



# Progress notes

Spring 2006

A PUBLICATION OF ERIE COUNTY MEDICAL CENTER

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**E C M C**

# ECMC

## OUR MISSION

The mission of the Erie County Medical Center Corporation is to be the hospital of choice by providing quality care.

## OUR VISION

The vision of the Erie County Medical Center Corporation is to be a leader within Western New York in developing and supporting an integrated healthcare delivery system.

## OUR VALUES

We value:

- Caring for the well-being of the community
- Communication among and between our patients, employees, medical staff, and community
- Excellence in service
- Quality
- Teamwork
- Customer Service

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## FROM THE DESK OF THE CEO



Our goal for physician relations is two-fold: one, to make sure that the practice of medicine at ECMC is more efficient here than at any other system; and two, to make sure that your patients receive the best quality care in Western New York.

In order to accomplish these goals, we have instituted the following initiatives:

- The purchase of a 64-slice CT scanner that will dramatically improve the accuracy and speed of diagnosing patients. This new system will enable us to take high quality images of the entire body, including cardiac images.
  - The implementation of a PACS digital imaging system that will allow the instantaneous reading and digital storage of these images.
  - The hiring of a Chief of Hospital Medicine, a hospitalist, who will build this program to provide inpatient care for admitting physicians. This will make it easier for ECMC to recruit and retain physicians. By decreasing the need to perform rounds in the hospital and take calls, physicians will be able to stay in their office and see more patients. This will increase our patient care volume and increase our profitability by decreasing length of stay and making more beds available for new admissions.
- An emphasis is being placed on customer service for both patients and physicians. ECMC has always been known for exceptional clinical care with high patient satisfaction. It is now time for us to provide the best service in Western New York to our referring physicians.

You will find many more of the physician-friendly services we are providing throughout this publication.

I would like to personally invite any physician who wishes to meet with me and tour our facility to call William Gajewski, Executive Director of Physician Relations, at 898-3765 and make an appointment. I think you'll find the ECMC team to be the most proactive in helping physicians in Western New York provide their patients with the most efficient and effective care possible.

Michael A. Young, MHA, FACHE  
President & Chief Executive Officer  
ECMC

## Report from the Medical Director

by John R. Fudyma, MD,  
Medical Director



On January 19, 2006, State Health Commissioner Antonia C. Novello unveiled the New York State Hospital Profile website (<http://www.hospitals.nyhealth.gov>), which highlights key hospital quality measures and treatments for specific patient conditions. According to the site, data will be updated quarterly for all 239 hospitals statewide. The site also lists surgical procedures, related services, and certified beds in order to assist the public in making "well-informed decisions about your health care." As its name indicates, the website provides hospital profiles that enable consumers to "view hospital-specific information, identify various benchmarks for hospitals in specific areas of care, and analyze many categories of care among select groups of hospitals." You can also compare quality of care and outcomes among hospitals and with the state average for cardiac, pneumonia, or CHF care. Four days after the site went up, it already had over a million hits.

The Niagara Health Coalition sponsors the website [myhealthfinder.com](http://myhealthfinder.com), a source of information on care quality wherein Western New York hospitals participate in reviews of general medical care and treatment, surgical procedures, and childbirth. Patients report on subjects that include respect for patient preferences; coordination of care; information, communication, and education; physical comfort; emotional support; involvement of family and friends; and preparation for discharge. Another website for consumers to access comparative provider data is that of the New York State Health Accountability Foundation (HAF)

(<http://www.nyshaf.org/>). The HAF publishes an annual New York State HMO report card as well as quality information on providers, HMOs, and general quality information.

Meanwhile, at the CMS website (<http://www.cms.hhs.gov>), the Centers for Medicare and Medicaid Services is concluding its Medicare Contractor Provider Satisfaction Survey. In July the CMS will provide a composite score on seven key areas of the provider-contractor interface to each contractor as well as an aggregate score to the public. The areas to be scored are provider communications, provider inquiries, claims processing, appeals, provider enrollment, medical review, and provider audit and reimbursement.

### Performance Improvement

In our effort to focus on quality we have restructured our Board PI Committee. The new Hospital Quality Improvement and Patient Safety Committee met recently and now consists of vice presidents of service lines, clinical chiefs of major departments, executive management, physician leadership, and board members. This restructuring is a first step in integrating quality improvement initiatives and developing a forum that provides guidance for hospital-wide Process Improvement projects. This new venue allows clinical directors to present ongoing performance improvement projects within their departments as well as other departmental accomplishments. It also enables our board members to actually interact with the people who are driving quality initiatives throughout the hospital.

