BOARD OF DIRECTORS

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Dietrich Jehle, M.D.

Jody L. Lomeo
Thomas P. Malecki
Frank B. Mesiah
Kevin Pranikoff, M.D.
Joseph A. Zizzi, Sr., M.D.

~ Regular Meeting ~

ERIE COUNTY MEDICAL CENTER CORPORATION

Tuesday, August 30, 2011

4:00 P.M.
Staff Dining Room, 2nd Floor - ECMCC

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

AGENDA FOR THE AUGUST 2011 REGULAR MEETING OF THE BOARD OF DIRECTORS

TUESDAY, AUGUST 30, 2011

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I.	CALL TO ORDER: SHARON L. HANSON, CHAIR		
II.	APPROVAL OF MINUTES OF JULY 12, 2011 REGULAR MEETING OF THE BOARD OF DIRECTORS		3-19
III.	RESOLUTIONS MAY BE DISTRIBUTED TO THE BOARD OF DIRECTORS DURING THE MEETING ON AUGUST 30, 2011.		
IV.	REPORTS FROM STANDING COMMITTEES OF THE BOARD:		
	EXECUTIVE COMMITTEE:	SHARON L. HANSON	----
	FINANCE COMMITTEE:	KEVIN E. CICHOCKI, D.C.	20-24
	HUMAN RESOURCE COMMITTEE:	RICHARD F. BROX	25-27
	QI PATIENT SAFETY COMMITTEE:	RICHARD F. BROX	----
V.	REPORTS FROM SENIOR MANAGERS OF THE CORPORATION:		
	A. CHIEF EXECUTIVE OFFICER		----
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	C. CHIEF FINANCIAL OFFICER		32-52
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	E. SR. VICE PRESIDENT OF OPERATIONS – RONALD KRAWIEC		59-62
	F. CHIEF MEDICAL OFFICER		63-77
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	H. SENIOR VICE PRESIDENT OF NURSING		80-81
	I. VICE PRESIDENT OF HUMAN RESOURCES		82-85
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	K. SR. VICE PRESIDENT OF MARKETING & PLANNING		89-91
	L. EXECUTIVE DIRECTOR, ECMCC LIFELINE FOUNDATION		92-93
VI.	REPORT OF THE MEDICAL/DENTAL STAFF	JUNE 27, 2011	94-102
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VIII.	NEW BUSINESS		
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XII.	ADJOURN		

Minutes from the

Previous Meeting

ERIE COUNTY MEDICAL CENTER CORPORATION
MINUTES OF THE MARCH REGULAR MEETING
OF THE BOARD OF DIRECTORS

TUESDAY, JULY 12, 2011

ECMCC STAFF DINING ROOM

Voting Board Members Present or Attending by Conference Telephone:	Bishop Michael A. Badger Douglas H. Baker Ronald A. Chapin Kevin E. Cichocki, D.C. Sharon L. Hanson, Chair	Kevin M. Hogan, Esq. Dietrich Jehle, M.D. Thomas P. Malecki, C.P.A. Michael A. Seaman
Voting Board Member Excused:	Richard F. Brox K. Kent Chevli, M.D.	Anthony M. Iacono Joseph A. Zizzi, Sr., M.D.
Non-Voting Board Representatives Present:	Ronald P. Bennett, Esq. Jody L. Lomeo	Frank B. Mesiah Kevin Pranikoff, M.D.
Also Present:	Mark C. Barabas Donna Brown Richard Cleland Anthony Colucci, III, Esq. Leslie Feidt John R. Fudyma, M.D. Michael H. Hoffert James Kaskie	Ronald J. Krawiec Susan Ksiazek Kathleen O'Hara Thomas Quatroche, Ph.D. Michael Sammarco

I. CALL TO ORDER

Chair Sharon L. Hanson called the meeting to order at 4:35 P.M.

II. APPROVAL OF MINUTES OF THE JUNE 7, 2011 BOARD OF DIRECTORS REGULAR MEETING

Moved by Douglas H. Baker and seconded by Thomas P. Malecki to approve the minutes of the June 7, 2011 Board of Directors Regular meeting as presented. **Motion approved unanimously.**

III. ACTION ITEMS

A Resolution of Corporation Approving 2011 Revenue Bonds to Finance killed Nursing Facility and Infrastructure.

Moved by Kevin E. Cichocki, D.C. and seconded by Frank B. Mesiah.
Motion approved unanimously. Copy of resolution attached.

Thomas P. Malecki abstained due to his professional relationship that is longer than with the County of Erie.

B. Resolution of Naming New MRI.

Moved by Kevin E. Cichocki, D.C., and seconded by Douglas H. Baker
Motion approved unanimously. Copy of resolution attached.

C. Resolution Authorizing Abolition of Positions.

Moved by Frank B. Mesiah and seconded by Kevin E. Cichocki, D.C.
Motion approved unanimously. Copy of resolution attached.

D. Resolution Approving the Recommendations of the Performance Improvement Committee Concerning Medical/Dental Staff Credentials, Resignations, Appointments and Re-Appointments of June 7, 2011.

Moved by Michael A. Seaman and seconded by Kevin M. Hogan, Esq.
Motion approved unanimously. Copy of resolution is attached.

IV. BOARD COMMITTEE REPORTS

Moved by Douglas H. Baker and seconded by Michael A. Seaman to receive and file the reports as presented by the Corporation's Board committees. All reports, except that of the Performance Improvement Committee shall be attached to these minutes.
Motion approved unanimously.

V. REPORTS OF CORPORATION'S MANAGEMENT

A. Chief Executive Officer:
B. President & Chief Operating Officer:
C. Chief Financial Officer:
D. Sr. Vice President of Operations:
E Sr. Vice President of Operations:
F. Chief Medical Officer Report:
G. Associate Medical Director Report:
H. Senior Vice President of Nursing:
I. Vice President of Human Resources:
J. Chief Information Officer:
K. Sr. Vice President of Marketing & Planning:

L. Executive Director, ECMC Lifeline Foundation:

1) Chief Executive Officer: Jody L. Lomeo

- A ground breaking ceremony for the ECMCC Nursing Home will take place on Thursday, July 14, 2011 at 10:00am.
- The ECMCC Golf Tournament will be held at Rothland Golf Course on July 23rd. Mr. Lomeo encourages everyone to attend.
- HTNYS Annual Trustees Conference is September 16-18, 2011 at *The Sagamore* on Lake George.

2) Chief Financial Officer: Michael Sammarco

A summary of the financial results through May 31, 2011 and a Quarterly Financial Statement and projected statement of Yearly Cash Flows are attached in the Board Book for review.

Moved by Kevin E. Cichocki, D.C. and seconded by Douglas H. Baker to receive and file the April 30, 2011 reports as presented by the Corporation's Management.

VI. ADJOURNMENT

Moved by Bishop Michael A. Badger and seconded by Kevin E. Cichocki, D.C. to adjourn the Board of Directors meeting at 4:45 P.M.

Bishop Michael A. Badger, Corporation Secretary

Resolution Authorizing the Second Supplemental Indenture and the Loan Agreement with the County of Erie

Approved July 12, 2011

WHEREAS, Erie County Medical Center Corporation (the "Corporation") has executed and delivered that certain Master Trust Indenture, dated as of August 1, 2004 (the "Master Indenture"), between the Corporation and HSBC Bank USA, National Association, as Master Trustee (the "Trustee") in conjunction with the issuance of its Erie County-Guaranteed Senior Revenue Bonds, Series 2004 (the "Series 2004 Bonds"); and

WHEREAS, the Corporation previously adopted a Resolution dated February 22, 2011 (the "February 2011 Resolution"), authorizing the Corporation to execute and deliver a Second Supplemental Indenture and to issue bonds thereunder for the purposes of funding or reimbursing the costs of a new 390-bed skilled nursing facility and adjacent parking ramp on the Grider Street campus (the "Project"); and

WHEREAS, the Corporation and the Corporation's Finance Committee have determined that, in consideration of projected interest rates and savings on debt service, it is in the best interests of the Corporation to finance the Project utilizing a tax-exempt bond issuance through the Erie County Fiscal Stability Authority ("ECFSA") and the County of Erie (the "County"), and

WHEREAS, the ECFSA is authorized pursuant to Public Authorities Law Article 10-D, Title C (the "ECFSA Act") to issue bonds on behalf of the County and has resolved to issue such bonds for purposes of financing and reimbursing the costs of the Project (the "ECFSA 2011 Bonds"); and

WHEREAS, on June 30, 2011, by act of the County Legislature, the County was authorized to loan the Corporation proceeds of the ECFSA 2011 Bonds sufficient to finance the cost of the Project (the "County Loan"); and

WHEREAS, the Corporation desires to accept the County Loan and issue the County a bond on parity with the Series 2004 Bonds in an amount equal to the County Loan (the "ECMCC 2011 Bond") and to enter into a Loan Agreement with the County pursuant to which the Corporation will repay the County Loan (the "Loan Agreement"); and

WHEREAS, the annual debt service on the ECFSA Series 2011 Bonds will be paid from withholding of County sales tax revenues and the annual debt service on the ECMCC Series 2011 Bond will be paid from ECMCC gross revenues on a parity basis with ECMCC's outstanding Series 2004 Bonds; and

WHEREAS, the Corporation desires to approve and authorize the execution of the Second Supplemental Indenture, the structure and form of which has been revised since the adoption of the February 2011 Resolution to accommodate for the restructuring of the Project financing, and to authorize and approve the execution of the Loan Agreement, and to reaffirm its intent to reimburse Project expenditures with bond proceeds of the ECFSA 2011 Bonds, which shall be paid to the Corporation in the form of the County Loan, and which intent was first declared in the February 2011 Resolution; and

WHEREAS, the Corporation desires to authorize the Corporation's General Counsel, Colucci & Gallaher, P.C., to render opinions as to various transactional matters as may be necessary and required in furtherance of the Project financing.

NOW THEREFORE, BE IT RESOLVED by the Board of Directors of the Corporation as follows:

1. The Corporation hereby authorizes the Chief Executive Officer, with assistance from the General Counsel to the Corporation, to negotiate and finalize the terms of the Second Supplemental Indenture. The Chief Executive Officer of the Corporation is hereby authorized and directed to execute and deliver the Second Supplemental Indenture.

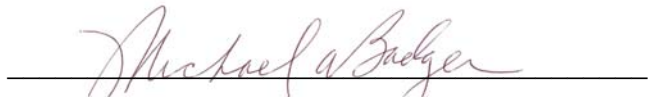
2. The Corporation hereby authorizes the Chief Executive Officer of the Corporation, with assistance from the General Counsel to the Corporation, to negotiate and finalize the terms of the Loan Agreement. The Chief Executive Officer of the Corporation is hereby authorized and directed to execute and deliver the Loan Agreement.

3. The Chief Executive Officer of the Corporation is hereby authorized to execute and deliver, in the name and on behalf of the Corporation, all other documents required to be executed and delivered in connection with the issuance of the ECFSA 2011 Bonds and the ECMCC 2011 Bond with such provisions as said Chief Executive Officer, after consultation with the General Counsel of the Corporation, shall deem advisable and not contrary to the terms of the Master Trust Indenture or Article 10-C, Title 6 of the Public Authorities Law. Execution and delivery of said documents shall constitute conclusive evidence of the Corporation's due authorization and approval of said documents.

4. The Corporation reaffirms its intent and reasonable expectation to reimburse the Interim Funds, as such term is defined in the February 2011 Resolution, with bond proceeds, as such intent was initially declared in the February 2011 Resolution, provided that the Interim Funds shall be reimbursed with proceeds of the ECFSA 2011 Bonds, which shall be paid to the Corporation in the form of the County Loan.

5. The Corporation's General Counsel, Colucci & Gallaher, P.C., is hereby authorized to render such opinions as to various transactional matters as may be necessary and required for the issuance of the ECFSA 2011 Bonds and the ECMCC 2011 Bond.

6. This resolution shall take effect immediately.



Bishop Michael A. Badger
Corporation Secretary

Resolution Naming the Corporation's New MRI In Memory of Dr. George J. Alker
Approved July 12, 2011

WHEREAS, George J. Alker M.D., a veteran of World War II, completed medical school at the State University of New York at Buffalo ("UB") in 1956 and his residency at E.J. Meyer Memorial Medical Center in 1960; and

WHEREAS, Dr. Alker worked at E. J. Meyer and Erie County Medical Center ("ECMC") from 1960-1990 where he specialized in neuro-radiology; and

WHEREAS, Dr. Alker was instrumental in passing the New York State "Seat Belt Law"; and

WHEREAS, Dr. Alker was published in many journals, won multiple awards for his writings, and the Radiology Museum at the University of Buffalo holds many artifacts that were once used by Dr. Alker to practice radiology; and

WHEREAS, Dr. Alker was internationally recognized in cervical spine neuro-radiology; and

WHEREAS, Dr. Alker trained hundreds of medical students from the UB, which honors him by presenting an award in his name to an outstanding radiology medical student; and

WHEREAS, Dr. Alker's life revolved around medicine and teaching and many who trained with him at ECMC are better physicians or radiological technologists because of his commitment and dedication to the profession of radiology; and

WHEREAS, Erie County Medical Center Corporation (the "Corporation") wishes to recognize Dr. Alker's dedication to the Corporation and the field of radiology by naming its new MRI in Dr. Alker's memory.

NOW THEREFORE, BE IT RESOLVED, by the Board of Directors of the Corporation as follows:

1. That the Corporation name its new MRI in memory of George J. Alker M.D., posthumously, and a plaque be placed in the MRI suite to recognize his dedication to the Corporation, the field of radiology and medicine, and the hundreds of physicians and technicians he trained.

2. This resolution shall take effect immediately.

Bishop Michael A. Badger
Corporation Secretary

A Resolution of the Board of Directors Authorizing the Corporation to Abolish Positions

Approved: July 12, 2011

WHEREAS, in connection with his duties and responsibilities as set forth in the Corporation's by-laws, the Chief Executive Officer is required to periodically assess the numbers and qualifications of employees needed in various departments of the Corporation and to establish, assess and allocate resources accordingly, subject to the rights of the employees as they may appear in the Civil Service Law or any collective bargaining agreement; and

WHEREAS, the Chief Executive Officer has determined that a number of positions must be abolished for budgetary and efficiency reasons; and

WHEREAS, Chief Executive Officer has reviewed this matter and recommends it is in the best interests of the Corporation that the positions indicated below be abolished.

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

1. Based upon the review and recommendation of the Chief Executive Officer and the Executive Committee, the following positions are abolished:

Patient Access Services Supervisor	Position # 51005406
Patient Access Services Supervisor	Position # 51008630

2. The Corporation is authorized to do all things necessary and appropriate to implement this resolution.

3. This resolution shall take effect immediately.

Bishop Michael A. Badger
Corporation Secretary

CREDENTIALS COMMITTEE MEETING
June 7, 2011

Committee Members Present:
Robert J. Schuder, MD, Chairman
Brian M. Murray, MD (ex officio)
Timothy G. DeZastro, MD
Philip D. Williams, DDS
Yogesh D. Bakhai, MD (ex officio)
Gregg I. Feld, MD

Medical-Dental Staff Office and Administrative Members Present:
Jeanne Downey
Susan Ksiazek, R.Ph.
Emilie Kreppel
Elizabeth O'Connor

Members Not Present (Excused *):
Nancy C. Ebling, DO *
Richard E. Hall, DDS PhD MD FACS *
Joseph M. Kowalski, MD (ex officio) *
David G. Ellis, MD (ex officio) *
Dietrich V. Jehle, MD (ex officio) *
Andrew J. Stansberry, RPA-C *

CALL TO ORDER

The meeting was called to order at 3 PM by Dr. Robert J. Schuder. The proceedings from the previous meeting of May 3, 2011 were reviewed and accepted.

RESIGNATIONS

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

A. Deceased

B. Application Withdrawn

C. Resignations

Sunita Chadha, MD	Internal Medicine	as of 10/01/2010
Khalid Saadah, MD	Internal Medicine	as of 5/24/2011

Midlevel practitioners previously associated with former staff members will be requested to establish new practice relationships with a present ECMCC medical staff member.

D. Conclusions

The following practitioners will effectively be concluded at their reappointment cycle pursuant to an exclusivity contract. Their employer was previously duly notified.

Javier L. Beltran, MD	Teleradiology	as of 07/01/2011
Jon H. Edwards, MD	Teleradiology	as of 07/01/2011
Peter D. Franklin, MD	Teleradiology	as of 07/01/2011
Alvand Hassankhani, MD	Teleradiology	as of 07/01/2011
John A. Kustan, MD	Teleradiology	as of 07/01/2011
Linda K. Lewis, MD	Teleradiology	as of 07/01/2011
Robert J. Rabiea, MD	Teleradiology	as of 07/01/2011
Michael I. Rothman, MD	Teleradiology	as of 07/01/2011
Frank E. Seidelmann, DO	Teleradiology	as of 07/01/2011

Steven Shankman, MD Teleradiology as of 07/01/2011

CHANGE IN STAFF CATEGORY

Ophthalmology
John W. Crofts, MD **From** Active Staff **To** Associate Staff

Otolaryngology/Surgery
Beverly C. Prince, MD **From** Associate Staff **To** Courtesy, *Refer & Follow*

Urology
Richard N. Gilbert, MD **From** Courtesy, *Refer & Follow* **To** Associate Staff

PRIVILEGE ADDITION/REVISION

Emergency Medicine
Amanda A. Chauncey, RPA-C Allied Health Professional (Physician Assistant)
-Moderate Sedation* ***Supervising MD: Dr. David Ellis***
**Note: Completion of Moderate Sedation training requirements satisfies FPPE*

William H. Dice, MD Active Staff
-Skin Grafting
-Skull Trephination-Perimortem

Internal Medicine
Michael Kuettel, MD Active Staff
-Radiation Oncology Consultation*
***Note: FPPE waived, as this represents a change in department assignment, with same delineated privilege*

Neurosurgery
Gregory J. Bennett, MD Active Staff
-Decompression other peripheral nerve (Neuroplasty)*
James G. Egnatchik, MD Active Staff
-Decompression other peripheral nerve (Neuroplasty)*
Note: Newly delineated privilege on Neurosurgery privilege form. Per Chief of Service, this privilege is the same as decompression on any nerve. FPPE will be waived as an existing skill for all neurosurgeons privileged in nerve decompression.)

Surgery
-Wound Care:
George A. Blessios, MD Active Staff
Rurik C. Johnson, MD Active Staff
Mahmoud N. Kulaylat, MD Active Staff
Jeffrey Meilman, MD Associate Staff
Timothy R. Rasmusson, MD Active Staff
Note: Newly delineated privileges on the Department of Surgery Form, resulting from the newly developed Wound Care Center.
These do not represent new privileges for the above listed practitioners, but rather, newly delineated privileges, previously viewed as core.
Michael A. Pell, MD Active Staff
-Sentinal node biopsy for melanoma (lymphangiography and lymph node biopsy)

OVERALL ACTION REQUIRED

PRIVILEGE WITHDRAWAL

Internal Medicine
Todd Roland, RPA-C Allied Health Professional (Physician Assistant)
Supervising MD: Dr. Nancy O. Ebling
-Swan Ganz Insertion, Measurement and Interpretation

OVERALL ACTION REQUIRED

APPOINTMENTS AND REAPPOINTMENTS

A. Initial Appointment Review (9+1)
B. Reappointment Review (48+1)

Ten initial (nine single, one dual department) appointments and forty (48 single, 1 dual department) reappointment requests were presented to the Credentials Committee for review. The dossiers were found to be in order and are endorsed to the Medical Executive Committee for its approval with comments (if any) as indicated.

APPOINTMENT APPLICATIONS, RECOMMENDED

The following applicants are endorsed by the Credentials Committee for initial provisional appointment to the Medical-Dental Staff:

A. **Initial Appointment Review (9)**

Family Medicine

Magdalene Tukov, ANP	Allied Health Professional (Nurse Practitioner) ***Collaborating MD: Dr. David Eubanks***

Internal Medicine

Yijun Cheng, MD	Active Staff
Michael Duff, MD	Associate Staff
Anurag K. Singh, MD	Associate Staff
Sandeep Singh, MD	Active Staff

Neurology

Gregory D. Sambuchi, MD	Active Staff

Plastic & Reconstructive Surgery

Saurin R. Popat, MD	Active Staff ***Surgical privileges granted through the Dept. of Surgery;*** ***Plastic & Reconstructive Dept. privileges pending completion and approval of a new privilege form.***

Urology

K. Kent Chevli, MD	Associate Staff
Joseph M. Greco, MD*	Associate Staff

**** Moderate Sedation attestation in process; training requirements satisfied.***

B. **Dual Appointments (1)**

Internal Medicine and Rehabilitation Medicine

Siblea McFarland, RPA-C	Allied Health Professional (Physician Assistant) ***Supervising IM MD: Dr. Nirmit Kothari*** ***Supervising RM MD: Dr. Tat Fung***

OVERALL ACTION REQUIRED

REAPPOINTMENT APPLICATIONS

C. **Reappointment Review (48)**

Anesthesiology

Daniel P. Golubski, CRNA	Allied Health Professional (Nurse Anesthetist)
Elizabeth L. Mahoney, MD	Active Staff
Masroor A. Syed, MD	Active Staff

Cardiothoracic Surgery

John Bell-Thompson, MD	Active Staff
Gary Grosner, MD	Associate Staff
LuJean Jennings, MD	Associate Staff
	Surgery and CT Chiefs of Service have requested that the ACLS requirement be removed for the Maintenance of Open Airway privilege. Privilege form revisions will be presented next month.

Dentistry

Sebastian G. Ciancio, DDS	Courtesy, *Refer & Follow*

Emergency Medicine

Amanda A. Chauncey, RPA-C	Allied Health Professional (Physician Assistant) ***Supervising MD: Dr. David G. Ellis***
William H. Dice, MD	Active Staff
Elizabeth A. McCarthy, RPA-C	Allied Health Professional (Physician Assistant) ***Supervising MD: Dr. Ronald M. Moscati***

Family Medicine

Thomas C. Rosenthal, MD	Active Staff
Olivia Smith-Blackwell, MD	Active Staff
Juliane M. Thurlow, MD	Active Staff

Internal Medicine

Susan S. Krasner, PhD	Allied Health Professional (Psychologist)
Jeffrey M. Lackner, PsyD	Allied Health Professional (Psychologist)

Neurology

M. Reza Samie, MD	Active Staff

Neurosurgery

Gregory J. Bennett, MD	Active Staff
James G. Egnatchik, MD	Active Staff

Obstetrics & Gynecology

Lawrence J. Gugino, MD	Active Staff
Majid Shaman, MD	Active Staff

Ophthalmology

John W. Crofts, MD	Associate Staff
Russell G. Knapp, Jr., MD	Courtesy, *Refer & Follow*
Charles R. Niles, MD	Associate Staff
James J. Reidy, MD	Active Staff
Karen R. Schoene, MD	Courtesy, *Refer & Follow*

Orthopaedic Surgery

Geoffrey Bernas, MD	Active Staff
Lawrence B. Bone, MD	Active Staff
Steven B. Gutsin, MD	Active Staff
Christopher L. Hamill, MD	Active Staff
Cameron B. Huckell, MD	Associate Staff ***Action on certain privilege requests deferred pending additional documentation or withdrawal.***
Talia G. Merlino, RPA-C	Allied Health Professional (Physician Assistant) ***Supervising MD: Dr. Michael A. Rauh***
Michael A. Rauh, MD	Active Staff

Pathology

Donald E. Higgs, MD	Active Staff

Psychiatry

Christopher M. Deakin, MD	Courtesy, *Refer & Follow*
Jeffery J. Grace, MD	Active Staff
John M. Improta, MD	Active Staff
Carlene A. Schultz, FNP	Allied Health Professional (Nurse Practitioner)
	Collaborating MD: Dr. Robert B. Whitney
Howard C. Wilinsky, MD	Active Staff

Surgery

George A. Blessios, MD	Active Staff
	The granting of an unlisted privilege request (Laparoscopic Liver resection/ablation) was approved by the Chief of Service. FPPE required. A formal privilege form addition/revision will be presented next month.
Rurik C. Johnson, MD	Active Staff
Mahmoud N. Kulaylat, MD	Active Staff
Jeffrey Meilman, MD	Associate Staff
	Additional documentation is requested to complete an application statement. Reappointment endorsed by the Credentials Committee.
Natalie A. Passmore, CNP	Allied Health Professional (Nurse Practitioner)
	Collaborating MD: Dr. Michael A. Pell
Michael A. Pell, MD	Active Staff
Timothy R. Rasmusson, MD	Active Staff
Raymond O. Schultz, MD	Active Staff
	Covering MDs require clarification. The granting of an unlisted privilege request (Placement of tissue expander and permanent implant) was approved by the Chief of Service; FPPEwaived. A formal privilege form addition/revision will be presented next month.

Radiology, *Teleradiology*

Paul S. Sarai, MD	Active Staff

Urology

John J. Griswold, MD	Active Staff

D. **Dual Reappointments (1)**
Otolaryngology and Surgery

Beverly C. Prince, MD	Courtesy, *Refer & Follow*

OVERALL ACTION REQUIRED

PROVISIONAL APPOINTMENT REVIEW, RECOMMENDED

As required by the bylaws, the Credentials Committee and the respective Chiefs of Service are reviewing Provisional Staff members for movement to the PERMANENT STAFF. Candidates shall be presented to the Medical Executive Committee. Approval of this action will allow initiation of the regular reappointment review to be conducted every two years.

Any individual not recommended to PERMANENT appointment by the Chief of Service shall require specific written documentation of deficiencies with a recommendation to the Executive Committee for the revocation and termination of clinical privileges based on standards imposed by Part Three of the Credentialing Procedure Manual. Members not recommended, if any, are presented to the Executive Committee sessions for discussion and action.

The following members of the Provisional Staff from the 2010 period are presented for movement to the Permanent Staff in 2011 on the date indicated. Notification is sent to the Chief of Service at least 60 days prior to expiration of the provisional period.

June 2011 Provisional to Permanent Staff

Family Medicine	**Provisional Period Expires**
Marzullo, Shannon, D., ANP	Allied Health Professional (Nurse Practitioner) 06/01/2011 ***Collaborating MD: Dr. David A. Eubanks***
Internal Medicine	
John, Christopher, P., RPA-C	Allied Health Professional (Physician Assistant) 06/01/2011 ***Supervising MD: Dr. Nancy C. Ebling***
Orlick, Arthur, E., MD	Active Staff 06/01/2011
Scrocco, Mary, C., FNP	Allied Health Professional (Nurse Practitioner) 06/01/2011 ***Collaborating MD: Dr. Neil Dashkoff*** ***Collaborating MD: Dr. Robert Glover***

OVERALL ACTION REQUIRED

AUTOMATIC MEMBERSHIP CONCLUSION, RECOMMENDED

None

Planned Credentials Committee Meeting: June 7, 2011
Planned MEC Action date: June 27, 2011
Last possible Board confirmation by: July 12, 2011
Next Board Meeting: August 2, 2011 too late

FUTURE MEMBERSHIP CONCLUSION, PLANNED

The following members may have not responded as of 6/7/2011 to requests for reappointment applications, information, privilege requests and/or credentials, are slated for future membership conclusion and will automatically not be reappointed at the end of their current appointment period.

Requests for reappointment applications are distributed to applicants six months before the end of their current appointment period to allow time for return of the application and processing. After three requests for return and no response, little time is left for processing, submission to the Clinical Director, submission to the Credentials Committee, submission to the Medical Executive Committee and then Board of Directors, each of which takes a month. **The members below must be ready at the latest for the July 2011 Credentials Committee meeting to allow time for approval by the Board before reappointment expiration.**

The Medical and Clinical Directors will be informed of this pending action before the Medical Executive Committee meeting and have been asked to encourage a response.
The planned membership conclusion letters will be sent from the Medical Director and Officers to the member with copies to the respective Clinical Directors regretting the need for conclusion and with thanks for service to ECMCC.

Department	Staff Category	Reappt. Expiration Date
Emergency Medicine		
Joshi, Prashant, MD	Associate	09/01/2011
Family Medicine		
Ford, Daniel, J., RPA-C	Allied Health Professional (Physician Assistant)	09/01/2011
	Supervising MD: Dr. Jenia Sherif	
Internal Medicine		
Gayles, Kenneth L., MD	Active Staff	09/01/2011
Khan, Nasir Mahmood, MD	Active Staff	09/01/2011
Sulaiman, Adel S., MD	Active Staff	09/01/2011
Orthopaedic Surgery		
Brown, Robert, K., MD	Active Staff	09/01/2011
Fout, Allison, M., RPA-C	Allied Health Professional (Physician Assistant)	09/01/2011
	Supervising MD: Dr. William Wind	
Kelly, James, J., DO	Active Staff	09/01/2011
Phillips, Matthew, J., MD	Associate Staff	09/01/2011
Ritter, Christopher, A., MD	Active Staff	09/01/2011
Radiology		
Conti, Robert, R., MD	Courtesy, *Refer & Follow*	09/01/2011
Shanbhag, Vilasini, M., MD*	Associate Staff	09/01/2011

Department assignment will be changed to Internal Medicine if requests re-appointment

Planned Credentials Committee Meeting: July 5, 2011
Planned MEC Action date: July 25, 2011
Last possible Board confirmation by: August 2, 2011
Next Board Meeting: September 6, 2011 too late
PRESENTED FOR INFORMATION ONLY

OLD BUSINESS

New Plastic and Reconstructive Surgery Department
An initial draft of a potential privilege delineation form for the new Plastic and Reconstructive Surgery department has been assembled with help of the Credentials Committee. The draft was reviewed by the new Chief of Service and Chief Medical Officer with several suggestions. A subsequent revision with resulting expanded sections was again reviewed by the Chief of Service and then by the Credentials Committee. Input from other Chiefs of Service and Administration is currently underway. The Credentials Committee endorses the form with pending changes and recommends presentation at the June Medical Executive Committee meeting.

Privilege Form Updates
Progress continues on privilege forms updates for the departments of Internal Medicine, Emergency Medicine, Family Medicine, Anesthesiology, Cardiothoracic Surgery, and Surgery. The Chief of Service for Pathology has recommended full harmonization of his department's form with that of Kaleida.

