ECMC Board of Director's Board Meeting

Nov 25, 2014 at 04:30 PM - 06:30 PM

ECMC

462 Grider Street

Buffalo

AGENDA

REGULAR MEETING OF THE BOARD OF DIRECTORS
ERIE COUNTY MEDICAL CENTER CORPORATION
TUESDAY, NOVEMBER 25, 2014

I. CALL TO ORDER: KEVIN M. HOGAN, ESQ., CHAIR

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

III. RESOLUTIONS MAY BE DISTRIBUTED TO THE BOARD OF DIRECTORS DURING THE MEETING ON NOVEMBER 25, 2014.

IV. REPORTS FROM STANDING COMMITTEES OF THE BOARD:

EXECUTIVE COMMITTEE:	KEVIN M. HOGAN, ESQ.
AUDIT COMMITTEE:	K. KENT CHEVLI, M.D.
HUMAN RESOURCES COMMITTEE:	MICHAEL HOFFERT

V. REPORTS FROM SENIOR MANAGERS OF THE CORPORATION:

A. PRESIDENT & CHIEF OPERATING OFFICER-INTERIM CEO
B. CHIEF FINANCIAL OFFICER
C. SR. VICE PRESIDENT OF OPERATIONS – MARY HOFFMAN
D. SR. VICE PRESIDENT OF OPERATIONS – RONALD KRAWIEC
E. CHIEF MEDICAL OFFICER
F. SENIOR VICE PRESIDENT OF NURSING
G. VICE PRESIDENT OF HUMAN RESOURCES
H. CHIEF INFORMATION OFFICER
I. SR. VICE PRESIDENT OF MARKETING & PLANNING

VI. REPORT OF THE MEDICAL/DENTAL STAFF: OCTOBER 27, 2014

VII. OLD BUSINESS

VIII. NEW BUSINESS

XI. INFORMATIONAL ITEMS

X. PRESENTATIONS

XI. EXECUTIVE SESSION

XII. RETURN TO OPEN SESSION

XIII. ADJOURN

MINUTES OF THE REGULAR MEETING OF THE BOARD OF DIRECTORS

TUESDAY, OCTOBER 28, 2014

STAFF DINING ROOM

Voting Board Members Present:	Kevin M. Hogan, Esq Bishop Michael A. Badger Douglas H. Baker Richard F. Brox Ronald A. Chapin K. Kent Chevli, M.D.	Kevin E. Cichocki, D.C. Sharon L. Hanson Michael Hoffert Thomas P. Malecki, CPA Frank B. Mesiah Michael A. Seaman
Voting Board Member Excused:	Anthony Iacono Dietrich Jehle, M.D.	Joseph Zizzi, Sr., M.D.
Non-Voting Board Representatives Present:	Ronald Bennett Richard C. Cleland	Kevin Pranikoff, MD
Also Present:	Donna Brown Anthony Colucci, Esq. Janique Curry Leslie Feidt Stephen Gary Susan Gonzalez Mary Hoffman Susan Ksiazek	Ronald Krawiec Charlene Ludlow Brian Murray, M.D. Kathleen O'Hara Thomas Quatroche Karen Ziemianski

I. CALL TO ORDER

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

II. APPROVAL OF MINUTES OF SEPTEMBER 30, 2014 REGULAR MEETING OF THE BOARD OF DIRECTORS.

Moved by K. Kent Chevli, M.D. and seconded by Richard Brox.

Motion approved unanimously.

APPROVAL OF MINUTES OF SEPTEMBER 30, 2014 SPECIAL MEETING OF THE BOARD OF DIRECTORS.

Moved by K. Kent Chevli, M.D. and seconded by Michael Hoffert.
Motion approved unanimously.

III. ACTION ITEMS

A. Approval of Medical/Dental Staff Credentials, Resignations, Appointments and Re-appointments for October 8, 2014.

Moved by Douglas Baker and seconded by Michael Hoffert.
Motion Approved Unanimously

B. Approval of Appointments/Re-Appointments Chief of Service and Associate Chief of Service

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

IV. PRESENTATION: TERRACE VIEW
JEANNINE BROWN MILLER AND CHRIS KOENIG

Jeannine Brown Miller and Chris Koenig presented an overview of long term quality improvement plan at Terrace View. They summarized what they have done, where they are currently and where they are going regarding Quality Measures and Initiatives; Staffing (morale, retention and recruitment); Star Ranking; and other significant matters.

V. BOARD COMMITTEE REPORTS

All reports except that of the Performance Improvement Committee shall be included in the October 28, 2014 Board book.

VI. REPORTS OF CORPORATION'S MANAGEMENT

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

I. Sr. Vice President of Marketing & Planning:

J. Executive Director, ECMC Lifeline Foundation:

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

- Kudos to Sue Gonzalez for all of the October events focused on raising awareness about and fighting breast cancer.
- Operations continue to reflect favorable trends.
- Administration continues to identify opportunities to reduce expenses.
- Projections for year-end are at break even or better.
- Phyllis Murawski has been appointed as Transplant Administrator.
- UNOS approved ECMCC to resume living donor transplants on September 5, 2014.
- The new orthopaedics unit will be operational by February 2015.

2) Chief Financial Officer: Stephen M. Gary

A summary of the financial results through September 30, 2014 and a Quarterly Financial Statement and projected statement of Yearly Cash Flows are attached in the Board Book for review.

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

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

VIII. RECONVENE IN OPEN SESSION

Moved by Frank Mesiah and seconded by Kevin Cichocki to reconvene in Open Session at 6:25 P.M. No action was taken by the Board in Executive Session.

Motion approved unanimously.

IX. ADJOURNMENT

Moved by Richard Brox and seconded by Michael Hoffert to adjourn the Board of Directors meeting at 6:25P.M.

Sharon L. Hanson

Sharon L. Hanson

Corporation Secretary

CREDENTIALS COMMITTEE MEETING
October 8, 2014

Committee Members Present:
Robert J. Schuder, MD, Chairman
Yogesh D. Bakhai, MD
Christopher P. John, PA-C
Mandip Panesar, MS MD
Brian M. Murray, MD
Richard E. Hall, DDS PhD MD FACS
Nirmit D. Kothari, MD

Medical-Dental Staff Office and Administrative Members Present:
Tara Boone, Medical-Dental Staff Services Coordinator
Judith Fenski, Credentialing Specialist

Members Not Present (Excused *):
Gregg I. Feld, MD *
Timothy G. DeZastro, MD *
Susan Ksiazek, RPh, Director of Medical Staff Quality and Education

CALL TO ORDER

The meeting was called to order at 3 PM by Dr. Robert J. Schuder. The proceedings from the previous meeting of September 2, 2014 were reviewed and accepted.

ADMINISTRATIVE

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

A. Deceased

B. Applications Withdrawn

Majeed Siddiqui, MD	Internal Medicine	09/26/14

C. Application Processing Cessation - None

D. Automatic Processing Conclusion (inactive applications > 180 days from date of signature)

E. Resignations

Kortman, Amy, CRNA	Anesthesiology	08/05/14
Philip Williams, DDS	Dentistry	10/07/14
Butski, Crystal, FNP	Emergency Medicine	09/01/14
Clancy, Kristen, PA-C	Emergency Medicine	08/31/14
Campbell, Lorne, MD	Family Medicine - Chief of Service	10/31/14
Eckert, Dhaliah, ANP	Family Medicine (Family Choice)	08/31/14
Holynski, Camille, ANP	Family Medicine (Family Choice)	08/31/14
Sworts, Jinyan, ANP	Family Medicine	08/31/14
Ahuja, Karuna, MD	Internal Medicine	08/31/14
Kozinn, Marc, MD	Internal Medicine	09/30/14
Daost, Jeffrey, PA-C	Orthopaedic Surgery	07/01/14
Hurley, John, DPM	Orthopaedic Surgery-*Podiatry*	09/17/14
Ripstein, Jennifer, PA-C	Orthopaedics	08/31/14
Silliman, Carrie, FNP	Transplant	03/31/14

Jones, Damian, DDS Dentistry 09/23/14

FOR INFORMATION

CHANGE IN STAFF CATEGORY

Dentistry
Nour Masud, DDS Associate Staff to Courtesy Staff, *Refer & Follow*

FOR OVERALL ACTION

CHANGE OR DEPARTMENT ADDITION

Psychiatry
Kyle Wiktor, NP Allied Health Professional
Supervising Physician: Victoria Brooks, MD

FOR OVERALL ACTION

CHANGE OR ADDITION IN COLLABORATING/SUPERVISING ATTENDING

Therese Ball, ANP Allied Health Professional
Supervising Physician: From Dr. Cindrea Bender to Dr. Wajdy Hailoo
Tracy Sturm, FNP Allied Health Professional
Supervising Physician: From Sun Park, MD to Alyssa Shon, MD

FOR OVERALL ACTION

PRIVILEGE ADDITION/REVISION

Cardiothoracic Surgery
Elisabeth Dexter, MD* -Extrapleural enucleation of empyema with lobectomy
-Wedge resection of lung, single or multiple
-Pericardial biopsy
-Ventilator Management
FPPE waived; core privileges for specialty. Practitioner not ECMC base, no inpatient care
Family Medicine
Marcia Shiel, FNP -Basic Substance Withdrawal
Surgery
Kathleen Barone, FNP* -Perform EKG
-Urinary Catheter, (Female)
-Urinary Catheter, (Male)
-Subcutaneous Injection
-Vein Puncture
FPPE waived; core nursing competencies

Internal Medicine

Alfredo Kua, MD* -Non-Procedural (Level I Core Privileges)
-Procedural (Level I Core Privileges)
FPPE not required; core departmental privileges/form revision
Neil Parikh, MD* Active Staff
-Consultation- General Internal Medicine
-Central Venous Catheter Insertion
FPPE not required for cognitive privilege; procedural privilege is core

Kirsten Smith, NP* Allied Health Professional

Supervising Physician: Dr. Neal Rzepkowski
-Anoscopy
****FPPE satisfied with completion of training defined in the credentialing criteria***

FOR OVERALL ACTION

PRIVILEGE WITHDRAWAL

Cardiothoracic Surgery
Elisabeth Dexter, MD -Clinical Basic Privileges
with annual Open Heart Case Volume of less than 50 cases
-Repair of ICD pulse generator and/or leads
-Removal of ICD pulse generator and/or leads system
by other than thoracotomy

Internal Medicine
Robert Gatewood, MD -Stress testing, all forms, exercise, pharmacologic
Yahya Hashmi, MD -Oral/Nasal Intubation 04/24/2014

FOR OVERALL ACTION

APPOINTMENTS AND REAPPOINTMENTS

A. Initial Appointment Review (11)
B. Initial Dual Dept. Appointment (0)
C. Reappointment Review (26)
D. Reappointment Dual Dept. Review (0)

Nine initial and twenty-six 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 (8)

Emergency Medicine
Baumler, Nicole PA-C Allied Health Professional
Supervising Physician: David Hughes, MD
McCormack, Robert, MD Active Staff

Internal Medicine
Baker, Kristine, ANP Allied Health Professional
Supervising Physician: Nancy Ebling, DO
Beintrexler, Heidi, MD Active Staff
Claus, Jonathan, MD Active Staff

Obstetrics and Gynecology
Swenson, Krista, MD Active Staff

Pathology
Liu, Weigno, MD Active Staff

Psychology
Baker, Teresa, ANP Allied Health Professional
Supervising Physician: Michael Cummings, MD
McCunn, Karen, MD Active Staff
Pidor, Haidee, MD Active Staff

Surgery
Dominguez, Ivan, MD Active Staff

FOR OVERALL ACTION

REAPPOINTMENT APPLICATIONS, RECOMMENDED

C. Reappointment Review (26)

Anesthesiology

Christopher Resetarits, CRNA — Allied Health Professional

Cardiothoracic Surgery

Elisabeth Dexter, MD — Active Staff

Sharon Wittman-Klein, PA-C — Allied Health Professional

Supervising Physician, First Assist with-Dr. John Bell-Thomson

Dentistry

Nour Masud, DDS — Courtesy Staff, *Refer and Follow*

Family Medicine

Marcia Shiel, FNP — Allied Health Professional

Supervising Physician-Dr. Stephen J. Evans

Julie Talevski, FNP — Allied Health Professional

Supervising Physician-Dr. Mohammadreza Azadfard

Internal Medicine-*Cardiology*

Reza Banifatemi, MD — Active Staff

JoAnne Cobler, MD — Active Staff

Michael D'Angelo, MD — Active Staff

Robert Gatewood, MD — Active Staff

Lisa Kozlowski, MD — Active Staff

George Matthews, MD — Active Staff

Brian Riegel, MD — Active Staff

Scott Sobieraj, MD — Active Staff

Internal Medicine

Leah Gorsline, PA-C — Allied Health Professional — **Defer to November meeting; awaiting**

Supervising Physician-Dr. Nancy Ebling — **receipt of additional information**

Anthony Martinez, MD — Active Staff

Richard Quigg, MD — Active Staff — **Defer to November meeting; awaiting**

Alyssa Whiteside, PA-C — Allied Health Professional — **receipt of additional information**

Supervising Physician-Dr. Cindrea Bender

Neurology

Richard Ferguson, MD — Active Staff

Ophthalmology

Sandra Everett, MD — Active Staff

Orthopaedic Surgery

Karen Taylor, PA-C — Allied Health Professional

Supervising Physician, First Assist with Dr. Christopher Ritter

Plastic & Reconstruction Surgery
Paul Tomljanovich, MD Active Staff
Psychiatry
Semen Spirin, MD Active Staff
Radiology/Imaging Services
Shantikumar Bedmutha, MBBS Active Staff
Surgery
Kathleen Barone, FNP Allied Health Professional
Supervising Physician-Dr. Mark Laftavi
Radiology/Imaging Services-*Teleradiology*
Brian Burgoyne, MD Active Staff
Jon Engbretson, MD Active Staff
Russ Savit, MD Active Staff

FOR OVERALL ACTION

PROVISIONAL APPOINTMENT REVIEW, RECOMMENDED

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

October 2014 Provisional to Permanent Staff		**Provisional Period Expires**
Internal Medicine		
Troen, Bruce, Robert, MD	Active Staff	10/29/2014
Orthopaedic Surgery		
Dudziak, Daniel, Gerard, BS PA	Allied Health Professional	10/29/2014
Supervising MD: John J. Callahan, MD		
Plastic & Reconstructive Surgery		
Marczak, Juliet, Marie, ANP	Allied Health Professional	10/29/2014
Collaborating MD: Thom R. Loree, MD		
Psychiatry		
Williams, Stephen, Clay, MD	Active Staff	10/29/2014
Rehabilitation Medicine - *Chiropractic*		
Stewart, Maxine, Claudia-Morris, DC	Allied Health Professional	10/29/2014

Also, the future December 2014 Provisional to Permanent Staff list was compiled now for Chief of Service and Collaborating / Supervising physician review 60 days before endorsement to the Medical Executive Committee.

FOR OVERALL ACTION

AUTOMATIC CONCLUSION- REAPPOINTMENT EXPIRATION, RECOMMENDED

None

Reappointment Expiration date as indicated above
Planned Credentials Committee Meeting: October 7, 2014
Planned MEC Action date: October 27, 2014
Planned Board confirmation by: November, 2014
(Last possible Board confirmation by: December 2014)

FOR OVERALL ACTION

OLD BUSINESS

Ad hoc BOD Committee Report - Oral Maxillofacial applicant
The Credentials Committee awaits the detail requested. The Chief of Service states the applicant has an international family emergency and requests additional time for follow up.

Vendor for Corporate Compliance Due Diligence
Corporate Compliance states the resource to support this started on October 7th. Need to meet with IT to develop the necessary electronic reports for the vendor. CC and the MDSO have communicated to IT the regulatory and accrediting standards that apply to due diligence obligations and ask that this be taken into consideration as IT requests are prioritized.

Pathology credentialing
Six additional applications have been received. Dr. Balos is working very closely with Dr. Tomaszewski and the ECMC MDSO, but cannot guarantee that if read requires expertise of an MD not yet on our staff, that it will not be forwarded to that MD.

