civil Service Functions.
Moved by Michael A. Badger and seconded by Michael A. Seaman.
Motion Approved Unanimously. Copy of resolution is attached.

- C. A Resolution Authorizing a Lease Agreement with 1285 Group LLC.
Moved by Frank Mesiah and seconded by Anthony Iacono.
Motion Approved Unanimously. Copy of resolution is attached.

- D. Approval of Medical/Dental Staff Credentials, Resignations, Appointments and Re-appointments for February 5, 2013.
Moved by Michael Hoffert and seconded Anthony Iacono.
Motion Approved Unanimously. Copy of resolution is attached.

IV. BOARD COMMITTEE REPORTS

All reports, except that of the Performance Improvement Committee, shall be attached to these minutes.

Motion approved unanimously.

V. PRESENTATIONS

DR. MANDIP PANESAR & JOHN HENRY, VP TRANSPLANTATION & RENAL SERVICES

Dr. Panesar and John Henry provided an overview of the inpatient/outpatient dialysis services, financials, clinical care, EMR implementation and what goes on behind the scenes of dialysis.

VI. REPORTS OF CORPORATION'S MANAGEMENT

- A. Chief Executive Officer:
- B. Chief Operating Officer:
- C. Chief Financial Officer:
- D. Chief Safety Officer
- E. Sr. Vice President of Operations:
- F. Senior Vice President of Nursing:
- G. Vice President of Human Resources:
- H. Chief Information Officer:

- I. Sr. Vice President of Marketing & Planning:
- J. Executive Director, ECMC Lifeline Foundation:

1) Chief Executive Officer: Jody L. Lomeo

- Doug Baker, Founder and President of Mercy Flight, has been named as honoree for the Distinguished Service Award at Springfest 2013. Congratulations Doug.
- Terrace View ribbon cutting was spectacular. Volunteers moved more than 370 residents into their new home without incidents. A special thank you to Board members Ronald Bennett and Michael Seaman who spent many hours volunteering their time for the benefit of the residents.
- CSEA and ECMC came to a tentative contract agreement. CSEA members will vote March 7th. The agreement is a win-win for both ECMC and employees.
- 2012 year ended with an operating surplus of \$1.2 million dollars.
- Beginning March 1st, ECMC will integrate with GVI to create one program servicing two sites.
- Behavioral Health – Shovel in the ground; the new CPEP building will open January 2014.
- Kaleida and ECMC are partnering to have an essential service lab which will be up and running mid to late summer.
- Marketing/Branding – Mr. Lomeo met with the editor and publisher of the Buffalo News to tell our story and what ECMC has to offer to the region.

2) Chief Financial Officer: Michael Sammarco

A summary of the financial results through January 30, 2013. A full year-end report will be presented to the Finance Committee and Board of Directors in February. Mr. Sammarco welcomed Nadine Mund as Director of Corporate Compliance. Ms. Mund assumed the role in February.

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

Moved by Anthony Iacono 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.

ERIE COUNTY MEDICAL CENTER CORPORATION

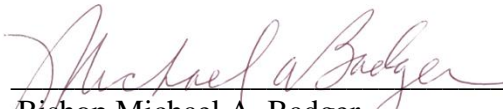
VIII. RECONVENE IN OPEN SESSION

Moved by Michael A. Seaman and seconded by Kent Chevli, M.D. to reconvene in Open Session at 6:30 P.M.

Motion approved unanimously.

IX. ADJOURNMENT

Moved by Douglas Baker and seconded by Frank Mesiah to adjourn the Board of Directors meeting at 6:35 P.M.



Bishop Michael A. Badger
Corporation Secretary

ERIE COUNTY MEDICAL CENTER CORPORATION

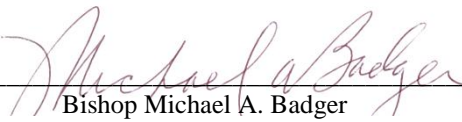
**A Resolution Approving the
Transfer of Funds to Grider Community Gardens**
Approved February 26, 2013

WHEREAS, the Corporation has the authority pursuant to law to create subsidiary business entities for purposes incidental to the Corporation's business and has formed Grider Community Gardens, LLC to purchase and maintain certain real property in the Grider-Delevan neighborhood; and

WHEREAS, pursuant to law, the Corporation is authorized to provide funds to subsidiary entities such as Grider Community Gardens, LLC and the Chief Financial Officer of the Corporation has requested that the Corporation provide \$25,000 to Grider Community Gardens, LLC for 2013 utility and property maintenance expenses relating to properties held by Grider Community Gardens, LLC;

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

1. The Corporation is authorized to transfer funds in the amount of \$25,000 to Grider Community Gardens, LLC for the purpose of paying 2013 utility and property maintenance expenses.
2. This resolution shall take effect immediately.



Bishop Michael A. Badger
Corporation Secretary

ERIE COUNTY MEDICAL CENTER CORPORATION

**A Resolution Approving the
Creation of Internal Civil Service Functions**
Approved February 26, 2013

WHEREAS, the Corporation was formed pursuant to Article 10-C of the Public Authorities Law of the State of New York and has been given specific powers and authority to govern and conduct its own operations while observing the requirements of that law; and

WHEREAS, pursuant to law, the Corporation is subject to the Civil Service Law of the State of New York and has been given authority to appoint such officers, employees, and agents as the Corporation may require for the performance of its duties and to fix and determine their qualifications, duties, and compensation, subject to the provisions of the Civil Service Law and any applicable collective bargaining agreements; and

WHEREAS, since its formation in 2003, the Corporation has relied upon the Erie County Personnel Department to fulfill the civil service functions of the Corporation pursuant to law and existing collective bargaining agreements; and

WHEREAS, the Corporation has determined that it is in the best interests of the Corporation and its workforce to internalize the civil service functions currently being performed by the Erie County Personnel Department;

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

1. The Corporation is authorized to directly administer applicable parts of the Civil Service Law of the State of New York and to hire such personnel as may be required in order to properly and efficiently implement this resolution.
2. The Corporation shall draft and adopt rules pursuant to the Civil Service Law for the classified service of the Corporation and to conduct negotiations, as necessary, with the authorized representatives of the Corporation's workforce.
3. The Corporation is authorized to take such additional actions as may be necessary in order to implement this resolution.
4. This resolution shall take effect immediately.



Bishop Michael A. Badger
Corporation Secret

**A Resolution of the Board of Directors Authorizing
a Lease Agreement with 1285 Group LLC**

Approved February 26, 2013

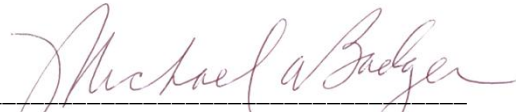
WHEREAS, Erie County Medical Center Corporation (the "Corporation") operates a chemical dependence clinic at 1280 Main Street pursuant to a Lease with 1280 White Elephant LLC as successor in interest to Bernice L. Yeracaris Revocable Trust dated July 1, 2004; and

WHEREAS, the parties have terminated the current Lease effective October 1, 2013; and

WHEREAS, the Corporation desires to move the chemical dependence clinic to 1285 Main Street and enter into a new Lease Agreement with 1285 Group, LLC, subject to approval by applicable regulatory agencies.

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

1. The Chief Executive Officer with the advice and approval of the General Counsel to the Corporation is authorized to negotiate and enter into a Lease Agreement with 1285 Group LLC for the purpose set forth above and subject to approval by applicable regulatory agencies.
2. This resolution shall take effect immediately.



Bishop Michael A. Badger
Corporation Secretary

CREDENTIALS COMMITTEE MEETING
February 5, 2013

Committee Members Present:

Robert J. Schuder, MD, Chairman	David G. Ellis, MD
Richard E. Hall, DDS PhD MD FACS (ex officio)	Brian M. Murray, MD (ex officio)
Timothy G. DeZastro, MD	Christopher P. John, RPA-C
Yogesh D. Bakhai, MD	Susan Ksiazek, RPh, Director of Medical Staff
Philip D. Williams, DDS	Quality and Education

Medical-Dental Staff Office and Administrative Members Present:

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

Members Not Present (Excused *):

Gregg I. Feld, MD *

CALL TO ORDER

The meeting was called to order at 3 PM by Dr. Robert J. Schuder. The proceedings from the previous meeting of January 8, 2013 were reviewed and accepted.

RESIGNATIONS

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

- A. Deceased – None
- B. Application Withdrawn – None
- C. Resignations:

Armando Arroyo, MD	Obstetrics & Gynecology	January 2, 2013
<i>The Credentials Committee and ECMC leadership thank Dr. Arroyo for his leadership as Chief of Service of the Department of Obstetrics and Gynecology.</i>		
Shaikh A. Manzoor, MD	Family Medicine	January 4, 2013
Jeremy W. Essman, RPA-C	Internal Medicine	January 4, 2013
Cassandra M. Piccione, RPA-C	Orthopaedic Surgery	January 4, 2013
Cheryl A. Pietromicca, RPA-C	Internal Medicine	January 4, 2013
Fadi M. Bdair, MD	Internal Medicine	January 11, 2013
Cameron B. Huckell, MD	Orthopaedic Surgery	January 11, 2013
Elie A. Akl, MD	Internal Medicine	January 18, 2013
Joseph Yanulevich, CRNA	Anesthesiology	February 3, 2013
Michelle Bielinski, RPA-C	Internal Medicine	February 4, 2013

CHANGE IN STAFF CATEGORY

Oral & Maxillofacial Surgery

Amy R. Bryan, DDS

From Active Staff To Associate Staff

Psychiatry

Marion Zucker Goldstein, MD

From Active Staff To Emeritus Staff

FOR OVERALL ACTION

SPECIFIC PRIVILEGE ADDITION OR REVISION

Family Medicine

David M. DaPolito, RPA-C Allied Health Professional

Supervising MD: Dr. Mohammadreza Azadfard

- Writing of admission orders in long term care unit and acute care after consultation with and approval of the admitting physician

Surgery

James M. Hassett, MD

- Hyperbaric Oxygen Therapy*

*FPPE satisfied with the completion of the required Healogics training (certificate on file)

FOR OVERALL ACTION

SPECIFIC PRIVILEGE WITHDRAWAL

Orthopaedic Surgery - Podiatry

Roy DeFrancis, DPM

Ambulatory Wound Care

- Debridement, Non-Selective and Selective
- Infection, Incision and Drainage
- Debridement of Skin, partial, full, subcutaneous
- Decubitus Ulcer
- Acellular Dermal Replacement
- Dermal Skin Substitute
- Allograft, Acellular Dermal

FOR OVERALL ACTION

APPOINTMENTS AND REAPPOINTMENTS

A. Initial Appointment Review (6)

B. Reappointment Review (10)

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

APPOINTMENT APPLICATIONS, RECOMMENDED

A. **Initial Appointment Review (6)**

Anesthesiology

Christopher Resetarits, CRNA Allied Health Professional

Family Medicine

Dhaliah Safy, ANP Allied Health Professional

Collaborating MD: Dr. Stephen Evans

Julie Talevski, FNP Allied Health Professional

Collaborating MD: Dr. Mohammadreza Azadfard

Internal Medicine

Richard J. Quigg, MD Active Staff

The Credentials Committee welcomes the UB Nephrology Chief.

Leah Gorsline, RPA-C Allied Health Professional

Supervising MD: Dr. Swapnil Munsaf

Plastic & Reconstructive Surgery

Paul Tomljanovich, MD Active Staff

Departmental appointment sought for specific procedural expertise. The applicant does not possess Board Certification and is not board eligible. The committee advises the Chief of Service to provide

justification and petition the Medical Executive Committee for an exception and defers action until received. Placed on the Consent Calendar for discussion.

FOR OVERALL ACTION

REAPPOINTMENT APPLICATIONS, RECOMMENDED

B. Reappointment Review (10)

Family Medicine

David M. DaPolito, RPA-C Allied Health Professional

Supervising MD: Dr. Mohammadreza Azadfard

Internal Medicine

Michael R. Cellino, MD Associate Staff
 Michael Duff, MD Associate Staff
 Vijay S. Iyer, MD Active Staff
 Anurag K. Singh, MD Associate Staff
 Howard E. Sperry, MD Active Staff
 Thomas G. White, MD Associate Staff

Oral & Maxillofacial Surgery

Amy R. Bryan, DDS Associate Staff

Plastic & Reconstructive Surgery

Mark S. Burke, MD Active Staff

Urology

Joseph M. Greco, MD Associate Staff

FOR OVERALL ACTION

PROVISIONAL APPOINTMENT REVIEW, RECOMMENDED

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

February 2013 Provisional to Permanent Staff

Provisional Period Expires

Emergency Medicine

Guyett, Lance, ANP Allied Health Professional 02/06/2013

Collaborating Physician: Dr. Michael Manka

Family Medicine

Sawyer, Rita, M., MSN FNP Allied Health Professional 02/06/2013

Collaborating Physician: Dr. Richard Blondell

Internal Medicine

Clark, Scott, D., ANP Allied Health Professional 02/06/2013

Collaborating Physician: Dr. Yahya Hashmi

Orthopaedic Surgery

Bell, James, R., RPA-C Allied Health Professional 02/06/2013

New Supervising Physician: Dr. Thomas Duquin - Orthopaedic Surgery

(Former Supervising Physician: Dr. Gregory Castiglia - Neurosurgery)

Radiology/Imaging Services - Teleradiology

Dyn, Jean-Paul, MD Active Staff 02/06/2013

Lamoureux, Christine, MD Active Staff 02/06/2013

Postal, Eric, S., MD Active Staff 02/06/2013

Ruocco, Martin, J., MD Active Staff 02/06/2013

Toothman, Richard, L., MD Active Staff 02/06/2013

Turner, James, H., MD Active Staff 02/06/2013

Verma, Sumeet, MD Active Staff 02/06/2013

ERIE COUNTY MEDICAL CENTER CORPORATION

Future April 2013 Provisional to Permanent Staff list also compiled now for Chief of Service and Collaborating / Supervising physician review 60 days before endorsement to the Medical Executive Committee.
FOR OVERALL ACTION

AUTOMATIC MEMBERSHIP CONCLUSION, RECOMMENDED

Expiring in May 2013
None

Last Board Approval Date

2013

Reappointment Expiration Date: May 1,

Planned Credentials Committee Meeting: February 5, 2013

Planned MEC possible action date: February 25, 2013

Planned Board possible confirmation by: March 2013

Last possible Board confirmation by: April 2013

FUTURE MEMBERSHIP CONCLUSION, UNDER CONSIDERATION

Expiring in June 2013

Last Board Approval Date

Cardiothoracic Surgery

Bell-Thomson, John, MD

Active Staff

06/01/2011

Internal Medicine

Dhindsa, Sandeep, MD

Active Staff

06/01/2011

Obstetrics & Gynecology

Shaman, Majid, MD

Active Staff

06/01/2011

Ophthalmology

Crofts, John W., MD

Associate Staff

06/01/2011

Reappointment Expiration Date: June 1, 2013

Planned Credentials Committee Meeting: March 5, 2013

Planned MEC Action date: March 25, 2013

Planned Board confirmation by: April 2013

Last possible Board confirmation by: May 2013

FOR INFORMATION ONLY

OLD BUSINESS

Cardiology Mid Levels

There has been no update from Risk Management or Administration on the final insurance arrangements for the off-hours Cardiology midlevel coverage. Changes to the Cardiology service are forthcoming due to the GVI.

Privilege Form Revisions

INTERNAL MEDICINE

The committee will produce a draft of a combined Allied Health Professional (Physician Assistant-Nurse Practitioner) form for the Department of Internal Medicine

UROLOGY

A rough privilege form draft was submitted to the Chief of Service for discussion, review and revision.

No progress to date.

ORTHOPAEDICS

Further revisions to the privilege form draft have been submitted to the Chief of Service. It incorporates core and clustered levels of privileges and is strongly harmonized with that of KH.

RADIOLOGY / IMAGING SERVICES

At the last meeting, a request was made to add Image Guided Biopsy to the Radiology/Imaging Services privilege form. The committee had residual questions regarding the Moderate Sedation requirements in the Level 2 section. Discussion with the Chief of Service indicated that a Moderate Sedation requirement is indicated only for Angiography privileges. The committee endorses the form revision below:

LEVEL 2 PROCEDURAL PRIVILEGES Special Imaging <i>See credentialing criteria page 7</i> Performance and interpretation of the following:	Init / Reap Volume	Request Column	Recommend		If Yes, indicate any requirements; If No, provide details. See p. 5
			YES	NO	
* = Moderate Sedation required, select below					
Neuroradiology					
Myelography (including discography)					
Arthrography					
Angiography *					
Ultrasonography					
Computed Tomography					
Magnetic Resonance					
Sialography					
Nephrostomy, ureterostomy tubes					
Biliary, peritoneal, pericardial, thoracic drains					
Image Guided Biopsy					

Radiation Safety Privilege Form

Without a mandate for Radiation Safety Officers to be credentialed under the Medical-Dental Staff, the committee endorses the retirement of the Radiation Safety privilege form.

