ECMC Board of Director's Board Meeting

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

ECMC

462 Grider Street

Buffalo
AGENDA

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

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

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

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

IV. REPORTS FROM STANDING COMMITTEES OF THE BOARD:
   EXECUTIVE COMMITTEE: KEVIN M. HOGAN, ESQ.
   AUDIT COMMITTEE: K. KENT CHEVLI, M.D.
   HUMAN RESOURCES COMMITTEE: MICHAEL HOFFERT

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

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

VII. OLD BUSINESS

VIII. NEW BUSINESS

XI. INFORMATIONAL ITEMS

X. PRESENTATIONS

XI. EXECUTIVE SESSION

XII. RETURN TO OPEN SESSION

XIII. ADJOURN
Voting Board Members Present: Kevin M. Hogan, Esq  
Bishop Michael A. Badger  
Douglas H. Baker  
Richard F. Brox  
Ronald A. Chapin  
K. Kent Chevli, M.D.  
Kevin E. Cichocki, D.C.  
Sharon L. Hanson  
Michael Hoffert  
Thomas P. Malecki, CPA  
Frank B. Mesiah  
Michael A. Seaman

Voting Board Member Excused: Anthony Iacono  
Dietrich Jehle, M.D.  
Joseph Zizzi, Sr., M.D.

Non-Voting Board Representatives Present: Ronald Bennett  
Richard C. Cleland  
Kevin Pranikoff, MD

Also Present: Donna Brown  
Anthony Colucci, Esq.  
Janique Curry  
Leslie Feidt  
Stephen Gary  
Susan Gonzalez  
Mary Hoffman  
Susan Ksiazek  
Ronald Krawiec  
Charlene Ludlow  
Brian Murray, M.D.  
Kathleen O’Hara  
Thomas Quatroche  
Karen Ziemianski

I. **CALL TO ORDER**

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

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

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

*Motion approved unanimously.*
APPROVAL OF MINUTES OF SEPTEMBER 30, 2014 SPECIAL MEETING OF THE BOARD OF DIRECTORS.

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

III. ACTION ITEMS

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

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

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

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

IV. PRESENTATION: TERRACE VIEW

JEANNINE BROWN MILLER AND CHRIS KOENIG

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

V. BOARD COMMITTEE REPORTS

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

VI. REPORTS OF CORPORATION’S MANAGEMENT

A. President & Chief Operating Officer:
B. Chief Financial Officer:
C. Sr. Vice President of Operations
D. Chief Medical Officer:
E. Chief Safety Officer:
F. Sr. Vice President of Nursing:
G. Vice President of Human Resources:
H. Chief Information Officer:
I. Sr. Vice President of Marketing & Planning:
   J. Executive Director, ECMC Lifeline Foundation:

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

   2) Chief Financial Officer: Stephen M. Gary
      A summary of the financial results through September 30, 2014 and a Quarterly Financial Statement and projected statement of Yearly Cash Flows are attached in the Board Book for review.

VII. RECESS TO EXECUTIVE SESSION – MATTERS MADE CONFIDENTIAL BY LAW
    Moved by Kevin Cichocki, D.C. and seconded by Bishop Michael Badger, to enter into Executive Session at 5:30 P.M. to consider matters made confidential by law, including certain compliance-related matters, strategic investments and business plans.
    Motion approved unanimously.

VIII. RECONVENE IN OPEN SESSION
    Moved by Frank Mesiah and seconded by Kevin Cichocki to reconvene in Open Session at 6:25 P.M. No action was taken by the Board in Executive Session.
    Motion approved unanimously.

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

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

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

A. Deceased
Majeed Siddiqui, MD  Internal Medicine  09/26/14

B. Applications Withdrawn

C. Application Processing Cessation - None

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

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

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

FOR INFORMATION

CHANGE OR DEPARTMENT ADDITION

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

FOR OVERALL ACTION

CHANGE OR ADDITION IN COLLABORATING/SUPERVISING ATTENDING

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

FOR OVERALL ACTION

PRIVATE ADDITION/REVISION

Cardiothoracic Surgery
Elisabeth Dexter, MD* -Extrapleural enucleation of empyema with lobectomy
  -Wedge resection of lung, single or multiple
  -Pericardial biopsy
  -Ventilator Management
*FPPE waived; core privileges for specialty. Practitioner not ECMC base, no inpatient care

Family Medicine
Marcia Shiel, FNP  -Basic Substance Withdrawal

Surgery
Kathleen Barone, FNP*  -Perform EKG
  -Urinary Catheter, (Female)
  -Urinary Catheter, (Male)
  -Subcutaneous Injection
  -Vein Puncture
*FPPE waived; core nursing competencies

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

Kirsten Smith, NP*  Allied Health Professional
Supervising Physician: Dr. Neal Rzepkowski
- Anoscopy
* FPPE satisfied with completion of training defined in the credentialing criteria

FOR OVERALL ACTION

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

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

FOR OVERALL ACTION

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

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

APPOINTMENT APPLICATIONS, RECOMMENDED
A. Initial Appointment Review (8)
   Emergency Medicine
   Baumler, Nicole PA-C  Allied Health Professional
   Supervising Physician: David Hughes, MD
   McCormack, Robert, MD  Active Staff

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

   Obstetrics and Gynecology
   Swenson, Krista, MD  Active Staff

   Pathology
   Liu, Weigno, MD  Active Staff

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

   Surgery
   Dominguez, Ivan, MD  Active Staff
### REAPPOINTMENT APPLICATIONS, RECOMMENDED

**C. Reappointment Review (26)**

**Anesthesiology**
- Christopher Resetarits, CRNA Allied Health Professional

**Cardiothoracic Surgery**
- Elisabeth Dexter, MD Active Staff
- Sharon Wittman-Klein, PA-C Allied Health Professional  
  *Supervising Physician, First Assist with Dr. John Bell-Thomson*

**Dentistry**
- Nour Masud, DDS Courtesy Staff, *Refer and Follow*

**Family Medicine**
- Marcia Shiel, FNP Allied Health Professional  
  *Supervising Physician-Dr. Stephen J. Evans*
- Julie Talevski, FNP Allied Health Professional  
  *Supervising Physician-Dr. Mohammadreza Azadfard*

**Internal Medicine-Cardiology**
- Reza Banifatemi, MD Active Staff
- JoAnne Cobler, MD Active Staff
- Michael D’Angelo, MD Active Staff
- Robert Gatewood, MD Active Staff
- Lisa Kozlowski, MD Active Staff
- George Matthews, MD Active Staff
- Brian Riegel, MD Active Staff
- Scott Sobieraj, MD Active Staff

**Internal Medicine**
- Leah Gorsline, PA-C Allied Health Professional  
  *Defer to November meeting; awaiting*
  *Supervising Physician-Dr. Nancy Ebling*
- Anthony Martinez, MD Active Staff
- Richard Quigg, MD Active Staff  
  *Defer to November meeting; awaiting*
- Alyssa Whiteside, PA-C Allied Health Professional  
  *receipt of additional information*
  *Supervising Physician-Dr. Cindrea Bender*

**Neurology**
- Richard Ferguson, MD Active Staff

**Ophthalmology**
- Sandra Everett, MD Active Staff

**Orthopaedic Surgery**
- Karen Taylor, PA-C Allied Health Professional  
  *Supervising Physician, First Assist with Dr. Christopher Ritter*
Plastic & Reconstruction Surgery
Paul Tomljanovich, MD  Active Staff

Psychiatry
Semen Spirin, MD  Active Staff

Radiology/Imaging Services
Shantikumar Bedmutha, MBBS  Active Staff

Surgery
Kathleen Barone, FNP  Allied Health Professional
  Supervising Physician-Dr. Mark Laftavi

Radiology/Imaging Services-Teleradiology
Brian Burgoyne, MD  Active Staff
Jon Engbretson, MD  Active Staff
Russ Savit, MD  Active Staff

FOR OVERALL ACTION

PROVISIONAL APPOINTMENT REVIEW, RECOMMENDED

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

October 2014 Provisional to Permanent Staff  Provisional Period Expires

Internal Medicine
Troen, Bruce, Robert, MD  Active Staff  10/29/2014

Orthopaedic Surgery
Dudziak, Daniel, Gerard, BS PA  Allied Health Professional  10/29/2014
  Supervising MD: John J. Callahan, MD

Plastic & Reconstructive Surgery
Marczak, Juliet, Marie, ANP  Allied Health Professional  10/29/2014
  Collaborating MD: Thom R. Loree, MD

Psychiatry
Williams, Stephen, Clay, MD  Active Staff  10/29/2014

Rehabilitation Medicine - Chiropractic
Stewart, Maxine, Claudia-Morris, DC  Allied Health Professional  10/29/2014
  Also, the future December 2014 Provisional to Permanent Staff list was compiled now for Chief of Service and Collaborating / Supervising physician review 60 days before endorsement to the Medical Executive Committee.

FOR OVERALL ACTION

AUTOMATIC CONCLUSION- REAPPOINTMENT EXPIRATION, RECOMMENDED

None

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

FOR OVERALL ACTION
OLD BUSINESS

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

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

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

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

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

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

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

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

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

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

NEW BUSINESS

UB Faculty on site for Teaching only
A request was considered by the committee for confirmation of the past tradition that UB Faculty at ECMC (Psychiatry) for the purpose of ONLY resident observation and evaluation do not need to be privileged members of the Medical-Dental Staff.
Another request for the same routine has been received from an Emergency Department practitioner who wishes to resign from staff (will no longer be seeing patients), but will continue to be involved with the residents. Concern was expressed by the committee members and the Chief Medical Officer. Resident observation and evaluation that included patient interaction or direct activity may result in the need for record entries with the evaluator sign-off. The committee felt that privileged staff membership should be required for these situations.