IM Voluntary Application Withdrawal
An applicant to the ECMC Medical-Dental Staff with training overseas and a CV which suggests that his formal training was in both "Internal Medicine/Family Medicine" is not board eligible in either. Upon review of the requirements for membership as defined in the ECMC Medical-Dental Staff bylaws, the application is voluntarily withdrawn as per his employer.

Tenex Procedure Equipment Update
Delayed in Purchasing. S.Ksiazek has done customer service recovery with the involved surgeon and has received the full cooperation of the Department of Orthopaedics to prompt this to closure quickly.

Follow Up of applicant review at the September 2014 MEC meeting
The MEC at its recent meeting made specific recommendations for a recent Nurse Practitioner applicant to appear for an additional interview before consideration of her dossier. These recommendations are consistent with the purview of the Credentials and Medical Executive committees as defined in policy. The Practitioner Health Advisory Committee focus was that of wellness, as competency review was completed through the standard credentialing process. The finding so of the advisory committee will be presented to the MEC at its October meeting for further deliberation and recommendation.

IM Application Deferrals
The Chief of Service has deferred recommendations for appointment for two Nurse Practitioners citing lack of hospital experience for one, the other being a recent graduate. A more detailed, specific collaboration agreement was sent for each, but as per the Chief of Service, are not specific enough with regard to the amount of shoulder to shoulder supervision by the collaborating MD. Both are from the same practice plan.

The Medical-Dental Staff Office has contacted the practice plan on behalf of the chief of service in an effort to close these open files, but seeks guidance from the Credentials Committee with regard to what falls under the office vs. the clinical department. The committee discussed the situation and recommended further communication with the Chief of Service with an end to perhaps define specific conditions of practice. Oversight requirements could be developed for the applicant along with documentation of ongoing experience.

The committee also recognizes the entire topic of midlevel competency, performance and oversight is slated to be addressed by an Ad Hoc committee charged by the Medical Executive Committee. This will be facilitated through the President of the Medical-Dental Staff.

Temporary Privilege expirations during Pending Initial Applications
Refer to the attached tracker.

NEW BUSINESS

UB Faculty on site for Teaching only
A request was considered by the committee for confirmation of the past tradition that UB Faculty at ECMC (Psychiatry) for the purpose of ONLY resident observation and evaluation do not need to be privileged members of the Medical-Dental Staff.

Another request for the same routine has been received from an Emergency Department practitioner who wishes to resign from staff (will no longer be seeing patients), but will continue to be involved with the residents. Concern was expressed by the committee members and the Chief Medical Officer. Resident observation and evaluation that included patient interaction or direct activity may result in the need for record entries with the evaluator sign-off. The committee felt that privileged staff membership should be required for these situations.

Family Medicine Privilege Form
A Family Medicine staff member requested privilege addition to include "Bursa and joint injections". With the endorsement of the Chief of Service, the committee recommended that the Arthrocentesis offering will be expanded to include the above text.

Medical Staff Member VISA Expirations
The committee was asked whether it is appropriate or important to follow Kaleida's policy for tracking Visa expiration dates for staff members. It was felt that this was the professional responsibility of the licensee and for residents and fellows, is tracked through the UB Office of GME. It was therefore recommended that the ECMC Medical-Dental Staff Office should not adopt this additional practice.

Surgery- Transplant Surgeons
A recommendation for improvement in the Department of Surgery privilege form was received in regard to Transplant Surgery. The subspecialty will be added to the list of specialties on the Surgery form.

It was also endorsed that credentialing criteria for Transplant Surgeons be added to match the UNOS recommendations.

Requested by applicant Y / N	Recommended by Chief of Service Y / N	SURGICAL SPECIALTY
☐	☐	General Surgery
☐	☐	General Thoracic Surgery
☐	☐	Vascular Surgery
☐	☐	Plastic and Reconstructive Surgery
☐	☐	Colorectal Surgery
☐	☐	Hand Surgery
☐	☐	Head and Neck Surgery
☐	☐	**Transplant Surgery** ←addition
☐	☐	Bariatric Surgery – **Select Bariatric privileges on the separate Bariatric form** – **Select additional General Surgery privileges on this form**
☐	☐	Critical Care,

OPERATIONS ISSUES
Dues Report
Names of practitioners with outstanding debts exceeding 2 years were presented to the committee. It was recommended that a letter be sent to each practitioner, outlining their obligation for payment by a specific date. The letter is to be signed by the Credentials Chair, CMO and President of the Medical-Dental Staff.

Quality Control
In an effort to ensure the on-going staffing challenges have not adversely affected regulatory or accreditation compliance as it applies to re-appointment at least every 24 months, a report was run from the credentialing software to detect for any inadvertent outliers. None were found.

Change in Supervising Physicians
Consistent with NYS regulations, the Medical-Dental Staff Office ensures that privileges awarded to a midlevel practitioner align with the corresponding collaborating/supervising physician. The physical presence and availability of a supervising/collaborating is an expectation as well, though the former is not clearly defined in the regulations

One service finds it necessary to make assignment changes on a frequency basis above that of other services, and there have been challenges with prompt notification. Often, the changes occur only upon the prompting of the Medical-Dental Staff

Office. The practice plan has been contacted in writing and reminded of the need to promptly notify and to pre-review the privileges of the MDs prior to making those assignment changes to ensure that they line up with the AHP they will be matched with. The practice plan can also assist with MD site assignment information. There is currently an open issue with a physician who has separated from the practice plan without advanced notification of the re-assignment of his three midlevels.

Chart Delinquency status in the Re-appointment Summaries reviewed by the Chiefs of Service
S. Ksiazek and Dr. Hall discussed the on-going challenge of medical record delinquencies. S. Ksiazek suggests that the MDSO and the Administrative Assistant to the CMO partner to provide this info to the COS at re-appointment via the re-appointment summary. The Credentials Committee concurred. A process will be developed with the administrative assistant to the CMO.

OVERALL ACTION REQUIRED

OPEN ISSUES

Emeritus Staff
The Emeritus Staff recommendations noted at the September meeting will be followed up with congratulatory communications to the staff members.

Resignation
In response to a communication sent by a resigning practitioner, it was determined that a letter of acknowledgement and gratitude for service be sent with the signatures of the Credentials Chair, Chief Medical Officer, President of the Medical-Dental Staff and the Director of Medical Staff Quality and Education. completed for a recent applicant resignation.

Dental Department Form Revisions
It was previously decided that the Chair of the Credentials Committee, the Chief of Oral-Maxillofacial Surgery and the Chief of Dentistry meet to address the requested Department of Dentistry form revisions. The meeting is to be scheduled prior to the next Credentials Committee meeting.

NP Law change effective January 2015
The committee was reminded of the need to incorporate revisions to the ECMC Nurse Practitioner privilege forms to reflect the changes in the law. The Credentials Committee and MEC have endorsed that ECMC retain the process of a designated collaborating physician for the purposes of privilege review, and attesting to current competency (FPPE/OPPE). In addition, a letter was to be issued to all nurse practitioners on staff explaining the rationale for ECMC maintaining its current process.

As previously stated at the July 2014 meeting, the committee awaits an assessment from Risk Management regarding the implications of the new law on liability insurance will be assessed by Risk Management. The one issue that the law does not explicitly address is the previous limitation of the scope of a nurse practitioner's privileges to that possessed by the collaborating physician. An update from Risk Management will be requested for the November Credentials Committee meeting to assist with the content of the letter.

Internal Medicine – Unfavorable Recommendation
The Chief of Service has made an appointment application non-recommendation with a request for voluntary application withdrawal. The Director of Medical Staff Quality and Education will confirm this with the applicant and add to the agenda for the November Credentials meeting.

Status Report on Attestations
Regarding Department of Justice Certification of Compliance – all but two received to date (97%). Remaining outstanding staff members will be contacted by the Chief of Service.
Compliance for the Annual Reorientation documentation has better response than last year with less that ~100 outstanding to date. The administrative assistant to the CMO has asked the Medical-Dental Staff Office staff to help obtain the attestations from outstanding practitioners due for re-appointment.

Internal Medicine AHP Privilege Form

The Chair of the Credentials Committee received feedback from the AHP member of the committee on the privilege form draft. Suggestions made regarding case experience documentation. The comments will be incorporated into further revisions and reviewed with the Chief of Service.

Urology and Orthopaedic Surgery
Privilege form revisions with the Departments of Urology and Orthopaedic Surgery remain open. It appears prudent to remove this item from the standing agenda given the amount of time that has passed with no activity.

FOR COMMITTEE INFORMATION

OTHER BUSINESS

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

FPPE **(Focused Professional Practice Evaluation)**

=Anesthesiology (1 MD, 2 CRNAs)
=Dentistry (1 DDS)
=Family Medicine (1 MD waived)
=Ob/Gyn (3 MDs waived)
=Orthopaedic Surgery(1 AHP, 1 AHP concluded)
=Pathology (1 MD waived)
=Psychiatry (1 MD closed, 1 MD waived)
=Surgery (3 MDs waived, 1 MD closed, 1 AHP)

OPPE **(Ongoing Professional Practice Evaluation)**

Family Medicine (13 Family Choice NPs)

No report from the Patient Safety Office.

Two discussion items regarding FPPE/OPPE were deferred to the next Credentials meeting due to time constraints.

FOR COMMITTEE INFORMATION

ADJOURNMENT

With no other business, a motion to adjourn was received and carried with adjournment at 4:40 PM.

Respectfully submitted,

Robert J. Schuder, MD,
Chairman, Credentials Committee
att.

CMO Memorandum

To: BOARD OF DIRECTORS

CC: MEDICAL EXECUTIVE COMMITTEE

From: BRIAN M. MURRAY, MD, CMO

Date: September 22, 2014

Re: APPOINTMENTS/REAPPOINTMENTS CHIEF OF SERVICE AND ASSOCIATE CHIEF OF SERVICE

APPOINTMENT OF CHIEF OF SERVICE AND ASSOCIATE CHIEF OF SERVICE

Each Chief of Service shall be and remain physician members in good standing of the Active Staff, shall have demonstrated ability in at least one of the clinical areas covered by the department**,** and shall be willing and able to faithfully discharge the functions of his/her office. Each Chief of Service shall be certified by an appropriate specialty board, or affirmatively establish comparable competence through the credentialing process.

1. **Appointment:** Each Chief of Service and Associate Chief of Service shall be appointed by the Board for a one to three (1-3) year term.
2. **Term of Office:** The Chief of Service and Associate Chief of Service shall serve the appointment term defined by the Board and be eligible to succeed himself.
3. **Removal:** Removal of a Chief of Service from office may be made by the Board acting upon its own recommendation or a petition signed by fifty percent (50%) of the Active department members with ratification by the Medical Executive Committee and the Board as outlined in Section 4.1.6 for Removal of Medical Staff Officers within the Medical/Dental Staff Bylaws.
4. **Vacancy:** Upon a vacancy in the office of Chief of Service, the Associate or Assistant Director, or division chief of the department shall become Chief of Service or other such practitioner named by the Board until a successor is named by the Board.

The following physician members are currently members in good standing of our Active Medical/Dental Staff and are being recommended for the position of Chief of Service within their departments:

DEPARTMENT	NAME	TERM	APPT	REVIEW DATE
Anesthesiology	Erik Jensen, MD	1 YR	JUN 2014	JAN 2015
Cardiothoracic Surgery	Mark Jajkowski, MD	3 YRS	JAN 2014	DEC 2016
Dentistry	Maureen Sullivan-Nasca, DDS	1 YR	JAN 2014	DEC 2014
Emergency Medicine	Michael Manka, MD	3 YRS	JAN 2013	DEC 2015
Family Medicine	Lorne Campbell, MD	1 YR	JUN 2014	DEC 2015
Internal Medicine	Joseph Izzo, Jr., MD	3 YRS	JAN 2013	DEC 2015
Laboratory Medicine	Daniel Amsterdam, PhD	3 YRS	JAN 2013	DEC 2015
Neurology	Richard Ferguson, MD	3 YRS	JAN 2013	DEC 2015
Neurosurgery	Gregory Bennett, MD	3 YRS	JAN 2013	DEC 2015
Obstetrics & Gynecology	Vanessa Barnabei, MD	3 YRS	JAN 2013	DEC 2015
Ophthalmology	James Reidy, MD	3 YRS	JAN 2013	DEC 2015
Oral & Maxillofacial Surgery	Richard Hall, DDS, PhD, MD	3 YRS	JAN 2013	DEC 2015
Orthopaedic Surgery	Philip Stegemann, MD	3 YRS	JAN 2013	DEC 2015
Otolaryngology	William Belles, MD	3 YRS	JAN 2013	DEC 2015

DEPARTMENT	NAME	TERM	APPT	REVIEW DATE
Pathology	Lucia Balos, MD	1 YR	JAN 2014	DEC 2014
Plastics & Reconstructive Surgery	Thom Loree, MD	3 YRS	JAN 2013	DEC 2015
Psychiatry	Yogesh Bakhai, MD	3 YRS	JAN 2013	DEC 2015
Radiology	**Joseph Serghany, MD**	**1 YR**	**AUG 2014**	**DEC 2015**
Rehabilitation Medicine	Mark LiVecchi, MD	3 YRS	JAN 2013	DEC 2015
Surgery	William Flynn, MD	3 YRS	JAN 2013	DEC 2015
Urology	Kevin Pranikoff, MD	3 YRS	JAN 2014	DEC 2015

*The following physician members are currently members in good standing of our Active Medical/Dental Staff and are being recommended for the position of **ASSOCIATE** Chief of Service within their departments:*

DEPARTMENT	NAME	TERM	APPT
Chemical Dependency	Mohammadreza Azadfard, MD	1	BY CHIEF OF SERVICE
Internal Medicine	**Sergio Anillo, MD**	**1**	**BY CHIEF OF SERVICE**
Internal Medicine, Specialty Med.	Rocco Venuto, MD	1	BY CHIEF OF SERVICE
Internal Medicine	**Rebecca Calabrese, MD**	**1**	**BY CHIEF OF SERVICE**
Neurosurgery	Greg Castiglia, MD	1	BY CHIEF OF SERVICE
Radiology	Gregg I. Feld, MD	1	BY CHIEF OF SERVICE
Anesthesia	**Scott Plotkin, MD**	**1**	**BY CHIEF OF SERVICE**

(**Bold depicts new appointments)**

CREDENTIALS COMMITTEE MEETING
November 4, 2014

Committee Members Present:
Robert J. Schuder, MD, Chairman
Yogesh D. Bakhai, MD
Nirmit D. Kothari, MD
Brian M. Murray, MD
Richard E. Hall, DDS PhD MD FACS
Mandip Panesar, MS MD
Susan Ksiazek, RPh, Director of Medical Staff Quality and Education

Medical-Dental Staff Office and Administrative Members Present:
Tara Boone, Medical-Dental Staff Services Coordinator

Members Not Present (Excused *):
Gregg I. Feld, MD *
Timothy G. DeZastro, MD *
Christopher P. John, PA-C *
Judith Fenski, Credentialing Specialist*

CALL TO ORDER
The meeting was called to order at 3 PM by Dr. Robert J. Schuder. The proceedings from the previous meeting of October 7, 2014 were reviewed and accepted with minor edits noted.