HBO Continuing Education

The committee continues to explore the extent and timing of the continuing education requirements for Hyperbaric Oxygenation privilege holders. The committee is charged with the verification of criteria as currently defined. A change in the Wound Center leadership offers an opportunity to clarify the CE requirements. The staff office will research suggestions from other professional organizations and reach out to the Wound Center Medical Director to codify or revise the present CE mandates or add an alternate methodology to ensure ongoing competency and proficiency.

Temporary Privilege expirations during Pending Initial Applications

A tracking system has been formalized to list Urgent and Temporary Privilege expiration periods and the status of application completion. The current tracking matrix attached.

OVERALL ACTION REQUIRED

NEW BUSINESS

Internal Medicine – PA form

The following additions are proposed by the Chief of Service for discussion. Wording is similar to the Nurse Practitioner IM form. The committee endorses the following addition:

Internal Medicine PA Form Addition:

DEPT. ACTION			
Recommended under General Supervision	Recommended under Direct Supervision	Recommended under Personal Supervision	Not Recommended

Y / N

SPECIAL PROCEDURES

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Palliative Care Consultation (see credentialing criteria pages 8-9)
 The supervising physician or other physician member of the same palliative care organization must have seen the patient either prior to the initial PA visit or within 24 hours afterwards.

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**PALLIATIVE CARE CREDENTIALING CRITERIA & REQUIREMENTS
 (Nurse Practitioners and Physician Assistants)**

- The Nurse Practitioner / Physician Assistant must be affiliated with a palliative care organization.
- Qualifications shall include at least ½ year of palliative care experience
- The collaborating / supervising physician shall possess palliative care privileges.
- The collaborating / supervising physician or other physician member of the same palliative care organization must have seen the patient either prior to the initial NP / PA visit or within 24 hours afterwards.

Adopted Medical Executive Committee: 4/25/2011; 2/25/2013

Dues and Assessments

The Medical-Dental Staff Office seeks guidance from medical leadership regarding the management of staff members with delinquent dues and assessments. The medical-dental staff bylaws stipulate that the failure to pay dues within 60 days of final written notice will be applied as a voluntary appointment withdrawal. It was agreed to draft a final notice in the name of the Medical-Dental Staff President for tardy dues and re-appointment fees. As well, the Medical-Dental Staff Office will moving forward, place a due date on the annual dues invoices.

New Practitioner Appointment Applications

The Medical-Dental Staff Office has of late experienced a delay in the receipt of appointment applications for select practice plans. This is the result of changes in corporate policy requiring that all applications be submitted to their credentialing office before being forwarded to ECMCC. The Medical-Dental Staff Office has reached out to these organizations to collaborate on a more efficient way to coordinate timely application processing and communication to the applicants.

Skilled Nursing Facility

The Medical-Dental Staff Office awaits confirmation from Administration as to the credentialed practitioners who will be providing care at the new ECMC campus nursing home. It has also been questioned whether the ECH model of off-hours midlevel coverage will be continued, as the volume of credentialing to support the model is impractical given that the vast majority do are not called to deliver clinical care.

ERIE COUNTY MEDICAL CENTER CORPORATION

Joint Commission Preparation

The Medical-Dental Staff Office remains vigilant with Joint Commission readiness. Preparation has been concentrated upon completing OPPE cycle review in accordance with JC standards and ECMCC policy as well as credentialing criteria adherence.

Board of Directors Actions

The Board of Directors has approved the new bylaws addition for Registered Nurse First Assistants to the Medical-Dental Staff under the Dependent/Supervision category of AHPs. Hard copies of the updated bylaws were distributed to each member of the Medical-Executive Committee and are posted on Medical-Dental Staff page on the Intranet. Additional hard copies may be obtained through the Medical-Dental Staff Office.

Staff Privileges Posting on the ECMCC System

The Medical-Dental Staff Office has achieved one of its long term goals of posting privileges on the ECMCC system for ease of access by hospital staff. This is a substantial step in patient safety and credit is to be given to the Medical-Dental Staff Office specialists for their dedicated efforts. The intranet access of current staff specific privilege listings has been very well received.

Intelli-Cred Training

ECMCC continues to work with KH to schedule additional on-site training by the software vendor. It will include instruction on the advanced functionality of the system in anticipation of continued work toward the implementation of an on-line application, with electronic review and approval capabilities. Harmonization at the Great Lakes level will also position for the potential of creating one Medical Dental Staff in the future.

Kudos

The committee congratulates Jeanne Downey, Appointment Specialist in the Medical-Dental Staff Office, for being chosen as the February 2013 ECMC Employee of the Month. Chosen for her commitment to customer service, the entire Medical-Dental Staff benefits from Jeanne’s diligence.

OVERALL ACTION REQUIRED

OPEN ISSUES

Child Abuse Registry for Psychiatry Practitioners

Per the Department of Psychiatry Administrator, it has been decided that all outstanding practitioners will have a registry completed, and copies of registries completed at other affiliations will not be accepted as a surrogate. A list is being maintained by the Medical-Dental Staff Office to track progress.

To date, 13 completed registries have been received by the Medical-Dental Staff Office.

Fluoroscanner Privilege Documentation

Extensive discussion continued on the manner of privileging, training, documentation of radiation source equipment usage and control, in particular mini C-arm units. Joint Commission requirements and radiation safety concerns necessitate that consensus be achieved and an action plan developed. Susan Ksiazek, Drs. DeZastro and Ellis will assist the Credentials Committee in this matter and report progress at the March meeting.

OVERALL ACTION REQUIRED

OTHER BUSINESS

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

FPPE (Focused Professional Practice Evaluation)

- Anesthesiology (1 CRNA)
- Oral & Maxillo-Facial Surgery (1 DDS MD)
- Psychiatry (1 DO)

OPPE (Ongoing Professional Practice Evaluation)

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- Oral and Maxillofacial Surgery OPPE has been successfully completed for 15 doctors (4 DDSs, 8 DDS MDs, 2 DMDs and 1 DMD MD). Documents were not returned for 2 practitioners.
- Emergency Medicine OPPE has been successfully completed for 38 practitioners (1 ACNP, 1 ANP, 7 DOs, 2 FNPs, 15 MDs and 12 RPA-Cs)
- Neurosurgery OPPE has been successfully completed for 7 practitioners (6 MDs and 1 RPA-C). One surgeon did not return the requested documentation.
- Dentistry OPPE has been completed for 8 dentists (6 DDSs, 1 DDS MS and 1 DMD).
- Exigence OPPEs have been completed and are awaiting signature from the Chief of Service.
- Second mailings have been issued for Orthopaedic Surgery. Data is expected shortly from the patient safety office.
- Laboratory Medicine OPPE scorecards have been forwarded to the department for completion.
- Urology OPPE has been initiated and completion is anticipated by next meeting.

PRESENTED FOR INFORMATION

ADJOURNMENT

With no other business, a motion to adjourn was received and carried with adjournment at 4:00PM.

Respectfully submitted,



Robert J. Schuder, MD,
Chairman, Credentials Committee

Action Items



For Approval



Executive Committee

Minutes from the



Finance Committee

BOARD OF DIRECTORS
MINUTES OF THE FINANCE COMMITTEE MEETING
FEBRUARY 26, 2013

ECMCC BOARD OF DIRECTORS CONFERENCE ROOM

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

I. CALL TO ORDER

The meeting was called to order at 3:00 p.m. by Michael A. Seaman, Chair.

II. RECEIVE AND FILE MINUTES

Motion was made and accepted to approve the minutes of the Finance Committee meeting of January 22, 2013.

III. DECEMBER, 2012 FINANCIAL STATEMENTS

Mr. Sammarco briefly reviewed the December financial statements, and reported that compared to the prior year-to-date, total discharges were up 5.0%, acute care discharges 3.2%, inpatient surgeries 7.5%, and Emergency Room Visits 4.0%.

Mr. Sammarco reported that, after year-end adjustments, the Hospital experienced a year-to-date operating surplus of \$5.4 million and the Home experienced a \$4.2 million operating loss for the same period. Favorable adjustments for workers compensation, resident FICA settlement, and meaningful use resulted in a consolidated operating surplus of \$1.2 million.

Motion was made and accepted to approve the December 2012 financial statements.

IV. JANUARY, 2013 FINANCIAL STATEMENT REVIEW

For the month of January, total discharges were over the prior year by 25, or 2.0%, while acute care discharges were 38 over the prior year, or 4.1%.

Average daily census was 360 for the month, compared to 345 the prior year. The average length of stay was 7.0 for the month, compared to 6.8 the prior year. Medicare case mix was 1.86 for the month compared to 1.82 the prior year, and non-Medicare case mix was 1.95 compared to 2.08 the prior year.

Inpatient surgical cases were less than prior year by 14, or 3.0%, while Outpatient surgical cases were 675 in January, 36, or 5.6% over the prior year. Emergency Department visits were 5,311 for the month, an increase of 205, or 4.0%, over the prior year.

The Hospital experienced an operating loss of \$550,000 for the month compared to a \$1.1 million loss the prior year. The Home experienced an operating loss of \$1.5 million compared to a \$470,000 loss in the prior year.

The consolidated operating loss was \$1.6 million compared to a prior year loss of \$1.5 million. Days in accounts receivable were 40.8 in January, compared to 41.8 in December.

The Committee also expressed concern with the current days in operating cash. A discussion regarding cash flow projections followed.

V. IMPACT OF MEDICARE AND FEDERAL MEDICAID CUTS:

The committee discussed the Medicare and Federal Medicaid cuts, and their impact on ECMC.

VI. ADJOURNMENT:

The meeting was adjourned at 3:50 p.m. by Michael Seaman, Chair.

Minutes from the



Audit Committee

ERIE COUNTY MEDICAL CENTER CORPORATION

Board of Directors
Minutes of the Audit Committee Meeting

Tuesday, May 10, 2012

ECMCC Board of Directors Conference Room

Voting Board Members Present or Attending by Conference Telephone:	Douglas H. Baker, Chair Bishop Michael A. Badger
Voting Board Members Excused:	Anthony M. Iacono Frank B. Mesiah
Also Present:	Anthony J. Colucci, III Mark Barabas Thomas Malecki Michael Sammarco John Eichner Paul Huefner

I. Call to Order

Chairman Douglas Baker called the Audit Committee meeting to order at 12:05 p.m.

II. Receive and File Minutes

Motion was made and accepted to approve the minutes of the Audit Committee meeting of March 20, 2012.

III. Compliance Report - Mary Ann O'Brien

Mary Ann O'Brien, Corporate Compliance Officer, gave a detailed report on corporate compliance activities to date. The following issues were discussed:

- Updates and revisions to the 2011 Corporate Compliance Program;
- Internal compliance audit of Comprehensive Psychiatric Emergency Program (CPEP) Extended Observation Bed (EOB) services;
- Revenue Cycle report on Medicare accounts, Medicare RAC and review of Medicare National Government Services repayment;
- Reported on Medicare CERT and New York State Comptroller's Office Medicaid Inpatient review activity;
- Discussed Revenue Integrity Compass (RIC) tool utilized to track and perform data analytics of all payor audits received by ECMCC;
- Discussed distribution and required completion of ECMCC Conflict of Interest form, New York State Financial Disclosure form, and New York State Honoraria reporting.

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IV. Quarterly Risk Management Report - Ann Victor-Lazarus

Ann Victor-Lazarus, Vice President of Patient Advocacy/Risk Management gave a report on the Patient Advocacy/Risk Management Joint Commission Standard P1.1.10 that the hospital utilizes to monitor performance. Ms. Victor-Lazarus also presented information on Patient Advocacy and Monitoring of Ethics, Guardianship, Medical Malpractice, Workers Compensation, Insurance Renewals, and Risk Management initiatives accomplished to date.

V. Adjournment:

The meeting was adjourned at 1:05 PM by Chairman Baker.

VI. Move to Executive Session:

Motion was made by Chairman Baker to move to Executive Session at 1:06 PM.

VII. Executive Session Adjournment:

The Executive Session of the ECMC Audit Committee was adjourned by Chairman Baker at 1:20 p.m.

Minutes from the



QI /Patient Safety Committee Meeting

Minutes from the



Human Resources Committee

ERIE COUNTY MEDICAL CENTER CORPORATION
BOARD OF DIRECTORS
MINUTES OF THE HUMAN RESOURCES COMMITTEE MEETING

TUESDAY, MARCH 12, 2013

ECMCC STAFF DINING ROOM

VOTING BOARD MEMBERS PRESENT OR ATTENDING BY CONFERENCE TELEPHONE:	BISHOP MICHAEL BADGER, CHAIR MICHAEL HOFFERT	FRANK MESIAH JODY LOMEIO
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BOARD MEMBERS EXCUSED:	JOSEPH ZIZZI, SR., M.D. RICHARD BROX
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ALSO PRESENT:	KATHLEEN O'HARA CARLA DICANIO-CLARKE JANET BULGER NANCY TUCKER JENNIFER VALENTIN	BEN LEONARD KAREN HORLACHER DENNIS ZGODA NANCY CURRY
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I. CALL TO ORDER

Chair Bishop Michael Badger called the meeting to order at 9:35 a.m.

II. RECEIVE & FILE

Moved by Frank Mesiah and seconded by Michael Hoffert to receive the Human Resources Committee minutes of the January 8, 2013 meeting.

III. CSEA NEGOTIATIONS

ECMCC and CSEA have reached an agreement that is a sub-agreement to the contract between Erie County and CSEA. 80% of eligible employees turned out for the vote on March 7, 2013. 516 persons voted yes, while 320 persons voted no. Representatives from CSEA have met with ECMCC representatives to discuss implementation of the new provisions.

IV. NYSNA NEGOTIATIONS

There is a negotiation session scheduled for March 12, 2013 to discuss financial information.

V. BENEFITS AND WELLNESS

Nancy Tucker reported that she expects significant movement to the Value medical insurance plan due to the contract ratification. She also stated that she expects some employees to remove their dependants from their plans. A general announcement will go out today (March 12, 2013) regarding a special open enrollment for insurance as the contract ratification is a qualifying event. Ms. Tucker also reported that many employees will opt to retire. She will be holding informational meetings regarding retiree health insurance. Retirement applications and benefits can be processed here at ECMCC.

There are wellness activities scheduled for Terrace View. Spinning classes are being held in the fitness center. National Walk at Lunch will take place April 24th. It will be marketed as "Meeting in the Middle" and the sign up table that was previously located in front of HR in the hospital, will be moved to the hallway that connects Terrace View and the hospital.

ERIE COUNTY MEDICAL CENTER CORPORATION

VI. WORKERS COMPENSATION UPDATE

The Workers Compensation Report was distributed. There will be a power point presentation in regards to Workers Comp statistics at the next meeting.

VII. NURSING TURNOVER REPORT

Kathleen O'Hara presented a power point regarding Nursing Turnover. 8 North, 11 Zone 4 and the Emergency Department have the highest turnover. The biggest reasons for turnover are leaving for a new job and retirement.

January Hires – 4 FTES, 2 FTES Med/Surg & 2 FTES Behavioral Health. (3.5 LPN FTES hired, 1 FTE Med/Surg, 2.5 FTES Behavioral Health)

January Losses – 6 FTES – 3 FTES Med/Surg (1 FTE new job), 2 FTES Critical Care (2 FTES relocation), 1 FTE QA (retire)

Turnover Rate .8% (.66% without retirees)

Quit Rate .8% (.66% without retirees)

Turnover Rate YTD .8% (.66% without retirees) .53% 2012

Quit Rate YTD .8% (.66% without retirees) .53% 2012

February Hires – 6 FTES & 1PT, 4.5 FTES & 1 PT Med/Surg, 1.5 FTES Behavioral Health. 10 FTES & 1 PT hired YTD (2 LPN FTES hired Med/Surg, 5.5 LPN FTES hired YTD)

February Losses – 5.5 FTES – 1FTE Behavioral Health resigned in lieu of term, 1 FTE ED relocation, 1 FTE Critical Care relocation, 1 FTE Hemo resign, 1 FTE OR transfer to Health Dept. & .5 FTE Clinics retired. 11.5 FTES lost YTD

Turnover Rate .73% (.66% without retirees)

Quit Rate .6% (.53% without retirees)

Turnover Rate YTD 1.53% (1.32% without retirees) .79% 2012

Quit Rate YTD 1.4% (1.19% without retirees) .66% 2012

March Hires – 4.5 FTES & 1 PT, 4.5 FTES Med/Surg. 14.5 FTES & 2 PT hired YTD. (1 LPN FTE hired Med/Surg, 6.5 LPN FTES hired YTD)

VIII. EMPLOYEE TURNOVER REPORT

The employee turnover report was distributed. Turnover is fairly low, although it should spike in the next few months due to retirements.