I would also like to recognize Dr. Brian Murray in his new role as Associate Medical Director for Quality. Brian has done an outstanding job at organizing research programs at ECMC and Mr. Young and I have asked him to refocus his efforts on quality. Brian will be working closely with clinical directors and our quality staff to develop clinical department PI plans as well as integrating medical staff into hospital wide PI efforts. Successful hospitals invest in quality and we feel that this investment in Dr. Murray will strengthen our current position as a leader in health care delivery.

On a sad note I want to say a few words regarding a very close friend and colleague who passed away on February 12, 2006. Dr. Steven Noyes was an ECMC icon. As most of you know he passed away after a very sudden illness. He was "notoriously generous" in every aspect of his life. He gave to his patients, his medical students and to all of ECMC. He loved teaching and it was this love that made ECMC a center of excellence for medical student education. We will be having a community memorial service in the near future for Steve. His family asked that donations in his honor be used for educational purposes here at ECMC and they have asked us to set up a memorial fund through the LifeLine Foundation. Our goal is to raise funds in his name for the new Educational Resource Center at ECMC.

## ECMC Emergency Department: Leadership & Growth



Providing Emergency Consultation Services to outlying hospital clinicians is Steven Krolczyk, P.A.

Shown (left to right) treating emergency patient are: Christa Switzer, P.A.; Aquila Showers, ER Tech; David Hughes, M.D., ED Attending; Amanda Chauncey, P.A.; Andrew Smith, R.N.; Dietrich Jehle, M.D., Director of Emergency Services



### Other services of the Emergency Medicine Department include:

- A Smart Team comprised of Emergency Department residents who respond to special situations in the field that require physician assistance
- An Occupational Health program
- Bedside Ultrasonography - ECMC was the first area hospital to study the use of bedside ultrasound by the ED physician.
- CENTIR (Center for Transportation Injury)
- Adult Toxicology Consults
- A Full Service ER, including AIS, CPEP, Drug Counseling
- "Virtual Glove" Research
- Child Safety Seat Program
- Camp 911 Program
- Rapid Registration
- Decontamination Room

Because ECMC has one of the busiest emergency rooms in the area, ER patients without life threatening conditions sometimes experience long waits. That problem has been mitigated by two recent developments at the hospital. The first development is the introduction of InstaCare. This enables patients without a critical condition to be triaged over to the InstaCare clinic where they can see a primary care doctor (see article in this issue). The second development is the remodeled waiting room for emergency patients. Although this new facility may not shorten wait times, it may be making them somewhat more pleasant. In addition, the Emergency Department has added new countertops, sinks, and wallboards for a gleaming new look as well as new TVs in patient rooms.

Just two years ago, ECMC introduced 24/7 emergency cardiac care. National statistics show that 1.2 million Americans suffer heart attacks, which result in approximately 500,000 deaths. To complicate the situation, only about 15% of hospitals nationwide provide angioplasty services. Based on the fact that the Buffalo region has one of the nation's highest rates of coronary heart disease and that saving time increases the chances of survival for cardiac patients, immediate angioplasty at ECMC has been highly successful in opening clogged vessels to the heart and saving lives after heart attacks. Today, ECMC is renowned for excellence in cardiac care as a result of programs like this and the diligence, commitment, and expertise of our cardiologists, cardiac nurses, emergency medicine staff, and radiology technicians.

In 2000, ECMC was one of the first area hospitals to introduce digital, state-of-the-art cardiac catheterization laboratories. The Heart Center at ECMC also features

a modernized heart-related diagnostic suite, and a private consultation room for patients. In 2002, ECMC opened a new, technologically advanced Electrophysiology (EP) Lab (see article this issue) which is used to evaluate and manage patients' heart rhythm disorders.

Two years ago, the hospital introduced the Sexual Assault Nurse Examiners (SANE) program to provide victims of sexual assault with special examinations and better evidence collection for prosecutions of their cases. These specially trained nurses respond to notifications of sexual assault, usually by emergency room staff, and obtain a preliminary history, conduct in-depth interviews and a physical, including a pelvic exam, to collect appropriate evidence. Working under the highest levels of privacy and confidentiality, the nurse maintains a verified chain of evidence and collaborates with law enforcement officials, which may include testifying in court. The role also includes victim education regarding sexually transmitted disease and pregnancy risks and provides referrals for follow-up care.

