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ECMC Board of Director's Regular Board Meeting - October 20, 2015

10/20/15

Staff Dining Room - 2nd Floor

462 Grider Street

Buffalo, NY 14215

AGENDA

REGULAR MEETING OF THE BOARD OF DIRECTORS
ERIE COUNTY MEDICAL CENTER CORPORATION
TUESDAY, OCTOBER 20, 2015

- I. CALL TO ORDER: KEVIN M. HOGAN, ESQ., CHAIR
- II. APPROVAL OF MINUTES OF SEPTEMBER 29, 2015 REGULAR MEETING OF THE BOARD OF DIRECTORS
- III. RESOLUTIONS MAY BE DISTRIBUTED TO THE BOARD OF DIRECTORS DURING THE MEETING ON OCTOBER 20, 2015.
- IV. PRESENTATION: NADINE MUND, CORPORATE COMPLIANCE OFFICER
- V. EXECUTIVE LEADERSHIP REPORTS TO THE BOARD OF DIRECTORS:
- VI. REPORTS FROM STANDING COMMITTEES OF THE BOARD:
EXECUTIVE COMMITTEE: KEVIN M. HOGAN, ESQ.
- VII. REPORT OF THE MEDICAL/DENTAL STAFF: SEPTEMBER 28 , 2015
- VIII. EXECUTIVE SESSION
- IX. RETURN TO OPEN SESSION
- X. ADJOURN

ERIE COUNTY MEDICAL CENTER CORPORATION

MINUTES OF THE REGULAR MEETING
OF THE BOARD OF DIRECTORS

TUESDAY, SEPTEMBER 29, 2015

STAFF DINING ROOM

Voting Board Members Present:	Bishop Michael Badger Douglas H. Baker Ronald Bennett Ronald Chapin K. Kent Chevli, M.D. Kevin E. Cichocki, D.C.	Kathleen Grimm, M.D. Sharon L. Hanson Michael Hoffert Kevin M. Hogan, Esq Anthony Iacono Thomas P. Malecki, CPA Michael A. Seaman
Voting Board Member Excused:	Jonathan Dandes	Joseph Zizzi, Sr., M.D.
Non-Voting Board Representatives Present:	Richard C. Cleland James Lawicki	Kevin Pranikoff, M.D.
Also Present:	Donna Brown Samuel Cloud, D.O. A.J. Colucci, III, Esq Jim Dolina Leslie Feidt Kelley Finucane Stephen Gary Susan Gonzalez Al Hammonds Mary Hoffman	Julia Culkin-Jacobia Jarrod Johnson Chris Koenig Susan Ksiazek Charlene Ludlow Frank B. Mesiah Nadine Mund Brian Murray 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 AUGUST 25, 2015 REGULAR BOARD MEETING.

Moved by Michael Seaman and seconded by Anthony Iacono.

Motion approved unanimously.

III. ACTION ITEMS

A. Approval of the Board of Director to grant New Board of Director's Board Meeting Dates for Remainder of 2015.

Moved by Kevin Cichocki, D.C. and seconded by Kathleen Grimm, M.D.

Motion Approved Unanimously.

B. Resolution of the Board of Directors Approval of 2016 Budget.

Moved by Michael Seaman and seconded by Ronald Bennett.

Motion Approved Unanimously.

C. Approval of September 1, 2015 Medical/Dental Staff Appointments/Re-Appointments.

Moved by Kevin Cichocki, D.C. and seconded by Ronald Chapin.

Motion Approved Unanimously.

IV. BOARD COMMITTEE REPORTS

All reports except that of the Performance Improvement Committee are received and filed in the September 29, 2015 Board book.

V. REPORTS OF CORPORATION'S MANAGEMENT

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

Chief Executive Officer: Richard C. Cleland

- Keishonta Lawrence, RN received the hero nomination award for her act of heroism for the tragic accident at Delaware Park on May 30, 2015.
- Our Patient Experience continues to improve and set the bar with several initiatives in the works. The patient experience video is anticipated to be viewed at next month's board meeting.

- Mr. Cleland was honored to tour the surgical services department, environmental services department, and the carpentry shop department. He left each session learning a great amount of valuable information about our workforce and its challenges.
- Teammate engagement survey is 50% complete. Results will be shared with the Board of Director's at a future board meeting.
- ECMC achieved an unbelievable amount of accomplishments over the past 9 months. Several strategic accomplishments including our Level 1 Trauma Verification, the re-emergence of the Renal Transplant Program, the new Russell J. Salvatore Orthopaedic Unit, and the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP).
- Jennifer Gee, RN, 8 North was awarded the 3rd quarter Daisy Award based on a hand written note from a patient's husband describing her kind and compassionate care delivered during his wife's stay at ECMC.
- Kelly Petyk (EKG Department) was our August 2015 Summer Surge winner for Perfect Time and Attendance. Congratulations Kelly!
- Congratulations to Board of Director, Sharon Hanson, named as one of Western New York's most "Women of Influence" by Buffalo Business First.
- Since Dr. Liise Kayler's arrival on July 6, 2015, ECMC has completed forty-six (46) transplants. This includes five (5) live donor transplants and (5) pancreas transplants. Year-to-date we have had sixty-three (63) transplants.
- September continues to reflect positive trends. Month to date we are exceeding budget in acute discharges by 7% and seeing LOS at 6.3. The surgical volume remains very strong as well at 4% higher than budget. Our ER volumes are 12% higher than budget.
- Thank you to Jon Dandes, Chair, ECMCC Foundation, Sue Gonzalez and team to continue to raise the bar finding new ways to build on previous successes. Several events planned in October, which includes "Billieve VIP" party, "Pink Out" for schools and the community sports to fundraise for our Mammo Coach, and an Alex & Ani event tonight to raise money for the foundation.

President: Thomas Quatroche, Ph.D.

- The activation of the Buffalo Bills relationship is underway. In addition to the “Billieve” game sponsorship, ECMC and Children’s Hospital will be sponsoring a game to thank Police, Fire, and EMS for their role in saving lives. In addition, a new commercial featuring Jim Kelly was produced this week.
- ECMC is looking to implement various initiatives for payer strategies (bundling, gain sharing, etc.).
- We are in the process of recruiting primary care physicians and currently having several conversations.
- A full market plan is under development for the ECMC Transplant program with the arrival of Dr. Liise Kayler.

Chief Financial Officer: Stephen Gary

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

Mr. Gary provided an overview of the regulatory budget reporting requirements including a 5-year financial projection. With the Board of Director’s approval, the 2016 budget will be submitted to New York State tomorrow.

Quality Improvement: Brian Murray, M.D.

- Moving forward, the amount of monthly QI presentations need to be cut down to give presenters more time to present.
- Clinical presentations from Neurosurgery and Oral Maxofacial were presented at the September QI meeting.

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

Moved by Anthony Iacono and seconded by Michael Hoffert to enter into Executive Session at 5:50pm to consider matters made confidential by law, including certain compliance-related matters, strategic investments, and business plans.

Motion approved unanimously

VII. RECONVENE IN OPEN SESSION

Moved by Anthony Iacono and seconded by Michael Hoffert to reconvene in Open Session at 6:20 P.M.

Motion approved unanimously

VIII. ADJOURNMENT

Moved by Douglas Baker and seconded by Bishop Michael Badger to adjourn the Board of Directors meeting at 6:20 P.M.

A handwritten signature in dark ink that reads "Sharon L. Hanson". The signature is written in a cursive, slightly slanted style.

Sharon L. Hanson
Corporation Secretary

Resolution Approving New Meeting Dates

Approved: September 29, 2015

WHEREAS, the Corporation traditionally has approved and published the regular and annual meeting dates of its Board of Directors for public information purposes in accordance with law and practice; and

WHEREAS, the meeting dates approved and published previously for 2015 included incomplete information and certain dates that needed to be changed due to conflicts with holidays and holiday functions;

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

1. That future meetings of the Board of Directors in the year 2015 shall occur at 4:30 P.M. on October 20, 2015, November 17, 2015, and December 15, 2015 in the Staff Dining Room on the Second Floor of Erie County Medical Center's main tower building.
2. That the Corporation's Annual Meeting shall take occur at 4:30 P.M. on January 26, 2016 in the Staff Dining Room on the Second Floor of Erie County Medical Center's main tower building.
3. That a regular meeting of the Board of Directors shall also take place on January 26, 2016 immediately before or after (in the chair's discretion) the Corporation's Annual Meeting in the same location.
4. That any of the foregoing meetings may be rescheduled or consolidated with other board meetings, in the discretion of the Board Chair after consultation with his or her fellow board members.
5. That this Resolution shall, in addition to being included in the minutes of this meeting, be posted in a conspicuous place on the premises of the Corporation for public information purposes.
6. This Resolution shall take effect immediately.

Sharon L. Hanson

Sharon L. Hanson
Corporation Secretary

Resolution Approving 2016 Operating and Capital Budgets

Approved: September 29, 2015

WHEREAS, the Corporation is required by law to approve and file an annual budget no later than ninety (90) days before the commencement of the corporation's fiscal year, or by October 1, 2015; and

WHEREAS, the Corporation's administrative leaders have developed an annual budget in accordance with the requirements of New York State, and particularly, Part 203 of Title 2 of the New York Code of Rules and Regulations; and

WHEREAS, the annual budget has been presented to the Finance Committee of the Board of Directors prior to being provided to the full membership of the Board of Directors previous to this meeting; and

WHEREAS, the Chief Executive Officer and Chief financial Officer of the Corporation have recommended to the Board of Directors that the annual budget be approved by the Board of Directors;

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

1. The 2016 Operating and Capital Budgets of the Corporation are approved as presented to the Board of Directors on September 29, 2015.
2. The Corporation is directed to publish and file the approved budgets in accordance with law.
3. This resolution shall take effect immediately.

Sharon L. Hanson

Sharon L. Hanson
Corporation Secretary

CREDENTIALS COMMITTEE MEETING
September 1, 2015

Committee Members Present:

Robert J. Schuder, MD, Chairman

Yogesh D. Bakhai, MD

Brian M. Murray, MD

Susan Ksiazek, RPh, Director of Medical Staff Quality and Education

Mark LiVecchi, DMD MD MBA

Mandip Panesar, MS MD

Guest: Joseph L. Izzo, Jr., MD

Medical-Dental Staff Office and Administrative Members Present:

Tara Boone, Medical-Dental Staff Services Coordinator

Judith Fenski, Credentialing Specialist

Kerry Lock, Credentialing Specialist

Members Not Present (Excused *):

Richard E. Hall, DDS PhD MD FACS *

CALL TO ORDER

The meeting was called to order at 3 PM by Dr. Robert J. Schuder. The proceedings from the previous meeting of August 4, 2015 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
- C. Application Processing Cessation
- D. Automatic Processing Conclusion – (inactive applications > 180 days from date of signature)
- E. Resignations
 - Ahmad, Misbah H. MD Internal Medicine
08/21/2015
 - Alberti, Nicole PA-C Internal Medicine
08/01/2015
 - Chang, Joan DO Internal Medicine
08/20/2015
 - Cohill, Carolyn ANP Internal Medicine
08/13/2015
 - Hart, Virginia M., DNP Internal Medicine
08/11/2015
 - Sweet, Ann PA-C Internal Medicine
08/21/2015
 - Bedmutha, Shantikumar MBBS Radiology/Imaging Services
08/31/2015

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Loftus, Randall J. MD 08/31/2015	Radiology/Imaging Services
Lutnick, Robert E. MD 08/31/2015	Radiology/Imaging Services
Serghany, Joseph E. MD 08/31/2015	Radiology/Imaging Services
Miller, S. David MD 08/05/2015	Rehabilitation Medicine
Gilbert, Richard N. MD 08/07/2015	Urology
F. Temporary Privileges Concluded	
Sleszynski, Raymond MD 08/07/2015	Psychiatry

**FOR
INFORMATION**

CHANGE IN STAFF CATEGORY

DeZastro, Timothy MD <i>Refer&Follow</i>	Radiology/Imaging Services	Active to Courtesy Staff,
Feld, Gregg I., MD <i>Refer&Follow</i>	Radiology/Imaging Services	Active to Courtesy Staff,
Kartha, Krishnan, MD <i>Refer&Follow</i>	Radiology/Imaging Services	Active to Courtesy Staff,
Lieberman, Jeffrey L., MD <i>Refer&Follow</i>	Radiology/Imaging Services	Active to Courtesy Staff,

**FOR OVERALL
ACTION**

DEPARTMENT CHANGE or ADDITION

Plastic & Reconstructive Surgery adding Internal Medicine

Agro, Chanda, FNP Professional <i>Supervising Physician: Wajdy Hailoo, MD</i>	Allied Health
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**FOR OVERALL
ACTION**

***CHANGE OR ADDITION IN COLLABORATING/SUPERVISING
PHYSICIAN***

Maloney, Michael, PA-C Professional <i>Supervising Physician: Shaun Bath, MD</i>	Allied Health
McFarland, Siblea, PA-C Professional <i>Supervising Physician: Muhammad Achakzai, MD</i>	Allied Health
Okel, Hannah, PA-C Professional	Allied Health

Supervising Physician: Muhammad Achakzai, MD
Weldy, Stephanie, ANP
Professional
Collaborating Physician: Muhammad Achakzai, MD

Allied Health

**FOR
INFORMATION**

PRIVILEGE ADDITION/REVISION, recommended – comments as indicated

Okel, Hannah, PA-C*
Professional

Allied Health

- Medical Intensive Care Unit
- Perform Intensive Care history and Physical exam and write up
- Initial Intensive Care patient assessment
- Follow up Intensive Care visits, evaluation and orders
- Intensive care discharge planning, summary and orders

**Privileges issued for the purposes of training. The training will be incorporated into the FPPE process.*

FOR OVERALL ACTION

PRIVILEGE WITHDRAWAL

Internal Medicine

Bou-Abdallah, MD

- Admitting

Dhanekula, Nischala, MD

- Admitting
- Consultation-General Internal Medicine

Tangeman, John, MD

- Admitting
- Consultation-General Medicine

FOR OVERALL ACTION

APPOINTMENT APPLICATIONS, recommended – comments as indicated

A. Initial Appointment Review (13)

Anesthesiology

Brundin, Douglas, CRNA

Allied Health

Professional

Schultz, Heather, CRNA

Allied Health

Professional

Appointment endorsement pending favorable recommendation of Practitioner Wellness Committee.