IX. RECRUITMENT ACTIVITIES

Representatives from Lifeline, HR, Terrace View and Morrisons attended the Masten District Job fair at the Delevan-Grider Community Center.

X. CONSOLIDATION OF SERVICES

ECMCC and Kaleida Health met with CSEA, CWA and SEIU to discuss Perfusion services. CWA and SEIU do not want to create an agreement on perfusion services without a global agreement for future consolidations. Kathleen O'Hara explained that a bridging agreement would be difficult due to civil service regulations.

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XI. TERRACE VIEW

Terrace View opened on February 9, 2013. Nancy Curry reported that she is continuing to hire for several areas. Training is taking place on the new equipment and new procedures. Management will continue to hold open discussions/staff meetings to improve communication. Discussion ensued regarding morale at Terrace View. Bishop Michael Badger suggested holding an orientation to bring staff from ECH and ECMC together.

XII. ADJOURNMENT

Moved by Michael Hoffert to adjourn the Human Resources Committee at 10:30am. Motion seconded by Frank Mesiah.



ECMCC Management Team



Chief Executive Officer

ERIE COUNTY MEDICAL CENTER CORPORATION

**REPORT TO THE BOARD OF DIRECTORS
JODY L. LOMELO, CHIEF EXECUTIVE OFFICER
MARCH 26, 2013**

Hope everyone is doing well, enjoying the last remnants of winter and looking forward to spring arriving soon. It is hard to believe we are entering the second quarter of 2013 as the first quarter has gone by so quickly.

CSEA

Congratulations and thank you to all CSEA employees who successfully ratified a new five year agreement. The agreement is exclusively between the Erie County Medical Center Corporation and the CSEA employees of ECMC. This historic agreement is the first time that ECMC and CSEA negotiated directly on behalf of the hospital and its employees. I applaud CSEA leadership and our employees for their willingness to think beyond the status quo and believe that an agreement with ECMC alone is what's best not only for the hospital but also for everyone. After meeting with CSEA employees in the days leading up to the vote, it became clearer to me that our culture change and vision have been working. I appreciate the CSEA employees' commitment and their level of honesty as they deliberated their vote. I have attached the *CSEA and ECMC Tentative Agreement Frequently Asked Questions* that each employee was given to explain the agreement.

This agreement positions ECMC for the changing healthcare marketplace and is one more step in the transformation of our organization. For seven years, our CSEA employees have gone without a new contract and many have gone without an increase in their wages. Provisions in the new contract include a \$2,000 signing bonus, a \$3,000 raise for all employees in 2013 and a 2% raise each year from 2014 through 2017.

Also, employees will contribute 15% to the cost of their health insurance which was previously all paid by the ECMC Corporation. The hospital corporation and its labor partners have agreed to significant changes for retired employees' health insurance. Retirees previously received health insurance fully-funded by ECMCC after vesting in the New York State Retirement System and having five years of continuous service. The new agreement requires more years of service to receive retiree health and requires a contribution for those who have less than 15 years of service and who do not retire by the end of the agreement. Employees hired after the agreement start date, January 1, 2013, will not receive

ECMC paid retiree health insurance. This is an important change that reflects the reality of the marketplace and, again, positions us well for our future.

This agreement recognizes the hard work of those whom our patients rely on everyday as well as the responsibility we have to our community to sustain our business operations in a viable manner.

Again, in our quest to continue to change the culture and transform our organization, I appreciate not only CSEA leadership but also the members who believed in a brighter future for all.

TERRACE VIEW

It has been a little more than one month since the opening of Terrace View Long Term Care Facility on the ECMC campus. As we all know, the facility is spectacular, having received rave reviews from within the organization as well as the broader community. We are, admittedly, challenged now by the task of melding the culture of two different workforces, from Alden and Buffalo. We will continue to work with all of our staff to provide the best quality of care and the best work environment that we can. Our goal at Terrace View today, and always, will be to provide the highest quality care with compassion.

2012 YEAR END OPERATIONS

This month, the Board will be asked to approve our audited financials for 2012, including a \$1.0 million operating surplus. Given the challenges faced by health care entities across New York State, the management team deserves credit for being good stewards of the public's resources. The challenges have not gone away, however, and our team will not be complacent in addressing the future. We accept the numerous challenges that are before us in running our organization and will continue to strive for further efficiencies, cost reductions and revenue enhancements. Also, thank you to the finance team and all involved as we button up 2012 and move on to 2013.

2013 YEAR TO DATE

The hospital has been extremely busy in 2013. As you can see in the financial statements, revenues are up, volumes are up and our bottom line performance is down. We are addressing those issues internally and working on a plan for further cost reduction and an increased focus on being as lean an organization as we can be.

In February, total discharges and acute discharges were up over the prior year by 1.2% and 2.7%, respectively. Inpatient surgeries were also up over the prior year by 14.1%. The Hospital's operating loss

of \$1.7 million was due to expense growth of 5.5% that exceeded revenue growth of 3.5%. The Home also experienced an operating loss of \$428,000 which was caused by a lower census than expected due to the transition to the new nursing home. Year to date consolidated operating loss is \$3.7 million compared to the budgeted loss of \$1.2 in 2013 and actual loss of \$2.6 million in 2012. The management team is aggressively working to close that gap for the rest of 2013.

GREAT LAKES HEALTH

As of March 1, ECMC integrated its cardiovascular surgical program with the Gates Vascular Institute to create one program servicing two sites. ECMC no longer will be performing open heart surgeries other than those directly related to trauma. As you know, the Department of Health has required that this integration occur and our teams are working very hard to insure quality patient care and safe transfers between the organizations.

Also beginning March 1, ECMC will no longer provide elective or emergency percutaneous coronary intervention or PCI; these services will be performed at the Gates Vascular Institute. Again we are complying with a Department of Health requirement with the goal of increasing quality care throughout the community. I want to thank our physicians and nurses, especially those who have worked hard to increase the quality of care to all of our patients.

The Behavioral Health Center of Excellence is well on its way as we continue to work collaboratively with our partners at Kaleida to fast track this program on the ECMC campus. We have begun construction of our new CPEP and have also begun renovating the fifth floor in the ECMC tower. In the Fall of 2013, we will open the first 18-bed unit to accept Kaleida transfers and we are on time for a January 2014 opening of the new CPEP.

We are currently working on our lab consolidation with Kaleida Health. This initiative will consolidate many tests that the Kaleida central lab service currently performs and will establish an essential service lab here on the ECMC campus. Our physicians have worked hard to determine the required and needed tests that the essential service lab will be performing as well as any tests that will be done in the “super lab”. We will continue to keep you informed of the details of this implementation as well as any others that we may be contemplating.

MARKETING/BRANDING

As I mentioned last month, we began to implement a new public relations and marketing strategy for ECMC. We need to continue to tell our story and to push the ECMC brand throughout the community. ECMC is a major community asset and should always be a part of the renaissance story being told about the Western New York region. This month you will see new television and radio commercials focusing on the services we deliver and our commitment to the community. I would like to thank all those who took part in these commercials especially Sharon Hanson, Bishop Michael Badger and Kevin Hogan for their willingness to not only support ECMC and its mission, but to give their time and energy to tell our story.

MOVING FORWARD

The message that we continually hear is that reimbursement reductions are looming. Each year, we budget for some level of change in federal and state reimbursements as well as increased pension and other costs. In order for us to continue to provide quality care for this community we must continue to re-engineer how we provide that care and at what cost that care is provided. The previously mentioned CSEA agreement is one additional step to financial sustainability. We are committed to being progressive thinkers and challenging to run our operation better. Thank you again for your continued support and your unwavering desire to deliver our mission of quality care with compassion to our community.

Jody

CSEA and ECMCC Tentative Agreement
Frequently Asked Question

How many years is this agreement?

(5) years from January 1, 2013 through December 31, 2017

Did this agreement include the County of Erie in negotiations?

This agreement was negotiated between CSEA and ECMC, and the County of Erie participated in negotiations as required by law.

Will CSEA employees outside of ECMCC (i.e. Rath Building, ECC, etc.) vote on it and be part of it?

No, only ECMCC (including Terrace View) employees will be voting on this agreement.

How does this agreement compare to the previous proposal by County Executive Poloncarz?

Some of the highlights are:

There are more salary dollars in the early years;

The agreement is only for ECMCC employees;

There is a retirement provision in this agreement that adds a benefit for 10 years of service;

There is an extended retirement by date (previous proposal 6/30/14, this agreement extends to 12/31/17);

How is the \$5,000 signing bonus applied? How much of the \$5,000 is attributed to my base? What does to base mean?

All ECMC CSEA employees will receive a \$2,000 sign on bonus which they will receive on March 28, 2013;

All ECMCC CSEA employees will receive a \$3,000 added to base adjustment retroactive to January 1, 2013. This will be based on all wages paid including overtime and holiday overtime which may increase amount;

To base means that the money will increase your annual salary by that amount going forward.

What will I receive each year to my base pay? We included three salary examples below which provide impact by year and a cumulative impact for term of agreement.

Year	Base Salary Without Contract	Base Salary With Contract	With Sign On Bonus (\$2000)	Annual Impact
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2013 (\$3000)	35,000	38,000	40,000	5,000
2014 (2%)	35,000	38,760		3,760
2015 (2%)	35,000	39,535		4,535
2016 (2%)	35,000	40,326		5,326
2017 (2%)	35,000	41,132		6,132
5 Year Total				24,754

2013 (\$3000)	45,586	48,586	50,586	5,000
2014 (2%)	45,586	49,558	49,558	3,972
2015 (2%)	45,586	50,549	50,549	4,963
2016 (2%)	45,586	51,560	51,560	5,974
2017 (2%)	45,586	52,591	52,591	7,005
5 Year Total				26,913

2013 (\$3000)	55,000	58,000	60,000	5,000
2014 (2%)	55,000	59,160	59,160	4,160
2015 (2%)	55,000	60,343	60,343	5,343
2016 (2%)	55,000	61,550	61,550	6,550
2017 (2%)	55,000	62,781	62,781	7,781
5 Year Total				28,834

Why are we giving up summer hours? Does this impact all ECMCC CSEA members?

Currently 35% of our ECMCC CSEA members through previous MOU's do not receive summer hours. This change will bring uniformity to all members of the collective bargaining unit.

Explain the financial impact of the vacation sell back. How much money will I additionally earn?

All CSEA members will be eligible through vacation sell back to an additional week of pay. This would be based on your current rate of pay and wages added to your annual salary.

Example: If I sell a week of vacation that means I receive an extra week's pay right before the holiday!!!

Does this agreement change my health insurance? Will my co-pays increase?

No the three health insurance plans, Core, Value & Enhanced remain unchanged;

If I currently elect the value plan and receive a HRA card, what happens?

You will get to use the monies currently on the card, but new funds will not be added, instead that money will be used to reduce your 15% contribution if you elect the value plan.

What is the impact of the health insurance contribution to my paycheck?

Year	Annual increase of Salary	Core - Family		Value - Family	
		Cost (15%) at pre-tax	Net increase after health insurance	Cost (15%) at pre-tax	Net increase after health insurance
35,000					
2013	5,000	(1,805)	3,195	(1,352)	3,648
2014	3,760	(1,967)	1,793	(1,473)	2,287
2015	4,535	(2,144)	2,391	(1,606)	2,929
2016	5,326	(2,337)	2,989	(1,750)	3,575
2017	6,132	(2,547)	3,585	(1,908)	4,224
5 Year Total	24,754		13,954		16,664

\$45,586

2013	5,000	(1,805)	3,195	(1,352)	3,648
2014	3,972	(1,967)	2,005	(1,473)	2,498
2015	4,963	(2,144)	2,819	(1,606)	3,357
2016	5,974	(2,337)	3,637	(1,750)	4,223
2017	7,005	(2,547)	4,458	(1,908)	5,097
5 Year Total	26,913		16,113		18,824

\$55,000

2013	5,000	(1,805)	3,195	(1,352)	3,648
2014	4,160	(1,967)	2,193	(1,473)	2,687
2015	5,343	(2,144)	3,199	(1,606)	3,737
2016	6,550	(2,337)	4,213	(1,750)	4,800
2017	7,781	(2,547)	5,234	(1,908)	5,873
5 Year Total	28,834		18,034		20,745

Year	Annual Impact of Salary	Core - Single		Value - Single	
		Cost (15%) at pre-tax	Net increase after health insurance	Cost (15%) at pre-tax	Net increase after health insurance

\$35,000

2013	5,000	(640)	4,360	(546)	4,454
2014	3,760	(697)	3,063	(595)	3,165
2015	4,535	(760)	3,775	(649)	3,886
2016	5,326	(829)	4,497	(707)	4,619
2017	6,132	(903)	5,229	(771)	5,362
5 Year Total	24,754		20,925		21,486

\$45,586

2013	5,000	(640)	4,360	(546)	4,454
2014	3,972	(697)	3,274	(595)	3,377
2015	4,963	(760)	4,203	(649)	4,314
2016	5,974	(829)	5,145	(707)	5,267
2017	7,005	(903)	6,102	(771)	6,234
5 Year Total	26,913		23,084		23,646

\$55,000

2013	5,000	(640)	4,360	(546)	4,454
2014	4,160	(697)	3,463	(595)	3,565
2015	5,343	(760)	4,583	(649)	4,694
2016	6,550	(829)	5,722	(707)	5,843
2017	7,781	(903)	6,878	(771)	7,010
5 Year Total	28,834		25,005		25,567

The waiver for health insurance has increased. How much? How is this used and why did it increase?

Currently a single health insurance waiver is \$67 a month this will increase to \$150 or \$1,800 annually.

Currently a family health insurance waiver is \$100 a month this will increase to \$300 or \$3,600 annually.

The waiver is used to compensate employees who secure health insurance from other sources outside of ECMC and Erie County. It is a method to control our health insurance related expenses.

Will this agreement change my retiree health insurance? Explain.

It may:

If you are eligible to retire by the end of 2017 (age plus service) (55 + 15 years) and do so, you will enjoy the same benefit as has been in place since 2004—fully paid retiree health; There will be no change.

If you are eligible to retire after 2017 (age + service) (55 + 15 years) then you will receive retiree health at the same contribution level as you pay as an active employee (15%);

Staff that reach 10 years of service plus age (55) by the end of 2017 will receive retiree health at a 50% contribution;

New hires (after ratification) will not receive a contribution towards retiree health;

How will this agreement affect my pension?

As a result of the wage increases in place through 2017, your final average salary will increase, the average salary will increase a total of 11.8% over the term of the contract. Please refer to the information below to determine the impact based on your specific circumstances.

Years of Credited Service	Monthly Increase \$35,000	Monthly Increase \$45,000	Monthly Increase \$55,000
25	\$206/month	\$224/month	\$288/month
20	\$165/month	\$179/month	\$240/month
15	\$103/month	\$112/month	\$192/month
10	\$69/month	\$75/month	\$120/month
5	\$34/month	\$37/month	\$80/month

Why does this agreement have a sick leave buy out for new hires and not for current members?

*The agreement adds an **additional** sick leave buy back for staff hired after ratification, these staff will not have an employer contribution made towards retiree healthcare as current staff receive. The provision currently in the contract for current staff remains unchanged, so **the sick leave buy back remains the same for current staff.***

Will this agreement provide ECMC the ability to increase wages down the road in the event specific positions fall far below comparative organizations wage rate?

Yes, there are provisions within civil service law to adjust salaries, and additional agreements could be negotiated between the parties, as proven in the past. This agreement is a good start.

We are being asked to give up (2) holidays. Please explain why.

The hospital is open for business those days and thus needs all aspects open, these holidays are already worked as regular days by most of the hospital. Most staff will receive a floating holiday, to use when they want. It adds to productivity of the organization; Again for a portion of the unit already, they have given these days up.

We are being asked to change from one hour lunch to 30 minute lunch. Please explain why?

Most hospital staff currently have the 1/2 hour lunch; It adds to productivity and uniformity of the organization.

Does the County of Erie have the ability to change the terms of this agreement?

No

What happens to the provisions of the contract that are not mentioned in the agreement we vote on?

They remain unchanged as they are in the current contract.

Does this agreement allow bumping into ECMC or Terrace View by County of Erie employees?

No, it does not and in almost all cases, County of Erie employees cannot bump into ECMCC, and have not been able to do so since 2004.