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

A. Deceased - None

B. Applications Withdrawn
Internal Medicine
Jo, Joo Kyeong, NP — Allied Health Professional
Supervising Physician: Dr. Riffat Sadiq
Morey, Frederick, DO — Active Staff

C. Application Processing Cessation – None

D. Automatic Processing Conclusion (inactive applications > 180 days from date of signature)

E. Resignations
Emergency Medicine
Pierce, David, MD — 11/01/14
Internal Medicine
Bauman, Lisa, NP — 08/06/14
Supervising Physician: Mark D. Fisher, MD
Kwakye-Berko, Danielle, MD — 09/30/14
Sauvageau, Sandra, FNP — 10/16/14
Collaborating Physician: Yahya J. Hashmi, MD
Schmidt, Jessica, PA-C — 07/19/14
Supervising Physician: Mark D. Fisher, MD
Tukov, Magdalene, NP — 10/06/14
Collaborating Physician: Dr. Muhammad I. Achakzai

Oral and Maxillofacial Surgery
Jenson, Steven A., DDS 09/30/14
Orthopaedic Surgery
Trillizio, Jennifer, PA-C 11/12/14
Supervising Physician: Marc Fineberg, MD
Psychiatry
Masci, Jarod, MD 10/13/14
Williams, Stephen, MD 10/10/14
Radiology/Imaging Services - *Teleradiology*
Shin, Patrick, MD 09/21/14

FOR INFORMATION

CHANGE IN STAFF CATEGORY

Internal Medicine
Wagner, Jenia, MD Active Staff to Courtesy Staff, *Refer and Follow*

FOR OVERALL ACTION

CHANGE OR DEPARTMENT ADDITION

Internal Medicine - adding **Family Medicine**
Sumner, Miles, PA-C Allied Health Professional
Supervising Physician: Stephen Evans, MD
Internal Medicine- adding **Psychiatry (for CD privileges)**
Fisher, Mark D., MD Active Staff

FOR OVERALL ACTION

CHANGE OR ADDITION IN COLLABORATING/SUPERVISING ATTENDING

Internal Medicine
Anzelone-Kieta, Jennifer, PA-C Allied Health Professional
Supervising Physician: Srikrishna V. Malayala, MD
Schregel, Kristen, NP Allied Health Professional
Supervising Physician: Subrato Ghosh, MD
Szabad, Kristen, PA-C Allied Health Professional
Supervising Physician: Yahya J. Hashmi, MD

FOR OVERALL ACTION

PRIVILEGE ADDITION/REVISION

Emergency Department*
Bruni, Cristina, PA-C - Moderate Sedation
Hull, Chris, ANP - Moderate Sedation
Jurek, Jeffrey, PA-C - Moderate Sedation
Krolczyk, Steven, PA-C - Moderate Sedation
Nienburg, Sarah, PA-C -Moderate Sedation
FPPE satisfied with completion of requisite training
Internal Medicine
Hashmi, Yahya J., MD - Paracentesis
FPPE waived; represents a core privilege for an ICU practitioner
Neurosurgery
Pollina, John, MD - Incision & placement of skull in subcutaneous site
FPPE waived; represents a core privilege for neurosurgery

Psychiatry
McCunn, Kara, MD - ECT- Full Privilege
FPPE satisfied with completion of requisite training. Letter from ECMC proctor on file.

FOR OVERALL ACTION

PRIVILEGE WITHDRAWAL

None

APPOINTMENT APPLICATIONS, recommended

A. Initial Appointment Review (17)

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

Internal Medicine
Atwaibi, Mohamed, MD — Active Staff

Family Medicine
Manyon, Andrea, MD — Active Staff
Michel, Sandra, ANP — Allied Health Professional
Supervising Physician: Stephen Evans, MD
Sticht, Rebecca, PA-C — Allied Health Professional
Supervising Physician: Stephen Evans, MD
Ward, Jennifer, ANP — Allied Health Professional
Supervising Physician: Stephen Evans, MD

Orthopaedic Surgery
Cimorelli, Amanda, PA-C — Allied Health Professional
Supervising Physician: Robert Ablove, MD
Peterson, Andrew PA-C — Allied Health Professional
Supervising Physician: Michael Rauh, MD

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

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

FOR OVERALL ACTION

REAPPOINTMENT APPLICATIONS, recommended

C. Reappointment Review (20)

Emergency Medicine
Cristina Bruni, PA-C — Allied Health Professional
Supervising Physician: Dr. Kerry Cassel
Mark Sieminski, MD — Active Staff

Family Medicine
Charles Yates, MD — Active Staff

Internal Medicine

Shakeel Ahmad, MD	Courtesy Staff, *Refer & Follow*	
Therese Ball, ANP	Allied Health Professional	
Supervising Physician: Dr. Wajdy Hailoo		
Kimberly Pierce, ANP	Allied Health Professional	
Supervising Physician: Dr. Nirmit Kothari		
Entela Pone*, MD	Active Staff	****Defer to the December Credentials meeting***
Stephanie Snios, PA-C	Allied Health Professional	
Supervising Physician: Dr. Colin Tauro		
Miles Sumner, PA-C	Allied Health Professional	
Supervising Physician: Dr. Yahya J. Hashmi		
Joshua Washburn, PA-C	Allied Health Professional	
Supervising Physician: Dr. Sarosh Vaqar		
Stephanie Weldy, ANP	Allied Health Professional	
Supervising Physician: Dr. Nancy Ebling		
Alyssa Whiteside, PA-C	Allied Health Professional	
Supervising Physician: Dr. Colin Tauro		

Neurosurgery

Emily Grisante, PA-C	Allied Health Professional	
Supervising Physician, First Assist with Dr. John Fahrbach		
John Pollina, MD	Active Staff	

Orthopaedic Surgery

Elise Cruce, PA-C	Allied Health Professional	
Supervising Physician, First Assist with Dr. Andrew Stoeckl		
Shane Griffin, PA-C	Allied Health Professional	
Supervising Physician, First Assist with Dr. Christopher Ritter		
Nicole Ksiazek, PA-C	Allied Health Professional	
Supervising Physician, First Assist with Dr. Nicholas Violante		

Plastic & Reconstructive Surgery

Alice Spies, RNFA	Allied Health Professional	
Supervising Physician, First Assist with Dr. Thom Loree		

Psychiatry

Mark Sokoloff, PhD	Allied Health Professional	

Rehabilitation Medicine

Kimberly Pierce, ANP	Allied Health Professional	
Collaborating Physician: Rehabilitation Medicine: Dr. Mary Welch		

Teleradiology

Michael Hynes, MD	Active Staff	

FOR OVERALL ACTION

PROVISIONAL APPOINTMENT REVIEW, recommended

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

November 2014 Provisional to Permanent Staff		**Provisional Period Expires**
Cardiothoracic Surgery		
Carlson, Russell, E., MD	Active Staff	11/26/2014
Emergency Medicine		
Olsen, Erica, L., MD	Active Staff	11/26/2014
Family Medicine		
Ohira, Masashi, MD	Active Staff	11/26/2014

Internal Medicine		
Dang, Neha, MD	Active Staff	11/26/2014
Manoj, Kumar, MD	Active Staff	11/26/2014
Szigeti, Kinga, MD	Active Staff	11/26/2014
Tirunagara, Deepthi, MD	Active Staff	11/26/2014
Orthopaedic Surgery		
Card, Tiffany, E., PA-C	Allied Health Professional	11/26/2014
Supervising Physician: Dr. John Callahan		
Otolaryngology		
Young, Paul, R., MD	Active Staff	11/26/2014
Pathology		
Balos, Lucia, MD	Active Staff	11/26/2014
Psychiatry		
DiGiacoma, Michael, R., MD	Active Staff	11/26/2014
Gunn, Susan, A., PsyNP	Allied Health Professional	11/26/2014
Collaborating Physician: Dr. Zhanna Elberg		
Mutton, Holly, B., DO	Active Staff	11/26/2014

Also, the future January 2015 Provisional to Permanent Staff list was compiled now for Chief of Service and Collaborating / Supervising physician review 60 days before endorsement to the Medical Executive Committee.

FOR OVERALL ACTION

AUTOMATIC CONCLUSION- Reappointment Expiration, recommended

None

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

FOR OVERALL ACTION

OLD BUSINESS

Ad hoc BOD Committee Report - Oral Maxillofacial applicant

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

Vendor for Corporate Compliance Due Diligence

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

Dental Department Form Revisions

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

Internal Medicine Combined Allied Health Professional Privilege Form

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

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

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

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

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

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

Temporary Privilege expirations during Pending Initial Applications
Refer to the attached tracking system.

NEW BUSINESS

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

LEVEL II CORE PRIVILEGES

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

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

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

OVERALL ACTION REQUIRED

OPEN ISSUES

Nurse Practitioner NYS Law change effective January 2015
Committee action items remain:

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

FOR COMMITTEE INFORMATION

OTHER BUSINESS

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

FPPE **(Focused Professional Practice Evaluation)**

Emergency Department – 1 MD
Oral and Maxillofacial Surgery – 1 DMD
Surgery - 1 PA

OPPE **(Ongoing Professional Practice Evaluation)**

Radiology/Imaging Services - ***Teleradiology*** (41 MDs)
Internal Medicine – Team Health Hospitalist Group (6 MDs, 20 AHPs)

No report from the Patient Safety Office.

Discussion:

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

FOR COMMITTEE INFORMATION

ADJOURNMENT

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

Respectfully submitted,

Robert J. Schuder, MD,
Chairman, Credentials Committee

Att.

Report for the
Human Resources Committee Meeting of the
Board of Directors
Tuesday, November 17, 2014
9:30 a.m. - Staff Dining Room - 2nd Floor

I. NYSNA

There are no current ECMCC employees who are representing NYSNA. All authorized representatives are non-employees.

II. BENEFITS AND WELLNESS REPORT

•Benefits Fair was held on October 8, 2014 6 Am – 4 PM. The event was very well attended with an estimated number of attendees in excess of 800. Flu Shots and health screenings were available.

•ECMCC Annual Open Enrollment period is Monday, October 20 – Friday, November 21st, with an effective date of January 1, 2015.

•Implementing a premium saving initiative commencing January 1, 2015, with respect to "splitting" Retiree Medicare eligible contracts.

•ECMCC/LMHF Wellness Activities through 11/17/14:
Wellness Wednesday (every Wednesday)
Lose to Win Program (12 weeks)
Health Fair
Infection Control
Nutrition Exercise & Stress Pertaining to Chronic Disease
Memory Loss
Controlling Cholesterol
Skin Cancer Prevention
Live Diet Free
Stroke Recognition & Prevention
Back Injury Prevention
Holistic Health Overview
Diabetes Awareness & Education

III. WORKERS COMPENSATION REPORT

Reports attached.

IV. TERRACE VIEW REPORT

Report prepared by Nancy Curry, Associate Director of Administration

- Charles Rice, Administrator, will be retiring as of 12/05/14. We thank Chuck for assisting us during this transition and wish him well. Anthony DePinto is our new administrator starting 11/17/14.

- Continue to work on closed-floor staffing model for the nursing department. Team Leaders continue to participate in the scheduling of their neighborhoods as well as monitor time and attendance on a quarterly basis.
- Our annual Christmas party for staff will be held on 12/11/14. We provide a party for all three shifts with free meals (served by management), gifts for every employee and a basket/gift card raffle.
- We will be starting a focus group on LPN/RN new hire retention. These two titles have a much higher turnover rate within the first year compared to other titles. Focus group will consist of LPN's and RN's that struggled during the initial year as well as LPN's and RN's who have consistently done well mentoring new hires. By bringing these two groups together we can uncover what issues may be causing the turnover and develop plans to resolve the problems that may exist.
- In 2015 we will also start a Terrace View Employee Engagement Committee. This committee will be a cross-section of employees. We are seeking staff who are: dedicated to our mission; are kind and helpful to their fellow workers; and have a positive outlook. These are people who are willing to give discretionary efforts to give residents the very best care and make Terrace View a positive place to live and work. We are asking staff to nominate members who they think would be appropriate members. The purpose of the committee will be to discover what factors influence their engagement to the facility- both intrinsic and external factors. Utilizing that information, the committee may give us insight to what we need to change to increase other's engagement as well as improve resident services.
- New Hire, Separation and FMLA usage attached. Turnover is up .3% from last report.

Term Type	Employee	Title	Length	Reason		
Involuntary	CD	GDN	0.5	Time & Attend.		
Involuntary	KN	LPN RPT	0.2	Job Performance		
Involuntary	DJ	CNA RPT	7.4	Job Abandonment		
Involuntary	LD*	CNA	16.1	Job Performance		
Involuntary	EV	CNA	7.9	1 Yr. LWOP		
Involuntary	EV*	CNA	16.2	Job Performance		
Involuntary	EA*	CNA	10.1	Job Performance		
Involuntary	AP	CNA RPT	0.1	Job Abandonment		
Involuntary	KM	CNA RPT	0.0	Involuntary Term.		

ry						
Involuntary	LA	LPN RPT	4.1	Job Abandonment		
Voluntary	NR	LPN	29.8	Retirement		
Voluntary	TM	Household Asst	1.0	Voluntary Termination		
Voluntary	SJ	Household Asst	26.1	Voluntary Termination		
Voluntary	TL	Rec Assistant	5.6	Deceased		
Voluntary	JD	Household Asst	30.1	Retirement		
Summary	**Amount**	**Average Service Length**	**Percent**			
Separated	15					
Involuntary	10	6.3	66.67			
Voluntary	4	18.5	33.3			
Expired	1	5.6				
Active Staff	425					
Unpaid Leave	8					
Turnover Rate	0.04					
*Terminated as the result of independent AG investigation, replaced prior to term						

New Hires September 1-October 31

CNA	6
LPN	2
Housekeeper	2
General Duty RN	2
	12

Current Vacancies Posted	
CNA RPT	8
LPN	4
General Duty RN	1
Nursing Team Leader	1
Nursing Supervisor	1
Household Asst RPT	3

	18

Leave*/Transitional Duty as of 11/14/2014	
Medical Leave Unpaid	10.00
Med Leave Unpaid WC	5.00
Medical Leave Paid	7.00
Transitional Duty	11.00
	33.00

*Leave=absence of greater than 2 weeks

Anticipated Hires November 17-December 1	
Administrator	1
LPN	4
CNA	2
GDN	2
Recreation Assistant	1
	10

V. EMPLOYEE TURNOVER REPORT
See attached reports.

September 2014	Active	Termed	%
ECMC	2591	40	1.54%
TV	435	6	1.38%

October 2014	Active	Termed	%
ECMC	2611	21	.80%
TV	436	6	1.38%

VI. RECRUITMENT

Trocaire - RNs - 10/30
UB Convocation - RNs - 11/20
Buffalo West Side Career Fair - 10/30

VII. EMPLOYEE COMMITTEE

The Employee Committee has held two Employee Recognition dinners for recognizing years of service. They were held on October 15th and November 12th.

VIII. NEW INFORMATION

ERIE COUNTY MEDICAL CENTER CORPORATION

REPORT TO THE BOARD OF DIRECTORS
RICHARD C. CLELAND MPA, FACHE, NHA
PRESIDENT, COO & INTERIM CHIEF EXECUTIVE OFFICER
NOVEMBER 25, 2014

CUSTOMER SERVICE (VALUE BASED PURCHASING) + QUALITY

	Benchmarks	Calendar Year-to-Date		Qtr 2 2014	Qtr 1 2014
Overall	NRC Average*	Current YTD	Previous Year		
Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?	71.0%	63.1% PR=21	63.5% PR=22	62.4%	63.8%

Key Drivers	NRC Average*	Current YTD	Previous Year	Qtr 2 2014‡	Qtr 1 2014
Communication with Nurses	78.9%	76.5% PR=31	71.9% PR=10	78.8%	74.4%
Communication with Doctors	80.6%	76.7% PR=21	72.2% PR=7	77.3%	76.1%
Communication About Meds	64.4%	61.9% PR=32	56.7% PR=8	61.9%	62.0%

Highest Scores	NRC Average*	Current YTD	Previous Year	Qtr 2 2014‡	Qtr 1 2014
Discharge Information	87.1%	89.1% PR=68	84.6% PR=32	89.6%	88.7%
Communication with Nurses	78.9%	76.5% PR=31	71.9% PR=10	78.8%	74.4%
Communication with Doctors	80.6%	76.7% PR=21	72.2% PR=7	77.3%	76.1%

Lowest Scores	NRC Average*	Current YTD	Previous Year	Qtr 2 2014‡	Qtr 1 2014
Cleanliness / Quietness	66.2%	52.7% PR=3	52.0% PR=2	57.3%	48.6%
Communication About Meds	64.4%	61.9% PR=32	56.7% PR=8	61.9%	62.0%
Overall Rating of Hospital	71.0%	63.1% PR=21	63.5% PR=22	62.4%	63.8%

Our 2014 2nd quarter VBP scores have closed. We have made significant improvements in some areas (Public Ranking over 2013), including:

- Communication with Nurses +21;
- Communication with Doctors +14;
- Communication Medications +24;
- Discharge Information +36;

Some of the areas continue to be a challenge including:

- Cleanliness and Quietness
- Overall Rating of Hospital

Our leadership team will be challenged over the next few months to develop additional strategies to better position our organization in achieving higher scores. Several strategies we are "exploring" include expanding the number and roles of our patient advocates and ambassadors, creating a patient-family engagement council and actively involving our executive leadership in the "grass roots," meaning we become more visible and communicate at a higher level. In addition, we will work more directly with patients and families on strategies and changes to enhance their care needs.