Emergency Medicine

Jackson, Abbe, PA-C

Allied Health

Professional

Supervising Physician: Brian Clemency, DO

Pugh, Jennifer, MD

Active Staff

Internal Medicine

Bute, Samir, MD	Active Staff
Case, Joshua, MD	Active Staff
Mendu, Anuradha, MD	Active Staff
Minhas, Parveen, ANP Professional	Allied Health
<i>Collaborating Physician: Mareena Zachariah, MD</i>	
Ofole, Obiora, MD	Active Staff
Rahim, Saquib, MD	Active Staff
Pathology	
Soofi, Yousef, MD	Active Staff
Psychiatry	
Almeter, Pamela, PMHNP Professional	Allied Health
<i>Supervising Physician: Michael Cummings, MD</i>	
Radiology / Imaging Services	
Tabone, Michael, DO	Active Staff
	FOR OVERALL ACTION

REAPPOINTMENT APPLICATIONS, recommended – comments as indicated

B. Reappointment Review (26)

Anesthesiology	
Kwaizer, Anna, CRNA Professional	Allied Health
Cardiothoracic Surgery	
Carlson, Russell, MD	Active Staff
VonFricken, Kurt, MD	Active Staff
Emergency Medicine	
Moscatti, Ronald, MD	Active Staff
Family Medicine	
Boyce, Jennifer, FNP Professional	Allied Health
<i>Collaborating Physician: Mohammad Azadfard, MD</i>	
Ippolito, Calogero, MD	Active Staff
Ohira, Massashi, MD	Active Staff
Wood, Kara, PA-C Professional	Allied Health
<i>Supervising Physician: Stephen Evans, MD</i>	
Internal Medicine	
Aquilina, Alan, MD & Follow	Courtesy Staff, Refer
Bou-Abdallah, Jad, MD	Active Staff
Dang, Neha, MD	Active Staff
Dhanekula, Nischala, MD	Active Staff
Tangeman, John, MD	Associate Staff
Neurology	
Szegeti, Kinga, MD	Active Staff

Neurosurgery	
Noon, Melanie, PA-C	Allied Health
Professional	
<i>Supervising Physician: Gregory Castiglia, MD</i>	
Ophthalmology	
Cotter, Daniel, MD	Associate Staff
Medina Rafael, MD	Active Staff
Oral & Maxillofacial Surgery	
Bracci, Andrew, DMD	Active Staff
Orthopaedic Surgery	
Fishkin, Zair, MD	Active Staff
Psychiatry	
Smith, Beth, MD	
Radiology/Imaging Services	
Tirone, Charles, MD	Active Staff
Radiology/Imaging Services - Teleradiology	
Gambino, John, MD	Active Staff
Lamoureux, Christine, MD	Active Staff
Sonnars, Adina, MD	Active Staff
Tyler, Ira, MD	Active Staff
Rehabilitation Medicine	
LiVecchi, Mark, MD	Active Staff
	FOR OVERALL ACTION

PROVISIONAL APPOINTMENT REVIEW, recommended

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

September 2015 Provisional to Permanent Staff		Provisional Period Expires
Anesthesiology		
Reed, Karen, MD	Active Staff	09/23/2015
Spulecki, Cheryl, A., MS CRNA	Allied Health Professional	09/23/2015
Dentistry		
Augello, Michelle, B., DDS	Active Staff	09/23/2015
Emergency Medicine		
Ciesla, Tera, M., PA-C	Allied Health Professional	09/23/2015
<i>Supervising Physician: Kerry P. Cassel, MD</i>		
Pecyne, Madelyn, O., PA-C	Allied Health Professional	09/23/2015
<i>Supervising Physician: Ronald M. Moscatti, MD</i>		
Family Medicine		
Finver, Torin, J., MD	Active Staff	09/23/2015
Internal Medicine		
Dasari, Jayaprakash, R., MD	Active Staff	09/23/2015
Glose, Susan, M., PhD ANP	Allied Health Professional	09/23/2015
<i>Collaborating Physician: Bruce R. Troen, MD</i>		
Hailoo, Wajdy, L., MD MSc	Active Staff	09/23/2015

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Pfalzgraf, Laura, A., PA-C	Allied Health Professional	09/23/2015
<i>Supervising Physician: Neil U. Parikh, MD/TBD with new hospitalist group</i>		
Smith, Amelia, K., PA-C	Allied Health Professional	09/23/2015
<i>Supervising Physician: Deepthi Tirunagari, MD/TBD with new hospitalist group</i>		
Szabad, Kristin, S., PA-C	Allied Health Professional	09/23/2015
<i>Supervising Physician: Yahya J. Hashmi, MD/TBD with new hospitalist group</i>		

Pathology

Tomaszewski, John, Edward, MD	Active Staff	09/23/2015
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Psychiatry

Welge, Alexander, MD	Active Staff	09/23/2015
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Surgery

Cooper, Clarice, Ann., MD	Active Staff	09/23/2015
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Henley, Coleman, MD	Active Staff	09/23/2015
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The future November 2015 Provisional to Permanent Staff list has been compiled for Chief of Service review and endorsement.

**FOR OVERALL
ACTION**

AUTOMATIC CONCLUSION- Reappointment Expiration, FIRST NOTICE

Internal Medicine

Tirunagari, Deepthi, MD	Active Staff	11/30/15
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AUTOMATIC CONCLUSION- Reappointment Expiration, FINAL NOTICE

Family Medicine

Malik, Khalid, MD	Courtesy Staff, R & F	09/30/15
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Reappointment Expiration Date: as indicated above
Planned Credentials Committee Meeting: September 1, 2015
Planned MEC Action date: September 28, 2015
Planned BOD Action Date: September 29, 2015

**FOR OVERALL
ACTION**

OLD BUSINESS

Department Name Change

The Medical Executive Committee recommended approval for department change of name at its previous meeting. Privilege forms have been revised to reflect the change for the Department of Thoracic

/ Cardiovascular Surgery. This change also aligns with the corresponding title at Kaleida Health.

2014-2015 Appointments/Reappointments



DEPARTMENT OF THORACIC/CARDIOVASCULAR SURGERY

Clinical Privilege Delineation Form

Surgery - Laparoscopy privilege section revision

The chair still awaits the Chief of Service to review a proposed revision to the Laparoscopy privilege section:

These include Level I and Level II categories and credentialing criteria revisions.

Anesthesiology CRNA Privilege Form Revision

Consensus revisions to the form have been achieved; the committee anticipates a form draft at October meeting.

Reappointment deferrals for Team Health Allied Health Professionals

The committee received an update on the transition to the new hospitalist service. As re-appointments are processed two months prior to the 24 month expiration, dossiers are being deferred for Team Health midlevel practitioners until it is determined if they will be a part of the new hospitalist group after the transition on September 1st.

Letters will be sent certified return receipt to the above listed practitioners, with a report back to the Credentials Committee at its October meeting.

Temporary Privilege Tracker

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

**FOR OVERALL
ACTION**

NEW BUSINESS

Hospitalist Transition

The committee welcomed Joseph L. Izzo, Jr., MD for a discussion regarding the transition to a new Hospitalist group at ECMC. The issues of appropriate staffing, applicant privileging and documentation, plus the impact of the temporary privilege process were discussed. The roles of the Hospitalist Team were explored with an emphasis on the delivery of quality care. Because of the complexity of the initial stages of the transition, the committee advised additional dialogue with physician leadership.

The hospital continues to work closely with the new hospitalist group to ensure the transition be safe. The contract states that the new group may use locums for the first 6 months of the transition. Due to unanticipated recruitment challenges, a larger number of locum tenens practitioners were needed. Temporary privileges for each locum will be issued for the first 60 days, and then re-evaluated thereafter. Unless experienced, their role will be outside of the ICU.

Credentialing of Non-Medical Staff Member LIP's Ordering Tests

The committee discussed the following FAQ posted on TJC website.

Q. What level of credentialing, if any, must occur for non-medical staff member licensed independent practitioner who orders laboratory tests or radiology procedures? What level of credentialing, if any, must occur for non-medical staff member licensed independent practitioners who write orders and direct outpatient care such as physical, occupational, or speech therapy services?

S. Ksiazek has requested from the ECMC JC Coordinator a definitive interpretation of TJC response to this question:

A. The response is directly related to state laws and regulations, including Veterans Administration and Department of Defense licensure requirements.

If state law or regulation requires an order from a licensed independent practitioner to perform a laboratory test or radiology procedure, or to provide outpatient care such as physical, occupational or speech therapy, the organization would need to determine (via primary source verification) that the person ordering the tests, procedures or care does meet state law and regulation requirements, prior to performing such test, procedures or care.

Teleradiology Privilege Form

Clarification of need for revision in process with new department chief, Dr. Jonathan Marshall. Will report back next month.

Credentialing for Pediatric Renal Transplants at ECMC

A request was initiated for ECMC to allow outside Kaleida Health Pediatric Nephrologists and Surgeons to be part of the transplant process for patients age 15-18 who may be receive a renal transplant at ECMC. The intent is to allow the surgeon to assist with the transplant, maintain competency and to allow the nephrologist to coordinate pre and post transplant medical care.

Process issues related to this request include whether to further delineate existing transplant privileges by age. The Chief of Surgery opined not, the Chief of Medicine offered no opinion. The Credentials Committee endorsed that no changes be made to the existing transplant privilege delineations.

Medical Leave

As defined in Article VII of the Credentials Manual, Staff members anticipating medical leave should inform the Chief of Service through the Medical-Dental Staff Office. A staff member has been identified with an anticipated 8 week leave for medical reasons. The MDSO followed up with the Chief of Service to obtain the documentation necessary to meet the requirements of policy.

Internal Medicine Forms

As credentialing criteria a defined for various privileges, it is important to be consistent with requirements as they apply to physician and midlevel department members. Procedure volumes for physicians should not exceed requirements for midlevels (suggested vs. required). These shall be reconciled on select Internal Medicine forms.

Wellcare Delegated Credentialing Audit

Scheduled for September 21st 10AM.

**FOR
INFORMATION**

OPEN ISSUES

Applicant new privilege FPPE and credentialing criteria documentation request

The committee awaits a reply from an applicant regarding the completion of documentation of experience and competence for a new privilege request. Two requests have been made. An additional appeal for a response will be made. It is essential for satisfactory Joint Commission review that defined privilege credentialing criteria be completed.

Ophthalmology and Orthopaedic Form Revisions

The chair awaits an opportunity to work with the Chiefs of Service on a new format for their respective privilege forms. A core-cluster format with privilege levels is proposed.

Urology Form Revisions

The chair awaits a response from the Chief of Service regarding final commentary and review of the newly designed Urology privilege form. Clarification of some credentialing criteria remains.

Physician Board Certification – Close Open Item

The Board of Managers has also voted to allow a one-time 4 year extension for Dr. Nagra to complete his board certification requirement. The applicant has been informed of the decision.

Pre-Employ Contract Renewal – Close Open Item

ECMC has renewed its contract with Pre-Employ. No fee increases in the new contract.

Office Volume

The Medical Staff Office continues to respond to an ever increasing need for its services. The committee extends its grateful appreciation to the office staff members for the effort expended in completing a record volume of applications, with its associated verification as well as responding to regular outside insurance credentialing audits.

**FOR OVERALL
ACTION**

OTHER BUSINESS

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

FPPE (Focused Professional Practice Evaluation)

Finver: Status report on OPMC requirement for 1 year of proctoring, 10 charts per month. This is in process and scheduled for completion February 2016.

Anesthesiology (1 CRNA)

Cardiothoracic Surgery (1 MD – requested privilege satisfied with the completion of competency based training.)

Pathology (1 MD)

Psychiatry (4 MD's and 2 NP's)

OPPE (Ongoing Professional Practice Evaluation)

No report from PSO; efforts are underway to better coordinate efforts between the two departments.

PPE policy regarding annual approval of OPPE metrics has been referred to the PSO for execution.

ADJOURNMENT

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

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Robert J. Schuder MD". The signature is written in a cursive style with a distinct "MD" at the end.

Robert J. Schuder, MD,
Chairman, Credentials Committee

Att.

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healthcare and true care™



ERIE COUNTY MEDICAL CENTER CORPORATION

REPORT TO THE BOARD OF DIRECTORS

RICHARD C. CLELAND, MPA, FACHE, NHA
CHIEF EXECUTIVE OFFICER

OCTOBER 20, 2015

CEO'S INTRODUCTION

I want to offer my heartfelt thanks to the many people whose work is driving innovation and improving the lives of our patients at ECMC. I am especially appreciative for the great men and women of our hospital. It is because of the outstanding physicians, nurses, clinical direct and indirect care providers, support departments and back office teams, volunteers, the foundation team and hospital leadership that we continue to lead our region with outstanding care to our patients on a daily basis. I want to take a moment to reflect on our accomplishments and to acknowledge this truly dedicated and talented team that perform miracles each shift, each day and demonstrate why our mission is ever so important to continue strong and vibrant into the future.

Over the last several months, my top priority has been organizational engagement. As I have said previously, this is key to our long-term success as we face and overcome the challenging healthcare landscape. Over the last couple of months, I have received a significant amount of feedback from many of our teammates at ECMC. The overall response has been very positive. The e-mail express blogs, the executive rounding and the "Walk in My Shoes" have been well received and appreciated. Many feel that the level of communication has definitely improved. Many are expressing full knowledge of our organizational initiatives, accomplishments, successes, and challenges and have a better understanding of the healthcare environment. As we enter into the 4th quarter of 2015, I will continue to push the button on teammate engagement so we can continue insuring that everyone in the organization is better aligned with our strategic course and mission. It is my honor to continue leading this great organization.

Our Report to the Board of Directors has changed. The Executive Leadership team decided to come together to develop a unified integrated report that incorporates each of our reports into one document. This report is structured in the following areas:

- Quality
- Patient Experience
- People
- Hospital Operations
- Regulatory
- Community Engagement
- Millennium Collaborative Care (DSRIP)
- Marketing and Business Development
- Foundation
- Finance

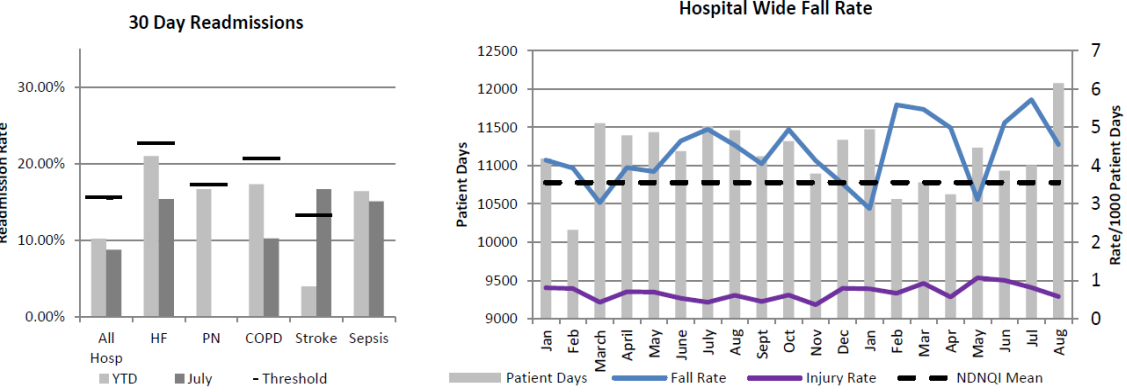
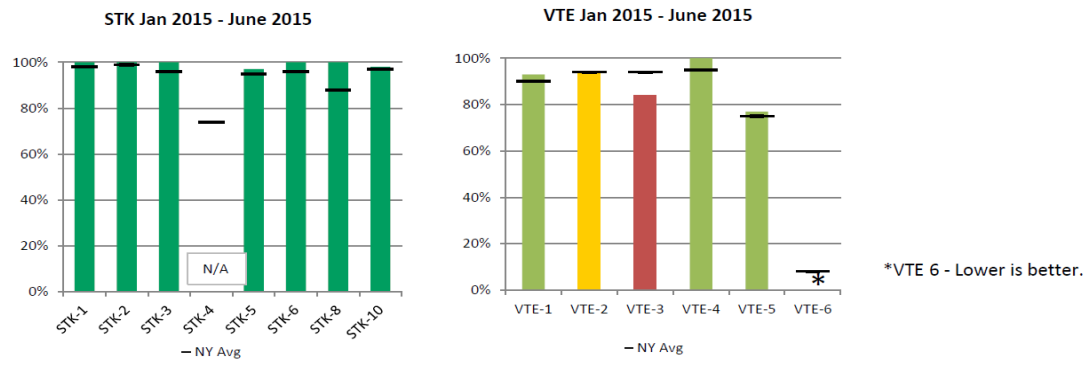
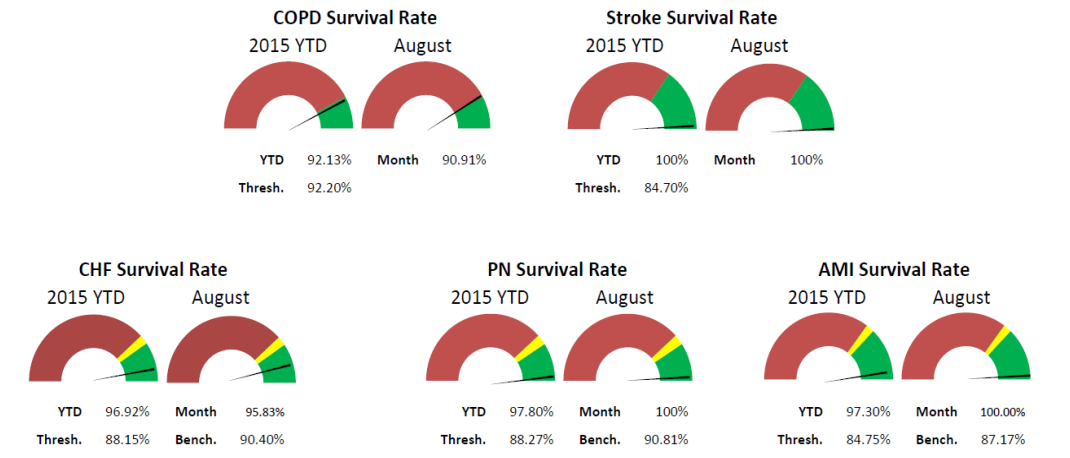
I hope you enjoy the new format!