Chief Operating Officer

ERIE COUNTY MEDICAL CENTER CORPORATION

REPORT TO THE BOARD OF DIRECTORS
 RICHARD C. CLELAND, MPA, FACHE, NHA
 CHIEF OPERATING OFFICER
 MARCH 2013

EXECUTIVE MANAGEMENT:

Several initiatives currently underway and include:

- Customer Service program modifications/re-engineering to achieve higher level of impact to our customers and our VBP scores and outcomes;
- Length of Stay(LOS) initiatives which include use of discharge hospitality center, patient co-hort planning and assistance from outside group (VHA) to review and revamp operational areas and to provide interim management;
- JCAHO survey preparation with eyes focused on an early survey;
- New Construction Projects- Working with design teams, DOH and internal construction staff to move projects quicker and more efficiently. Goal would be to start both projects in May and look at a end of 2013 completion date;
- Financial Challenges- Executive Management working with Senior Management in identifying opportunities (i.e. \$10 million impact in the 2013 budget). This will take form of expense reduction or net revenue(margin) in operations;
- New Leadership in Security- Official announcement coming to introduce Chris Cummins shortly. He will be starting in early April;
- First Quarter Goals- Specific items and actions identified by Executive Management that will keep the organization on pace and schedule as we reach our strategic initiatives(see chart below);

Goals	Responsible Party(s)	Completed
<u>2013 First Quarter Goals:</u>		
1) Terrace View-open, close SNF & ECH(hand off to county)	Rich	February 9, 2013
2) Start BHCOE construction	Rich	February 12, 2013
3) CSEA Labor Strategy	Tony, Kathy, Jody	March 9, 2013
4) Opening Ceremonies for Terrace View	Tom	February 8, 2013
5) Approval CON MOB	Rich	
6) Submit waiver 1115 for \$400+ million to DOH	Rich	February 5, 2013
7) Open TCU	Rich	March 27, 2013
8) Start Super Lab(announce, plan, message)	Ron, Tom, Kathy	January 17, 2013
9) LOS <6 by end of quarter	Rich, Karen, Dr. Murray	
10) Re-design ambulatory care(phase one department structure)	Ron	March 29, 2013
11) Business service line resource added(Lorne)	Tom	January 21, 2013
<ul style="list-style-type: none"> • Assess new opportunities advise/assist decisions 		
12) Submit CON – Ortho Inpatient Rooms	Tom	
13) Outside financial assessment of coding including charge capture, billing, collections, etc. across all service lines	Mike, Rich	April – May 2013
14) Reorganization medical services office	Dr. Murray	
15) JCAHO mock accelerate preparation for early survey	Charlene	Scheduled-April 10, 2013
16) Recruit and hire new security director	Charlene, Donna, Kathy	January 28, 2013
17) Recruit and hire new corporate compliance officer	Tony, Mike	February 5, 2013
18) Implement Nursing Leadership Development Program	Karen	February 1, 2013
19) EM complete Dale Carnegie Leadership course	Everyone-EM	Underway March 2013
20) Implement Pinpoint in Revenue	Mike	

ERIE COUNTY MEDICAL CENTER CORPORATION

21) Implement Pinpoint dashboard roll out and education 22) Create and implement a new and comprehensive Patient Experience Plan 23) Progress with Stage II Meaningful Use 24) At <u>least</u> break even financial status(profitability is goal) 25) Terrace View-Hospital Based Medicaid Rates 26) Develop Comprehensive Physician Plan to address: → Contracting (by committee) → P4P Reviews (by committee) → Recruiting (a Physician Strategic Plan) ▪ i.e. – ACS recommendations(Trauma), Neurosurgery, etc., address where shortages are on the horizon → Liaison/Concierge Service(on boarding)	Mike Karen, Donna-Everyone-EM Leslie Everyone-EM Mike Rich, Mike, Tony, Dr. Murray	January 28, 2013 January 22, 2013 January 28, 2013 Meeting schedules March 22, 2013
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BEHAVIORAL HEALTH CENTER OF EXCELLENCE

- Horizon Health is continuing to provide resources and management services for Buffalo General Medical Center(BGMC);
- Construction on CPEP portion of the BHCOE underway;
- We are expecting construction to be completed and new CPEP operational by the end of January 2014;
- Renovation of 5th floor underway;
- The first BGMC (18)bed unit is expected to be up and operational by end of September 2013;
- The second BGMC (18) bed unit will be up and operational by end of January 2014;
- Recruited and hired an Intake Coordinator. This position will be pivotal in the regional coordination of patients, admissions and throughput;
- Recruiting for new CPEP Director. Interviews underway;

TERRACE VIEW:

- Focus is shifting on the cultural integration. Overall settling issues have surfaced;
- Assessing leadership and developing a plan to address issues that continue to impact morale and delivery of services;
- Implementing a Steering Committee to address a comprehensive approach of problem resolution and monitoring;
- Had annual survey in late March. Overall no serious deficiencies indicated at survey exit. 8-9 citations which are over the average number (5-6). Considering the situation of integration, settling, and size of the facility, it is a good start(although the bar has been raised-we need to do much better);

TRANSITIONAL CARE UNIT (TCU):

- Construction will be completed by end of March;
- DOH will be onsite by end of March and the unit expected to be opened April 1, 2013;
- Leadership team to begin meeting with physicians and major services (Dr. Orlick, Chuck Rice, Molly Shea).

ERIE COUNTY MEDICAL CENTER CORPORATION

**HEALTH (PSYCHIATRY, CHEMICAL DEPENDENCY, CPEP,
CD OUTPATIENT CLINIC):**

- CQI+ outcomes quality management program for psychiatry has been implemented. This will enhance management of both the operational and the quality components of the service line;
- Signed new lease at 1285 Main Street. 1280 DTC will move by end of July 2013;
- JCAHO survey on Detox unit 9 zone 3 was very successful;
- OASAS survey of 1280 Main Street Clinic (DTC) took place in March. We are awaiting statement of deficiencies;

OTHER:

- Interviewing for new Director of Social Work;
- VHA to provide interim director of Case Management due to long term leave of current director;
- Working with community organizations in management of the hi ALC population;
- Re-assigning Juan Santiago-Assistant Vice President Support Services to Assistant Vice President of Hospital Services. Juan will assist Chief Operating Officer in various initiatives and projects to insure that things continue to progress (i.e. BHCOE, TCU, Terrace View, expense reduction, planning etc.). Juan's previous duties will be re-assigned. This change will be budget neutral;
- ECMCC was successful in obtaining a MOU with CSEA which will insure higher pay for our employees. In addition, we were successful in eliminating some of the non efficient areas(hour long lunch, summer hours, two-holidays, etc.). This will have huge impact on the operations;



GREAT LAKES HEALTH REGIONAL BEHAVIORAL HEALTH CENTER OF EXCELLENCE

SOUTHEAST PERSPECTIVE



02/08/13





GREAT LAKES HEALTH REGIONAL BEHAVIORAL HEALTH CENTER OF EXCELLENCE

EAST ELEVATION PERSPECTIVE



02/08/13





Chief Financial Officer

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Internal Financial Reports
For the month ended February 28, 2013

Prepared by ECMCC Finance

Erie County Medical Center Corporation

Balance Sheet February 28, 2013 and December 31, 2012

(Dollars in Thousands)

	February 28, 2013	Unaudited January 31, 2013	Change from Prior Year End
ASSETS			
Current assets:			
Cash and cash equivalents	\$ 3,444	\$ 20,611	\$ (17,167)
Investments	7,797	3,112	4,685
Patient receivables, net	46,092	42,548	3,544
Prepaid expenses, inventories and other receivables	58,142	49,459	8,683
Total Current Assets	115,475	115,730	(255)
Assets Whose Use is Limited:			
Designated under self-insurance programs	95,696	93,151	2,545
Designated by Board	25,000	25,000	0
Restricted under debt agreements	29,208	32,479	(3,271)
Restricted	25,344	25,436	(92)
	175,248	176,066	(818)
Property and equipment, net	255,668	247,113	8,555
Deferred financing costs	3,065	3,091	(26)
Other assets	4,614	4,621	(7)
Total Assets	\$ 554,070	\$ 546,621	\$ 7,449
LIABILITIES AND NET ASSETS			
Current Liabilities:			
Current portion of long-term debt	\$ 6,964	\$ 6,936	\$ 28
Accounts payable	30,392	29,369	1,023
Accrued salaries and benefits	17,138	18,661	(1,523)
Other accrued expenses	23,737	17,386	6,351
Estimated third party payer settlements	27,700	27,651	49
Total Current Liabilities	105,931	100,003	5,928
Long-term debt	179,593	180,354	(761)
Estimated self-insurance reserves	58,491	56,400	2,091
Other liabilities	101,844	99,827	2,017
Total Liabilities	445,859	436,584	9,275
Net Assets			
Unrestricted net assets	97,361	99,187	(1,826)
Restricted net assets	10,850	10,850	0
Total Net Assets	108,211	110,037	(1,826)
Total Liabilities and Net Assets	\$ 554,070	\$ 546,621	\$ 7,449

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Erie County Medical Center Corporation

Statement of Operations

For the month ended February 28, 2013

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net Patient Revenue	\$ 31,310	\$ 30,705	\$ 605	\$ 29,944
Less: Provision for bad debts	(1,838)	(1,710)	(128)	(1,748)
Adjusted Net Patient Revenue	29,472	28,995	477	28,196
Disproportionate Share/IGT Revenue	4,396	4,396	-	4,702
Other Revenue	1,626	2,426	(800)	1,533
Total Operating Revenue	35,494	35,817	(323)	34,431
Operating Expenses:				
Salaries / Wages / Contract Labor	12,814	12,053	(761)	12,150
Employee Benefits	8,736	8,196	(540)	8,558
Physician Fees	4,315	3,939	(376)	4,080
Purchased Services	2,623	2,681	58	2,392
Supplies	5,027	5,094	67	4,899
Other Expenses	626	633	7	576
Utilities	571	428	(143)	473
Insurance	607	550	(57)	502
Depreciation & Amortization	1,670	1,648	(22)	1,442
Interest	691	715	24	418
Total Operating Expenses	37,680	35,937	(1,743)	35,490
Income (Loss) from Operations	(2,186)	(120)	(2,066)	(1,059)
Non-operating gains (losses):				
Grants - HEAL 21	437	833	(396)	-
Interest and Dividends	207	88	119	263
Unrealized Gains/(Losses) on Investments	167	178	(11)	1,318
Non-operating Gains(Losses), net	811	1,099	(288)	1,581
Excess of (Deficiency) of Revenue Over Expenses	\$ (1,375)	\$ 979	\$ (2,354)	\$ 522
Retirement Health Insurance	1,358	1,223	135	1,469
New York State Pension	2,137	1,873	264	1,798
Total impact on operations	\$ 3,495	\$ 3,096	\$ 399	\$ 3,267

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Erie County Medical Center Corporation

Statement of Operations

For the two months ended February 28, 2013

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net Patient Revenue	\$ 64,652	\$ 63,009	\$ 1,643	\$ 60,474
Less: Provision for bad debts	(3,823)	(3,552)	(271)	(3,620)
Adjusted Net Patient Revenue	60,829	59,457	1,372	56,854
Disproportionate Share/IGT Revenue	# 8,792	8,792	-	9,404
Other Revenue	# 4,081	4,852	(771)	3,368
Total Operating Revenue	<u>73,702</u>	<u>73,101</u>	<u>601</u>	<u>69,626</u>
Operating Expenses:				
Salaries / Wages / Contract Labor	27,058	25,128	(1,930)	25,277
Employee Benefits	17,735	17,388	(347)	17,248
Physician Fees	8,518	8,241	(277)	8,495
Purchased Services	5,468	5,383	(85)	4,684
Supplies	10,678	10,617	(61)	9,628
Other Expenses	1,346	1,306	(40)	1,102
Utilities	1,196	896	(300)	1,037
Insurance	1,206	1,100	(106)	1,030
Depreciation & Amortization	3,156	3,154	(2)	2,884
Interest	1,129	1,155	26	865
Total Operating Expenses	<u>77,490</u>	<u>74,368</u>	<u>(3,122)</u>	<u>72,250</u>
Income (Loss) from Operations	<u>(3,788)</u>	<u>(1,267)</u>	<u>(2,521)</u>	<u>(2,624)</u>
Non-operating Gains (Losses)				
Grants - HEAL 21	692	1,667	(975)	-
Interest and Dividends	543	88	455	600
Unrealized Gains/(Losses) on Investments	923	445	478	3,697
Non Operating Gains (Losses), net	<u>2,158</u>	<u>2,200</u>	<u>(42)</u>	<u>4,297</u>
Excess of (Deficiency) of Revenue Over Expenses	<u>\$ (1,630)</u>	<u>\$ 933</u>	<u>\$ (2,563)</u>	<u>\$ 1,673</u>
Retirement Health Insurance	2,714	2,604	110	2,938
New York State Pension	4,218	4,009	209	4,431
Total impact on operations	<u>\$ 6,932</u>	<u>\$ 6,613</u>	<u>\$ 319</u>	<u>\$ 7,369</u>

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Erie County Medical Center Corporation

<p>Statement of Changes in Net Assets For the month and two months ended February 28, 2013</p>

(Dollars in Thousands)

	Month	Year-to-Date
<u>UNRESTRICTED NET ASSETS</u>		
Excess (Deficiency) of Revenue Over Expenses	\$ (1,375)	\$ (1,630)
Other Transfers, Net	(99)	(196)
Contributions for Capital Acquisitions	-	-
Net Assets Released from Restrictions for Capital Acquisition	-	-
Change in Unrestricted Net Assets	(1,474)	(1,826)
<u>TEMPORARILY RESTRICTED NET ASSETS</u>		
Contributions, Bequests, and Grants	-	-
Net Assets Released from Restrictions for Operations	-	-
Net Assets Released from Restrictions for Capital Acquisition	-	-
Change in Temporarily Restricted Net Assets	-	-
Change in Total Net Assets	(1,474)	(1,826)
Net Assets, Beginning of Period	109,685	110,037
NET ASSETS, End of Period	\$ 108,211	\$ 108,211

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Erie County Medical Center Corporation

Statement of Cash Flows

For the month and two months ended February 28, 2013

(Dollars in Thousands)

	Month	Year-to-Date
<u>CASH FLOWS FROM OPERATING ACTIVITIES</u>		
Change in net assets	\$ (1,474)	\$ (1,826)
Adjustments to Reconcile Changes in Net Assets to Net Cash Provided by (Used in) Operating Activities:		
Depreciation and amortization	1,670	3,156
Provision for bad debt expense	1,838	3,823
Net Change in unrealized (gains) losses on Investments	(167)	(923)
Transfer to component units	99	196
Capital contribution to/from Erie County	-	-
<u>Changes in Operating Assets and Liabilities:</u>		
Patient receivables	(4,034)	(7,367)
Prepaid expenses, inventories and other receivables	(4,336)	(8,683)
Accounts payable	(1,079)	1,023
Accrued salaries and benefits	(380)	(1,523)
Estimated third party payer settlements	36	49
Other accrued expenses	2,661	6,351
Self Insurance reserves	1,089	2,091
Other liabilities	1,010	2,017
Net Cash Provided by (Used in) Operating Activities	(3,067)	(1,616)
<u>CASH FLOWS FROM INVESTING ACTIVITIES</u>		
Additions to Property and Equipment, net		
Campus expansion	(2,315)	(8,119)
Routine capital	(936)	(3,566)
Use of bond proceeds for campus expansion	3,651	4,586
Decrease (increase) in assets whose use is limited	(2,158)	(3,768)
Purchases (sales) of investments, net	(1,048)	(3,762)
Investment in component units	(99)	(196)
Change in other assets	53	7
Net Cash Provided by (Used in) Investing Activities	(2,852)	(14,818)
<u>CASH FLOWS FROM FINANCING ACTIVITIES</u>		
Principal payments on long-term debt	(367)	(733)
Increase (Decrease) in Cash and Cash Equivalents	(6,286)	(17,167)
Cash and Cash Equivalents, Beginning of Period	9,730	20,611
Cash and Cash Equivalents, End of Period	\$ 3,444	\$ 3,444

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Erie County Medical Center Corporation