The ER staff has the largest group of board certified emergency medicine physicians in Western New York, the medical emergency response system for Erie County, and a fast track program for less critical emergencies. The department is completely staffed by physicians who are board certified or board eligible in Emergency Medicine. ECMC also has the most active telemedicine program linking outside healthcare professionals in outlying hospitals to consult with ECMC physicians. In 1994, ECMC was home to the first computer-based telemedicine system in the world. Currently, it is one of the leading emergency telemedicine systems in New York State with 21 emergency telemedicine sites.

## ECMC Research Achieves National Recognition

by Brian M. Murray, MD, FACP  
Associate Medical Director



Dr. Gene D. Morse,  
Pharm. D., BCPS, FCCP

Since 1983, Dr. Gene D. Morse has been conducting research at ECMC in the area of antimicrobial treatment of infectious diseases. Currently the Associate Dean of Clinical Education and Research in the University at Buffalo (UB) School of Pharmacy and Pharmaceutical Sciences, Dr. Morse began his collaborative research in the ECMC Continuous Ambulatory Peritoneal Dialysis (CAPD) unit that opened in 1982. Working with other investigators at ECMC such as Drs. Joseph Walshe, Rocco Venuto, and Michael Apicella, Dr. Morse investigated the pharmacokinetics and clinical efficacy of novel approaches to the treatment of bacterial peritonitis, a common infectious complication during CAPD. A series of clinical pharmacology studies led to new information that guided the development of intraperitoneal antibiotic administration, which in turn led to the implementation of novel treatment protocols that became national models for the treatment of CAPD-related bacterial peritonitis.

Dr. Morse also collaborated with the University at Buffalo and ECMC Division of Infectious Diseases when the HIV/AIDS epidemic emerged within the United States. As a result of this work, when the National Institutes of Health (NIH) began setting up its AIDS clinical trial groups (ACTG) during the mid-1980s, the University of Rochester invited him to become involved in work with their NIH grant. Rochester was funded in collaboration with UB and Syracuse University and Dr. Morse became the pharmacologist for the grant with the responsibility of designing trials to study the pharmacology of new drugs for HIV. Dr. Morse has been the chairman of the ACTG Pharmacology Committee, the Pharmacology Specialty Laboratory Committee, and the Pharmacology Quality Assurance Committee.



Dr. Morse worked with Dr. Ross Hewitt at ECMC to establish the ECMC Immunodeficiency Services (IDS) program and led the effort to include an Antiviral Clinical Research Unit that later evolved into the Adherence-Pharmacology Unit. Dr. Morse currently chairs the UB-ECMC HIV Pharmacotherapy Research Committee. As principal investigator for the UB AIDS Clinical Trials Unit, he has also conducted antiretroviral pharmacology research at the UB School of Pharmacy and Pharmaceutical Sciences. In addition, Dr. Morse is PI for another research grant from the National Institute for Drug Abuse (NIDA) that is investigating drug interactions and therapeutic drug monitoring of antiretrovirals in patients with HIV/AIDS. In the NIDA grant, Dr. Morse coordinates clinical studies conducted at the University of Miami, University of Rochester, Case Western Reserve University, and Einstein Medical School with clinical samples analysis, assays, pharmacokinetics, and pharmacogenetic analysis at the UB laboratory.

Dr. Morse is also the Director of the UB Pharmacotherapy Research Center (PRC). The PRC Unit at ECMC was established to facilitate clinical research at ECMC in collaboration with the faculty from the UB School of Pharmacy and Pharmaceutical Sciences. This program is a joint collaboration which seeks to conduct innovative clinical and translational pharmacotherapy research through collaborative research programs in nephrology and renal transplantation (Dr. Kathleen Tornatore), infectious diseases (Dr. Judianne Sligh), HIV (Drs. Linda Catanazaro and Naomi Boston), critical care and cardiovascular (Dr. Walt Schroeder), psychiatry (Prof. Terry Bellnier and Dr. Tammie Demler), oncology (Dr. Patrick Smith), and general adult pharmacotherapy (Drs. Gina Zurick and



Angela Wisniewski). The PRC is focused on translational and clinical pharmacotherapy research and the PRC-Core Analytical Laboratory provides a wide array of support for pharmaceutical analysis, clinical trial design and data analysis and modeling.