HOSPITAL OPERATIONS

Volumes continue to reflect favorable trends with continued improvement over prior year actual results (by an average 9.4% across the board for October and 9.4% YTD). October operations resulted in an operating profit of $1,059,000. This includes several one-time favorable and unfavorable adjustments. Management continues executing its operational performance improvement plan. Year to date we have achieved a $79,000 operating profit. 2014 is much improved over last year, same period ($2.7 million dollar operating loss). Several key statistics include:

- Acute discharges +111 higher than October 2013;
- LOS 5.8 and much improved in comparison to October 2013 (6.3);
- Operating room volumes missed budget for October (inpatient by 3.3% and outpatient by 5.4%), however, exceed 2013 volumes by 608 cases;
- Outpatient visits missed budget by 11.9% however we still remain 3.2% over budget YTD;
- Emergency room visits missed budget by 4.1% and YTD 5.6% below budget.

Partial November volumes are trending well below budget. In addition, the "Snovember" storm significantly impacted discharges, admissions, outpatient volumes and operating room cases. Management will need to closely monitor expenses and work very hard in creating opportunities to accommodate surgical volumes and restore admissions and discharge volumes.

Construction continues on the 6th floor on the Russell J. Salvatore Orthopedic Unit. It is very impressive! We look to a February 2015 opening.

Our "Behavioral Health Center of Excellence" project concluded with the opening of the new "Transitions Unit". This unit is located on 4th floor zone 3 and has been created and designed to treat highly aggressive mental health patients. The design, staffing and programming is specialized and provides an enhance treatment environment.

TERRACE VIEW

Anthony DePinto has been appointed administrator and started November 17, 2014. His previous position was with Elderwood as the administrator of Riverwood.

DSRIP (DELIVERY SYSTEM REFORM INCENTIVE PAYMENT)

Millennium Collaborative Care is the name selected for the DSRIP program led by ECMCC. Millennium Collaborative Care (MCC) represents over 400 aligned community providers, 3,900 individuak providers and over 150,000 Medicaid lives.

DSRIP funding year to date has included $8.5 million in Interim Access Assurance Funding (IAAF) and $1.5 million in planning grant dollars (an additional $500,000 was approved by DOH in early November).

We have recruited a chief integration officer who will help strengthen the population health areas. In addition, we have retained CTG for some short term project management assistance with the DSRIP application. We are currently looking to recruit a medical director, an executive director and data analytics staff.

The DSRIP application must be completed by December 22, 2014.

OTHER

In late October, ECMCC volunteered to become an Ebola-designated center. Both the NYS Department of Health and the CDC will work closely with ECMC. The community benefits because ECMC will receive significantly more assistance from these state and federal agencies that should result in care at the higher standard.

I would like to thank all the employees and staff at ECMC for their dedication, commitment and the sacrifices they made in assuring that the hospital continued operating over the five day Snovember storm. I have never worked with a better group of individuals. I am very proud of how we as a team pulled through this very challenging time and continued to meet the needs of our patients.

Sincerely yours,

Richard C. Cleland

The difference between healthcare and true care™

Internal Financial Reports

For the month ended October 31, 2014

Erie County Medical Center Corporation

Management Discussion and Analysis
For the month ended October 31, 2014

For the month of October operating income amounted to $1,059,000 which was unfavorable to budget by $275,000 and unfavorable to prior year by $143,000. On a year to date basis, operating income amounts to $79,000 which is $120,000 unfavorable to budget and $2,728,000 favorable to prior year. The primary reasons for the favorable performance for October include the favorable impact of; an increase in IGT revenue, increase in professional related billings, increases in Net Revenue yield and favorable liability settlements which were offset by reduced revenues due to volume and increases in expenses as further noted below.

- Discharges for October were 142 (9%) greater than the prior year and 66 (3.8%) less than budget at 1,651 and 1,717 respectfully. The unfavorable October discharge variance is primarily due to 25 fewer acute services, 26 fewer behavioral health services, 4 fewer in transitional care services and 16 fewer in medical rehab services. This was offset by 5 more chemical dependency services.

- The Medicare acute case mix for October was 1.77 compared to budget of 1.82 and Non-Medicare acute case mix for October was 1.86 compared to budget of 1.78.

- An increase in professional related billings contributed to the positive operating revenue variance. An increase in the estimated IGT due to ECMC in the amount of $500,000 was recognized. In addition, $241,000 of the variance is attributed to various timing issues.

- Salaries and contract labor were favorable to budget for October by $709,000. Favorable volume, productivity and accrued payroll expense were partially offset by unfavorable hourly rate, contract labor and PTO liability variances.

- Benefits were favorable to budget for October by $559,000 primarily due to the continued effects of an updated projection of year end pension funding ($286,000). In addition, lower than anticipated costs for employment related taxes, workers' compensation and unemployment also contributed to the favorable budget variance by $141,000. Further contributing to a favorable budget variance was a decrease in health insurance related costs by $132,000.

- Physician fees were unfavorable to budget in October by $273,000. This is consistent with the year to date variance of $3,557,000 (average monthly variance of $356,000).

- Purchased services were to unfavorable to budget in October by $353,000 primarily due to increased costs for contractual services and higher than anticipated costs for general repairs.

A summary of the major variance in revenue and expenses for the month of September and year to date is as follows: (in thousands)

	Revenue	Expenses	MTD Net Income	YTD Net Income
Volume	(1,119)	580	(539)	(3,951)
Rate Variances	680	(1,490)	(810)	(8,198)
Productivity/Efficiency		644	644	(251)
Fixed Cost		494	494	(268)
3rd Party Adjustments			-	2,612
IGT/UPL	500		500	17,592
Bad Debt & Charity	71		71	(804)
Other Revenue	192		192	1,499
Professional Billing/Physician Fees	313	(273)	40	(4,468)
Benefits		559	559	3,317
Purchased Services		(352)	(352)	(4,113)
Depreciation & Interest		(380)	(380)	(2,389)
Other Expenses, Net		(694)	(694)	(698)
Operating Income/(Loss)	637	(912)	(275)	(120)

Erie County Medical Center Corporation

Balance Sheet
October 31, 2014 and December 31, 2013

(Dollars in Thousands)

	October 31, 2014	Audited December 31, 2013	Change from December 31st
Assets			
Current Assets:			
Cash and cash equivalents	$ 12,218	$ 8,235	$ 3,983
Investments	23,699	2,394	21,305
Patient receivables, net	49,905	47,815	2,090
Prepaid expenses, inventories and other receivables	71,058	60,597	10,461
Total Current Assets	156,880	119,041	37,839
Assets Whose Use is Limited:			
Designated under self-Insurance programs	75,272	77,428	(2,156)
Designated by Board	5,865	15,546	(9,681)
Restricted under third party agreements	32,445	25,063	7,382
Designated for long-term investments	21,661	23,183	(1,522)
Total Assets Whose Use is Limited	135,243	141,220	(5,977)
Property and equipment, net	289,561	289,224	337
Other assets	26,586	9,109	17,477
Total Assets	$ 608,270	$ 558,594	$ 49,676
Liabilities & Net Assets			
Current Liabilities:			
Current portion of long-term debt	$ 7,372	$ 7,226	$ 146
Accounts payable	28,188	37,359	(9,171)
Accrued salaries and benefits	18,879	19,689	(810)
Other accrued expenses	65,062	22,041	43,021
Estimated third party payer settlements	28,429	22,133	6,296
Total Current Liabilities	147,930	108,448	39,482
Long-term debt	170,105	173,129	(3,024)
Estimated self-insurance reserves	53,554	50,894	2,660
Other liabilities	117,615	110,115	7,500
Total Liabilities	489,204	442,586	46,618
Net Assets			
Unrestricted net assets	108,017	104,959	3,058
Restricted net assets	11,049	11,049	0
Total Net Assets	119,066	116,008	3,058
Total Liabilities and Net Assets	$ 608,270	$ 558,594	$ 49,676

Erie County Medical Center Corporation

Statement of Operations

For the month ended October 31, 2014

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net patient revenue	$ 38,792	$ 39,229	$ (437)	$ 34,823
Less: Provision for uncollectable accounts	(2,125)	(2,196)	71	(2,174)
Adjusted Net Patient Revenue	36,667	37,033	(366)	32,649
Disproportionate share / IGT revenue	4,759	4,259	500	9,236
Other revenue	3,071	2,567	504	2,291
Total Operating Revenue	44,497	43,859	638	44,176
Operating Expenses:				
Salaries & wages / Contract labor	14,822	15,532	710	14,897
Employee benefits	8,563	9,122	559	8,869
Physician fees	5,037	4,764	(273)	5,161
Purchased services	3,534	3,182	(352)	3,489
Supplies	6,264	5,782	(482)	6,074
Other expenses	1,696	1,077	(619)	1,494
Utilities	643	568	(75)	600
Depreciation & amortization	2,173	1,803	(370)	1,666
Interest	706	695	(11)	724
Total Operating Expenses	43,438	42,525	(913)	42,974
Income/(Loss) from Operations	**1,059**	**1,334**	**(275)**	**1,202**
Non-operating Gain/(Loss):				
Interest and dividends	209	-	209	489
Grants - HEAL 21	-	-	-	-
Unrealized gain/(loss) on investments	673	292	381	2,288
Non-operating Gain/(Loss)	882	292	590	2,777
Excess of Revenue/(Deficiency) Over Expenses	$ 1,941	$ 1,626	$ 315	$ 3,979
Retirement health insurance	1,375	1,411	(36)	1,576
New York State pension	1,827	2,132	(304)	2,060
Impact on Operations	$ 3,202	$ 3,543	$ (340)	$ 3,636

The difference between healthcare and true care™

Erie County Medical Center Corporation

Statement of Operations

For the ten months ended October 31, 2014

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net patient revenue	$ 361,647	$ 368,012	$ (6,365)	$ 337,637
Less: Provision for uncollectable accounts	(21,366)	(20,562)	(804)	(19,831)
Adjusted Net Patient Revenue	340,281	347,450	(7,169)	317,806
Disproportionate share / IGT revenue	60,185	42,592	17,593	50,249
Other revenue	26,255	25,666	589	20,501
Total Operating Revenue	426,721	415,708	11,013	388,556
Operating Expenses:				
Salaries & wages / Contract labor	150,363	150,045	(318)	141,747
Employee benefits	86,312	89,629	3,317	85,128
Physician fees	51,196	47,639	(3,557)	44,337
Purchased services	35,518	31,405	(4,113)	28,836
Supplies	58,348	54,971	(3,377)	53,903
Other expenses	10,989	10,753	(236)	7,916
Utilities	6,540	6,080	(460)	5,916
Depreciation & amortization	20,399	18,035	(2,364)	16,513
Interest	6,977	6,953	(24)	6,910
Total Operating Expenses	426,642	415,510	(11,132)	391,206
Income/(Loss) from Operations	**79**	**198**	**(119)**	**(2,650)**
Non-operating Gain/(Loss):				
Interest and dividends	2,374	-	2,374	2,935
Grants - HEAL 21	-	-	-	-
Investment Income/(Loss)	1,527	2,917	(1,390)	18,060
Non-operating Gain/(Loss)	3,901	2,917	984	20,995
Excess of Revenue/(Deficiency) Over Expenses	$ 3,980	$ 3,115	$ 865	$ 18,345
Retirement health insurance	13,750	13,888	(138)	11,561
New York State pension	19,908	21,096	(1,188)	19,540
Impact on Operations	$ 33,658	$ 34,984	$ (1,326)	$ 31,101

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Erie County Medical Center Corporation

Statement of Changes in Net Assets

For the month and ten months ended October 31, 2014

(Dollars in Thousands)

	Month	Year-to-Date
Unrestricted Net Assets:		
Excess/(Deficiency) of revenue over expenses	$ 1,941	$ 3,980
Other transfers, net	(91)	(922)
Contributions for capital acquisitions	-	-
Net assets released from restrictions for capital acquisition	-	-
Change in Unrestricted Net Assets	1,850	3,058
Temporarily Restricted Net Assets:		
Contributions, bequests, and grants	-	-
Other transfers, net	-	-
Net assets released from restrictions for operations	-	-
Net assets released from restrictions for capital acquisition	-	-
Change in Temporarily Restricted Net Assets	-	-
Change in Net Assets	1,850	3,058
Net Assets, beginning of period	117,218	116,008
Net Assets, end of period	**$ 119,068**	**$ 119,066**

Erie County Medical Center Corporation

Statistical and Ratio Summary

	October 31, 2014	December 31, 2013	ECMCC 3 Year Avg. 2011 - 2013
Liquidity Ratios:			
Current Ratio	1.1	1.1	1.2
Days Operating Cash, includes current Investments	26.4	8.5	33.9
Days in Designated Cash & Investments (Covenant 57 days)	102.0	101.9	134.9
Days in Patient Receivables	44.6	47.4	44.1
Days Expenses in Accounts Payable	20.7	30.0	30.2
Days Expenses in Current Liabilities	108.7	87.2	102.6
Cash to Debt	66.0%	57.4%	80.5%
Working Capital	$ 8,950	$ 10,593	$ 19,379
Capital Ratios:			
Long-Term Debt to Fixed Assets	58.7%	59.9%	82.5%
Assets Financed by Liabilities	80.4%	79.2%	80.6%
EBIDA Debt Service Coverage (Covenant > 1.1)	1.8	1.6	1.6
Capital Expense	3.3%	3.3%	2.7%
Debt to Capitalization	62.2%	63.2%	69.2%
Average Age of Plant	13.1	14.9	15.7
Debt Service as % of NPSR	3.9%	4.2%	3.4%
Capital as a % of Depreciation	101.7%	252.3%	376.0%
Profitability Ratios:			
Operating Margin	0.0%	0.2%	0.2%
Net Profit Margin	1.1%	2.1%	0.6%
Return on Total Assets	0.8%	1.4%	0.5%
Return on Equity	4.0%	6.9%	-1.8%
Productivity and Cost Ratios:			
Total Asset Turnover	0.9	0.9	0.8
Total Operating Revenue per FTE	$ 186,250	$ 174,160	$ 165,737
Personnel Costs as % of Total Revenue	52.8%	55.0%	56.2%