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

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

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

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

<table>
<thead>
<tr>
<th>Requested by applicant</th>
<th>Recommended by Chief of Service</th>
<th>SURGICAL SPECIALTY</th>
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<tr>
<td>Y / N</td>
<td>Y / N</td>
<td>General Surgery</td>
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<td>General Thoracic Surgery</td>
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<td>Plastic and Reconstructive Surgery</td>
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<td>Colorectal Surgery</td>
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<td></td>
<td>Hand Surgery</td>
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<td></td>
<td></td>
<td>Head and Neck Surgery</td>
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<td></td>
<td><strong>Transplant Surgery</strong> addition</td>
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<td></td>
<td></td>
<td>Bariatric Surgery</td>
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<td>Critical Care,</td>
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**OPERATIONS ISSUES**

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

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

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

One service finds it necessary to make assignment changes on a frequency basis above that of other services, and there have been challenges with prompt notification. Often, the changes occur only upon the prompting of the Medical-Dental Staff.
Office. The practice plan has been contacted in writing and reminded of the need to promptly notify and to pre-review the privileges of the MDs prior to making those assignment changes to ensure that they line up with the AHP they will be matched with. The practice plan can also assist with MD site assignment information. There is currently an open issue with a physician who has separated from the practice plan without advanced notification of the re-assignment of his three midlevels.

**Chart Delinquency status in the Re-appointment Summaries reviewed by the Chiefs of Service**

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

### OVERALL ACTION REQUIRED

#### OPEN ISSUES

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

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

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

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

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

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

**Status Report on Attestations**
Regarding Department of Justice Certification of Compliance – all but two received to date (97%). Remaining outstanding staff members will be contacted by the Chief of Service.

Compliance for the Annual Reorientation documentation has better response than last year with less that ~100 outstanding to date. The administrative assistant to the CMO has asked the Medical-Dental Staff Office staff to help obtain the attestations from outstanding practitioners due for re-appointment.

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

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

**FOR COMMITTEE INFORMATION**

**OTHER BUSINESS**

**FPPE (Focused Professional Practice Evaluation)**

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

**OPPE (Ongoing Professional Practice Evaluation)**

Family Medicine (13 Family Choice NPs)

No report from the Patient Safety Office.

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

**FOR COMMITTEE INFORMATION**

**ADJOURNMENT**

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

Respectfully submitted,

Robert J. Schuder, MD,
Chairman, Credentials Committee

Respectfully submitted,
CMO Memorandum

To: BOARD OF DIRECTORS
CC: MEDICAL EXECUTIVE COMMITTEE
From: BRIAN M. MURRAY, MD, CMO
Date: September 22, 2014
Re: APPOINTMENTS/REAPPOINTMENTS CHIEF OF SERVICE AND ASSOCIATE CHIEF OF SERVICE

APPOINTMENT OF CHIEF OF SERVICE AND ASSOCIATE CHIEF OF SERVICE

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

1. **Appointment:** Each Chief of Service and Associate Chief of Service shall be appointed by the Board for a one to three (1-3) year term.

2. **Term of Office:** The Chief of Service and Associate Chief of Service shall serve the appointment term defined by the Board and be eligible to succeed himself.

3. **Removal:** Removal of a Chief of Service from office may be made by the Board acting upon its own recommendation or a petition signed by fifty percent (50%) of the Active department members with ratification by the Medical Executive Committee and the Board as outlined in Section 4.1.6 for Removal of Medical Staff Officers within the Medical/Dental Staff Bylaws.

4. **Vacancy:** Upon a vacancy in the office of Chief of Service, the Associate or Assistant Director, or division chief of the department shall become Chief of Service or other such practitioner named by the Board until a successor is named by the Board.

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

<table>
<thead>
<tr>
<th>DEPARTMENT</th>
<th>NAME</th>
<th>TERM</th>
<th>APPT</th>
<th>REVIEW DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesiology</td>
<td>Erik Jensen, MD</td>
<td>1 YR</td>
<td>JUN 2014</td>
<td>JAN 2015</td>
</tr>
<tr>
<td>Cardiopulmonary Surgery</td>
<td>Mark Jajkowski, MD</td>
<td>3 YRS</td>
<td>JAN 2014</td>
<td>DEC 2016</td>
</tr>
<tr>
<td>Dentistry</td>
<td>Maureen Sullivan-Nasca, DDS</td>
<td>1 YR</td>
<td>JAN 2014</td>
<td>DEC 2014</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>Michael Manka, MD</td>
<td>3 YRS</td>
<td>JAN 2013</td>
<td>DEC 2015</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>Lorne Campbell, MD</td>
<td>1 YR</td>
<td>JUN 2014</td>
<td>DEC 2015</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>Joseph Izzo, Jr., MD</td>
<td>3 YRS</td>
<td>JAN 2013</td>
<td>DEC 2015</td>
</tr>
<tr>
<td>Laboratory Medicine</td>
<td>Daniel Amsterdam, PhD</td>
<td>3 YRS</td>
<td>JAN 2013</td>
<td>DEC 2015</td>
</tr>
<tr>
<td>Neurology</td>
<td>Richard Ferguson, MD</td>
<td>3 YRS</td>
<td>JAN 2013</td>
<td>DEC 2015</td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>Gregory Bennett, MD</td>
<td>3 YRS</td>
<td>JAN 2013</td>
<td>DEC 2015</td>
</tr>
<tr>
<td>Obstetrics &amp; Gynecology</td>
<td>Vanessa Barnabei, MD</td>
<td>3 YRS</td>
<td>JAN 2013</td>
<td>DEC 2015</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>James Reidy, MD</td>
<td>3 YRS</td>
<td>JAN 2013</td>
<td>DEC 2015</td>
</tr>
<tr>
<td>Oral &amp; Maxillofacial Surgery</td>
<td>Richard Hall, DDS, PhD, MD</td>
<td>3 YRS</td>
<td>JAN 2013</td>
<td>DEC 2015</td>
</tr>
<tr>
<td>Orthopaedic Surgery</td>
<td>Philip Stegemann, MD</td>
<td>3 YRS</td>
<td>JAN 2013</td>
<td>DEC 2015</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>William Belles, MD</td>
<td>3 YRS</td>
<td>JAN 2013</td>
<td>DEC 2015</td>
</tr>
</tbody>
</table>
**ERIE COUNTY MEDICAL CENTER CORPORATION**

### MINUTES OF BOARD OF DIRECTORS REGULAR MEETING
**OF TUESDAY, OCTOBER 28, 2014**

<table>
<thead>
<tr>
<th>DEPARTMENT</th>
<th>NAME</th>
<th>TERM</th>
<th>APPT</th>
<th>REVIEW DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pathology</td>
<td>Lucia Balos, MD</td>
<td>1 YR</td>
<td>JAN 2014</td>
<td>DEC 2014</td>
</tr>
<tr>
<td>Plastics &amp; Reconstructive Surgery</td>
<td>Thom Loree, MD</td>
<td>3 YRS</td>
<td>JAN 2013</td>
<td>DEC 2015</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>Yogesh Bakhai, MD</td>
<td>3 YRS</td>
<td>JAN 2013</td>
<td>DEC 2015</td>
</tr>
<tr>
<td>Radiology</td>
<td>Joseph Serghany, MD</td>
<td>1 YR</td>
<td>AUG 2014</td>
<td>DEC 2015</td>
</tr>
<tr>
<td>Rehabilitation Medicine</td>
<td>Mark LiVecchi, MD</td>
<td>3 YRS</td>
<td>JAN 2013</td>
<td>DEC 2015</td>
</tr>
<tr>
<td>Surgery</td>
<td>William Flynn, MD</td>
<td>3 YRS</td>
<td>JAN 2013</td>
<td>DEC 2015</td>
</tr>
<tr>
<td>Urology</td>
<td>Kevin Pranikoff, MD</td>
<td>3 YRS</td>
<td>JAN 2014</td>
<td>DEC 2015</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>DEPARTMENT</th>
<th>NAME</th>
<th>TERM</th>
<th>APPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chemical Dependency</td>
<td>Mohammadreza Azadfard, MD</td>
<td>1 BY CHIEF OF SERVICE</td>
<td>1 BY CHIEF OF SERVICE</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>Sergio Anillo, MD</td>
<td>1 BY CHIEF OF SERVICE</td>
<td>1 BY CHIEF OF SERVICE</td>
</tr>
<tr>
<td>Internal Medicine, Specialty Med.</td>
<td>Rocco Venuto, MD</td>
<td>1 BY CHIEF OF SERVICE</td>
<td>1 BY CHIEF OF SERVICE</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>Rebecca Calabrese, MD</td>
<td>1 BY CHIEF OF SERVICE</td>
<td>1 BY CHIEF OF SERVICE</td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>Greg Castiglia, MD</td>
<td>1 BY CHIEF OF SERVICE</td>
<td>1 BY CHIEF OF SERVICE</td>
</tr>
<tr>
<td>Radiology</td>
<td>Gregg I. Feld, MD</td>
<td>1 BY CHIEF OF SERVICE</td>
<td>1 BY CHIEF OF SERVICE</td>
</tr>
<tr>
<td>Anesthesia</td>
<td>Scott Plotkin, MD</td>
<td>1 BY CHIEF OF SERVICE</td>
<td>1 BY CHIEF OF SERVICE</td>
</tr>
</tbody>
</table>

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

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

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

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

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

A. Deceased - None

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

C. Application Processing Cessation – None

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

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

### Orthopaedic Surgery
Trillizio, Jennifer, PA-C  
11/12/14  
*Supervising Physician: Marc Fineberg, MD*

### Psychiatry
Masci, Jarod, MD  
10/13/14  
Williams, Stephen, MD  
10/10/14

### Radiology/Imaging Services - Teleradiology
Shin, Patrick, MD  
09/21/14

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**FOR INFORMATION**

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### CHANGE IN STAFF CATEGORY

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

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### CHANGE OR DEPARTMENT ADDITION

**Internal Medicine** - adding **Family Medicine**
Sumner, Miles, PA-C  
Allied Health Professional  
*Supervising Physician: Stephen Evans, MD*

**Internal Medicine** - adding **Psychiatry (for CD privileges)**
Fisher, Mark D., MD  
Active Staff

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### CHANGE OR ADDITION IN COLLABORATING/SUPERVISING ATTENDING

**Internal Medicine**
Anzelone-Kieta, Jennifer, PA-C  
Allied Health Professional  
*Supervising Physician: Srikrishna V. Malayala, MD*

Schregel, Kristen, NP  
Allied Health Professional  
*Supervising Physician: Subrato Ghosh, MD*

Szabad, Kristen, PA-C  
Allied Health Professional  
*Supervising Physician: Yahya J. Hashmi, MD*

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### PRIVILEGE ADDITION/REVISION

**Emergency Department**
Bruni, Cristina, PA-C  
- Moderate Sedation

Hull, Chris, ANP  
- Moderate Sedation

Jurek, Jeffrey, PA-C  
- Moderate Sedation

Krolczyk, Steven, PA-C  
- Moderate Sedation

Nienburg, Sarah, PA-C  
- Moderate Sedation

*FPPE satisfied with completion of requisite training*

**Internal Medicine**
Hashmi, Yahya J., MD  
- Paracentesis

*FPPE waived; represents a core privilege for an ICU practitioner*

**Neurosurgery**
Pollina, John, MD  
- Incision & placement of skull in subcutaneous site

*FPPE waived; represents a core privilege for neurosurgery*
Psychiatry
McCunn, Kara, MD - ECT- Full Privilege
*FPPE satisfied with completion of requisite training. Letter from ECMC proctor on file.