"The lab continued to grow in terms of personnel and equipment and in 1988 we moved out to the North Campus," says Dr. Morse. "We now have a large lab that supports both the research going on at ECMC and other Buffalo-area biomedical research centers, and that of the national research program. In addition, the UB Department of Pharmacy Practice has grown with many new faculty recruited and a lot of faculty conducting clinical research and education in other areas at ECMC. The Pharmacotherapy Research Center is an umbrella for all of the clinical and translational research being performed at UB by pharmacy practice faculty, many of whom are at ECMC. So what began with a single area of research at ECMC has resulted in other researchers with different pharmacotherapy research interests now working in renal, cardiovascular, critical care, family medicine, and other areas. I'm gratified that my efforts have helped to grow the other programs as part of a larger research center that collaborates at ECMC."

Treatment guidelines for HIV patients specify at least four drugs. In addition, many patients are prescribed other medications as well as over the counter drugs and some patients also take herbal remedies. Thus, drug interactions are a major concern in all HIV therapy. Dr. Morse and his colleagues in the PRC Core Analytical Laboratory at UB have developed a way to measure the anti-retrovirals in a patient at a time when they may be taking many other medications. This information helps determine

*"What began with a single area of research at ECMC has resulted in other researchers with different pharmacotherapy research interests now working in renal, cardiovascular, critical care, family medicine, and other areas."*

whether a patient requires a higher dose or a lower dose.

"We've been involved with drugs that were being introduced for the first time into patients," says Dr. Morse. "So we've helped to identify how the new HIV drugs should be dosed. We have completed studies that have shown important drug/drug interactions. We have a very large therapeutic drug monitoring program where patients have blood samples collected at ECMC and we measure the drugs at the lab at UB. Essentially, all the research we do is studying either new drugs or new ways to use approved drugs. This aspect of our HIV research has also been extended by other PRC faculty at ECMC using a similar model to develop new treatment strategies for kidney transplant patients."

#### **The Development of the AIDS/HIV Pharmacotherapy Preceptorship Program.**

Throughout the brief history of the HIV/AIDS crisis, the development of treatments for HIV was usually limited to the research that was going on at the time. Patients essentially became research subjects because all the drugs were so new. The overlapping roles of pharmacists in helping to care for patients as well as conduct research required knowledge of drug interaction and drug toxicity. Because of Dr. Morse's interest and ability to recruit additional faculty into the HIV program at ECMC, the program was quite unique and included several doc-

tors of pharmacy (Pharm.D.). This led to a residency program followed by a fellowship program where pharmacists learned how to conduct research in a patient care environment. As the program became well known, e-mails arrived from pharmacists around the country who wished to come and learn more about it. "DuPont helped us with some funding to enable pharmacists to come to ECMC for a week and learn how to set up a program so that the drugs could be monitored more effectively in HIV/AIDS patients," says Dr. Morse. "But these same pharmacists also learned how to conduct research on the patients who are getting these drugs."

Currently, there are a large number of pharmacists working with HIV populations in their practice, some of whom have progressive practices and are involved in decision making with the prescribing physicians, nurses, and physicians' assistants. There is a need to not only link these pharmacists together to enhance professional collaboration, but to further develop practice sites which could eventually serve as regional referral centers for queries regarding HIV pharmacotherapy.

The Preceptorship Program at ECMC is designed to network pharmacists in innovative pharmaceutical care practices to allow for further professional collaboration and develop regional Referral Centers of Excellence in HIV Pharmacotherapy throughout the country. The program also provides an experiential training program for pharmacists interested in gaining intensive applied HIV pharmacotherapy exposure or interested in completing an HIV Pharmacotherapy Certificate Program. The UB-ECMC program utilizes the website [www.hiv.buffalo.edu](http://www.hiv.buffalo.edu) to maintain communication among pharmacists throughout the U.S.



## CPEP Program Expanded at ECMC



Staff members coordinate patient data in the Comprehensive Psychiatric Emergency Program.

ECMC's Comprehensive Psychiatric Emergency Program (CPEP) is the only psychiatric emergency service in Western New York. Thanks to renovations in the emergency room, there are now separate waiting rooms for adults and for children and their families coming into CPEP. Expanded in size and services, the program is the only 24-hour walk-in emergency room under the on-site direction of an attending psychiatrist offering psychiatric care and services.

According to clinical director Dr. Yogesh Bakhai and medical director Dr. Cal Warren, emergency services offer evaluation any time of the day or night. Evaluation occurs in two stages: first by a registered nurse, social worker or community mental health clinician; and second by a psychiatrist. The treatment team features a multidisciplinary approach with professionals from psychiatry, social work, psychiatric nursing, child mental health, chemical dependency, and others.