The difference between healthcare and true care™

Erie County Medical Center Corporation

Key Statistics

Period Ended October 31, 2014

Current Period					Year to Date			
Actual	**Budget**	**% to Budget**	**Prior Year**		**Actual**	**Budget**	**% to Budget**	**Prior Year**
				Discharges:				
1,054	1,079	-2.3%	943	Med/Surg (M/S) - Acute	9,640	10,351	-6.9%	9,343
363	389	-6.7%	319	Behavioral Health	3,160	3,709	-14.8%	2,238
143	139	2.9%	134	Chemical Dependency (CD) - Detox	1,339	1,342	-0.2%	1,315
28	27	3.7%	30	CD - Rehab	258	261	-1.1%	259
27	43	-37.2%	46	Medical Rehab	304	367	-17.2%	386
36	40	-10.0%	37	Transitional Care Unit (TCU)	316	386	-18.1%	182
1,651	1,717	-3.8%	1,509	Total Discharges	15,017	16,416	-8.5%	13,723
				Patient Days:				
6,150	6,436	-4.4%	5,906	M/S - Acute	60,265	61,410	-1.9%	60,978
3,681	4,709	-21.8%	3,840	Behavioral Health	38,419	42,406	-9.4%	28,721
471	473	-0.4%	446	CD - Detox	4,621	4,406	4.9%	4,393
482	539	-10.6%	496	CD - Rehab	4,758	5,023	-5.3%	4,815
898	842	6.7%	943	Medical Rehab	7,764	7,965	-2.5%	8,252
409	491	-16.7%	357	TCU	4,036	4,447	-9.2%	2,371
12,091	13,490	-10.4%	11,988	Total Patient Days	119,863	125,657	-4.6%	109,530
				Average Daily Census (ADC):				
198	208	-4.4%	191	M/S - Acute	198	202	-1.9%	201
119	152	-21.8%	124	Behavioral Health	126	139	-9.4%	94
15	15	-0.4%	14	CD - Detox	15	14	4.9%	14
16	17	-10.6%	16	CD - Rehab	16	17	-5.3%	16
29	27	6.7%	30	Medical Rehab	26	26	-2.5%	27
13	16	-16.7%	12	TCU	13	15	-9.2%	0
390	435	-10.4%	387	Total ADC	394	413	-4.6%	353
				Average Length of Stay:				
5.8	6.0	-2.2%	6.3	M/S - Acute	6.3	5.9	5.4%	6.5
10.1	12.1	-16.2%	12.0	Behavioral Health	12.2	11.4	6.3%	12.8
3.3	3.4	-3.2%	3.3	CD - Detox	3.5	3.3	5.1%	3.3
17.2	20.0	-13.8%	16.5	CD - Rehab	18.4	19.2	-4.2%	18.6
33.3	19.6	69.9%	20.5	Medical Rehab	25.5	21.7	17.7%	21.4
11.4	12.3	-7.4%	-	TCU	12.8	11.5	10.9%	-
7.3	7.9	-6.8%	7.9	Average Length of Stay	8.0	7.7	4.3%	8.0
				Occupancy:				
83.0%	91.0%	-8.8%	79.2%	% of M/S Acute staffed beds	83.0%	86.5%	-4.0%	79.2%
				Case Mix Index:				
1.77	1.82	-3.0%	1.76	Medicare (Acute)	1.77	1.80	-2.0%	1.77
1.86	1.78	4.3%	1.95	Non-Medicare (Acute)	1.79	1.76	1.4%	1.85
188	188	0.0%	191	Observation Status	2,035	1,633	24.6%	1,746
498	515	-3.3%	473	Inpatient Surgeries	4,834	4,905	-1.4%	4,336
714	755	-5.4%	670	Outpatient Surgeries	6,466	6,767	-4.4%	6,356
31,519	35,780	-11.9%	31,584	Outpatient Visits	320,005	310,161	3.2%	289,982
5,647	5,888	-4.1%	5,532	Emergency Visits Including Admits	55,770	59,072	-5.6%	54,379
44.6	45.0	-0.9%	52.8	Days in A/R	44.6	45.0	-0.9%	52.8
6.0%	6.2%	-3.3%	6.9%	Bad Debt as a % of Net Revenue	6.5%	6.2%	4.9%	6.6%
2,431	2,555	-4.8%	2,404	FTE's	2,441	2,514	-2.9%	2,383
3.44	3.35	2.5%	3.46	FTE's per Adjusted Occupied Bed	3.45	3.49	-1.0%	3.74
$ 11,165	$ 11,111	0.5%	$ 10,876	Net Revenue per Adjusted Discharge	$ 11,455	$ 10,881	5.3%	$ 11,571
$ 12,910	$ 12,623	2.3%	$ 14,153	Cost per Adjusted Discharge	$ 14,082	$ 12,927	8.9%	$ 14,109
Terrace View Long Term Care:								
11,867	11,904	-0.3%	11,832	Patient Days	116,363	116,736	-0.3%	109,577
383	384	-0.3%	382	Average Daily Census	383	384	-0.3%	360
446	446	0.0%	434	FTE's	447	441	1.3%	430
6.9	6.9	0.3%	6.8	Hours Paid per Patient Day	6.5	6.4	1.6%	6.6

REPORT TO THE BOARD OF DIRECTORS
MARY L. HOFFMAN
SENIOR VICE PRESIDENT OF OPERATIONS
NOVEMBER 2014

BEHAVIORAL HEALTH:

- Transition Unit 4zone3, specialty unit for aggressive patients, opened on October 20 with four patients. No use of seclusions, restraints, patient safety issues or injury to date. Plan to slowly increase census to 10 patients.
- Plan for psych consult service to begin at Terrace View by December 1.
- CPEP maintaining high volumes of patients, average daily census and BH admissions.
- Plan to provide medical screening in CPEP vs. MedED will be implemented before December 1, which should improve throughput and positively impact the patient experience.
- BH continues to experience decreased LOS.
- **OMH Activity:**
    - Notified plans submitted from Outpatient and CPEP surveys were satisfactory.
    - OMH monthly calls have been moved to every other month based on progress made.

BRIDGE UPDATE:

- BRIDGE Steering Committee is meeting monthly to operationalize processes initiated with Novia and complete transition back to ECMC Administration and management to sustain changes.
- Physician dashboards have been developed and are being integrated into monthly department meetings. Regular medical and surgical care redesign meetings have been established to maintain ongoing accountability.
- All teams focusing on sustainability.

CARE MANAGEMENT:

- Redesign of Appeals and Denial: Staff has been educated in RIC tool process. All denials are being entered into this system to allow uniformed denial process flow between the Compliance, Utilization, and Finance departments.
- Re-refinement of the Social Worker / Discharge Planning roles to provide a more consistent approach to the patients discharge planning processes.
- InterQual training (via interactive web-based program) has been completed for the RN Case Managers, Behavior Health UR RN, and Post Acute Care Case Managers.
- Continuing concentrated focus on the ALC patient discharges.
- Increased focus on Physician Advisory Rounds, with the end goal of decreased discharge LOS by expediting discharges of difficult cases.

TERRACE VIEW:

- New Administrator, Anthony DePinto, began on November 17.
- Working on planning retirement party for C. Rice at TV on December 5, 2-4 pm .

- Meeting this week with Dr. Orlick and Dr. Grimm to identify rooms at TV to activate Hospice contract, will have decision this week.
- Dr. Cummings engaged to begin rounding Psych NP on Kensington Behavioral Unit, beginning to discuss expansion of behavioral units to suite needs of grant and ECMC, Kensington occupancy consistently 100% with waiting list.
- TV occupancy consistently hovering around 98% (95%, 5+ open sub acute).
- Case Mix submission initiated last week, programs in place to manage and capture care on patient reporting tools, goal to increase case mix index to capture greater revenue for care we deliver goal of 0.05 increase this submission.
- Quality Measure Programs in place, antipsychotic program shows gradual reduction in quality measure associated (0.5%).
- K-9 Event is November 5 at 5pm with West Seneca, Hamburg, and Cheektowaga K-9 units to train police and K-9.

HR and Staffing

- Working with Ron Krawiec and Donna Brown on grant to bring CNA training program to TV; 6-8 adult program through Buffalo School system to reinvigorate our staffing. Difficulty of finding 2400 sq. ft. remains to locate the program.
- Met with Jeannine Brown Miller, HR and Nursing to work on staff empowerment programs; staff satisfaction survey out this week, we will review results, establish work plan and share with staff.
- RN and LPN vacancies remaining, goal to increase clinical relationship with area colleges to aide in recruiting patterns.
- Revenue expansion and capturing potential will be reviewed with Finance. Case Mix change, if reached, could account for entire increase in payroll cost.

TRANSPLANT SERVICES:

- Phyllis Murawski, RN, MS, appointed as Transplant Administrator effective November 1.
- On November 12, UNOS Board of Directors accepted MPSC recommendation of one year probation for living donor program.
- Independent Peer Review completed September 29-30; formal report pending.
- Living donor program up and running with two patients thus far.
- Team building initiative ongoing with staff.

AMBULATORY SERVICES:

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

- Dr. Young started an ENT clinic on November 5, 2014 with a full schedule.
- Dermatology clinic is up and running 4 hour sessions, 3 weeks a month.
- Dr. Dang is running three 4 hour sessions a week and is adding more sessions as needed.
- New 4+1 resident program is continuing to work well in Internal Medicine. Transition of care, urgent, sick and flu visits for established patients are immediate.
- Allscripts implementation process is continuing forward in Suite 130/132/135, with Neurology, Neurosurgery, and GI the first clinics to go live. All of Ambulatory will be up and running by March 2015.
- Behavioral Health Education and Engagement Initiative, has been started in Immunodeficiency for better linking of HIV+ people with a behavioral health diagnosis to appropriate care and supporting their follow-up to that care.

- The Behavioral/Internal Medicine clinic is up and running in the new Behavioral Health Building. We continue to receive referrals and our staff is managing patient no-shows by follow-up with the patients and their counselors.
- We have hired a Chief of Service for Family Medicine; Dr. Manyon and a Medical Director for Cleve-Hill, Dr. Ghazi. Also, we have reconfigured the front office area at Cleve-Hill to reduce throughput time.
- We completed the submission for Immunodeficiency for Patient Centered Medical Home and are awaiting our results.
- We have started The Gunderson Model Training with Immunodeficiency staff.
- Occupational and Environment Medicine clinic is progressing well.
- We have developed a plan with our providers to increase the referral process to the specialty clinics. Upon discharge we are contact the specialty clinic the patient requires and the MOA will schedule the appointment, if urgent visits are needed the Program Manager will help with the process.
- Our outpatient dialysis unit is working on their Five Diamond Recognition Award with 4 of the 5 modules submitted and accepted.
- HealthiER is currently functioning in the ED and IMC very well.
- We are currently working with Drs. Orlick & Grimm, along with Sandra Lauer & Elder Wiggins on development of a palliative care clinic to fall within DSRIPs goals & objective.

RADIOLOGY:

- Overall volumes have been good. Running 3,000 procedures behind last year. We have been playing catch up since January and February when volumes were very low.
- **Ultrasound** - Volumes continue to increase. Plan to add an additional ultrasonographer in January 2015 and add Saturday hours to keep up with additional volumes.
- **CT** - Moving forward with two (2) scanners to replace the existing scanners. We are in the early stages of this project. Bariatric patients will be accommodated by the first scanner being installed.
- **Radiology/ Fluoro room - R&F**- New unit in the early stages of planning will replace a unit that is no longer in service. A bariatric/ handicap bathroom will also be a part of this plan. Bariatric, Speech Therapy, Interventional Radiology and Radiology will all benefit from this room. The weight capacity for this table will exceed 600 lbs and can be used for radiology plain imaging as well as fluoroscopy cases.
- Dr. Joseph Morrell is planning to leave ECMC on December 19. His loss will be felt by many. He is highly respected by referring physicians and technical staff.
- **Research studies** - Radiology is involved in five (5) research studies and additional projects are pending approval. There is not a high volume of patients for each study, but we have a good relationship between UB Orthopaedics and Radiology.

REHABILITATION SERVICES:

- Successfully completed first Rehab Symposium. Mike Abrams, PT Inpatient Supervisor, and Dr. Livecchi were speakers. Approximately $ 5,000 received from symposium to be used for department continuing education.

- Setting up a physiatry practice for ECMC; working with Rehab team to have all aspects in place by January 2015. Dr. Livecchi has identified key personnel he is interested in hiring as part of the service line team.
- Volumes are down 5% from 2013 YTD; however, October visits are up by 76 from 2013. Also, receipts have increased $71,857.75 during January 1 – October 31, 2014. This is due to consistent revenue cycle evaluation and improvement between Rehab management and the revenue cycle team.
- Submitted a letter of intent to the Children's Guild for funding to expand the behavioral health program at PEDS.

SERVICE LINES:

- Leadership in transition for Head, Neck/Dental/Oral Oncology and Oncology services. Working with medical leaders to develop new organization structure and staffing model.

Erie County Medical Center Corporation
Report to the Board of Directors
Ronald J. Krawiec, Senior Vice President of Operations
November 25, 2014

PHARMACEUTICAL SERVICES – RANDY GERWITZ

Track and Trace Legislation

Under the Drug Supply Chain Security Act, starting January 1, 2015, manufacturers and wholesalers must provide certain transaction information to the subsequent purchaser of a drug when the drug is transferred due to change of ownership. This track-and-trace statute is intended to develop a history of the physical locations of medications as they move through the supply chain. Starting on July 1, pharmacies cannot accept drug shipments without receiving required information from the drug's prior owner. This statute has affected 340B contract pharmacy arrangements. Under these 340B arrangements, a contract pharmacy dispenses drugs from its own inventory to a hospital's 340B patients. The hospital then buys drugs to replenish the pharmacy's inventory and has its wholesaler ship them to the pharmacy. The hospital generally never takes possession of the drugs. Once the contract pharmacy receives the medications, the pharmacy incorporates them into its inventory. The pharmacy is then free to dispense those drugs to any patient, regardless of whether they are a 340B patient of the hospital.
Because title passes first to the hospital and then to the contract pharmacy, some wholesalers are interpreting the DSCSA as requiring them to send transaction information to the hospital, even though the hospital generally never takes possession of the medications because the drugs are sent directly to the contract pharmacy. Significant concerns have been raised about hospitals' ability to transmit that data to the contract pharmacy. Failure to do so could preclude contract pharmacies from accepting the shipment of medications.

There are several potential barriers to hospitals being able to transmit this information under current law. The DSCSA requires the owner of a drug to include a statement that they "received the product" when sending transaction information to the subsequent owner. Since hospitals typically do not take physical possession of the drugs, they could not state that they received the medications. In addition, it is unclear whether hospitals qualify as one of the types of entities authorized by the statute to transmit the information. Also, there could be a substantial cost to setting up the mechanisms needed to receive and share the information, especially for those hospitals that do not operate their own pharmacies.

This is an unintended consequence of the statute. The language was not drafted with 340B contract pharmacies in mind. To address this problem, SNHPA and the other associations explained to the FDA how contract pharmacy arrangements operate and how the statute might present challenges for these arrangements. We also presented possible solutions including the FDA issuing guidance permitting wholesalers to send transaction information directly to contract pharmacies. We plan to work with the other groups to identify and share additional information with the FDA that could help address this issue.

LABORATORY – JOSEPH KABACINSKI

Regulatory - Accreditation Surveys

The Department of Laboratory Medicine and Pathology will be scrutinized with three reaccreditation surveys in 2015. The Department's approach to accreditation surveys is to be in a state of perpetual readiness.

- The surveys include the Joint Commission unannounced reaccreditation survey that can occur within a six-month "window" between February 9, 2015 and August 9, 2015. JC accreditation of the Lab is for two years.

- We are also due for our New York State accreditation survey in Spring of 2015. This survey generally lasts for five days and is used by the federal CLIA program due to New York State's "deemed" status. We undergo the New York State Lab accreditation survey every two years.

- In May 2015, we will also undergo our 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 is also for a two year period and demonstrates our compliance and adherence to rigorous requirements established for excellence in Transfusion Medicine.

University of Buffalo Pathologists Inc (UBP) is very encouraged in their efforts to recruit a new Director-Chief of Service for the ECMCC Department of Anatomic Pathology. UBP is in final negotiation with Dr. Margaret Brandwein-Gensler who specializes in Head and Neck pathology according to UBP President, Dr. John Tomaszewski. Dr. Brandwein-Gensler will be visiting Buffalo on Thursday, December 4, to complete negotiations. Dr. Lucia Balos has been ECMC's Interim Director-Chief of the Pathology Service since Dr. Woytash retired.

Capital approval was received for a CRYOSTAR NX50 HD cryostat for the Pathology Suite in the Operating Room. This cryostat replacement is necessary for processing surgical biopsies/specimens for immediate diagnosis by a pathologist while surgery is in process and the patient is "on the table". Delivery is scheduled for January 4, 2015. The plan design to update the Anatomic Pathology lab facility at ECMCC has been approved. The Pathology Department is virtually the same as when it opened in the mid 1970's. A detailed list of equipment has been assembled and preliminary quotes have been obtained. The anticipated upgrades will improve the functions and flow within the department and greatly assist in processing specimens in conjunction with our new Kaleida and UB Pathology relationships.

The Lab completed revisions of the Phlebotomy Department Policy and Procedure manual. Phlebotomy coverage is provided 365 days a year at ECMCC. All aspects of the integration with KH that impact phlebotomy and specimen collection will be incorporated into the updated manual.