FOR OVERALL ACTION

PRIVILEGE WITHDRAWAL
None

APPOINTMENT APPLICATIONS, recommended
A. Initial Appointment Review (17)
   Anesthesiology
   Cantie, Shawn, MD          Active Staff
   Denisco, Dawn, CRNA        Allied Health Professional
   Grolemund, Stephanie, CRNA Allied Health Professional
   Internal Medicine
   Atwaibi, Mohamed, MD       Active Staff
   Family Medicine
   Manyon, Andrea, MD         Active Staff
   Michel, Sandra, ANP        Allied Health Professional
       Supervising Physician: Stephen Evans, MD
   Sticht, Rebecca, PA-C      Allied Health Professional
       Supervising Physician: Stephen Evans, MD
   Ward, Jennifer, ANP        Allied Health Professional
       Supervising Physician: Stephen Evans, MD
   Orthopaedic Surgery
   Cimorelli, Amanda, PA-C    Allied Health Professional
       Supervising Physician: Robert Alove, MD
   Peterson, Andrew PA-C      Allied Health Professional
       Supervising Physician: Michael Rauh, MD
   Pathology
   Frisch, Nora, MD           Active Staff
   Mojica, Wilfrido, MD       Active Staff
   Ondracek, Theodore, MD     Active Staff
   Paczos, Tamera, MD         Active Staff
   Paterson, Joyce, MD        Active Staff
   Rong, Rong, MD             Active Staff
   Psychiatry
   Romero, Ricardo, MD*       Active Staff
       *Limited Permit; site supervisor designated and practitioner advised to apply for DEA

FOR OVERALL ACTION

REAPPOINTMENT APPLICATIONS, recommended
C. Reappointment Review (20)
   Emergency Medicine
   Cristina Bruni, PA-C       Allied Health Professional
       Supervising Physician: Dr. Kerry Cassel
   Mark Sieminski, MD         Active Staff
   Family Medicine
   Charles Yates, MD          Active Staff
### Internal Medicine

<table>
<thead>
<tr>
<th>Medical Specialty</th>
<th>Professional</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shakeel Ahmad, MD</td>
<td>Courtesy Staff, Refer &amp; Follow</td>
<td>Allied Health Professional</td>
</tr>
<tr>
<td>Therese Ball, ANP</td>
<td>Supervising Physician: Dr. Wajdy Hailoo</td>
<td>Allied Health Professional</td>
</tr>
<tr>
<td>Kimberly Pierce, ANP</td>
<td>Supervising Physician: Dr. Nirmi Kothari</td>
<td>Allied Health Professional</td>
</tr>
<tr>
<td>Entela Pone*, MD</td>
<td>Active Staff</td>
<td>*Defer to the December Credentials meeting</td>
</tr>
<tr>
<td>Stephanie Snos, PA-C</td>
<td>Supervising Physician: Dr. Colin Tauro</td>
<td>Allied Health Professional</td>
</tr>
<tr>
<td>Miles Sumner, PA-C</td>
<td>Supervising Physician: Dr. Yahya J. Hashmi</td>
<td>Allied Health Professional</td>
</tr>
<tr>
<td>Joshua Washburn, PA-C</td>
<td>Supervising Physician: Dr. Sarosh Vaqar</td>
<td>Allied Health Professional</td>
</tr>
<tr>
<td>Stephanie Weldy, ANP</td>
<td>Supervising Physician: Dr. Nancy Ebling</td>
<td>Allied Health Professional</td>
</tr>
<tr>
<td>Alyssa Whiteside, PA-C</td>
<td>Supervising Physician: Dr. Colin Tauro</td>
<td>Allied Health Professional</td>
</tr>
</tbody>
</table>

### Neurosurgery

<table>
<thead>
<tr>
<th>Professional</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emily Grisante, PA-C</td>
<td>Allied Health Professional</td>
</tr>
<tr>
<td>John Pollina, MD</td>
<td>Supervising Physician, First Assist with Dr. John Fahrbach</td>
</tr>
</tbody>
</table>

### Orthopaedic Surgery

<table>
<thead>
<tr>
<th>Professional</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elise Cruse, PA-C</td>
<td>Supervising Physician, First Assist with Dr. Andrew Stoeckl</td>
</tr>
<tr>
<td>Shane Griffin, PA-C</td>
<td>Supervising Physician, First Assist with Dr. Christopher Ritter</td>
</tr>
<tr>
<td>Nicole Ksiazek, PA-C</td>
<td>Supervising Physician, First Assist with Dr. Nicholas Violante</td>
</tr>
</tbody>
</table>

### Plastic & Reconstructive Surgery

<table>
<thead>
<tr>
<th>Professional</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alice Spies, RNFA</td>
<td>Supervising Physician, First Assist with Dr. Thom Looe</td>
</tr>
</tbody>
</table>

### Psychiatry

<table>
<thead>
<tr>
<th>Professional</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mark Sokoloff, PhD</td>
<td>Allied Health Professional</td>
</tr>
</tbody>
</table>

### Rehabilitation Medicine

<table>
<thead>
<tr>
<th>Professional</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kimberly Pierce, ANP</td>
<td>Collaborating Physician: Rehabilitation Medicine: Dr. Mary Welch</td>
</tr>
</tbody>
</table>

### Teleradiology

<table>
<thead>
<tr>
<th>Professional</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Hynes, MD</td>
<td>Active Staff</td>
</tr>
</tbody>
</table>

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**FOR OVERALL ACTION**

### PROVISIONAL APPOINTMENT REVIEW, recommended

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

<table>
<thead>
<tr>
<th>Medical Specialty</th>
<th>Professional</th>
<th>Role</th>
<th>Provisional Period Expires</th>
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</thead>
<tbody>
<tr>
<td>Cardiothoracic Surgery</td>
<td>Carlson, Russell, E., MD</td>
<td>Active Staff</td>
<td>11/26/2014</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>Olsen, Erica, L., MD</td>
<td>Active Staff</td>
<td>11/26/2014</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>Ohira, Masashi, MD</td>
<td>Active Staff</td>
<td>11/26/2014</td>
</tr>
</tbody>
</table>
Internal Medicine
Dang, Neha, MD  Active Staff  11/26/2014
Manoj, Kumar, MD  Active Staff  11/26/2014
Szigeti, Kinga, MD  Active Staff  11/26/2014
Tirunagara, Deepthi, MD  Active Staff  11/26/2014

Orthopaedic Surgery
Card, Tiffany, E., PA-C  Allied Health Professional  11/26/2014

Supervising Physician: Dr. John Callahan

Otolaryngology
Young, Paul, R., MD  Active Staff  11/26/2014

Pathology
Balos, Lucia, MD  Active Staff  11/26/2014

Psychiatry
DiGiacoma, Michael, R., MD  Active Staff  11/26/2014
Gunn, Susan, A., PsyNP  Allied Health Professional  11/26/2014

Collaborating Physician: Dr. Zhanna Elberg

Mutton, Holly, B., DO  Active Staff  11/26/2014

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

FOR OVERALL ACTION

AUTOMATIC CONCLUSION- Reappointment Expiration, recommended

None

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

FOR OVERALL ACTION

OLD BUSINESS

Ad hoc BOD Committee Report - Oral Maxillofacial applicant
The Credentials Committee awaits the detail requested, approaching one year on this open issue. Requested data remains not available, with extenuating circumstances at present.

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

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

Internal Medicine Combined Allied Health Professional Privilege Form
The most recent version of the combined PA-NP Internal Medicine privilege form will be incorporated into the deliberations of the ad-hoc MEC AHP committee to be convened by the President of the Medical-Dental Staff. Suggestions were made regarding case experience documentation. Will also need to reconcile the new draft against the MD General and Critical Care forms to ensure a consistent cross walk for all AHP Privileges.
Tenex Procedure Equipment Update
Equipment ordered and first case scheduled for early November; close from agenda.

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

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

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

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

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

NEW BUSINESS
Family Medicine - Joint Bursa Injections
The request was received from the Medical Director of the ECMC LTCF to add Joint and Bursa Injections to the Family Medicine form and endorsed by the Credentials Committee at its October meeting, has been approved by the incoming Chief of Service. The committee included the addition with the Arthrocentesis entry as a privilege cluster.
IM Privilege Form
A practitioner request for Chemical Dependency privileges to be added to the IM form was received by the Medical-Dental Staff Office and previewed for the Credentials Committee. Since parallel privilege sources are available and the signatory endorsing the privileges should be knowledgeable of the specialty, the Credentials Committee recommends that this request not go forward.

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

OVERALL ACTION REQUIRED

OPEN ISSUES
Nurse Practitioner NYS Law change effective January 2015
Committee action items remain:
1) Revise page 1 of the current NP form for every department; remove outdated text
2) Send letter to every Nurse Practitioner on staff explaining why ECMC will opt to not make changes to collaborating designation and privilege alignment (per Risk Management, no new information or decisions from the legal or liability insurance arenas).

FOR COMMITTEE INFORMATION

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

FPPE (Focused Professional Practice Evaluation)

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

OPPE (Ongoing Professional Practice Evaluation)

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

No report from the Patient Safety Office.