"We see all age groups," says Dr. Bakhai. "People come from all walks of life since there's no similar service in the suburbs or elsewhere. What's more, there's no other place in the county children in need of psychiatric help can go.

Approximately twenty percent of our patients are children and there are child psychiatrists on staff to help us with complex patients. So even if kids are brought to Children's Hospital, they will come here for psychiatric admission. Anyone who really needs to see a psychiatrist will come to us."

All patients referred to CPEP are seen by psychiatrists, most of whom are board certified. Patients receive a thorough evaluation and an appropriate treatment plan. The program also links patients with other agencies after the emergency room to get the services they need. A careful follow-up is conducted on all discharged patients to make sure they get properly connected to outpatient services. For patients who may need further observation but do not require immediate admission, an observation unit now enables doctors to monitor patients for anywhere up to 72 hours. Home visits are also made to certain discharged patients to insure their continued stability.

"Although many of our patients are referred by physicians, many more come by themselves or are brought by their families," explains Dr. Bakhai. "We also get referrals from courts as well as from other hospitals. Like any other emergency

room, if we can fix the problem, they can leave and become an outpatient. We probably admit about one-third of the patients we see."

The Comprehensive Psychological Emergency Program at ECMC, in short, offers a complete spectrum of services to patients in need of psychological evaluation and care, including:

- An extended observation unit (a short-term stay unit) for patients requiring further assessment, treatment, and stabilization
- A mobile crisis outreach program providing medical or psychiatric evaluation and treatment in the patient's home by qualified mental health professionals
- A crisis residence program providing short-term emergency housing to patients who have mental illness but are capable of self supervision
- Counseling support and medication management for follow-up patient services
- Children's services including an adolescent inpatient unit, mobile outreach for children and adolescents, and a home-based crisis intervention program referral
- Linkage to various community outpatient services

## InstaCare Brings New Level of Patient Service

ECMC is the area's only Level 1 trauma center and a leader in responsive, compassionate emergency care. But of course we also provide outstanding clinical care for patients with non-emergency conditions. InstaCare, our new clinical service, offers access to quick medical attention whenever a patient's illness or injury does not require the services of the ER staff.

InstaCare is a relatively new concept in the area and exclusive to ECMC in this market. Patients can access InstaCare for the evaluation and treatment of chronic illness such as allergies, asthma, diabetes, high blood pressure, migraine headaches, or skin conditions. Patients can also use InstaCare during the onset of illness such as flu symptoms or whenever they want to schedule an appointment with a doctor for that day. InstaCare provides convenient, high quality health care for all adults through the full resources of ECMC.

"InstaCare is a link for people who may not have a doctor to see a primary physician rather than use the Emergency Room," says Peggy Cramer, Vice President of Trauma & Emergency Services. "InstaCare will help deflect some of the people tying up ER beds and send them to a more clinical setting because many have clinical issues, not ER issues."

Besides freeing up ER beds and eliminating long waits, InstaCare is designed to accommodate patient schedules by providing medical services during evening hours. Patients can access InstaCare at ECMC from 12 PM to 8 PM every day from Monday through Friday. Appointments can be scheduled in the Primary Health and Internal Medicine Center. Patients who go directly to the ER are also evaluated for the faster attention and service available at InstaCare.

"InstaCare is a clinic within the hospital with evening hours," explains Sanjay Chada, Vice President of Ambulatory

Services. "It is staffed by a nurse practitioner assisted by an LPN, and a Medical Office Assistant. Since ER patients are treated on the basis of the acuity of the problem, long wait times are not unusual. With InstaCare, if you have a chronic pain, flu-like symptoms or other non-emergency conditions, you can be seen relatively quickly. So someone with pink eye can go directly to InstaCare instead of waiting three hours in ER."

Most appointments can be made the same day but it's important for patients to call first and explain their problem in order to be efficiently scheduled for care. With a dedicated staff and a direct telephone number, InstaCare provides the best, most appropriate level of care possible for patients with non-emergency medical needs. To contact InstaCare or make an appointment, patients call 716-898-4700 during clinic hours Monday through Friday. InstaCare accepts most major health insurances and all ECMC and community patients are welcome to take advantage of this convenient new medical service.

## DirectConnect For Faster, Easier Referrals



Referring patients to ECMC has become a great deal easier with the institution of the Physicians' Admissions Hotline. By calling 961-6888 or toll-free 1-866-961-6888, physicians can now arrange acceptance for all patients requiring transfer or admission, arrange timely communication between referring and accepting physicians, and coordinate with consult specialists for specialized care.