Joint Credentialing Software Platform under Great Lakes Health
Data integration and harmonization continues between the systems at Kaleida and ECMCC. Some minor issues with data flow continue to be worked on with positive progress made. In order to minimize any interruption in customer service, it has been jointly agreed to adjust the project timeline, with training and software implementation now set for August.

Physician On-boarding Update
In order to provide optimal customer service with the increased volume of physician recruiting, a new administrative tool has been developed. It is designed to facilitate the hand-off communication of the many parties involved with physician on-boarding. A working group has been convened to further refine the tool, and research the feasibility of creating a confidential electronic document for tracking status as each recruit moves through the process.

Leave of Absence Follow Up
The previous committee meeting identified a staff member requesting a leave of absence. A mechanism to communicate acknowledgement of the leave requirements is defined in the Bylaws and Credentialing Procedure Manual. A letter template will be composed and used for this individual and future situations.

Open Issues Tracking Form
The form was reviewed by the committee. The committee awaits a response from certain applicants for a request for the documentation of completion of credential requirements.

Temporary Privilege Tracking Form
A tracking system has been formalized to list Urgent and Temporary Privilege expiration periods and the status of application completion. The current tracking matrix was reviewed by the committee and is attached. The committee discussed the recent volume of temporary privileges, and continues to endorse these be restricted to situations necessary to important patient care or service line development.

INFORMATION ONLY

NEW BUSINESS

Podiatry Member Status
The recent sanction of a Podiatry division member was shared with the committee. His contract for health care services was previously voided in response, but the matter of medical staff membership remains. Consultation with administrative legal counsel affirmed the suggestion to offer an opportunity for either resignation or to pursue the fair hearing process.

NYS Mandated Child Abuse Identification Training
Since the committee understanding of the need for child abuse recognition training resides within a requirement for licensure, the committee recommended that the Staff Office adopt the same policy followed by Kaleida and not track specific abuse training requirements for physicians caring for patients under the age of 18. Confirmation of the current State requirements was recommended.

RNFA Credentialing
RN First Assist positions have been implemented as part of the new surgical service. It has been decided that for RN level practitioners, the positions will be managed through the Department of Nursing as hospital or contracted employees. Competencies and evaluations will be managed by the Department of Nursing.

Midlevel Nurse Practitioner and Physician Assistant applicants will continue to present credentialing documentation and certificates to the Medical-Dental Staff Office as defined by the privilege form credentialing criteria.

Final Ruling on Telemedicine Credentialing
The final ruling of the CMS regarding the approved options for the credentialing of medical services delivered from remote sites has been published, and goes into effect on July 5, 2011. ECMCC will continue to verify the credentials and competencies of individual applicants in-house rather until such time as the Credentials Committee, Risk Management and the Patient Safety Office can assess which model best serves ECMCC. The guidance document will be forwarded to the Medical Director of Telemedicine and the Chief of Service for Radiology for review and opinion.

OVERALL ACTION REQUIRED

OTHER BUSINESS

FPPE-OPPE Report
FPPEs were successfully completed in the following departments:

Anesthesiology (2 CRNAs)
Family Medicine (1 ANP)
Internal Medicine (1 ANP)

OPPEs were successfully completed for the Department of Family Medicine for 15 MDs, 1 DO, 2 ANPs, 1 PNP and 1 RPA-C.

OPPE for the department of Orthopaedic Surgery is in the final stages with 16 members outstanding. It is anticipated that it will be ready for presentation to the Credentials Committee for the July 2011 meeting.

With measures identified and a small mailing complete (awaiting responses), OPPE has been implemented for the Department of Neurology.

The Department of Neurosurgery still has one outstanding OPPE. The Chief of Service has been kept up to date on the attempts of the MDSO to obtain the paperwork. He did inform the MDSO of extenuating circumstances surrounding the previous OPPE timeline for this physician. The Chief of Service has advised the physician of a new timeline for completion.

OPPE for the Chemical Dependency department will begin after feedback regarding measures has been received of the Associate Chief of Service and our IT support staff.

OPPE measures for the Department of Urology are imminent, and the process will be initiated immediately thereafter.

Medical Staff Services Quality and Education Report

Midlevel Relationship Confirmation
Efforts continue to ensure that midlevel practitioners are matched in corresponding departments with supervising/collaborating attendings. In addition, both parties must hold the requested privileges. The list will be reviewed and updated on a monthly basis, and posted on the G:Drive for use by the MDSO Team.

Privilege Form Request Addition
Occasionally, an applicant will desire a particular privilege which does not appear on the privilege delineation form. Ideally, discussion should take place with the Chief of Service before a request is hand written on the form. Action on manually added requests will be deferred until confirmed with the Chief of Service and reviewed by the Credentials and Medical Executive committees. An opportunity then results to define specific credentialing criteria. It also helps to determine the need for focused evaluation (FPPE) versus regular ongoing evaluation (OPPE) if the request is part of an existing core/cluster privilege group.

Fluoroscan Privilege Requests
It has been discovered that staff members in Orthopedics, Emergency Medicine and General Surgery appear to overlook the opportunity to re-request Fluoroscan privileges at reappointment time even though they continue to have need of the procedure. Reappointment is straightforward, and does not require additional attestation, examination or training. To encourage understanding, the committee recommended a revision of the flow of privilege offerings to prevent inadvertent bypass of the request.

PRESENTED FOR INFORMATION ONLY

ADJOURNMENT

With no other business, a motion to adjourn was received and carried. The meeting was adjourned at 4:00 PM.

Minutes from the

Finance Committee

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS

MINUTES OF THE FINANCE COMMITTEE MEETING

JUNE 21, 2011

ECMCC BOARD OF DIRECTORS CONFERENCE ROOM

VOTING BOARD MEMBERS PRESENT OR ATTENDING BY CONFERENCE TELEPHONE:	KEVIN E. CICHOCKI, CHAIR KEVIN M. HOGAN, ESQ RICHARD F. BROX	MICHAEL A. SEAMAN DIETRICH JEHLE, MD DOUGLAS H. BAKER
VOTING BOARD MEMBERS EXCUSED:	JODY L. LOMEO MARK R. BARABAS	RONALD KRAWIEC JOHN EICHNER
ALSO PRESENT:	ANTHONY J. COLUCCI, III MICHAEL SAMMARCO RICHARD CLELAND	PAUL HUEFNER THOMAS MALECKI

I. CALL TO ORDER

The meeting was called to order at 8:40 A.M., by Chairman Kevin Cichocki.

II. RECEIVE AND FILE MINUTES

Motion was made by Dr. Cichocki and unanimously approved to accept the minutes of the Finance Committee meeting of May 18, 2011.

III. MAY 2011 FINANCIAL SUMMARY

Michael Sammarco provided a summary of the financial results through May 31, 2011, which addressed volume, income statement activity and key financial indicators.

The financial picture for the month of May was more positive than previous months. Volumes were up, and the month ended with a small surplus.

Total discharges for the month were 3 over budget and 87 over the prior year. Year-to-date discharges were 348 less than budget and 44 less than the prior year. Acute discharges for the month were 112 more than prior year, and 43 over budget. Observation cases were at 141 for the month and 694 year-to-date.

Average daily census was 334, compared to 344 the prior year. Average length of stay was 6.0 for the month and year-to-date, compared to budgeted length of stay of 5.9. Non-Medicare case mix was 1.97, and Medicare case mix was 2.06.

Inpatient surgical cases were 417 for the month, 1 less than budget, 47 over the prior year, and 62 ahead of the prior year to date. Outpatient surgical cases were 12 below budget for the month, but 57 over budget for the year. Emergency Department visits were up 2.0% over the prior year, or 105 visits.

Hospital FTEs were 2,321 for the month, 96 less than budget. The Home FTEs were 387 for the month, compared to a budget of 424. The Home's average daily census was 436 patients, significantly under the budget of 500.

Hospital revenue was under budget by $600,000, due to a decrease in non- Medicare case mix and the loss of some observation revenue. Expenses were $400,000 under budget, primarily due to a decrease in salaries (overtime), and a reduction in purchased services.

The Hospital experienced a monthly operating surplus of $821,000, compared to a budgeted loss of $136,000. The Home experienced an operating loss of $355,000 compared to a budgeted loss of $33,000. The consolidated year to date operating loss is $9.1 million compared to a budgeted $3.0 million surplus, and a $5.7 million loss in the prior year.

Days cash on-hand was 139.9, and days in accounts receivable improved to 41.2.

IV. PROJECT FINANCING UPDATE:

Mr. Sammarco updated the committee on the hospital's progress on securing financing for the campus expansion. The Erie County Fiscal Stability Authority (ECFSA) board approved the bond transaction where the ECFSA will sell bonds on behalf of ECMCC. ECMCC will attend the Erie County Legislative Finance Committee later this morning to obtain a recommendation for approval by the full legislative body. This bond arrangement will save the hospital approximately $118 million in additional interest costs.

V. Mr. Lomeo distributed copies of a June 19, 2011 Buffalo News Editorial that spoke very positively about the proposed nursing home on the ECMCC campus, and the ECMCC leadership.

VI. ADJOURNMENT

The meeting was adjourned at 9:35 AM by Chairman Cichocki.

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS

MINUTES OF THE FINANCE COMMITTEE MEETING

JULY 26, 2011

ECMCC BOARD OF DIRECTORS CONFERENCE ROOM

VOTING BOARD MEMBERS PRESENT OR ATTENDING BY CONFERENCE TELEPHONE:	KEVIN E. CICHOCKI, CHAIR DOUGLAS H. BAKER RICHARD F. BROX	MICHAEL A. SEAMAN DIETRICH JEHLE, MD
VOTING BOARD MEMBERS EXCUSED:	KEVIN M. HOGAN, ESQ.	
ALSO PRESENT:	JODY L. LOMEO MARK R. BARABAS ANTHONY J. COLUCCI, III MICHAEL SAMMARCO	RICHARD CLELAND JOHN EICHNER PAUL HUEFNER

I. CALL TO ORDER

The meeting was called to order at 8:40 A.M., by Chairman Kevin Cichocki.

II. RECEIVE AND FILE MINUTES

Motion was made by Chairman Cichocki and unanimously approved to accept the minutes of the Finance Committee meeting of June 21, 2011.

III. JUNE 2011 FINANCIAL SUMMARY

Michael Sammarco provided a summary of the financial results through June 30, 2011, which addressed volume, income statement activity and key financial indicators.

Total discharges for the month were 38 under budget and 13 over the prior year. Acute discharges for the month were 4 under budget and 50 over the prior year. Volume decreases in the month of June were primarily related to the exempt units. Year-to-date total discharges were under budget by 386, and 31 under the prior year. Acute discharges for the month were 135 under budget and 154 over the prior year.

Observation cases for the month were 10 under budget at 132, and 97 under budget at 826 year-to-date. Average daily census was 337 for the month, 329 year-to-date and 346 in the prior year. Average length of stay was 5.9 for the month, and 6.0 year-to-date, which is on budget and slightly lower than the prior year. Non-Medicare case mix was 2.09 for the month and 2.11 year-to-date, compared to a budget of 2.34; while Medicare case mix was slightly under budget at 1.84.

Inpatient surgical cases were 404 for the month, 15 less than budget and 31 over the prior year. Year-to-date cases are 102 under budget, and 93 over the prior year. Outpatient surgical cases were 19 below budget for the month, and up 13 from the prior year. Year-to-date cases were 38 over budget, and 189 more than the prior year.

Emergency Department visits were up 3.0% over prior year, or 955 visits, and 0.4% under budget for the month.

Hospital FTEs were 36 under budget at 2,381 and Home FTEs were 386 for the month, compared to 424 budgeted and 419 year-to-date.

Hospital net patient service revenue was $1.2 million, or 4.0% under budget, due to a drop in non-Medicare case mix. Hospital expenses were over budget by $1.4 million, or 4.0%. Salaries and fringe benefits were over budget by $650,000, due to an increase in overtime, as well as unbudgeted temporary agency costs. Supply expense was up by $300,000, primarily due to an increase in the utilization of prosthetic equipment. The Hospital experienced a $964,000 operating surplus, compared to a budgeted operating surplus of $2.0 million and a $4.6 million surplus in the prior year.

The Home experienced a $300,000 operating loss in the month of June due to the accelerated downsizing of nursing home beds.

The consolidated operating surplus was $659,000, and the year-to-date consolidated loss stands at $8.4 million.

Days cash on-hand was 139.4, and days in accounts receivable improved to 40.7.

IV . PROJECT FINANCING UPDATE:

Mr. Sammarco reported that plans are moving ahead on the bond project. The legal teams have been working very hard, and are close to an agreement with the County. The bonds are priced and commitments to purchase have been established. Bond transaction closing is scheduled for August 11, 2011.

V. BENDERSON LEASE:

The lease with Benderson Development for the businesses operating in the ECMCC Lobby is approaching its 10th year. Under the agreement, Benderson is obligated to provide ECMCC with 90 days notice of their intent to renew the lease. An update on further developments will be presented at the next meeting of this committee.

VI. OTHER BUSINESS:

Mr. Sammarco informed the committee of HSBC Bank's plans to discontinue providing trustee services. A request for proposal (RFP) was sent out seeking trustee services for the 2004 and 2011 series bonds. Candidates are under review and a selection will be made immediately following the 2011 series bond closing.

VII. ADJOURNMENT

The meeting was adjourned at 9:25 AM by Chairman Cichocki.

Minutes from the

Human Resources Committee

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

TUESDAY, JULY 19, 2011
ECMCC STAFF DINING ROOM

VOTING BOARD MEMBERS PRESENT OR ATTENDING BY CONFERENCE TELEPHONE:		JODY L. LOMEO FRANK B. MESSIAH RICHARD F. BROX
BOARD MEMBERS EXCUSED:	JOSEPH ZIZZI, SR., M.D.	BISHOP MICHAEL A. BADGER, CHAIR
ALSO PRESENT:	JANET BULGER, CSEA CARLA CLARKE NANCY TUCKER	BELLA MENDOLA, CSEA KATHLEEN O'HARA MARK BARABAS

I. CALL TO ORDER

Acting Chair Richard F. Brox called the meeting to order at 9:40 a.m.

II. RECEIVE AND FILE MINUTES OF MAY 10, 2011 MEETING

Moved by Richard F. Brox to receive and file the Human Resources Committee minutes of the May 10, 2011 meeting.

III. CSEA Negotiations

Carla Dicanio-Clarke reported that Erie County, ECMCC and CSEA have met with a fact finder in March and a couple of times in the last few weeks. Negotiations are still taking place. CSEA will meet with the membership on Monday, July 25, 2011 to discuss the current offers. There is a session with the fact finder scheduled for Wednesday, July 27, 2011.

IV. TURNOVER RATES

ECMCC

Nursing Turnover

May Hires - 6.5 FTES, 3.5 FTES Med/Surg, 3 FTES Behavioral Health, 36.5 FTES hired YTD. (4 LPN FTES hired, 2 FTES Med/Surg, 2 FTES Behavioral Health) 19 LPN FTES hired YTD.

May Losses – 9.5 FTES, 3.5 FTES Med/Surg (.5 FTE term, 2 FTEs resign, 1 FTE remove), 1 FTE Radiology resign, 2 FTES Behavioral Health (both retired), 1 FTE ED resign, 1 FTE OR resign & 1 FTE HIM resign.

Turnover Rate 1.27%
Quit Rate .93%
Turnover Rate YTD 2.92% (1.98% without retirees) 3.75% 2010
Quit Rate YTD 2.18% (1.25% without retirees) 2.94% 2010

June Hires – 12 FTES, 6.5 FTES Med/Surg, 2 FTE Critical Care, 3.5 FTES Behavioral

Health. 48.5 FTES hired YTD. (3.5 LPN FTES hired, 1 FTE Med/Surg & 2.5 FTE Behavioral Health) 21.5 FTES hired YTD.

Employee Turnover

Employee turnover rate at the hospital is extremely low. YTD is 1.57%.

V. WELLNESS/BENEFITS UPDATE

Nancy Tucker reported that LMHF held its 1st retreat last month. Feedback was positive. A second retreat is scheduled for September 21st and focuses on cardiovascular health. ECMCC is well ahead in the LMHF pertaining to wellness. Dr. Sperry will speak at the upcoming retreat. The hope is to draw members to his practice at ECMC.

The dependant eligibility audit is in its final stages. As of July 19th, over 200 employees have still not responded to audit. The lack of response is mostly due to LMHF having bad address and employees not reading their mail. Nancy has emailed the employees who have access to email and contacted their supervisors.

The Benefits fair will be held at the beginning of October to coincide with open enrollment which takes place October 14-November 16.

VI. WORKERS COMPENSATION UPDATE

Ms. O'Hara stated that lost time and days away from work has decreased. Medical standards are changing so there may be a reduction on Workers Compensation claims.

VII. TRAINING

July 7th kicked off the 1st part of a 3 part training series on customer service. EAP is performing the training. The training focuses on Communication (verbal and non-verbal), Improved Customer Service and Handling Customer Complaints. The classes have been full and the program will be repeated to give everyone an opportunity to attend

Carla DiCanio-Clarke has begun focused management training. She presented a program regarding handling disruptive star employees. Management orientation will take place in the fall.

VIII. INFORMATION/OTHER

Kathleen O'Hara presented a FTE chart. ECMCC has 2,840 FTEs. The departments are doing well at managing approved and unapproved overtime.

XII. ADJOURNMENT

Human Resources Committee meeting adjourned at 9:50 am.

ECMCC Management Team

Chief Executive Officer

President & Chief Operating Officer

ERIE COUNTY MEDICAL CENTER CORPORATION

REPORT TO THE BOARD OF DIRECTORS
MARK C. BARABAS, PRESIDENT AND CHIEF OPERATIONS OFFICER
AUGUST 30, 2011

DIALYSIS CENTER

Our Dialysis Center project remains on target. Exterior enclosures and interior framing work continues and the elevator installation work is in-progress. Barring unforeseen circumstances, we expect the building to be completed in December.

TRANSPLANT PROJECT

The occupancy inspection for 10zone2, which is the transplant clinic area toured by the Board during the retreat, is scheduled for August 4th. The clinic section should be occupied shortly thereafter. The completion of the inpatient dialysis section and the vascular access center remain on target for mid-September. That section is being built out on 10zone1.

EMPLOYEE FITNESS CENTER

We expect to select an architect for the Employee Fitness Center shortly which will help keep this project moving forward. Project budget is $400,000.

Chief Financial Officer

Erie County Medical Center Corporation

Internal Financial Reports

For the month ended June 30, 2011

Prepared by ECMCC Finance

Erie County Medical Center Corporation

For the month ended June 30, 2011

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Erie County Medical Center Corporation
Financial Dashboard
June 30, 2011

STATEMENT OF OPERATIONS:

	Month	YTD	YTD Budget
Net patient service revenue	$ 31,767	$ 178,551	$ 193,616
Other	7,408	40,177	35,234
Total revenue	39,175	218,728	228,850
Salary and benefits	21,421	127,946	125,284
Physician fees	3,709	21,822	19,674
Purchased Services	2,587	15,560	16,566
Supplies and other	7,165	40,764	40,508
Depreciation and amortization	1,238	7,431	7,379
Interest	442	2,661	2,660
Bad Debt expense, net of recoveries	1,954	10,985	11,680
Total expenses	38,516	227,169	223,751
Operating Income (Loss)	659	(8,441)	5,099
Non-operating gains (losses)	(1,594)	1,895	1,401
Change in net assets	$ (935)	$ (6,546)	$ 6,500
Operating Margin	1.7%	-3.9%	2.2%

CASH FLOW SUMMARY:

	Month	YTD
Net cash provided by (used in) operating activities	$ 4,167	$ 11,907
Net cash provided by (used in) investing activities	1,949	(10,735)
Net cash provided by (used in) financing activities	(519)	310
Increase/(decrease) in cash and cash equivalents	5,597	1,482
Cash and cash equivalents - beginning	11,025	15,140
Cash and cash equivalents - ending	$ 16,622	$ 16,622

BALANCE SHEET:

Assets:	
Cash & short-term investments	$ 50,464
Patient receivables	44,976
Assets whose use is limited	131,992
Other assets	194,136
	$ 421,568
Liabilities & Net Assets:	
Accounts payable & accrued expenses	$ 103,002
Estimate self insurance reserves	43,576
Other liabilities	84,834
Long-term Debt (including short-term borrowings)	97,150
Net assets	93,006
	$ 421,568
Current ratio (target > 1.5)	1.5
Debt to capitalization (target <60%)	73.9%

KEY STATISTICS:

		Month	YTD	YTD Budget
Discharges:				
- Acute		1,044	5,987	6,122
- Behavioral health, medical and alcohol rehab		265	1,562	1,813
Patient days:				
- Acute		6,210	35,921	36,033
- Behavioral health, medical and alcohol rehab		3,899	23,585	26,565
Average Daily Census:	Hospital	337	329	346
	Hospital-based SNF	133	131	131
	Erie County Home	432	453	484
Average length of stay, acute		5.9	6.0	6.0
Case mix index	MS DRG - CMI	1.37	1.47	1.54
	APR DRG - SIW	1.79	1.71	1.76
Emergency room visits, including admissions		5,362	30,430	30,540
Ambulatory surgeries		705	3,961	3,923
Days in patient receivables		45.6		

Erie County Medical Center Corporation

Balance Sheet
June 30, 2011 and December 31, 2010

(Dollars in Thousands)

	June 30, 2011	Audited December 31, 2010	Change from Prior Year End
ASSETS			
Current assets:			
Cash and cash equivalents	$ 16,622	$ 15,140	$ 1,482
Investments	33,842	72,658	(38,816)
Patient receivables, net	44,976	40,951	4,025
Prepaid expenses, inventories and other receivables	62,226	54,407	7,819
Total Current Assets	157,666	183,156	(25,490)
Assets Whose Use is Limited:			
Designated under self-Insurance programs	47,076	42,500	4,576
Designated by Board	51,292	48,829	2,463
Restricted under debt agreements	11,494	10,294	1,200
Restricted	22,130	21,849	281
	131,992	123,472	8,520
Property and equipment, net	128,074	95,730	32,344
Deferred financing costs	2,391	2,442	(51)
Other assets	1,445	1,345	100
Total Assets	$ 421,568	$ 406,145	$ 15,423
LIABILITIES AND NET ASSETS			
Current Liabilities:			
Current portion of long-term debt	$ 2,250	$ 2,250	$ -
Accounts payable	35,793	24,563	11,230
Accrued salaries and benefits	16,066	15,714	352
Other accrued expenses	26,654	32,197	(5,543)
Estimated third party payer settlements	24,489	23,077	1,412
Total Current Liabilities	105,252	97,801	7,451
Long-term debt	94,900	94,900	-
Estimated self-insurance reserves	43,576	38,850	4,726
Other liabilities	84,834	74,979	9,855
Total Liabilities	328,562	306,530	22,032
Net Assets			
Unrestricted net assets	45,651	52,260	(6,609)
Temporarily restricted net assets	47,355	47,355	0
Total Net Assets	93,006	99,615	(6,609)
Total Liabilities and Net Assets	$ 421,568	$ 406,145	$ 15,423

Erie County Medical Center Corporation

Statement of Operations

For the month ended June 30, 2011

(Dollars in Thousands)

	Actual	Budget	Variance	Prior Year
Operating Revenue:				
Patient Revenue				
Inpatient Services	$ 40,888	$ 41,838	$ (950)	$ 42,153
Outpatient Services	24,817	24,825	(8)	23,379
Gross Patient Revenue	65,705	66,663	(958)	65,532
Less:				
Contractual Allowances	(33,026)	(32,436)	(590)	(31,490)
Charity Care	(912)	(818)	(94)	(1,026)
Total Contractual Allowances & Charity Care	(33,938)	(33,254)	(684)	(32,516)
Net Patient Revenue	31,767	33,409	(1,642)	33,016
Other Operating Revenue	7,408	5,873	1,535	8,661
Total Operating Revenue	39,175	39,282	(107)	41,677
Operating Expenses:				
Salaries / Wages / Contract Labor	12,928	12,468	(460)	12,318
Employee Benefits	8,493	8,296	(197)	8,319
Physician Fees	3,709	3,274	(435)	3,122
Purchased Services	2,587	2,746	159	3,150
Supplies	5,161	4,841	(320)	5,428
Other Expenses	740	625	(115)	553
Utilities	666	667	1	726
Insurance	598	582	(16)	204
Depreciation & Amortization	1,238	1,230	(8)	1,164
Interest	442	441	(1)	450
Provision for Bad Debts	1,954	2,026	72	1,936
Total Operating Expenses	38,516	37,196	(1,320)	37,370
Income (Loss) from Operations	**659**	**2,086**	**(1,427)**	**4,307**
Non-operating gains (losses):				
Settlements with Erie County	(1,011)	-	(1,011)	-
Interest and Dividends	325	-	325	544
Unrealized Gains/(Losses) on Investments	(908)	234	(1,142)	(942)
Non-operating Gains(Losses), net	(1,594)	234	(1,828)	(398)
Excess of (Deficiency) of Revenue Over Expenses	$ (935)	$ 2,320	$ (3,255)	$ 3,909

Erie County Medical Center Corporation

Statement of Operations

For the six months ended June 30, 2011

(Dollars in Thousands)

	Actual	Budget	Variance	Prior Year
Operating Revenue:				
Patient Revenue				
Inpatient Services	$ 235,989	$ 247,034	$ (11,045)	$ 247,724
Outpatient Services	134,719	134,546	173	127,256
Gross Patient Revenue	370,708	381,580	(10,872)	374,980
Less:				
Contractual Allowances	(186,503)	(183,328)	(3,175)	(187,189)
Charity Care	(5,654)	(4,636)	(1,018)	(4,372)
Total Contractual Allowances & Charity Care	(192,157)	(187,964)	(4,193)	(191,561)
Net Patient Revenue	178,551	193,616	(15,065)	183,419
Other Operating Revenue	40,177	35,234	4,943	31,856
Total Operating Revenue	218,728	228,850	(10,122)	215,275
Operating Expenses:				
Salaries / Wages / Contract Labor	77,254	75,230	(2,024)	73,111
Employee Benefits	50,692	50,054	(638)	47,449
Physician Fees	21,822	19,674	(2,148)	20,214
Purchased Services	15,560	16,566	1,006	16,928
Supplies	28,935	29,206	271	28,309
Other Expenses	4,223	3,769	(454)	3,731
Utilities	4,001	4,024	23	4,000
Insurance	3,605	3,509	(96)	2,247
Depreciation & Amortization	7,431	7,379	(52)	6,986
Interest	2,661	2,660	(1)	2,716
Provision for Bad Debts	10,985	11,680	695	10,994
Total Operating Expenses	227,169	223,751	(3,418)	216,685
Income (Loss) from Operations	**(8,441)**	**5,099**	**(13,540)**	**(1,410)**
Non-operating Gains (Losses)				
Settlements with Erie County	(1,011)	-	(1,011)	-
Interest and Dividends	2,072	-	2,072	1,952
Unrealized Gains/(Losses) on Investments	834	1,401	(567)	(551)
Non Operating Gains (Losses), net	1,895	1,401	494	1,401
Excess of (Deficiency) of Revenue Over Expenses	$ (6,546)	$ 6,500	$ (13,046)	$ (9)

Erie County Medical Center Corporation

Statement of Changes in Net Assets

For the month and six months ended June 30, 2011

(Dollars in Thousands)

	Month	Year-to-Date
UNRESTRICTED NET ASSETS		
Excess (Deficiency) of Revenue Over Expenses	$ (935)	$ (6,546)
Other Transfers, Net	(44)	(373)
Contributions for Capital Acquisitions	(519)	310
Net Assets Released from Restrictions for Capital Acquisition	-	-
Change in Unrestricted Net Assets	(1,498)	(6,609)
TEMPORARILY RESTRICTED NET ASSETS		
Contributions, Bequests, and Grants	-	-
Net Assets Released from Restrictions for Operations	-	-
Net Assets Released from Restrictions for Capital Acquisition	-	-
Change in Temporarily Restricted Net Assets	-	-
Change in Total Net Assets	(1,498)	(6,609)
Net Assets, Beginning of Period	94,504	99,615
NET ASSETS, End of Period	**$ 93,006**	**$ 93,006**

Erie County Medical Center Corporation

Statement of Cash Flows

For the month and six months ended June 30, 2011

(Dollars in Thousands)

	Month	Year-to-Date
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	$ (1,498)	$ (6,609)
Adjustments to Reconcile Changes in Net Assets to Net Cash Provided by (Used in) Operating Activities:		
Depreciation and amortization	1,238	7,431
Provision for bad debt expense	1,954	10,985
Net Change in unrealized (gains) losses on Investments	(908)	834
Transfer to component unit - Grider Initiative, Inc.	44	373
Capital contribution - Erie County	519	(310)
Changes in Operating Assets and Liabilities:		
Patient receivables	(2,643)	(15,010)
Prepaid expenses, inventories and other receivables	1,980	(7,819)
Accounts payable	1,968	11,230
Accrued salaries and benefits	(1,117)	352
Estimated third party payer settlements	2,604	1,412
Other accrued expenses	(2,579)	(5,543)
Self Insurance reserves	875	4,726
Other liabilities	1,730	9,855
Net Cash Provided by (Used in) Operating Activities	4,167	11,907
CASH FLOWS FROM INVESTING ACTIVITIES		
Additions to Property and Equipment, net		
Campus expansion	(3,629)	(26,132)
Routine capital	(452)	(13,592)
Decrease (increase) in assets whose use is limited	(1,843)	(8,520)
Purchases of investments, net	7,917	37,982
Investment in component unit - Grider Initiative, Inc.	(44)	(373)
Change in other assets	-	(100)
Net Cash Provided by (Used in) Investing Activities	1,949	(10,735)
CASH FLOWS FROM FINANCING ACTIVITIES		
Capital contributions	(519)	310
Principal payments on long-term debt	-	-
Net Cash Provided by (Used in) Financing Activities	(519)	310
Increase (Decrease) in Cash and Cash Equivalents	5,597	1,482
Cash and Cash Equivalents, Beginning of Period	11,025	15,140
Cash and Cash Equivalents, End of Period	$ 16,622	$ 16,622