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

FOR COMMITTEE INFORMATION
ADJOURNMENT

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

Respectfully submitted,

Robert J. Schuder, MD,
Chairman, Credentials Committee

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

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

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

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

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

III. WORKERS COMPENSATION REPORT
     Reports attached.

IV. TERRACE VIEW REPORT
    Report prepared by Nancy Curry, Associate Director of Administration

    • Charles Rice, Administrator, will be retiring as of 12/05/14. We thank Chuck for
      assisting us during this transition and wish him well. Anthony DePinto is our new
      administrator starting 11/17/14.
• Continue to work on closed-floor staffing model for the nursing department.
  Team Leaders continue to participate in the scheduling of their neighborhoods as well as monitor time and attendance on a quarterly basis.
• Our annual Christmas party for staff will be held on 12/11/14. We provide a party for all three shifts with free meals (served by management), gifts for every employee and a basket/gift card raffle.
• We will be starting a focus group on LPN/RN new hire retention. These two titles have a much higher turnover rate within the first year compared to other titles. Focus group will consist of LPN’s and RN’s that struggled during the initial year as well as LPN’s and RN’s who have consistently done well mentoring new hires. By bringing these two groups together we can uncover what issues may be causing the turnover and develop plans to resolve the problems that may exist.
• In 2015 we will also start a Terrace View Employee Engagement Committee. This committee will be a cross-section of employees. We are seeking staff who are: dedicated to our mission; are kind and helpful to their fellow workers; and have a positive outlook. These are people who are willing to give discretionary efforts to give residents the very best care and make Terrace View a positive place to live and work. We are asking staff to nominate members who they think would be appropriate members. The purpose of the committee will be to discover what factors influence their engagement to the facility- both intrinsic and external factors. Utilizing that information, the committee may give us insight to what we need to change to increase other’s engagement as well as improve resident services.
• New Hire, Separation and FMLA usage attached. Turnover is up .3% from last report.

<table>
<thead>
<tr>
<th>Term Type</th>
<th>Employee</th>
<th>Title</th>
<th>Length</th>
<th>Reason</th>
</tr>
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<tbody>
<tr>
<td>Involuntary</td>
<td>CD</td>
<td>GDN</td>
<td>0.5</td>
<td>Time &amp; Attend.</td>
</tr>
<tr>
<td>Involuntary</td>
<td>KN</td>
<td>LPN RPT</td>
<td>0.2</td>
<td>Job Performance</td>
</tr>
<tr>
<td>Involuntary</td>
<td>DJ</td>
<td>CNA RPT</td>
<td>7.4</td>
<td>Job Abandonment</td>
</tr>
<tr>
<td>Involuntary</td>
<td>LD*</td>
<td>CNA</td>
<td>16.1</td>
<td>Job Performance</td>
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<tr>
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<td>EV</td>
<td>CNA</td>
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<td>1 Yr. LWOP</td>
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<td>EV*</td>
<td>CNA</td>
<td>16.2</td>
<td>Job Performance</td>
</tr>
<tr>
<td>Involuntary</td>
<td>EA*</td>
<td>CNA</td>
<td>10.1</td>
<td>Job Performance</td>
</tr>
<tr>
<td>Involuntary</td>
<td>AP</td>
<td>CNA RPT</td>
<td>0.1</td>
<td>Job Abandonment</td>
</tr>
<tr>
<td>Involuntary</td>
<td>KM</td>
<td>CNA RPT</td>
<td>0.0</td>
<td>Involuntary Term.</td>
</tr>
</tbody>
</table>
Involuntary

<table>
<thead>
<tr>
<th>Position</th>
<th>Code</th>
<th>RPT</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>LA LPN</td>
<td>LA</td>
<td>RPT</td>
<td>4.1</td>
</tr>
<tr>
<td>NR LPN</td>
<td>NR</td>
<td></td>
<td>29.8</td>
</tr>
<tr>
<td>TM Household Asst</td>
<td>TM</td>
<td>Household Asst</td>
<td>1.0</td>
</tr>
<tr>
<td>SJ Household Asst</td>
<td>SJ</td>
<td>Household Asst</td>
<td>26.1</td>
</tr>
<tr>
<td>TL Rec Assistant</td>
<td>TL</td>
<td>Rec Assistant</td>
<td>5.6</td>
</tr>
<tr>
<td>JD Household Asst</td>
<td>JD</td>
<td>Household Asst</td>
<td>30.1</td>
</tr>
</tbody>
</table>

Voluntary Termination

<table>
<thead>
<tr>
<th>Position</th>
<th>Code</th>
<th>RPT</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>CNA</td>
<td>CNA</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>LPN</td>
<td>LPN</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Housekeeper</td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>General Duty RN</td>
<td></td>
<td>General Duty RN</td>
<td>2</td>
</tr>
<tr>
<td>Nursing Team Leader</td>
<td></td>
<td>Nursing Team Leader</td>
<td>1</td>
</tr>
<tr>
<td>Nursing Supervisor</td>
<td></td>
<td>Nursing Supervisor</td>
<td>1</td>
</tr>
<tr>
<td>Household Asst RPT</td>
<td></td>
<td>Household Asst RPT</td>
<td>3</td>
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</tbody>
</table>

Summary

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount</th>
<th>Average Service Length</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Separate</td>
<td>15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Involuntary</td>
<td>10</td>
<td>6.3</td>
<td>66.67</td>
</tr>
<tr>
<td>Voluntary</td>
<td>4</td>
<td>18.5</td>
<td>33.3</td>
</tr>
<tr>
<td>Expired</td>
<td>1</td>
<td>5.6</td>
<td></td>
</tr>
<tr>
<td>Active Staff</td>
<td>425</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unpaid Leave</td>
<td>8</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Turnover Rate 0.04

*Terminated as the result of independent AG investigation, replaced prior to term

New Hires September 1-October 31

<table>
<thead>
<tr>
<th>Position</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>CNA</td>
<td>6</td>
</tr>
<tr>
<td>LPN</td>
<td>2</td>
</tr>
<tr>
<td>Housekeeper</td>
<td>2</td>
</tr>
<tr>
<td>General Duty RN</td>
<td>2</td>
</tr>
</tbody>
</table>

Current Vacancies Posted

<table>
<thead>
<tr>
<th>Position</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>CNA RPT</td>
<td>8</td>
</tr>
<tr>
<td>LPN</td>
<td>4</td>
</tr>
<tr>
<td>General Duty RN</td>
<td>1</td>
</tr>
<tr>
<td>Nursing Team Leader</td>
<td>1</td>
</tr>
<tr>
<td>Nursing Supervisor</td>
<td>1</td>
</tr>
<tr>
<td>Household Asst RPT</td>
<td>3</td>
</tr>
</tbody>
</table>
Leave*/Transitional Duty as of 11/14/2014

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Leave Unpaid</td>
<td>10.00</td>
</tr>
<tr>
<td>Med Leave Unpaid WC</td>
<td>5.00</td>
</tr>
<tr>
<td>Medical Leave Paid</td>
<td>7.00</td>
</tr>
<tr>
<td>Transitional Duty</td>
<td>11.00</td>
</tr>
<tr>
<td></td>
<td>33.00</td>
</tr>
</tbody>
</table>

*Leave=absence of greater than 2 weeks

Anticipated Hires November 17-December 1

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Administrator</td>
<td>1</td>
</tr>
<tr>
<td>LPN</td>
<td>4</td>
</tr>
<tr>
<td>CNA</td>
<td>2</td>
</tr>
<tr>
<td>GDN</td>
<td>2</td>
</tr>
<tr>
<td>Recreation Assistant</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>10</td>
</tr>
</tbody>
</table>

V. EMPLOYEE TURNOVER REPORT

See attached reports.

<table>
<thead>
<tr>
<th></th>
<th>Active</th>
<th>Termed</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>September</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECMC</td>
<td>2591</td>
<td>40</td>
<td>1.54%</td>
</tr>
<tr>
<td>TV</td>
<td>435</td>
<td>6</td>
<td>1.38%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Active</th>
<th>Termed</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>October</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECMC</td>
<td>2611</td>
<td>21</td>
<td>.80%</td>
</tr>
<tr>
<td>TV</td>
<td>436</td>
<td>6</td>
<td>1.38%</td>
</tr>
</tbody>
</table>

VI. RECRUITMENT

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

VII. EMPLOYEE COMMITTEE

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

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

- Communication with Nurses +21;
- Communication with Doctors +14;
- Communication Medications +24;
- Discharge Information +36;
Some of the areas continue to be a challenge including:

- Cleanliness and Quietness
- Overall Rating of Hospital

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

**Hospital Operations**

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

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

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

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

Our “Behavioral Health Center of Excellence” project concluded with the opening of the new “Transitions Unit”. This unit is located on 4th floor zone 3 and has been created and designed to treat highly aggressive mental health patients. The design, staffing and programming is specialized and provides an enhance treatment environment.
TERRACE VIEW
Anthony DePinto has been appointed administrator and started November 17, 2014. His previous position was with Elderwood as the administrator of Riverwood.

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

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

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

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

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

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

Sincerely yours,

Richard C. Cleland
Internal Financial Reports
For the month ended October 31, 2014
For the month of October operating income amounted to $1,059,000 which was unfavorable to budget by $275,000 and unfavorable to prior year by $143,000. On a year to date basis, operating income amounts to $79,000 which is $120,000 unfavorable to budget and $2,728,000 favorable to prior year. The primary reasons for the favorable performance for October include the favorable impact of; an increase in IGT revenue, increase in professional related billings, increases in Net Revenue yield and favorable liability settlements which were offset by reduced revenues due to volume and increases in expenses as further noted below.

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

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

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

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

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

- Physician fees were unfavorable to budget in October by $273,000. This is consistent with the year to date variance of $3,557,000 (average monthly variance of $356,000).
Purchased services were unfavorable to budget in October by $353,000 primarily due to increased costs for contractual services and higher than anticipated costs for general repairs.