Since 90% of all ECMC admissions come through the emergency room, the triage areas can become overwhelmed with non-emergency patients. The Hotline

now facilitates greater communication back to the referring physician and helps to close the loop with communication between the accepting and the referring doctors.

Whether referring patients as transfers or private admissions, timely and efficient communication between physicians and the hospital is vital to effective healthcare and the goal of every department at ECMC. If any admissions problem should arise, please call our Executive Director of Physician Relations for assistance at 898-3765.

## New Electrophysiology Lab Reflects Growth

The first experimental cardiac pacing was undertaken in 1950, the major contributions of modern invasive cardiac electrophysiology during the 1960s, the first descriptions of the implantable defibrillator in 1970, and the first clinical application in 1980. During the past 20 years, the evolution of electrophysiology has resulted in the clinical application of intracardiac electrophysiologic techniques. These techniques developed after it was shown that programmed electrical stimulation could be performed in the human heart to evaluate tachyarrhythmias and that cardiac electrical activity that could not be detected on the body surface could be measured with intracardiac electrodes. The evaluation of tachyarrhythmias has progressed rapidly, and pharmacologic, ICD, and surgical therapy are now guided by electrophysiologic studies.

The electrophysiology lab at ECMC was championed by Dr. Chee Kim and was made possible by tobacco money from the county in what was perhaps the single most appropriate expenditure of those funds. The lab opened in October 2002 as only the second such facility in the area and treated approximately 450 patients in the first year. By 2005, the number of patients had swelled to 825 and, in order to accommodate the growing numbers, two new EP labs opened last December.

The typical EP lab patient is someone who is having an arrhythmic problem and needs an EP study to find out what the problem is. The patient could also be experiencing bradycardia (heartbeat under 60), tachycardia (over 100), or ventricular tachycardia (over 150). Tachycardia patients get an implantable cardioverter defibrillator (ICD), which is



ECMC nurse Sarah Krashefski, R.N., prepares for procedure in control room of all new EP Lab facility

also used for patients with ventricular fibrillation (disordered electrical activity of the heart). The EP Lab also does cardiac resynchronization therapy and installs pacemakers, including the biventricular pacemaker (a pacemaker in both ventricles of the heart). Much of the work at the EP lab is designed to improve the quality of patient lives, improve their perfusion (blood flow and circulation), increase cardiac output, and greatly reduce symptoms of congestive heart failure (shortness of breath, swelling of ankles).

"The Cardiac Cath Lab guys are the plumbers and we're the electricians," says Ed Backer, RN and EP Lab Team Leader. "EP isn't as invasive as open heart surgery but then it doesn't do the same thing. Some problems simply can't be fixed without open-heart surgery which is why we have Dr. Bell-Thompson, our cardiothoracic surgeon, on board. We all work together toward a common goal—healthier hearts and a better quality of life for all our patients."

Another common treatment at the EP Lab is cardiac ablation. Normally, electricity flows throughout the heart in a regular, measured pattern. This normally operating electrical system is the basis for heart

muscle contractions. But sometimes the electrical flow gets blocked or travels the same pathways and creates a short circuit that disturbs normal heart rhythms. Often the most effective treatment is to destroy the tissue housing the short circuit. This is the basis of cardiac ablation, where a form of energy renders a small section of damaged tissue inactive. This puts an end to arrhythmias that originated at the problematic site. Most often, cardiac ablation is used to treat rapid heartbeats that begin in the upper chambers, or atria, of the heart.

Jacqueline Blakely, Vice President of Cardiovascular Services, is proud of the new facilities and the level of cardiac care now available to ECMC patients. "Electrophysiology is a relatively new line and consistent with the fact that we're becoming more of a service-oriented hospital. In fact, we would like to be the cardiovascular hospital for Western New York, just as we are already the Level 1 trauma center for WNY," says Ms. Blakely. "Physicians should know that the EP lab is brand new and that our volume has continued to grow over the last two years. We're confident that we deliver the best care in town."



ECMC cardiologist Chee Kim, M.D., on right.