Sincerely yours,

Rich

QUALITY

Executive Dashboard - October 2015



To enable quick interpretation, please note the following:

- Black lines represent benchmarks
- Yellow represents equal to the benchmark
- Red represents worse than the benchmark
- Green represents better than the benchmark

- Dedicated Fall Prevention Task force initiated as subgroup of the Fall Prevention Committee. Training of staff, integration of the medical team - Dr. Troen and Susan Glose NP to identify prevention techniques, and early identification of need for PT/OT initiated.
- Survival Rates:
 - CHF, Stroke, Pneumonia, AMI, COPD survival rates all exceed thresholds YTD.
- Infections Rates 2nd Quarter:
 - CLASBI, C-Diff, SSI-1, ICU CA-UTI below thresholds (good)
 - MRSA, SSI Colon above thresholds
- 30-Day Readmission - all hospital rates below thresholds YTD (good)

Terrace View:

There has been consistent, positive movement in our quality measures (QMs) over a ten-month period. This positive trend of QMs being below the State average will aid our QM star rankings, and in turn our overall star rankings over time. We are very happy with the progress we have made, and the team that has been making these improvements occur.

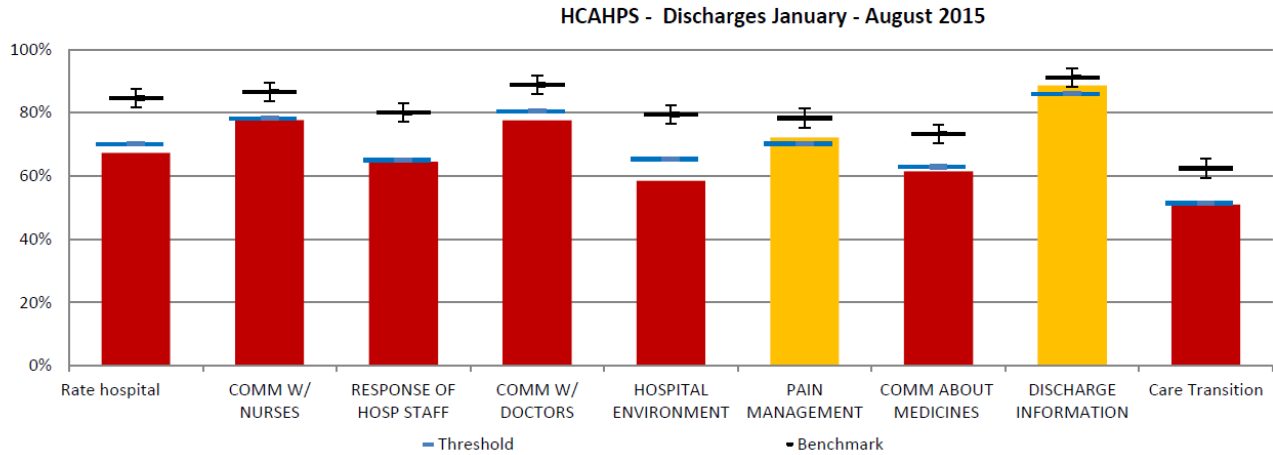
We have noted positive improvements in the following QM areas this month over last:

- Hi Risk pressure ulcer (L) 8.8% to 8.2%
- Falls (L) 42.2% to 41.7%
- Antipsych med (L) 17.4% to 16.2%
- Depression Sx (L) 6.6% to 5.1%
- UTI (L) 6.1% to 5.2%
- Excess wt loss (L) 4.2% to 3.6%

PATIENT EXPERIENCE

Press Ganey Survey Scores

The Patient Satisfaction Survey asks patients questions about their experience from the following domains:



****The Threshold (blue line) represents the 50th percentile nationwide. The Benchmark (black line) represents the 90th percentile.**

Patient Experience Initiatives

- The Patient Video Project is a video produced with teammate testimonials capturing the special ECMC experience and providing our patients and families with the information they need to feel confident in the care they are receiving. In a few weeks it will be running internally on the TVs for both patients/visitors and teammates to view.
- Our Patient and Family Information Guides are complete and have been revamped by Michelle Wienke (CXO). The guide provides patients with all the helpful and important information they need during their stay.
- Karen Ziemianski holds monthly Patient Experience sessions that are open to the hospital and run by the Patient Advocates. In September, the session included interviewing a patient and listening to their story to increase empathy and continue to push process improvement; reading the Heroes Award submission; and presentations on the units progression with post discharge phone calls and how it affected the survey scores.

PEOPLE

Teammate Engagement

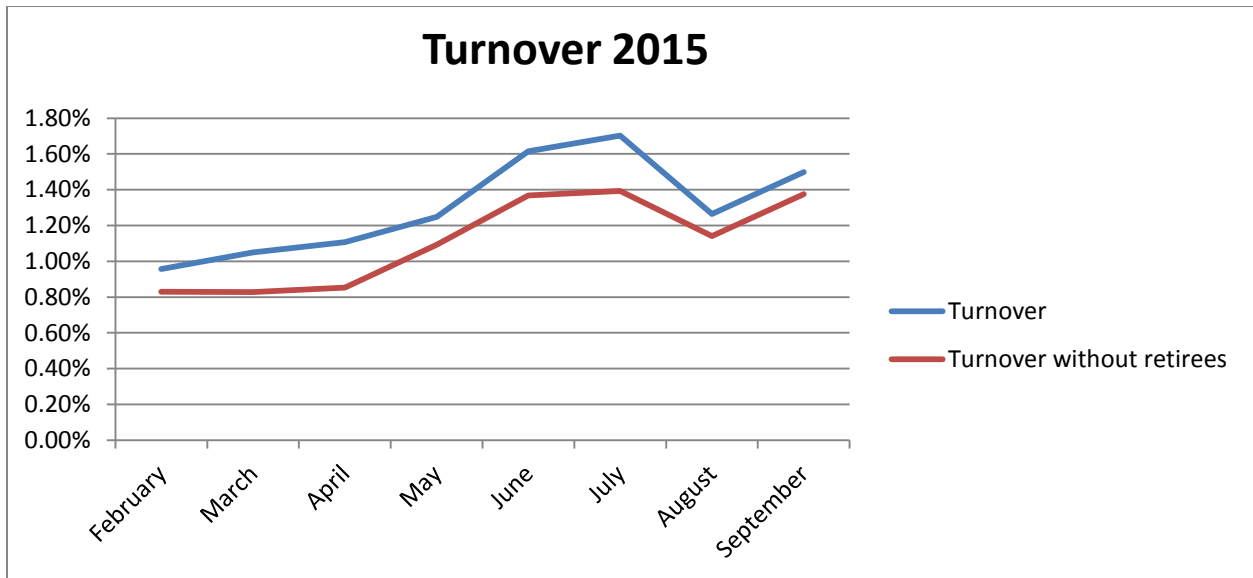
- CEO Initiatives: Bi-weekly Email Express; Walk in My Shoes for September: Carpentry, Radiology-Night Shift, and Inpatient Dialysis;
- Breakfast Club held on September 1, 2015.
- Trocaire College held their 2015 Reflections Dinner and Awards Ceremony. The following nurses attended: Michelle Seay, Judy Dobson, Phyllis Murawski, Karen Konikoff, Ann Victor, Denise Abbey, Debbie Clark, Lynne Golombek, Judy Haynes, and Kelly Golombek.
- Department Book Clubs are beginning. Environmental Services has kicked it off. They are reading *Service Fanatics* by Dr. James Merlino. Each month a chapter discussion revolves around how the principles in the book can be applied to their work environment.
- Town Hall Meeting: Rich Cleland, Jarrod Johnson and Julia Jacobia attended two laboratory town hall meetings on September 24. Both meetings were well received and responses to the staff questions will be completed. Very positive response from the staff!
- Teammate Survey - Next Steps:
 - Leaders share overall facility results with employees
 - Manager's share work group results with employees through guided "Brainstorming Sessions" in which we gather additional information for use in developing Action Plans.
 - Develop/implement action plans and communicate to employees.
- Human Resources has completed the structural transition to become a customer service focused department. Several of the positions roles and responsibilities have changed in an effort to support our leadership team. The team is rounding and reaching out to employees, focused on improving communication on HR as a service organization.

Workforce Development

- An End-of-Life Nursing Education Consortium program promoting Palliative care was held at the VA Medical Center on Tuesday September 28, 2015. (17) ECMC Nurses from various areas of care attended. The course stressed an interdisciplinary approach to end of life care.
- Leadership Development sessions are led monthly by Karen Ziemianski and are open to the hospital. October's session focused on advocating for a healthier workplace. Guest speakers, Dr. Mitchell and Professor Szabo from D'Youville College spoke about Horizontal Violence among staff and the best practices to develop a "bully free zone". Nursing, HR, Nursing Education, Behavioral Health, and other departments attended.
- Many members of Radiology and Cardiology will attend the *AHRA Virtual Fall Conference* –Topics will deal with upcoming requirements from TJC, LEAN methodology, and Leadership training, ICD-10, Clinical Decision Support, XR-29. Others from different departments have been invited as space permitted.
- Julia Jacobia, Chief People Officer (CPO) working with CEO on 2016 Leadership Academy initiative. In addition, working on a Leadership development program, which would target all ECMC, middle Leadership (department managers, director's, coordinators, unit management, assistant vice presidents, and vice president levels).

Labor Statistics

	January	February	March	April	May	June	July	August	September	YTD 2015
Deceased	0	0	0	1	0	0	0	0	0	1
Disability Retirement	0	0	0	0	0	0	0	0	0	0
Laid Off	0	0	0	1	7	0	0	1	0	9
Removed	7	7	7	10	6	11	13	6	13	80
Resigned	18	19	19	15	22	33	32	30	32	220
Retired	4	4	7	8	5	8	10	4	4	54
Term (Temp)	0	0	0	0	0	0	0	0	0	0
1 yr Leave w/o Pay	0	0	0	0	0	0	0	0	0	0
Total Separations	29	30	33	35	40	52	55	41	49	364
# Emp.	3091	3135	3144	3164	3204	3218	3230	3242	3270	3189
Turnover	0.94%	0.96%	1.05%	1.11%	1.25%	1.62%	1.70%	1.26%	1.50%	11.42%
Turnover without retirees	0.81%	0.83%	0.83%	0.85%	1.09%	1.37%	1.39%	1.14%	1.38%	9.72%



HOSPITAL OPERATIONS

Key Operating Volume and Statistics

Trauma season volumes have continued throughout September. Volumes continue to reflect favorable trends with continued improvement over prior year actual results. In September, we had a \$287,000 operating surplus which is favorable to an operating loss of \$187,000 as of September 2014. On a year to date basis (January – September), ECMCC has an operating surplus of \$1.354 million which is a \$2.334 million improvement in comparison same period in 2014.

Several key statistics include:

- Acute discharges – 3.3% higher than budget for September; 6.7% higher than budget YTD and 5% higher in comparison to 2014.
- All discharges – 1.2% lower than budget for September; 1.6% higher than budget YTD and 4.2% higher in comparison to 2014.
- Operating room volumes - 4.2% higher than budget in September and YTD; YTD 5.5% higher than same period in 2014.
- September Case Mix - 1.79 versus budget 1.74, a 6% improvement over 2014.
- Emergency Department volumes are 8.8 % higher than budget and 3.8% higher than 2014 YTD.
- Acute Length of Stay (LOS) for September 2015 was 6.3 days and 6.3 days for September 2014. 2015 YTD 6.5 and 2014 YTD 6.3.
- Terrace View average daily census at 381.
- ALC process: Our total ALC days for this month were 495. This is 27% improvement over last year. Our internal screening process to expedite bed offers to the various rehab options available here at ECMC while continuing to ensure patient choice.
- Appeal and Denials: We continue to make gains in increasing the recovery of those cases being denied retrospectively. With the guidance of the physician advisor, our recovery rate has increased with a YTD total of over \$600,000 recovered.

October continues to reflect positive trends:

- Acute discharges – four (4) percent higher than budget
- Acute Length of Stay (LOS) - 6.0 days
- Operating room volumes - volumes are on budget
- Emergency Department - 13.3% higher than budget

Other Operational Notes:

- Cleve Hill Family Medicine remains operational in the Grider Family Health Center location. Both clinics are working hard to accommodate patient needs in this time of transition.
- Construction and installation of our two CT scans remains on schedule. The project is set to wrap up by 12/21/15.
- Cardiac Cath Lab replacement table project is well underway and the \$1.3 million dollar equipment will be operational by February 2016.
- Construction and renovation of the Orthopaedic clinic is underway and looking for a spring 2016 completion.

- Great Lakes Health (GLH) IT Committee has made great strides with understanding the total cost of ownership and feasibility of establishing an enterprise wide information technology solution for the GLH organization. We are driving the completion of the financial assessment, evaluation of the vendor's value proposition/opportunities and assessment of each systems functionality in order to make a final recommendation to each of its respective Board of Directors by the end of the year (2015).
- Emergency Department Capital Project and final decision on design and option will be determined by October 31, 2015.
- New ECMC Website ready to roll out in the next few weeks.

Terrace View:

- A new position has been proposed and approved - Assistant Director of Nursing for Sub Acute Care. This position will oversee all short stay and skilled patients admitted to Terrace View, and continue to promote quality and efficiency in those areas. This position will be integral to our long-term goals moving toward Medicare bundled payment programs.
- A Town Hall meeting was held on 10/14/15 in the Terrace View café to discuss positive changes to the Employee Engagement Committee and new employee recognition initiatives. Teammates were able to submit their requests for topics to be discussed at the town hall meeting.