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

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

**Balance Sheet**  

**October 31, 2014 and December 31, 2013**  

*(Dollars in Thousands)*

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

---

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

For the ten months ended October 31, 2014

**(Dollars in Thousands)**

### Operating Revenue:

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Budget</th>
<th>Favorable/ (Unfavorable)</th>
<th>Prior Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net patient revenue</td>
<td>$361,647</td>
<td>$368,012</td>
<td>$(6,365)</td>
<td>$337,637</td>
</tr>
<tr>
<td>Less: Provision for uncollectable accounts</td>
<td>(21,366)</td>
<td>(20,562)</td>
<td>(804)</td>
<td>(19,831)</td>
</tr>
<tr>
<td>Adjusted Net Patient Revenue</td>
<td>340,281</td>
<td>347,450</td>
<td>(7,169)</td>
<td>317,806</td>
</tr>
<tr>
<td>Disproportionate share / IGT revenue</td>
<td>60,185</td>
<td>42,592</td>
<td>17,593</td>
<td>50,249</td>
</tr>
<tr>
<td>Other revenue</td>
<td>26,255</td>
<td>25,666</td>
<td>589</td>
<td>20,501</td>
</tr>
<tr>
<td><strong>Total Operating Revenue</strong></td>
<td>426,721</td>
<td>415,708</td>
<td>11,013</td>
<td>388,556</td>
</tr>
</tbody>
</table>

### Operating Expenses:

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Budget</th>
<th>Favorable/ (Unfavorable)</th>
<th>Prior Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries &amp; wages / Contract labor</td>
<td>150,363</td>
<td>150,045</td>
<td>(318)</td>
<td>141,747</td>
</tr>
<tr>
<td>Employee benefits</td>
<td>86,312</td>
<td>89,629</td>
<td>3,317</td>
<td>85,128</td>
</tr>
<tr>
<td>Physician fees</td>
<td>51,196</td>
<td>47,639</td>
<td>(4,157)</td>
<td>44,337</td>
</tr>
<tr>
<td>Purchased services</td>
<td>35,518</td>
<td>31,405</td>
<td>(4,113)</td>
<td>28,392</td>
</tr>
<tr>
<td>Supplies</td>
<td>58,348</td>
<td>54,971</td>
<td>(3,377)</td>
<td>53,903</td>
</tr>
<tr>
<td>Other expenses</td>
<td>10,989</td>
<td>10,753</td>
<td>(236)</td>
<td>7,916</td>
</tr>
<tr>
<td>Utilities</td>
<td>6,540</td>
<td>6,080</td>
<td>(460)</td>
<td>5,916</td>
</tr>
<tr>
<td>Depreciation &amp; amortization</td>
<td>20,399</td>
<td>18,035</td>
<td>(2,364)</td>
<td>16,513</td>
</tr>
<tr>
<td>Interest</td>
<td>6,977</td>
<td>6,953</td>
<td>(24)</td>
<td>6,910</td>
</tr>
<tr>
<td><strong>Total Operating Expenses</strong></td>
<td>426,642</td>
<td>415,510</td>
<td>(11,132)</td>
<td>391,206</td>
</tr>
</tbody>
</table>

### Income/(Loss) from Operations

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income/(Loss) from Operations</strong></td>
<td>79</td>
<td>198</td>
<td>(119)</td>
<td>(2,650)</td>
</tr>
</tbody>
</table>

### Non-operating Gain/(Loss):

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest and dividends</td>
<td>2,374</td>
<td>2,374</td>
<td>2,935</td>
<td></td>
</tr>
<tr>
<td>Grants - HEAL 21</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Investment Income/(Loss)</td>
<td>1,527</td>
<td>2,917</td>
<td>(1,390)</td>
<td>18,060</td>
</tr>
<tr>
<td><strong>Non-operating Gain/(Loss)</strong></td>
<td>3,901</td>
<td>2,917</td>
<td>984</td>
<td>20,995</td>
</tr>
</tbody>
</table>

### Excess of Revenue/(Deficiency) Over Expenses

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Excess of Revenue/(Deficiency) Over Expenses</strong></td>
<td>$3,980</td>
<td>$3,115</td>
<td>$865</td>
<td>$18,345</td>
</tr>
</tbody>
</table>

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Retirement health insurance</td>
<td>13,750</td>
<td>13,888</td>
<td>(138)</td>
<td>11,561</td>
</tr>
<tr>
<td>New York State pension</td>
<td>19,908</td>
<td>21,096</td>
<td>(1,188)</td>
<td>19,540</td>
</tr>
<tr>
<td><strong>Impact on Operations</strong></td>
<td>$33,658</td>
<td>$34,984</td>
<td>$(1,326)</td>
<td>$31,101</td>
</tr>
</tbody>
</table>
Erie County Medical Center Corporation
Statement of Changes in Net Assets
For the month and ten months ended October 31, 2014

(Dollars in Thousands)

<table>
<thead>
<tr>
<th></th>
<th>Month</th>
<th>Year-to-Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Unrestricted Net Assets:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excess/(Deficiency) of revenue over expenses</td>
<td>$ 1,941</td>
<td>$ 3,980</td>
</tr>
<tr>
<td>Other transfers, net</td>
<td>(91)</td>
<td>(922)</td>
</tr>
<tr>
<td>Contributions for capital acquisitions</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Net assets released from restrictions for capital acquisition</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Change in Unrestricted Net Assets</strong></td>
<td></td>
<td>1,850</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3,058</td>
</tr>
</tbody>
</table>

**Temporarily Restricted Net Assets:**

| Contributions, bequests, and grants | -       | -            |
| Other transfers, net                | -       | -            |
| Net assets released from restrictions for operations | -       | -            |
| Net assets released from restrictions for capital acquisition | -       | -            |
| **Change in Temporarily Restricted Net Assets** |         | -            |
| **Change in Net Assets**            |         | 1,850        |
|                                  |         | 3,058        |
| **Net Assets, beginning of period** | 117,218 | 116,008      |
| **Net Assets, end of period**       | $ 119,068 | $ 119,066   |
### Liquidity Ratios:

<table>
<thead>
<tr>
<th></th>
<th>October 31, 2014</th>
<th>December 31, 2013</th>
<th>2011 - 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Ratio</td>
<td>1.1</td>
<td>1.1</td>
<td>1.2</td>
</tr>
<tr>
<td>Days Operating Cash, includes current Investments</td>
<td>26.4</td>
<td>8.5</td>
<td>33.9</td>
</tr>
<tr>
<td>Days in Designated Cash &amp; Investments (Covenant 57 days)</td>
<td>102.0</td>
<td>101.9</td>
<td>134.9</td>
</tr>
<tr>
<td>Days in Patient Receivables</td>
<td>44.6</td>
<td>47.4</td>
<td>44.1</td>
</tr>
<tr>
<td>Days Expenses in Accounts Payable</td>
<td>20.7</td>
<td>30.0</td>
<td>30.2</td>
</tr>
<tr>
<td>Days Expenses in Current Liabilities</td>
<td>108.7</td>
<td>87.2</td>
<td>102.6</td>
</tr>
<tr>
<td>Cash to Debt</td>
<td>66.0%</td>
<td>57.4%</td>
<td>80.5%</td>
</tr>
<tr>
<td>Working Capital</td>
<td>$ 8,950</td>
<td>$ 10,593</td>
<td>$ 19,379</td>
</tr>
</tbody>
</table>

### Capital Ratios:

<table>
<thead>
<tr>
<th></th>
<th>October 31, 2014</th>
<th>December 31, 2013</th>
<th>2011 - 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long-Term Debt to Fixed Assets</td>
<td>58.7%</td>
<td>59.9%</td>
<td>82.5%</td>
</tr>
<tr>
<td>Assets Financed by Liabilities</td>
<td>80.4%</td>
<td>79.2%</td>
<td>80.6%</td>
</tr>
<tr>
<td>EBIDA Debt Service Coverage (Covenant &gt; 1.1)</td>
<td>1.8</td>
<td>1.6</td>
<td>1.6</td>
</tr>
<tr>
<td>Capital Expense</td>
<td>3.3%</td>
<td>3.3%</td>
<td>2.7%</td>
</tr>
<tr>
<td>Debt to Capitalization</td>
<td>62.2%</td>
<td>63.2%</td>
<td>69.2%</td>
</tr>
<tr>
<td>Average Age of Plant</td>
<td>13.1</td>
<td>14.9</td>
<td>15.7</td>
</tr>
<tr>
<td>Debt Service as % of NPSR</td>
<td>3.9%</td>
<td>4.2%</td>
<td>3.4%</td>
</tr>
<tr>
<td>Capital as % of Depreciation</td>
<td>101.7%</td>
<td>252.3%</td>
<td>376.0%</td>
</tr>
</tbody>
</table>

### Profitability Ratios:

<table>
<thead>
<tr>
<th></th>
<th>October 31, 2014</th>
<th>December 31, 2013</th>
<th>2011 - 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Margin</td>
<td>0.0%</td>
<td>0.2%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Net Profit Margin</td>
<td>1.1%</td>
<td>2.1%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Return on Total Assets</td>
<td>0.8%</td>
<td>1.4%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Return on Equity</td>
<td>4.0%</td>
<td>6.9%</td>
<td>-1.8%</td>
</tr>
</tbody>
</table>

### Productivity and Cost Ratios:

<table>
<thead>
<tr>
<th></th>
<th>October 31, 2014</th>
<th>December 31, 2013</th>
<th>2011 - 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Asset Turnover</td>
<td>0.9</td>
<td>0.9</td>
<td>0.8</td>
</tr>
<tr>
<td>Total Operating Revenue per FTE</td>
<td>$ 186,250</td>
<td>$ 174,160</td>
<td>$ 165,737</td>
</tr>
<tr>
<td>Personnel Costs as % of Total Revenue</td>
<td>52.8%</td>
<td>55.0%</td>
<td>56.2%</td>
</tr>
<tr>
<td>Actual</td>
<td>Budget</td>
<td>% to Budget</td>
<td>Prior Year</td>
</tr>
<tr>
<td>--------</td>
<td>--------</td>
<td>-------------</td>
<td>------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6,150</td>
<td>6,436</td>
<td>-4.4%</td>
<td>5,906</td>
</tr>
<tr>
<td>3,681</td>
<td>4,709</td>
<td>-21.8%</td>
<td>3,840</td>
</tr>
<tr>
<td>471</td>
<td>473</td>
<td>-0.4%</td>
<td>446</td>
</tr>
<tr>
<td>482</td>
<td>539</td>
<td>-10.6%</td>
<td>496</td>
</tr>
<tr>
<td>898</td>
<td>842</td>
<td>6.7%</td>
<td>943</td>
</tr>
<tr>
<td>409</td>
<td>491</td>
<td>-16.7%</td>
<td>357</td>
</tr>
<tr>
<td>12,091</td>
<td>13,490</td>
<td>-10.4%</td>
<td>11,988</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>198</td>
<td>208</td>
<td>-4.4%</td>
<td>191</td>
</tr>
<tr>
<td>119</td>
<td>152</td>
<td>-21.8%</td>
<td>124</td>
</tr>
<tr>
<td>15</td>
<td>15</td>
<td>-0.4%</td>
<td>14</td>
</tr>
<tr>
<td>16</td>
<td>17</td>
<td>-10.6%</td>
<td>16</td>
</tr>
<tr>
<td>29</td>
<td>27</td>
<td>6.7%</td>
<td>30</td>
</tr>
<tr>
<td>13</td>
<td>16</td>
<td>-16.7%</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>390</td>
<td>-10.4%</td>
<td>387</td>
</tr>
<tr>
<td></td>
<td>5.8</td>
<td>6.0</td>
<td>6.3</td>
</tr>
<tr>
<td>10.1</td>
<td>12.1</td>
<td>-16.2%</td>
<td>12.0</td>
</tr>
<tr>
<td>3.3</td>
<td>3.4</td>
<td>-3.2%</td>
<td>3.3</td>
</tr>
<tr>
<td>17.2</td>
<td>20.0</td>
<td>-13.8%</td>
<td>16.5</td>
</tr>
<tr>
<td>33.3</td>
<td>19.6</td>
<td>69.9%</td>
<td>20.5</td>
</tr>
<tr>
<td>11.4</td>
<td>12.3</td>
<td>-7.4%</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>7.3</td>
<td>7.9</td>
<td>6.8%</td>
</tr>
</tbody>
</table>