Erie County Medical Center Corporation

Statistical and Ratio Summary

	Current Year Six months ended June 30, 2011	*Prior Year* December 31, 2010	ECMCC 3 Year Avg. 2008 - 2010
Liquidity Ratios:			
Current Ratio	1.5	1.9	2.1
Days in Patient A/R - Net of Advances	45.6	41.2	42.1
Days Expenses in Current Liabilities	85.8	84.8	79.9
Days Operating Cash Available - all sources	139.4	156.2	161.1
Cash to Debt	176.0%	184.4%	175.4%
Capital Ratios:			
Long-Term Debt to Fixed Assets	74.1%	99.1%	122.8%
Assets Financed by Liabilities	77.9%	75.5%	73.1%
EBIDA Debt Service Coverage (Covenant 1.1	0.4	2.8	2.2
Capital Expense	2.2%	1.8%	1.9%
Debt to Capitalization	73.9%	65.0%	55.6%
Average Age of Plant	16.9	22.2	22.6
Debt Service as % of NPSR	2.1%	2.1%	2.1%
Capital as a % of Depreciation	351.7%	229.5%	142.7%
Profitability Ratios:			
Operating Margin	-3.9%	0.5%	-0.5%
Net Profit Margin	-3.7%	0.8%	-0.5%
Return on Total Assets	-3.1%	0.7%	0.3%
Return on Equity	-14.1%	2.9%	0.4%
Productivity and Cost Ratios:			
Total Asset Turnover	1.0	1.1	1.1
Total Operating Revenue per FTE	$158,098	$151,244	$ 144,557
Personnel Costs as % of Total Revenue	58.5%	53.6%	54.6%

Internal Financial Reports

For the month ended July 31, 2011

Prepared by ECMCC Finance

Erie County Medical Center Corporation

For the month ended July 31, 2011

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Erie County Medical Center Corporation
Financial Dashboard
July 31, 2011

STATEMENT OF OPERATIONS:

	Month	YTD	YTD Budget
Net patient service revenue	$ 30,720	$ 209,271	$ 226,276
Other	8,054	48,230	40,440
Total revenue	38,774	257,501	266,716
Salary and benefits	21,845	149,791	146,734
Physician fees	3,628	25,450	22,975
Purchased Services	2,459	18,018	19,404
Supplies and other	6,793	47,559	47,446
Depreciation and amortization	1,238	8,669	8,609
Interest	457	3,118	3,116
Bad Debt expense, net of recoveries	1,894	12,878	13,652
Total expenses	38,314	265,483	261,936
Operating income (loss)	460	(7,982)	4,780
Non-operating gains (losses)	107	2,002	1,635
Change in net assets	$ 567	$ (5,980)	$ 6,415
Operating margin	1.2%	-3.1%	1.8%

CASH FLOW SUMMARY:

	Month	YTD
Net cash provided by (used in):		
- Operating activities	$ 4,378	$ 16,284
- Investing activities	(8,547)	(19,282)
- Financing activities	-	310
Increase/(decrease) in cash and cash equivalents	(4,169)	(2,688)
Cash and cash equivalents - beginning	16,622	15,140
Cash and cash equivalents - ending	$ 12,453	$ 12,452

BALANCE SHEET:

Assets:	
Cash & short-term investments	$ 43,802
Patient receivables	42,308
Assets whose use is limited	135,247
Other assets	204,667
	$ 426,024
Liabilities & Net Assets:	
Accounts payable & accrued expenses	$ 103,790
Estimate self insurance reserves	44,495
Other liabilities	86,563
Long-term Debt (including short-term borrowings)	97,150
Net assets	94,026
	$ 426,024
Current ratio (target > 1.5)	1.4
Debt to capitalization (target <60%)	67.5%

KEY STATISTICS:

		Month	YTD	YTD Budget
Discharges:				
- Acute		1,018	7,005	7,176
- Behavioral health, medical and alcohol rehab		205	1,767	2,101
Patient days:				
- Acute		6,875	42,796	42,461
- Behavioral health, medical and alcohol rehab		4,065	27,650	31,196
Average Daily Census:	Hospital	353	332	347
	Hospital-based SNF	130	131	131
	Erie County Home	431	450	484
Average length of stay, acute		6.8	6.1	5.9
Case mix index	MS DRG - CMI	1.56	1.47	1.54
	APR DRG - SIW	1.80	1.71	1.76
Emergency room visits, including admissions		5,840	36,270	36,171
Ambulatory surgeries		607	4,568	4,605
Days in patient receivables		42.9		

Erie County Medical Center Corporation

Balance Sheet
July 31, 2011 and December 31, 2010

(Dollars in Thousands)

	July 31, 2011	Audited December 31, 2010	Change from Prior Year End
ASSETS			
Current assets:			
Cash and cash equivalents	$ 12,452	$ 15,140	$ (2,688)
Investments	31,350	72,658	(41,308)
Patient receivables, net	42,308	40,951	1,357
Prepaid expenses, inventories and other receivables	65,796	54,407	11,389
Total Current Assets	151,906	183,156	(31,250)
Assets Whose Use is Limited:			
Designated under self-Insurance programs	48,971	42,500	6,471
Designated by Board	51,725	48,829	2,896
Restricted under debt agreements	12,122	10,294	1,828
Restricted	22,429	21,849	580
	135,247	123,472	11,775
Property and equipment, net	134,494	95,730	38,764
Deferred financing costs	2,382	2,442	(60)
Other assets	1,995	1,345	650
Total Assets	$ 426,024	$ 406,145	$ 19,879
LIABILITIES AND NET ASSETS			
Current Liabilities:			
Current portion of long-term debt	$ 2,250	$ 2,250	$ -
Accounts payable	35,924	24,563	11,361
Accrued salaries and benefits	17,637	15,714	1,923
Other accrued expenses	25,187	32,197	(7,010)
Estimated third party payer settlements	25,042	23,077	1,965
Total Current Liabilities	106,040	97,801	8,239
Long-term debt	94,900	94,900	-
Estimated self-insurance reserves	44,495	38,850	5,645
Other liabilities	86,563	74,979	11,584
Total Liabilities	331,998	306,530	25,468
Net Assets			
Unrestricted net assets	46,671	52,260	(5,589)
Temporarily restricted net assets	47,355	47,355	0
Total Net Assets	94,026	99,615	(5,589)
Total Liabilities and Net Assets	$ 426,024	$ 406,145	$ 19,879

Erie County Medical Center Corporation

Statement of Operations

For the month ended July 31, 2011

(Dollars in Thousands)

	Actual	Budget	Variance	Prior Year
Operating Revenue:				
Patient Revenue				
Inpatient Services	$ 42,026	$ 43,378	$ (1,352)	$ 44,265
Outpatient Services	21,841	22,585	(744)	23,938
Gross Patient Revenue	63,867	65,963	(2,096)	68,203
Less:				
Contractual Allowances	(32,148)	(32,488)	340	(36,482)
Charity Care	(999)	(815)	(184)	(617)
Total Contractual Allowances & Charity Care	(33,147)	(33,303)	156	(37,099)
Net Patient Revenue	30,720	32,660	(1,940)	31,104
Disproportionate Share/IGT Revenue	6,056	3,850	2,206	4,007
Other Revenue	1,998	1,356	642	1,341
Total Operating Revenue	38,774	37,866	908	36,452
Operating Expenses:				
Salaries / Wages / Contract Labor	13,174	12,877	(297)	12,000
Employee Benefits	8,671	8,573	(98)	8,213
Physician Fees	3,628	3,301	(327)	3,323
Purchased Services	2,459	2,837	378	2,519
Supplies	4,990	5,002	12	5,181
Other Expenses	684	645	(39)	820
Utilities	521	690	169	607
Insurance	598	601	3	343
Depreciation & Amortization	1,238	1,230	(8)	1,163
Interest	457	456	(1)	465
Provision for Bad Debts	1,894	1,972	78	2,013
Total Operating Expenses	38,314	38,184	(130)	36,647
Income (Loss) from Operations	**460**	**(318)**	**778**	**(195)**
Non-operating gains (losses):				
Interest and Dividends	68	-	68	126
Unrealized Gains/(Losses) on Investments	39	233	(194)	1,156
Non-operating Gains(Losses), net	107	233	(126)	1,282
Excess of (Deficiency) of Revenue Over Expenses	$ 567	$ (85)	$ 652	$ 1,087

Erie County Medical Center Corporation

Statement of Operations

For the seven months ended July 31, 2011

(Dollars in Thousands)

	Actual	Budget	Variance	Prior Year
Operating Revenue:				
Patient Revenue				
Inpatient Services	$ 278,015	$ 290,412	$ (12,397)	$ 291,990
Outpatient Services	156,560	157,131	(571)	151,194
Gross Patient Revenue	434,575	447,543	(12,968)	443,184
Less:				
Contractual Allowances	(218,653)	(215,816)	(2,837)	(223,670)
Charity Care	(6,651)	(5,451)	(1,200)	(4,990)
Total Contractual Allowances & Charity Care	(225,304)	(221,267)	(4,037)	(228,660)
Net Patient Revenue	209,271	226,276	(17,005)	214,524
Disproportionate Share/IGT Revenue	29,857	26,951	2,906	28,050
Other Revenue	18,373	13,489	4,884	9,153
Total Operating Revenue	257,501	266,716	(9,215)	251,727
Operating Expenses:				
Salaries / Wages / Contract Labor	90,428	88,107	(2,321)	85,112
Employee Benefits	59,363	58,627	(736)	55,662
Physician Fees	25,450	22,975	(2,475)	23,537
Purchased Services	18,018	19,404	1,386	19,447
Supplies	33,925	34,208	283	33,488
Other Expenses	4,907	4,415	(492)	4,551
Utilities	4,523	4,713	190	4,607
Insurance	4,204	4,110	(94)	2,590
Depreciation & Amortization	8,669	8,609	(60)	8,149
Interest	3,118	3,116	(2)	3,181
Provision for Bad Debts	12,878	13,652	774	13,008
Total Operating Expenses	265,483	261,936	(3,547)	253,332
Income (Loss) from Operations	**(7,982)**	**4,780**	**(12,762)**	**(1,605)**
Non-operating Gains (Losses)				
Settlements with Erie County	(1,011)	-	(1,011)	-
Interest and Dividends	2,140	-	2,140	2,078
Unrealized Gains/(Losses) on Investments	873	1,635	(762)	606
Non Operating Gains (Losses), net	2,002	1,635	367	2,684
Excess of (Deficiency) of Revenue Over Expenses	$ (5,980)	$ 6,415	$ (12,395)	$ 1,079

Erie County Medical Center Corporation

Statement of Changes in Net Assets

For the month and seven months ended July 31, 2011

(Dollars in Thousands)

	Month	Year-to-Date
UNRESTRICTED NET ASSETS		
Excess (Deficiency) of Revenue Over Expenses	$ 567	$ (5,980)
Other Transfers, Net	454	81
Contributions for Capital Acquisitions	-	310
Net Assets Released from Restrictions for Capital Acquisition	-	-
Change in Unrestricted Net Assets	1,021	(5,589)
TEMPORARILY RESTRICTED NET ASSETS		
Contributions, Bequests, and Grants	-	-
Net Assets Released from Restrictions for Operations	-	-
Net Assets Released from Restrictions for Capital Acquisition	-	-
Change in Temporarily Restricted Net Assets	-	-
Change in Total Net Assets	1,021	(5,589)
Net Assets, Beginning of Period	93,006	99,616
NET ASSETS, End of Period	**$ 94,027**	**$ 94,027**

Erie County Medical Center Corporation

Statement of Cash Flows

For the month and seven months ended July 31, 2011

(Dollars in Thousands)

	Month	Year-to-Date
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	$ 1,021	$ (5,589)
Adjustments to Reconcile Changes in Net Assets to Net Cash Provided by (Used in) Operating Activities:		
Depreciation and amortization	1,238	8,669
Provision for bad debt expense	1,894	12,878
Net Change in unrealized (gains) losses on Investments	39	873
Transfer to component unit - Grider Initiative, Inc.	(454)	(81)
Capital contribution - Erie County	-	(310)
Changes in Operating Assets and Liabilities:		
Patient receivables	773	(14,235)
Prepaid expenses, inventories and other receivables	(3,570)	(11,389)
Accounts payable	131	11,361
Accrued salaries and benefits	1,571	1,923
Estimated third party payer settlements	553	1,965
Other accrued expenses	(1,467)	(7,010)
Self Insurance reserves	919	5,645
Other liabilities	1,729	11,584
Net Cash Provided by (Used in) Operating Activities	4,377	16,284
CASH FLOWS FROM INVESTING ACTIVITIES		
Additions to Property and Equipment, net		
Campus expansion	(2,233)	(30,249)
Routine capital	(5,416)	(17,124)
Decrease (increase) in assets whose use is limited	(3,255)	(11,775)
Purchases of investments, net	2,453	40,435
Investment in component unit - Grider Initiative, Inc.	454	81
Change in other assets	(550)	(650)
Net Cash Provided by (Used in) Investing Activities	(8,547)	(19,282)
CASH FLOWS FROM FINANCING ACTIVITIES		
Capital contributions	-	310
Principal payments on long-term debt	-	-
Net Cash Provided by (Used in) Financing Activities	-	310
Increase (Decrease) in Cash and Cash Equivalents	(4,170)	(2,688)
Cash and Cash Equivalents, Beginning of Period	16,622	15,140
Cash and Cash Equivalents, End of Period	$ 12,452	$ 12,452

Erie County Medical Center Corporation

Statistical and Ratio Summary

	Current Year Seven months ended July 31, 2011	*Prior Year* December 31, 2010	ECMCC 3 Year Avg. 2008 - 2010
Liquidity Ratios:			
Current Ratio	1.4	1.9	2.1
Days in Patient A/R - Net of Advances	42.9	41.2	42.1
Days Expenses in Current Liabilities	86.8	84.8	79.9
Days Operating Cash Available - all sources	136.6	156.2	161.1
Cash to Debt	171.8%	184.4%	175.4%
Capital Ratios:			
Long-Term Debt to Fixed Assets	70.6%	99.1%	122.8%
Assets Financed by Liabilities	77.9%	75.5%	73.1%
EBIDA Debt Service Coverage (Covenant > 1.1)	0.9	2.8	2.2
Capital Expense	2.1%	1.8%	1.9%
Debt to Capitalization	67.5%	65.0%	55.6%
Average Age of Plant	17.1	22.2	22.6
Debt Service as % of NPSR	2.1%	2.1%	2.1%
Capital as a % of Depreciation	348.9%	229.5%	142.7%
Profitability Ratios:			
Operating Margin	-3.1%	0.5%	-0.5%
Net Profit Margin	-2.9%	0.8%	-0.5%
Return on Total Assets	-2.4%	0.7%	0.3%
Return on Equity	-10.9%	2.9%	0.4%
Productivity and Cost Ratios:			
Total Asset Turnover	1.0	1.1	1.1
Total Operating Revenue per FTE	$158,219	$151,244	$ 144,557
Personnel Costs as % of Total Revenue	58.2%	53.6%	54.6%

Erie County Medical Center Corporation

Key Statistics

For the month and seven months ended July 31, 2011

Current Period					Year to Date			
Actual	**Budget**	**% to Budget**	**Prior Year**		**Actual**	**Budget**	**% to Budget**	**Prior Year**
				Discharges:				
1,018	1,054	-3.4%	1,029	Acute	7,005	7,176	-2.4%	6,862
153	211	-27.5%	200	Psych	1,343	1,541	-12.8%	1,464
27	38	-28.9%	34	Rehab	202	247	-18.2%	248
25	39	-35.9%	36	Alcohol Rehab	222	313	-29.1%	305
1,223	1,342	-8.9%	1,299	Total Acute Discharges	8,772	9,277	-5.4%	8,879
				Patient Days:				
6,875	6,428	7.0%	6,601	Acute	42,796	42,461	0.8%	42,606
2,727	2,811	-3.0%	2,806	Psych	18,185	19,162	-5.1%	19,166
784	970	-19.2%	817	Rehab	5,122	5,844	-12.4%	5,743
554	850	-34.8%	822	Alcohol Rehab	4,343	6,190	-29.8%	6,071
10,940	11,059	-1.1%	11,046	Total Acute Days	70,446	73,657	-4.4%	73,586
				Average Daily Census:				
222	207	7.0%	213	Acute	202	200	0.8%	201
88	91	-3.0%	91	Psych	86	90	-5.1%	90
25	31	-19.2%	26	Rehab	24	28	-12.4%	27
18	27	-34.8%	27	Alcohol Rehab	20	29	-29.8%	29
353	357	-1.1%	356	Total Acute ADC	332	347	-4.4%	347
				Average Length of Stay:				
6.8	6.1	10.7%	6.4	Acute	6.1	5.9	3.2%	6.2
17.8	13.3	33.8%	14.0	Psych	13.5	12.4	8.9%	13.1
29.0	25.5	13.8%	24.0	Rehab	25.4	23.7	7.2%	23.2
22.2	21.8	1.7%	22.8	Alcohol Rehab	19.6	19.8	-1.1%	19.9
8.9	8.2	8.5%	8.5	Average Acute Length of Stay	8.0	7.9	1.1%	8.3
4,017	4,030	-0.3%	4,041	SNF Days	27,806	27,688	0.4%	27,846
130	130	0.0%	130	SNF ADC	131	131	0.0%	131
				Occupancy:				
64.2%	64.9%	-1.1%	64.8%	% of acute licensed beds	60.4%	63.2%	-4.4%	63.1%
81.9%	82.4%	-0.6%	82.7%	% of acute available beds	81.2%	80.2%	1.3%	80.5%
85.4%	86.6%	-1.3%	86.3%	% of acute staffed beds	82.9%	84.3%	-1.7%	84.0%
				Case Mix Index:				
1.56	1.54	1.6%	1.59	MS DRG - CMI	1.47	1.54	-4.2%	1.59
1.80	1.76	1.8%	1.83	APR DRG - SIW	1.71	1.76	-2.9%	1.83
116	165	-29.7%	155	Observation Visits	942	1,088	-13.4%	1,017
464	437	6.2%	392	Inpatient Surgeries	2,737	2,812	-2.7%	2,572
607	682	-11.0%	648	Outpatient Surgeries	4,568	4,605	-0.8%	4,420
24,879	26,863	-7.4%	24,427	Outpatient Visits	198,924	198,481	0.2%	192,078
5,840	5,631	3.7%	5,477	Emergency Visits	36,270	36,171	0.3%	34,952
41.2	45.0	-8.4%	45.4	Days in A/R	41.2	45.0	-8.4%	45.4
6.5%	6.4%	1.0%	6.9%	Bad Debt as a % of Net Revenue	6.5%	6.4%	0.7%	6.4%
2,395	2,417	-0.9%	2,418	FTE's	2,393	2,417	-1.0%	2,383
3.15	3.14	0.3%	3.10	FTE's per adjusted occupied bed	3.17	3.15	0.8%	3.15
$ 13,433	$ 12,962	3.6%	$ 12,504	Net Revenue per Adjusted Discharge	$ 12,289	$ 12,777	-3.8%	$ 12,686
$ 16,825	$ 14,933	12.7%	$ 14,525	Cost per Adjusted Discharge	$ 15,354	$ 14,561	5.4%	$ 14,715
Erie County Home:								
13,364	14,880	-10.2%	15,005	Patient Days	95,347	102,558	-7.0%	106,975
431	496	-13.1%	484	Average Daily Census	450	484	-7.0%	505
73.6%	84.6%	-13.1%	82.6%	Occupancy - % of licensed beds	76.7%	82.6%	-7.0%	86.1%
396	424	-6.7%	443	FTE's	419	424	-1.1%	465

Erie County Medical Center Corporation

Key Statistics

Period Ended June 30, 2011

Current Period					Year to Date			
Actual	Budget	% to Budget	Prior Year		Actual	Budget	% to Budget	Prior Year
				Discharges:				
1,044	1,048	-0.4%	994	Acute	5,987	6,122	-2.2%	5,833
204	223	-8.5%	220	Psych	1,190	1,330	-10.5%	1,264
36	30	20.0%	36	Rehab	175	209	-16.3%	214
25	46	-45.7%	46	Alcohol Rehab	197	274	-28.1%	269
1,309	1,347	-2.8%	1,296	Total Acute Discharges	7,549	7,935	-4.9%	7,580
				Patient Days:				
6,210	6,315	-1.7%	6,275	Acute	35,921	36,033	-0.3%	36,005
2,550	2,757	-7.5%	2,751	Psych	15,458	16,351	-5.5%	16,360
802	762	5.2%	825	Rehab	4,338	4,874	-11.0%	4,926
547	812	-32.6%	801	Alcohol Rehab	3,789	5,340	-29.0%	5,249
10,109	10,646	-5.0%	10,652	Total Acute Days	59,506	62,598	-4.9%	62,540
				Average Daily Census:				
207	211	-1.7%	209	Acute	198	199	-0.3%	199
85	92	-7.5%	92	Psych	85	90	-5.5%	90
27	25	5.2%	28	Rehab	24	27	-11.0%	27
18	27	-32.6%	27	Alcohol Rehab	21	30	-29.0%	29
337	355	-5.0%	355	Total Acute ADC	329	346	-4.9%	346
				Average Length of Stay:				
5.9	6.0	-1.3%	6.3	Acute	6.0	5.9	1.9%	6.2
12.5	12.4	1.1%	12.5	Psych	13.0	12.3	5.7%	12.9
22.3	25.4	-12.3%	22.9	Rehab	24.8	23.3	6.3%	23.0
21.9	17.7	24.0%	17.4	Alcohol Rehab	19.2	19.5	-1.3%	19.5
7.7	7.9	-2.3%	8.2	Average Acute Length of Stay	7.9	7.9	-0.1%	8.3
3,978	3,928	1.3%	3,913	SNF Days	23,789	23,658	0.6%	23,805
133	131	1.3%	130	SNF ADC	131	131	0.6%	132
				Occupancy:				
61.3%	64.5%	-5.0%	64.6%	% of acute licensed beds	59.8%	62.9%	-4.9%	62.8%
82.4%	82.0%	0.5%	82.4%	% of acute available beds	80.4%	79.9%	0.6%	80.2%
84.0%	86.1%	-2.4%	86.0%	% of acute staffed beds	82.0%	83.9%	-2.3%	83.7%
				Case Mix Index:				
1.37	1.54	-11.2%	1.54	MS DRG - CMI	1.47	1.54	-4.2%	1.54
1.79	1.76	1.3%	1.77	APR DRG - SIW	1.71	1.76	-2.9%	1.77
132	152	-13.2%	142	Observation Visits	826	923	-10.5%	862
404	419	-3.6%	373	Inpatient Surgeries	2,273	2,375	-4.3%	2,180
705	724	-2.6%	692	Outpatient Surgeries	3,961	3,923	1.0%	3,772
29,929	32,031	-6.6%	30,755	Outpatient Visits	174,029	171,618	1.4%	167,651
5,362	5,540	-3.2%	5,293	Emergency Visits	30,430	30,540	-0.4%	29,475
40.7	45.0	-10.4%	45.3	Days in A/R	40.7	45.0	-10.4%	45.3
6.4%	6.4%	-0.5%	6.2%	Bad Debt as a % of Net Revenue	6.5%	6.4%	0.6%	6.4%
2,381	2,417	-1.5%	2,394	FTE's	2,393	2,417	-1.0%	2,377
3.03	2.99	1.4%	3.05	FTE's per adjusted occupied bed	3.18	3.12	1.9%	3.16
$ 12,362	$ 12,610	-2.0%	$ 13,264	Net Revenue per Adjusted Discharge	$ 12,103	$ 12,745	-5.0%	$ 12,718
$ 14,667	$ 14,186	3.4%	$ 14,580	Cost per Adjusted Discharge	$ 15,116	$ 14,498	4.3%	$ 14,749
Erie County Home:								
12,955	14,559	-11.0%	14,548	Patient Days	81,983	87,678	-6.5%	91,970
432	485	-11.0%	485	Average Daily Census	453	484	-6.5%	508
73.7%	82.8%	-11.0%	82.8%	Occupancy - % of licensed beds	77.3%	82.7%	-6.5%	86.7%
386	424	-9.1%	449	FTE's	419	424	-1.1%	469

Sr. Vice President of Operations
- Richard Cleland -

ERIE COUNTY MEDICAL CENTER CORPORATION

REPORT TO THE BOARD OF DIRECTORS
RICHARD C. CLELAND, MPA, FACHE, NHA
SENIOR VICE PRESIDENT OPERATIONS
AUGUST 30, 2011

LONG TERM CARE-ERIE COUNTY HOME/ECMC SNF:

Erie County Home has completed the downsizing of 160 beds and is currently looking to close down unit R by August 1, 2011. There are 12 beds remaining on unit R;

Construction of the new nursing home started on June 13, 2011. Our completion date has been estimated to be 12/21/12;

Judith Hutson-Administrator of the Skilled Nursing Facility has announced her retirement effective July 31, 2011. A search for her replacement has begun;

Groundbreaking event for the new nursing home took place on July 14, 2011;

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

The Behavioral Health Steering Committee has continued to meet bi-weekly and bring about great improvement to the overall programs and services that we provide;

Meetings are underway with community partner pertaining to the chemical dependency outpatient clinics (Northern Erie and Down Town Clinics). Meetings are exploratory in nature and will determine specific direction we will take pertaining to major changes in reimbursement;

We are also exploring the concept of a Behavioral Health Urgent Center which would be utilized to reduce CPEP congestion, handle lower level behavioral health needs (medication changes, anxiety etc.), avoid readmissions and used for discharge planning follow-up;

We have implemented a Psychiatric Rapid Response initiative. This will help reduce/eliminate the level of security on the inpatient behavioral health units. In addition, increase the therapeutic value of the program;

Our annual OMH inpatient adolescent and adult survey took place July 6, 2011- July 8, 2011. We are optimistic that we will be securing a (1) year annual operating license;

We will be submitting a 501 waiver on August 15, 2011 to OMH. This waiver will be the first step in the approval process for ECMCC to relocate the CPEP-EOB beds to the 4th floor. This would allow opening up a very small and congested area to handle the highest CPEP volume in NY State;

REHABILITATION SERVICES:

Outpatient budget volumes exceeding budget by 5%;

Implemented collection of both self-pay and poverty level patients in May;

Reorganization of the rehabilitation services department was rolled out in early June. The change resulted in the introduction of Product Line Management Model. This new model collapses the department of nursing and rehabilitation services into one comprehensive integrated delivery service. Dawn Walters was appointed Vice President of Nursing and Rehabilitation Services. Dawn will oversee the inpatient services. Mike Abrams-Supervisor of Physical Therapy will oversee the therapy component and report directly to Dawn. Barb Rosen will only oversee the Outpatient Rehabilitation Services areas (See attached organizational chart);

HYPERBARIC/WOUND CENTER (HWC):

DURING THE MONTH OF JUNE, CENTER HAD 142 ACTIVE PATIENTS

- 32 NEW PATIENTS;
- 272 ENCOUNTERS;
- 88 HYPERBARIC TREATMENTS;
- 90% PATIENT SATISFACTION RATING;

TRANSITIONAL CARE UNIT (TCU):

The TCU was approved. See the attached correspondence from the New York State Department of Health. Meetings currently being scheduled to map out a schedule, time frame and construction costs;

SECURITY/POLICE:

Our second K-9 Units which consists of Officer Hoerner and CJ continues training and recently passed the New York State Canine Certification School. CJ should be in site in the next 30 days;

FOOD AND NUTRITIONAL SERVICES:

Provided all the food and drink for ECMC's Employee Picnic. This took place on July 21;

Brian Haley is working very closely with Donna Brown and the Customer Experience Committee. The focus is on modifying menus, providing healthy meals, and meeting patient's requests and reducing complaints;

Some of the new menu items include:

- Beef Burgundy over Noodles
- Carolina Barbecue Pork Roast
- Bayou Turkey Burger w Roasted Peppers

NEW YORK
state department of
HEALTH

Nirav R. Shah, M.D., M.P.H.
Commissioner

Sue Kelly
Executive Deputy Commissioner

July 11, 2011

Mr. Richard C. Cleland
Senior Vice President of Operations
Erie County Medical Center Corporation
462 Grider Street
Buffalo, New York 14215

RE: 102365-T
Erie County Medical Center
(Erie County)
Transitional Care Demonstration Project
($ 952,656)

Dear Mr. Cleland:

The Department of Health proposes to approve the above application in accordance with the full review provisions set forth in 10 NYCRR section 710.1(c)(2). Approval of this application is subject to the enclosed contingencies first being satisfied.

In addition to contingencies, the Department proposes to approve this application with the enclosed conditions. You are expected to comply with these conditions throughout the operation of this project.

A certified check in the amount of $ 5,200 and three (3) copies of documentation that addresses the enclosed contingencies must be sent, within sixty (60) days of receipt of this letter to:

Keith McCarthy
Acting Director
Bureau of Project Management
Division of Health Facility Planning
Office of Health Systems Management
NYS Department of Health
433 River Street, 6th Floor
Troy, New York 12180-2299
(518) 402-0911

Failure to meet the 60-day deadline could result in this project being deemed abandoned as set forth in 10 NYCRR section 710.10(c)(1).

Pursuant to the provisions of 10 NYCRR Parts 86 and 710, you may not begin the construction or operation of any aspect of this project, or receive reimbursement for any associated costs, unless all required written approvals are obtained. Before beginning any aspect of this project, you must complete the following steps:

- submit written materials to satisfy the enclosed contingencies and receive written approval from the Division of Health Facility Planning (DHFP) indicating satisfaction of all contingencies;

- develop a plan to ensure the health and safety of all patients and staff during construction. This plan must comply with all applicable sections of the National Fire Prevention Association (NFPA) 101 Life Safety Code (1997 Edition) and all applicable sections of the State Hospital Code during construction. The plan may require you to separate residents, patients, staff and essential support services from the construction site and/or provide them with an alternative means of egress. Please have the plan available to regional office staff at the time of their on-site visit.

You are responsible for ensuring that this project complies with all applicable statutes, codes, rules and regulations. Should violations be found when reviewing documents, or at the time of on-site inspections or surveys, you will be required to correct them. Additional costs incurred to address any violations will not be eligible for reimbursement without prior approval by the Department. Also, in accordance with 10 NYCRR section 710.5, any change in the scope of this project must receive prior approval from the Department and may require a new or amended application.