REGULATORY

DEC Survey: Hazardous Waste Management

- Correction required – Submit by 9/25/2015
 - Waste fluorescent bulbs bin must be labeled with universal waste sticker and start date of collection.
 - Batteries must be sent out quarterly for recycling
 - Maintain manifests for lead apron disposal
 - Maintain records for electronic disposal

- CMS Survey Completed- 9/24/2015
 - Compliance noted to Plan of Correction
 - CMS letter of resolution received

- CMS Nursing COP Survey – 10/6/2015-10/8/2015 – Report pending

- OMH Survey: Follow-up for CPEP POC compliance – 10/13/2015
 - Working with OMH to improve services and provide expert care- especially in area of restraint and seclusion.
 - Focus 1-day survey in CPEP to review restraints/seclusion and collateral collection. Awaiting letter summarizing findings

- PI Committees
 - Cardiac- Dr. Orlick CHF/ MI
 - Sepsis – Dr. Anillo & Dr. Desai
 - VTE – Dr. Fudyma
 - COPD/ Pneumonia – Dr. Izzo
 - Ortho QI – Quarterly
 - Antibiotic Stewardship Committee- Dr Crane- JC/ CMS/ NYS

COMMUNITY ENGAGEMENT

- Beth Moses with Burn Education presented at the American Refinery Group in Bradford, PA to the EMS response team and EMS providers for Bradford Fire Department and Bradford Area Transportation Services.
- “Let’s Not Meet by Accident” is a free injury prevention program designed by Trauma Services at Upstate University Hospital to educate young drivers on the harsh realities of bad decision making behind the wheel of a car. These presentations are a part of the WNY Trauma System and ECMC’s Trauma Outreach Program that addresses and educates high school and college students on various dangerous behaviors that could result in serious injury.
 - October 5 and October 6 – Let’s Not Meet by Accident was presented to 205 students at Lancaster high School; October 21 – October 23 - Kenmore West High School for about 160 students; October 29, 2015 – Cheektowaga High School.
- MST Prep Partnership
 - In order to continue to live out ECMC’s mission we need to strengthen our community engagement and education efforts, which includes educating our younger population. One way we are doing that is by developing a partnership with the Math Science and Technology Preparatory School located around the corner on Delavan.
 - There will be a Career Health Fair at MST Prep on October 27, 2015. Beth Moses, RN, Karen Beckman-Pilcher, RN, Pam Riley, RN, and Jim Turner, RN, will be representing ECMC Nursing Department with Karen Ziemianski.
 - On October 21, the ‘Let’s Not Meet by Accident’ program will be presented to 30 students from MST school.
- Comfort House
 - A visit is planned for a tour of Monroe County Comfort Homes in an effort to continue operational planning for the ECMC Comfort House.
 - We are in the final stages of a competitive grant application with the East Hill Foundation. The Executive Director and a Board member came to ECMC for an applicant interview regarding our grant, a very positive advancement toward this project.
- The Conversation Project
 - The Conversation Project is dedicated to helping people talk about their wishes for end-of-life care. Conversation project presentation @ **VA** “Leading the Way to Integrated Healthcare” on 9/10; @ **IHA** to Case Managers on 9/18; @ **Alzheimer’s Walk** on 9/19; and at the **MCC workshop** “Spirit of WNY Expo” on 9/19.

MILLENNIUM COLLABORATIVE CARE/DSRIP

Current Operational Initiatives:

- MCC Communication Strategy
- Master Participation Agreement (MPA) Strategy
- Regulatory Waiver Request Submission Update
- Governance Work Stream Update -The Governance Committee and Board of Managers have been drafting, reviewing, and approving governance documents for the PPS.
- Implementation Plan/First Quarter Report Finalization - On September 24, 2015, MCC submitted the final version of its implementation plans and DY1, Q1 quarterly report. All PPSs' reports have been posted on the NYS DSRIP website:
http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/first_quarterly_report.htm
- Relocation Update - In negotiations with the landlord and developer to renovate space at (formerly) Cleve-Hill Family Clinic. An architect has completed drawings and a Space Committee has been established to assist in the design of the space. Estimated move-in date is January 15, 2016.
- Clinical Integration
 - PCMH Update - MCC must provide appropriate support to network partners who need to reach Patient-Centered Medical Home (PCMH) 2014 Level 3 and track PPS-wide progress towards meeting DSRIP requirements related to PCMH. The following projects specifically require PCMH:
 - 2.a.i. Integrated Delivery System
 - 2.b.iii. Emergency Department Care Triage
 - 3.a.i. Integration of Primary Care and Behavioral Health
 - 3.b.i. Cardiovascular Disease (i.e. Million Hearts)
 - 3.f.i. Maternal & Child Health

Practices must achieve Level 3 NCQA 2014 PCMH Recognition and Meaningful Use (MU) 2 by the end of DY 3 (March 2018). Current MCC Primary Care PCMH Summary (represents approximately 240 practices):

Key Accomplishments:

- Posted Practice Care Coordinator and Practice Transformation Specialists to support PCMH initiative
- Engaged with SNAPCAP providers on care transitions
- Engaged with GBUAHN, HHUNY, including Lake Shore, Chautauqua County Department of Mental Hygiene, Home Health Partners of WNY, and NFMH Health Homes
- Engaged with BCBSWNY, Independent Health, and YourCare MCOs
- Inventoried primary care practices by PCMH status and location
- Created clinical integration PCP survey, to be deployed last week of October
- Initiated RFP PCMH vendor(s) search, to be deployed in October

MARKETING AND BUSINESS DEVELOPMENT

Corporate Initiatives

Strategic Planning

We have identified a speaker/facilitator to ensure that the strategic planning session for management considers the many changes in healthcare. We are hoping to conduct the session in the next couple months and schedule a Board of Directors meeting by the end of the year to finalize goals and initiatives of the corporation in the Strategic Plan.

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

ECMC is continuing to assist and develop partnerships with some of the rural facilities in on-going efforts to redesign care to create sustainable organizations.

Strategic Alignments

ECMC has partnered with Greater New York Healthcare Association to begin a gain-sharing program and is starting this initiative in Orthopedics.

ECMC is continuing its partnership with Kaleida Health in Optimum Physician Alliance and has begun a focused effort to educate physicians on ECMC's involvement and inform them of the services provided.

MASH

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

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

State Government and Department of Health

We are continuing our dialogue with the Governor's office to advocate for the signing of the PBC Amendment. We have had numerous meetings with community leaders and Governor's staff and counsel office to discuss the bill. As soon as the bill is signed, we will be refocusing our efforts to developing a planning process in the coming months for collaboration.

Marketing and Business Development

A full marketing plan has started for the ECMC Transplant program with the arrival of Dr. Liise Kayler. Advertising has been in the market and Dr. Kayler and senior staff have been visiting offices from Rochester to the Southern Tier to discuss changes to the program.

The activation of the Buffalo Bills relationship is underway. A new television and radio commercial featuring Jim Kelly is in the market. ECMC and Children's Hospital will be sponsoring a game to thank Police, Fire, and EMS for their role in saving lives as a team member in the adult and child trauma programs. We will also be raising funds at this event for the ECMC Foundation.

ECMC will be launching its new website shortly. Various meetings have been held with stakeholders to get input before launch.

ECMC is in the process of recruiting primary care physicians and physicians in various specialties. We are also activating our relationship with OPA providers by educating them on ECMC services.

Media Report

- **HCVnext: Collaboration in Buffalo: How Liver Care is Changing the Face of the City.** After a speaking engagement in the city, Ythomas A. Russo, MD, professor of medicine at UB opened Talal's eyes to the opportunities that lie in the city without a liver center, but with a population in great need of liver care due to a high prevalence of undiagnosed liver disease.
- **Buffalo Spree Medical Resource Guide: ECMC appoints two leading physician to head the Regional Center of Excellence for Transplantation & Kidney Care.** This summer, Erie County Medical Center announced the appointments of Liise Kayler, MD, as program Director; and Mareena Zachariah, MD, as medical director of the Regional Center of Excellence for Transplantation & Kidney Care at ECMC.
- **WGRZ-TV, Channel 2: City of Buffalo promoting mammograms.** Mayor Byron Brown joined officials from ECMC to promote the use of the mobile mammography bus. Rich Cleland is quoted.
- **The Buffalo News; WGRZ-TV, Channel 2: Buffalo Bills and ECMC's 10th Annual Billie Event.** The Buffalo Bills hosted the "Billie" Breast Cancer Awareness event which provided information on diagnosis and treatment of breast cancer by Erie County Medical Center's Mobile Mammography Coach and the American Cancer Society.
- **WBFO-FM Radio: ECMC dedicates 'comfort room' for young adult patients.** Erie County Medical Center dedicated the "Anthony V. Mannino Comfort Room" in memory of a local man who lost a 22-month battle with esophageal cancer in 2009 at the age of 21. Rich Cleland was interviewed

ECMC FOUNDATION

- The ECMC Foundation held Billie weekend to promote the mammography coach and cancer services at ECMC. A week long effort with Television and radio appearances, Press conferences, and Public Service Announcements on the radio was held to promote ECMC and the event. The event raised over \$100,000 gross.
- The ECMC Foundation has raised \$91,000 so far in the Annual Campaign. Last year at this time, we were at the \$69,000. Total for 2014, was \$94,000.
- We are also in the process of hiring a major gifts/capital campaign director to raise money for the new Emergency Department. We have held interviews and are looking to hire a candidate this fall.

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Internal Financial Reports
For the month ended September 30, 2015

Erie County Medical Center Corporation

Management Discussion and Analysis

For the month ended September 30, 2015

(Amounts in Thousands)

Operating income of \$287 was earned for the month of September which is unfavorable to budget by \$172 and favorable to the prior year by \$474. On a year to date basis, ECMCC generated operating income of \$1,354 which is unfavorable to budget by \$7,069 and favorable to the prior year by \$2,334. The performance can be attributed to slightly less than budgeted volumes partially offset by greater than budgeted case mix and other factors noted below.

Discharges of 1,541 for September were 72 (4.5%) less than the prior year and 19 (1.2%) less than budget at 1,613 and 1,560, respectfully. The unfavorable September discharge variance to budget is primarily due to 67 fewer behavioral health services, 6 fewer transitional care services, 4 fewer medical rehab services which were offset by 32 more acute services, 3 more chemical dependency rehab services and 23 more chemical dependency detox services.

Average length of stay in September was 7.9 which is unfavorable to budget of 7.6 days. The average daily census of 408 is greater than both budget of 395 and prior year of 403.

The blended acute case mix for September was 1.79, which is 3.0% higher than budget of 1.74. The year to date blended acute case mix of 1.74 is 1.4% lower than budgeted case mix of 1.76.

Outpatient visits at 25,474 were 5.7% less than budget due to decreased volumes across various services. Emergency volumes at 5,808 were 8.8% greater than budget and 1.3% greater than the prior year.

Other revenue for the month of September was greater than budget by \$808 and, on a year to date basis, was greater than budget by \$3,886. Year to date favorable performance is substantially due to higher than expected rebate and incentive revenues coupled with recognition of DSRIP related grant revenue. This is offset by expenses incurred related to the DSRIP grant.

Salaries and wages were unfavorable to budget for September by \$2,019 and year to date by \$11,701. The variance in FTE's totaled 221 of which 62 are attributable to productivity gains assumed in the budget that are not realizable and 49 due to an assumed vacancy factor not being realized due to high volumes. Year to date, this variance was driven by an unfavorable PTO liability growth of \$700 mainly attributable to timing of when employees take their vacation, increased inpatient volumes, and not meeting the budgeted productivity and vacancy factors noted above. In addition, an increase in contract labor related to DSRIP offset by DSRIP grant revenue as referred to above.

Benefits were favorable to budget in September by \$1,598 and \$2,397 year to date primarily due to a decrease in annual pension expense. Benefits year to date are 50.7% of salaries compared to a budgeted rate of 56.8%.

Purchased services were unfavorable to budget for September by \$885 and on a year to date basis by \$4,525 primarily attributable to increased patient related dietary costs as a result of increases in volume and costs for reimbursable grant expenses including consulting related to DSRIP. This was offset by the recognition of DSRIP Grant revenue as noted above.

Depreciation expense was unfavorable to budget in September by \$114 and on a year to date basis by \$2,019 primarily due to the use of component depreciation method for Terrace View and the CPEP program after the budget was completed. This has been partially offset by the recording of the corresponding third party revenue for Terrace View and is expected to be offset by expected future reimbursement for CPEP that is currently in development.



Erie County Medical Center Corporation

Balance Sheet September 30, 2015 and December 31, 2014

(Dollars in Thousands)

	September 30, 2015	Audited December 31, 2014	Change from December 31st
Assets			
Current Assets:			
Cash and cash equivalents	\$ 16,500	\$ 6,251	\$ 10,249
Investments	17,601	3,270	14,331
Patient receivables, net	65,860	51,491	14,369
Prepaid expenses, inventories and other receivables	59,982	76,930	(16,948)
Total Current Assets	159,943	137,942	22,001
Assets Whose Use is Limited:			
Designated under self-Insurance programs	49,331	68,243	(18,912)
Restricted under third party agreements	59,934	28,617	31,317
Designated for long-term investments	23,674	21,837	1,837
Total Assets Whose Use is Limited	132,939	118,697	14,242
Property and equipment, net	277,263	288,997	(11,734)
Other assets	31,812	31,286	526
Total Assets	\$ 601,957	\$ 576,922	\$ 25,035
Liabilities & Net Postion			
Current Liabilities:			
Current portion of long-term debt	\$ 9,578	\$ 8,137	\$ 1,441
Accounts payable	31,692	34,076	(2,384)
Accrued salaries and benefits	37,320	22,274	15,046
Other accrued expenses	35,190	40,930	(5,740)
Estimated third party payer settlements	10,721	20,511	(9,790)
Total Current Liabilities	124,501	125,928	(1,427)
Long-term debt	171,036	166,579	4,457
Estimated self-insurance reserves	56,799	45,525	11,274
Other liabilities	127,728	119,859	7,869
Total Liabilities	480,064	457,891	22,173
Total Net Position	121,893	119,031	2,862
Total Liabilities and Net Position	\$ 601,957	\$ 576,922	\$ 25,035

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Erie County Medical Center Corporation

Statement of Operations

For the month ended September 30, 2015

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net patient revenue	38,875	37,624	1,251	38,812
Less: Provision for uncollectable accounts	(927)	(1,343)	416	(2,100)
Adjusted Net Patient Revenue	37,948	36,281	1,667	36,712
Disproportionate share / IGT revenue	4,866	5,104	(238)	4,759
Other revenue	2,134	1,326	808	1,271
Total Operating Revenue	44,948	42,711	2,237	42,742
Operating Expenses:				
Salaries & wages / Contract labor	16,850	14,831	(2,019)	14,898
Employee benefits	6,938	8,536	1,598	8,808
Physician fees	5,214	5,269	55	5,422
Purchased services	4,012	3,127	(885)	3,290
Supplies	6,514	5,729	(785)	5,817
Other expenses	1,688	1,277	(411)	1,380
Utilities	529	725	196	434
Depreciation & amortization	2,214	2,100	(114)	2,173
Interest	702	658	(44)	707
Total Operating Expenses	44,661	42,252	(2,409)	42,929
Income/(Loss) from Operations	287	459	(172)	(187)
Non-operating Gain/(Loss):				
Interest and dividends	244	-	244	398
Unrealized gain/(loss) on investments	(665)	333	(998)	(1,588)
Non-operating Gain/(Loss)	(421)	333	(754)	(1,190)
Excess of Revenue/(Deficiency) Over Expenses	\$ (134)	\$ 792	\$ (926)	\$ (1,377)
Retirement health insurance	1,524	1,421	(103)	1,375
New York State pension	483	1,827	1,344	1,822
Impact on Operations	\$ 2,007	\$ 3,248	\$ 1,241	\$ 3,197