Key Statistics

Period Ended February 28, 2013

Current Period				Year to Date			
Actual	Budget	% to Budget	Prior Year	Actual	Budget	% to Budget	Prior Year
Discharges:				Discharges:			
873	891	-2.0%	850	1,830	1,878	-2.6%	1,769
113	112	0.9%	112	234	235	-0.4%	232
24	27	-11.1%	24	45	55	-18.2%	50
195	192	1.6%	201	388	403	-3.7%	411
26	36	-27.8%	29	57	69	-17.4%	52
1,231	1,258	-2.1%	1,216	2,554	2,640	-3.3%	2,514
Total Discharges				Total Discharges			
Patient Days:				Patient Days:			
6,088	5,303	14.8%	5,547	12,812	11,178	14.6%	11,807
435	358	21.5%	360	892	752	18.6%	798
486	515	-5.6%	484	952	1,049	-9.2%	958
2,465	2,511	-1.8%	2,475	5,131	5,271	-2.7%	5,323
689	858	-19.7%	808	1,542	1,644	-6.2%	1,470
10,163	9,545	6.5%	9,674	21,329	19,894	7.2%	20,356
Total Days				Total Days			
Average Daily Census:				Average Daily Census:			
217	189	14.8%	191	217	189	14.6%	197
16	13	21.5%	12	15	13	18.6%	13
17	18	-5.6%	17	16	18	-9.2%	16
88	90	-1.8%	85	87	89	-2.7%	89
25	31	-19.7%	28	26	28	-6.2%	25
363	341	6.5%	334	362	337	7.2%	339
Total ADC				Total ADC			
Average Length of Stay:				Average Length of Stay:			
7.0	6.0	17.2%	6.5	7.0	6.0	17.6%	6.7
3.8	3.2	20.4%	3.2	3.8	3.2	19.1%	3.4
20.3	19.1	6.2%	20.2	21.2	19.1	10.9%	19.2
12.6	13.1	-3.3%	12.3	13.2	13.1	1.1%	13.0
26.5	23.8	11.2%	27.9	27.1	23.8	13.5%	28.3
8.3	7.6	8.8%	8.0	8.4	7.5	10.8%	8.1
Average Length of Stay				Average Length of Stay			
1,182	-	-	3,882	5,217	4,154	25.6%	8,024
42	-	-	134	88	70	25.6%	134
SNF Days				SNF Days			
SNF ADC				SNF ADC			
Occupancy:				Occupancy:			
66.0%	62.0%	6.5%	60.7%	65.5%	61.3%	6.8%	61.7%
82.7%	76.1%	8.7%	79.8%	82.0%	80.7%	1.7%	78.7%
89.0%	76.1%	16.9%	81.4%	88.3%	80.7%	9.4%	82.1%
% of acute licensed beds				% of acute licensed beds			
% of acute available beds				% of acute available beds			
% of acute staffed beds				% of acute staffed beds			
Case Mix Index:				Case Mix Index:			
1.87	1.68	11.0%	1.93	1.86	1.74	6.7%	1.88
1.88	2.07	-9.4%	2.03	1.95	2.06	-5.0%	2.06
157	119	31.9%	130	347	218	59.2%	238
430	379	13.5%	377	857	829	3.4%	818
471	682	-30.9%	629	1,146	1,380	-17.0%	1,268
25,734	28,015	-8.1%	26,681	56,330	57,382	-1.8%	54,622
4,622	5,146	-10.2%	4,891	9,933	10,523	-5.6%	9,997
42.1	40.0	5.3%	39.0	42.1	40.0	5.3%	39.0
6.5%	6.2%	4.8%	6.4%	6.5%	6.2%	5.0%	6.6%
2,424	2,253	7.6%	2,352	2,481	2,293	8.2%	2,358
4.04	4.17	-3.1%	3.36	3.32	3.30	0.8%	1.63
\$ 12,582	\$ 11,660	7.9%	\$ 12,450	\$ 12,733	\$ 11,570	10.0%	\$ 12,307
\$ 15,810	\$ 14,372	10.0%	\$ 15,262	\$ 15,722	\$ 14,088	11.6%	\$ 15,224
Net Revenue per Adjusted Discharge				Net Revenue per Adjusted Discharge			
Cost per Adjusted Discharge				Cost per Adjusted Discharge			
Terrace View Long Term Care:				Terrace View Long Term Care:			
9,032	10,702	-15.6%	10,505	16,829	18,638	-9.7%	21,756
323	382	-15.6%	362	285	316	-9.7%	363
359	427	-15.9%	342	322	352	-8.8%	351
6.4	6.4	-0.4%	5.2	7.0	6.9	1.1%	5.9
Patient Days				Patient Days			
Average Daily Census				Average Daily Census			
FTE's				FTE's			
Hours Paid per Patient Day				Hours Paid per Patient Day			

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

Erie County Medical Center Corporation
Report to the Board of Directors
Ronald J. Krawiec, Senior Vice President of Operations
March 26, 2013

LABORATORY – JOSEPH KABACINSKI

Laboratory leadership and administration continue efforts to implement the ECMCC and Kaleida Health integrated laboratory service strategy. The project is on target with initial expected timelines. The venture will mirror the provision of Lab services at the Kaleida Health system where certain tests are sent to the central production laboratory at Flint Road and other tests remain at the essential services lab (ESL) at each hospital. The primary benefits accruing from a consolidated laboratory include a significant reduction in the cost of labor, equipment, supplies and consumables; conservation of capital resources; savings through group purchasing and use of common analyzer platforms; and a more robust Great Lakes' Laboratory growth strategy to increase market share.

The Information Systems team consisting of IT and Laboratory staff from both organizations has vetted several integrated Lab Information System solutions. A decision was made to use a hybrid model – reference lab model for clinical pathology with interfaces between ECMCC's Meditech system and a Cerner solution for anatomic pathology. The remaining array of workgroups with staff from ECMCC and KH will now be populated. The workgroups will be in areas of Operations and Logistics; Quality Assurance and Process Review; and Technical Capabilities and Technology. Supply chain personnel from KH and ECMCC are looking at common procurement options to reduce cost of consumables, reference lab testing and equipment. A meeting with financial leadership from KH and ECMCC to negotiate financial details is scheduled in April. A timeline for the project is in development and depends on the timetable for the completion of the IT solution.

In February of 2012, ECMC joined a Healthcare Association of New York State (HANYS) sanctioned class action against the NY State Department of Health seeking to recoup a portion of prior years Lab inspection and reference fees. We were recently informed that the lawsuit was successful and an \$18 million settlement will be split between the 30 labs participating in the lawsuit. The estimate is that each lab will receive a refund of approximately 54% of fees paid for the years the lawsuit covered - 2007-08, 2008-09, 2009-10, and 2010-11 (net of the attorney's share). During these years, we paid NY State lab fees of \$288,856.

The Department of Laboratory Medicine and Pathology will undergo three reaccreditation surveys in 2013. The surveys include the Joint Commission unannounced survey that can occur within a "window" between now and August 13, 2013. Our New York State accreditation survey is also due in the spring of 2013. This intense survey generally lasts for five days and is used by the federal CLIA program due to New York State's "deemed" status. In May 2013, we will undergo a survey by the American

Association of Blood Banks (AABB). The AABB survey lasts for three days and scrutinizes our Blood Bank and Lab Transfusion Medicine activities. Our AABB accreditation demonstrates our satisfaction of rigorous requirements established for excellence in Transfusion Medicine. All three surveys are for a two year period. The Department's approach to accreditation surveys is to always be in a state of perpetual readiness.

AMBULATORY SERVICES – BONNIE SLOMA

Ambulatory Care Reorganization: The re-organization of the leadership in Ambulatory Care continues. A Program Manager for the Cleve Hill Family Clinic started on January 25, 2013. Offers are being prepared for the Business Manager and two additional Program Managers to complete the restructuring of Ambulatory Administration.

Operational Initiatives: Our current Clinic Analysis Initiatives include: Back to Basics operations, Improved Staff Education, and Cleanliness Improvements.

Progress has occurred in the analysis of throughput and the impact on patient experience. Patient flow, to include triage of the patients to the clinics and support services is in review. This includes working with patient registration, Radiology, and Laboratory to improve throughput times and the coordination of patients. Patient schedules and staff schedules are being adjusted in order to improve the triage of patients throughout ambulatory visits.

In collaboration with the Allscripts Steering Committee, the intense preparation, training, and simulated testing for go-live of the EMR in the Internal Medicine Clinic (IMC) and the 4 sub-specialties went extremely well on March 18, 2013. It was a testament to the dedicated efforts and teamwork of all clinic staff.

In parallel, we have been completing the PCMH standards for IMC and Cleve Hill as part of our HEAL NY Grant. We are on target to easily meet level 2 requirements but are aiming for level 3. Our PCMH goals are to:

Improved Access to Care

- Creating same day access
- Developed IMC scheduling templates spreading appointments across sessions
- Examined drivers for no show statistics

Improved Continuity of Care

- Developed teams within Primary Care
- Attaching patients to teams improved continuity and coverage paths

Improved Patient Experience

- Improving wait time and patient throughput

The gap analysis is complete and implementation on target to meet the HEAL NY Grant requirements. Meetings with NYSDOH to be selected for the Behavioral Innovator site within our primary care clinics continue. We are also working with EMRS, HealthiER for case management from ER to Primary Care. The goal is to improve communication within primary care for at risk patients through case management and decrease ER visits and hospitalizations. The HealthiER and PCMH programs go hand in hand to improve continuity and follow-up of care in our patient population.



Chief Medical Officer

ERIE COUNTY MEDICAL CENTER CORPORATION
REPORT TO MEDICAL EXECUTIVE COMMITTEE
BRIAN M. MURRAY, MD, CHIEF MEDICAL OFFICER
MARCH 2013

UNIVERSITY AFFAIRS

This week will see the investment of the new Chair for the Department of Microbiology, Dr James Bangs.

Searches continue for new Chairs in Orthopedics and Family Medicine. Dr. Philip Stegemann has been appointed interim Chair for Orthopedics and Dr. Dan Morelli, interim Chair for Family Medicine.

PROFESSIONAL STEERING COMMITTEE

A meeting of the Committee took place on Monday, March 18th. A verbal report will be provided by the CMO.

MEDICAL STAFF AFFAIRS

See separate report by Sue Ksiazek for full details.

CLINICAL ISSUES

UTILIZATION REVIEW	December	January	February	vs. 2012 YTD
Discharges	907	957	872	up 2.8%
Observation	150	190	157	up 50.2%
LOS	6.5	6.6	6.5	down 2.9%
ALC Days	212	306	326	down 48.4%
CMI	2..15	1.94	1.92	down 5.2%
Surgical Cases	831	868	899	down 4.0%
Readmissions (30d)	NA	NA		

CARDIOVASCULAR SERVICES.

As of March 1st ECMC has ceased performing open heart surgery and percutaneous cardiac interventions. 5 patients have been transferred to the GVI for such procedures and one trauma patient has been operated on by the on-call cardiac surgeon though the patient did not need bypass.

DELINQUENT CHARTS

This month the level of delinquent charts again rose to more than 900 with one practitioner having as many as 90 delinquent charts. Letters were sent by the President and CMO to seven individuals who had been on the delinquent list for >90 days and had >20 charts delinquent warning them that unless these charts were completed by march 31st they would be referred to the Medical Executive Committee for corrective action. Some issues with pDoc have arisen that we are trying to address also.

NEW CMS RULES ON ORDERING/REFERRING PHYSICIANS

Effective **May 1, 2013**, CMS will turn on the edits to deny Part B, DME, and Part A HHA claims that fail the ordering/referring provider edits. Once the edit activates, if the billed service requires an ordering/referring provider and the ordering/referring provider is not identified on the claim, the claim will not be paid. If the ordering/referring provider is identified on the claim, but is not enrolled in Medicare, the claim will not be paid. In addition, if the ordering/referring provider is identified on the claim, but is not of a specialty that is eligible to order/refer, the claim will not be paid. CMS encourages laboratories, imaging centers, DMEPOS suppliers, and HHAs to work with their ordering/referring providers to ensure they are prepared for this change.

The Affordable Care Act requires physicians or other eligible professionals to enroll in the Medicare Program to order/refer items or services for Medicare beneficiaries. Since some physicians or other eligible professionals do not and will not send claims to a Medicare Contractor for the services they furnish, and, therefore are not enrolled in the Medicare Program, the Centers for Medicare & Medicaid Services (CMS) permits such physicians or other eligible professionals to enroll for the sole purpose of ordering/referring items or services for Medicare beneficiaries.

The following types of physicians and non-physician practitioners of a certain specialty type should use **Form CMS-8550 or its Internet-based PECOS** equivalent to enroll in Medicare for the purpose of ordering/referring items or services for Medicare beneficiaries:

- Physicians/practitioners employed by Indian Health Service (IHS) or tribal organizations;
- Physicians/practitioners employed by Medicare-enrolled Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), or Critical Access Hospitals (CAHs);
- Physicians/practitioners employed by the Department of Defense (DOD)TRICARE program;
- Physicians/practitioners employed by the Department of Veterans Affairs (DVA);
- Physicians/practitioners employed by the Public Health Service (PHS);
- Dentists, including oral surgeons;
- Pediatricians; and
- **Interns, residents, and fellows.**

NOTE: The Final Rule mandates that all interns and residents who order/refer specify the name and National Provider Identifier (NPI) of a teaching physician on the

claim. The Final Rule states that state-licensed residents may enroll to order/refer and may be listed on claims. Claims for covered items and services from unlicensed interns and residents must still specify the name and NPI of the teaching physician. However, if states provide provisional licenses or otherwise permit residents to order/refer services, CMS allows interns and residents to enroll to order/refer, consistent with State law.

SEQUESTRATION CUTS TAKE EFFECT APRIL 1ST

CMS formally issued guidance Friday on how the agency will implement budget sequestration for Medicare providers. In general, Medicare Fee For Service claims with dates-of-service or dates-of-discharge on or after April 1, 2013, will incur a 2 percent reduction in Medicare payment. Beneficiary payments for deductibles and coinsurance are not subject to the 2 percent payment reduction.

CHOOSING WISELY RECOMMENDATIONS FOR HOSPITAL MEDICINE

The Society of Hospital Medicine (SHM) created a Choosing Wisely® subcommittee comprised of representatives of the Hospital Quality and Patient Safety committee and included diverse representation of academic, community and adult hospitalists. SHM committee members submitted 150 recommendations for consideration, which were discussed for frequency of occurrence, the uniqueness of the tests and treatments and whether the cost burden for a specific test or treatment proved to be significant, narrowing the list to 65 items. The Choosing Wisely subcommittee ranked these items and a survey was sent to all SHM members to arrive at 11 recommendations of which the final five were determined utilizing the Delphi method. SHM's Board approved the final recommendations.

1. Don't place, or leave in place, urinary catheters for incontinence or convenience or monitoring of output for non-critically ill patients (acceptable indications: critical illness, obstruction, hospice, perioperatively for <2 days for urologic procedures; use weights instead to monitor diuresis).
2. Don't prescribe medications for stress ulcer prophylaxis to medical inpatients unless at high risk for GI complications.
3. Avoid transfusions of red blood cells for arbitrary hemoglobin or hematocrit thresholds and in the absence of symptoms of active coronary disease, heart failure or stroke.
4. Don't order continuous telemetry monitoring outside of the ICU without using a protocol that governs continuation.
5. Don't perform repetitive CBC and chemistry testing in the face of clinical and lab stability.



Senior Vice President of Nursing

ERIE COUNTY MEDICAL CENTER CORPORATION

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

February, 2013

BLS Survey:

Our Basic Life Support Program was surveyed earlier this month by the American Hospital Association, which resulted in accreditation for another year.

Career Fair:

The Department of Nursing participated in a Career Fair held on February 23rd at Bennett High School. The program, targeting high school juniors and seniors, was designed to assist students and their parents in considering the field of Nursing as a career path in their College preparation.

Community Outreach / Trauma Education:

Linda Schwab, ECMC's Trauma Nurse Coordinator, was a featured guest on the "Great Lakes Health Radio Show" on February 20th. Linda spoke on the topic of "Trauma and Burn Prevention". Similar presentations at other venues are scheduled for the coming months.

Linda Schwab attended the ACS Annual Trauma Quality Improvement Meeting, February 16th to the 19th, in Philadelphia.

Emergency Nursing Open House:

An Open House was held on February 20th from 5 pm to 9 pm for area registered nurses to learn about the specialty of ER Nursing. The event included a tour of the department. The event was coordinated by Karen Beckman, RN and Donna Oddo, RN.

HIV/AIDS Education Program:

On February 26th a program sponsored by the HIV/AIDS Western Region Education Committee was held on the topic of "New York State Testing Law Regulations". ECMC faculty presenters were Lori Anthony, RN and Mary Goodspeed, RN, BS of our Immunodeficiency Department.



Vice President of Human Resources

ERIE COUNTY MEDICAL CENTER CORPORATION
BOARD OF DIRECTORS
MINUTES OF THE HUMAN RESOURCES COMMITTEE MEETING

TUESDAY, MARCH 12, 2013

ECMCC STAFF DINING ROOM

VOTING BOARD MEMBERS PRESENT OR ATTENDING BY CONFERENCE TELEPHONE:	BISHOP MICHAEL BADGER, CHAIR MICHAEL HOFFERT	FRANK MESIAH JODY LOMEIO
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BOARD MEMBERS EXCUSED:	JOSEPH ZIZZI, SR., M.D. RICHARD BROX
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ALSO PRESENT:	KATHLEEN O'HARA CARLA DICANIO-CLARKE JANET BULGER NANCY TUCKER JENNIFER VALENTIN	BEN LEONARD KAREN HORLACHER DENNIS ZGODA NANCY CURRY
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I. CALL TO ORDER

Chair Bishop Michael Badger called the meeting to order at 9:35 a.m.