If you have any questions concerning this letter, please contact the Bureau of Project Management at (518) 402-0911.

Sincerely,

Richard M. Cook

Richard M. Cook
Deputy Commissioner
Office of Health Systems Management

Enclosures

102365-T Erie County Medical Center

Approval contingent upon:

1. Submission of a check for the amount enumerated in the approval letter, payable to the New York State Department of Health. Public Health Law Section 2802.7 states that all construction applications requiring review by the Public Health and Health Planning Council shall pay an additional fee of fifty-five hundredths of one percent of the total capital value of the project, exclusive of CON fees. [PMU]

Approval conditional upon:

1. The submission of State Hospital Code (SHC) Drawings for review and approval, as described in BAEFP Drawing Submission Guidelines DSG-01 (AER).

2. The submission of Final Construction Documents, as described in BAEFP Drawing Submission Guidelines DSG-01, prior to the applicant's request for, and Department's granting approval for the start of construction (AER).

3. The applicant shall complete construction by December 1, 2013. In accordance with 10 NYCRR Part 710.2(b)(5) and 710.10(a), if construction is not completed on or before that date, this may constitute abandonment of the approval and this approval shall be deemed cancelled, withdrawn and annulled without further action by the Commissioner.

Sr. Vice President of Operations
- Ronald Krawiec -

Erie County Medical Center Corporation
Report to the Board of Directors
Ronald J. Krawiec, Senior Vice President of Operations
August 30, 2011

PHARMACEUTICAL SERVICES – RANDY GERWITZ

The Department of Pharmaceutical Services (DPS) is pleased to report that James Menefee, the Pharmacy purchasing clerk and board member of the National Pharmacy Purchasing Association (NPPA), is the author of the NPPA Code of Ethics and Conduct. The code was published in the June issue of the NPPA newsletter, *Pharmacy Purchasing Outlook.*

The DPS continues to report favorable financials for 2011 and YTD through June was $272,000 or 3.7% under budget. Efforts to control overtime expenses have contributed to favorable 2.3% variance in salary costs year to date despite higher FTE numbers. Through June 2010, Pharmacy reported 48.9 FTEs compared to 49.9 FTEs reported for the same time frame 2011. Actual savings related to overtime compared to 2010 through the 16th pay period are:

Year	Hours	Dollars	FTE
2010	947.45	28,083.62	.74
2011	459.38	14,903.79	.36

The DPS, in collaboration with administration and a team from our long term care units, successfully worked to implement a 340B contract pharmacy agreement to realize significant savings related to medications provided to the patients of the Erie County Home and our Skilled Nursing Facility. Gross revenues associated with this initiative exceeded $200,000 in the first six weeks of the program. This revenue off-sets the majority of medication costs associated with the insured and uninsured patients of both facilities. The DPS also provides a part-time consultant pharmacist to the SNF units. She reviewed all patients' therapies to ensure that optimal clinical and economic outcomes were being achieved based on the new initiative. Her review and interventions resulted in an additional ongoing savings of $3,000 per month in addition to her regular clinical and cost savings efforts.

LABORATORY – JOSEPH KABACINSKI

The Department of Laboratory Medicine and Pathology completed a very successful reaccreditation survey conducted by the Joint Commission (JC). At the CEO Exit Conference held on August 12, the JC surveyor recognized the Laboratory for its superior performance overall. She specifically complimented on the high complexity and quality of clinical lab science conducted by the Lab, the Lab's contribution to positive patient outcomes, exceptional technical competency of lab staff, the Laboratory's consistent excellence in mandatory proficiency testing, our outstanding hospital-wide point-of-care test program, and other superlative aspects of lab operations and activities. Joint

Another UNYTS Blood Drive will be held Thursday, August 18. All employees and board members are encouraged to donate, if possible.

IMAGING – ERIC GREGOR

ULTRASOUND:
Clinical Applications Training on the Philips' iU22 Ultrasound Units took place from July 11th – July 15th. Advance Training will take place during the week of August 15th. The Ultrasonographers and Radiologists are very impressed with system capabilities and image quality.

MRI:
MRI volumes continue to be strong. MRI procedures through June 2011 are **37.89%** higher than through June 2010. Approval was given by ECMC's Board of Directors for the new area to be named the George Alker MRU Center @ ECMC. A Dedication Ceremony for the Center is being planned and will take place in August.

SKYVIEW:
A strategic planning session with educational training on the SkyView system will take place during the first week of August. ECMC Radiology, Oral Surgery, Dental, and ED will be in attendance. The goal of the session will be to increase awareness of SkyView, its capabilities, and methods of image transfer & physician post-processing.

AMBULATORY SERVICES – KATRINA KARAS

Integrated testing for the Allscripts Ambulatory Electronic Medical Record will occur on Monday, July 18th. Super-user and end-user training will occur during the weeks of July 18th and 25th in preparation for an August 2nd go-live at Cleve-Hill Family Health Center. Physicians, residents, nurses and support staff will all be fully trained in preparation for go-live.

The ECMC dental residency program is scheduled for its accreditation site visit on Tuesday, November 29, 2011. In preparation for the site visit, we are in the process of completing a self-study report which requires us to provide extensive information as exhibits. We are confident in the ECMC dental residency program and our ability to be successful during this site visit.

The Department of Renal Services continues to experience growth. Overall, Renal Services is currently tracking almost 40% over last year on patients seen and about 15% over last year on procedures. Hemodialysis continues to be the driver for the growth. The new bundling payment arrangement that went into effect in January of 2011 has had positive results on reimbursement for hemodialysis treatments. Staff and patients are eagerly anticipating the occupation of the new chronic dialysis unit in early 2012.

SUPPORT SERVICES – JUAN SANTIAGO

Last month, a plan was presented to improve the condition of many of our patient room floors that were deemed to be unacceptable. The floor care committee consisting of environmental and nursing leadership was formed to improve communication and better coordinate the scheduling of access to strip and wax patient rooms. Each hospital patient room floor was rated and prioritized as to need. In the past four weeks, the daily cooperation of this team has resulted in a marked improvement in refinishing these floors during our highest census period. Of the 65 patient rooms that designated as needing immediate attention, 38 have been stripped and waxed. Altogether, 65% of priority dirty and sticky floor issues have been addressed. We have been much more successful in picker score unit rooms and hope to see that reflected in future scores. This effort has been expanded to the SNF floor and now the Emergency Department.

In addition to assigning additional manpower to our floor teams, we are trialing new floor care products on certain units to determine their effectiveness and longevity. It has been determined that our various disinfectant products are also responsible for poor floor appearance. We are testing disinfectant wipes to replace our current bulk product to limit their effect on cleaned floors.

Chief Medical Officer

ERIE COUNTY MEDICAL CENTER CORPORATION

REPORT TO MEDICAL EXECUTIVE COMMITTEE
BRIAN M. MURRAY, MD, CHIEF MEDICAL OFFICER
JULY 2011

UNIVERSITY AFFAIRS

IPRO of New York conducted a Hospital Compliance Review of Working Hours and Working Conditions of Post Graduate Trainees from 6/13 to 6/17/11. On 7/1/11 we received official notification that they found us in substantial compliance with the regulations.

PROFESSIONAL STEERING COMMITTEE

The Professional Steering Committee did not meet this month. The next scheduled meeting will be in August as the group is meeting every 3 months.

MEDICAL STAFF AFFAIRS

See separate report by Sue Ksiazek for full details.

CLINICAL ISSUES

UTILIZATION REVIEW	April	May	June
Discharges	870	925	939
Observation	129	129	113
LOS	6.5	6.4	6.2
CMI	2.15	2.06	2.04
Surgical Cases	807	850	853
Readmissions (30d)	13.9%	14.3%	

JCAHO AUDITS

Here are the results of the previous four audits that were conducted for The Joint Commission. We do not audit the same thing every quarter, but after Joint Commission was here last summer we audited for the following since that is what they indicated we needed improvement on. These audits were performed monthly, through January, and then we returned to quarterly audits. The Joint Commission requires a "score" of 90% to be within compliance. The audit that was conducted for the 2nd Quarter did include abbreviations and the charts that were audited did not contain any dangerous abbreviations.

	Dangerous Abbreviations	History & Physicals	All Entries in Medical Record Are Timed, Signed and Dated
October 2010	90%	78.6%	90.81%
November 2010	98.6%	81.43%	84.52%
December 2010	100%	74.28%	80.54%
January 2011	98.6%	78.6%	78.6%

NEW CMS TEACHING PHYSICIAN REQUIREMNTS

On 6/24/11 CMS issued revised guidelines concerning physician billing in a teaching setting . One significant addition was that for physicians providing service in a primary care setting " .. Teaching physician may include only one resident with less than 6 months in a GME approved residency in the mix of 4 residents under the teaching physician's supervision.." and ".. must be physically present for the critical or key part of the services furnished by that resident… ". In other words the primary care exception does not apply.

CMS has also published new rules on Telemedicine (see below)

TELEMEDICINE SERVICES

After many months and much anticipation, the Centers for Medicare & Medicaid Services (CMS) final rule on telemedicine services was published May 5, 2011. This final rule will revise the Medicare Conditions of Participation for hospitals and critical access hospitals. Currently, a hospital receiving telemedicine services must go through a burdensome credentialing and privileging process for each physician and practitioner who will be providing telemedicine services to its patients. This final rule makes it easier for hospitals and CAHs to use telemedicine services. (see attachment)

Upcoming Events

Vicki's speaking schedule:

Connecticut Association of Medical Staff Services Conference
Gayford Hospital
Wallingford, CT
June 3, 2011

Colorado Association Medical Staff Services
Breckenridge, CO
June 17-18, 2011

State/Chapter Conference
MoAMSS/GKCMoAMSS
(Missouri/Kansas City)
TBD
June 23, 2011

Orange County Chapter of CAMSS
Fountain Valley Regional Medical Center
August 2, 2011

Desert Chapter of CAMSS
Parkview Community Hospital Medical Center
Riverside, CA
August 5, 2011

Morrisey National User Group Meeting
Chicago, IL
August 17-19, 2011

NAMSS Conference
Dallas, TX
September 26, 2011

Privilege Content and Criteria Builder

As you know, healthcare

Telemedicine Services

After many months and much anticipation, the Centers for Medicare & Medicaid Services (CMS) final rule on telemedicine services was published May 5, 2011. This final rule will revise the Medicare Conditions of Participation (CoPs) for both hospitals and critical access hospitals (CAHs).

Currently, a hospital or CAH receiving telemedicine services must go through a burdensome credentialing and privileging process for each physician and practitioner who will be providing telemedicine services to its patients. This final rule makes it easier for hospitals and CAHs to use telemedicine services.

The final rule, published May 5, 2011, impacts hospitals and critical access hospitals and has a 60-day implementation window. This final rule gives hospitals and CAHs more flexibility in credentialing and privileging telemedicine practitioners by allowing hospitals and CAHs to rely on information from Medicare-approved hospitals and CAHs as well as non-hospital telemedicine providers such as teleradiology and other telehealth providers of services. Starting July 5, 2011, the governing body of a hospital or CAH will be allowed to rely on the credentialing and privileging decisions of a distant-site hospital or telemedicine entity when making its own credentialing and privileging decisions.

Here are the options that hospitals and CAHs have under the new rule:

Option 1:
A distant-site telemedicine entity, acting as a contractor of services, furnishes its services in a manner that enables the originating-site hospital to comply with all applicable Medicare conditions of participation and standards (via contract).

OR

Option 2:
The distant-site hospital providing the telemedicine services is another Medicare-participating hospital.
AND
The individual distant-site physician or practitioner is privileged at the distant-site hospital providing telemedicine services, and that this distant-site hospital provides a current list of the physician's or practitioner's privileges.
AND
The individual distant-site physician or practitioner holds a license issued or recognized by the State in which the hospital whose patients are receiving the telemedicine services is located.

organizations are responsible for designing an effective criteria-based privileging system. They must create procedures with privilege forms that comply with ever changing federal and state laws, ensure that practitioners care for patients and perform procedures, and protect the organization from liability.

To save you countless time and effort, Morrisey has developed the Privilege Content and Criteria Builder (PCCB). Loaded with privilege forms for every specialty and sub specialty, the PCCB contains the forms you need and a way to manage them.

PCCB has continually up to date supporting documentation from relevant governing bodies specific to each specialty, which means never worrying about privilege form relevancy. And customization features allow you to tailor your privilege forms to your organization with the ability to edit and add text and logos across forms.

Time saving, organizing and a privileging liability shield, this is one privileging tool you can't afford to live without! For more information about Morrisey's Privilege Content and Criteria Builder, please reply to this email or call 312-431-5500.

Credentialing and Privileging Compliance Audit

Call Morrisey Consulting Services to perform a credentialing and privileging compliance audit to determine and/or confirm that credentialing and privileging of physicians/other licensed

AND

The originating-site hospital has evidence of an internal review of the distant-site physician's or practitioner's performance under these telemedicine privileges and provides the distant-site hospital this information for use in its periodic appraisal of the individual distant site physician or practitioner.

OR

Option 3:

Organizations can credential telemedicine practitioners the same way that they would credential and privilege any other practitioner who provides patient care services to patients at the organization.

Some important definitions:

CMS Definition of Telemedicine: The provision of clinical services to patients by practitioners from a distance via electronic communications.

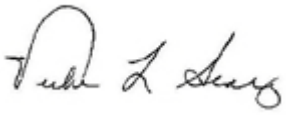
Real time vs. Non-Simultaneously: Real time is just what it says: the events taking place occur simultaneously in the distance and at the point of consultation. The doctor or team of caregivers on both the requesting end and the serving end are on duty at the same time and providing care/consultation to the patient. Non-simultaneously means that the telemedicine practitioner provides clinical services to the patient upon a formal request from the patient's attending physician, but such services involve after-the-fact interpretation of diagnostic tests (for example, a radiology image) in order to provide an assessment of the patient's condition and do not necessarily require the telemedicine practitioner to directly assess the patient in "real time."

Distant Site: The site where the practitioner providing the telemedicine services is located.

Originating Site: The location where the patient is being treated.

Each organization will need to examine the new possibilities and determine their best course of action. Whatever option is selected, it is necessary that originating site organizations assure that practitioners who are providing services to patients – whether "in person" or via telemedicine - are competent to provide those services. It will be a bonus if that can be done in a less burdensome way.

That's it for this issue. Thanks for reading!



independent practitioners as well as advanced practice allied health professionals is being performed in compliance with Joint Commission requirements. Recent new Joint Commission credentialing requirements such as criteria-based privileges, Focused Professional Practice Evaluation and Ongoing Professional Practice Evaluation create the potential for problems during a survey. Many organizations do not have effective systems in place to meet these relatively new standards and are being cited.

Call Vicki Searcy, Vice President, Morrisey Consulting Services at 312-784-5579 or vsearcy@morriseyonline.com for details related to the scope of the audit and associated costs.

Vicki L. Searcy, CPMSM
Vice President
Morrisey Consulting Services

Did you get your medical staff leaders signed up for *The Sagin Healthcare Leadership Quarterly* — a new electronic newsletter authored by Todd Sagin, MD, JD specifically written for your medical staff leaders? Don't miss it! Sign up to receive it here.

Morrisey Customers: To access archived issues of *The Searcy Exchange*, go to your Morrisey Customer Web Site and click on the "Morrisey Consulting Services" link.

To be notified about best-practices Web seminars, go to www.morriseyonline.com/signup.

ANNOUNCING: 2011 WEB SEMINARS

The following are web seminars that are currently scheduled. Keep watching for additions to our calendar. Web seminars feature expert panelists and these effective and affordable web seminars focus on best practices for the Medical Staff Office, Quality Management and Physician Leaders.

The registration fee is good for one phone line, education and certificates of attendance for as many of your colleagues as listen in.

Upcoming Web Seminars:

July 14

Best-Practices Web Seminar: The Quest for Quality – Is Medical Staff Credentialing and Peer Review the Next Frontier for False Claims Enforcement?
Fee: $125
Click here to register: Register now

Presented by:
Timothy B. Adelman, Esquire
Vicki L. Searcy, CPMSM

M·O·R·R·I·S·E·Y

222 South Riverside Plaza, Suite 1850, Chicago, IL 60606 | Phone: 312/431-0123 | www.morriseyonline.com

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From: Christina Smith [mailto:Christina.Smith@omh.ny.gov]
Sent: Monday, July 11, 2011 10:03 AM
To: Ludlow, Charlene; Cleland, Richard
Subject: Recertification to ECMC's Adult Inpatient Program

Good morning,

As a follow up to the wrap up on Friday afternoon, I wanted to expand on some areas from our visit. I don't have Paula's email address so I would appreciate it if you would share this with her. You will be receiving the Monitoring Outcome Report from OMH at some point, but I thought it would be helpful for you to have the following information so you can incorporate it into your planning:

1. While we did talk about the issues identified with the documentation related to immediate patient debriefings and the post event debriefings, you have very recently developed a formal process for enhanced staff and patient debriefings. Staff are contacting Paula or Denise immediately to initially process the event and there is a process to complete the post event debriefing with staff and patients. As I understand it, this process has just been developed and is in the very early stages of implementation. Please incorporate the feedback from Friday's wrap up into your ongoing implementation.

2. PERT: There are concerns with what we learned from several staff interviews related to PERT. One staff indicated that she had not received training in PERT, two staff indicated that PERT is the same as a Code 2 with clinical support and therefore the response is the same, and another staff expressed concern with having more staff surround a patient who is in crisis. This, as well as information from patient interviews where patients did not know what their safety plans were and staff not fully utilizing them as tools as well as staff reporting that they feel security staff needs to be present on units, is a concern.

3. PMCS: As we discussed on Friday, in staff interviews, staff tended to be more focused and aware of the physical holds employed by PMCS than the de-escalation techniques and process. There needs to be continued emphasis on the teaching and practicing of the de-escalation portions of PMCS. I would encourage you to contact David Robertson, OMH's PMCS trainer for suggestions on this as well as discuss this via your participation in the OMH Learning Collaborative.

4. As we discussed, we are concerned with the lack of current unit leadership on the 4 Zones.

Thanks,
Chris

CMO Memorandum

To: BOARD OF DIRECTORS

CC: MEDICAL EXECUTIVE COMMITTEE

From: BRIAN M. MURRAY, MD, CMO

Date: July 25, 2011

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

APPOINTMENT OF CHIEF OF SERVICE AND ASSOCIATE CHIEF OF SERVICE

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

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

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

DEPARTMENT	NAME	TERM
1. Anesthesiology	Howard Davis, MD	3
2. Cardiothoracic Surgery	Stephen Downing, MD	3
3. Dentistry	Catherine Gogan, DDS	3
4. Emergency Medicine	Michael Manka, MD	3
5. Family Medicine	Khalid Malik, MD	1-3(Yr 2)
6. Internal Medicine	Joseph Izzo, Jr., MD	3
7. Laboratory Medicine	Daniel Amsterdam, PhD	3
8. Neurology	Richard Ferguson, MD	1-3(Yr 1)
9. Neurosurgery	Gregory Bennett, MD	3
10. Obstetrics & Gynecology	Armando Arroyo, MD	3
11. Ophthalmology	James Reidy, MD	3
12. Oral & Maxillofacial Surgery	Richard Hall, DDS, PhD, MD	3
13. Orthopaedic Surgery	Philip Stegemann, MD	3
14. Otalaryngology	William Belles, MD	1-3
15. Pathology	James Woytash, MD	3
16. Plastics & Reconstructive Surgery	Thom Loree, MD	1-3(Yr 1)
17. Psychiatry	Yogesh Bakhai, MD	3
18. Radiology	Timothy DeZastro, MD	1-3(Yr 3)
19. Rehabilitation Medicine	Joseph Kowalski, MD	Interim

20. Surgery	William Flynn, MD	3
21. Urology	Kevin Pranikoff, MD	3

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

20. Chemical Dependency	Faraz Qureshi, MD	1-3(Yr 2)
21. Internal Medicine, General Med.	Regina Makdissi, MD	1-3(Yr 3)
22. Internal Medicine, Specialty Med.	Rocco Venuto, MD	1-3(Yr 3)
23. Internal Medicine, Volunteer Fac.	Neil Dashkoff, MD	1-3(Yr 3)

ERIE COUNTY MEDICAL CENTER CORPORATION

REPORT TO MEDICAL EXECUTIVE COMMITTEE
BRIAN M. MURRAY, MD, CHIEF MEDICAL OFFICER
AUGUST 2011

UNIVERSITY AFFAIRS

AFFILIATION AGREEMENT

The University has learned from the Office of the State Comptroller that the renewal provisions of the new UB Affiliation Agreement are not acceptable even though those provisions are the exact same as those contained in the previous affiliation agreement . The old provisions allowed for the affiliation agreement to automatically renew for successive one-year terms after the initial five-year term, unless one or more parties served notice of non-renewal.

We have negotiated with Kaleida and UB to reach a new agreement concerning renewal. The new language provides for an initial five year term and one five-year renewal term, provided that all parties agree to renew at least 12 months before the agreement expires. In other words, renewal will not be automatic. The OSC will have to approve of the renewal.

ACGME SITE VISITS

The Graduate Medical Education committee was updated on potential changes/requirements that will pertain to ACGME site visits beginning in 2012. New areas of focus will include:

a) resident involvement in patient safety and quality improvement programs
b) whether clinical care assignments exceed resident's ability to provide appropriate and quality care
c) how clinical ssignments are designed to minimize transitions of care
d) how the program evaluates the resident's ability to "determine progressive authority and responsibility, comditional independence and a supervisory role in patient care and how does that differ by year of training.

PROFESSIONAL STEERING COMMITTEE

The Professional Steering Committee did not meet this month. The next scheduled meeting will be in September as the group is meeting every 3 months.

MEDICAL STAFF AFFAIRS

See separate report by Sue Ksiazek for full details.

CLINICAL ISSUES

UTILIZATION REVIEW	April	May	June
Discharges	925	939	920
Observation	129	113	107
LOS	6.4	6.2	6.6
CMI	2.06	2.04	2.04
Surgical Cases	850	853	853
Readmissions (30d)	14.3%	12.7%	

Year to date discharges are up 3.1% over 2011 and length of stay is up 0.1 days (6.4 to 6.5). CMI continues to run 9% lower than 2010. General Surgeries are up 8%.

LAB JCAHO INSPECTION

The Joint Commission recently conducted an inspection of the Department of Laboratory Medicine. The visit went very well with only a few minor indirect findings. Indeed the inspector commented that it was one of the best run laboratories she had inspected.

CMS RECERTIFICATION

All providers enrolled with Medicare prior to March 25, 2011, must revalidate their enrollment information, but only after receiving notification from their MAC. Upon receipt of the revalidation request, providers and suppliers have 60 days from the date of the letter to submit complete enrollment forms. **Failure to submit the enrollment forms as requested may result in the deactivation of your Medicare billing privileges. (see attachment).**

VERBAL ORDERS

A recent circular from the VHA indicated that as of January 2012, cross covering physicians will no longer be able to countersign verbal orders on patients and that ordering physicians will have to sign all of their own orders . However the Joint Commission regulations state that effective January 26th 2012 verbal orders must be countersigned within 48 hours by the ordering practitioner or another practitioner who is responsible for the care of that patient and is authorized to countersign through hospital policy. We are seeking clarification from JC on this issue.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

MLN Matters® CMS

Information for Medicare Fee-for-Service Health Care Professionals

News Flash – Several fact sheets that provide education to specific provider types on how to enroll in the Medicare Program and maintain their enrollment information using Internet-based Provider Enrollment, Chain, and Ownership System (PECOS) have been recently updated and are available in downloadable format from the Medicare Learning Network® (MLN). Please visit http://www.CMS.gov/MedicareProviderSupEnroll/downloads/Medicare_Provider-Supplier_Enrollment_National_Education_Products.pdf for a complete list of all MLN products related to Medicare provider-supplier enrollment.

MLN Matters® Number: SE1126 Revised

Related Change Request (CR) #: N/A

Related CR Release Date: N/A

Effective Date: N/A

Related CR Transmittal #: N/A

Implementation Date: N/A

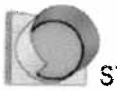
Further Details on the Revalidation of Provider Enrollment Information

Note: This article was revised on August 10, 2011, to provide the correct section number of the Affordable Care Act that requires the revalidation. The correct section is 6401 (a) and not 6401 (d) as originally noted. All other information remains the same.

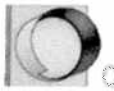
Provider Types Affected

This Medicare Learning Network (MLN) Matters® Special Edition Article is intended for all providers and suppliers who enrolled in Medicare prior to March 25, 2011, via Medicare's Contractors (Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), Medicare Carriers, A/B Medicare Administrative Contractors (A/B MACs), and the National Supplier Clearinghouse (NSC)). These contractors are collectively referred to as MACs in this article.

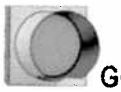
Provider Action Needed


STOP – Impact to You

In Change Request (CR) 7350, the Centers for Medicare & Medicaid Services (CMS) discussed the final rule with comment period, titled, "Medicare, Medicaid, and Children's Health Insurance Programs; Additional Screening Requirements, Application Fees, Temporary Enrollment Moratoria, Payment Suspensions and Compliance Plans for Providers and Suppliers" (CMS-6028-FC). This rule was published in the February 2, 2011, edition of the "Federal Register." A related MLN Matters® Article is available at http://www.cms.gov/MLNMattersArticles/downloads/MM7350.pdf on the CMS website. **This article provides no new policy, but only provides further information regarding the revalidation requirements based on Section 6401 (a) of the Affordable Care Act.**


CAUTION – What You Need to Know

All providers and suppliers enrolled with Medicare prior to March 25, 2011, must revalidate their enrollment information, but only after receiving notification from their MAC.


GO – What You Need to Do

When you receive notification from your MAC to revalidate:

- Update your enrollment through Internet-based Provider Enrollment, Chain and Ownership System (PECOS) or complete the 855;
- Sign the certification statement on the application;
- If applicable, pay your fee thru **pay.gov;** and
- Mail your supporting documents and certification statement to your MAC.

See the Background and Additional Information sections of this article for further details about these changes.

Background

Section 6401 (a) of the Affordable Care Act established a requirement for all enrolled providers and suppliers to revalidate their enrollment information under new enrollment screening criteria. This revalidation effort applies to those providers and suppliers that were enrolled prior to March 25, 2011. **Newly enrolled providers and suppliers that submitted their enrollment applications to CMS on or after March 25, 2011, are not impacted. Between now and March 23, 2013, MACs will send out notices on a regular basis to begin the revalidation process for each -**

provider and supplier. **Providers and suppliers must wait to submit the revalidation only after being asked by their MAC to do so.** Please note that 42 CFR 424.515(d) provides CMS the authority to conduct these off-cycle revalidations.

Note: CMS has structured the revalidation processes to reduce the burden on the providers by implementing innovative technologies and streamlining the enrollment and revalidation processes. CMS will continue to provide updates as progress is made on these efforts.

The most efficient way to submit your revalidation information is by using the Internet-based PECOS.

To revalidate via the Internet-based PECOS, go to **https://pecos.cms.hhs.gov** on the CMS website. PECOS allows you to review information currently on file, update and submit your revalidation via the Internet. Once submitted, YOU MUST print, sign, date, and mail the certification statement along with all required supporting documentation to the appropriate MAC IMMEDIATELY.

Section 6401(a) of the Affordable Care Act also requires the Secretary to impose a fee on each "institutional provider of medical or other items or services and suppliers." The application fee is $505 for Calendar Year (CY) 2011. CMS has defined "institutional provider" to mean any provider or supplier that submits a paper Medicare enrollment application using the CMS-855A, CMS-855B (except physician and non-physician practitioner organizations), or CMS-855S forms or associated Internet-based PECOS enrollment application.

All institutional providers and suppliers who respond to a revalidation request must submit an enrollment fee via Pay.Gov (reference 42 CFR 424.514). You may submit your fee by electronic check, debit, or credit card. Revalidations are processed only when fees have cleared. To pay your application fee, go to **http://www.pay.gov** and type "CMS" in the search box under Find Public Forms, and click the GO button. Click on the CMS Medicare Application Fee link. Complete the form and submit payment as directed. A confirmation screen will display indicating that payment was successfully made. This confirmation screen is your receipt and you should print it for your records. CMS strongly recommends that you mail this receipt to the Medicare contractor along with the Certification Statement for the enrollment application. CMS will notify the Medicare contractor that the application fee has been paid.

Upon receipt of the revalidation request, providers and suppliers have 60 days from the date of the letter to submit complete enrollment forms. **Failure to submit the enrollment forms as requested may result in the deactivation of your Medicare billing privileges.**

Additional Information

More information about the enrollment process and required fees can be found in MLN Matters® Article MM7350, which is available at **http://www.cms.gov/MLNMattersArticles/downloads/MM7350.pdf** on the CMS website.

The MLN® fact sheet titled "The Basics of Internet-based Provider Enrollment, Chain and Ownership System (PECOS) for Provider and Supplier Organizations" is designed to provide education to provider and supplier organizations on how to use Internet-based PECOS to enroll in the Medicare Program and can be found at **http://www.cms.gov/MLNProducts/downloads/MedEnroll_PECOS_ProviderSup_FactSheet_ICN903767.pdf** on the CMS website.

To access PECOS, your Authorized Official must register with the PECOS Identification and Authentication system. To register for the first time go to **https://pecos.cms.hhs.gov/pecos/PecosIAConfirm.do?transferReason=CreateLogin** to create an account.

For additional information about the enrollment process and Internet-based PECOS, please visit the Medicare Provider-Supplier Enrollment web page at **http://www.cms.gov/MedicareProviderSupEnroll** on the CMS website.

If you have questions, contact your Medicare contractor. Medicare provider enrollment contact information for each State can be found at **http://www.cms.gov/MedicareProviderSupEnroll/downloads/contact_list.pdf** on the CMS website.