A UNYTS Blood Drive was held on Thursday, October 16 in the Staff Dining Room. The next drive will be held on Thursday, December 18.

PLANT OPERATIONS – DOUG FLYNN

General Project Updates

The Behavioral Health Center of Excellence Project, 4 Zone 3 is completed and opened for business on Monday, October 20.

Universal Care Unit @ 6 Zone 1 on target for occupancy on January 1.

GI Lab Renovation is on target for occupancy on December 1.

Exterior Signage Project is on target for full completion by mid December. Shipments of the new signs have started to arrive.

Orthopedic Inpatient Care @ 6 North on target for occupancy on March 1.

Renovation of the Lifeline Suite is in full swing, the "fast-tracked" approach has our in-house staff prioritizing this aggressively scheduled project, targeted completion being mid December.

Renovation of the new Chief Medical Officer Suite complete in the former Nursing In-Service area of the 3rd floor awaiting furniture.

ERIE COUNTY MEDICAL CENTER CORPORATION

REPORT TO MEDICAL EXECUTIVE COMMITTEE
BRIAN M. MURRAY, MD, CHIEF MEDICAL OFFICER
NOVEMEBR 2014

UNIVERSITY AFFAIRS

PROFESSIONAL STEERING COMMITTEE

September's Meeting was cancelled. The next regularly scheduled meeting is scheduled for Monday, December 8, 2014 at ECMC from 7:00 – 8:00 a.m.

MEDICAL STAFF AFFAIRS

See separate report by Sue Ksiazek for full details.

UTILIZATION REVIEW

See attached Flash report

CLINICAL ISSUES

Ebola Virus

ECMC has indicated to the New York State Health Department that it is willing to become a designated Ebola Treatment Center. Suitable space with negative pressure rooms has been developed in the Emergency Department and on 7 Zone 3. Intensive care if/when needed will be provided on 7 Zone 3 by transferring ICU staff to that zone. A limited number of laboratory tests will be performed in a special area in the laboratory as needed. Medical and Nursing care will be provided by the hospitalist and ICU services and the regular staff on those zones. I have convened a committee of physician leaders from relevant departments to assist me in implementing this plan.

Informatics Update

Ongoing projects include:

1.Management of CPOE alerts. Need to develop a committee that oversees their development and performance.

2. Critical Test reporting. Piloting a new system using cellphones with nephrology.

3. Refinement of Medication reconciliation and Discharge routine.

4. Physician Documentation using PDOC and Dragon in Emergency department.

5. A Great Lakes health IT Committee continues to explore possible options for better integrating the exchange of patient information across the GLH system and its affiliated physicians.

Leapfrog Releases Latest Hospital Safety Scores

New data released last week from The Leapfrog Group provides updated patient safety ratings for more than 2,500 general hospitals The Fall 2014 update, which assigns A, B, C, D and F grades to hospitals based on their ability to prevent errors, injuries and infections, shows that while hospitals have made significant improvements when it comes to implementing processes of care and safe practices, performance on outcomes lags behind. Of the 2,520 hospitals issued a Hospital Safety Score, 790 earned an "A," 688 earned a "B," 868 earned a "C," 148 earned a "D" and 26 earned an "F."

CMS Finalizes Major Changes to Payments to Various Providers

- Outpatient Prospective Payment System: Overall outpatient Medicare payments are estimated to increase by 2.3 percent for Calendar Year 2015. The increase is based on the projected hospital market basket increase of 2.9 percent minus both a 0.5 percentage point adjustment for multi-factor productivity and a 0.2 percentage point adjustment required by law and includes other payment changes, such as increased estimated total outlier payments.
- Comprehensive Ambulatory Payment Classifications: C-APCs is where payment for the comprehensive service (primary service and all related items and services) was packaged into a single payment. This is like an inpatient DRGs for outpatient services and it is a major change. CMS delayed implementation of this policy to CY 2015 to provide the agency and hospitals with more time to evaluate and comment further on the policy. 25 APCs were created.
- Ambulatory Surgery Centers: For CY 2015, the CPI-U update is projected to be 1.9 percent. The multifactor productivity adjustment is projected to be 0.5 percent, resulting in an MFP-adjusted CPI-U update factor of 1.4 percent for CY 2015.

Major Changes Made to Physician Fee Schedule:

- CMS is increasing payments for 3D mammography over 2D mammography using add-on codes.
- Chronic Care Management payments for non face-to-face care are set.

- CMS is adding the following services that can be furnished under the telehealth benefit: annual wellness visits, psychoanalysis, psychotherapy, and prolonged evaluation and management services.
- Numerous changes to the Physician Payment Sunshine Act were also created.

ECMC Flash Report for 10/31/2014

Budget	MTD	Diff	Diff %	PMTD	Acute Summary	Budget	YTD	Diff	Diff %	PYTD
1,061	1,000	-61	-5.7 %	941	Admissions	10,360	9,627	-733	-7.1 %	9,340
1,078	1,054	-24	-2.2 %	943	Discharges	10,347	9,638	-709	-6.9 %	9,342
6.0	5.8	-0.2	-2.8 %	6.3	Avg Length of Stay	6.0	6.3	0.3	4.4 %	6.5
-	4.9	-	-	5.2	Expected Length of Stay	-	4.9	-	-	5.0
6,435	6,150	-285	-4.4 %	5,908	Patient Days	61,413	60,344	-1,069	-1.7 %	60,983
477	463	-14	-2.9 %	195	ALC Days	4,075	4,460	385	9.4 %	6,161
146	175	29	19.9 %	153	One Day Stays	1,436	1,529	93	6.5 %	1,434
1.8736	1.7586	-0.1150	-6.1 %	1.8607	Case Mix	1.8736	1.7684	-0.1052	-5.6 %	1.8045
6.0	7.3	1.3	21.3 %	6.7	Medicare Avg Length of Stay	6.0	7.1	1.1	18.9 %	7.3
-	111	-	-	95	Admissions from Observation	-	985	-	-	649

Budget	MTD	Diff	Diff %	PMTD	Behavioral Health	Budget	YTD	Diff	Diff %	PYTD
389	349	-40	-10.3 %	305	Admissions	3,727	3,143	-584	-15.7 %	2,278
390	363	-27	-6.9 %	319	Discharges	3,730	3,160	-570	-15.3 %	2,238
11.5	10.1	-1.4	-11.8 %	12.0	Avg Length of Stay	11.5	12.2	0.7	5.7 %	12.8
4,710	3,681	-1,029	-21.8 %	3,840	Patient Days	42,402	38,410	-3,992	-9.4 %	28,721

Budget	MTD	Diff	Diff %	PMTD	Chemical Dependency	Budget	YTD	Diff	Diff %	PYTD
172	173	1	0.6 %	166	Admissions	1,641	1,598	-43	-2.6 %	1,580
171	171	0	0.0 %	164	Discharges	1,651	1,597	-54	-3.3 %	1,574
1,011	953	-58	-5.7 %	941	Patient Days	9,431	9,379	-52	-0.6 %	9,207

Budget	MTD	Diff	Diff %	PMTD	Rehab Medicine	Budget	YTD	Diff	Diff %	PYTD
37	34	-3	-8.1 %	44	Admissions	346	315	-31	-9.0 %	393
42	27	-15	-35.7 %	46	Discharges	331	304	-27	-8.2 %	387
840	898	58	6.9 %	943	Patient Days	7,963	7,680	-283	-3.6 %	8,256

Budget	MTD	Diff	Diff %	PMTD	Transitional Care	Budget	YTD	Diff	Diff %	PYTD
37	29	-8	-21.6 %	31	Admissions	348	313	-35	-10.1 %	192
37	36	-1	-2.7 %	37	Discharges	346	316	-30	-8.7 %	182
496	409	-87	-17.5 %	357	Patient Days	4,496	4,036	-460	-10.2 %	2,371

Budget	MTD	Diff	Diff %	PMTD	Terrace View / LTC	Budget	YTD	Diff	Diff %	PYTD
-	69	-	-	47	Admissions	-	539	-	-	545
-	67	-	-	53	Discharges	-	536	-	-	423
11,904	11,867	-37	-0.3 %	11,832	Patient Days	116,736	116,361	-375	-0.3 %	114,794

Budget	MTD	Diff	Diff %	PMTD	Operating Room	Budget	YTD	Diff	Diff %	PYTD
1,046	1,048	2	0.2 %	898	General Surgeries	9,641	9,552	-89	-0.9 %	8,660
498	481	-17	-3.4 %	436	Inpatient	4,738	4,608	-130	-2.7 %	4,140
548	567	19	3.5 %	462	Outpatient	4,903	4,944	41	0.8 %	4,520

Budget	MTD	Diff	Diff %	PMTD	Emergency Department	Budget	YTD	Diff	Diff %	PYTD
4,612	4,567	-45	-1.0 %	4,570	ER Visits	46,344	45,670	-674	-1.5 %	46,209
862	819	-43	-5.0 %	817	ER Admits	8,471	8,112	-359	-4.2 %	8,295
18.7 %	17.9 %		-0.8 %	17.9 %	% of ER Visit Admits	18.3 %	17.8 %		-0.5 %	18.0 %
188	188	0	0.0 %	191	Observation	1,639	2,066	427	26.1 %	1,758
1,276	1,080	-196	-15.4 %	961	CPEP Visits	12,713	10,109	-2,604	-20.5 %	8,166
329	326	-3	-0.9 %	274	CPEP Admits	3,124	3,100	-24	-0.8 %	1,895
25.8 %	30.2 %		4.4 %	28.5 %	% of CPEP Visit Admits	24.6 %	30.7 %		6.1 %	23.2 %
5,888	5,647	-241	-4.1 %	5,531	Total ED Volume	59,057	55,779	-3,278	-5.6 %	54,375

Budget	MTD	Diff	Diff %	PMTD	Outpatient Visits	Budget	YTD	Diff	Diff %	PYTD
5,880	3,117	-2,763	-47.0 %	1,498	Behavioral Health	33,369	26,119	-7,250	-21.7 %	5,952
6,112	5,011	-1,101	-18.0 %	4,014	Chemical Dependency	52,420	47,716	-4,704	-9.0 %	32,308
7,608	6,942	-666	-8.8 %	6,806	Clinics - A	68,363	62,289	-6,074	-8.9 %	65,458
2,070	2,730	660	31.9 %	1,967	Clinics - B	18,606	22,249	3,643	19.6 %	17,433
1,795	1,885	90	5.0 %	1,739	Dialysis	17,231	17,720	489	2.8 %	17,187
2,831	2,034	-797	-28.2 %	3,415	Referred / Ancillary	26,525	29,375	2,850	10.7 %	32,044
803	783	-20	-2.5 %	792	Surgical	7,607	6,886	-721	-9.5 %	7,672
1,685	1,674	-11	-0.7 %	1,600	Therapy	16,838	15,203	-1,635	-9.7 %	16,084
503	436	-67	-13.3 %	505	Transplant / Vascular	5,200	4,540	-660	-12.7 %	5,232

Budget	MTD	Diff	Diff %	PMTD	Radiology	Budget	YTD	Diff	Diff %	PYTD
-	3,499	-	-	3,752	CT Scan	-	35,271	-	-	36,444
-	8,837	-	-	9,362	Diagnostic Imaging	-	86,832	-	-	89,336
-	392	-	-	382	MRI	-	3,478	-	-	3,625
-	343	-	-	349	Nuclear Medicine	-	3,296	-	-	3,511
-	595	-	-	631	Ultrasound	-	6,338	-	-	5,960
-	5,341	-	-	5,766	Total Inpatient Procedures	-	52,995	-	-	56,454
-	8,325	-	-	8,710	Total Outpatient Procedures	-	82,220	-	-	82,422

ERIE COUNTY MEDICAL CENTER CORPORATION

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

November, 2014

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

- Dr. Linda Steeg, DNP, RN, MS, APRN-BC along with Karen Ziemianski presented NYS Action Coalition (NYSAC) of Western NY: The Future of Nursing – Leading the Change, Advancing Health. The following nurses attended: Kathy Willett, Patty Kiblin, Jennifer Maloney, Barb Fitzgerald, Cam Schmidt, Tim Kline, Joann Wolf, Tina Wheaton , Marc Labelle, Melinda Lawley, Ginny Leigh, Denise Abbey, Peggy Cramer, Nicole Cretacci, Peggy Cieri, Nadine Hoerner, Renee Delmont, Judy Dobson, Nicole Knox, Rich Waterstram, Cheryl Nicosia, Dawn Walters, Mary Molly Shea, Donna Gatti, Pamela Riley, Lisa Hauss, Jeremy Hepburn, Laurie Carroll, Karen Beckman, Donna Oddo, Paula Fisher

- Karen Ziemianski co-chaired a subcommittee meeting 'Great Lakes Health Quality & Safety IT Committee'. Meetings were held bi-monthly to review the EMR system with regards to Quality & Safety component.

- Karen Ziemianski along with Nicole DeRenda attended the 9th Annual UB Scholarship Gala held at the UB's Alumni Arena.

- Press Ganey held a 3 day conference in which Karen Ziemianski attended and will implement patient experience information.

- Karen Ziemianski was asked to be the Guest Speaker at the Sigma Theta Tau held at UB's Center for Tomorrow to be held on Friday, November 14, 2014.

- Dawn Walters and Peggy Cieri attended the American Congress of Rehabilitation Medicine to learn about the changes in the CARF International requirements for Inpatient Rehab facilities and to attend a seminar on the impact of healthcare regulations quality and the potential impact to patients. It was very informative and an excellent opportunity to network with other facilities like RUSK, Sheppard Hospital, and the Rehab institute of Chicago; sharing ideas, solutions to issues, and current practices.

- Dr. Gregory Bennett was the guest speaker at the AACN WNY Chapter dinner on November 13th. Many ECMC nurses attended the event form the Critical Care Unit: Deb Drexelius, Peggy Cramer, Renee Fitzsimmons, Lisa Gantress, Tessa Garrison, Melissa Hovak, Seanessa Jackson, Brittany Kilianski, Melinda Lawley, Ginny Leyh, Markita Mack, Madonna Lakso, Ray masters, Mark Medakovich, Michelle Meli, Kim Miller, Courtney Mulvey, Cheryl Nicosia, Lindsey Ozanne, Ann Rizzo, Cam Schmidt, Linda Schwab, Brian Sedar, Delice Smith, Ashley Metzler, Ayeshia Wyatt, Amy Rutty and Shannon Welsch

ERIE COUNTY MEDICAL CENTER CORPORATION

HEALTH INFORMATION SYSTEM/TECHNOLOGY
November 2014

Great Lakes Health (GLH) IT Committee. The GLHS IT Committee is in the process of viewing initial healthcare IT solution presentations. Vendors already presented are EPIC and Cerner. The remaining vendors are scheduled thought out November and early December. Next steps include collaboration on the development the request for proposal.

Meaningful Use (MU).

Congratulations are in order for the team for successful completion of the Medicaid attestation for MU 2. We are preparing for attestation for Medicare during the final week of November. We continue to refine the workflow and using technology communicate to outside provider practices.

Regulatory.

We are working with Clinical leadership to ensure the organization will meet the New York State E-prescribing of Controlled Substances by March 2015. This new regulation requires all a practitioners to issue an electronic prescription for controlled substances and allow a pharmacist to accept, annotate, dispense and electronically archive such prescriptions. This project will require system upgrades to our inpatient and outpatient electronic health records, development of protocols for provider credentialing, workflow optimization and provider training.

Clinical Automation.