Erie County Medical Center Corporation

Statement of Operations

For the nine months ended September 30, 2015

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net patient revenue	349,774	343,578	6,196	335,500
Less: Provision for uncollectable accounts	(8,001)	(12,082)	4,081	(19,241)
Adjusted Net Patient Revenue	341,773	331,496	10,277	316,259
Disproportionate share / IGT revenue	45,869	45,939	(70)	55,426
Other revenue	19,015	15,129	3,886	10,537
Total Operating Revenue	406,657	392,564	14,093	382,222
Operating Expenses:				
Salaries & wages / Contract labor	147,788	136,087	(11,701)	135,540
Employee benefits	74,901	77,298	2,397	77,749
Physician fees	50,671	47,422	(3,249)	46,158
Purchased services	32,676	28,151	(4,525)	31,983
Supplies	53,361	52,287	(1,074)	52,099
Other expenses	14,166	11,497	(2,669)	9,278
Utilities	4,655	6,578	1,923	5,897
Depreciation & amortization	20,916	18,897	(2,019)	18,227
Interest	6,169	5,924	(245)	6,271
Total Operating Expenses	405,303	384,141	(21,162)	383,202
Income/(Loss) from Operations	1,354	8,423	(7,069)	(980)
Non-operating Gain/(Loss):				
Interest and dividends	1,394	-	1,394	2,165
Investment Income/(Loss)	926	3,000	(2,074)	855
Non-operating Gain/(Loss)	2,320	3,000	(680)	3,020
Excess of Revenue/(Deficiency) Over Expenses	\$ 3,674	\$ 11,423	\$ (7,749)	\$ 2,040
Retirement health insurance	13,713	12,788	(925)	12,375
New York State pension	12,451	16,348	3,897	18,081
Impact on Operations	\$ 26,164	\$ 29,136	\$ 2,972	\$ 30,456

Erie County Medical Center Corporation

<p>Statement of Changes in Net Position For the month and nine months ended September 30, 2015</p>

(Dollars in Thousands)

	Month	Year-to-Date
Unrestricted Net Assets:		
Excess/(Deficiency) of revenue over expenses	\$ (134)	\$ 3,674
Other transfers, net	(90)	(812)
Contributions for capital acquisitions	-	-
Net assets released from restrictions for capital acquisition	-	-
	(224)	2,862
Change in Unrestricted Net Assets	(224)	2,862
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 Position	(224)	2,862
Net Position, beginning of period	122,117	119,031
Net Position, end of period	\$ 121,893	\$ 121,893

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Erie County Medical Center Corporation

Statistical and Ratio Summary

	September 30, 2015	December 31, 2014	ECMCC 3 Year Avg. 2012 - 2014
<u>Liquidity Ratios:</u>			
Current Ratio	1.3	1.2	1.1
Days Operating Cash, includes current Investments	23.6	12.7	13.6
Days in Designated Cash & Investments (Covenant 57 days)	74.2	92.3	110.6
Days in Patient Receivables	52.6	45.3	45.2
Days Expenses in Accounts Payable	22.0	25.2	27.3
Days Expenses in Current Liabilities	86.3	93.3	90.3
Cash to Debt	46.2%	58.6%	63.0%
Working Capital	\$ 35,442	\$ 19,574	\$ 15,298
<u>Capital Ratios:</u>			
Long-Term Debt to Fixed Assets	61.7%	57.6%	63.5%
Assets Financed by Liabilities	79.8%	79.4%	79.5%
Debt Service Coverage (Covenant > 1.1)	1.4	2.3	1.8
Capital Expense	3.9%	3.2%	3.0%
Debt to Capitalization	62.0%	61.8%	63.5%
Average Age of Plant	12.5	11.3	13.8
Debt Service as % of NPSR	3.9%	4.0%	3.8%
Capital as a % of Depreciation	43.9%	99.2%	280.1%
<u>Profitability Ratios:</u>			
Operating Margin	0.3%	0.2%	0.2%
Net Profit Margin	1.1%	0.9%	2.1%
Return on Total Assets	0.8%	0.7%	1.5%
Return on Equity	4.0%	3.5%	7.5%
<u>Productivity and Cost Ratios:</u>			
Total Asset Turnover	0.9	0.9	0.9
Total Operating Revenue per FTE	\$ 178,175	\$ 186,752	\$ 175,781
Personnel Costs as % of Total Revenue	53.7%	52.5%	54.6%

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Erie County Medical Center Corporation

Key Statistics

Period Ended September 30, 2015

Current Period				Year to Date				
Actual	Budget	% to Budget	Prior Year	Actual	Budget	% to Budget	Prior Year	
1,015	983	3.3%	1,058	Discharges:				
287	354	-18.9%	319	Med/Surg (M/S) - Acute	9,025	8,456	6.7%	8,584
148	125	18.4%	133	Behavioral Health	2,666	3,155	-15.5%	2,797
30	27	11.1%	28	Chemical Dependency (CD) - Detox	1,274	1,174	8.5%	1,197
32	36	-11.1%	41	CD - Rehab	262	235	11.5%	229
29	35	-17.1%	34	Medical Rehab	308	276	11.6%	277
				Transitional Care Unit (TCU)	270	289	-6.6%	280
1,541	1,560	-1.2%	1,613	Total Discharges	13,805	13,585	1.6%	13,364
				Patient Days:				
6,360	5,477	16.1%	6,487	M/S - Acute	58,977	50,404	17.0%	54,194
3,788	4,072	-7.0%	3,521	Behavioral Health	32,819	36,293	-9.6%	34,729
490	427	14.8%	437	CD - Detox	4,389	4,014	9.3%	4,153
459	497	-7.6%	438	CD - Rehab	4,459	4,321	3.2%	4,273
803	925	-13.2%	744	Medical Rehab	6,929	7,105	-2.5%	6,782
348	445	-21.8%	463	TCU	3,445	3,674	-6.2%	3,627
12,248	11,843	3.4%	12,090	Total Patient Days	111,018	105,811	4.9%	107,758
				Average Daily Census (ADC):				
212	183	16.1%	216	M/S - Acute	216	185	17.0%	199
126	136	-7.0%	117	Behavioral Health	120	133	-9.6%	127
16	14	14.8%	15	CD - Detox	16	15	9.3%	15
15	17	-7.6%	15	CD - Rehab	16	16	3.2%	16
27	31	-13.2%	25	Medical Rehab	25	26	-2.5%	25
12	15	-21.8%	15	TCU	13	13	-6.2%	13
408	395	3.4%	403	Total ADC	407	388	4.9%	395
				Average Length of Stay:				
6.3	5.6	12.5%	6.1	M/S - Acute	6.5	6.0	9.6%	6.3
13.2	11.5	14.7%	11.0	Behavioral Health	12.3	11.5	7.0%	12.4
3.3	3.4	-3.1%	3.3	CD - Detox	3.4	3.4	0.8%	3.5
15.3	18.4	-16.9%	15.6	CD - Rehab	17.0	18.4	-7.4%	18.7
25.1	25.7	-2.3%	18.1	Medical Rehab	22.5	25.7	-12.6%	24.5
12.0	12.7	-5.6%	13.6	TCU	12.8	12.7	0.4%	13.0
7.9	7.6	4.7%	7.5	Average Length of Stay	8.0	7.8	3.2%	8.1
				Occupancy:				
88.8%	82.6%	7.5%	87.6%	% of M/S Acute staffed beds	88.8%	82.6%	7.5%	87.6%
				Case Mix Index:				
1.79	1.74	3.0%	1.69	Blended (Acute)	1.74	1.76	-1.4%	1.77
143	205	-30.2%	185	Observation Status	1,610	2,047	-21.3%	1,847
461	474	-2.7%	498	Inpatient Surgeries	4,479	4,355	2.8%	4,312
719	669	7.5%	629	Outpatient Surgeries	6,188	5,867	5.5%	5,774
25,474	27,005	-5.7%	27,336	Outpatient Visits	233,520	255,133	-8.5%	252,217
5,808	5,336	8.8%	5,735	Emergency Visits Including Admits	50,799	48,927	3.8%	50,136
52.6	44.2	19.0%	45.7	Days in A/R	52.6	44.2	19.0%	45.7
2.5%	3.9%	-36.7%	6.3%	Bad Debt as a % of Net Revenue	2.3%	3.8%	-39.2%	6.6%
2,649	2,437	8.7%	2,419	FTE's	2,580	2,435	6.0%	2,441
3.64	3.48	4.5%	3.40	FTE's per Adjusted Occupied Bed	3.60	3.50	2.8%	3.45
\$ 11,718	\$ 11,251	4.2%	\$ 11,045	Net Revenue per Adjusted Discharge	\$ 12,051	\$ 11,686	3.1%	\$ 11,491
\$ 14,554	\$ 13,629	6.8%	\$ 13,399	Cost per Adjusted Discharge	\$ 14,932	\$ 14,080	6.0%	\$ 14,229
Terrace View Long Term Care:				Patient Days	104,006	104,690	-0.7%	104,494
11,510	11,459	0.4%	11,438	Average Daily Census	381	383	-0.7%	383
384	382	0.4%	381	FTE's	437	447	-2.3%	447
454	446	1.8%	450	Hours Paid per Patient Day	5.4	5.5	-1.6%	5.5
7.3	7.2	1.4%	7.2					

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

UNIVERSITY AFFAIRS

Anu Mendu, MBBS joined UBMD Internal Medicine on 10/1. Welcome! Dr. Mendu will be working as a hospitalist at Erie County Medical Center. She completed her MBBS at NTR University of Health Sciences in India, her internship and residency in Internal Medicine at UB and her MPH, at the University of Illinois at Springfield. She is an assistant professor in UB's Department of Medicine.

PROFESSIONAL STEERING COMMITTEE

Next meeting planned for December.

MEDICAL STAFF AFFAIRS

UTILIZATION REVIEW

See attached Flash report

CLINICAL ISSUES

Hospital Value-Based Purchasing Program Having Little Impact: GAO

Medicare's Hospital Value-Based Purchasing Program for hospitals, which provides bonuses and penalties based on performance, has not led to demonstrated improvements in its first three years, according to a GAO report released last week. Earlier this year Medicare gave bonuses to 1,700 hospitals and reduced payments to 1,360 hospitals based on their mortality rates, patient reviews, degree of improvement and other measurements. The audit found the financial effect has been minimal. Most hospitals saw their Medicare payments increase or drop by less than half a percentage point. In the fiscal year that ended Sept. 30, 74 percent of hospitals fell within that range, with a median bonus of \$39,000 and a median penalty of \$56,000.

Most Hospitals In CMS' Mandatory Bundled Payment Program Are Hurt by Regional Pricing Averages

A new analysis of CMS' proposed Comprehensive Care for Joint Replacement (CCJR) bundled payment initiative finds that 65% of selected hospitals will be subject to target prices based on regional episode spending averages that are lower than hospital-specific spending averages. Specifically, the analysis finds that the average spending for an episode of care in hospitals selected for CCJR is \$3,802 higher than the average of their respective census regions.

**MEDICAL EXECUTIVE COMMITTEE MEETING
MONDAY, SEPTEMBER 28, 2015 AT 11:30 A.M.**

Attendance (Voting Members):

D. Amsterdam, PhD	J. Marshall, DO	
S. Anillo, MD	M. Panesar, MD	
M. Azadfard, MD	K. Pranikoff, MD	
Y. Bakhai, MD	R. Schuder, MD	
V. Barnabei, MD	P. Stegemann, MD	
G. Bennett, MD	R. Venuto, MD	
S. Cloud, DO		
W. Flynn, MD		
R. Ferguson, MD		
K. Grimm, MD		
W. Guo, MD		
J. Izzo, MD		
M. LiVecchi, MD		
M. Manka, MD		
A. Manyon, MD		

Attendance (Non-Voting Members & Guests):

R. Cleland	A. Orlick, MD	A. Billittier, MD
J. Fudyma, MD	T. Quatroche	C. Cavaretta
S. Gary	K. Ziemianski, RN	
M. Hoffman, RN	L. Feidt	
J. Johnson	R. Gerwitz	
B. Murray, MD	S. Gonzalez	

Excused:

M. Anders, MD	E. Jensen, MD	
W. Belles, MD	T. Loree, MD	
M. Cummings, MD	M. Sullivan, DDS	
D. Ford, RPA-C	J. Reidy, MD	
M. Brandwein-Gensler, MD		
M. Jajkowski, MD		

Absent:

None		

I. CALL TO ORDER

- A. Dr. Samuel Cloud, President, called the meeting to order at 11:40 a.m. Please review the seriously delinquent report and follow up with the significantly delinquent providers.
- B. **EMPLOYEE APPRECIATION EVENT, October 9th** – President Sam Cloud reminded the membership that the Treasury will be supporting this appreciation event and asked that members sign up to volunteer at the event for all three shifts.

III. ICD-10 PRESENTATION – Mark Doctor

- A. Mr. Mark Doctor, Consultant Lead on the ICD-10 Implementation Team, provided an update on efforts made to educate and inform the medical dental staff on the upcoming implementation of the ICD-10 coding system on October 1st. Hot spots noted within ECMC are ortho, surgery, internal medicine and family medicine. Communication will be forthcoming as implementation moves forward.

IV. CEO/COO/CFO BRIEFING

A. CEO REPORT – Richard Cleland

- 1. **Pulse Newsletter** – The most recent ECMC newsletter was printed and distributed in the past week and reflects 9 months of progress.
- 2. **Operating Profit for August** – The month finished with a profit and volumes continue to be strong. It is expected to finish the year with a positive bottom line.
- 3. **DSRIP Update** – More funding is forthcoming to enable project implementation as these programs continue to grow.
- 4. **University of Buffalo Affiliation Agreement** – Negotiations continue toward an updated agreement with Kaleida and the University.

B. CFO REPORT – Steve Gary

- 1. August reports an Operating surplus of \$1.7 million. \$1.1 million operating surplus year to date. It is still anticipated to finish with an operating surplus of about \$1 million.
- 2. 2016 Operating Budget – The budget proposal will be submitted to the Board of Directors for approval at the September 29th meeting.

C. PRESIDENT’S REPORT – Tom Quatroche

- 1. **Alignment of Initiatives** – Mr. Quatroche advised that initiatives are aligning with bundled payments and payor/government driven programs to better prepare ECMC with future requirements.

D. COO’s REPORT – Mary Hoffman, RN

- 1. **Apogee Hospitalist Group** – This new group came on board September 1st and this has slowed LOS some due to new providers unfamiliar with hospital systems. Improvements have been realized as the month progressed.
- 2. **Water Damage Cleve-Hill Site** – Operations have been relocated from the Cleve-Hill site to the Grider Family Health clinic site on the ECMC campus due to recent water damage. It was decided to close the Cleve-Hill location permanently and move these services to the Grider Family Health clinic space which will be expanded to accommodate.
- 3. **Physician Contracting** – Mr. Paul Muenzner has left the organization. In the meantime, physician contracting and

invoicing responsibility will be shared by Dr. Murray's and Ms. Hoffman's offices.