Associate Medical Director

ERIE COUNTY MEDICAL CENTER CORPORATION

REPORT TO BOARD OF DIRECTORS
DIETRICH JEHLE, MD, ASSOCIATE MEDICAL DIRECTOR
AUGUST 22, 2011

CLINICAL ISSUES

Transfer Center

We have initiated the transfer center for transfers from outlying hospitals and direct admits by ECMC physicians (1-866-961-6888). The Med E service will be directly involved in the acceptance of medical patients from outlying hospitals and they will have varying levels of involvement for the surgical/surgical subspecialty patients. It is our goal to say yes to calls that come into the transfer line. If we don't immediately have a bed available for an appropriate transfer, the response by the physician or PA/NP on the line should be yes we will accept the patient and we will call you when we have a bed available. We appreciate the innovative work that nursing has done (i.e. accept surgical patients to the PACU) to make this process work.

Throughput

We continue to have challenges in getting admissions out of the Emergency Department during this busy summer season with ED admissions up 6.2% and acute discharges up 6.9%.

Clinical Documentation Initiative

The physician response rate remained high at 92% this past month with a physician agreement rate of 97%.

Sliding Scale Insulin Protocol

The pharmacy is working with physicians and nursing to generate a sliding scale insulin order set that is similar across the major teaching hospitals. This should soon be available for review.

CLINICAL INFORMATICS

CPOE

The ED CPOE project continues in planning the phase with the startup in the near future.

PERFORMANCE IMPROVEMENT

The Board PI meeting has been restructured to incorporate hospital QI so that all clinical and support departments report twice annually to this body. A summary of the August 9th Board PI meeting will be provided in executive session during the QI part of the meeting. We will also present issues identified through Quantros and the HOT Team.

Senior Vice President of Nursing

ERIE COUNTY MEDICAL CENTER CORPORATION
NURSING SERVICES
REPORT TO THE BOARD OF MANAGERS
August 30 , 2011

Submitted by Bonnie Ann Glica, RN, MS
Senior Vice President of Nursing

UNIT MANAGER APPOINTED FOR INPATIENT HEMODIALYSIS AND THE VASCULAR ACCESS CENTER

In July 2011, Vi-Anne Antrum, MS, RN was appointed as the Unit Manager of the Inpatient Hemodialysis Unit and Vascular Access Center. Vi-Anne holds Associate degrees in Nursing and Accounting from Onondaga Community College, a Bachelor of Science degree in Nursing from Daemen College, and dual Masters degrees in Nursing and Business Administration from the University of Phoenix. Ms. Antrum has been an employee at ECMC since 2000 when she began her career as a staff nurse on 12 zone 3 and subsequently assumed roles as 12 Zone 3's Charge Nurse and as a Nursing Care Coordinator. Vi-Anne's clinical background is diverse and includes the venues of long-term care supervision, home infusion therapy, agency nursing, clinical instruction and most recently served as the Manager of Non-invasive Cardiology at Sisters of Charity Hospital, Main Street and St. Joseph campuses. She holds certifications in BLS, ACLS and PALS. Vi-Anne belongs to Sigma Theta Tau International Nursing Honor Society and has attained a Fellowship with the American College of Healthcare Executives (FACHE) credential this year.

EXPANSION OF TELEMETRY TO THE GERIATRIC SERVICE – 8 ZONE 2

On July 25, 2011, 8 Zone 2 was retro-fitted with the capacity for centralized telemetry and pulse oximetry monitoring. A phased approach in utilization is underway with 5 telemetry beds made available on July 25, 2011 with an increase to 12 on August 23, 2011. All of 8 Zone 2's 19 beds are expected to be operational by the end of September 2011. Expansion of telemetry monitoring to all inpatient medical-surgical units is a goal for year-end 2012 to expedite the admission/throughput process and aid in the cohorting of patients to enhance patient care experiences and resource utilization.

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12 ZONE 1 SERVING AS A STRATEGY TO HANDLE INCREASED VOLUMES

To enhance the admission process and decompress patients entering ECMC through the Emergency Room, 12 Zone 1 has been utilized to care for critically ill and medical-surgical patients. Special recognition for the implementation of this strategy is extended to members of the Department of Nursing, both front-line and management staff, to effectively work to redirect available resources on a shift-by-shift basis to meet staffing needs.

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Vice President of Human Resources

I. CSEA Negotiations

Erie County, ECMCC and CSEA have met with a fact finder in March and a couple of times in the last few weeks. Negotiations are still taking place. CSEA met with the membership on Monday, July 25, 2011 to discuss the current offers. It was rejected. A session with the fact finder was held on Wednesday, July 27, 2011.

II. TURNOVER RATES

ECMCC

Nursing Turnover

May Hires - 6.5 FTES, 3.5 FTES Med/Surg, 3 FTES Behavioral Health, 36.5 FTES hired YTD. (4 LPN FTES hired, 2 FTES Med/Surg, 2 FTES Behavioral Health) 19 LPN FTES hired YTD.

May Losses – 9.5 FTES, 3.5 FTES Med/Surg (.5 FTE term, 2 FTEs resign, 1 FTE remove), 1 FTE Radiology resign, 2 FTES Behavioral Health (both retired), 1 FTE ED resign, 1 FTE OR resign & 1 FTE HIM resign.

Turnover Rate 1.27%
Quit Rate .93%
Turnover Rate YTD 2.92% (1.98% without retirees) 3.75% 2010
Quit Rate YTD 2.18% (1.25% without retirees) 2.94% 2010

June Hires – 12 FTES, 6.5 FTES Med/Surg, 2 FTE Critical Care, 3.5 FTES Behavioral Health. 48.5 FTES hired YTD. (3.5 LPN FTES hired, 1 FTE Med/Surg & 2.5 FTE Behavioral Health) 21.5 FTES hired YTD.

Employee Turnover

Employee turnover rate for the 2nd quarter at the hospital is extremely low. YTD is 1.57%, a slight increase over the 1st quarter of 1.39%, and compared to 2010 4th quarter of 1.11%.

III. AGENCY STAFF

Agency staff in Pay Period 16 was as follows: Hours – 1,727.8; FTEs – 21.6.

IV. WELLNESS/BENEFITS UPDATE

The Labor Management Healthcare Fund held its 1st retreat last month. Feedback was positive. A second retreat is scheduled for September 21st and focuses on cardiovascular health. ECMCC is well ahead in the LMHF pertaining to wellness. Dr. Sperry will speak at the upcoming retreat. The hope is to draw members to his practice at ECMC.

The dependant eligibility audit ended. As of July 19th, over 200 employees had not responded to audit. Contact was made to staff via email (if available), through

supervisors, postings, and through multiple mailings. Staff who have not complied will be able to enroll during open enrollment in October-November 2011.

The Benefits fair will be held at the beginning of October to coincide with open enrollment which takes place October 14-November 16.

IV. WORKERS COMPENSATION UPDATE

Lost time and days away from work has decreased. NYS Workers Compensation medical standards are changing so there may be a reduction on Workers Compensation claims.

The second quarter report is as follows:

Total Incidents	Employees W/Lost Time	RTW/Modified Duty	No Lost Time
129	23	23	105

V. TRAINING

July 7th kicked off the 1st part of a 3 part training series on customer service. EAP is performing the training. The training focuses on Communication (verbal and non-verbal), Improved Customer Service and Handling Customer Complaints. The classes have been full and the program will be repeated to give everyone an opportunity to attend. This is an on-going program through 2012.

Carla DiCanio-Clarke, Employment Law Specialist, has begun focused management training. She presented a program regarding handling disruptive star employees. Management orientation will take place in the fall.

VI. INFORMATION/OTHER

ECMCC has 2,840 FTEs. The departments are doing well at managing approved and unapproved overtime.

	ECMCC						
	Summary FTE Analysis						
	Through Pay 15 for 2011						
H:\Employee Data\[2011 PP#15 FTE by Dept.xls]Summary							
		Actual:					
		Pay # 15			YTD 2011		
		Hospital	Home	Total	Hospital	Home	Total
Total FTEs	A	2,427.2	409.2	2,836.3	2,403.7	411.4	2,815.1
		85.6%	14.4%	100.0%	85.4%	14.6%	100.0%
		Budget:					
		Pay # 15			YTD 2011		
		Hospital	Home	Total	Hospital	Home	Total
Total FTEs	B	2,416.5	424.0	2,840.5	2,416.5	424.0	2,840.5
		85.1%	14.9%	100.0%	85.1%	14.9%	100.0%
Over(Under) Budget	(A - B)	10.6	(14.8)	(4.2)	(12.8)	(12.6)	(25.4)
		0.4%	-3.5%	-0.1%	-0.5%	-3.0%	-0.9%
		Pay # 15			YTD 2011		
		Hospital	Home	Total	Hospital	Home	Total
FTE Components:							
- Regular time		1,706.5	272.1	1,978.6	1,897.8	315.2	2,213.0
- Other time		548.8	100.3	649.0	381.5	66.4	447.9
- Overtime time		99.3	18.0	117.3	89.1	20.4	109.5
- Holiday time		72.6	18.7	91.4	35.4	9.4	44.8
		2,427.2	409.2	2,836.3	2,403.7	411.4	2,815.1
		-	-	-	0.0	(0.0)	0.0
FTE Components % Format):							
- Regular time		70.3%	66.5%	69.8%	79.0%	76.6%	78.6%
- Other time		22.6%	24.5%	22.9%	15.9%	16.1%	15.9%
- Overtime time		4.1%	4.4%	4.1%	3.7%	5.0%	3.9%
- Holiday time		3.0%	4.6%	3.2%	1.5%	2.3%	1.6%
		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Chief Information Officer

ECMC
ERIE COUNTY MEDICAL CENTER CORPORATION

HEALTH INFORMATION SYSTEM/TECHNOLOGY

August 2011

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

American Recovery and Reinvestment Act (ARRA) – Meaningful Use (MU). A Meaningful Use Inpatient Reimbursement/Expenditure Schedule was developed by Finance and IT estimating a total payout of 7.5 million dollars by 2015. The first payment for meeting Meaningful Use Stage 1 is estimated at $3.3 million dollars. We anticipate meeting these requirements by the end of Qtr. 1, 2011. Potential penalties for not meeting federal requirements are estimated as $384,613 in 2015, $806,892 in 2016 and $1,269,443 in 2017.

Allscripts Ambulatory Electronic Health Record (EHR). Congratulations to the Allscripts Implementation Team. On August 2, 2011, the Clevehill Family Practice Clinic successfully transitioned from a completely paper based electronic medical record (EMR) to a full EMR. This included electronic nursing and physician documentation, medication reconciliation, problem lists and e-prescribing. The implementation team will continue to work with the practice to ensure a successful change in workflow and to assist the staff with improving confidence and skill set. The team has begun the development of phase two which includes additional interfaces and the development of the analytics toolset. In addition, we will begin the measurement of meaningful use Stage 1 data elements as well as PCMH (patient center medical home) criteria.

Emergency Room Automation – Nursing Documentation. The team finalized the vendor setup and requirements to automatically populate the patients' vital sign information directly into the Emergency Room electronic medical record. Working with nursing and clinical staff, we have finalized the mobile device strategy allowing them to streamline their documentation process. A critical task to the success of this project, we plan final sign off of the workflow design as of September 1, 2011. Without this, the project will be placed on hold. The go live will be implemented in phases starting with nursing notes as phase 1 followed by integrating the patient's vital sign information as phase 2. A go live date is estimated for Qtr. 4, 2011.

Computerized Physician Order Entry. Continue to re-design and streamline the current order management system in preparation of the ED and Medical/Dental staff use. The team has engaged the Physician Steering Committee to align their goals and objectives. The team will continue to meet with the steering committee on a routine basis to develop solution according to their needs and assessment and focus on the development of the order sets and selection of appropriate tools to document. The organization has engaged a pharmacy consultant to review the current process of physician order entry and to perform a gap analysis on the system configuration and setup. Final report due by mid September.

Medication Reconciliation. Working with nursing and pharmacy, jointly presented the Meditech medication reconciliation solution to the clinical steering team. With the approval from this team, a subcommittee has been assigned to design processes and standards. In conjunction with the physician order entry project, a consultant has been retained to perform a gap analysis on the database setup for medication reconciliation. A final report is expected to be completed by mid September.

Outpatient Dialysis Electronic Medical Record and Billing Solution. Finalizing the product selection for the outpatient dialysis electronic medical record and billing solution. A team is evaluating process for the management of the laboratory test result and billing process. Decision to be made over the next several weeks.

Telecommunication System Upgrade and Data Switch Enhancement. To support the campus growth (Renal Building, Long Term Care and Community Center), and to establish a telecommunication platform that will allow the organization to take advantage of new tools and technologies, ECMC will be undergoing a major system upgrade to its main telecommunication and data infrastructure. This includes upgrade to the main telecommunication switch, implementation of a redundant switch to improve resiliency and system availability, voice of ip and fax communication to the ECMC email system. Initial planning is underway. The targeted go live date is October 2011.

Sr. Vice President of Marketing & Planning

Marketing and Development Report
Submitted by Thomas Quatroche, Jr., Ph.D.
Sr. Vice President of Marketing, Planning, and Business Development
August 30, 2011

Marketing

Various other targeted new service-line marketing for new primary care practice and Plastics and Reconstructive Surgery Department

Plan developed for marketing of new Regional Center of Excellence in Transplantation and Kidney Care

New ECMC Re-branding "True Care" campaign on air with full media through September

Ground breaking for new Long-term Care facility held

Ribbon cutting for new MRI planned for August 31st

Planning and Business Development

Assisting with orthopedic floor initiatives and new pre-education surgery program started

Coordinating Accelero Orthopedic margin initiative, initiatives underway with $900,000+ savings opportunity

Orthopedic and Bone Health Center progressing, physician planning sessions scheduled to revisit plans, Proforma completed, new designs almost completed for CON

Coordinating planning for Great Lakes Health Strategic and Community Planning Committee meetings

Working with Professional Steering Committee and assisting all subcommittees

Managing CON processes

Developing primary care and specialty strategy and have had multiple confidentiality agreements signed

Dr. Howard Sperry practice continuing to grow

Media Report

- **Buffalo Business First; The Buffalo News; The Criterion; WGRZ-TV, Channel 2; WIVB-TV, Channel 4; WKBW-TV, Channel 7; WNLO-TV, Channel 23; Time Warner Cable TV, YNN; Twitter USA; WBFO-FM, Radio 88.7; WNED-AM, Radio 970; WABE 90.1 FM Public Radio Atlanta, GA: Erie County Medical Center marked the start of construction for their new nursing home with a groundbreaking ceremony.** ECMC broke ground for a new $103 million, 390-bed nursing home which officials say will create more jobs and development at the Grider Street Campus.
- **Good Morning America; The Buffalo News; WGRZ-TV, Channel 2; WIVB-TV, Channel 4; WKBW-TV, Channel 7; WNLO-TV, Channel 23; Time Warner Cable TV, YNN: Missouri woman flown to ECMC after being pulled from the Niagara river.** Woman and her fiancé thank her rescuers including the boat crew and passengers, emergency medical responders and the medical staff at Erie County Medical Center.
- **Buffalo Business First:** (Advertorial) **Erie County Medical Center Orthpaedics a regional Leader in Care and Surgery.** Since many trauma patients sustain multiple fractures, one of the medical center's most important specialties and a vital component of its trauma expertise is the Orthopaedics Department at ECMC.
- **The Buffalo News; WGRZ-TV, Channel 2; WIVB-TV, Channel 4; WKBW-TV, Channel 7, WNYO-WB, Channel 49; Time Warner Cable TV, YNN; Local Union-Sun & Journal; Greenfield Daily Reporter; Niagara Gazette: Deputy Loses Both Legs in Accident, is in Stable Condition at ECMC.** Niagara County Sheriff's Deputy Allen Gerhardt underwent surgery and is recovering in stable condition in the Erie County Medical Center intensive care unit.
- **The Buffalo News: The Erie County Home and Infirmary in the Town of Alden will be closed when a new facility is opened at Erie County Medical Center.** ECMC Corp., which runs the County Home, will move approximately 400 residents and 400 employees into the city, where most will be closer to their families and homes.

Community and Government Relations

Attended HANYS Medicaid Task Force Meeting
Farmer's Market started and received $5,000 grant
Summer Youth Program started in July with 80 participants
Holding ECMC/Grider Street Community Clean Up

Executive Director, ECMC Lifeline Foundation

ECMC Lifeline Foundation Report
For ECMC Board of Directors
Submitted by Thomas Quatroche, Jr., Ph.D.
Interim Executive Director
August 30, 2011

Key Events

- Tournament of Life Golf Classic 2011
    - Held August 15, 2011 at the Park Country Club
    - Michael Seaman, Tournament Chair
    - Buffalo Hospital Supply as returning Presenting Sponsor
    - $178.6k Income ($146.8k for 2010)
    - $121k Net Proceeds ($103.4k for 2010)
    - 183 golfers (152 for 2010) attended the morning and afternoon flights

- WNY Runs for Heroes 5K Race & Health Walk
    - Save the Date **Saturday, October 15, 2011** at Parkside Lodge/Delaware Park
    - Robert Holliday, AT&T, Event Chair
    - Secured Sponsors to date - $2,600
    - On-line registration site – Active.com
    - Planning Committee meetings in process

Campaign to Support Regional Center of Excellence for Transplantation and Kidney Care

- Ongoing planning/strategy meetings with Campaign Chair, Jonathan Dandes
  Eric Mower to design internal communications plan

Employee Campaign

- ECMC Human Resources to release to employees in early September along with the United Way campaign

Other

- 2010 Audit in process and near completion. Executive Committee has approved draft report for Board approval in September
- The Search Committee presented a recommendation for the Executive Director position to the Foundation Executive Committee
- ECMC Lifeline Foundation chosen as beneficiary of Professional Firefighters Annual Golf Tournament scheduled for September 2011

Medical-Dental Executive Committee

MEDICAL EXECUTIVE COMMITTEE MEETING
MONDAY, JUNE 27, 2011 AT 11:30 A.M.

Attendance (Voting Members):

Y. Bakhai, MD	N. Ebling, DO	P. Stegemann, MD
W. Belles, MD	R. Ferguson, MD	J. Woytash, MD
G. Bennett, MD	W. Flynn, MD	
A. Chauncey, PA	R. Hall, MD	
S. Cloud, DO	J. Izzo, MD	
N. Dashkoff, MD	J. Kowalski, MD	
H. Davis, MD	K. Malik, MD	
R. Desai, MD	F. Qureshi, MD	
T. DeZastro, MD	J. Reidy, MD	
S. Downing, MD	R. Schuder, MD	

Attendance (Non-Voting Members):

B. Murray, MD	M. Barabas	R. Krawiec
J. Fudyma, MD	L. Feidt	E. Zivis
D. Jehle, MD	R. Gerwitz	K. Bruno, RN
B. Glica, RN	C. Ludlow	
S. Ksiazek	A. Victor-Lazarus	
J. Lomeo	R. Cleland	

Excused:

D. Amsterdam, PhD	R. Makdissi, MD	M. Cain, MD (University)
A. Arroyo, MD	M. Manka, MD	R. Whitney
C. Gogan, DDS	K. Pranikoff, MD	
J. Lukan, MD	R. Venuto	

Absent:

None		

I. CALL TO ORDER

A. Dr. Kowalski called the meeting to order at 11:40 a.m. noting a quorum present.

II. MEDICAL STAFF PRESIDENT'S REPORT – J. Kowalski, MD

A. The Seriously Delinquent Records report was included as part of Dr. Kowalski's report. Dr. Kowalski reminded the group to answer all documentation queries.

III. ICD-10 PRESENTATION – H.I.M. – E. Zivis and B. Majewski

A. Overview of the coding system was presented. This will affect professional billing as well as hospital billing.

B. Will utilize the CDI specialists to help with the new process.

C. ICD-10 will increase the number of different codes to over 68,000 codes from 13,000 in the current system (ICD-9). Will require extensive

training and resources. Examples of the changes in the new coding system were reviewed stressing how much more complex the new system is. It will require a much higher level of detail for procedures and surgeries in order to obtain the correct billing codes.

D. Presentation will be emailed to all the Chiefs of Service for review at their departmental meetings.

IV. CEO/COO/CFO BRIEFING

(1) CEO REPORT - Jody Lomeo

A. **FINANCIAL REPORT** - Mr. Lomeo reports an operating loss for the first four months of the year of nearly $9 million. The administrative team looked closely at expenses and volumes and inputted measures to reduce expenses and improve volumes. Volumes have responded in May and June. May was the strongest month of the year to date with a profit of $800,000.

B. **STAFFING AND SCHEDULING –** Looking at ways to better address census changes and appropriate, prompt staffing response.

C. **PROJECT FINANCING** – Borrowing rate for the hospital was improved by utilizing the Fiscal Stability Authority rating lowering expenses on the long-term financing by over $100,000,000 in savings of reduced interest rates and shorter term repayment. Mr. Lomeo reports that the cost of building the new nursing facility will be reimbursed to about 85% of the total cost over a 25 year period. Explanation of the remaining costs of the project was provided.

D. **ORTHOPAEDIC PROGRAM GROWTH** – Mr. Lomeo met with key stakeholders from the orthopaedic department and has made progress on the building plans including additional operating rooms and refining the layout of office space.

E. **PATIENT EXPERIENCE** – Mr. Lomeo stressed that the patient experience should be at the forefront of all we do. Dr. Fudyma provided a presentation on current satisfaction scores showing some modest improvement.

(2) PROJECT UPDATES – Mark Barabas, COO

A. **FINANCES AND VOLUMES** - Mr. Barabas reports that volumes for May and June are very strong. Some gridlock was experienced with increased volumes and some plans are being reviewed to improve future volume challenges.

(3) FINANCIAL REPORT – Mr. Sammarco, CFO

A. NO REPORT. Mr. Sammarco was excused from today's meeting.

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

UNIVERSITY AFFAIRS

New York State legislature this week approved proposed serial tuition increases for the University at Buffalo. In addition, by authorizing capital funding from the Governor's NYSUNY 2020 Challenge Grant program and other sources, this legislation also allows UB to move forward with its plans to relocate the School of Medicine and Biomedical Sciences in downtown Buffalo, where UB medical education, research, and clinical care will be aligned more effectively with regional hospitals and research partners.

PROFESSIONAL STEERING COMMITTEE

The Professional Steering Committee did not meet this month. The next scheduled meeting will be in August as the group is meeting every 3 months.

CLINICAL ISSUES

UTILIZATION REVIEW	February	March	April
Discharges	811	869	870
Observation	95	139	129
LOS	6.1	5.8	6.5
CMI	1.97	2.06	2.15
Surgical Cases	710	813	807
Readmissions (30d)	15.9%	10.9%	

VALUE-BASED PURCHASING

The measurement period for the CMS Value Based Purchasing initiative begins July 1st. Hospital reimbursements for 2013 will be adjusted based on each institution's performance on specific quality and patient experience metrics. Under the program CMS will withhold 1% of Medicare inpatient base DRG payments (increasing incrementally to 2% by 2017) and a percentage of withhold will be reimbursed based on that hospitals performance on a number of clinical and patient experience-based performance measures.

The specific measures include:

Acute Myocardial Infarction	
AMI-2	Aspirin Prescribed at Discharge
AMI-7a	Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival
AMI-8a	Primary Percutaneous Coronary Intervention (PCI) Received Within 90 Minutes of Hospital Arrival
Heart Failure	
HF-1	Discharge Instructions
HF-2	Evaluation of Left Ventricular Systolic (LVS) Function
HF-3	ACE Inhibitor or ARB for LVS Dysfunction
Pneumonia	
PN-2	Pneumococcal Vaccination
PN-3b	Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital
PN-6	Initial Antibiotic Selection for CAP in Immunocompetent Patient
PN-7	Influenza Vaccination
Surgeries (as measured by Surgical Care Improvement (SCIP) measures)	
SCIP-Card-2	Surgery Patients on a Beta Blocker Prior to Arrival That Received a Beta Blocker During the Perioperative Period
SCIP-VTE-1	Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered
SCIP-VTE-2	Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery
Healthcare-Associated Infections (as measured by SCIP measures)	
SCIP-Inf-1	Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision
SCIP-Inf-2	Prophylactic Antibiotic Selection for Surgical Patients
SCIP-Inf-3	Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time
SCIP-Inf-4	Cardiac Surgery Patients with Controlled 6 AM Postoperative Serum Glucose

Patient Experience of Care Domain – Measures

Federal Register page 2,471

Patient Satisfaction Survey	
HCAHPS	Eight Dimensions (using the most positive responses, "top box" responses for each question used within the HCAHPS dimension): • Communication with Nurses • Communication with Doctors • Responsiveness of Hospital Staff • Pain Management • Communication About Medicines • Cleanliness and Quietness of Hospital Environment • Discharge Information • Overall Rating of Hospital

PATIENT EXPERIENCE - John R. Fudyma, MD

A. The NRC Picker results dashboard was distributed and reviewed. The rates for the different CMS measures were reviewed looking at current and benchmark rates. Communication with doctors shows a slight improvement from the 6th percentile to 14th percentile. The questions related to the measure were outlined. Ways to drive improvement are underway.

Quietness was raised as a concern. It was suggested to look specifically at the cardiac floors and alarms. The matter will be directed to the Patient Experience Hot Team. It was questioned whether we can eliminate Stroke Team overhead page and Rapid Response overhead page. After discussion, it was decided to limit Stroke Team paging to Monday-Friday, 9:00 am -5:00 pm only and eliminate evenings and weekends.

MEDICINE C SERVICE (CARDIOLOGY) CHANGE

Medicine C service is no longer a teaching service due to reassignment of the residency program to other facilities. The new service will run with a cardiology attending and extenders at night through the Medicine E service. This went into effect June 27, 2011. This will likely result in an increased census on other medicine services of cardiac patients.

VI. ASSOCIATE MEDICAL DIRECTOR REPORT - Dietrich Jehle, M.D.

CLINICAL ISSUES

Transfer Center

We plan to have the initial phase of transfers from outlying hospitals and direct admits by ECMC physicians rolled out in the beginning of July 2011. The goals are to have a receiving physician smoothly set up a three-way conference call with the referring physician for in-patient hospital to hospital transfers and make it easier for primary physicians to direct admit their patients. The Med E service will be directly involved in the acceptance of medical patients from outlying hospitals and there will be vary levels of involvement for the surgical/surgical subspecialty patients.

CLINICAL INFORMATICS

Scheduling

There are major issues in coordination of scheduling that are being worked on. The future addition of in-room LCD TVs may allow for applications such as in-room medical teaching videos, dietary menu ordering, contemporaneous patient satisfaction surveys, in addition to in-room schedules and other pertinent patient information. We are looking at what would be involved in buying out our existing television contract.

Remote Desktop with iPad 2 Tablet Computers

We are evaluating a remote desktop concept for accessing base computers with iPad 2 tablets. This could be used for bedside rounding and CPOE. Some

alternatives to the iPad that may be more durable will also be evaluated. Several programs to access base systems are being trialed.

PATIENT SATISFACTION

Hospital Cleanliness

Floor surveys with housekeeping staff and administrative staff are ongoing. Additional resources to the floor buffing/waxing program have recently been put into place.

Way-finding

The way-finding initiative is in the first stages - better signage and possibly kiosks.

PERFORMANCE IMPROVEMENT

The Board PI meeting has been restructured to incorporate hospital QI so that all clinical and support departments report twice annually to this body. A summary of the June 14th Board PI meeting will be provided in executive session during the QI part of the meeting. We will also present issues identified through Quantros and the HOT Team.

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

A. Written report provided.

B. Credentialing Packet for Plastics and Reconstructive Surgery was distributed and will be discussed in Executive Session.

VIII. LIFELINE FOUNDATION – Thomas Quatroche

A. Golf Outing, August 15 – an additional morning flight has been added to allow for larger participation. Looking for players and sponsors.

IX. CONSENT CALENDAR

	MEETING MINUTES/MOTIONS	ACTION ITEMS
A.	MINUTES OF THE Previous MEC Meeting: May 23, 2011	Received and Filed
B.	CREDENTIALS COMMITTEE: Minutes of June 7, 2011	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
C.	HIM Committee – Minutes of Meeting May 26, 2011	Received and Filed
	1. Drotrecogin (Xigris) Criteria and Order Form	Reviewed and Approved

	2. Narcotic Assessment Form (Chronic Pain Return Visit) – with noted changes	Reviewed and Approved
		Reviewed and Approved
D.	P & T COMMITTEE – Minutes of Meeting June 1, 2011	Reviewed and Approved
	1. Kerry Cassel, MD – Approve as alternate representative from the ED	Reviewed and Approved
	2. Ranolazine extended release 500 mg – add to Formulary	Reviewed and Approved
	3. Mometasone 220 mcg Inhaler – add to Formulary	Reviewed and Approved
	4. Oxycodone extended release 15 mg – add line extension	Reviewed and Approved
	5. Benzocaine Non-Aerosol Spray 20%, 0.5 ml – add line extension	Reviewed and Approved
	6. Fluticasone (Flovent®) Inhaler 44 mcg, 110 meg – delete from Formulary	Reviewed and Approved
	7. Benzocaine Spray 20%, 60 mL Can – delete from Formulary	Reviewed and Approved
	8. TI-20 Corticosteroid Oral Inhaler Interchange – approve revision	Reviewed and Approved
	9. TI-42 Parenteral Iron Preparations – approve revision	Reviewed and Approved
	10. F-22 – Patients Own Medications – approve revision	Reviewed and Approved
	11. IV-O5 Med. Admin by MD, NP, PA & NA – approve revision	Reviewed and Approved
	12. Ketamine Infusion Guideline for the Medical ICU – approve guideline	Reviewed and Approved
E.	TRANSFUSION COMMITTEE – Minutes of Meeting June 2, 2011	Received and Filed
F.	UTILIZATION MANAGEMENT PLAN	Received and Filed

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

MOTION UNANIMOUSLY APPROVED.

X. OLD BUSINES

NONE

XI. NEW BUSINESS

A. Detox Order Set – Reminder that this order set can be utilized throughout the hospital and should be used for Detox patients.

B. Palliative Care Order Set – Draft of orders was distributed and reviewed. Helen Doemland has been assigned as coordinator through Medicine E.

C. Privileging Form – Plastics & Reconstructive Surgery – The form was put together with the cooperation of several departments. It was determined that privileges will be granted through the appropriate departments such as general surgery, ENT and plastics. **MOTION** to approve the form as presented.

MOTION UNANIMOUSLY APPROVED.