### Key Statistics

#### Discharges:

<table>
<thead>
<tr>
<th>Med/Surg (M/S) - Acute</th>
<th>Behavioral Health</th>
<th>Chemical Dependency (CD) - Detox</th>
<th>CD - Rehab</th>
<th>Medical Rehab</th>
<th>Transitional Care Unit (TCU)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,651</td>
<td>1,717</td>
<td>-3.8%</td>
<td>1,509</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Patient Days:

<table>
<thead>
<tr>
<th>M/S - Acute</th>
<th>Behavioral Health</th>
<th>CD - Detox</th>
<th>CD - Rehab</th>
<th>Medical Rehab</th>
<th>TCU</th>
</tr>
</thead>
<tbody>
<tr>
<td>60,265</td>
<td>61,410</td>
<td>-1.9%</td>
<td>60,978</td>
<td></td>
<td></td>
</tr>
<tr>
<td>38,419</td>
<td>42,406</td>
<td>-9.4%</td>
<td>28,721</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4,621</td>
<td>4,406</td>
<td>4.9%</td>
<td>4,393</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4,758</td>
<td>5,023</td>
<td>-5.3%</td>
<td>4,815</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7,764</td>
<td>7,965</td>
<td>-2.5%</td>
<td>8,252</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4,036</td>
<td>4,447</td>
<td>-9.2%</td>
<td>2,371</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Total Discharges:

| 15,017 | 16,416 | -8.5% | 13,723 |

#### Average Daily Census (ADC):

<table>
<thead>
<tr>
<th>M/S - Acute</th>
<th>Behavioral Health</th>
<th>CD - Detox</th>
<th>CD - Rehab</th>
<th>Medical Rehab</th>
<th>TCU</th>
</tr>
</thead>
<tbody>
<tr>
<td>198</td>
<td>202</td>
<td>-1.9%</td>
<td>201</td>
<td></td>
<td></td>
</tr>
<tr>
<td>126</td>
<td>139</td>
<td>-9.4%</td>
<td>94</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>14</td>
<td>4.9%</td>
<td>14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>17</td>
<td>-5.3%</td>
<td>16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>26</td>
<td>-2.5%</td>
<td>27</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>15</td>
<td>-9.2%</td>
<td>0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Total ADC:

| 394 | 413 | -4.6% | 353 |

### Occupancy:

<table>
<thead>
<tr>
<th>% of M/S Acute staffed beds</th>
<th>83.0%</th>
<th>86.5%</th>
</tr>
</thead>
</table>

#### Case Mix Index:

| Medicare (Acute) | 1.77  | 1.80  | -2.0% | 1.77  |
| Non-Medicare (Acute) | 1.79  | 1.76  | 1.4%  | 1.85  |
| Observation Status   | 2,035 | 1,633 | 24.6% | 1,746 |
| Inpatient Surgeries  | 4,834 | 4,905 | -1.4% | 4,336 |
| Outpatient Surgeries | 6,466 | 6,767 | -4.4% | 6,356 |

#### Outpatient Visits:

| 320,005 | 310,161 | 3.2% | 289,982 |

#### Emergency Visits Including Admits:

| 55,770 | 59,072 | -5.6% | 54,379 |

#### Days in A/R:

| 44.6 | 45.0 | -0.9% | 52.8 |
| 6.0% | 6.2% | -3.3% | 6.9% |

#### Bad Debt as a % of Net Revenue:

| 6.5% | 6.2% | 4.9% |

#### FTE's:

| 2,441 | 2,514 | -2.9% | 2,383 |
| 3.45  | 3.49  | -1.0% | 3.74 |

#### Net Revenue per Adjusted Discharge:

| $ 11,165 | $ 11,111 | 0.5% | $ 10,876 |

#### Cost per Adjusted Discharge:

| $ 12,910 | $ 12,623 | 2.3% | $ 14,153 |

### Terrace View Long Term Care:

<table>
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<tr>
<th>Patient Days</th>
<th>116,363</th>
<th>116,736</th>
<th>-0.3%</th>
<th>109,577</th>
</tr>
</thead>
</table>

| Average Daily Census | 383 | 384 | -0.3% | 360 |
| FTE's | 447 | 441 | 1.3% | 430 |
| Hours Paid per Patient Day | 6.5 | 6.4 | 1.6% | 6.6 |
REPORT TO THE BOARD OF DIRECTORS
MARY L. HOFFMAN
SENIOR VICE PRESIDENT OF OPERATIONS
NOVEMBER 2014

BEHAVIORAL HEALTH:

- Transition Unit 4zone3, specialty unit for aggressive patients, opened on October 20 with four patients. No use of seclusions, restraints, patient safety issues or injury to date. Plan to slowly increase census to 10 patients.
- Plan for psych consult service to begin at Terrace View by December 1.
- CPEP maintaining high volumes of patients, average daily census and BH admissions.
- Plan to provide medical screening in CPEP vs. MedED will be implemented before December 1, which should improve throughput and positively impact the patient experience.
- BH continues to experience decreased LOS.

OMH Activity:
- Notified plans submitted from Outpatient and CPEP surveys were satisfactory.
- OMH monthly calls have been moved to every other month based on progress made.

BRIDGE UPDATE:

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

CARE MANAGEMENT:

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

TERRACE VIEW:

- New Administrator, Anthony DePinto, began on November 17.
- Working on planning retirement party for C. Rice at TV on December 5, 2-4 pm.
• Meeting this week with Dr. Orlick and Dr. Grimm to identify rooms at TV to activate Hospice contract, will have decision this week.
• Dr. Cummings engaged to begin rounding Psych NP on Kensington Behavioral Unit, beginning to discuss expansion of behavioral units to suite needs of grant and ECMC, Kensington occupancy consistently 100% with waiting list.
• TV occupancy consistently hovering around 98% (95%, 5+ open sub acute).
• Case Mix submission initiated last week, programs in place to manage and capture care on patient reporting tools, goal to increase case mix index to capture greater revenue for care we deliver goal of 0.05 increase this submission.
• Quality Measure Programs in place, antipsychotic program shows gradual reduction in quality measure associated (0.5%).
• K-9 Event is November 5 at 5pm with West Seneca, Hamburg, and Cheektowaga K-9 units to train police and K-9.

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

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

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

• Dr. Young started an ENT clinic on November 5, 2014 with a full schedule.
• Dermatology clinic is up and running 4 hour sessions, 3 weeks a month.
• Dr. Dang is running three 4 hour sessions a week and is adding more sessions as needed.
• New 4+1 resident program is continuing to work well in Internal Medicine. Transition of care, urgent, sick and flu visits for established patients are immediate.
• Allscripts implementation process is continuing forward in Suite 130/132/135, with Neurology, Neurosurgery, and GI the first clinics to go live. All of Ambulatory will be up and running by March 2015.
• Behavioral Health Education and Engagement Initiative, has been started in Immunodeficiency for better linking of HIV+ people with a behavioral health diagnosis to appropriate care and supporting their follow-up to that care.
• The Behavioral/Internal Medicine clinic is up and running in the new Behavioral Health Building. We continue to receive referrals and our staff is managing patient no-shows by follow-up with the patients and their counselors.
• We have hired a Chief of Service for Family Medicine; Dr. Manyon and a Medical Director for Cleve-Hill, Dr. Ghazi. Also, we have reconfigured the front office area at Cleve-Hill to reduce throughput time.
• We completed the submission for Immunodeficiency for Patient Centered Medical Home and are awaiting our results.
• We have started The Gunderson Model Training with Immunodeficiency staff.
• Occupational and Environment Medicine clinic is progressing well.
• We have developed a plan with our providers to increase the referral process to the specialty clinics. Upon discharge we are contact the specialty clinic the patient requires and the MOA will schedule the appointment, if urgent visits are needed the Program Manager will help with the process.
• Our outpatient dialysis unit is working on their Five Diamond Recognition Award with 4 of the 5 modules submitted and accepted.
• HealthiER is currently functioning in the ED and IMC very well.
• We are currently working with Drs. Orlick & Grimm, along with Sandra Lauer & Elder Wiggins on development of a palliative care clinic to fall within DSRIPs goals & objective.

**RADIOLOGY:**

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

**REHABILITATION SERVICES:**

• Successfully completed first Rehab Symposium. Mike Abrams, PT Inpatient Supervisor, and Dr. Livecchi were speakers. Approximately $ 5,000 received from symposium to be used for department continuing education.
• Setting up a physiatry practice for ECMC; working with Rehab team to have all aspects in place by January 2015. Dr. Livecchi has identified key personnel he is interested in hiring as part of the service line team.

• Volumes are down 5% from 2013 YTD; however, October visits are up by 76 from 2013. Also, receipts have increased $71,857.75 during January 1 – October 31, 2014. This is due to consistent revenue cycle evaluation and improvement between Rehab management and the revenue cycle team.

• Submitted a letter of intent to the Children’s Guild for funding to expand the behavioral health program at PEDS.

**SERVICE LINES:**

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

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

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

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

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

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

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

- In May 2015, we will also undergo our survey by the American Association of Blood Banks (AABB). The AABB survey lasts for three days and scrutinizes our Blood Bank and Lab Transfusion Medicine activities. Our AABB accreditation is also for a two year period and demonstrates our compliance and adherence to rigorous requirements established for excellence in Transfusion Medicine.