E. DSRIP UPDATE – Dr. Anthony Billittier, Medical Director, Millennium Collaborative Initiative

1. **ED Project Update** – When a patient comes into the ED for a visit that is deemed unnecessary or not an emergency, they are immediately referred to a primary care health office. To date, 1,600 patients have been deferred and received scheduled appointments at a primary office and about 48% did go to the appointment. Strategies to improve adherence to the outpatient appointment is being reviewed. It is concerning that at some point, the primary health market will become saturated.
2. **Payments for Services-** Some of the DSRIP programs are being built to satisfy payers so the programs are sustainable. Meetings with payers are underway to ensure programs will continue after the initial funding is exhausted.

F. CHIEF NURSE UPDATE – Karen Ziemianski, RN

1. **Summer Surge Bonus Program** – Each month during the summer, any nurse who did not call in or was late for assigned shift were put in a drawing for \$1,000. The results were significant with fewer call ins and less sick time use than ever before. Assisted greatly with staffing and saved considerable money on overtime costs.

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

A. UNIVERSITY AFFAIRS

1. New Staff

Rabi Yacoub, MD – Recently joined UBMD Nephrology Division. Dr. Yacoub sees patients at both BGMC and ECMC.

Russell Moore, MD – Recently joined UBMD Internal Medicine Pediatrics Division. He will be treating patients at both the Med-Peds site and ECMC.

B. PROFESSIONAL STEERING COMMITTEE

Dr. Murray provided a brief verbal update regarding the meeting.

C. MEDICAL STAFF AFFAIRS

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

D. UTILIZATION REVIEW

Dr. Murray distributed the Flash report for August 2015 as part of his report.

E. CLINICAL ISSUES

1. Hospitalist Service

Transition to the Acute Hospitalist Service from TeamHealth to Apogee occurred effective September 1st. Some issues occurred because of the high number of transient physicians initially involved and the need for Apogee to familiarize itself with operations at ECMC. Things have been progressively improving since the Apogee regional director Dr Jaime Upequi has been on site.

2. Study: Socioeconomic Status of Patients Significantly Impacts Hospital Readmissions

A new landmark study released last week shows that the socioeconomic status of patients really does cause higher hospital readmissions and negatively impact safety-net hospitals. The bottom line, the researchers said, is that hospitals treating the most vulnerable patients are being deprived of needed resources. For the fiscal year starting October 1, more than 2,600 hospitals will lose a combined total of \$420 million, according to CMS. Study was published this month in JAMA Internal Medicine .

3. More Hospitals, Clinicians Switching Their EHR Vendors

Eight percent of eligible professionals replaced their EHRs with options from other vendors in 2014, up from 2% in 2013, according to a government report released last week. Among eligible hospitals, 4% "ripped and replaced" in 2014, compared with less than 1% in 2013. The trend could grow this year and next, particularly among eligible professionals, and some groups that had used multiple systems are moving toward relying on single vendors

Epic Systems tops the list of the 10 most popular EHR platforms, followed by Allscripts and Practice Fusion, according to a report published by Software Advice. Several factors, including the number of product users and the brand's social media presence, were considered by the firm when ranking the platforms.

Other products on the list are the EHR systems of Cerner, MEDITECH and eClinicalWorks.

VI. LIFELINE REPORT

October 9th – Employee Recognition Event – Please participate and thank the employees for their hard work and dedication. This event is sponsored by the Medical-Dental Staff Treasury.

VII. CONSENT CALENDAR

	MEETING MINUTES/MOTIONS	ACTION ITEMS
A.	MINUTES OF THE Previous MEC Meeting: August 24, 2015	Received and Filed
1.	CREDENTIALS COMMITTEE: Minutes of September 1, 2015	Received and Filed
	- Resignations	Reviewed and Approved
	- Appointments	Reviewed and Approved
	- Reappointments	Reviewed and Approved
	- Dual Reappointment Applications	Reviewed and Approved
	- Provisional to Permanent Appointments	Reviewed and Approved
2.	HIM Committee: Minutes of August 27, 2015 & September 22, 2015	Received and Filed
	1. MRI In-Patient History & Screening Form	Reviewed and Approved
	2. MRI Out-Patient History and Screening Form	Reviewed and Approved
	3. Screening Form for Unconscious Patient	Reviewed and Approved
	4. Informed Consent for A2 or A2B Kidney Transplant for Blood Type B Patients	Reviewed and Approved
	5. Potential Transplant Recipient Assessment	Reviewed and Approved
	6. Collaborative Drug Therapy Management Program Consent	Reviewed and Approved
	7. Pureflow Troubleshooting Corrective Action Form	Reviewed and Approved
	8. Epogen Training Agreement	Reviewed and Approved
	9. Consent for Treatment for Home Hemodialysis	Reviewed and Approved
	10. Initial NXstage Physician Orders/Home Dialysis Chronic Treatment Orders	Reviewed and Approved
	11. Starting a new patient checklist	Reviewed and Approved
	12. What is expected of me while being a home Hemodialysis patient.	Reviewed and Approved
	13. Anesthesia Record	(Addendum) Reviewed and Approved
2.	P & T Committee Meeting – Minutes of September 1, 2015	Received and Filed
	1. Antiinfective Subcommittee minutes – approve minutes	Reviewed and Approved
	2. Lantus® (Insulin glargine) – add to Formulary	Reviewed and Approved
	3. Levemir ®) Insulin detemir) – delete from Formulary	Reviewed and Approved

	MEETING MINUTES/MOTIONS	ACTION ITEMS
	4. Insulin Lispro (Humalog®) – add to update Intranet & Lexicomp Formulary	Reviewed and Approved
	5. Insulin Aspart (NovoLog®) – delete to update Intranet & Lexicomp Formulary	Reviewed and Approved
	6. Ciprofloxacin/dexamethasone (Ciprodex®) otic drops, Restricted to ENT – add to Formulary	Reviewed and Approved
	7. Aripiprazole 2 mg tablets – add to Formulary	Reviewed and Approved
	8. Aripiprazole (Abilify®) 1 mg/mL oral solution – delete from Formulary	Reviewed and Approved
	9. Buspirone (Buspar®) 7.5 mg – add to Formulary	Reviewed and Approved
	10. Buspirone (Buspar®) 2.5 mg (1/2 tab) – delete from the Formulary	Reviewed and Approved
	11. Tiotropium (Spiriva®) – add to Formulary	Reviewed and Approved
	12. Acridinium (Tudorza®) – delete from Formulary	Reviewed and Approved
	13. Phytonadione (Vitamin K) tablets 2.5 mg (half tablet) and 2 mg – delete from Formulary	Reviewed and Approved
	14. Lidocaine 5% Ointment – delete from Formulary	Reviewed and Approved
	15. ATI-015 Anticholinergic Bronchodilators – approve revisions	Reviewed and Approved
	16. FRM-024 UBC Policy – approve revisions	Reviewed and Approved
	17. FIV-001 Adult General Intravenous Drug Administration – approve revisions	Reviewed and Approved
	18. FIV-007 Parenteral Nutrition Solutions – approve Revisions	Reviewed and Approved

VII. CONSENT CALENDAR, CONTINUED

- A. **MOTION:** Approve all items presented in the consent calendar including addendum HIM Minutes of September 22, 2015 and form “anesthesia record”.
MOTION UNANIMOUSLY APPROVED.

VIII. BYLAWS REVISIONS REPORT – BYLAWS COMMITTEE

- A. Dr. Sam Cloud presented the proposed changes that were brought forth the Medical Executive Committee by the Bylaws Committee. The proposed changes are as follows:
- Continued adherence to accreditation and regulatory standards
 - Add clarity and detail to assist in its usefulness as a guidance document
 - Harmonization with KH under GLH

DEFINITIONS

ALLIED HEALTH PROFESSIONALS (AHP) means an individual, other than a duly licensed physician, dentist, oral surgeon or podiatrist, who as a result of providing evidence of academic and clinical training, current licensure/certification, professional competence, satisfactory physical and mental health status, is qualified and who is authorized to render specified patient care

services within his area of professional competence. AHPs shall include, but are not limited to: clinical psychologists, certified nurse midwives, chiropractors, nurse practitioners, physician assistants, certified registered nurse anesthetists, psychiatric nurse mental health clinical specialists, and surgical assistants. Note: Some organizations, accrediting and regulatory bodies use the nomenclature of “Advanced Practice Providers (APPs)” for this practitioner group.

QUALIFICATIONS FOR MEMBERSHIP

2.2.1 MEDICAL AND OSTEOPATHIC PHYSICIANS, ORAL SURGEONS, DENTISTS AND PODIATRISTS

It is Erie County Medical Center Corporation’s policy to provide applications for appointment to the Medical/Dental Staff and requests for privileges only for individuals who meet the following criteria by providing evidence of:

(1) Current licensure in the state of New York **OR Limited Permit necessary to achieve or pending full licensure**

(4) Except with respect to those applying for privileges in general dentistry, current specialty board certification by boards approved by the American Board of Medical Specialties, the Royal College of Physicians and Surgeons of Canada, the Osteopathic Boards of the American Osteopathic Association and/or the American Dental Association, American Board of Podiatric Surgery (ABPS), American Board of Podiatric Orthopedic and Primary Podiatric Medicine (ABPOPPM), **or any other nationally recognized board certification entity approved by the Medical Executive Committee, ** OR.....**

(6) Achievement of specialty board certification within four (4) years of date of appointment to the Medical/Dental Staff**;

** Medical/Dental Staff members who were appointed and/or privileged prior to December 2006 and Podiatrist members appointed and/or privileged prior to June 2010 are exempt from the requirement outlined in paragraphs 4, 5 and 6 above. In addition, upon request, limited exceptions to paragraphs 3 through 7 of this requirement may be made on a case-by-case basis by the MEC provided each such exception is in the best interests of the Medical/Dental Staff and patient care at ECMCC, as determined by the MEC and as approved by the Board.

Add the following verbiage that already exists in the Credentials Manual, approved by the MEC July 2012:

In the event that the appointee has failed to achieve board certification as outlined in Section 2.2.1.6 of these medical-dental staff bylaws or has failed to maintain such board certification, the appointee will be granted a one time 4 year grace period to remediate. The appointee will be notified of such in writing by the Chair of the Credentials Committee and the President of the Medical-Dental Staff. If the appointee fails to achieve board (re)certification during this time frame, he

may apply to the Medical Executive Committee for a waiver as described in Section 2.2.1 of these medical-dental staff bylaws.

ALLIED HEALTH PROFESSIONALS

3.6.2 PREROGATIVES

- (a) Contributes to the care of patients within the limitations stated in these Bylaws
- (b) Exercises such clinical privileges as are granted to him pursuant to the Bylaws.
- (c) Attends meetings of the Medical/Dental Staff, but **as a staff category** is not eligible to vote on Medical/Dental Staff matters **other than AHP representation on the MEC** or hold office.
- (d) **Eligible to vote for the AHP representative to the Medical Executive Committee**
- (e) Attends meetings of the department of which he is a member, any Staff or Medical Center education programs and any committees to which he is assigned. He may serve as a voting member on designated departmental, Medical/Dental Staff or Medical Center committees on which he participates.

4.7 TEMPORARY PRIVILEGES

Temporary privileges may be granted upon receipt of a request by an appropriately licensed practitioner for privileges for the care of one or more specific patients. Such privileges will be granted upon the written concurrence of the appropriate **Clinical Chief of Service**, the President of the Medical/Dental Staff and the Chief Medical Officer (**as designee of the CEO**), who shall review and consider the clinical competency of the applicant. The applicant shall also be required to submit satisfactory evidence of licensure and current registration and adequate professional liability insurance coverage. The grant of temporary privileges does not confer any rights or privileges of Membership on the Medical/Dental Staff. A denial of a request for temporary clinical privileges or the revocation or termination of limited privileges shall not give the applicant any procedural or substantive rights to a hearing or review under the Fair Hearing Procedure.

5.1.4 ELECTION

(current bylaws have no provisions for vote recall)

ADD:

Any Member with voting rights has the right to initiate a recall election of a Medical Staff Officer by submitting a petition to the Medical Executive Committee signed by at least twenty percent (20%) of the Members of the Active Staff. Upon presentation of such a petition, the Medical Executive Committee will schedule a Special Staff Meeting for purposes of discussing the issue and (if appropriate) entertain a motion to recall the officer, which shall be effective only upon the affirmative vote of two-thirds of the voting Members present at the

Special Meeting called and held for that purpose in accordance with the procedures set forth in these Bylaws.

5.1.6 REMOVAL OF OFFICERS (current bylaws only address the initial steps)

Grounds for removal shall include, but not be limited to: mental and/or physical impairment or inability and/or unwillingness to perform the duties and responsibilities of the office; abuse of the office; conviction of a felony; an immediate termination or precautionary suspension or restriction of privileges; sanction by Medicaid, Medicare or any other federal or state healthcare program; or for conduct or statements damaging to the Medical Center, the Medical/Dental Staff or their goals or programs.

Action directed towards removing an officer from office may be initiated by submission to the Medical Executive Committee of a petition seeking removal of an officer, signed by not less than twenty-five (25) members of the Active Staff with voting rights; or by action by the Medical Executive Committee with concurrence of the Board.

Add:

An Officer may then be removed by the following process: a two-thirds (2/3) majority vote of the Staff by secret ballot of those present, at a meeting of the Staff called for that purpose.

CHIEF OF SERVICE DUTIES

**Revisions to include fixing the numbering of 5.2.1 (f)

(f) **Duties:** Each Chief of Service shall:

Recommend and approve clinical privileges for each member of the Department. Will complete initial/reappointment files to the Medical/Dental Staff Office; **at least two (2) working days** prior to each Credentials Committee meeting;

Insert as: 5.2.1.d: (adjust subsequent sections accordingly)

CHIEF OF SERVICE Provisions for Special Review

Special Review

The President of the Staff, the Chief Executive Officer, a majority of the Medical Executive Committee, or a majority of the Members of the Active Staff in the relevant Clinical Service may, for good cause, request that the Chief Medical Officer review a Chief of Service prior to the expiration of his or her term of appointment. Any such request must be in writing and supported by reference to the specific activities or conduct which constitutes the grounds for the request. A copy of the request shall be sent to the Chief of Service and to the President of the

Staff and the Chief Medical Officer. The Chief Medical Officer shall conduct a special review. The Chief Medical Officer shall formulate a recommendation which will be reviewed with the Medical Executive Committee. The Medical Executive Committee will confirm its concurrence or, if it does not concur, shall state its reasons and recommendations concerning the Chief of Service under review. After consideration of the Medical Executive Committee's reasons and recommendations, the Chief Medical Officer shall make his final determination. In the event that the Chief Medical Officer and Medical Executive Committee recommendations differ, both recommendations and reasons therein shall be sent to the Chief Executive Officer and Board of Directors for final determination.

CONFLICT RESOLUTION

(Currently resides in Credentials Manual. Place in Bylaws to better meet JC standard.)