## New Operations Chief Is Service Focused



Kenneth A. Richmond, M.H.A.  
Senior Vice President of Operations  
and Process Improvement

Kenneth Richmond joined the executive management team at ECMC in November 2005. He formerly held several hospital executive positions including that of President and CEO at Mount Sinai Hospital Medical Center in Chicago. As Senior Vice President of Operations and Process Improvement at ECMC, Ken is responsible for all of the hospital's behind-the-scenes services, from housekeeping and dietary and laundry to plant operations and materials management. He also oversees three of ECMC's major clinical departments—radiology, laboratory services, and ambulatory care, which encompasses all of the clinics. As leader of the performance improvement initiative, he continually seeks the ways and means to do things more efficiently for the hospital's customers while aiming for a greater degree of cost effectiveness in all processes.

"We have many customers but our primary customer is the physician," says Ken. "If I have a satisfied and supportive physician then I have a satisfied and supportive patient. So from that standpoint this job is no different from any other job I've had because they've all focused on strong physician relationships."

While the emphasis is on serving the physician, Ken is quick to point out the importance of allaying the fears and misgivings of the patient and providing the most positive experience possible under the circumstances. For many patients, the hospital is alien territory, filled with big machines that make strange noises and lots of people in uniforms and it's the job of everyone at the hospital, including physicians, to address the emotional and psychological needs of all patients.

"What the patients take away when they leave here—besides hopefully feeling better—is an evaluation of the overall experi-

ence," says Mr. Richmond. "Was my food good? Was the place clean? And were the people nice to me? We need to make them feel good about their stay, their recovery, and their personal experiences with our staff. This is as simple as saying hello, helping patients find their way around the hospital, explaining things, and paying attention to their needs. Most doctors are very customer service focused but others may need to be reminded to consider the fear factor and the emotional side of a patient's visit to the hospital. We already are the pre-eminent facility for clinical care, so extraordinary customer service is a natural."

Mr. Richmond is very enthusiastic about both ECMC and Buffalo. After many years in the Midwest, the Richmond family is happy to be back in the East and living in friendly, manageable Buffalo where real estate is a relative bargain, the commute is a piece of cake, and the nightly news comes on at 11 p.m., not 10.

"I've been involved in hospitals in five different states and cities and I must admit that Buffalo is the place where I have felt the most comfortable quicker than any other place I've lived," says Ken. "This is a wonderful facility providing great services to the community with unbelievable potential to do even more. The hospital not only offers great medical care but it's a wonderful teaching environment and a vital part of the healthcare community. I say that because of all the years I've been in this business it's a pretty quick read to realize what an institution has to offer and what its potential is. Every physician I've met and worked with so far has just been wonderful. It's a great group of people and I look forward to a long and rewarding experience with our physicians and with ECMC."

## New CFO Sees Great Opportunity



Sue McCarthy,  
Chief Financial Officer

ECMC welcomed one of the newest members of its executive management team last July with the appointment of Sue McCarthy as CFO. As a CPA with a wide background in public accounting, Sue distinguished herself in financial administration at several hospitals. Most recently she served at Magee-Womens Hospital of the University of Pittsburgh Medical Center as CFO and VP of Financial and Administrative Services.

"I'm finding this job to be very challenging, interesting and fun," says Sue. "From an operational and financial management perspective, the issues and opportunities that ECMC has are not that different from what you would see in another facility this size, but it strikes me that a lot of them have been waiting to be tackled and addressed. As the County subsidy diminishes, I'm doing everything I can to make sure we have the financial stability necessary to continue to grow and improve our services."

The mother of "two incredible adult children" and a self-described yoga enthusiast, Sue is excited by the friendly people in Buffalo, the many great places to eat, and the wealth of cultural offerings.

As to the unexpected attributes of the area, she noted, "there are very strong winds here and I now know what 'lake effect snow' means, but it's a great place and I'm very excited to be here. This is an incredible opportunity to help ECMC run more like a business and help this community—it's fun and very challenging at the same time. Overall I think there are great resources here at ECMC. I'm very impressed by the quality of clinical care that we provide and I think that we have tremendous opportunities to further improve our services."

## Director of Physician Relations Opening Doors at ECMC



William J. Gajewski,  
Director of Physician Relations

With the appointment of William Gajewski as Director of Physician Relations, ECMC has created an active voice for the care of more patients, the affiliation of more physicians, and a vital community outreach program encompassing the entire region of Western New York. In addition, the Director of Physician Relations serves as an effective conduit between the day-to-day concerns of the professional staff and the goals of the administration. Among his broad range of responsibilities, Bill Gajewski is particularly interested in the expansion of physician referrals to ECMC. Meeting with physician groups such as the Buffalo Medical Group, Southgate Medical, and others, Bill explains the advantages of ECMC to both the physicians and their patients.