XII. ADJOURNMENT

There being no further business, a motion was made, seconded and unanimously approved to adjourn the meeting at 12:50 p.m.

Respectfully submitted,

Timothy DeZastro, M.D., Secretary
ECMCC, Medical/Dental Staff

MEDICAL EXECUTIVE COMMITTEE MEETING
MONDAY, JULY 25, 2011 AT 11:30 A.M.

Attendance (Voting Members):

D. Amsterdam, PhD	S. Downing, MD	R. Venuto, MD
Y. Bakhai, MD	R. Ferguson, MD	J. Woytash, MD
W. Belles, MD	W. Flynn, MD	
G. Bennett, MD	C. Gogan, DDS	
A. Chauncey, PA	R. Hall, MD, DDS	
S. Cloud, DO	K. Malik, MD	
N. Dashkoff, MD	M. Manka, MD	
H. Davis, MD	K. Pranikoff, MD	
R. Desai, MD	F. Qureshi, MD	
T. DeZastro, MD	R. Schuder, MD	

Attendance (Non-Voting Members):

Brian M. Murray, MD	R. Gerwitz	
M. Barabas	C. Ludlow, RN	
B. Glica, RN	A. Victor-Lazarus, RN	
D. Jehle, MD	R. Cleland	
J. Lomeo	R. Krawiec	
S. Ksiazek		

Excused:

A. Arroyo, MD	T. Loree, MD	J. Fudyma, MD
N. Ebling, DO	J. Lukan, MD	R. Whitney, MD
J. Izzo, MD	R. Makdissi, MD	
J. Kowalski, MD	J. Reidy, MD	

Absent:

I. CALL TO ORDER

A. Dr. DeZastro, sitting in for Dr. Kowalski and Dr. Hall, called the meeting to order at 11:40 a.m. noting a quorum present.

II. MEDICAL STAFF PRESIDENT'S REPORT – J. Kowalski, MD

A. The Seriously Delinquent Records report was included as part of Dr. Kowalski's report.

III. TREASURER'S REPORT – SAMUEL CLOUD, D.O.

A. The Medical Dental Staff generously contributed $2,500 in support of Dr. David Holmes mission to Haiti. A report of the distribution of the money was provided by Dr. Cloud.

IV. CEO/COO/CFO BRIEFING

(1) CEO REPORT - Jody Lomeo

A. **BOARD RETREAT** – Mr. Lomeo reports on a successful board retreat this past month.

B. **GROUND BREAKING – LONG-TERM CARE FACILITY** – The ground breaking of this project occurred this week. Mr. Lomeo reports that due to the successful funding rate that was acquired for the project, ECMC will save $112 million over the next several years.

C. **PATIENT EXPERIENCE** – The organization is committed to improving the patient experience and he posed a question to the group looking for concerns related to patient care. Some suggestions include:

- Cleaner and quieter
- Volunteers placement in the lobby and first floor to assist patient and visitor wayfinding
- Physicians communicating better with patients, and training residents and physicians to improve communication skills.
- Ambulance bay entrance in the Emergency Department needs repair/painting and the lobby furniture is in need of refurbishing
- Bathrooms need more attention and cleaning – more frequent cleaning, especially in high traffic public areas
- Wait times for call bell answers needs improvement. Look at purchasing a more sophisticated/ improved system.
- Student ambassadors are used at Kaleida and they round to assist patients with non-clinical needs. Look at implementing similar program at ECMC with the intention of anticipating needs before patient uses the call bell.
- Open visiting hours and offer a sleeping chair for families to stay with the patient.

(2) PROJECT UPDATES – Mark Barabas, COO

A. **VOLUMES** – Census is high and beds are tight. Timely discharges are needed. Admissions, ED visits and surgeries are up. Case mix index is somewhat lower than desired.

B. **TRANSPLANT – 10th FLOOR** – Progress is being made. The office space will be ready for occupancy in August. Dialysis should be ready in September or October. Once these move, the renovation will continue in the old dialysis area to install the 22 private rooms for transplant.

C. **COMMUNITY HEALTH CENTER** – It is scheduled to move in November from the campus. It is expected ECMC will provide primary health services in this location and will work with Children's Hospital to provide obstetrics and pediatrics.

(3) FINANCIAL REPORT – Mr. Sammarco, CFO

A. Volumes have been up but case mix was down a bit which effects revenue and expenses were up a bit. June shows a net gain of $650,000 with a year to date loss of $8.4 million. It was suggested to provide education for the residents on documentation to ensure the CMI is accurate. Currently, the Clinical Documentation Specialists are available to discuss documentation and improvements and may be contacted through Health Information Management for department-specific assistance.

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

A. UNIVERSITY AFFAIRS

IPRO of New York conducted a Hospital Compliance Review of Working Hours and Working Conditions of Post Graduate Trainees from 6/13 to 6/17/11. On 7/1/11 we received official notification that they found us in substantial compliance with the regulations.

B. PROFESSIONAL STEERING COMMITTEE

The Professional Steering Committee did not meet this month. The next scheduled meeting will be in August as the group is meeting every 3 months.

C. CLINICAL ISSUES

UTILIZATION REVIEW	April	May	June
Discharges	870	925	939
Observation	129	129	113
LOS	6.5	6.4	6.2
CMI	2.15	2.06	2.04
Surgical Cases	807	850	853
Readmissions (30d)	13.9%	14.3%	

JCAHO AUDITS

Here are the results of the previous four audits that were conducted for The Joint Commission. We do not audit the same thing every quarter, but after Joint Commission was here last summer we audited for the following since that is what they indicated we needed improvement on. These audits were performed monthly, through January, and then we returned to quarterly audits. The Joint

Commission requires a "score" of 90% to be within compliance. The audit that was conducted for the 2nd Quarter did include abbreviations and the charts that were audited did not contain any dangerous abbreviations.

	Dangerous Abbreviations	History & Physicals	All Entries in Medical Record Are Timed, Signed and Dated
October 2010	90%	78.6%	90.81%
November 2010	98.6%	81.43%	84.52%
December 2010	100%	74.28%	80.54%
January 2011	98.6%	78.6%	78.6%

NEW CMS TEACHING PHYSICIAN REQUIREMNTS

On 6/24/11 CMS issued revised guidelines concerning physician billing in a setting . One significant addition was that for physicians providing service in a primary care setting " .. Teaching physician may include only one resident with less than 6 months in a GME approved residency in the mix of 4 residents under the teaching physician's supervision.." and ".. must be physically present for the critical or key part of the services furnished by that resident… ". In other words the primary care exception does not apply.

CMS has also published new rules on Telemedicine (see below)

TELEMEDICINE SERVICES

After many months and much anticipation, the Centers for Medicare & Medicaid Services (CMS) final rule on telemedicine services were published May 5, 2011. This final rule will revise the Medicare Conditions of Participation for hospitals and critical access hospitals. Currently, a hospital receiving telemedicine services must go through a burdensome credentialing and privileging process for each physician and practitioner who will be providing telemedicine services to its patients. This final rule makes it easier for hospitals and CAHs to use telemedicine services.

VI. ASSOCIATE MEDICAL DIRECTOR REPORT - Dietrich Jehle, M.D.

A. CLINICAL ISSUES

Transfer Center

We have initiated the transfer center for transfers from outlying hospitals and direct admits by ECMC physicians (1-866-961-6888). The Med E service will be directly involved in the acceptance of medical patients from outlying hospitals and they will have varying levels of involvement for the surgical/surgical subspecialty patients. Psychiatric transfers will be handled directly by the psychiatrists.

B. CLINICAL INFORMATICS

Scheduling

There are major issues in coordination of scheduling that are being worked on. We will be starting with outpatient scheduling and later incorporate the inpatient process.

Remote Desktop with iPad 2 Tablet Computers

We are evaluating a remote desktop concept for accessing base computers with iPad 2 tablets. “PocketCloud” seems to give the best connectivity of the programs trialed.

CPOE

The ED CPOE project continues in planning the phase. The ED hardware needs, order sets and the Pharmacy top 50 drugs are being evaluated to make ED and personal “favorite” drug order sets.

C. PATIENT SATISFACTION

Hospital Cleanliness

Floor surveys with housekeeping staff and administrative staff are ongoing. Extra resources for floor buffing/waxing have very recently been put into place which has had a significant impact.

Way-finding

The way-finding initiative is in the first stages - better signage and possibly kiosks.

D. PERFORMANCE IMPROVEMENT

The Board PI meeting has been restructured to incorporate hospital QI so that all clinical and support departments report twice annually to this body. A summary of the

July 19th Board PI meeting will be provided in executive session during the QI part of the meeting. We will also present issues identified through Quantros and the HOT Team.

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

A. **TELEMEDICINE CREDENTIALING** – The Credentials Committee is working with "V-RAD", the vendor used to supply the teleradiologists, to complete the credentials of these practitioners rather than having the burden rest on the ECMC medical staff office, as is currently the case.

B. **MEDICAL STAFF MEETING** – The next medical staff meeting is scheduled for **October 19, 2011 at 6:00 P.M.**

VIII. LIFELINE FOUNDATION – Thomas Quatroche

A. BOARD RETREAT – The board discussed ways to redefine itself and be more involved in hospital projects and will be supporting the new employee fitness center. The capital campaign is currently on hold but will be re-invigorated shortly and will focus on the new Renal Center as well as continuing the renovation of the ED. Any other suggestions for future projects are welcome.

B. GOLF OUTING – August 15, 2011, two flights at the Park County Club. Please participate.

IX. CONSENT CALENDAR

	MEETING MINUTES/MOTIONS	ACTION TAKEN
A.	MINUTES OF THE Previous MEC Meeting: June 27, 2011	Received and Filed
B.	CREDENTIALS COMMITTEE: Minutes of June 7, 2011	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
	- Pathology Privilege Form	Reviewed and Approved
C.	HIM Committee – Minutes of Meeting June 23, 2011	Received and Filed
	1. Urology Clinic Note	Reviewed and Approved
	2. Palliative Care Consult Report	Reviewed and Approved
	3. Palliative Care – Patient Family Meeting Record	Reviewed and Approved
	4. Palliative Care – Inpatient Progress Note	Reviewed and Approved
	5. Summary of Physician Consult Form	Reviewed and Approved
D.	P & T COMMITTEE – Minutes of Meeting June 1, 2011	Received and Filed
	1. Simvastatin – Delete from Formulary	Reviewed and Approved
	2. Rosiglitazone – delete from Formulary	Reviewed and Approved
	3. Pioglitazone – delete from Formulary	Reviewed and Approved
	4. Fluticasone Nasal Spray – add to Formulary	Reviewed and Approved
	5. TI-05 Statins – Approve revisions	Reviewed and Approved
	6. TI-08 Intranasal Corticosteroids – approve revisions	Reviewed and Approved

	MEETING MINUTES/MOTIONS	ACTION TAKEN
	7. Flunisolide Nasal Spray – delete from Formulary	Reviewed and Approved
	8. Latanoprost Ophthalmic – add to Formulary	Reviewed and Approved
	9. TI-10 Prostaglandin Agonists – approve revisions	Reviewed and Approved
	10. Travoprost Ophthalmic – delete from Formulary	Reviewed and Approved
	11. Levetiracetam Oral Solution – approve as a Formulary Line Extension	Reviewed and Approved
	12. Fosaprepitant 150 mg/5 mL – approve as a Formulary Line Extension	Reviewed and Approved
	13. Fosaprepitant 115 mg/5mL – delete from Formulary	Reviewed and Approved
	14. F-03 Automatic IV to Oral Conversion Policy	Reviewed and Approved
	15. F-09 Automatic Stop & Review Orders	Reviewed and Approved
	16. IV-09 Adult Standard Infusions – approve revisions for argatroban, insulin & recuronium	Reviewed and Approved
	17. Amphotericin B/mafenide topical solution – add as a standard treatment in the Burn Unit	Reviewed and Approved

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

MOTION UNANIMOUSLY APPROVED.

X. OLD BUSINES

NONE

XI. NEW BUSINESS

A. **AABB Lab Accreditation –** Commendation to Dr. Amsterdam and the laboratory staff on a recent successful survey obtaining dual accreditation until 2013 after successful survey and inspection.

B. **Discontinuation of 48 Hour Lab Discharge Report** – Pursuant to recent agreement of the Chiefs of Service, this report as a printed hard copy has been suspended as deemed unnecessary.

C. **IPRO Resident Duty Hour Survey Results 2011** – Reported by Dr. Murray in his University report.

D. **POLICY: Occurrence Reporting (ADM-033) – Informational**

E. **POLICY: Reporting & Investigating of Alleged Child Abuse -** Informational – currently being reviewed.

F. **POLICY: Ethics Committee –** Informational – minor revision made to policy.

G. **ACTION: Short Form for Outpatient Procedures –** Moving this form to "optional" rather than mandatory for short-stay patients.

MOTION to move the short form for outpatient procedures to an optional documentation rather than mandatory. All in favor, no opposed. Motion passed.

MOTION UNANIMOUSLY APPROVED.

XII. ADJOURNMENT

There being no further business, a motion was made, seconded and unanimously approved to adjourn the meeting at 12:40 p.m.

Respectfully submitted,

Timothy DeZastro, M.D., Secretary
ECMCC, Medical/Dental Staff

NEW BUSINESS

OLD BUSINESS

Reading Material

From the Chief Executive Officer

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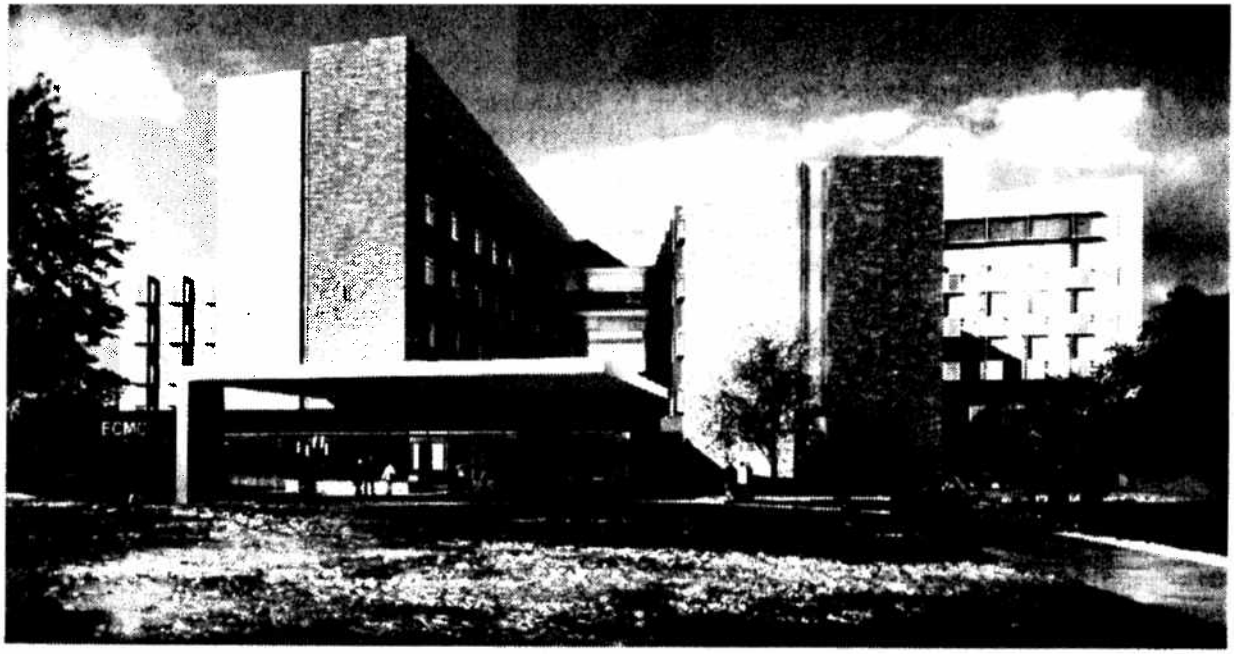

Erie County Medical Center Corp.

ECMC Breaks Ground for New Home

Long-term care facility at ECMC closer to families' and employees' homes

BUFFALO – July 14, 2011 – Erie County Medical Center today officially broke ground for a new $103 million, 390-bed nursing home on the ECMC Health Campus on Grider Street.

The new long-term care facility, which will open in December 2012, replaces the 80-year-old Erie County nursing home in Alden. It also combines in one location existing long-term care beds from Alden and ECMC.

The move from Alden to ECMC's Health Campus focuses on providing higher quality, state-of-the-art care for residents. It also moves residents closer to family, increases access to employment for Buffalo and suburban residents, and reduces operating costs for ECMC Corp.

"Moving our county home residents to a new, modern facility at ECMC will benefit efficient care," said Jody L. Lomeo, ECMC's CEO. "This is something the state has supported for many years, and now we're making it happen."

Medicaid reimburses a portion of the construction costs, which is dependent upon the number of residents that receive Medicaid each year. The project is financed through bonding advanced by the Erie County executive and approved by the Erie County Legislature. The bonds will be sold through the Erie County Fiscal Stability Authority and this borrowing structure saved ECMC Corp. $118 million in interest expense by reducing the interest rate and the repayment period to 15 years from 30. Erie County will pay $11.5 million of the construction costs through an agreement reached with ECMC in 2009. ECMC officials estimate the new percent.

In addition, according to current resident and employee censuses, residents' families and nursing home workers will find the new home much more convenient. Of 430 current residents, 247 are from Buffalo ZIP codes, with another 51 from first-ring suburbs like Kenmore, West Seneca, Cheektowaga and Amherst. Also, 128 employees are from Buffalo, and another 178 are from first-ring suburbs.

The home and the center are part of a five-year, $150 million project on ECMC's Health Campus that when complete will provide good-paying jobs and health-focused economic development centered in a section of Buffalo that has seen too little of both.

The projects, which include demolition of eight buildings on the 65-acre ECMC property, will also support hundreds of construction workers' jobs over the next

WBFO News

ECMC begins construction for new nursing home

WBFO Newsrooom *(2011-07-14)*

BUFFALO, NY (WBFO) - The Erie County Medical Center broke ground Thursday morning for a new $103 million, 390-bed nursing home on the ECMC Health Campus on Grider Street in Buffalo.

Photo provided by ECMC.

The new long-term care facility will replace the 80-year-old Erie County nursing home in Alden. It also combines in one location existing long-term care beds from Alden and ECMC.

The move from Alden to ECMC's Health Campus will focus on providing higher quality, state-of-the-art care for residents.

"Moving our county home residents to a new, modern facility at ECMC will benefit residents, our employees and will provide better, more efficient care," said Jody L. Lomeo, ECMC's CEO. "This is something the state has supported for many years, and now we're making it happen."

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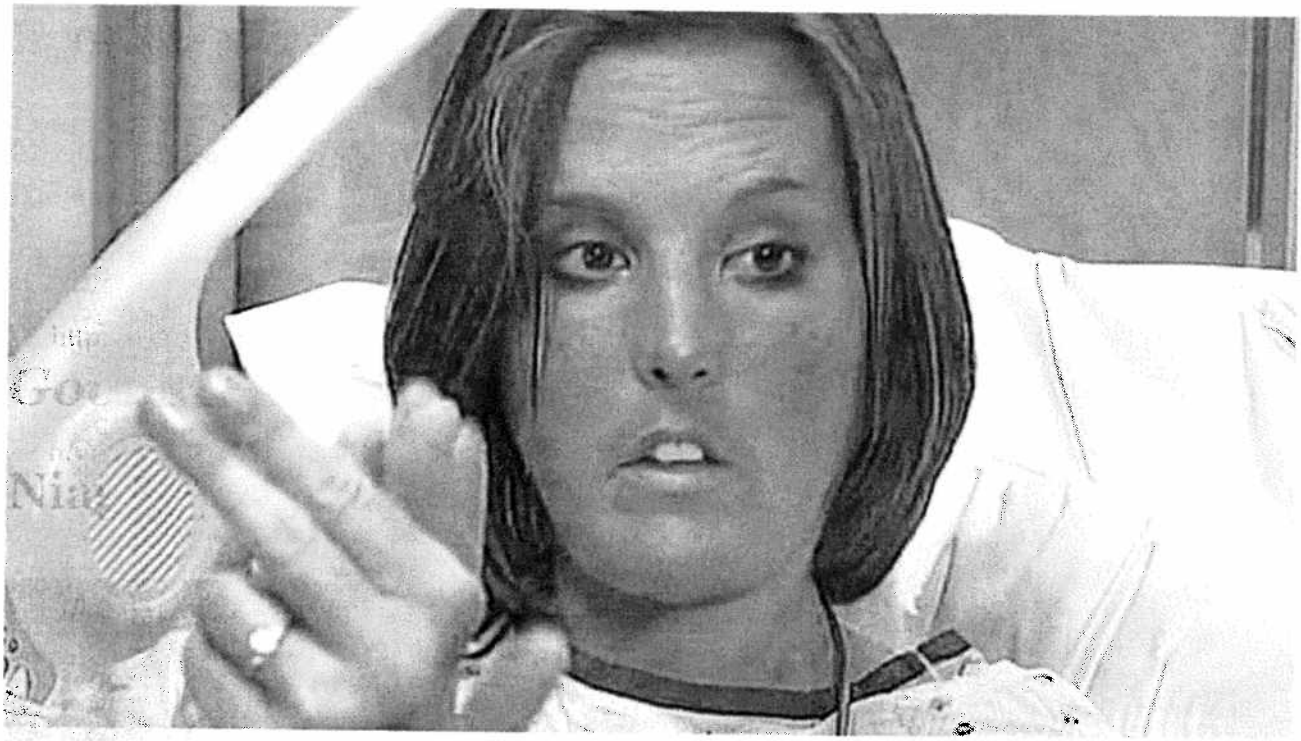
Erie County will pay $11.5 million of the construction costs through an agreement reached with ECMC in 2009. ECMC officials estimate the new facility will reduce current operating losses by 60 percent.

"We're extremely proud of the innovative work happening at ECMC," said Sharon Hanson, president of the ECMC Corp. board. "Having the support of our partners, New York State, Erie County and the control board, makes it all possible. And what's best is that our residents and employees benefit most."

The new nursing home is set to open in December of 2012.

Good Morning America

Niagara Falls Survivor Reunites With Boat Captain Hero



Lindsey Burgess is recovering in a New York hospital room after falling into the whirlpool rapids below Niagara Falls. (ABC News)

The 30-year-old Missouri woman rescued Monday from the dangerous waters of Niagara Falls had just four words for the boat captain who rescued her when she met him for the first time Wednesday night.

"You gave me everything," Lindsay Burgess told Corey Ziraldo when the two met in an emotional reunion at the Bufffalo, N.Y., hospital where Burgess is recovering.

Burgess and her fiancé, Rich Waggoner, both of Park Hills near St. Louis, were hiking in the Devil's Hole area of Niagara Falls' Whirlpool State Park in New York around 1 p.m. Monday when she tried to reach down and touch the swirling waters below one of the world's most powerful waterfalls.

"I just wanted to touch the beauty," Burgess told ABC News. Instead, she slipped on rocks on the shore, which caused her to fall into the rapids.

The churning waters sucked her in and whisked her away.

"It was like somebody pulled me in," she said. "I just remember one leg sliding down."

The waters that pulled Burgess in are 10 times more powerful than the rapids that carved the Grand Canyon out West, so fierce that nothing floats in the water, much less survives.

"It feels literally like a tornado underwater," Burgess recalled. "It was like trying to tread water in a tornado."

For Burgess' fiance watching on the shore, it was sheer terror.

"I just felt like I love her so much and to have her ripped out of my life, I was horrified," Waggoner said.

It was then that Ziraldo, aided by his quick-thinking crew and the eagle-eyed tourists aboard the Whirlpool Jet Tours boat he was captaining, came to Burgess' rescue.

Just as Burgess fell into the river, the tour boat passed by and saw a body in the water. Crew members quickly took action, led by Ziraldo.

"I was able to drive the boat immediately to where she was being held by the current," Ziraldo said.

Ziraldo and his crew pulled Burgess out of the water. She had been under water for about a minute before she resurfaced and the tour boat spotted her. The boat crew gave her CPR and transported her to the shore, where she was met by emergency officials. They took her to nearby Mount Saint Mary's Hospital for evaluation before being transferred to Erie County Medical Center in Buffalo for further testing.

Burgess entered the hospital on a respirator, with doctors unsure whether she would survive.

She has since been moved out of the intensive care unit and is breathing and talking on her own, enough to say a heartfelt thank-you to the tour boat captain who gave her a second chance at life.

Click here to return to the Good Morning America website

ECMC Orthopaedics-A Regional Leader in Care and Surgery.

— by Phil Nyhuis

When trauma patients are rushed to ECMC, they are often suffering from complex multiple injuries that require the immediate attention of many medical experts. As the adult regional trauma center for Western New York, ECMC comprises several specialties and subspecialties to attend to the needs of its critically injured patients. Since many trauma patients sustain multiple fractures, one of the medical center's most important specialties and a vital component of its trauma expertise is the *Orthopaedics Department at ECMC.*

ECMC Orthopaedic Team performs Total Shoulder Surgery

The growth of orthopaedics at the medical center.

The Orthopaedic Department has grown to become a full service orthopaedic referral center for the care of all orthopaedic and musculo-skeletal problems except for bone tumors and pediatric orthopaedics. Today, ECMC is the area's only hospital that provides fellowship-trained orthopaedic trauma surgeons who deal with the most complex patients with multiple injuries. They are assisted by a dedicated team of orthopaedic nurses and specialized surgical technologists. In addition to their lifesaving role in trauma care, ECMC surgeons also perform arthritis surgery and total joint replacement (arthroplasty) including reconstructive total hip, knee, foot, ankle, hand, elbow, and shoulder surgery.

ECMC is, in fact, one of the leading centers of total shoulder surgery in New York State, with 212 procedures performed last year alone. These include *reverse* total shoulder surgery, a remarkable new procedure that reverses the ball and socket mechanism to significantly reduce shoulder pain while vastly increasing arm and shoulder mobility. Because of its advanced orthopaedic surgical facilities, ECMC is the environment chosen by surgeons affiliated with both the University at Buffalo and Excelsior Orthopaedics to perform this and other complex orthopaedic procedures.

Fracture care – an important subspecialty.

ECMC Orthopaedics is also well known for the high quality of its fracture care and is staffed with specialists trained in the latest techniques of fracture treatment. "We have tremendous expertise in fracture management," says Philip M. Stegemann, MD, and Chief of Orthopaedics at ECMC. "We get many patient referrals with compound fractures and complex injuries who require immediate care." The medical center is also a referral center for patients who have been treated elsewhere and have complex fractures.

Special care for specialized structures at the Foot and Ankle Center.

Feet and ankles are complex parts of the body that receive specialized care from the experts at ECMC's Foot and Ankle Center. Here, orthopaedic specialists help adult patients with problems such as ankle sprains, arthritis and joint diseases, fractures, heel pain, congenital deformities, diabetic complications, nerve disorders, occupational and sports injuries, and post-traumatic care. Surgical procedures might include ankle arthroscopy (examination or treatment of a joint), ankle stabilization, cartilage regeneration, arthrodesis (surgical fusion of a joint to relieve pain), tendon and ligament reconstruction, and total ankle replacement.

The Spine Center at ECMC.

The mission of the Spine Center is to repair damage and minimize discomfort for patients with back and neck injuries. The center also offers a continuum of care that includes both physical and occupational therapy to help patients understand the cause of their pain, manage their symptoms, and achieve the maximum level of functioning in their daily activities.

New Bone Health Center will focus on prevention and care.

A new building currently under construction at the ECMC campus will be home to both the Center of Excellence for Renal Disease and Transplants and a state-of-the-art suite for orthopaedics and bone health. According to Lawrence Bone, MD, and Chairman of the Department of Orthopaedics at UB, the new Bone Health Center will occupy an entire floor of the new building and will become a regional center dedicated to orthopaedic health. The center's staff will include specialists in osteoporosis, metabolic bone disease, rheumatology, and geriatric medicine.

To arrange an appointment or obtain more information on any aspect of orthopaedic surgery, treatment, or disease prevention, please contact the Department of Orthopaedics at ECMC at ***716-898-3810*** *or visit our website at* ***http://www.ecmc.edu/medicalservices/orthopaedics/.***

Orthopaedic physicians/surgeons and their specialties at ECMC

Mark J. Anders, MD
Trauma, Reconstruction, and General Orthopaedics
University Orthopaedic Services

Geoffrey A. Barnas, MD
General Orthopaedic Surgery
University Orthopaedic Services

Lawrence Bone, MD
Trauma and Reconstructive Surgery
University Orthopaedic Services

John Callahan, MD
Hand Surgery
Excelsior Orthopaedics

Thomas R. Duquin, MD
Elbow and Shoulder Surgery, General Orthopaedics
University Orthopaedic Services

Jennifer Gurske de Perio, MD
Foot & Ankle Surgery
University Orthopaedic Services

Joseph M. Kowalski, MD
Spine Surgery
University Orthopaedic Services

Christopher E. Metty, MD
Trauma Surgery and Joint Replacement
University Orthopaedic Services

Paul Paterson, MD
Hand and Reverse Total Shoulder Surgery
Excelsior Orthopaedics

Michael A. Rauh, MD
Sports Medicine
University Orthopaedic Services

Christopher A. Ritter, MD
Foot & Ankle and Trauma Surgery
University Orthopaedic Services

Bernhard J. Rohrbacher, MD
Foot & Ankle Surgery
University Orthopaedic Services

Philip M. Stegemann, MD
Shoulder Surgery and General Orthopaedics
University Orthopaedic Services

Andrew C. Stoeckl, MD
Sports Medicine
Excelsior Orthopaedics

BuffaloNewscom

Injured deputy in stable condition

Published:July 20, 2011, 7:56 AM
4 Comments

Tweet
Updated: July 20, 2011, 9:25 AM

Niagara County Sheriff's Deputy Allen Gerhardt was out of surgery as of midnight and recovering in stable condition in the Erie County Medical Center intensive care unit.

Gerhardt, 36, a decorated Army National Guard pilot who flew hundreds of combat missions in Iraq, was critically injured Monday while responding to a call for help from another deputy.

Doctors at Erie County Medical Center say the surgery went well, Sheriff James R. Voutour said.