CONFLICT RESOLUTION

Whenever the Board of Directors determines that it will decide a matter contrary to the MEC's recommendations, the matter will be submitted to a committee of an equal number of Medical/Dental Staff members of the MEC and Board of Directors for review and recommendation before the Board of Directors makes its final decision. The committee will submit its recommendation to the Board of Directors within thirty (30) days of notification of issue.

Add to Bylaws as 7.8.5:

Removal from the MEC

A member of the Medical Executive Committee may be removed by the Staff, through a two-thirds (2/3) majority vote by secret ballot of those present at a meeting of the Staff called for that purpose.

CREDENTIALS MANUAL

Item for consideration, to potentially address non-accredited fellowship programs (taken from KH bylaws):

Training Clinical Privileges

A request for Training Clinical Privileges to receive training must be made in writing by the appropriate Clinical Service Chief. Chief of Service. Such privileges will be granted upon the written concurrence of the President of the Medical/Dental Staff and the Chief Medical Officer, who shall review and consider the clinical competency of the applicant. The granting of training privileges does not confer any rights or privileges of Membership on the Medical/Dental Staff. In the event the applicant's request for Training Clinical Privileges is denied or the privileges are terminated, such an action would not constitute facts or circumstances which would be considered a limitation of privileges resulting in a report to the Office of Professional Medical Conduct (OPMC) or the equivalent regulatory body of the state in which the applicant is licensed.

The request must include a copy of the practitioner's current NYS license (or other state license as allowed by the New York State Education Department), as well as satisfactory evidence of adequate professional liability insurance coverage, a copy of the practitioner's CV, documentation of the practitioner's current privileges and verification of a recent health review with PPD test and results.

ARTICLE VI: REAPPLICATION AND MODIFICATION OF MEMBERSHIP

STATUS OR PRIVILEGES AND EXHAUSTION OF REMEDIES

SECTION A: REAPPLICATION AFTER ADVERSE CREDENTIALS DECISION

- ▶ Except as otherwise determined by the MEC or Board of Directors, in light of exceptional circumstances, a Practitioner who has received a final adverse decision or who has resigned or withdrawn an application for appointment (**in anticipation of an adverse decision*) or reappointment or Clinical Privileges is not eligible to reapply to the Medical/Dental Staff for a period of at least two (2) five (5) years from the date of the notice of the final adverse decision or the effective date of the resignation or application withdrawal unless special consideration has been provided by the MEC. This would align the Credentials Manual with the ECMC Collegial Intervention Procedure and KH bylaws.

VI. OTHER NEW/OLD BUSINESS

NEW BUSINESS

A. ANNOUNCEMENT: MEDICAL DENTAL STAFF ANNUAL MEETING

Monday, November 9, 2015 – 5:30-6:30 pm

- VOTE: Bylaws Revisions (must have at least 50 VOTING members to ratify)
- Agenda also includes presentation of strategic plan for ECMC and Great Lakes Health.

B. DELINQUENT RECORDS VIOLATIONS

Dr. Murray explained to the committee that the current mechanism of addressing practitioners with delinquent medical records was cumbersome and time-consuming and largely ineffective. It utilizes the so-called administrative time out which requires at least 2 prior written warnings before referral to the MEC. He pointed out that under the same section of the bylaws the MEC has the power to define specific time frames for medical record completion which if not met at by a practitioner can be considered a voluntary relinquishment of the privilege to admit new patients or schedule new procedures. He requested that the MEC adopt the following timeframes and

thresholds:

1. For medical records, no more than 19 delinquent charts.
2. For operative reports, no operative report which is more than 30 days overdue.

After some discussion Dr. Samuel Cloud proposed the following **MOTION**:

MOTION: The Medical Executive Committee establishes the following threshold thresholds and timeframes for timely medical record completion:

1. For medical records, no more than 19 delinquent charts.
 2. For operative reports, no operative report which is more than 30 days overdue.
- Failure by any practitioner to meet these thresholds/time frames will be considered a voluntary relinquishment of the privilege to admit new patients or schedule new procedures. The CMO in conjunction with the President of the Medical Dental Staff will send notice to all providers when their privileges had been relinquished under this clause, and that those privileges will be automatically restored upon completion of the medical records.

MOTION UNANIMOUSLY APPROVED.

C. PATIENT PORTAL

Dr. Mandip Panesar, CMIO and At-Large Member, proposed the following **MOTION**:

MOTION: All laboratory results obtained in the Outpatient setting once signed off by the attending physician will be released to the Patient Portal for patient access.

MOTION UNANIMOUSLY APPROVED.

VII. ADJOURNMENT

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

Respectfully submitted,



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

COVER STORY

Collaboration in Buffalo: How Liver Care is Changing the Face of a City

HCV Next, October 2015

When **Andrew Talal, MD, MPH**, received an email from a search firm in 2011 regarding opportunities in Buffalo, NY, he promptly forgot about it.

“I deleted the email,” he told *HCV Next* with a laugh. “But, opportunity knocks again and again when it’s meant to be.”

After a speaking engagement in the city, **Thomas A. Russo, MD**, professor of medicine at the University at Buffalo opened Talal’s eyes to the opportunities that lie in a city without a liver center, but with a population in great need of liver care due to a high prevalence of undiagnosed liver disease.



“I was impressed by the openness and his willingness to tell me about this town and their work,” Talal said. That lasting impression pushed him to meet with other leadership within the medical school at the University at Buffalo (UB), now known as the Jacobs School of Medicine and Biomedical Sciences.

“I began to understand the vision here and the vision that could be built,” he said, speaking now as professor of medicine and director of the Center for Clinical Care and Research in Liver Disease at UB.

With a leap of faith in the city and his own aspirations, Talal made the move to Buffalo, eventually recruiting a former fellow, **Anthony Martinez, MD**, to help him create what is now a burgeoning liver program.

“When I first showed up, I didn’t see a patient for 6 months,” Martinez said. Instead, he explained, he went door-to-door to talk with general gastroenterologists and primary care physicians to discuss the to-be-launched liver program and to initiate the relationships with these providers, bringing doughnuts and promises of collaboration.

By introducing himself and the idea of the liver center, Martinez ensured the referrals they needed to go from three hepatology patients on the schedule to full capacity within 22 months. When *HCV Next* visited Talal and Martinez, there were 24 patients seen in one half-day session at Buffalo General Medical Center and a waiting list out 6 months. The number of patients seen at the Erie County Medical Center (ECMC) tripled, according to Martinez, and they cut the no-show rate in half.



“We had to grease the skins,” Talal said. “They had to be constantly reminded we are here.”

“There was no glossy marketing campaign,” Martinez added. “That’s outreach. ... You build your army and that’s what we did ... guerrilla style.”

About a year ago, their work paid off and the two clinics were designated as liver centers.

“Community outreach and education brings the patients in. Without that, nothing else works,” Martinez said. “This is our contribution to the revitalization of Buffalo.”

Patient Care, Trust

Going into the lowest level at ECMC, Martinez explains that the liver clinic still bears the title of Immunodeficiency Clinic, but so much has changed in the 3 years they have been present that this, too, will likely change.

“You look like a different dude,” Martinez said to a patient during his co-infection clinic.

“This has really changed my life,” the patient said in response, explaining how he has more energy and is grateful for the opportunity to be treated. “He has worked so hard behind the scenes on everything. It’s more than anyone knows,” the patient added, referring to Martinez.

“Our show rate is near 100%. They all come, every time,” Martinez said.

Similarly, the complementary liver clinic at Buffalo General is housed in the basement and many of the same physicians and fellows meet with patients.



“Our hep C philosophy is ‘treat everybody.’ If you can do it, you should,” Martinez said. “Everything stems from the patients — research, funding, everything.”

And the interactions between both Martinez and Talal and their patients show that priority.

“You do have cirrhosis,” Talal said to a patient, breaking the news a patient dreads, “but we’re going to treat you.”

Teaching Opportunities

Talal pointed out that UB has one more gastroenterology fellow per year than he had in his previous appointment at Weill Cornell Medical College (WCMC), and he likes to make the most of those three openings in an attempt to maximize the fellow's clinical and research experiences.

"I'm very selective about whom I mentor, and I'm very interested in those fellows that do research and want to do research," he said.

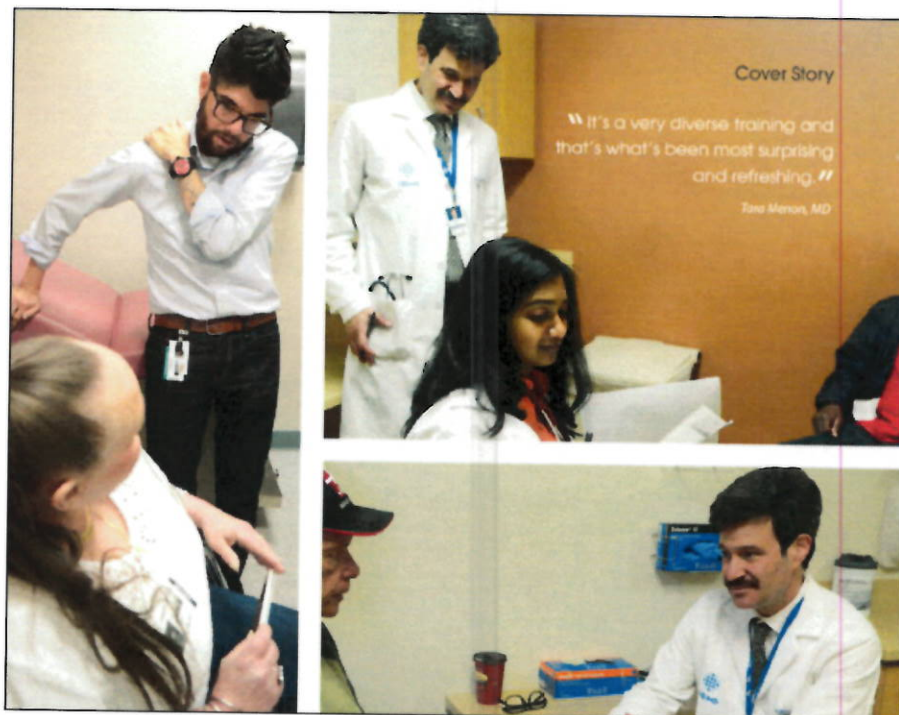
HCV Next had the opportunity to meet **Alia Hasham, MD**, a third-year fellow, and **Tara Menon, MD**, a first-year fellow, who explained how the collaboration among the liver centers, the Veterans' Administration and UB expands their learning.

"It's a very diverse training and that's what's been most surprising and refreshing," Menon said. "Who we learn from is pretty incredible — nursing, other staff, not just other physicians. It's definitely a team-based approach here. ... Everyone's excited to teach."

And it is not only clinical care to which they are exposed, but also to practice management, as they reach out for approval of HCV treatments.

"We're actively involved in the whole process, seeing the denials and everything," Hasham said. "We do need to see both ends of it."

Additionally, in Buffalo, both the pharmacists and the nursing programs offer residencies in HCV for these health care professionals. The pharmacists work closely with Martinez and Talal to counsel patients on drug-drug interactions, while the nurses continue educating community physicians about how to screen and care for patients with HCV.



Ellen O'Brien, practice manager at ECMC, explained how their coinfection clinic incorporates a mental health professional, a drug counselor, a social worker, a PharmD and a dietician to give patients the best chance of success in treatment.

"When patients are coming into our care, they're seeing every discipline in the clinic," she said. "There's never a clinic that's not fully booked."

Telemedicine

One of the programs that Talal and Martinez piloted while working together at Cornell University was an HCV treatment program integrated into a methadone clinic, as Martinez specializes in addiction medicine.

Upon coming to Buffalo, they transformed this program into a telemedicine clinic. Talal works with START Treatment and Recovery Centers to counsel patients who have tested positive for HCV and to guide them through the new treatment processes. Working with Phyllis Andrews, RPA-C, they have had tremendous success with medication approvals and Talal virtually visits with them at regular intervals. Talal explains, "The medical directors of many of the managed care plans we approached during the formulation of the project were very encouraging of the telemedicine-based approach to HCV care in a methadone clinic."

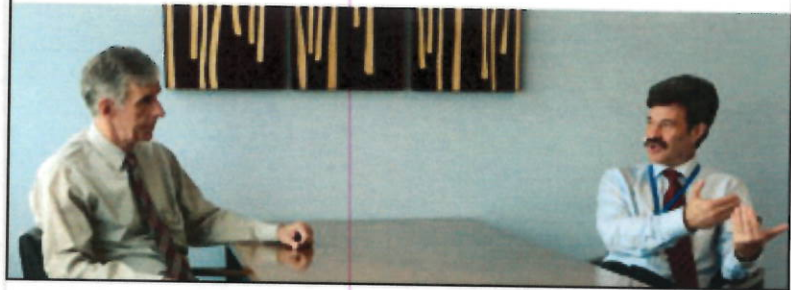
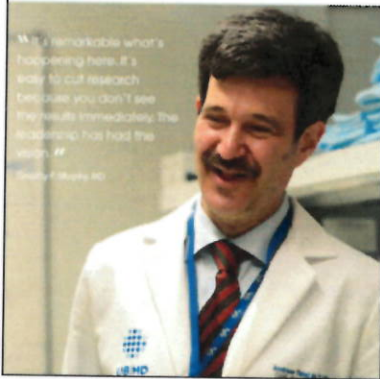
"The medications are delivered to the site and they are then dispensed at the same time that the methadone is dispensed," Talal said. "We've been able to do directly observed therapy."

Talal and Andrews consult on patients' progress and utilize a shared electronic health record to maintain the highest level of care.

"The patients are very satisfied to be receiving their treatment here, where they come for their methadone treatment. It's very convenient for them and we've only had the rare missed appointment," Andrews said. "A lot have heard about interferon and side effects and that kept a lot of them away. Now they're hearing from patients here that it was a breeze for them and more are coming forward."

Recently, Talal said, he saw 10 patients in 2.5 hours via the telemedicine network. *HCV Next* had the opportunity to interview one of the first patients who completed HCV therapy via the telemedicine-based approach, and who remains HCV RNA undetectable.

This patient was very enthusiastic about the program and speaks on its behalf to other methadone-maintained patients in need of HCV care.



“It’s a good thing. I can’t be in Buffalo, but for me it was wonderful and I didn’t miss anything. ... It’s the next best thing to being there,” the patient said. “It was a breeze and I’m very appreciative. ... Anyone that has [HCV] needs to know their status. These are the right people to be with. The method they use is secondary to themselves.”

Research, Biorepository

Along with improving clinical care in Buffalo, Talal wanted to improve research in hepatology and specifically HCV when he arrived.

Timothy F. Murphy, MD, director of UB’s Clinical and Translational Research Center and the senior associate dean for Clinical and Translational Research, spoke with *HCV Next* about how Talal’s research has worked into the overall goals at UB and the center.

“Talal’s research just fits absolutely perfectly into the mission of our building and our clinical and translational enterprise in Buffalo,” Murphy said, referring to the three year old, \$118 million building that houses UB’s clinical and translational research activities as well as Talal’s office and laboratory space. “The research will, undoubtedly, and has already, resulted in improved patient care.”

Specifically, Talal and Martinez have been researching how to improve the screening of HCV within the population of Buffalo.

“It’s a mutually beneficial goal. So the funding comes through the research and the research is benefitted by all the screening, but the health of the community benefits from the

screening as well,” Murphy said. “There’s been nobody driving that agenda until Talal arrived.”