"I want those community physicians who now send their patients to Buffalo General or the Catholic health system to bring them here," says Mr. Gajewski. "I

find out what their issues are, what they need to know about our capabilities and services, and have them start bringing their patients to us. In many cases, they have been waiting for someone from the hospital to approach them and explain why their patients should be referred to ECMC. The biggest issue for these physicians is that they want to be assured of our quality of care."

In addition to his work with local physicians, Mr. Gajewski also makes frequent visits to community hospitals in Jamestown, Elmira, Batavia, Niagara Falls, Youngstown, and other towns in the region. Meeting with hospital CEOs, medical directors, and physicians, Bill lays out the benefits of sending patients to ECMC for tertiary care, particularly for trauma and cardiology but also for other patients who require transfer to receive care not offered in the smaller hospitals and rural settings. He also expedites specific administrative issues involved in transfers and billing.

Mr. Gajewski also serves as clinical liaison for physicians' medical affairs, which he discusses directly with CEO Michael Young. Often meeting several times a day, they confront and work to resolve any issues directly involving ECMC physicians before they become critical. Insightful and articulate with a keen sense of humor, Bill makes sure that all physicians' needs are addressed quickly and favorably to all parties involved.

The Director of Physician Relations is also the point man for the hospital's partnerships with private physician groups. These independent ventures became viable after ECMC received public benefit corporation status two years ago. A multi-specialty ambulatory surgery center will soon take shape in Amherst with 21 physician partners currently on board.

According to Mr. Gajewski, ECMC will be a minority shareholder in these private ventures. The hospital's affiliation enabled the Amherst facility to apply for a certificate of need from the NYS Department of Health and also provides the necessary legal and professional business expertise. When operational, this surgical center will provide an opportunity for ECMC to get its name into both the medical and public communities in a positive way. "Mr. Young opened half a dozen of these ventures at his previous health system," says Bill Gajewski. "He did them extremely well and they're very profitable."

As for Bill Gajewski and his many responsibilities, the potential is limitless as he strives to make ECMC the hospital of choice for all of Western New York.

## ECMC and Surgeons Opening New ASC in Amherst



ECMC has partnered with 21 area surgeons to build a 30,000-square foot ambulatory surgical center (ASC) in the Bryant Woods Office Park in Amherst. Scheduled to open in late 2006, this joint venture is the first of its kind in Western New York. With the physicians owning a majority stake in the project, the center will give ECMC its first presence in the suburban marketplace. President & CEO Michael Young and Director of Physician Relations Bill Gajewski have worked tirelessly to accommodate the specific needs of the doctors and worked closely with the New York State Department of Health to insure that all the requirements are met for a Certificate of Need for this facility.

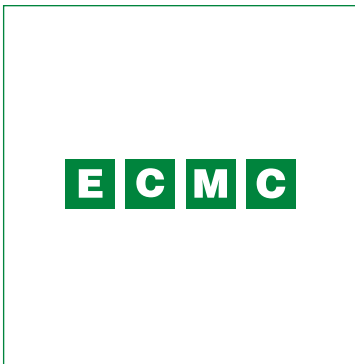
The physicians represent about a half dozen surgical specialties and the center will offer the opportunity to mitigate the area's low reimbursement by enabling them to increase their case volumes. Surgeons can perform more procedures in an ASC since the turnaround time for operating rooms is a fraction of what it is in a hospital setting. In addition, this venture will free up valuable operating room space for more complicated surgeries that require hospitalization and give other doctors the ability to schedule OR time at ECMC.





The Erie County Medical Center Corporation (ECMCC) is the area's leading health care provider and one of the country's most modern, functional, and efficient health care delivery systems. The ECMCC encompasses on- and off-campus health centers, over 40 outpatient specialty care clinics, an advanced academic medical center (with 550 inpatient beds and 156 skilled nursing home beds), and the Erie County Home, a (586-bed) skilled nursing facility. The Medical Center, ranked among the nation's 100 top hospitals for cardiac and intensive care, serves as the regional center for trauma, burn, and rehabilitation, and a major teaching facility for the State University of New York at Buffalo. Most ECMCC physicians, dentists, and pharmacists are dedicated faculty members of the University. The ECMC Corporation is dedicated to being the medical center of choice through excellence in patient care and customer service.

ECMCC is situated on a 67-acre campus on the east side of Buffalo, NY. The Medical Center is easily accessible from all areas of Western New York, and is located right off Rt. 33 (Kensington Expressway) at the Grider Street interchange.



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