Gerhardt lost one leg below the knee and one above the knee when he lost control of his patrol car just before 1:30 a.m., and struck a guardrail on Lake Road, according to the sheriff's department.

He was answering a call for backup when another deputy stopped a driver who had just struck a parked vehicle and fled into the woods about two miles away.

Comments

SORT: NEWEST FIRST | OLDEST FIRST

Lydia it must be nice to be able to sit on here for 3 days and put such insensitive unintelligent comments on here. You must have nothing better to do in life. I hope you never need the aid of a law enforcement officer quickly. Better yet maybe you should so that you can learn some sensitivity towards others. Life is too short to be so bitter and rude.

LORI PETERSON, ST AUGUSTINE , FL on Wed Jul 20, 2011 at 11:37 PM

FLAG AS INAPPROPRIATE

BuffaloNewscom

The Erie County Home and Infirmary in the Town of Alden will be closed when the county opens a new facility at Erie County Medical Center on Grider Street.
Harry Scull Jr. / Buffalo News

What next for County Home site?

By **Matthew Spina**

Published:June 29, 2011, 11:33 PM
5 Comments

Tweet

Updated: June 30, 2011, 10:54 AM

The vast Erie County Home and Infirmary, about a quarter-mile long, is heading for mothballs, perhaps in 2013.

About 600,000 square feet of space, dominating 150 surrounding acres, could go dark.

So where does that leave the Town of Alden, the Erie County Home's host for more than 80 years?

Apparently with the massive task of finding some use for the monstrosity -- or tolerating an empty landmark. Town leaders say that in their discussions with county government so far, they have learned that county officials do not yet have a plan for the County Home.

"It's going to be here in our backyard," Alden Supervisor Ron Smith said. "We are the

ones who are going to see it every day. It is just not visible from Erie County Hall."

Consider the challenges of Buffalo's Central Terminal, or the Statler Towers. But this structure sits outside the urban center.

Will it be out of mind as well?

"I can assure you, we will work with town officials to ensure the property remains aesthetically pleasing," said Michelle Mazzone, who was appointed by County Executive Chris Collins to oversee the county's real estate.

County government will have no use for the property once Erie County Medical Center Corp. turns over the complex after opening its new facility in Buffalo, she said. But she vowed that the county will search for a new user.

She predicted that in 2012 the Collins team will look nationwide for developers interested in acquiring the site.

"You are not talking about a small parcel of land with a small building. You are talking about a large development project," she said.

The plan to close the County Home in Alden once a new nursing facility opens at the Erie County Medical Center campus on Grider Street has been called a "win-win."

ECMC Corp., which runs the County Home, will move approximately 400 residents and 400 employees into the city, where most will be closer to their families and homes. The staff will no longer need to shuttle patients 33 miles round-trip for more serious care at ECMC.

Hospital leaders forecast that the new nursing facility will be less expensive to run and better designed to provide residents more homelike surroundings. And its construction, which is to start by next summer, will create jobs.

Because of the benefits, the County Legislature today probably will go along with a plan to let the state-appointed county control board arrange a $98 million loan to finance most of the ECMC expansion on Grider. Collins has endorsed the transaction.

"They want to get the message out about the future," Smith said of county officials. "But they don't want to talk about the past -- the reality of what they are walking away from."

"We need some help from the county, at the county level," the Alden supervisor said. "It is their building. It is their responsibility. They should be a good neighbor and not just walk away."

"It is going to take, I think, some aggressive marketing," said Fred K. Heinle, director of the Alden Economic Development Committee. "We in the town don't have the financial capacity to undertake that on our own ... but at this point we are left to our own devices."

The Erie County Board of Supervisors in the 1920s built the County Home, often called the Wende Home, on tracts donated by the Wende family far from the urban center. Its symbiotic companion at the time was the county's Wende penitentiary, which also operated an adjacent farm.

The county penitentiary was eventually sold to state government and became a state prison. The county in the 1980s built a new correctional facility right across Walden Avenue from the County Home. So Alden has become accustomed to government as its largest landowner.

Walden is dotted with factories and office plazas as it extends into Alden. But those factories stop before the frontage claimed by the County Home and the correctional facility. The stretch of road has water and sewer services. Folks on the Alden Economic Development Committee call it their "Walden Avenue Corridor."

In an interview this week, committee members agreed that it might make sense to tear down the home -- if someone else pays for that huge undertaking.

"We would love to get this land back on the tax rolls," said Christopher E. Gust, president of the Alden Chamber of Commerce. "We are in a situation in the Town of Alden where 40 percent of our land is off the tax rolls because it's owned by the county or the state."

But if it's not torn down, what potential uses are in store for such a large structure?

It's too early to say, said Mazzone, the county director of real estate. She said decisions about razing the home will be made only after interested buyers offer their ideas.

It's not likely that another nursing home will go there. Former County Executive Joel A. Giambra said his administration, trying to get out of the nursing home business early in the last decade, offered to sell it to a private operator or have the operator run it under a contract with Erie County.

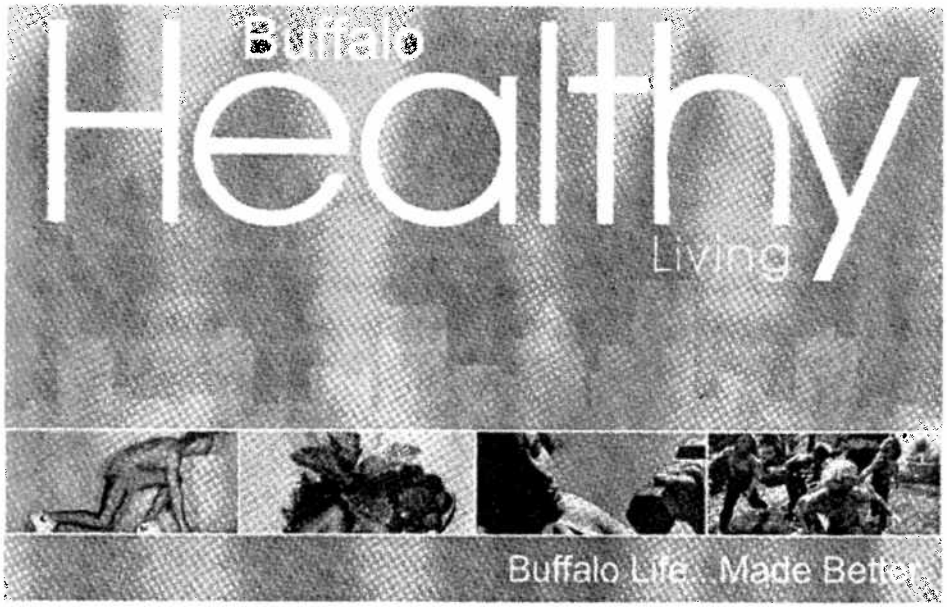
"The first idea was to try to privatize it, and there was no interest in that. Then to give it away at fire-sale numbers," he said. "The thing was built out in the middle of nowhere, that's the problem."

Those offers were made before Erie County Medical Center was spun off as a public-benefit corporation, making ECMC Corp. better able to compete with other hospitals.

"I used to refer to it as one of our pet alligators," Giambra said of the County Home.

"All we do is feed it."

mspina@buffnews.com



Healthy Living News and Information

THURSDAY, AUGUST 11, 2011

Building Community Health Capacity in Buffalo

Three groups are spearheading new community health initiatives in urban Buffalo, with support from the Community Health Worker Network of Buffalo and the Community Health Foundation of Western and Central New York. The Community Health Worker Network of Buffalo's mission is to provide opportunities for the residents of vulnerable neighborhoods to realize their full potential for health and well-being. The network provides training and capacity building for frontline workers in the areas of health care, public health, housing, education, environment, food access and social services, with the intent to empower community members to define their own challenges and opportunities, and take action to self-determine their future.

The Community Health Foundation of Western and Central New York is an independent, private foundation whose mission is to improve the health and health care of people in Western and Central New York. Utilizing a grant from the Community Health Foundation of Western and Central New York, the network issued a call for proposals in June to community groups who had ideas for implementing projects to promote community wellness by building on existing community assets and utilizing community health workers and neighborhood residents as leaders.

The following partners will each receive $5,000, as well as support with community planning and organizational development:

United Partners for Public Education in Buffalo: This group of parents and community activists will be organizing parents, teachers, students, and community members and organizations in four of the city's schools that have been designated as "persistently low achieving" - Dr. Martin Luther King Multicultural Institute, Bennett High School, International School 45 and South Park High School. They will aim to build collaboration and bottom up, asset-based solutions to dramatically change the current state of education through a community planning process that engages all stakeholders in formulating actions.

Growing Healthy Together: This collaboration between Erie County Medical Center, neighborhood residents and several faith and community based organizations in the Delevan-Grider area of Buffalo will utilize a Community Health Worker to develop and promote the Farmers' Market at Grider Street to provide access to fresh food and security for the surrounding community.

"Giving Voice" Series in Western New York: Ujima Theatre Company will spearhead an initiative to use theater as a tool to tell the stories of struggle, survival and triumph of local refugee women, giving them a medium through which they can express their health needs and experiences. The stories will be integrated into a play that will be promoted as a tool for empowerment within the refugee community, and a medium for education and awareness in the health care/social services sector.

"This initiative gives individuals and communities the opportunity for good heath, and by that we mean a framework that fosters healthy environments where people can live, learn, work and play," Jessica Bauer Walker, director of the Community Health Worker Network said. "Too often we think of health as just health care, but health starts in our communities with safe streets, quality education, employment opportunities, quality and affordable housing and access to fresh and healthy foods. Our neighborhood health grants will give frontline workers and residents an opportunity to produce solutions that make sense to them."

BLOGROLL

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- Best Recipes 2011 Awards
- Chocolate Ratings
- Circle B Kitchen Recipes
- Diet Blog
- Dr. Weil
- Get Your Kids to Exercise - Megan Merchants Blog
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Buffalo Medical

BuffaloNewscom

From left, Derrick Turner Sr., Larry Williams Sr. and Judith M. Anderson discuss their concerns about environmental contamination around Kensington Heights.
Derek Gee / Buffalo News

Irate over asbestos revelations

By **Phil Fairbanks**

Published:August 10, 2011, 8:42 PM
8 Comments

Tweet

Updated: August 11, 2011, 2:46 PM

It's hard to imagine a worse location for widespread contamination.

Three schools, a large hospital and a park popular with youth sports teams.

No wonder teachers, parents and community leaders are worried and, yes, angry about revelations that the asbestos removal effort at Kensington Heights on Fillmore Avenue may have put the neighborhood at risk.

"We want to know how this could have occurred," said Larry Williams, a block club leader on nearby Glenwood Avenue. "We also want it known that we're not happy."

Williams is just one of the people asking questions in the wake of last week's federal indictments charging two companies and nine individuals with improperly disposing of asbestos at the vacant public housing complex.

"Everybody is concerned," said Roslynn Gaumer, a teacher at nearby School 84, also known as the Erie County Health Care Center for Children. "When I first heard about it, I thought,

'Oh my God, we're right next door.'"

For Gaumer and others, there is a wide range of unanswered questions.

How did it happen?

What are the health risks to people who live, work or play there?

And why were city, state and federal officials so slow to react?

"I'm very worried," said Derrick L. Turner Sr., president of the Buffalo Ravens, a youth football organization. "Right now, I'm concerned about the welfare of the kids, but I'm also angry because this shouldn't have happened."

On any given August or September afternoon, more than 200 of Turner's kids can be found at Glenny Park, just a stone's throw from Kensington Heights.

And they were there between July of 2009 and January of 2010 when two local contractors are accused of playing fast and loose with asbestos removal regulations.

"I was quite stunned to hear about this," said Rep. Louise M. Slaughter, D-Fairport. "I'm certainly going to do whatever I can to find out if people living in the neighborhood were hurt."

Slaughter said she plans to ask the U.S. Environmental Protection Agency to conduct air testing in the neighborhood around the six-tower complex visible from the Kensington Expressway.

State and federal environmental officials declined to comment last week on the public health threat posed by the asbestos removal.

Federal prosecutors acknowledged, however, that given the companies' alleged practices and the six months in which the alleged violations took place, it is possible the neighborhood was put at risk.

A dissenting opinion

The Buffalo Municipal Housing Authority, which owns the complex, doesn't agree. The authority maintains widespread exposure was avoided because the buildings were never demolished, a process that certainly would have spread the asbestos still inside.

"[The Housing Authority] has not been advised by any government agency ... that there is any danger," said Adam W. Perry, a lawyer for the Housing Authority. "No government entity has suggested testing."

Officials at Erie County Medical Center, located north of Kensington Heights, echoed that sentiment.

"If there was a health risk, it would be the obligation of [federal and state] agencies to inform us, and we are confident they would do so," said hospital spokesman Thomas J. Quatroche Jr.

And yet, there's concern among those who live and work nearby, and much of it stems from the allegations outlined in the 23-count indictment made public last week.

The indictment alleges that Johnson Contracting of Buffalo and two of its managers, President Ernest Johnson and Supervisor Rai Johnson, instructed workers to dump asbestos down holes that were cut in the floors of each building.

They also are charged with failing to wet the asbestos during stripping and removal, and leaving it in open, unsecured containers.

The allegations raise the obvious question: Were people exposed to asbestos in 2009, and are they any safer now?

"Somebody has to answer that question," said Samuel L. Radford III, a parent leader in the city school system. "Somebody has to assure us that our kids are safe."

Schools are nearby

At the top of Radford's list of worries are students at the three schools in close proximity to Kensington Heights: Lydia T. Wright, School 84 and Burgard High School.

Radford said that's the question he and others will be asking at a community meeting scheduled for 7:30 tonight in the Pratt Willert Community Center, 422 Pratt St.

Other questions being asked by residents, parents and others are: How did this happen, and why was government so slow to respond.

Federal prosecutors place much of the blame on JMD Environmental Inc. of Grand Island, the contractor hired to monitor the asbestos removal.

The indictment also implicates a state Labor Department inspector, Theodore Lehmann, and two city inspectors, William Manuszewski and Donald Grzebielucha, now retired, and accuses them of falsifying inspection reports.

"I'm a little upset with the people we pay to do a job," said Elaine Mootry, who has a grandson at Lydia T. Wright. "I'm upset because they're responsible for protecting the community."

Turner, the youth football coach, said upset doesn't come close to how he feels about the three inspectors.

"I do have some anger," he said. "These are the people responsible for making sure nothing bad happens."

Others wonder why City hall and the Housing Authority have been slow to react to the indictment, especially when it comes to assuring residents that the neighborhood is safe.

They wonder if asbestos is still in the building and what happened to the asbestos that was removed.

"Where are the people we look up to?" asked Williams, whose mother lives nearby. "Where is Councilman Smith? Where is our mayor."

Brown declined a request to be interviewed, and all his spokesman would say is, "At the end of the day, it's not a city project."

Masten Council Member Demone Smith said the city is trying to determine if the area around Kensington Heights is safe. He said the city is conducting air tests and should have the results soon.

"We're trying to figure out if there's jeopardy to the neighborhood," Smith said.

Williams said the neighborhood would like to do its own testing, in part because it wants an independent, unbiased point of view.

Residents seek help

Neighborhood leaders also are seeking the help of local environmental groups such as the Environmental Justice Action Group and the Clean Air Coalition.

"At the very least, residents deserve to know what's in their backyard," said Erin Heaney, executive director of the coalition. "There shouldn't be a question about whether there's asbestos on their property."

And until then?

"I say until we get an answer, remove the kids," said Judith Anderson, executive director of the Environmental Justice Action Group. "Err on the side of the safety."

Housing Authority officials are quick to note that the indicted contractor was fired long before the indictment came out and that a new contractor has been hired to finish the asbestos abatement.

They also question the need for air sampling.

"There's no need," said Perry. "No one has suggested that needs to be done."

pfairbanks@buffnews.com

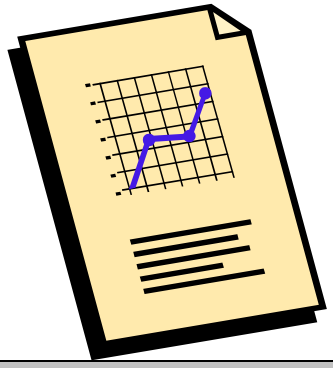
Comments

SORT: NEWEST FIRST | OLDEST FIRST

Mayor Brown, I just love your response. Not my job man. Everything involving the City is your job! I can already see a lawsuit coming and the City of Buffalo will be one of the defendants, meanwhile your billboard lawyers are already counting their 1/3. What happened in the past we cant change, but lets find out if there is still a danger of exposure? Seems to me, if the Hazmat has not been totally removed, the danger is still present. At the same time, lets not look at this crime as a source for easy money (which some people are). Be more concerned about the drugs and gun play in the community.

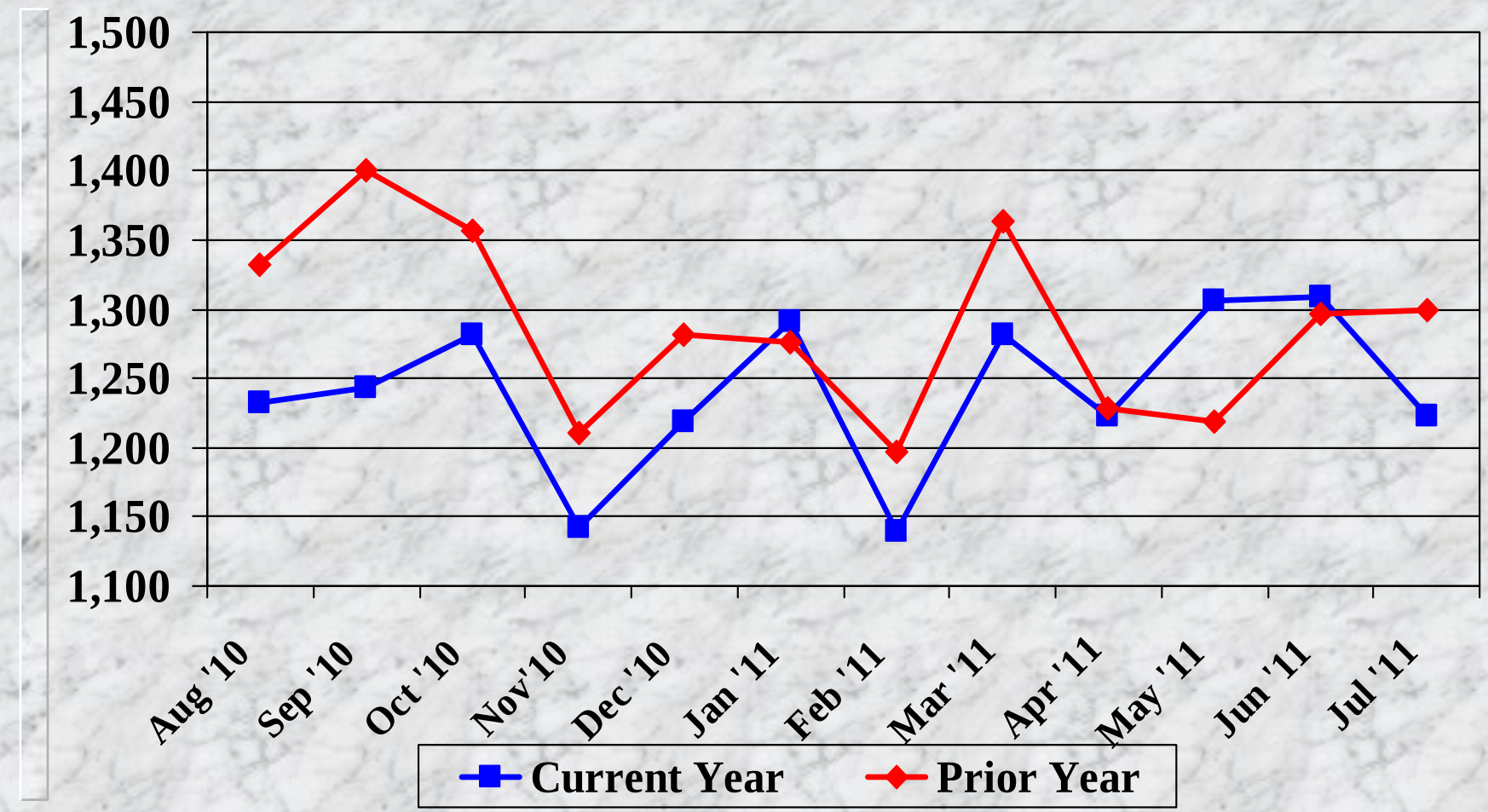
HAROLD HAHN, BUFFALO, NY on Fri Aug 12, 2011 at 07:46 AM

Presentation

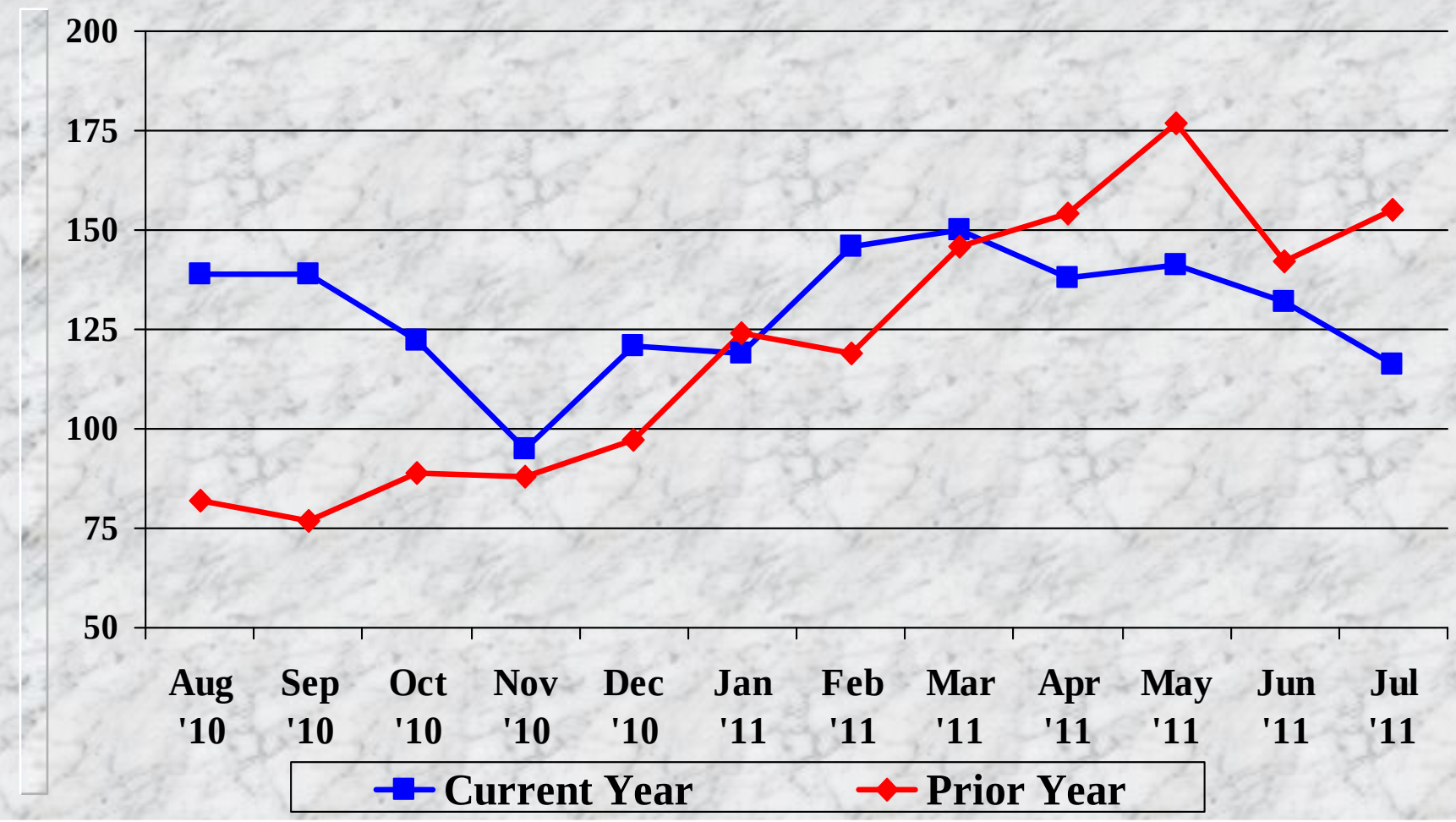


From the Chief Financial Officer

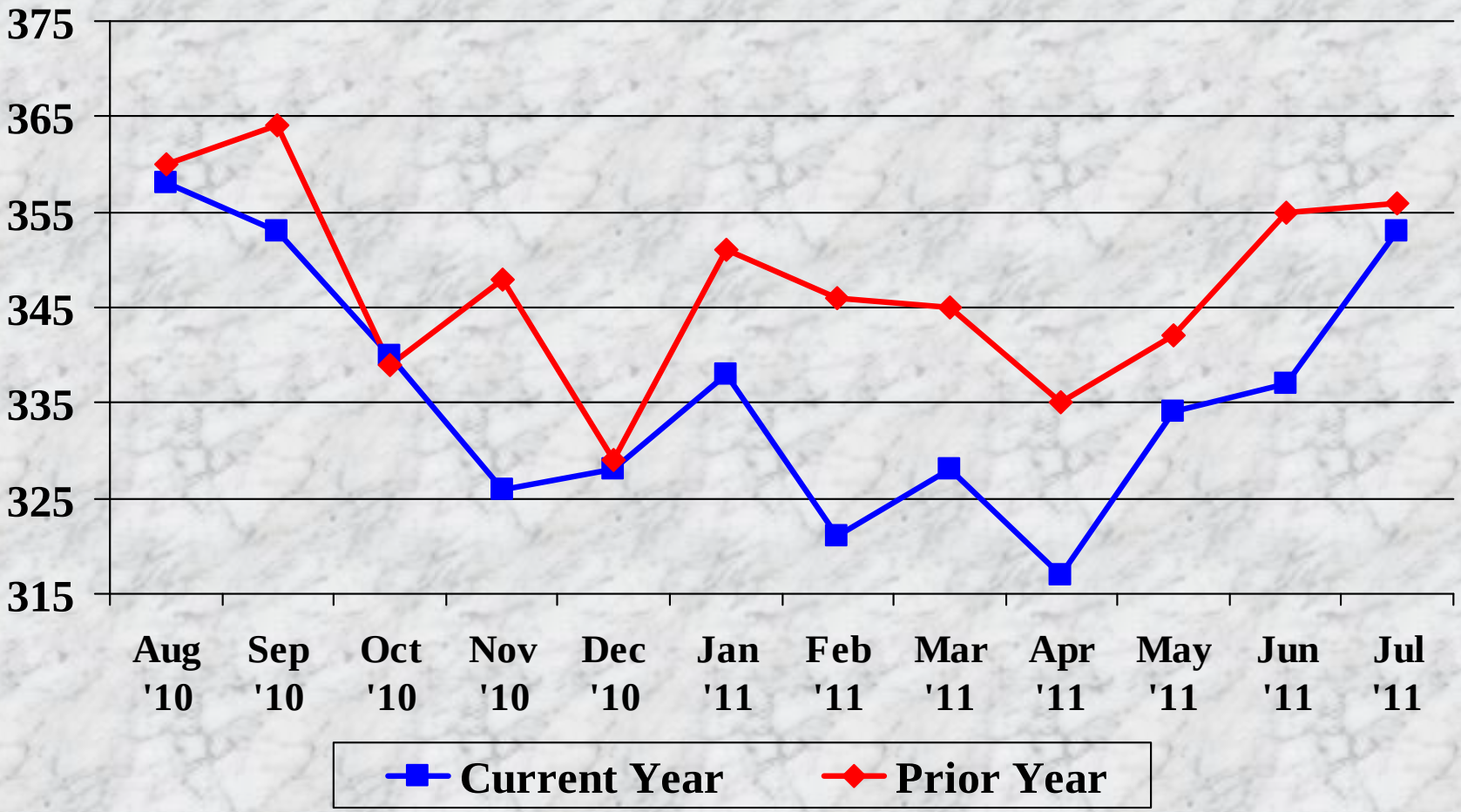
Total Discharges
(excludes SNF)