Working with clinical leadership we have optimized the clinical workflows to improve provider experience as follows:

Physician Electronic Documentation

- Worked with Risk Management to improve the Record of Death process with the integration of electronic physician documentation.
- Inclusion of Problem List tool within the electronic physician documentation to improve ability to manage active problems
- Implemented physician electronic documentation in combination of Nuance Dragon in the Emergency Room.
- Documents added to be more specific for services:
  - Renal, Rehab Medicine, BURN unit, Transplant (crosses into OTTR)
  - Surgery, TICU, Geriatric and Palliative are in progress

Sign Queue Improvement

- Reduced the number of items for physicians to sign off on in the sign queues by establishing standards and protocols.
- Improved HIM reports to audit sign queues/delinquent charts
- Added a system enhancement that gives a pop up upon login to Meditech alerting providers to sign queue items

- Creating better processes to have rotating staff (residents/students) clean out queues before leaving ECMC
- Additional an order sources to allow daily management of orders without needing signatures from providers

Discharge Medication Documentation

- Discharge Summaries were going out with inaccurate discharge medication lists due to poor workflow build in Meditech. Became a patient safety issue
- Removed the ability to have a discharge medication list in Discharge Summary until Meditech has a better option
- Accurate medication list available in Patient Discharge Instructions, PHS/CCD and Patient Visit Report for providers

In addition, we have established a resident council committee to develop a better communication and learning experience for both IT and resident staff. This is leading to very important optimization in workflows.

Marketing and Development Report
Submitted by Thomas Quatroche, Jr., Ph.D.
Sr. Vice President of Marketing, Planning and Business Development
November 25, 2014

Marketing

ECMC Medical Minutes have covered Oncology Breast Health, the event "Hockey Fights Cancer", Women's Digest Health, Dosage.
New television commercial on air focusing on major services
Activating Bills partnership and developing advertisement, Jim Kelly Commercial on air
Continuing marketing to OPA primary care physicians and internal audience
Process began for website redesign

Planning and Business Development

Leading DSRIP efforts for ECMC with community collaborations
ECMC PPS now has 3,900 providers and over 150,000 Medicaid lives
Niagara Falls and Upper Alleghany Health System joining ECMC PPS
Received $500,000 planning award from state for this new partnership
Meeting with Rural Hospitals to develop new and continue existing relationships
Collaborating with Kaleida on new business initiatives
Business Development Director visiting primary care and dentists office to develop relationships for specialists
Service line development and margin analysis underway and have developed metrics and business plans
CON for renovating two new OR's submitted and new Cath Lab to be submitted shortly
Working with Professional Steering Committee.
Developing primary care and specialty strategy and have had multiple confidentiality agreements signed
Signed Dr. Eugene Kalmuk
Primary care practices growing and specialty physicians seeing patients at locations
Various discussions with healthcare partners underway with confidentiality agreement signed

Media Report

- **The Buffalo News; Buffalo Business First; WIVB-TV, Channel 4; WBFO- FM Radio 88.7; WGRZ-TV, Channel 2; Saugerties Post Star: Erie County Medical Center designated as Ebola treatment center.** "The hospital is well prepared to keep both the community and its workforce safe in the event that a Western New York Ebola patient comes to the hospital. Thomas Quatroche is quoted.
- **WGRZ-TV, Channel 2: ECMC nurse in need of kidney.** Bob Parczewski works as a nurse in the psychiatric ward at the hospital and spends every lunch hour on dialysis.
- **WNY Health Magazine: The Center for Wound Care and Hyperbaric Medicine at ECMC to be included in the Healogics National Diabetes Campaign from October 27- October 31.** One of nearly 300 Healogics managed care centers, ECMC offers advanced therapies to patients suffering from chronic wounds like diabetic foot ulcers.
- **Time Warner Cable News; Buffalo Healthy Living: ECMC Hosts Crucial Catch Day.** An event funded by the American Cancer Society and the NFL to provide free or low-cost screening for underserved communities. Rita Hubbard Robinson quoted.
- **Buffalo Business First: ECMC Works to grow surgical capacity in $3.2 M expansion.** The hospital is pursuing a Regional Level 1 Trauma Center designation from the American College

of Surgeons, which requires hospitals to have one trauma OR available at all times in its main building.

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Community and Government Relations

Advocating to Legislators and DOH for DSRIP, letters sent to Governor from delegation
Farmer's market had great success with increased vendors
NFL "Crucial Catch" event held with over 150 women
Sponsored and participated in Buffalo Bills Billieve Weekend and Sabres "Hockey Fights Cancer"
Mammography coach celebrated 2 year anniversary

CLINCAL DEPARTMENT UPDATES

Surgical Services- October

- The Surgical Center preformed 161 cases in October, 33 more than September. Total YTD is 1,356 surgical cases. Main users are Orthopedic sports medicine 1,040 cases , Bariatric and Laparoscopic general surgery 220.
- Service line volume changes: Orthopedic volume continues to grow from UB Orthopedics and Excelsior orthopedics with 677 more cases than last year this included 194 additional total joints, 375 procedures from Bariatric surgery, Transplants are up 10% from last year, YTD 65.
- Main OR volume for October was 886 cases, 73 more than last September
- YTD: 873 (10.1%) volume increase of combined surgical center and Main OR areas.
- October was the lowest month of urgent/ emergent surgical care, 21% of Octobers volume

MEDICAL EXECUTIVE COMMITTEE MEETING
MONDAY, OCTOBER 27, 2014 AT 11:30 A.M.

Attendance (Voting Members):

D. Amsterdam, PhD	M. Manka, MD	
S. Anillo, MD	M. Panesar, MD	
Y. Bakhai, MD	K. Pranikoff, MD	
L. Balos, MD	R. Schuder, MD	
V. Barnabei, MD	P. Stegemann, MD	
W. Belles, MD	R. Venuto, MD	
G. Bennett, MD		
R. Calabrese, MD		
R. Desai, MD		
T. DeZastro, MD		
R. Ferguson, MD		
W. Flynn, MD		
R. Hall, MD, DDS, PhD		
J. Izzo, MD		
M. LiVecchi, MD		

Attendance (Non-Voting Members):

B. Murray, MD	M. Hoffman, RN	K. Hogan, Board Chair (Guest)
R. Cleland	L. Feidt	
J. Fudyma, MD	R. Gerwitz	
S. Ksiazek	S. Gonzalez	
A. Orlick, MD	S. Gary	
K. Ziemianski, RN		

Excused:

M. Azadfard, MD	E. Jensen, MD	A. Sinha, MD
L. Campbell, MD	J. Kowalski, MD	
M. Chopko, MD	T. Loree, MD	
S. Cloud, DO	M. Sullivan, DDS	
N. Ebling, DO	J. Reidy, MD	
M. Jajkowski, MD	J. Serghany, MD	

Absent:

A. Stansberry, RPA-C		

I. CALL TO ORDER

A. Dr. Richard Hall, President, called the meeting to order at 11:40 a.m.

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

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

B. Welcome Dr. Calabrese and Dr. Anillo, newly appointed Associate Chiefs of Service, Internal Medicine.

III. BOARD CHAIRMAN – Kevin Hogan

A. Welcome Kevin Hogan, Chairman of the ECMC Board of Directors. He will be attending the MEC meeting periodically as his schedule permits.

IV. ACGME SURVEY – Roseanne Berger, MD

A. CLER SURVEY – Dr. Berger is in attendance today to advise the Committee of an upcoming CLER (Clinical Learning Environment Review) Survey which will be conducted at ECMC on November 4-6, 2014. This is done as part of the ACGME to review the learning environment of the residents at ECMC and through the University. Dr. Berger provided detail of the survey and it is included as part of Dr. Murray's report.

V. CEO/COO/CFO BRIEFING

A. CEO REPORT – Richard Cleland

a. ECMC Employee Recognition and Day of Caring – Huge success – thank you for your contributions.

b. September Report – Acute discharges exceeded budget by 31 which shows excellent volume. Throughput improvement is evident in the numbers and thanks to the administrators for improving the process. LOS for September is 6.1 which is a .6 day improvement from last month. Surgery volumes are also up from last year.

c. DSRIP – Currently reviewing the community needs assessment to determine how ECMC will submit their plan and goals. Currently interviewing a Chief Integration Officer to help with the implementation of programs.

d. Ebola Update – Ms. Ludlow provided an update on preparations. Education is underway with staff and a determination of what PPE will be utilized is part of the implementation plan. The Ethics Committee met last week to discuss some concerns that have been raised. Outpatient areas are now screening all visitors and patients for recent travel to Western African Regions and symptoms. Drills have been conducted both screening and isolating a patient in the ER and moving the patient from the ER to the 7th floor.

e. Badge Pass System – A new badge system is being implemented today and this will help to track visitors throughout the building.

B. CFO Report – Steve Gary

a. September Report – The Board met on September 30, 2014 and approved the budget for 2015 which includes a $20 million investment in capital. The senior team is meeting and will prioritize

capital needs. Currently 16% increase over last year for discharges. A small operating loss is reported for September with a total loss year to date of about $900,000. The vast variance in budget is principally expenditures. It is still hopeful that we will have an operating gain by year's end.

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

A. UNIVERSITY AFFAIRS

The ACGME will be on site at ECMC on the above dates perform a CLER (Clinical Learning Environment Review) review of all our residency training programs. One of their particular focuses will be on Patient Safety & Quality Improvement and what the residents are doing as part of your quality programs. We would like to speak to it as part of our interviews with the surveyors. I am attaching notes from the University that will help you a bit in understanding what they will be looking for

B. PROFESSIONAL STEERING COMMITTEE

September's Meeting was cancelled. The next regularly scheduled meeting is scheduled for Monday, December 8, 2014 at ECMC from 7:00 – 8:00 a.m. Of note, the slate of members representing ECMC will be presented for approval at today's meeting. Please see details under Nominating Committee Report.

C. UTILIZATION REVIEW

The Flash report was distributed.

D. CLINICAL ISSUES

Time Out Documentation

Issued by the Patient Safety Officer

Good news: We have a great process for electronic documentation of time out that is done prior to the start of the procedure in the OR.
Bad News: The other areas of the hospital need a system that will allow a pre procedure verification process that includes all elements of the defined checklist which is in our policy and promotes documentation of the time out before the procedure.

The current PDOC screens are incomplete and promote documentation after the procedure is completed. (Time stamp will verify done after procedure)
Also the only discipline that can document the time out in PDOC is the providers we need to build an intervention so a Nurse or Provider can document, but the screens have to be comprehensive to all elements of the checklist in our policy.

1) We need to revise screens ASAP.
2) Need to get word out to providers of requirement to document pre-procedure.
3) Need to develop an intervention for Nursing.

Mandatory Electronic Prescribing Goes into Effect on March 27, 2015

Effective March 27, 2015 it will be mandatory for practitioners, excluding veterinarians, to issue electronic prescriptions for **controlled and non-controlled substances.**
Please note, it is currently permissible in New York State to electronically prescribe controlled substances (EPCS) in Schedules II through V, in addition to non-controlled substances. However, in order to process electronic prescriptions for controlled substances, a practitioner must use an electronic prescribing computer application that meets all federal requirements and must register the certified electronic prescribing computer application with the New York State Department of Health (DOH), Bureau of Narcotic Enforcement (BNE). For additional information regarding the federal security requirements for EPCS, please visit the Drug Enforcement Administration's web page at http://www.deadiversion.usdoj.gov/ecomm/e_rx/. For information regarding the Department of Health's registration process for certified electronic prescribing computer applications, please visit www.nyhealth.gov/professionals/narcotic.
After March 27, 2015, practitioners may still use the Official New York State Prescription forms in the event of a power outage or technological failure.
Should you have any questions regarding the mandate to issue electronic prescriptions for controlled substances, please contact the Bureau of Narcotic Enforcement at narcotic@health.state.ny.us or call us at 1-866-811-7957, Option 1.

E. Clinical Learning Environment Review (CLER) Visit Preparation October 2014

The site visit will last 2.5 days
Required attendees: CEO, CMO, CNO, DIO

Highly recommended that Chief Quality Officer is available, possibly COO, CFO and CIO as well

C Suite team will meet with them first for 1-1 ½ hours. They prefer to start at 7:00 am. They will ask for strategic goals for the 6 areas of focus which are:

- Patient Safety
- Quality Improvement (specific attention will be placed on health care disparities)
- Transitions of care
- Supervision
- Duty Hours oversight/fatigue management & mitigation (emphasis on fatigue management)
- Professionalism

Patient Safety & Quality Improvement are areas the site visitors are most likely to focus on.
ECMCC & BGMC will ***submit the following documents to Valerie*** and cc: Roseanne & Katy:

- Organizational charts – if quality and safety departments are not displayed on the overall Org Chart, please submit those charts as well
- Supervision Policy or statement that your institution follows the UB GME policy
- Duty Hour Policy or statement that your institution follows the UB GME policy
- Care Transitions Policy
- Patient Safety protocol/strategy (approved by your Board of Directors)
- Quality strategy (approved by your Board of Directors)
- Quality & safety committee membership roster(s) identifying resident members if relevant

The interviewer will direct questions directly to the CEO – others in the room can supplement answers.
Second part of this meeting is to ask the CEO and other team members how residents are integrated in achieving the goals.
After initial meeting, site visit team will begin a walking tour of the hospital and ask all levels of personnel questions. GME will supply PGY2+ residents to guide tours (in shifts).
The site visitors may want access to areas that they may need special badges to access (besides their ACGME identification badges). They probably will want to check a handoff at a shift change. Nursing staff may be instrumental in assisting with access to different areas of the hospital.
Site visitors will probably walk around for 1 to 1 ½ hours; they will then re-group in a meeting room that can accommodate 30-35 people (the "home base" meeting room). This meeting room must be a dedicated and secure site so visitors can leave their belongings in there (either a locked room or a security guard assigned to the room).

If there are windows on the doors of the room, they should be covered so that participants are kept anonymous.
The site visitors will meet with the Program Directors, faculty, and residents for about 1 ½ hours each on the first and second days. GME will determine these group participants. The site visitors will bring an audience response system and a projector. The room must have a screen or blank wall to use for presentation. They will use the results of the response system in preparing their report. These meetings will probably be structured similarly to a JHACO visit but **are not punitive**. The ACGME is conducting these visits to establish baseline data, and we will receive helpful feedback as part of this free consultation. A "staging area" should also be reserved so the groups can gather in one area and enter the interview room seamlessly and quickly, as a group.
The 3rd day is ½ day; they will probably leave around 10-10:30 am. C Suite does not need to be available the 2nd day, but does need to be available the 3rd day.
At the last meeting, site visitors will review give a verbal report and ask for clarification on any questions they have. Roseanne will have the opportunity to formally respond to the written report when it is published about 4-6 weeks following the visit.
E*Value houses procedures the residents are privileged to perform. The nurses can access this information on the floors to ensure residents and supervising attendings are credentialed in procedures they may perform. Roseanne will access ECMCC & BGMC websites to ensure there is an icon to access E*Value and the credentialing system. The nursing staff needs to be reminded of this component of patient safety protocol.
Multiple walk rounds will be interspersed with group meetings.
GME will identify 2-3 upper level residents who know the facility for the walking rounds.
GME will reach out to Chief Residents to identify when & where sign-out rounds occur. The site visitors will want to observe these possibly 5 or 6 times.
GME will develop a grid so the site visitors can randomly decide which sign-outs they want to observe. They may decide by program so we need to provide this information as an overview so they can choose which rounds to attend.
Any resources related to fatigue management and mitigation need to be available. For example: a list of call rooms that they can look at (available for residents to sleep in if too fatigued to drive home); free taxi rides home for fatigued residents; free coffee while residents are on call and any written policies pertaining to fatigue management.
Dr. Berger will write a letter to the Program Directors and ask them to identify residents to participate. She will also ask the Chief Residents to identity where and when handoffs and transition of care takes place (time and location). She will include elements of a good sign out.
These visits will occur every 18-24 months. After the initial visit, the site visit team is likely to focus on areas identified for improvement by CLER field staff (site visitors) during previous visits.
GME will provide a bulleted list for the CEO, notifying him/her of relevant GME resources offered in the 6 CLER focus areas (e.g. SAFER training module completed by all residents pre-orientation).

6. EBOLA UPDATE – Dr. Murray provided a brief update on notifications and education that has been provided to the Medical Dental Staff and Residents pertaining to protection when assessing a patient for possible infection. Several communications have been provided to the medical staff via emails, meetings and town hall meetings at ECMC over the past few weeks. More information will follow as it becomes available from both the DOH and CDC.