II. RECEIVE & FILE

Moved by Frank Mesiah and seconded by Michael Hoffert to receive the Human Resources Committee minutes of the January 8, 2013 meeting.

III. CSEA NEGOTIATIONS

ECMCC and CSEA have reached an agreement that is a sub-agreement to the contract between Erie County and CSEA. 80% of eligible employees turned out for the vote on March 7, 2013. 516 persons voted yes, while 320 persons voted no. Representatives from CSEA have met with ECMCC representatives to discuss implementation of the new provisions.

IV. NYSNA NEGOTIATIONS

There is a negotiation session scheduled for March 12, 2013 to discuss financial information.

V. BENEFITS AND WELLNESS

Nancy Tucker reported that she expects significant movement to the Value medical insurance plan due to the contract ratification. She also stated that she expects some employees to remove their dependants from their plans. A general announcement will go out today (March 12, 2013) regarding a special open enrollment for insurance as the contract ratification is a qualifying event. Ms. Tucker also reported that many employees will opt to retire. She will be holding informational meetings regarding retiree health insurance. Retirement applications and benefits can be processed here at ECMCC.

There are wellness activities scheduled for Terrace View. Spinning classes are being held in the fitness center. National Walk at Lunch will take place April 24th. It will be marketed as "Meeting in the Middle" and the sign up table that was previously located in front of HR in the hospital, will be moved to the hallway that connects Terrace View and the hospital.

ERIE COUNTY MEDICAL CENTER CORPORATION

VI. WORKERS COMPENSATION UPDATE

The Workers Compensation Report was distributed. There will be a power point presentation in regards to Workers Comp statistics at the next meeting.

VII. NURSING TURNOVER REPORT

Kathleen O'Hara presented a power point regarding Nursing Turnover. 8 North, 11 Zone 4 and the Emergency Department have the highest turnover. The biggest reasons for turnover are leaving for a new job and retirement.

January Hires – 4 FTES, 2 FTES Med/Surg & 2 FTES Behavioral Health. (3.5 LPN FTES hired, 1 FTE Med/Surg, 2.5 FTES Behavioral Health)

January Losses – 6 FTES – 3 FTES Med/Surg (1 FTE new job), 2 FTES Critical Care (2 FTES relocation), 1 FTE QA (retire)

Turnover Rate .8% (.66% without retirees)

Quit Rate .8% (.66% without retirees)

Turnover Rate YTD .8% (.66% without retirees) .53% 2012

Quit Rate YTD .8% (.66% without retirees) .53% 2012

February Hires – 6 FTES & 1PT, 4.5 FTES & 1 PT Med/Surg, 1.5 FTES Behavioral Health. 10 FTES & 1 PT hired YTD (2 LPN FTES hired Med/Surg, 5.5 LPN FTES hired YTD)

February Losses – 5.5 FTES – 1FTE Behavioral Health resigned in lieu of term, 1 FTE ED relocation, 1 FTE Critical Care relocation, 1 FTE Hemo resign, 1 FTE OR transfer to Health Dept. & .5 FTE Clinics retired. 11.5 FTES lost YTD

Turnover Rate .73% (.66% without retirees)

Quit Rate .6% (.53% without retirees)

Turnover Rate YTD 1.53% (1.32% without retirees) .79% 2012

Quit Rate YTD 1.4% (1.19% without retirees) .66% 2012

March Hires – 4.5 FTES & 1 PT, 4.5 FTES Med/Surg. 14.5 FTES & 2 PT hired YTD. (1 LPN FTE hired Med/Surg, 6.5 LPN FTES hired YTD)

VIII. EMPLOYEE TURNOVER REPORT

The employee turnover report was distributed. Turnover is fairly low, although it should spike in the next few months due to retirements.

IX. RECRUITMENT ACTIVITIES

Representatives from Lifeline, HR, Terrace View and Morrisons attended the Masten District Job fair at the Delevan-Grider Community Center.

X. CONSOLIDATION OF SERVICES

ECMCC and Kaleida Health met with CSEA, CWA and SEIU to discuss Perfusion services. CWA and SEIU do not want to create an agreement on perfusion services without a global agreement for future consolidations. Kathleen O'Hara explained that a bridging agreement would be difficult due to civil service regulations.

ERIE COUNTY MEDICAL CENTER CORPORATION

XI. TERRACE VIEW

Terrace View opened on February 9, 2013. Nancy Curry reported that she is continuing to hire for several areas. Training is taking place on the new equipment and new procedures. Management will continue to hold open discussions/staff meetings to improve communication. Discussion ensued regarding morale at Terrace View. Bishop Michael Badger suggested holding an orientation to bring staff from ECH and ECMC together.

XII. ADJOURNMENT

Moved by Michael Hoffert to adjourn the Human Resources Committee at 10:30am. Motion seconded by Frank Mesiah.



Chief Information Officer



HEALTH INFORMATION SYSTEM/TECHNOLOGY

March 2013

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

Clinical Automation/Strategic Initiatives.

Great Lakes Health Care System - Lab Integration. As stated in previous communications, Kaleida and ECMC's IT and Laboratory Management team has been deliberating on the type of IT model that will support the integration of the laboratory services within the timeframe required and continuing to support our clinicians and patients. The committee unanimously agreed to support the reference model for all chemistry, microbiology and general laboratory tests. Pathology will transition over to the Cerner Pathnet solution. Once we have successfully completed this, we will collaboratively re-evaluate next steps. The team will begin aligning resources and develop timelines as soon as possible. I will continue to provide you updates on this project on a routine basis.

ECMC Cellular Infrastructure Coverage. Over the past several months we have identified three possible solutions to solve our cellular coverage issue. The first involved having each cellular vendor (AT&T, Verizon, Sprint, etc.) build separate and distinct cellular networks within our campus (inefficient and disruptive), secondly, purchase our own cellular infrastructure and hope that each vendor will come (really expensive and most likely not to happen) or thirdly, find a vendor that will invest in building a 'vendor neutral' cellular infrastructure on our campus and work with the other vendors to utilize the same technology/network. The third option was the most attractive to ECMC but had not been successful accomplished in any WNY hospitals systems that we are aware of.

We are happy to inform you that Verizon has agreed to invest into ECMC campus by fully upgrading and expanding its infrastructure/technology allowing us to improve our cellular coverage on our campus. In addition, we have received written confirmation from AT&T that they will activity participate and collaborate with Verizon to utilize the same infrastructure on our campus. This will be at no charge to ECMC or to our customers. This will improve coverage for AT&T and Verizon cellular carriers only.

What this will not do is improve service for our customers that use other cellular carriers such as Sprint or T-Mobile, etc. We have reached out to the other carriers on several occasions but have not received any interest or response. Once we move the first portion of the project along, we will again reach out to the other vendors to seek partnership. We will communicate timeline and status of this project once the contracts have been finalized.

Allscripts Ambulatory Clinic Electronic Medical Record. Working collaboratively with business and clinical owners, we have successfully gone live with a full electronic medical record within the Internal Medicine Clinic and four sub-specialist clinics. Including in this go live was the introduction of the Radiology bi-directional interface, re-design of several workflows supporting PCMH and team approach patient care, re-alignment of physician care guides and streamline documentation and re-design training

component. Go live support and education will continue for the next several weeks. Congratulations to the entire team on a job well done.

ARRA Meaningful Use - Inpatient and Outpatient Report Card. Continue to monitor MU stage 1 for inpatient through the Clinical Informatics Steering Committee. In preparation for MU Stage 2.

Inpatient Computer Physician Order Entry (CPOE) and Medication Reconciliation. The team is preparing for the Rehabilitation unit as the first pilot area for inpatient POM and limited role out of Medication Reconciliation for April 8th.



Sr. Vice President of Marketing & Planning

Marketing and Development Report
Submitted by Thomas Quatroche, Jr., Ph.D.
Sr. Vice President of Marketing, Planning and Business Development
March 26, 2013

Marketing

New image “It’s happening here” campaign underway
Further marketing efforts for Regional Center of Excellence in Transplantation and Kidney Care underway

Planning and Business Development

Cardiac CON for PCI and EP transfer submitted
Operation room expansion planning meetings in progress
Medical Office Building CON filed
Planning underway for Orthopedic Floor
Coordinating integration of cardiac services with GVI
Working with Professional Steering Committee
Developing primary care and specialty strategy and have had multiple confidentiality agreements signed
Primary care practices growing and specialties seeing patients at locations

Media Report

- **Buffalo Business First; The Buffalo News: ECMC and major union reach five-year labor agreement.** The agreement with the Civil Service Employees Association (CSEA) covers employees working on the campus in both medical and non-medical positions. Jody Lomeo is quoted.
- **The Buffalo News; Buffalo Business First; WKBW-TV, Channel 7: Kaleida Health, ECMC will integrate cardiac services at Gates Vascular.** A year after opening its Gates Vascular Institute, Kaleida Health and Erie County Medical Center have announced they will integrate all cardiac services at the site. Dr. Brian Murray and Jody Lomeo are quoted.
- **Buffalo Business First: Nod given to Buff Gen Psych unit switch to ECMC.** A plan to consolidate Buffalo General Medical Center’s adult psychiatric health services at Erie County Medical Center will move forward, following notification of state approval.
- **Buffalo Healthy Living: U.S. News names ECMC Dr. Thom Loree a highly rated Top American Doctor in Plastic and Reconstructive Surgery.** Within the list of best plastic surgeons, 193 have been named to a highly selective list of America’s Top Doctors (ATD), including Dr. Thom Loree, by achieving national recognition for outstanding work.
- **WGRZ-TV, Channel 2: Another WNYer Steps Forward to Donate a Kidney.** After seeing several stories about kidney donors, including former ECMC employee Diane Bookhagen, Pete Steffan decided to donate his kidney to a stranger.
- **The Buffalo News, Real Estate Rama; Niagara Frontier Publications: NYSERDA invests in UB, ECMC energy efficiency projects.** The New York State Energy Research and Development Authority was awarded nearly \$4 million to support three energy efficient projects in the Buffalo Niagara region, including two at Erie County Medical Center and one at the University of Buffalo.

Community and Government Relations

Lifeline Foundation Mobile Mammography Unit has screened over 800 women
Several tours held with community leaders and potential donors
Continuing to work with other PBC hospitals on legislation and advocacy efforts and currently working with them on “pension smoothing” efforts
Working with other NY State PBC’s on NYS Medicaid waiver.



Executive Director, ECMC Lifeline Foundation

Springfest **Pre-Party**

Join Us



Tuesday, April 23, 2013

Salvatore's Italian Gardens

6461 Transit Road, Depew

5:30p.m.-8:30p.m.

Hors d'oeuvres

Open Bar

Carving Stations

\$25.00 per person

Limited # of advance sale admission tickets available

Business Casual Attire

Amazing Auction Items

Justin Bieber Tickets, Flat Screen TV, iPad Mini, Airline Tickets, Golf Packages, Jewelry, Spa Packages, Electronics, Home Décor, Family Fun, Dining Certificates, Sports Memorabilia & Tickets, Sabres Suite, One of a Kind Experiences & MUCH MORE!

REVERSE RAFFLE DRAWING

\$10,000 GRAND PRIZE

\$15,000 IN PRIZES AWARDED

Raffle Tickets still available at \$100—Only 300 will be sold!

ONE FREE party admission per raffle ticket purchased

ECMC Lifeline Foundation G-1

sroeder@ecmc.edu

898-5800

presented by:

Rethink Possible



Name

Address

Zip

Cash Check (payable to ECMC Lifeline Foundation)



CVB # _____

Card #

Exp Date

Name on Card (If different from above)

Billing Address for Card (If different from above)

Zip



_____ No. of Tickets x \$100

Benefits
ECMC Lifeline
Foundation

Springfest Pre-Party \$10,000 CASH GRAND PRIZE RAFFLE

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

Numbered ticket (s) will be mailed to you along with one complimentary ticket to the Springfest Pre-Gala Party & Auction on April 23rd at Salvatore's Italian Gardens. Winners to be drawn at Pre-Gala Party. Winners need not be present to win.

\$100.00 Donation

82 of 107
Benefits
ECMC Lifeline
Foundation



Supporting the
illness medical services of ECMC

NEW BUSINESS

OLD BUSINESS



Medical-Dental Executive Committee

**MEDICAL EXECUTIVE COMMITTEE MEETING
MONDAY, FEBRUARY 25, 2013 AT 11:30 A.M.**

Attendance (Voting Members):

Amsterdam, Daniel, PhD	Ebling, Nancy, D.O.	Pranikoff, Kevin, MD
Bakhai, Yogesh, MD	Ferguson, Richard, MD	Reidy, James, MD
Barnabei, Vanessa, MD	Flynn, William, MD	Stegemann, Philip, MD
Belles, William, MD	Gogan, Catherine, DDS	Venuto, Rocco, MD
Bennett, Gregory, MD	Hall, Richard, MD	
Chopko, Michael, MD	Izzo, Joseph, MD	
Davis, Howard, MD	LiVecchi, Mark, MD	
Desai, Ravi, MD	Loree, Thom, MD	
DeZastro, Timothy, MD	Manka, Michael, MD	
Downing, Stephen, MD	Panesar, Mandip, MD	

Attendance (Non-Voting Members):

Stansberry, Andrew, PA	Cleland, Richard (COO)	
Murray, Brian, MD	Sammarco, Michael (CFO)	
Fudyma, John, MD	Feidt, Leslie (CIO)	
Lomeo, Jody (CEO)	Gerwitz, Randy	
Orlick, Arthur, MD	Krawiec, Ronald	
Ziemianski, Karen, MS,RN	Victor-Lazarus, Ann, MS, RN	

Excused:

Azadfard, Mohammadreza, MD	Ksiazek, Susan	
Cloud, Samuel, D.O.	Ludlow, Charlene, MS, RN	
Dashkoff, Neil, MD	Cain, Michael, MD (Dean)	
Kowalski, Joseph, MD		
Schuder, Robert, MD		
Woytash, James, MD		

Absent:

None		

I. CALL TO ORDER

- A. Dr. Richard Hall, President, called the meeting to order at 11:40 a.m. Dr. Hall welcomed Dr. Vanessa Barnabei, Chair and Chief of Service, OB/GYN services.

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

- A. The Seriously Delinquent Records report was included as part of Dr. Hall’s report. Dr. Murray advised the Committee that an email is now being sent to all providers who have incomplete charts with details to encourage more timely completion of records. Thanks to the HIM, IT departments and the Medical Staff office who coordinated this report and process.

III. CEO/COO/CFO BRIEFING

A. CEO REPORT -

1. **CSEA AGREEMENT** – A tentative agreement has been drafted with CSEA and it is an historical agreement directly with the hospital and no longer combined with the County. It is an agreement that recognizes the fact that most CSEA members have not seen a pay increase in 7 years and recognizes the future liabilities of the hospital and what we need to do to be viable. Mr. Lomeo reports it as a win/win agreement and it will be voted on in March.
2. **TERRACE VIEW SUCCESSFUL OPENING**- Congratulations to all who participated in the grand opening and safe transfer of the residents.
3. **2012 FINANCIALS** – Mr. Lomeo reports the very good news that the hospital finished with an operating surplus of \$1 million.
4. **GREAT LAKES HEALTH UPDATE** – The cardiovascular collaboration is nearly complete and is expected to be fully integrated soon. Behavioral Health plans continue and talks with Kaleida are underway to establish the plan for collaboration and the new CPEP should be up and running by January 2014. Consolidation of lab services will be undertaken shortly with ECMC hosting the “super lab” for Great Lakes Health.

B. COO’S REPORT – Richard Cleland, COO

- a. **JOINT COMMISSION** - It is anticipated that the Joint Commission will survey anytime after April 1 so preparations are underway to ensure the hospital is ready.
- b. **TERRACE VIEW OPENING** – Mr. Cleland thanks everyone for their assistance in the transfer of patients with over 100 volunteers who made it possible. The residents are settling into their new home.
- c. **BEHAVIORAL HEALTH** – Construction began in January to complete the new CPEP. ECMC is working with its Kaleida partners to ensure a successful merge of these programs.
- d. **TRANSITIONAL CARE UNIT** – Plans are underway and the unit should be operational shortly. More information will be provided at next month’s meeting.

C. FINANCIAL REPORT – Michael Sammarco, CFO

- a. **2012** - Some end of the year adjustments enabled the hospital to finish with an operating surplus.
- b. **January 2013** – It was a very busy month with high volumes but lower discharges resulting in a \$500,000 loss. The Erie County

Home experienced a \$1 million loss in its last month of operation in Alden.