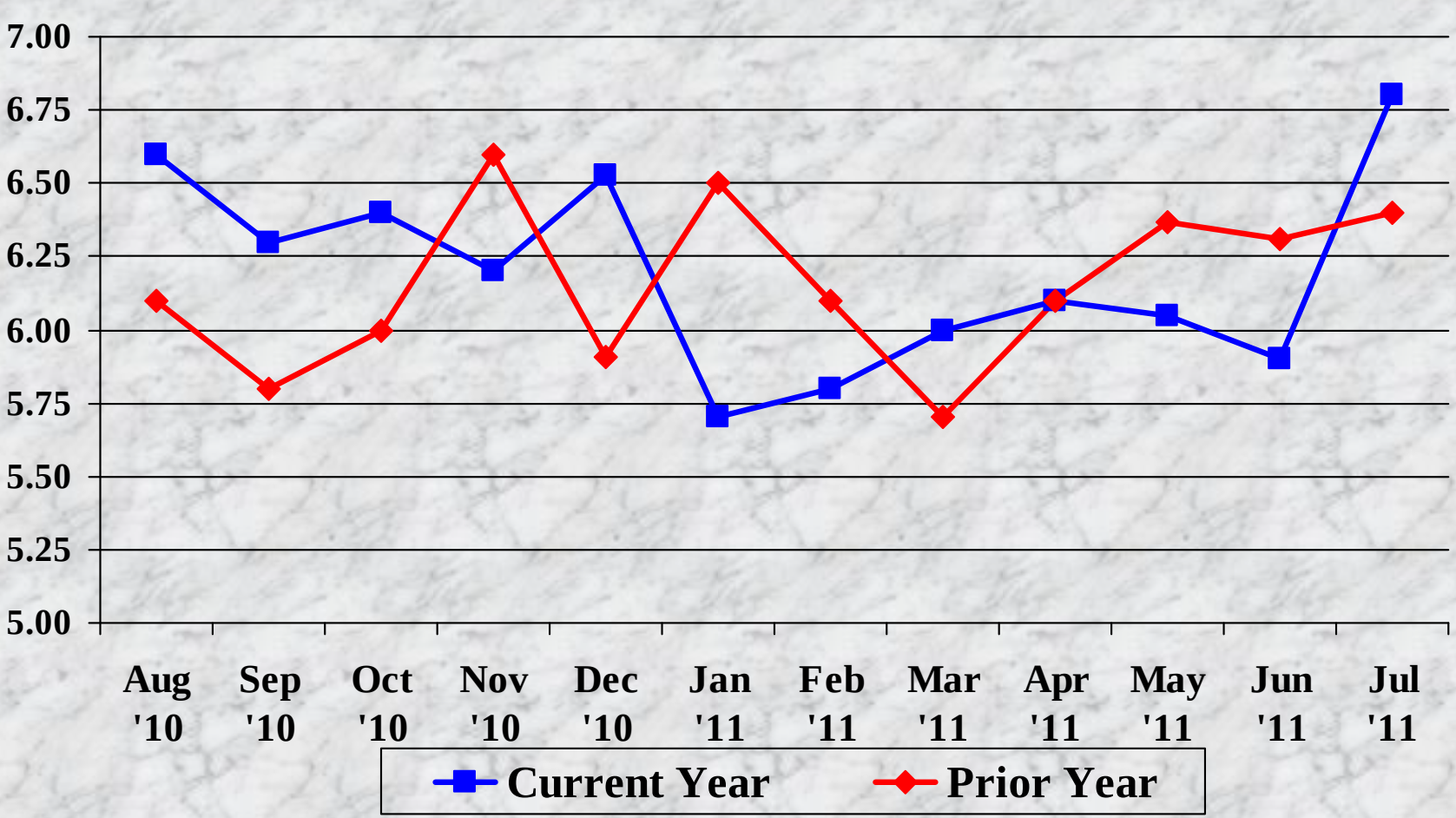
Observation Cases



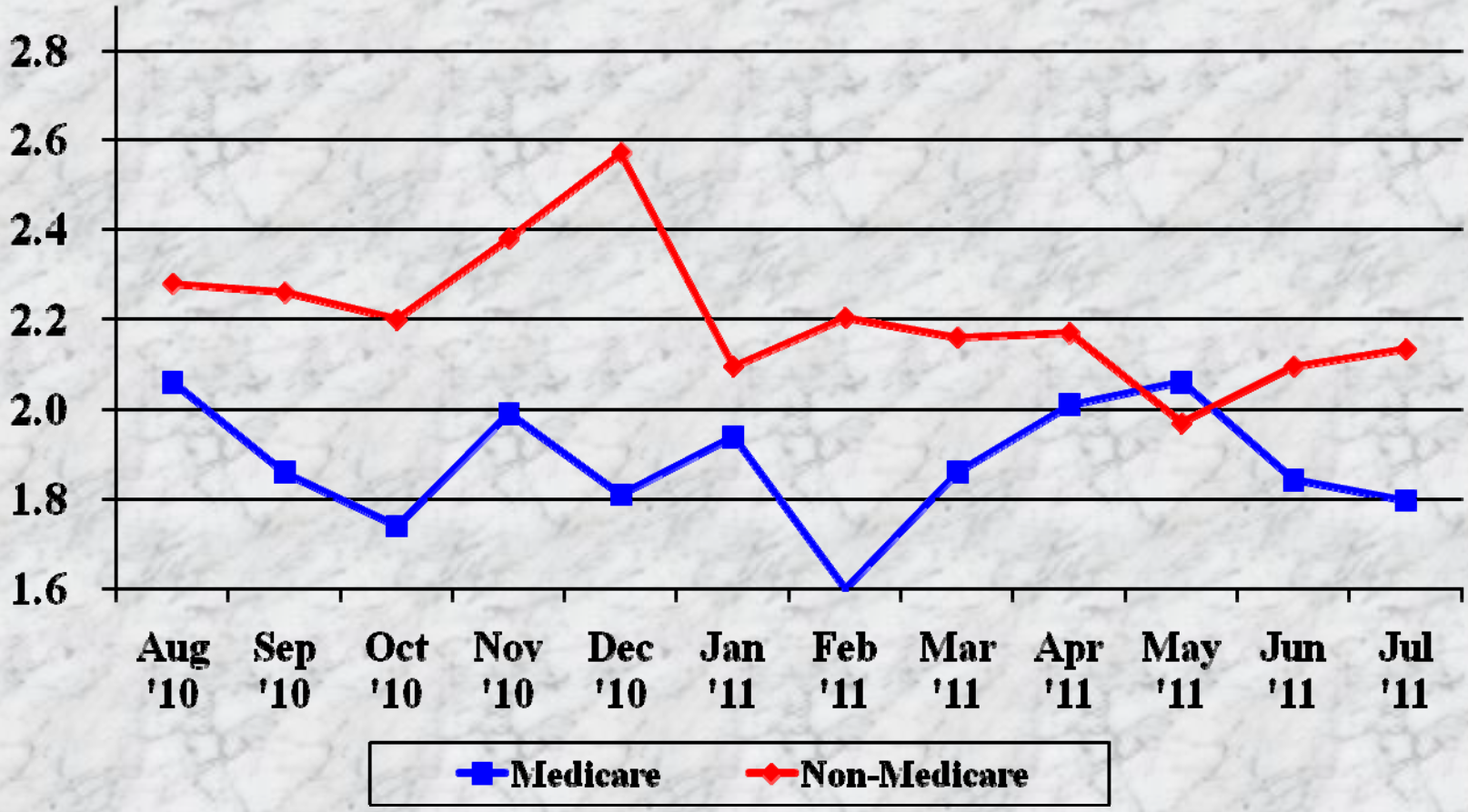
Average Daily Census
(excludes SNF)



Average Length of Stay
(Acute Care)



Case Mix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2.0
1.8
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Sep '10
Oct '10
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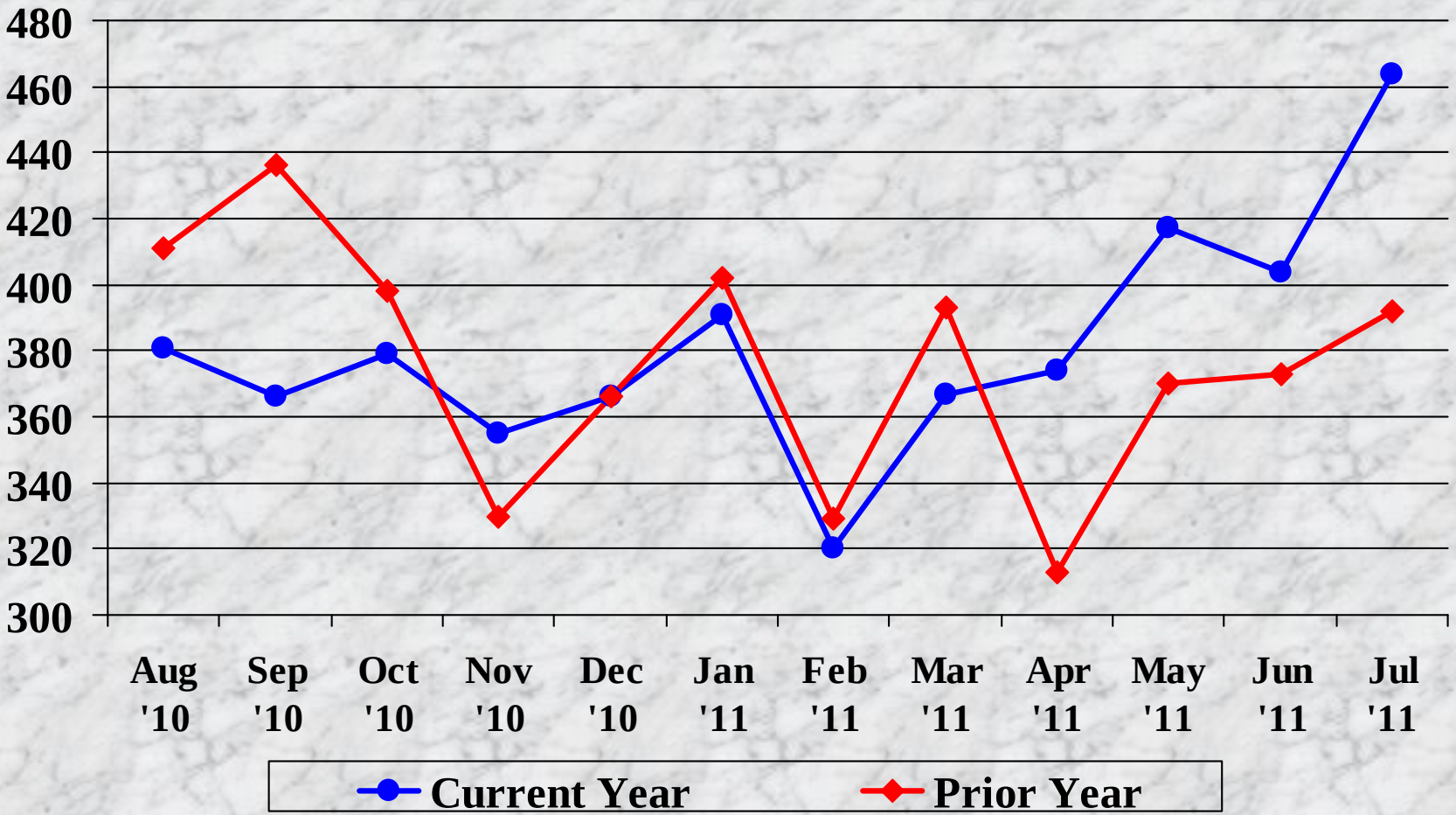
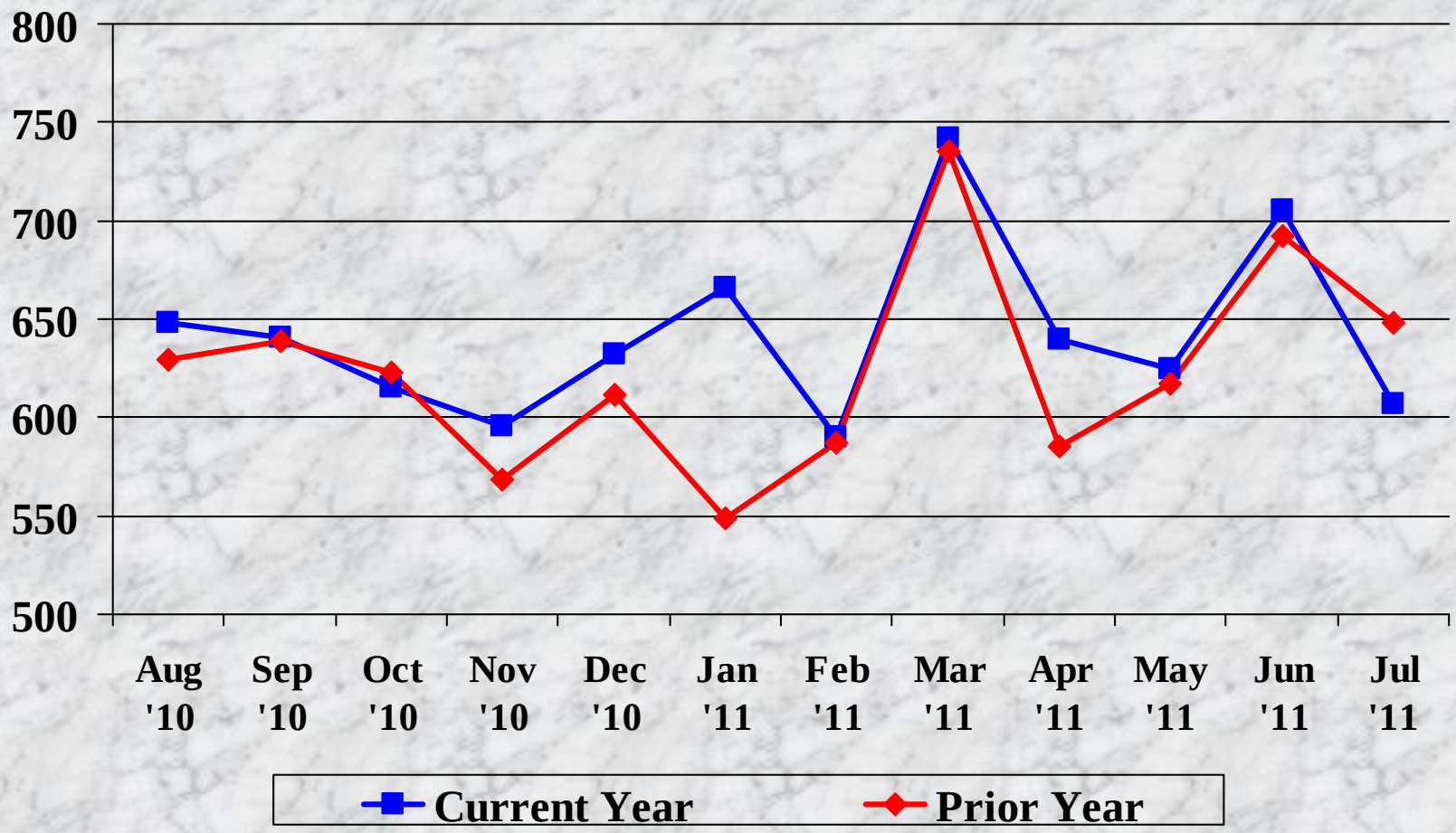
Jun '11
Jul '11
Medicare
Non-Medicare

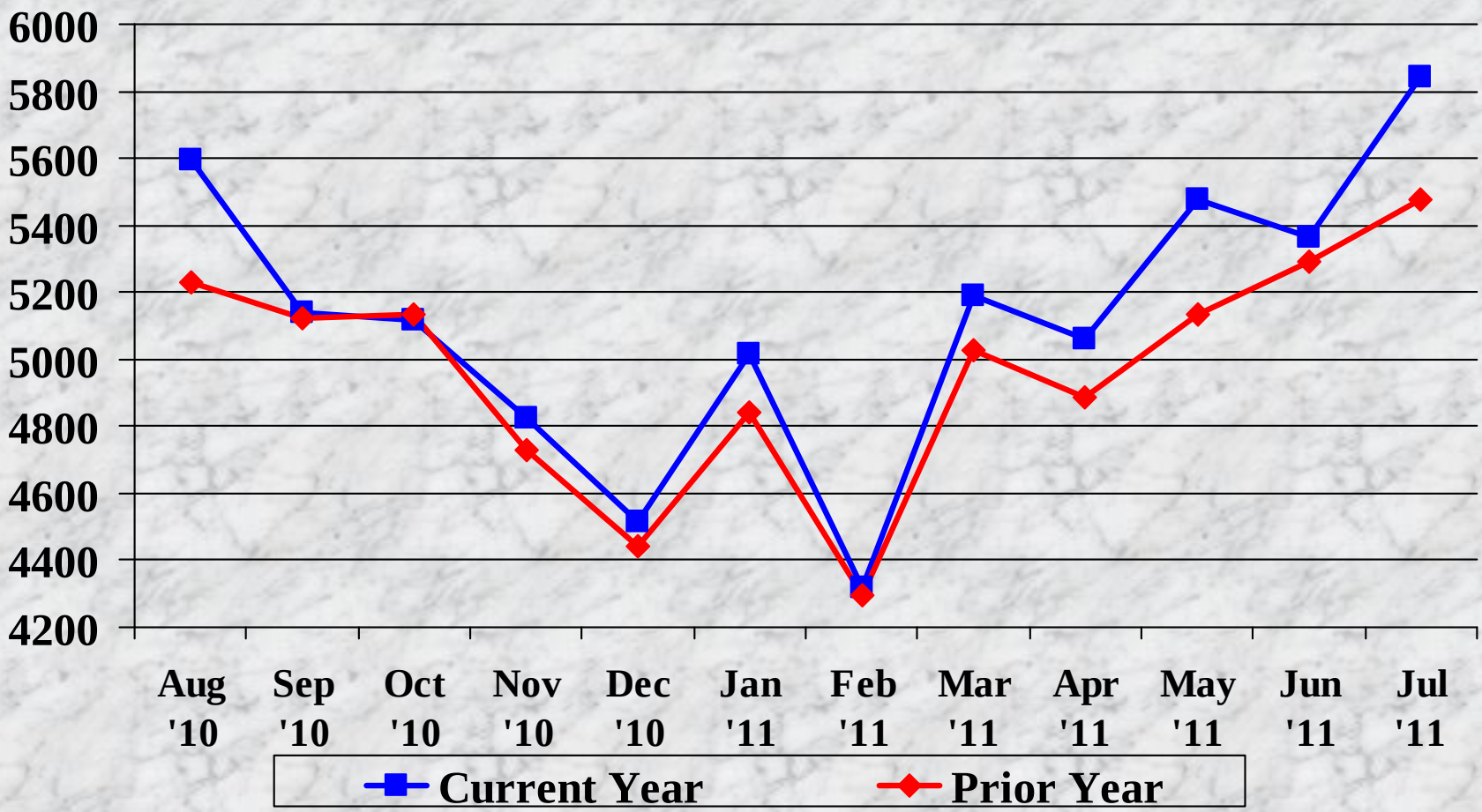
Inpatient Surgical Cases



Outpatient Surgical Cases



ER Visits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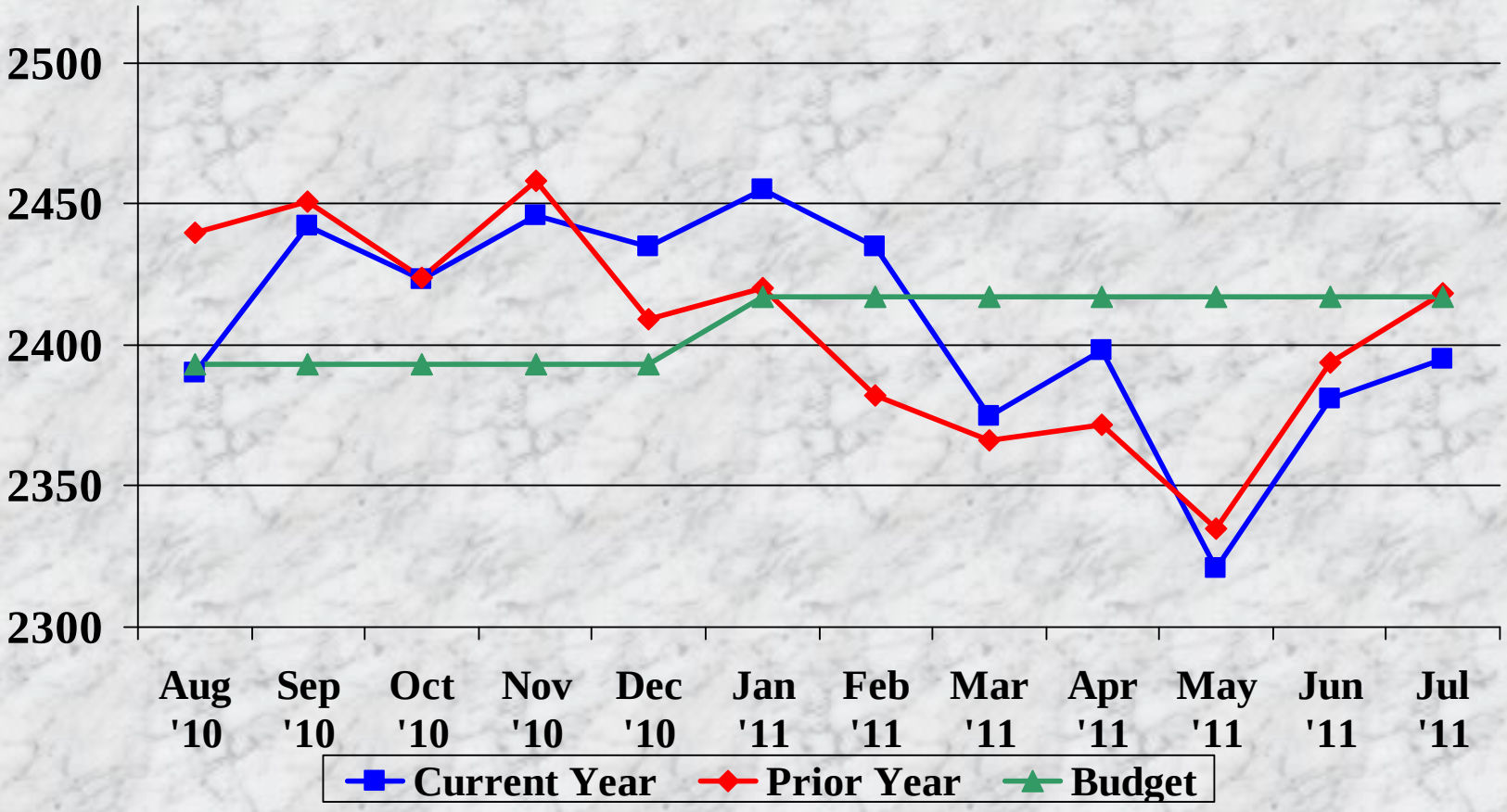
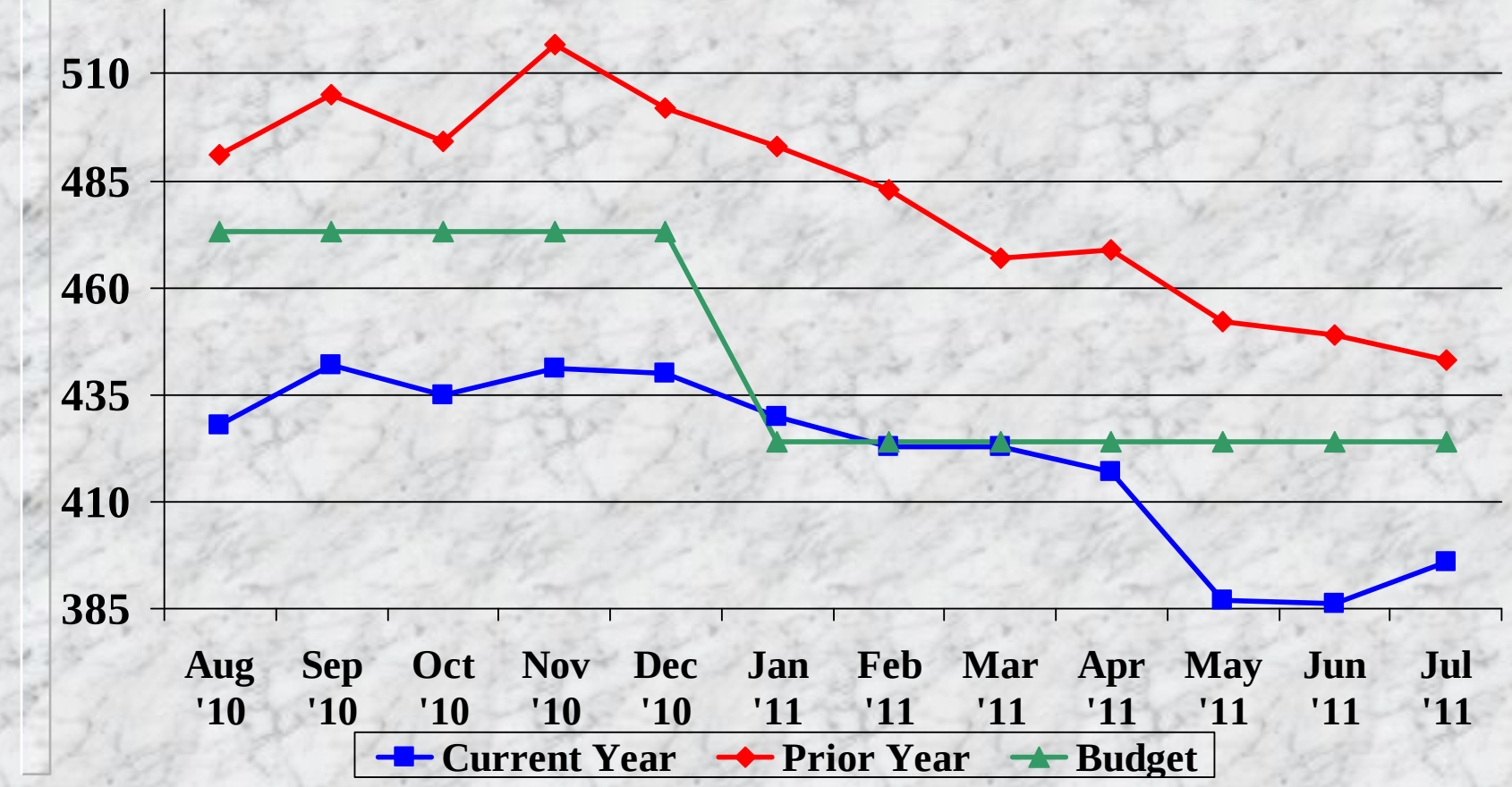
May '11
Jun '11
Jul '11
Current Year
Prior Year

Hospital FTEs



Home FTEs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Aug '10
Sep '10
Oct '10
Nov '10
Dec '10
Jan '11
Feb '11
Mar '11
Apr '11
May '11
Jun '11
Jul '11
Current Year
Prior Year
Budget

Month
Hospital

($ in Thousands)

	Actual	Budget	Prior Yr
Net Patient Service Revenue	27,999	29,759	28,152
Other Operating Revenue	7,079	4,231	4,372
Operating Expense	34,368	34,283	32,703
Operating Income (Loss)	710	(293)	(179)

Month
Home

($ in Thousands)

	Actual	Budget	Prior Yr
Net Patient Service Revenue	**2,720**	**2,901**	**2,952**
Other Operating Revenue	**975**	**975**	**976**
Operating Expense	**3,946**	**3,901**	**3,944**
Operating Income (Loss)	**(251)**	**(25)**	**(16)**

Month
Consolidated

($ in Thousands)

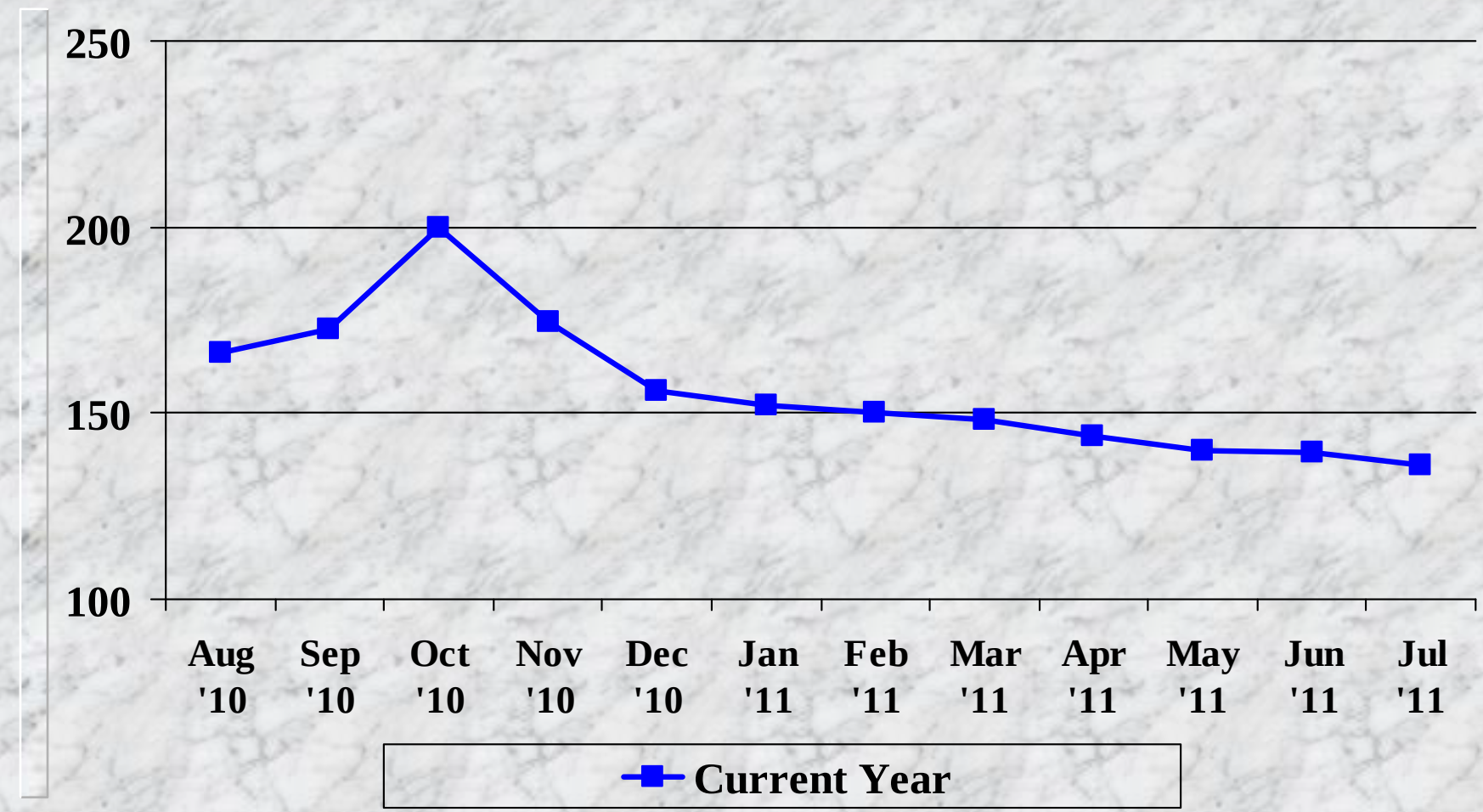
	Actual	Budget	Prior Yr
Net Patient Service Revenue	30,720	32,660	31,104
Other Operating Revenue	8,054	5,206	5,348
Operating Expense	38,314	38,184	36,647
Operating Income (Loss)	460	(318)	(195)
Non-Operating Revenue	107	234	1,282
Excess Revenue Over Expense	567	(84)	1,087

Year to Date Consolidated

($ in Thousands)

	Actual	Budget	Prior Yr
Net Patient Service Revenue	209,271	226,276	214,524
Other Operating Revenue	48,231	40,439	37,203
Operating Expense	265,484	261,936	253,332
Operating Income (Loss)	(7,982)	4,779	(1,605)
Non-Operating Revenue	2,003	1,635	2,684
Excess Revenue Over Expense	(5,979)	6,414	1,079

Days Operating Cash on Hand



Days in AR
(Net)