Recently, UB was granted a Clinical Translational Science Award, a \$16 million grant over 4 years to improve patient care through research, including a career development program to mentor up-and-coming clinician-scientists on how to conduct clinical research. This award, in Murphy’s opinion, puts UB into the league with leading medical centers in the country.

“His group has started two liver clinics ... that didn’t exist before,” he continued. “There are real, live, quantitative metrics in terms of what it’s doing to our clinical research, bringing in more studies, bringing in more resources, more money, connections with industry, industry partners and NIH and CDC grants. It’s impacting — in a very positive way — the research operation enterprise at the university and then also in clinical care in terms of the clinics.”

Pamela K. Anderson, RN, BSN, and Kimberly Brunton, RN, MSN, associate operating directors for the Clinical Research Office, credit Talal with being the “anchor” by which collaboration began in Buffalo.

“Research is really a collaborative effort. None of this would be possible if you didn’t have the capability to bring different teams together,” Anderson said. “You really require a lot of support from many different individuals.”

“You can see the rewards of that collaboration. It furthers the science because people are talking to each other,” Brunton added

Murphy and Talal credit leadership at the university for believing in the research.

“It’s remarkable what’s happening here,” Murphy said. “It’s easy to cut research because you don’t see the results immediately. The leadership has had the vision.”

Part of that vision now, for Talal, is the creation of a regional liver biobank, a vision that is presently becoming reality through an \$850,000 grant to Talal from the Kaleida Health Foundation Troupe Fund to establish a biorepository in liver disease.

At Weill Cornell, Talal established a biorepository that currently holds samples from approximately 8,000 patients, with data on 35,000. He continues to hold an appointment at WCMC and works closely with their faculty on collaborative research projects. Building upon the success of the Weill Cornell liver biorepository, the first steps have been taken at UB with the purchase of a freezer to begin their own biorepository. Samples will be collected from ECMC and Buffalo General to seed the collaborations needed for research.

“We have already built strong collaborative relationships with the bariatric and general surgeons and are awaiting IRB-approval to initiate sample collection,” Talal added.

“The biobank starts with liver but, like HCV treatment ..., can expand outward,” Talal said. “Research can be blended into clinical care. One supports the other.”

Community Growth

Murphy also spoke to the growth that has happened within the city and the university in the past 5 years, specifically pointing toward the construction of a new facility to house the growing medical school and to enable it to move to a new location in downtown Buffalo.

“It’s a once in a lifetime opportunity to build a new medical school. It’s going to put the teaching, the research and the patient care all on one campus,” he said. “There’s going to be 20,000 people on this campus by 2017 and the businesses are cropping up around here. It’s been a tremendous economic boon to the city. The biomedical research and medical education enterprise as an economic growth factor has been very important.”

Michael E. Cain, MD, dean of the medical school, (top right) was behind much of this vision of growth, Talal said.

“The school of medicine for the last 70 years has been a split school. We have part of it on this campus and part of it 6 miles from here,” Cain told *HCV Next*, proud of “the ability to make it whole again by building a brand new, 21st century building.”

This growth will also allow the medical school to expand its class size from 144 students to 180 students.



“We want to be a school that increasingly is known for the creation of new knowledge, the place you want to go to get a superior medical education and if you need a physician to take care of you, then these are the physicians that you want to go to and want others to go to as well,” he added. “We’ve been able to create here a synergistic environment and progressive culture where the goal is to achieve excellence through internal collaboration and not internal competition. Once you can establish that culture, where you’re actually part of a team and that team is really working collectively, then you get greater benefit than you do out of isolated camps that are not working collaboratively together. People in Buffalo are seeing the advantage of that medical symphony as opposed to a bunch of isolated medical bands.”

Talal explained that the interdisciplinary nature of liver disease and HCV melds well with this vision.

“Liver disease is a discipline that builds synergy between specialties without being in competition with local gastroenterologists for procedures. Furthermore, as has been shown again and again, interdisciplinary collaboration leads to the best treatment outcomes in HCV.”

Talal sees the liver center and the research coming together, using HCV treatment to help integrate services and foster multidisciplinary care, education, community engagement and provider education.

“Buffalo has been like the ornate abandoned church, with broken stained glass windows,” he said gazing out the window at a similar building. “Now the renaissance in Buffalo is occurring, and we are fortuitous to have the opportunity for clinical care, education and research in liver diseases to be at the forefront of the revitalization of biomedical science in this community.” — *by Katrina Altersitz*

- **For more information:**
- **Anthony Martinez, MD**, is a clinical associate professor at the Jacobs School of Medicine and Biomedical Sciences at the University at Buffalo. He can be reached at the Buffalo General Medical Center, Room 617F, B Building, Buffalo, NY 14203; email: adm35@buffalo.edu.
- **Andrew Talal, MD**, is a professor of medicine at the Jacobs School of Medicine and Biomedical Sciences at the University at Buffalo. He can be reached at the Clinical and Translational Research Center, 875 Ellicott Street, Suite 6089, Buffalo, NY 14203; email: ahtalal@buffalo.edu.

Disclosure: Martinez reports being a speaker for AbbVie, Bayer, Bristol-Myers Squibb, Gilead Sciences and Salix; a consultant for Gilead Sciences and Intercept Pharmaceuticals; and receiving research funding from AbbVie, Gilead Sciences, Merck and Tobira. Talal reports receiving research and grant support from Abbott, AbbVie, Galactin, Gilead Sciences, Intercept Pharmaceuticals, Lily, Merck, Tibotec and Tobira; serving as on committee for or as advisor for Abbott Diagnostics, AbbVie, the Chronic Liver Disease Foundation, Merck and Pfizer; and serving on the speaker’s bureau for the Chronic Liver Disease Foundation and the Empire Liver Disease Foundation.



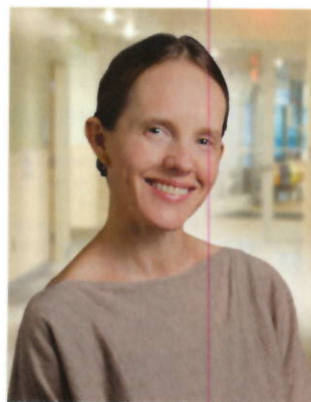
ECMC appoints two leading physicians to head the Regional Center of Excellence for Transplantation & Kidney Care

In recent years, the health campus at the Erie County Medical Center has been the focus of a dynamic transformation with the opening of dramatic new buildings and greatly expanded medical services and clinical expertise. This summer, the medical center announced the appointments of Liise Kayler, M.D., as program director; and Mareena Zachariah, M.D., as medical director for the Regional Center of Excellence for Transplantation & Kidney Care at ECMC. This Center of Excellence was formed from the merger of two independent transplant programs—those at Buffalo General Medical Center and ECMC—into a single specialized program that offers patients world-class care.

As program director, Dr. Kayler brings wide experience as a skilled multi-organ transplant surgeon and a passionate researcher who is currently a co-investigator on an NIH-funded study to evaluate living kidney donor quality of life. Her clinical expertise in minimally invasive (laparoscopic) living donor kidney removal (nephrectomy) has impacted the lives of many donors by providing faster recovery after surgery. She has collaborated with institutions across the U.S. to improve transplant care, mentor the next generation of transplant surgeons, and increase access to transplantation for those suffering with end-stage organ disease. Under Dr. Kayler's leadership, the ECMC program brings greater opportunities for transplantation and hones the focus on patient-centered multidisciplinary care.

Together with Dr. Kayler, Dr. Zachariah, a transplant nephrologist, leads the next phase of growth for the ECMC kidney and pancreas transplant program, which is recognized for its long history of providing transplant services to the region. Dr. Zachariah is an outstanding clinician and researcher who brings both enthusiasm and innovation to the ECMC program. In addition to increasing access to transplantation for deserving patients, Dr. Zachariah is focused on clinical research with a special interest in transplant immunosuppression-related outcomes research. She is clinical assistant professor for the University at Buffalo Division of Nephrology and director of the transplant Medicine Fellowship Program.

The mission of the Center is to provide lifesaving kidney and pancreas transplants, vascular access surgical care, hemodialysis for outpatients and inpatients, and treatment and disease management services for patients with all stages of chronic kidney disease. This concentration of services means a greater number of procedures performed, a high level of expertise among the medical staff, and the most favorable outcomes for renal patients at all levels of care. For example, end-stage renal disease patients eligible for a transplant benefit from a dedicated inpatient



Liise Kayler, M.D., is program director of the Regional Center of Excellence for Transplantation & Kidney Care at ECMC, providing overall leadership of the ECMC transplant program. Dr. Kayler is certified by the American Board of Surgery.



Mareena Zachariah, M.D., is medical director of the Regional Center of Excellence for Transplantation & Kidney Care at ECMC. Dr. Zachariah is double board certified by the American Boards of Internal Medicine and Nephrology.

transplant staff comprising surgeons, nephrologists, nurses, and other medical support personnel. This specialized team is thoroughly familiar with transplant patients and equipped to quickly recognize and attend to any complications that might arise. With this level of medical expertise, the prognosis for success and recovery is significantly higher at such a dedicated center of excellence. The dedicated transplantation unit provides a vital resource of kidney research and treatment for the entire region of Western New York and Southern Ontario.

The Center of Excellence also offers dialysis outpatients access to the region's largest and most up-to-date dialysis unit. Located on the ground floor of a striking new building on the ECMC campus, this sleek and spacious dialysis facility is designed for easy access and patient convenience. Thirty-six comfortable dialysis stations are equipped with advanced dialysis machines and flat-screen TVs for patient viewing. In addition, the Center provides outpatient vascular access maintenance to prevent access failure and to decrease dialysis complications. Training for peritoneal home dialysis is also available for certain outpatients seeking more independence and flexibility.

For more information on the Regional Center of Excellence for Transplantation & Kidney Care at ECMC, call 716-898-5001 or visit our website at <http://www.ecmc.edu>.

BUFFALO SPREE

MEDICAL

Resource Guide

LENDING HOPE A HAND

Local business makes
substantial pledge towards
new children's hospital

GET OUTDOORS

Local redevelopment leads
to new venues for
healthful outdoor activities

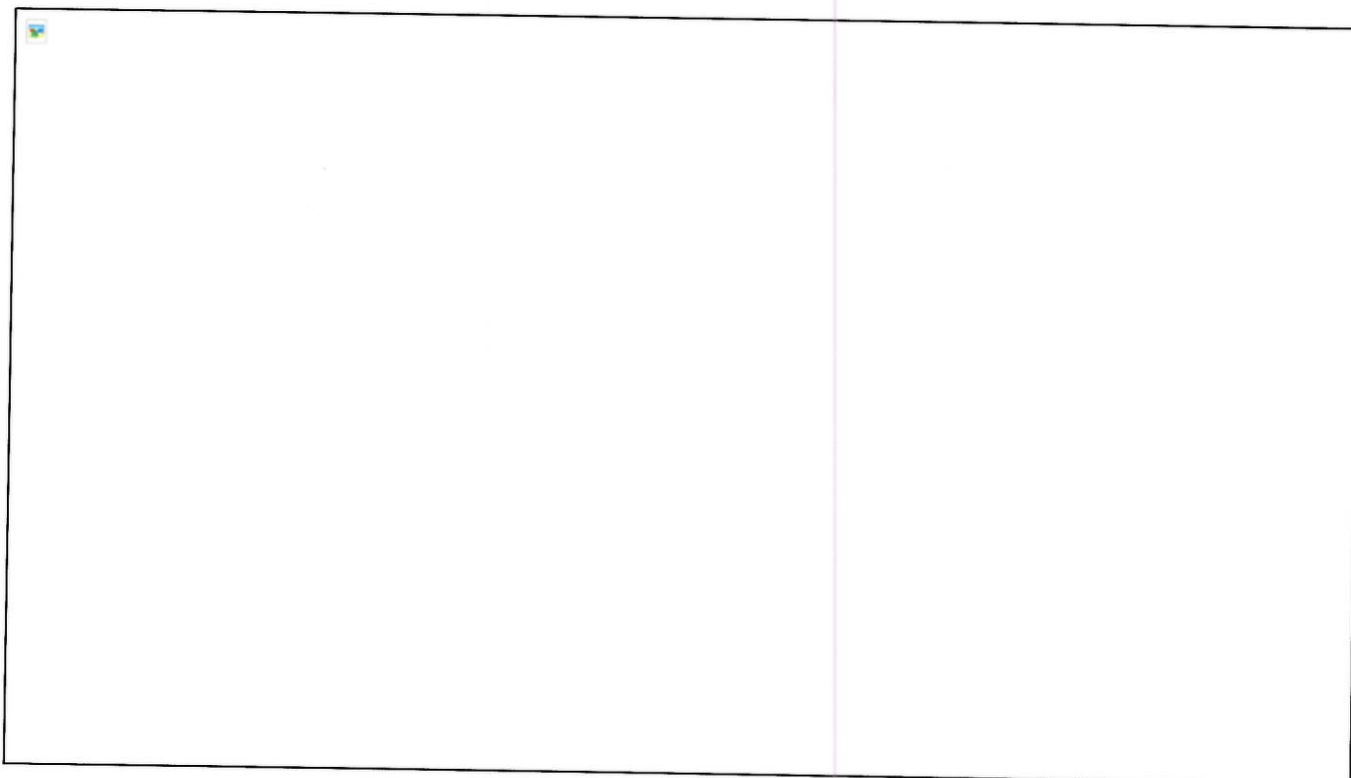
COMPLETE LIST OF WNY PHYSICIANS

2015

Supplement to

Buffalo Spree
The Magazine of Western New York

City of Buffalo promoting mammograms



CITY OF BUFFALO PROMOTING MAMMOGRAMS

6:27 p.m. EDT October 2, 2015



(Photo: WGRZ)

BUFFALO, NY – On Thursday, we told you that the Susan G. Komen foundation found [a higher incidence of breast cancer and death rates in Western New York \(/story/news/health/2015/10/01/komen-breast-cancer-buffalo-wny/73146822/\)](#) compared to the rest of the country.

On Friday, Mayor Byron Brown joined officials from ECMC to promote the use of the mobile mammography bus. In the three years the bus has operated in the area, 7,200 women have been screened for breast cancer.

"Out of the 7,200 screened, 900 women have been flagged, requiring additional diagnostic testing. That's very important because early detection is really the key when it comes to breast cancer survival," Rich Cleland, ECMC's CEO, told us.

The Breast Health Mobile Mammography Coach will be at City Hall on October 23. Appointments are encouraged.

Thursday, October 15, 2015

TheBuffaloNews.com

CITY & REGION

- *City & Region*

Program to focus on awareness of breast cancer

on September 30, 2015 - 7:16 PM

Country singer and songwriter Craig Morgan will be featured in a free outdoor concert Friday evening as the Buffalo Bills and (716) Food and Sport host a Bills "Billieive" Breast Cancer Awareness Event on Scott Street in downtown Buffalo.

Morgan will perform at 8 p.m., following concerts by eXit! at 6 and Dirty Smile at 7. Emcee will be radio personality Janet Snyder of KISS 98.5. A number of Bills players will be on hand. A fireworks display from the top of The Buffalo News building will follow Morgan's concert.

Providing information on diagnosis and treatment of breast cancer will be the Erie County Medical Center's Mobile Mammography Coach and the American Cancer Society. Several locations will light up in pink to support the cause, including the Peace Bridge, Buffalo Niagara Convention Center, M&T Bank headquarters, the Canalside building and the Buffalo News building.