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

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

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

A UNYTS Blood Drive was held on Thursday, October 16 in the Staff Dining Room. The next drive will be held on Thursday, December 18.
General Project Updates
The Behavioral Health Center of Excellence Project, 4 Zone 3 is completed and opened for business on Monday, October 20.

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

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

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

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

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

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

PROFESSIONAL STEERING COMMITTEE

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

MEDICAL STAFF AFFAIRS

See separate report by Sue Ksiazek for full details.

UTILIZATION REVIEW

See attached Flash report

CLINICAL ISSUES

Ebola Virus

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

Informatics Update

Ongoing projects include:
1. Management of CPOE alerts. Need to develop a committee that oversees their development and performance.
2. Critical Test reporting. Piloting a new system using cellphones with nephrology.

3. Refinement of Medication reconciliation and Discharge routine.

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

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

### Leapfrog Releases Latest Hospital Safety Scores

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

### CMS Finalizes Major Changes to Payments to Various Providers

- **Outpatient Prospective Payment System:** Overall outpatient Medicare payments are estimated to increase by 2.3 percent for Calendar Year 2015. The increase is based on the projected hospital market basket increase of 2.9 percent minus both a 0.5 percentage point adjustment for multi-factor productivity and a 0.2 percentage point adjustment required by law and includes other payment changes, such as increased estimated total outlier payments.

- **Comprehensive Ambulatory Payment Classifications:** C-APCs is where payment for the comprehensive service (primary service and all related items and services) was packaged into a single payment. This is like an inpatient DRGs for outpatient services and it is a major change. CMS delayed implementation of this policy to CY 2015 to provide the agency and hospitals with more time to evaluate and comment further on the policy. 25 APCs were created.

- **Ambulatory Surgery Centers:** For CY 2015, the CPI-U update is projected to be 1.9 percent. The multifactor productivity adjustment is projected to be 0.5 percent, resulting in an MFP-adjusted CPI-U update factor of 1.4 percent for CY 2015.

### Major Changes Made to Physician Fee Schedule:

- CMS is increasing payments for 3D mammography over 2D mammography using add-on codes.

- Chronic Care Management payments for non face-to-face care are set.
• CMS is adding the following services that can be furnished under the telehealth benefit: annual wellness visits, psychoanalysis, psychotherapy, and prolonged evaluation and management services.
• Numerous changes to the Physician Payment Sunshine Act were also created.
## ECM Flash Report for 10/31/2014

<table>
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<th></th>
<th>Budget</th>
<th>MTD</th>
<th>Diff</th>
<th>Diff %</th>
<th>YTD</th>
<th>Diff</th>
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<td>ER Admits</td>
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<td>% of ER Visit Admits</td>
<td>18.3 %</td>
<td>17.8 %</td>
<td>-0.5 %</td>
<td>-2.7%</td>
<td>18.0 %</td>
<td>0.0%</td>
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<tr>
<td>Observation</td>
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<td>2,066</td>
<td>427</td>
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<td>1,758</td>
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<td>CPEP Visits</td>
<td>12,713</td>
<td>10,109</td>
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<td>8,166</td>
<td>4,562</td>
<td>56.1%</td>
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<td>CPEP Admits</td>
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<td>1,224</td>
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<td>% of CPEP Visit Admits</td>
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<td>30.7 %</td>
<td>6.1%</td>
<td>23.2%</td>
<td>24.6 %</td>
<td>6.1%</td>
<td>23.2%</td>
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<td>Total Inpatient Procedures</td>
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<td>56,454</td>
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<tr>
<td>Total Outpatient Procedures</td>
<td>82,220</td>
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<td>0</td>
<td>0%</td>
<td>82,422</td>
<td>195</td>
<td>0.2%</td>
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</tbody>
</table>
The Department of Nursing reported the following activities in the month of November:

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

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

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

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

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

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

- Dr. Gregory Bennett was the guest speaker at the AACN WNY Chapter dinner on November 13th. Many ECMC nurses attended the event form the Critical Care Unit: Deb Drexelius, Peggy Cramer, Renee Fitzsimmons, Lisa Gantress, Tessa Garrison, Melissa Hovak, Seanessa Jackson, Brittany Kilianski, Melinda Lawley, Ginny Leyh, Markita Mack, Madonna Lakso, Ray masters, Mark Medakovich, Michelle Meli, Kim Miller, Courtney Mulvey, Cheryl Nicosia, Lindsey Ozanne, Ann Rizzo, Cam Schmidt, Linda Schwab, Brian Sedar, Delice Smith, Ashley Metzler, Ayeshia Wyatt, Amy Rutty and Shannon Welsch
**Great Lakes Health (GLH) IT Committee.** The GLHS IT Committee is in the process of viewing initial healthcare IT solution presentations. Vendors already presented are EPIC and Cerner. The remaining vendors are scheduled thought out November and early December. Next steps include collaboration on the development the request for proposal.

**Meaningful Use (MU).**

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

**Regulatory.**

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

**Clinical Automation.**

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

**Physician Electronic Documentation**

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

**Sign Queue Improvement**

- Reduced the number of items for physicians to sign off on in the sign queues by establishing standards and protocols.
- Improved HIM reports to audit sign queues/delinquent charts.
- Added a system enhancement that gives a pop up upon login to Meditech alerting providers to sign queue items.
• Creating better processes to have rotating staff (residents/students) clean out queues before leaving ECMC
• Additional an order sources to allow daily management of orders without needing signatures from providers

Discharge Medication Documentation

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

In addition, we have established a resident council committee to develop a better communication and learning experience for both IT and resident staff. This is leading to very important optimization in workflows.
Marketing and Development Report  
Submitted by Thomas Quatroche, Jr., Ph.D.  
Sr. Vice President of Marketing, Planning and Business Development  
November 25, 2014  

Marketing

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

Planning and Business Development

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

Media Report

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

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

CLINICAL DEPARTMENT UPDATES

Surgical Services- October
- The Surgical Center performed 161 cases in October, 33 more than September. Total YTD is 1,356 surgical cases. Main users are Orthopedic sports medicine 1,040 cases, Bariatric and Laparoscopic general surgery 220.
- Service line volume changes: Orthopedic volume continues to grow from UB Orthopedics and Excelsior orthopedics with 677 more cases than last year this included 194 additional total joints, 375 procedures from Bariatric surgery, Transplants are up 10% from last year, YTD 65.
- Main OR volume for October was 886 cases, 73 more than last September
- YTD: 873 (10.1%) volume increase of combined surgical center and Main OR areas.
- October was the lowest month of urgent/emergent surgical care, 21% of October's volume
MEDICAL EXECUTIVE COMMITTEE MEETING  
MONDAY, OCTOBER 27, 2014 AT 11:30 A.M.

Attendance (Voting Members):

<table>
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<tr>
<th>Name</th>
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<tr>
<td>D. Amsterdam, PhD</td>
<td>M. Manka, MD</td>
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<tr>
<td>S. Anillo, MD</td>
<td>M. Panesar, MD</td>
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<tr>
<td>Y. Bakhai, MD</td>
<td>K. Pranikoff, MD</td>
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<tr>
<td>L. Balos, MD</td>
<td>R. Schuder, MD</td>
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<td>V. Barnabei, MD</td>
<td>P. Stegemann, MD</td>
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<tr>
<td>W. Belles, MD</td>
<td>R. Venuto, MD</td>
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<td>G. Bennett, MD</td>
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<td>R. Calabrese, MD</td>
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<td>R. Desai, MD</td>
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<td>T. DeZastro, MD</td>
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<td>R. Ferguson, MD</td>
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<td>W. Flynn, MD</td>
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<td>R. Hall, MD, DDS, PhD</td>
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<tr>
<td>J. Izzo, MD</td>
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<td>M. LiVecchi, MD</td>
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Attendance (Non-Voting Members):

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<tr>
<th>Name</th>
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<tr>
<td>B. Murray, MD</td>
<td>M. Hoffman, RN</td>
<td>K. Hogan, Board Chair (Guest)</td>
</tr>
<tr>
<td>R. Cleland</td>
<td>L. Feidt</td>
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<tr>
<td>J. Fudyma, MD</td>
<td>R. Gerwitz</td>
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<tr>
<td>S. Ksiazek</td>
<td>S. Gonzalez</td>
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<tr>
<td>A. Orlick, MD</td>
<td>S. Gary</td>
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<tr>
<td>K. Ziemianski, RN</td>
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<tr>
<td>M. Azadfar, MD</td>
<td>E. Jensen, MD</td>
<td>A. Sinha, MD</td>
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<tr>
<td>L. Campbell, MD</td>
<td>J. Kowalski, MD</td>
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<tr>
<td>M. Chopko, MD</td>
<td>T. Loree, MD</td>
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<tr>
<td>S. Cloud, DO</td>
<td>M. Sullivan, DDS</td>
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<tr>
<td>N. Ebling, DO</td>
<td>J. Reidy, MD</td>
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<tr>
<td>M. Jajkowski, MD</td>
<td>J. Serghany, MD</td>
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Absent:

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<tr>
<td>A. Stansberry, RPA-C</td>
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I. CALL TO ORDER
A. Dr. Richard Hall, President, called the meeting to order at 11:40 a.m.

II. MEDICAL STAFF PRESIDENT’S REPORT – R. Hall, MD
A. The Seriously Delinquent Records report was included as part of Dr. Hall’s report. Please review carefully and address with your staff.
B. Welcome Dr. Calabrese and Dr. Anillo, newly appointed Associate Chiefs of Service, Internal Medicine.

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

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

V. CEO/COO/CFO BRIEFING
A. CEO REPORT – Richard Cleland
   a. ECMC Employee Recognition and Day of Caring – Huge success – thank you for your contributions.
   b. September Report – Acute discharges exceeded budget by 31 which shows excellent volume. Throughput improvement is evident in the numbers and thanks to the administrators for improving the process. LOS for September is 6.1 which is a .6 day improvement from last month. Surgery volumes are also up from last year.
   c. DSRIP – Currently reviewing the community needs assessment to determine how ECMC will submit their plan and goals. Currently interviewing a Chief Integration Officer to help with the implementation of programs.
   d. Ebola Update – Ms. Ludlow provided an update on preparations. Education is underway with staff and a determination of what PPE will be utilized is part of the implementation plan. The Ethics Committee met last week to discuss some concerns that have been raised. Outpatient areas are now screening all visitors and patients for recent travel to Western African Regions and symptoms. Drills have been conducted both screening and isolating a patient in the ER and moving the patient from the ER to the 7th floor.
   e. Badge Pass System – A new badge system is being implemented today and this will help to track visitors throughout the building.