VII. ASSOCIATE MEDICAL DIRECTORS REPORTS

A. **John Fudyma, MD – Associate Medical Director** – Dr. Fudyma advised that the DSRIP website (Millennium Collaborative Care) went live if more information is desired.

- A University Faculty Development Program will ensue this week in collaboration with the University of Toronto. The goal is to develop faculty at hospitals who are trained in safety and quality.
- Press Ganey – For those who would like more information in navigating through the portal, more training will be forthcoming.
- IT Physician Meeting – There is an on-going issue with resident training. It has been identified that residents who recently started rotations did not attend a training class.

B. **Arthur Orlick MD – Associate Medical Director –** No report.

C. **Lifeline Foundation Report** – Sue Gonzalez thanked everyone with the Employee Appreciation lunch. Next Monday, Lifeline will realize a $20,000 donation from the Buffalo Sabres and Tim Horton's.

VIII. CONSENT CALENDAR

	MEETING MINUTES/MOTIONS	ACTION ITEMS
1.	MINUTES OF THE Previous MEC Meeting: September 22, 2014	Received and Filed
2.	CREDENTIALS COMMITTEE: Minutes of October 7, 2014	Received and Filed
	- Resignations	Reviewed and Approved
	- Appointments	Reviewed and Approved
	- Reappointments	Reviewed and Approved
	- Dual Reappointment Applications	Reviewed and Approved
	- Provisional to Permanent Appointments	Reviewed and Approved
3.	HIM Committee: Minutes of September 25, 2014	Received and Filed
	1. Dermatology Progress Note	Reviewed and Approved
	2. Occupational/Environmental History	Reviewed and Approved
	3. COEM Clinic Note	Reviewed and Approved
	4. COEM Progress Note	Reviewed and Approved

	MEETING MINUTES/MOTIONS	ACTION ITEMS
	5. ED PDOC Documents (handout)	Reviewed and Approved
4.	P & T Committee Meeting – Minutes of October 7, 2014	Received and Filed
	1. Behavioral Health – Pharmacy Subcommittee – approve minutes	Reviewed and Approved
	2. Amphotericin B lipid complex (Abelcet®) – delete from Formulary	Reviewed and Approved
	3. Amphotericin B Liposomal (AmBisome®) – Restricted to 10 consult – add to Formulary	Reviewed and Approved
	4. Lurasidone (Latuda®) 20 mg, 40 mg – approve addition to Formulary, restricted to PTA and Behavioral Health	Reviewed and Approved
	5. TI-20 Corticosteroid Oral Inhaler Interchange - approve Policy revision	Reviewed and Approved
	6. Mometasone/formoterol (Oulera® HFA) - approve addition to Formulary	Reviewed and Approved
	7. Budesonide/formoterol (Symbicort® HFA) - delete from Formulary	Reviewed and Approved
	8. Bi-Annual Review of Policies & Procedures: TI-08 Intranasal Corticosteroids TI-10 Agonist Agents for Glaucoma TI-11 Topical Steroids TI-12 Fluoroquinolone Ophthalmic Solution TI-13 B Complex with C and Folic Acid Vitamin Preparations TI-14 Risperidone (Risperdal®) Liquid and Orally Disintegrating Tablets	Reviewed and Approved
5.	Transfusion Committee Meeting – Minutes of June 26, 2014 & September 25, 2014 and addendum – Clinical Indications – FP-Plasma – Massive Transfusion.	Received and Filed
6.	Clinical Informatics Minutes – September 22, 2014 Meeting	Received and Filed

VIII. CONSENT CALENDAR, CONTINUED

A. MOTION: Approve all items presented in the consent calendar including addendum from Transfusion Committee and HIM Committee. One item was extracted from the Credentials Committee for further discussion is Executive Session.

MOTION UNANIMOUSLY APPROVED.

B. <u>Transfer of Internal Patients Between Clinical Services Policy</u> – The policy was reviewed in detail at a previous meeting. It is brought today with minor revisions and corrections. MOTION to accept policy as submitted.

MOTION UNANIMOUSLY APPROVED.

IX. OLD BUSINESS

A. **NOMINATING COMMITTEE –** Presentation of the **Slate for Great Lakes Health Professional Steering Committee Membership.**

The slate was presented as follows:

- John Fudyma, MD (2 yr term)
- Yogesh Bakhai, MD (2 yr term)
- Philip Stegemann, MD (2 yr term)
- William Flynn, MD (1 yr term)
- Gregg Feld, MD (1 yr term)

MOTION to approve the slate of members for the GLH Professional Steering Committee moved and seconded.

MOTION UNANIMOUSLY APPROVED.

B. **EMPLOYEE RECOGNITION EVENT** – Two thank you notes were received from the CEO, Mr. Cleland, and VP of Nursing, Ms. Ziemianski, thanking members for their support of the recent Employee Recognition Event in October.

X. NEW BUSINESS

A. **Chiefs of Service Appointment** – The Slate was reviewed adding Drs. Calabrese and Dr. Anillo as Associate Chiefs of Service and Dr. Joseph Serghany as the Chief of Service, Radiology. Corrections will be made under their titles.

B. **Physician Satisfaction Survey** – Please encourage your staff to participate in the survey. The survey is electronic and should have been received via your personal email. Thank you for your support.

XI. 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 12:40 p.m.

Respectfully submitted,

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

From the Buffalo Business First
:http://www.bizjournals.com/buffalo/news/2014/10/30/ecmc-children-s-now-designated-as-ebola-treatment.html

ECMC, Children's now designated as Ebola treatment centers

Oct 30, 2014, 2:24pm EDT Updated: Oct 30, 2014, 2:51pm EDT

Tracey Drury
Buffalo Business First Reporter- *Buffalo Business First*
Email | Twitter | LinkedIn | Google+

Two Buffalo hospitals have agreed to be added to the state's list of hospitals designated to care for suspected Ebola cases.

Erie County Medical Center and Women and Children's Hospital of Buffalo were named Thursday by Gov. Andrew Cuomo to the list of designated treatment centers across New York. The addition brings the total sites in the state to 10.

The initial list, announced in recent weeks as part the New York's Ebola Preparedness Plan governor.ny.gov/press/10232014-ebola-response, did not include any hospitals in the Western New York region, with the closest site at the University of Rochester Medical Center.

The other hospitals on the list include: Bellevue, Mt. Sinai and New York Presbyterian, all in Manhattan; Montefiore in the Bronx; North Shore Health System and **Stony Brook University Hospital**, both on Long Island; and Upstate University Hospital in Syracuse. Additional sites are expected to be designated in the near future.

Each of the designated Ebola hospitals are regional trauma centers affiliated with medical schools that provide specialized critical care to patients.

Cuomo said in a statement he expanded the list to err on the side of caution to protect the public's health and safety.

"In joining the eight other designated Ebola treatment centers across the state, these two hospitals are further bolstering our level of preparedness here in New York," he said. "As we continue to expand the list of designated treatment centers to ensure geographic diversity, New Yorkers should rest assured that we are doing everything necessary to safeguard against the risks of Ebola."

Dr. Steven Turkovich, chief medical officer at Children's, said the hospital offered its assistance to the state based on its history as a major provider of care to women and children.

"Solid community, staff and patient safety protocols are already in place and we look forward to continuing to serve and care for our community," he said. "This is what we do every day, so it is only natural that we continue to support our community with the very best care."

Turkovich said the offer of assistance to the state does not change its strategy for the entire Kaleida Health system, which will continue to focus on preparation and prevention.

"Our physicians, emergency management team, administration, and infection preventionists having been working hard to ensure that we are prepared for any cases that may present to any Kaleida Health facility," he said. "This includes drills, ordering supplies, personal protective equipment trainings, town hall meetings, reviews of policies and procedures and more. In addition to all of this, we also have a designated isolation area that will ensure protection from any contact with our current and new patients, families and staff."

Thomas Quatroche Jr., senior vice president, said the hospital is well-prepared to keep both the community and its workforce safe in the event that a Western New York Ebola patient does come to the hospital.

"We remain confident that we are prepared and that this ongoing collaboration with the state will make us even more prepared," he said. "ECMC will continue to diligently conduct drills, train staff, insure appropriate supplies, and conduct town hall meetings for employees."

Dr. Howard Zucker, acting commissioner for the state Department of Health, said the state will also continue working with other hospitals to ensure all are prepared and have appropriate protocols in place to identify and isolate a suspected case of Ebola.

Cuomo also announced http://www.governor.ny.gov/press/10302014-health-c... the creation of a financial incentives plan and employment protections to encourage health-care professionals to travel to West Africa and provide assistance treating Ebola patients to help contain this disease. The initiative would be modeled on benefits and rights provided to military reservists.

The plan follows the implementation in recent weeks of heightened screening protocols and mandatory quarantine for individuals and medical professionals returning from West African nations who had direct contact with individuals infected with the Ebola virus.

Though there have been no reported cases locally, being prepared is the best course of action, said Dr. Gale Burstein, Erie County Health Commissioner.

"This is really a moving target as we've learned from examples in the United States, specifically from Texas," she said.

"We're using those to improve our prevention plans, and those plans are evolving based on the information that's obtained from experiences and lessons learned from the incidents in Texas, but also positive lessons learned from not encountering any health care transmissions from other health care facilities, like the University of Nebraska and Emory and NIH. It's a learning curve for us all."

Tracey Drury covers health/medical, nonprofits and insurance

ECMC nurse in need of kidney

WGRZ Staff, WGRZ *5:20 p.m. EDT October 30, 2014*

(Photo: WGRZ)

BUFFALO, N.Y.- Bob Parczewski can probably identify with patients at Erie County Medical Center better than any other nurse at the hospital. That's because for the last year, he's spent his lunch break as one.

Parczewski, 50, works as a nurse in the psychiatric ward at the hospital and spends every lunch hour on dialysis.

The disease impacts his life beyond work too. Every night, no matter where he is or what his is doing, Parczewski needs to be home by 9 p.m. to hook up to the dialysis machine until he gets up for work next morning.

Two years ago Parczewski, 50, was getting a vein treatment when some blood work came back showing low kidney function. He was soon diagnosed with a rare kidney disorder called FSGS.

The disease is believed to have a genetic component, and is carried by females and most often passed on to male offspring. Parczewski's cousin also suffers from FSGS.

Parczewski's parents have passed away. He does have two sisters who are perfect matches, but they both have health issues of their own. He doesn't have a wife nor children, and three potential donors were ruled a negative for a match

But what Parczewski lacks in a matching donor, he makes up for in attitude and support. Despite being told the average wait for a kidney donation is 3-5 years, he remains upbeat and positive, and his co-workers have followed his lead.

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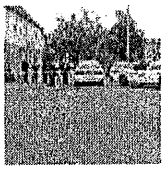

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And Parczewski is not afraid to take matters into his own hands to try and shorten that waiting period, putting a plea for a new kidney and a phone number on the back of his car. The sign is catching the attention of not just drivers, but people online as well. A picture of his car with the request for a kidney was shared more than 800 times in less than a day.

Parczewski's car*(Photo: Facebook)*

Read or Share this story: http://on.wgrz.com/1wJXEVB

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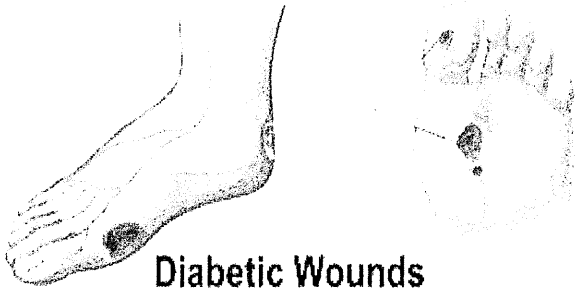
In The News



Diabetic Wounds

Diabetic Foot Ulcers National campaign

ECMC Wound Care Center and Healogics raise awareness about Diabetic Foot Ulcers
National campaign October 27 – October 31 in cities nationwide

The Center for Wound Care and Hyperbaric Medicine at ECMC (Erie County Medical Center) is participating in the Healogics National Diabetes Campaign from October 27 to October 31.

One of nearly 600 Healogics managed centers; ECMC offers advanced therapies to patients suffering from chronic wounds like diabetic foot ulcers.

Program directors across the nation are dedicating the entire week to visiting local physician offices to provide education to help staff identify diabetic patients with or at risk of having ulcers of the lower extremity.

There are approximately 29 million people living with diabetes in the United States. Of those, about 15 percent will develop an ulcer of the lower extremity. Left untreated, these ulcers can impair quality of life and may lead to amputation. Early detection and intervention can help to mitigate the possibility of limb loss.

"Diabetics represent approximately 60 percent of non-traumatic lower limb amputations among people 20 years and older," said D. Scott Covington, MD, FACS, Chief Medical Officer for Healogics, Inc. Covington goes on to say, "It is vitally important that people with diabetes, their caregivers and physicians recognize the warning signs of diabetic foot ulcers and seek appropriate treatment immediately when an ulcer does occur."

If you have a wound, you may benefit from a visit to the Center for Wound

Care and Hyperbaric Medicine at ECMC.

To schedule an appointment, please call (716) 898-4800 or visit http://www.ecmc.edu/medicalservices/wound/.

About ECMC Corporation: The Erie County Medical Center (ECMC) Corporation includes an advanced academic medical center (ECMC) with 602 inpatient beds, on- and off-campus health centers, more than 30 outpatient specialty care services and Terrace View, a 390-bed long-term care facility. ECMC is the regional center for trauma, burn care, behavioral health services, transplantation and rehabilitation, and is a major teaching facility for the University at Buffalo. Most ECMC physicians, dentists and pharmacists are dedicated faculty members of the university and/or members of a private practice plan. More Western New York residents are choosing ECMC for exceptional patient care and patient experiences—the difference between healthcare and true care™.

About Healogics, Inc.: Headquartered in Jacksonville, Fla., Healogics is the nation's largest provider of advanced wound care services. Healogics and its affiliated companies manage nearly 600 Wound Care Centers® in the nation and see nearly 200,000 patients per year through a connected network of centers, partner hospitals, academic medical centers, patients and families. Leveraging its scale and experience, Healogics utilizes an evidence-based systematic approach to chronic wound healing in treating an underserved and growing patient population. For more information, visit www.healogics.com.

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From the Buffalo Business First :http://www.bizjournals.com/buffalo/news/2014/10/21/ecmc-works-to-grow-surgical-capacity-in-3-2m.html

ECMC works to grow surgical capacity in $3.2M expansion

Oct 21, 2014, 3:30pm EDT

Tracey Drury
Buffalo Business First Reporter- *Buffalo Business First*
Email | Twitter | LinkedIn | Google+

As it works toward a higher-level trauma center designation, Erie County Medical Center Corp. is planning a $3.2 million renovation to outfit two new operating rooms in its new surgery center building.

The hospital filed plans with the state Department of Health to build out the surgical operating rooms in the medical office building it opened in 2013 that houses the Regional Center of Excellence for Transplantation & Kidney Care.

The original project approved by the DOH included four operating rooms, with two put on hold for future use on the second floor of medical office building, located adjacent to the main hospital facility on Grider Street. In addition to the operating rooms, ECMC will develop related recovery and surgical service space.

The hospital is pursuing a Regional Level 1 Trauma Center designation from the American College of Surgeons, which requires hospitals to have one trauma OR available at all times in its main building. ECMC officials said that's become increasingly difficult with the growth of surgical volume, and is expected to get even busier.

Surgical cases have grown from fewer than 9,000 in 2010 to 10,354 last year. The first four months of 2014 saw 3,558 cases completed, a 7.7 percent increase over the same period in 2013. More growth is expected this year and next with the addition of surgeons in bariatrics, transplant, orthopedics, breast health and plastics/reconstructive surgery.

By 2016, the hospital expects to see more than 13,000 surgical cases taking place.

Currently the hospital has 14 operating rooms on the campus, including 12 in the main hospital building and the two existing ORs in the medical office building. Pending approval of the two new ORs, plans call for shifting half of all outpatient cases into the ambulatory

surgery center. That should alleviate pressure enough to allow one of the older ORs in the main hospital building to be designated for trauma and meet the ACS requirements.

The project requires only an administrative review by the state health regulators.

Tracey Drury covers health/medical, nonprofits and insurance