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

A. UNIVERSITY AFFAIRS

Dr Richard Quigg, the new UB Chair for Nephrology has assumed his duties as of early January, He will be formally installed as the Arthur M. Morris Professor of Medicine and Chair of Nephrology on Thursday March 7th.

The Office of GME has developed a more formal process for the approval of Outside the Annual Plan (OAP) rotations for residents. This process requires completion of a formal application outlining the basis for the request and the process will likely take up to 3 months. The criteria for approval, particularly for offsite rotations outside UB affiliated hospitals, will largely be based on whether the offsite rotations are required for completion of the resident’s training and cannot be provided in a UB affiliated hospital.

B. PROFESSIONAL STEERING COMMITTEE

Next meeting will be in March.

C. MEDICAL STAFF AFFAIRS

See separate report by Sue Ksiazek for full details.

D. CLINICAL ISSUES

UTILIZATION REVIEW	November	December	January	vs. 2012 YTD
Discharges	892	907	957	up 5.0%
Observation	165	150	190	up 36.4%
LOS	6.2	6.5	6.6	down 3.8%
ALC Days	391	212	306	down 92.5%
CMI	2.08	2.15	1.94	down 5.7%
Surgical Cases	855	831	868	down 0.6%
Readmissions (30d)	Na	NA		

E. CARDIOVASCULAR SERVICES

ECMC has been working with the New York State Department of Health and Kaleida Health to integrate ECMC cardiac services with the Gates Vascular Institute (GVI) to improve cardiac care in our region, continue to support the clinical success of ECMC’s Trauma Center, and advance the expertise offered by the GVI.

This integration was developed and recommended by the Professional Steering committee made up of physicians from both ECMC and Kaleida. This resulted in the decision to integrate ECMC with the GVI to create one cardiac program at two sites: The ECMC Health Campus and the GVI at the Buffalo General Medical Center. While ECMC will continue to have full cardiology medical services and diagnostic catheterization services, the following areas will be integrated with the Global Vascular Institute in order to meet deadlines set by the Department of Health:

1. Cardiovascular Services. Coronary Artery Bypass Graft (CABG) or “open heart” surgeries performed electively at ECMC will be integrated with the GVI. ECMC, in conjunction with the Gates Global Vascular Institute, will have the capability to perform emergency CABG for Trauma patients. ECMC will also have full Cardio Thoracic physician call and capabilities for Trauma patients. This integration will occur by 3/1/13.
2. Percutaneous Coronary Intervention (PCI). Elective and emergency PCI at ECMC will be integrated with the GVI. These services will be performed by the Gates Vascular Institute. ECMC will still provide angiography and diagnostic catheterization in its existing labs. This integration will occur by 3/1/13.
3. Electrophysiology (EP). EP services at ECMC will be integrated with the GVI. This service will be integrated at the Gates Vascular Institute. This integration will occur by 6/1/13.

ECMC and its physicians have been meeting to ensure that appropriate care is delivered in the appropriate setting. Nursing has also developed a protocol for the safe transfer of patients in the case of an emergency.

F. SUPPLEMENTAL INSURANCE

New York State has altered its policy on providing supplemental malpractice insurance for hospital-based physicians due to potential shortage of funds. The number of physicians that a hospital can obtain coverage for under this program is now capped based on historical numbers.

F. SUPPLEMENTAL INSURANCE, continued

ECMC has been impacted as follows:

ECMC requested coverage for 165 doctors affiliated under this program for the 2012-2013 year but was only granted 157 . Of those 110 were doctors who had been in the program for >3 years and were “grandfathered” and only 47 additional slots were allocated. The hospital has therefore had to select, largely on the basis of potential exposures the 48 physicians that it will select for this additional level of coverage. Other physicians should they desire can obtain this coverage but it would be at their own expense.

G. DELINQUENT CHARTS

The CMO’s office is working with HIM and IT to improve the accuracy of our Incomplete Record List and our ability to communicate it to our physicians. IT has built a report that has a selectable list of providers that have an incomplete record in Meditech. Once providers are selected it will show all relevant information about the record that makes it incomplete by provider. This list can now be sent out to each provider on a regular basis to inform them of this.

Instead of mailing/faxing the notice every two weeks, we are compiling a complete list of relevant emails which could be set to receive the list daily/weekly/monthly. Chiefs are urged to make sure that their physicians have provided the Medical Staff Office with current functioning emails.

H. PARKING UPDATE

The current ramp utilization plan includes multiple subgroups, Monthly Parkers, Employee Physicians, Non Employee Physicians, Non Employee Mid Levels, and Residents.

Executive Management has decided to view Monthly Parkers, Physicians and Mid-Levels as one larger group, which is authorized to park at any level within the ramp. The second group, Residents will be limited to available spaces on the 5th tier.

This approach maximizes efficient use of the ramp sacrificing the structured parking ramp hierarchy. This approach would not require a forced reduction in current Monthly Parkers.

I. JOINT COMMISSION PREPARATION – Dr. Murray reminded providers to sign, date, time orders, sign telephone orders, and document appropriately the universal timeout, particularly outside of the operating room.

VII. ASSOCIATE MEDICAL DIRECTOR REPORT – John Fudyma, MD

- A. **ALLSCRIPTS IMPLEMENTATION IN PRIMARY HEALTH CLINIC** – Dr. Fudyma reports that training will begin next month and implementation is expected shortly thereafter as part of a conversion to a Patient-Centered Medical Home.
- B. **COHORTING** – Dr. Fudyma advised that a more robust cohorting program is being implemented to improve communication with patients and make care more efficient.
- C. **PATIENT EXPERIENCE** – Continued improved individual physician reports are forthcoming from NRC Picker. Dr. Fudyma has already met with a number of Chiefs of Service and provided them with their department’s data.

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

- A. Ms. Ksiazek’s written report was received and filed.
- B. **MEDICAL LEADERSHIP EDUCATION PROGRAM – MARCH 6, 2013** – Saturn Club. RSVPs look strong and program content will be finalized this week.

IX. LIFELINE FOUNDATION – Susan Gonzalez

- A. **SPRINGFEST** – The following staff have been selected to be honored at the Springfest event - Dr. Michael Manka - Physician Honoree, Peggy Cramer - Nurse Honoree and Doug Baker - Distinguished Service honoree.
- B. **PHYSICIAN’S FUND** - A new raffle is being instituted that will benefit the Springfest. Each ticket is \$100 and enters the contributor in a raffle to win up \$15,000 in cash prizes and grants them access to a Springfest pre-party where the drawing will take place.

X. CONSENT CALENDAR

	MEETING MINUTES/MOTIONS	ACTION ITEMS
A.	MINUTES OF THE Previous MEC Meeting: January 28, 2013	Received and Filed
1.	CREDENTIALS COMMITTEE: Minutes of February 5, 2013	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
	Paul Tomljanovich, MD <i>Departmental appointment sought for specific procedural expertise. The applicant does not possess Board Certification and is not board eligible. The</i>	Extracted for discussion.

	MEETING MINUTES/MOTIONS	ACTION ITEMS
	<i>committee advises the Chief of Service to provide justification and petition the Medical Executive Committee for an exception and defers action until received. Placed on the Consent Calendar for discussion.</i>	
1.	HIM Committee: Minutes of January 24, 2013	Received and Filed
	1. Dysplasia Clinic – Patient Instructions	Reviewed and Approved
	2. Outpatient Anal Dysplasia Clinic and Pre-Op Procedure Note	Reviewed and Approved
	3. High Resolution Anoscopy Procedure Form	Reviewed and Approved
	4. Anal Biopsy	Reviewed and Approved
2.	P & T Committee Meeting – February 6, 2013 Minutes	Received and Filed
	1. Doxycycline Oral Shortage Interchange to Minocycline Oral – approve temporary Therapeutic Interchange	Reviewed and Approved
	2. Abbott Nutritionals Proposed Falls Algorithm for Acute Rehab. – approve algorithm	Reviewed and Approved
	3. Stribild® -add to Formulary	Reviewed and Approved
	4. TI-06 - Automatic Dose Correction for Ciprofloxacin – approve revision	Reviewed and Approved
	5. TI-23 Sleep Aids – approve revision	Reviewed and Approved
	6. TI-53 – Oxymorphone - approve revision	Reviewed and Approved
	7. IV-03 - Med. Admin by RN in CC areas - approve revision	Reviewed and Approved
	8. F-01 - Pharmacy and Therapeutic Committee - approve review	Reviewed and Approved
	9. F-25 – Medication Hold During Hospitalization - approve review	Reviewed and Approved
	10. F-26 – Gray Market Pharmaceuticals- approve review	Reviewed and Approved
	11. IV-02 - Med. Admin by MD & RN - approve review	Reviewed and Approved
	12. IV-04 - Med. Admin in Presence of a Physician by CC RN - approve review	Reviewed and Approved
	13. TI- 01 - Proton Pump Inhibitors - approve review	Reviewed and Approved
	14. TI- 08 - Intranasal Corticosteroids - approve review	Reviewed and Approved
	15. TI-35 - Vaginal Antifungal Agents - approve review	Reviewed and Approved
	16. TI-44 - Antibiotic Extended Infusion - approve review	Reviewed and Approved
	17. TI-49 – Injectable Vitamin D Analogs - approve review	Reviewed and Approved
	18. TI-50 – Fenofibrate - approve review	Reviewed and Approved
	19. TI-51– Urinary Anticholinergics - approve review	Reviewed and Approved
	20. TI-52 – Carisoprodol - approve review	Reviewed and Approved
	21. TI-54 – Doxercalciferol IV to PO – delete Policy	Reviewed and Approved
	22. TI-55 – Oral Vitamin D Analogs - approve review	Reviewed and Approved

X. CONSENT CALENDAR, CONTINUED

EXTRACTION: Appointment of Paul Tomljanovich, MD

Departmental appointment sought for specific procedural expertise. The applicant does not possess Board Certification and is not board eligible. The committee advises the Chief of Service to provide justification and petition the Medical Executive Committee for an exception and defers action until received.

Dr. Loree provided background on the provider to the Committee. After reviewing the credentials of the provider, the Committee voted on the appointment with the exception of Board Certification/Board Eligible requirement as stated in the Medical Staff Bylaws.

MOTION: Approve appointment of Paul Tomljanovich, MD to the Department of Plastics and Reconstructive Surgery with the exemption of Board Certification/Board Eligibility requirement based upon the Chief of Service's recommendation and the expertise of the provider presented.

MOTION UNANIMOUSLY APPROVED.

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

MOTION UNANIMOUSLY APPROVED.

- B. **Privilege Forms for Extenders** – Dr. Izzo requests that the revision of these forms be expedited by the Credentials Committee. Dr. Hall assured that he will bring the matter to the next Credentials Committee meeting.

XII. OLD BUSINESS

- A. **NONE**

XIII. NEW BUSINESS

- A. **RADIOLOGY JOB DESCRIPTIONS** –
MOTION received from Dr. Timothy DeZastro to approve the list of radiology job descriptions as submitted.

MOTION UNANIMOUSLY APPROVED.

- B. **MOTION: Approve POLICY – Transfer of Internal Patients Between Clinical Services.**

MOTION UNANIMOUSLY APPROVED.

- C. **MOTION: Approve POLICY – Safe Handling of Hazardous Drugs.**

MOTION UNANIMOUSLY APPROVED.

- D. **MOTION: Approve POLICY – Student, Professional Visitors, and Licensed Professionals Access Policy.**

Discussion ensued and some minor edits will be made. Motion amended to include edits of expanding wording to medical/dental/nursing/therapy and other clinical students.

MOTION UNANIMOUSLY APPROVED.

XIV. ADJOURNMENT

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

Respectfully submitted,

A handwritten signature in black ink, appearing to be 'Khalid Malik', written in a cursive style.

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

Reading Material



**From the
Chief Executive Officer**

This was printed from Business First

Next Article: [Ingall is promoted from Geico's Getzville operation](#)
Mar 12, 2013, 11:31am EDT Updated: Mar 12, 2013, 2:43pm EDT

ECMC and major union reach five-year labor agreement



[Tracey Drury](#)

Buffalo Business First Reporter- *Business First*

[Email](#) | [Twitter](#)

[Erie County Medical Center](#) Corp. and the union representing its 1,267 employees have ratified a new, five-year contract.

The agreement with the Civil Service Employees Association (CSEA) covers employees working on the campus in both medical and nonmedical positions, including billing, technical support and licensed practical nursing.

The separate agreement, ratified during a March 7 vote, was necessary because the hospital no longer operates as a county department, but as an independent, \$475 million health care business. According to a joint statement from the hospital and union, the agreement puts ECMC Corp. in a better position to collaborate and compete in the health care marketplace.

In the media statement, ECMC CEO [Jody Lomeo](#) said the new agreement better positions the hospital for the changing health care marketplace, allowing it to collaborate where appropriate and compete where necessary.

Union leaders too lauded the new agreement.

"ECMC's CSEA employees have played a significant role in the development and transformation of the ECMC Health Campus," said [Joan Bender](#), president of CSEA Local 815 Erie Unit. "This agreement recognizes the employee commitment and allows ECMC to grow and serve our community for generations to come."

Staff at ECMC have worked without a contract since the previous agreement expired Dec. 31, 2006. In the years since, the terms of the expired collective bargaining agreement remained in effect.

Under the new agreement for ECMC employees, employees will remain members of CSEA Local 815 Erie County Unit, with the average employee receiving salary increases of approximately 15 percent over five years.

Features include a \$2,000 signing bonus, a \$3,000 raise for all employees in 2013, and a 2 percent raise each year from 2014 through 2017. Also, employees will contribute 15 percent of the cost of their health insurance, which was previously all paid by ECMC Corp.

Employees agreed to several givebacks as well, giving up Election Day and Columbus Day as days off in exchange for one floating holiday, reducing lunch breaks from one hour to 30 minutes, and giving up summer hours, where 65 percent of the workforce was able to leave 30 minutes early during the summer months. CSEA members have gained the right to "sell back" a week of vacation time for an extra week of salary.

The two sides also agreed to significant changes for retiree health insurance, with employees required to meet minimum years of service to receive benefits.

Previously, retirees received 100 percent paid health insurance if they were vested in the state retirement system and had five years of continuous service. Under the new agreement, those with less than 15 years of service who do not retire by the end of the agreement will pay a contribution toward their health care costs. Additionally, those hired after March 7, 2013, will not receive ECMC paid retiree health.

ECMC, including its hospital, nursing home operation and offsite clinics, had total revenues in 2012 of nearly \$500 million.

Tracey Drury covers health/medical, nonprofits and insurance

Next Article: [Ingall is promoted from Geico's Getzville operation](#)

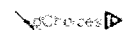
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- [How the Fiscal Cliff Deal Affects Tax Planning in 2013](#) u.s. Trust

What's this?



From the Business First

[:http://www.bizjournals.com/buffalo/news/2013/02/26/kaleida-and-emcm-unite-cardiac-service.html](http://www.bizjournals.com/buffalo/news/2013/02/26/kaleida-and-emcm-unite-cardiac-service.html)

Feb 26, 2013, 1:05pm EST Updated: Feb 26, 2013, 2:34pm EST

Kaleida and ECMC unite cardiac service at Gates Institute



Tracey Drury

Buffalo Business First Reporter- *Business First*

[Email](#) | [Twitter](#)

A year after opening its Gates Vascular Institute, **Kaleida Health** and the **Erie County Medical Center** (ECMC) have announced they will integrate all cardiac services at the site.

All heart surgery, angioplasty and heart attack care will now take place at the GVI on the Buffalo Niagara Medical campus, with ECMC bringing patients to the site for services.

The ECMC campus will continue to provide on-site cardiology medicine services, diagnostic catheterization and thoracic services for trauma patients.

According to a media release, the integration represents the third major initiative between Kaleida Health and ECMC, which operate under the Great Lakes Health umbrella.

"The Gates Vascular Institute is the only center in the country where all of the physicians and scientists focused on vascular diseases such as heart attack and stroke, work side by side because of the unique building design," said L. Nelson Hopkins, president of the GVI and chairman of the neurosurgery department in UB's School of Medicine and Biomedical Sciences. "This partnership with ECMC gives us a chance to better serve our community in this new, exciting and award winning facility."

Kaleida Health and ECMC's combined cardiac program account for 8,000 catheterization procedures and nearly 1,000 heart surgeries each year in Western New York.

The GVI, which opened in March 2012, brings together researchers, surgeons, physicians and other clinicians specializing in cardiac, stroke and vascular diseases. ECMC made a \$20 million investment in the facility and has worked since its inception to integrate cardiac services at the facility.