B. CFO Report – Steve Gary
   a. September Report – The Board met on September 30, 2014 and approved the budget for 2015 which includes a $20 million investment in capital. The senior team is meeting and will prioritize
capital needs. Currently 16% increase over last year for discharges. A small operating loss is reported for September with a total loss year to date of about $900,000. The vast variance in budget is principally expenditures. It is still hopeful that we will have an operating gain by year’s end.

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

A. UNIVERSITY AFFAIRS

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

B. PROFESSIONAL STEERING COMMITTEE

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

C. UTILIZATION REVIEW

The Flash report was distributed.

D. CLINICAL ISSUES

Time Out Documentation

Issued by the Patient Safety Officer

Good news: We have a great process for electronic documentation of time out that is done prior to the start of the procedure in the OR.
Bad News: The other areas of the hospital need a system that will allow a pre procedure verification process that includes all elements of the defined checklist which is in our policy and promotes documentation of the time out before the procedure.
The current PDOC screens are incomplete and promote documentation after the procedure is completed. (Time stamp will verify done after procedure) Also the only discipline that can document the time out in PDOC is the providers we need to build an intervention so a Nurse or Provider can document, but the screens have to be comprehensive to all elements of the checklist in our policy.

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

**Mandatory Electronic Prescribing Goes into Effect on March 27, 2015**

Effective March 27, 2015 it will be mandatory for practitioners, excluding veterinarians, to issue electronic prescriptions for **controlled and non-controlled substances**.

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

**E. Clinical Learning Environment Review (CLER)**

**Visit Preparation October 2014**

The site visit will last 2.5 days

**Required attendees:** CEO, CMO, CNO, DIO
Highly recommended that Chief Quality Officer is available, possibly COO, CFO and CIO as well

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

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

Patient Safety & Quality Improvement are areas the site visitors are most likely to focus on.

ECMCC & BGMC will submit the following documents to Valerie and cc: Roseanne & Katy:

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

The interviewer will direct questions directly to the CEO – others in the room can supplement answers.

Second part of this meeting is to ask the CEO and other team members how residents are integrated in achieving the goals.

After initial meeting, site visit team will begin a walking tour of the hospital and ask all levels of personnel questions. GME will supply PGY2+ residents to guide tours (in shifts).

The site visitors may want access to areas that they may need special badges to access (besides their ACGME identification badges). They probably will want to check a handoff at a shift change. Nursing staff may be instrumental in assisting with access to different areas of the hospital.

Site visitors will probably walk around for 1 to 1 ½ hours; they will then re-group in a meeting room that can accommodate 30-35 people (the “home base” meeting room). This meeting room must be a dedicated and secure site so visitors can leave their belongings in there (either a locked room or a security guard assigned to the room).
If there are windows on the doors of the room, they should be covered so that participants are kept anonymous.

The site visitors will meet with the Program Directors, faculty, and residents for about 1 ½ hours each on the first and second days. GME will determine these group participants. The site visitors will bring an audience response system and a projector. The room must have a screen or blank wall to use for presentation. They will use the results of the response system in preparing their report. These meetings will probably be structured similarly to a JHACO visit but are not punitive. The ACGME is conducting these visits to establish baseline data, and we will receive helpful feedback as part of this free consultation. A “staging area” should also be reserved so the groups can gather in one area and enter the interview room seamlessly and quickly, as a group.

The 3rd day is ½ day; they will probably leave around 10-10:30 am. C Suite does not need to be available the 2nd day, but does need to be available the 3rd day.

At the last meeting, site visitors will review give a verbal report and ask for clarification on any questions they have. Roseanne will have the opportunity to formally respond to the written report when it is published about 4-6 weeks following the visit.

E*Value houses procedures the residents are privileged to perform. The nurses can access this information on the floors to ensure residents and supervising attendings are credentialed in procedures they may perform. Roseanne will access ECMCC & BGMC websites to ensure there is an icon to access E*Value and the credentialing system. The nursing staff needs to be reminded of this component of patient safety protocol.

Multiple walk rounds will be interspersed with group meetings.

GME will identify 2-3 upper level residents who know the facility for the walking rounds.

GME will reach out to Chief Residents to identify when & where sign-out rounds occur. The site visitors will want to observe these possibly 5 or 6 times.

GME will develop a grid so the site visitors can randomly decide which sign-outs they want to observe. They may decide by program so we need to provide this information as an overview so they can choose which rounds to attend.

Any resources related to fatigue management and mitigation need to be available. For example: a list of call rooms that they can look at (available for residents to sleep in if too fatigued to drive home); free taxi rides home for fatigued residents; free coffee while residents are on call and any written policies pertaining to fatigue management.

Dr. Berger will write a letter to the Program Directors and ask them to identify residents to participate. She will also ask the Chief Residents to identity where and when handoffs and transition of care takes place (time and location). She will include elements of a good sign out.

These visits will occur every 18-24 months. After the initial visit, the site visit team is likely to focus on areas identified for improvement by CLER field staff (site visitors) during previous visits.

GME will provide a bulleted list for the CEO, notifying him/her of relevant GME resources offered in the 6 CLER focus areas (e.g. SAFER training module completed by all residents pre-orientation).
6. **EBOLA UPDATE** – Dr. Murray provided a brief update on notifications and education that has been provided to the Medical Dental Staff and Residents pertaining to protection when assessing a patient for possible infection. Several communications have been provided to the medical staff via emails, meetings and town hall meetings at ECMC over the past few weeks. More information will follow as it becomes available from both the DOH and CDC.

**VII. ASSOCIATE MEDICAL DIRECTORS REPORTS**

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

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

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

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

**VIII. CONSENT CALENDAR**

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

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<tr>
<td>5. ED PDOC Documents (handout)</td>
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<td>4. P &amp; T Committee Meeting – Minutes of October 7, 2014</td>
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<tr>
<td>1. Behavioral Health – Pharmacy Subcommittee – approve minutes</td>
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<td>2. Amphotericin B lipid complex (Abelcet®) – delete from Formulary</td>
</tr>
<tr>
<td>3. Amphotericin B Liposomal (AmBisome®) – Restricted to 10 consult – add to Formulary</td>
</tr>
<tr>
<td>4. Lurasidone (Latuda®) 20 mg, 40 mg – approve addition to Formulary, restricted to PTA and Behavioral Health</td>
</tr>
<tr>
<td>5. TI-20 Corticosteroid Oral Inhaler Interchange - approve Policy revision</td>
</tr>
<tr>
<td>6. Mometasone/formoterol (Oulera® HFA) - approve addition to Formulary</td>
</tr>
<tr>
<td>7. Budesonide/formoterol (Symbicort® HFA) - delete from Formulary</td>
</tr>
<tr>
<td>5. Transfusion Committee Meeting – Minutes of June 26, 2014 &amp; September 25, 2014 and addendum – Clinical Indications – FP-Plasma – Massive Transfusion.</td>
</tr>
<tr>
<td>6. Clinical Informatics Minutes – September 22, 2014 Meeting</td>
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</tbody>
</table>

VIII. CONSENT CALENDAR, CONTINUED

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

B. **Transfer of Internal Patients Between Clinical Services Policy** – The policy was reviewed in detail at a previous meeting. It is brought today with minor revisions and corrections. MOTION to accept policy as submitted.  
MOTION UNANIMOUSLY APPROVED.
IX. OLD BUSINESS

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

The slate was presented as follows:

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

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

MOTION UNANIMOUSLY APPROVED.

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

X. NEW BUSINESS

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

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

XI. ADJOURNMENT

There being no further business, a motion was made to adjourn to Executive Session, seconded and unanimously approved to adjourn the regular session of the Medical Executive Committee meeting at 12:40 p.m.

Respectfully submitted,

[Signature]

Richard Hall, M.D., President
ECMCC, Medical/Dental Staff
ECMC, Children’s now designated as Ebola treatment centers


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

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

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

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

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

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

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

"In joining the eight other designated Ebola treatment centers across the state, these two hospitals are further bolstering our level of preparedness here in New York," he said. "As we continue to expand the list of designated treatment centers to ensure geographic diversity, New Yorkers should rest assured that we are doing everything necessary to safeguard against the risks of Ebola."
Dr. Steven Turkovich, chief medical officer at Children's, said the hospital offered its assistance to the state based on its history as a major provider of care to women and children.

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

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

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

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

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

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

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

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

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

"This is really a moving target as we've learned from examples in the United States, specifically from Texas," she said.
"We're using those to improve our prevention plans, and those plans are evolving based on the information that's obtained from experiences and lessons learned from the incidents in Texas, but also positive lessons learned from not encountering any health care transmissions from other health care facilities, like the University of Nebraska and Emory and NIH. It's a learning curve for us all."

Tracey Drury covers health/medical, nonprofits and insurance
ECMC nurse in need of kidney

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

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

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

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

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

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

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

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

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

Parczewski's car (Photo: Facebook)

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In The News

Diabetic Wounds

**Diabetic Foot Ulcers National Campaign**

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

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

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

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

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

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

If you have a wound, you may benefit from a visit to the Center for Wound Care.
To schedule an appointment, please call (716) 898-4800 or visit http://www.ecmc.edu/medicalservices/wound/.

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

About Healogics, Inc.: Headquartered in Jacksonville, Fla., Healogics is the nation’s largest provider of advanced wound care services. Healogics and its affiliated companies manage nearly 600 Wound Care Centers® in the nation and see nearly 200,000 patients per year through a connected network of centers, partner hospitals, academic medical centers, patients and families. Leveraging its scale and experience, Healogics utilizes an evidence-based systematic approach to chronic wound healing in treating an underserved and growing patient population. For more information, visit www.healogics.com.
ECMC works to grow surgical capacity in $3.2M expansion

Oct 21, 2014, 3:30pm EDT

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

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

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

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

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

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

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

Currently the hospital has 14 operating rooms on the campus, including 12 in the main hospital building and the two existing ORs in the medical office building. Pending approval of the two new ORs, plans call for shifting half of all outpatient cases into the ambulatory
surgery center. That should alleviate pressure enough to allow one of the older ORs in the main hospital building to be designated for trauma and meet the ACS requirements.

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

Tracey Drury covers health/medical, nonprofits and insurance