The facility is adjacent to **Buffalo General Medical Center** and houses the BGMC emergency department on its first floor. The upper four floors house the UB Clinical and Translational Research Center as well as the Jacobs Institute.

“When we opened the Gates Vascular Institute, we said it would revolutionize health care in our community,” said James Kaskie, president and CEO of Kaleida and Great Lakes Health. “That is happening today as we combine two cardiac programs under one roof.”

Last year, Kaleida and ECMC consolidated their transplant programs within the Regional Center of Excellence for Transplantation & Kidney Care on ECMC’s Grider Street campus. The two also are collaborating on a Regional Behavioral Health Center of Excellence, which will see Kaleida’s psych services also shift over to the ECMC campus.

All three projects are designed to improve care and create efficiencies between the two systems.

“Working with the Kaleida Health, we continue to see true results of collaboration as we improve healthcare for our entire community,” said Jody Lomeo, CEO of ECMC.

Tracey Drury covers health/medical, nonprofits and insurance

From the Business First

<http://www.bizjournals.com/buffalo/news/2013/03/04/nod-given-for-buff-gen-psych-unit-switch.html>

Mar 4, 2013, 10:58am EST

Nod given for Buff Gen psych unit switch to ECMC



Tracey Drury

Buffalo Business First Reporter- *Business First*

[Email](#) | [Twitter](#)

A plan to consolidate **Buffalo General Medical Center's** adult psychiatric health services at **Erie County Medical Center** will move forward, following notification of state approval.

The state Department of Health issued approval on March 1 following an administrative review of the plan by Buffalo General to shift 48 psychiatric beds ECMC, part of a joint plan with Kaleida Health to build a \$25 million Regional Behavioral Health Center of Excellence for WNY on the Grider Street Campus.

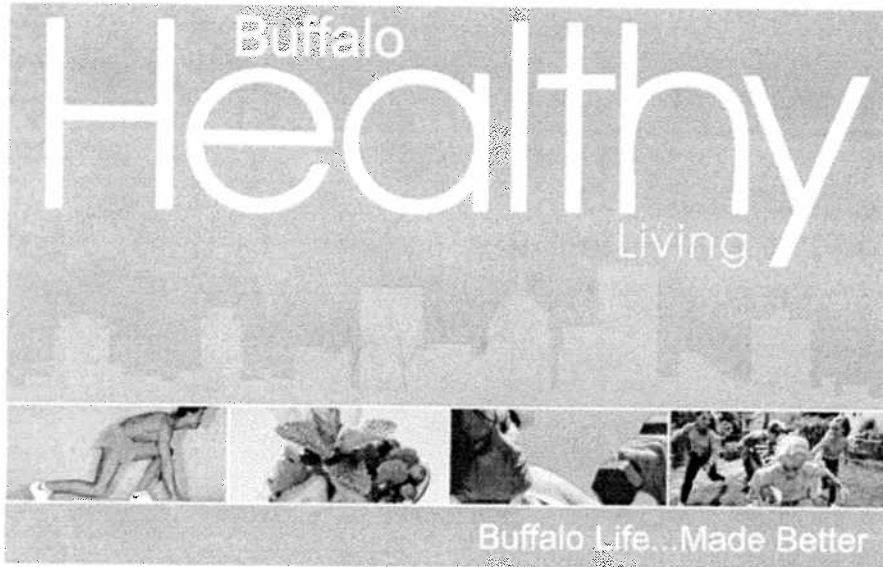
Both ECMC and Kaleida Health operate under the Great Lakes Health umbrella.

The 36,350-square-foot behavioral health center will include a comprehensive psychiatric emergency program (CPEP) and an outpatient behavioral health facility.

As previously [reported in Business First](#), a total of 91 inpatient beds will be impacted; while the operating certificate for Kaleida's adult outpatient behavioral health and chemical dependency services at sites in Buffalo and Lancaster will transfer to ECMC.

The behavioral health center is expected to be completed by February 2014.

Tracey Drury covers health/medical, nonprofits and insurance



Health News, Articles and Information. We Welcome Your Comments!

Thursday, March 7, 2013

U.S. News names ECMC Dr. Loree a highly rated Top American Doctor in Plastic and Reconstructive Surgery

BUFFALO, NEW YORK; March 7, 2013

U.S. News recently published its list of Top Docs and selected Thom R. Loree, MD, as a highly rated American Top Doc in plastic and reconstructive surgery.



There are 865 top plastic surgeons on the list of U.S. News Top Doctors. These physicians were selected based on a peer nomination process. Within this list of the best plastic surgeons, 193 have been named to a highly selective list of America's Top Doctors (ATD), including Dr. Loree, by achieving national recognition for outstanding work.

Dr. Loree is currently the Director of the Department of Head & Neck, and Plastic & Reconstructive Surgery at ECMC.

Before joining ECMC as the Director of the department, Dr. Loree received his doctorate of medicine from George Washington University, and general and

plastic surgery training from St. Luke's-Roosevelt Hospital Center in New York City. He continued to expand his expertise as a head and neck surgeon and oncology fellow with

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Upstate New York could see nearly \$900 million in annualized savings as a result of 42 brand-name prescription drugs becoming available in t...

Zerona - The New Laser Free Weight Loss Treatment

By Annette Pinder Perhaps you have seen it on TV. It has been on Rachel Ray, Dr. Oz, and others. If you did, you might have

Memorial Sloan-Kettering Cancer Center in New York, and as an attending physician at Roswell Park Cancer Institute for nearly 20 years. During the last 12 years of his Roswell Park tenure, he was Chairman of the Department of Head & Neck/Plastic & Reconstructive Surgery. Dr. Loree currently holds an appointment as an Associate Professor of Surgery for the University at Buffalo, State University of New York, where he continues to conduct research and publish extensively.

Dr. Loree specializes in larynx (throat) cancer, microvascular reconstruction, oral (mouth) cancer, plastic & reconstructive surgery, sinus cancer, skull base surgery, thyroid and parathyroid gland, and breast reconstruction.

At ECMC, nationally renowned plastic and reconstructive surgeons perform a variety of procedures to treat abnormalities and conditions of the head and neck, breast, and other body regions.

To view the U.S. News listing about Dr. Loree, see:
http://www.vitals.com/doctors/Dr_Thom_Loree/reviews

For more information about the U.S. News American Top Doctors, those interested can log-on to: http://health.usnews.com/top-doctors/directory/best-plastic-surgeons?specialist=Plastic+Surgeons&doctor=Name&hospital=Hospital+Name&doctor_gender=&sort_by=name&specialties=073&location=City%2C+State%2C+or+ZIP&specialty_plural_urlname=plastic-surgeons&page=:31

thought this...

New DENT Dizziness and Balance Center Brings Hope, World Class Diagnostics and Treatment

by Annette Pinder Have you ever felt dizzy or lightheaded? Lost your balance? Experienced vertigo (a feeling of spinning)? One in 3 peopl...

Buffalo Medical Group's My BMG Chart Available on iPhones

WILLIAMSVILLE, NY - Buffalo Medical Group patients can now view their MyBMGChart medical information on their iPhone! The secure applica...

UBMD Opens Addiction Medicine Practice March 28, 2012. Amherst, New York. The multi-specialty physician group, UBMD's Department of Family Medicine has opened an addiction medicin...

Roswell Park Cancer Institute Announces Vaccine for Cancer

Dendritic cell vaccine, manufactured in unique RPCI facility, trains body's defenses to remember, destroy cancer cells STORY HIGHLIGHTS: Ne...

Advantage Home Telehealth Launches Affiliate Program

April 12th, 2012, (Buffalo, NY) Advantage Home Telehealth (ADHT) announced today that it has established an Affiliate Program to rapidly exp...

People Inc. Lilly Senior Living in Blasdell Hosts Open House and Yard Sale

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Depression Without Medicine - New Treatment at Dent Neurological Institute Depression is a devastating brain illness that affects millions of Americans, their families and even their employers. People with depressi...

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Print - Another WNYer Steps Forward To Donate A Kidney To A Stranger | wgrz.com

wgrz.com

5:07 PM, Feb 28, 2013

ELMA, N.Y. - Our story really begins more than 35 years ago when two kids from Tonawanda, Greg Emminger and Pete Steffan, played little league baseball together.

They are right next to each other in a picture from 1975, Pete was a catcher and Greg played left field

Over the years, Pete and Greg got on with their lives and as often happens in life, they lost touch with each other.

Then just over a year ago, Pete was on Facebook one day when he saw a story we at 2 On Your Side did involving his old teammate Greg.

Greg had decided to donate one of his kidneys to a total stranger, someone Greg had found through a website called the Western New York Kidney Connection.

And what Greg did - literally helping to save someone's life - well that really struck a chord with Pete.

Pete Steffan: "I called Greg up right away and he told me all about it and it was at that point that I really got interested in doing something like this."

Scott Brown: "What did Greg tell you about his experience?"

Pete Steffan: "He told me that he was humbled by his experience, he actually told me that he got more out of it than the recipient did because he saw the emotion, he saw how he had changed someone's life."

Meanwhile, what Greg had done, inspired Diane Bookhagen of Springville to donate one of her kidneys to a stranger, and we followed Diane and her recipient Mitch Stone through their transplant at ECMC.

Pete saw that story as well, and that really got him thinking.

Then, watching Diane and Mitch's story inspired Lisa Brennan of Williamsville to donate one of her kidneys to a good friend of hers.

And yep, Pete saw that story too.

Pete Steffan: "This pay it forward process is amazing to me and I decided that I wanted to be a part of it."

So Pete went to the Kidney Connection website. He thought he had a recipient lined up, but it didn't work out.

He then went to the National Kidney Registry, where he was matched with someone from Baltimore. Pete didn't know anything about the person, other than he was badly in need of a kidney.

Throughout this whole time, Pete been speaking with Greg, his old little league teammate about what he could expect as he went through the process.

About two weeks before Christmas everything was set.

Pete and his wife Cheryl were all set to drive down from their home in Elma to the Cleveland Clinic where the next day Pete would be operated on.

Pete Steffan: "I think the true meaning of a gift is not to have any expectation on it, and at this time of year, Christmas it's really a wonderful thing to do."

Unlike the other stories we had done, where the donors got to meet their recipients because they were at the same hospital and had chosen them through the Kidney Connection, because Pete's donation was taking place through the National Kidney Registry, he was not likely to ever find out who was getting his kidney.

Pete Steffan: "I may never meet that recipient, but I know I've done a good thing. And if one person watching this telecast decides to make a move and donate a kidney, then that's the 'pay it forward' process that really touches people and that's what this is all about." It's not about me.

And with that, Pete and Cheryl began the drive to Cleveland, part of a journey he'd been thinking about taking for months, and one that would change a stranger's life forever.

At 7:30 in the morning on December 11th, Pete Steffan was wheeled into operating room five at the Cleveland Clinic.

After about four hours of surgery, his left kidney was removed, it's about the size of a fist.

Kidneys which come from living donors have the best chance for success in a transplant.

Pete's kidney was packed in ice, put in a cooler and then flown to Baltimore where just a few hours later it was implanted into his recipient - quite a Christmas gift for whoever was getting it.

Even better, Pete's donation through the National Kidney Registry had triggered a chain of five other donations.

The day after surgery, Pete was doing great, he was on some pain medication but was resting comfortably.

Pete Steffan: "Everything's great so far, couldn't ask for a better result. It's really so much bigger than me, I'm just glad I'm healthy enough to do it."

And what of Pete's kidney?

It was flown to the University of Maryland Medical Center where it was implanted in a man who had already had one kidney transplant four years ago, but his body was rejecting that kidney and so he was badly in need of another transplant.

Here at 2 On Your Side, as each one of our stories on living kidney donors has led to another person being inspired to become a donor, our goal has been to increase awareness about kidney donation. With that in mind, we reached out to the hospital in Baltimore to see whether the person who had received Pete's kidney would be interested in meeting him as we told Pete's story.

The recipient said he would.

His name is Paul Plott, in the months prior to the transplant, he had lost about forty pounds and he was having trouble walking - his legs and feet were badly swollen because his one working kidney was shutting down.

We arranged for Paul and Pete to "meet" through a satellite hook up where Pete came to our studios at Channel 2 and Paul went to our sister station in Baltimore.

Although Pete and Paul had by this time already spoken to each other on the phone, this would be the first time they'd actually be able to see each other.

Pete Steffan: "Paul how are you feeling?"

Paul Plott: "Pete I'm doing great, I've gained some weight which is very good."

Pete Steffan: "You look great, you look like you went through everything very well. The thing that was amazing about this was Paul you were the first kidney to be received but there was a chain of six people who received kidneys from this. That to me makes it so much bigger than me and I'm just humbled by the whole thing. It's just wonderful, you know?"

Paul Plott: "It's funny I just said that a few minutes ago to someone here, how humbling the experience is. And you started that, you got nothing out of this."

Pete Steffan: "I'm just a follower not a leader but it's really an amazing story it really is. I'm so happy for you Paul that you look great and you're doing well."

Paul Plott: "Thank you, thank you so much. Again a debt I can never repay."

Pete Steffan: "There's no need even for that way of thinking, we're brothers from another mother, just think of it that way now, OK Paul?"

After the two new "brothers" had spoken, I had a few questions for them...

Scott Brown: "I know you guys had spoken before today but what was it like to actually see him?"

Paul Plott: "The whole thing has been very humbling. You sit here looking at a person who for no benefit to him, decided to give a gift that has me alive today. It's very humbling."

Scott Brown: "What was it like to actually see Paul?"

Pete Steffan: "When I saw his smiling face - it was the right thing to do. I've known it was the right thing to do all along, but now I've seen a smiling face and I'll never forget seeing him smile like that. I wasn't here to save someone's life I was just here to follow what other people had done. Greg and Diane I think those are the real heroes, and Lisa for what they have done and hopefully someone will see this and react the same way and then I might feel a little bit different if I see someone else do this."

Scott Brown: "It's kind of wild when you look back to that little league picture isn't it?"

Pete Steffan: "Yeah maybe it was meant to be in 1975 who knows how things work out? I don't believe in accidents, I really don't. Greg and I were right next to each other in that picture. I'm just thankful, filled with gratitude that I could do it."

After the two new "brothers" had spoken, I had a few questions for them...

After the two new "brothers" had spoken, I had a few questions for them...

After the two new "brothers" had spoken, I had a few questions for them...

For more information on living donors:

<http://www.wnykidneyconnection.org/>

Tuesday February 26, 2013

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

Business

NYSERDA invests in UB, ECMC energy-efficiency projects

BY: [Emma Sapong \(mailto:esapong@buffnews.com\)](mailto:esapong@buffnews.com)

Published: February 25, 2013, 08:23 PM

Updated: February 25, 2013, 08:23 PM

The New York State Energy Research and Development Authority has awarded nearly \$4 million to support three energy-efficiency projects in the Buffalo Niagara region, including two at Erie County Medical Center and one at the University at Buffalo.

The state agency backed energy-efficiency projects at UB that will save about \$513,000 in energy costs and eliminate more than 2,600 tons of greenhouse gas emissions annually. NYSERDA also awarded \$1.4 million to support a pair of energy-efficiency projects at ECMC that are projected to cut electricity costs by about \$680,000 a year.

NYSERDA awarded \$2.5 million for energy-efficiency projects at UB, with almost \$1 million of the funding and \$300,000 of the savings a result of LEED (Leadership in Energy and Environmental Design) projects at the reconstructed and renamed Kapoor Hall on the South Campus and at Davis Hall, the electrical engineering and computer science building on the North Campus.

Greiner Hall on the North Campus, the Educational Opportunity Center in downtown Buffalo and Hayes Hall on the South Campus are other projects.

The NYSERDA-funded initiatives bring UB closer to its goal to increase sustainability and become carbon neutral by 2030.

The energy-saving projects support Gov. Andrew M. Cuomo's Build Smart NY initiative to increase energy-efficiency in state buildings by 20 percent in seven years by strategically accelerating priority improvements in energy performance.

The first ECMC project is for upgrades to its central cooling plant, and the second involves measures to save energy at ECMC's Terrace View Long-Term Care Facility.

A total investment of \$6 million in the cooling plant includes chiller and cooling tower replacements. NYSERDA is providing almost \$1.2 million for the upgrades as well as cost-sharing for a feasibility study conducted by M/E Engineering PC, which helped the medical center optimize its energy-efficiency investments. These renovations are projected to save the medical center more than 5 million kilowatt hours of electricity annually, enough to power more than 720 average-sized homes for a year.

Energy-saving measures incorporated at Terrace View Long-Term Care Facility, a 300,000-square-foot, five-story building that opened this month, will help reduce energy costs by more than \$250,000 annually and decrease electricity consumption by more than 1.5 million kilowatt hours, enough to power more than 200 homes a year. The NYSERDA incentive is \$220,000.