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Kevin Pranicoff, M.D.
Joseph A. Zizzi, Sr., M.D.

~ Regular Meeting ~



ERIE COUNTY MEDICAL CENTER CORPORATION

Tuesday, September 24, 2013

4:30 P.M.
Staff Dining Room, 2nd Floor - ECMCC

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



Mission

To provide every patient the highest quality of care delivered with compassion.

Vision

ECMC WILL BE A LEADER IN AND RECOGNIZED FOR:

- High quality family centered care resulting in exceptional patient experiences.
- Superior clinical outcomes.
- The hospital of choice for physicians, nurses, and staff.
- Strong collaboration with community partners to improve access to healthcare and the quality of life and vitality of the region.
- Academic affiliations that provide the best education for physicians, dentists, nurses, and other clinical staff.

The difference between
healthcare and true care™





Core Values

ACCESS

All patients get equal care regardless of their ability to pay or source of payment. We address the healthcare needs of each patient that we can appropriately serve, without bias or pre-judgment.

EXCELLENCE

Excellence is a standard that will never be lowered; there is an expectation of excellence in all areas.

DIVERSITY

We recognize the importance and value of diversity and the enrichment that diversity can bring to ECMCC.

FULFILLING POTENTIAL

We respect the value and potential of each individual as offering a significant contribution to the good of the whole organization. Personal growth and development is important for organizational success.

DIGNITY

Each individual, no matter his or her limitations, background or situation, has intrinsic dignity and unique capabilities.

PRIVACY

We honor each person's right to privacy and confidentiality.

FAIRNESS and INTEGRITY

Equity and fairness are guidelines for all decision-making. We demand personal and institutional integrity.

COMMUNITY

In accomplishing our mission we remain mindful of the public's trust and are always responsive to the immediate surrounding community and our natural environment. This commitment represents both our organization and us as individuals. A successful future for ECMCC depends on a vibrant community and a healthy environment.

COLLABORATION

Collaboration with other organizations is beneficial within the context of our mission and is fundamental to achieving our goals.

COMPASSION

All involved with ECMCC's service delivery demonstrate caring, compassion, and understanding for patients, employees, volunteers, and families.

STEWARDSHIP

We can only be successful in carrying out our mission through solid financial performance and by assuring that resources provided to us are used effectively, in the way they were intended, and for the benefit of our patients and community.

The difference between
healthcare and true care™



AGENDA

REGULAR MEETING OF THE DIRECTORS MEETING ERIE COUNTY MEDICAL CENTER CORPORATION TUESDAY, SEPTEMBER 24, 2013

- | | | |
|-------|---|-------|
| I. | CALL TO ORDER: KEVIN M. HOGAN, ESQ., CHAIR | |
| II. | APPROVAL OF MINUTES OF AUGUST 27, 2013 REGULAR MEETING OF THE BOARD OF DIRECTORS. | 5-20 |
| III. | RESOLUTIONS MAY BE DISTRIBUTED TO THE BOARD OF DIRECTORS DURING THE MEETING ON SEPTEMBER 24, 2013 | |
| IV. | BOARD PRESENTATION: EMERGENCY DEPARTMENT PERFORMANCE IMPROVEMENT 2013
MICHAEL MANKA, M.D. | |
| V. | REPORTS FROM STANDING COMMITTEES OF THE BOARD: | |
| | EXECUTIVE COMMITTEE: KEVIN M. HOGAN | ---- |
| | FINANCE COMMITTEE: MICHAEL A. SEAMAN | 22-24 |
| | HUMAN RESOURCE COMMITTEE: BISHOP MICHAEL BADGER | 25-27 |
| | QI PATIENT SAFETY COMMITTEE: MICHAEL A. SEAMAN | ---- |
| VI. | REPORTS FROM SENIOR MANAGERS OF THE CORPORATION: | |
| | A. CHIEF EXECUTIVE OFFICER | 29-34 |
| | B. CHIEF OPERATING OFFICER | 35-40 |
| | C. CHIEF FINANCIAL OFFICER | 41-48 |
| | D. SR. VICE PRESIDENT OF OPERATIONS – RONALD KRAWIEC | 49-51 |
| | E. CHIEF MEDICAL OFFICER | 52-54 |
| | F. CHIEF SAFETY OFFICER | 55-58 |
| | G. SENIOR VICE PRESIDENT OF NURSING | 59-61 |
| | H. VICE PRESIDENT OF HUMAN RESOURCES | 62-64 |
| | I. CHIEF INFORMATION OFFICER | ---- |
| | J. SR. VICE PRESIDENT OF MARKETING & PLANNING | 65-67 |
| | K. EXECUTIVE DIRECTOR, ECMCC LIFELINE FOUNDATION | 68-70 |
| VII. | REPORT OF THE MEDICAL/DENTAL STAFF AUGUST 26, 2013 | 73-82 |
| VIII. | OLD BUSINESS | |
| IX. | NEW BUSINESS | |
| X. | INFORMATIONAL ITEMS | 83-90 |
| XI. | PRESENTATIONS | |
| XII. | EXECUTIVE SESSION | |
| XIII. | ADJOURN | |

Minutes from the



Previous Meeting

ERIE COUNTY MEDICAL CENTER CORPORATION

MINUTES OF THE REGULAR MEETING
OF THE BOARD OF DIRECTORS

TUESDAY, AUGUST 27, 2013

PIERCE ARROW MUSEUM

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 Anthony M. Iacono Dietrich Jehle, M.D. Thomas P. Malecki, CPA Frank B. Mesiah Michael A. Seaman
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Voting Board Member Excused:	Joseph Zizzi, Sr., M.D.
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Non-Voting Board Representatives Present:	Jody L. Lomeo Ronald Bennett, Esq.	Kevin Pranikoff, MD
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Also Present:	Donna M. Brown Richard Cleland Anthony Colucci, Esq. Janique Curry Leslie Feidt James Kaskie Susan Ksiazek	Ronald Krawiec Brian Murray, M.D. Thomas Quatroche Michael Sammarco Lorne Steinhart Karen Ziemianski Bella Mendola, CSEA
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I. CALL TO ORDER

Vice Chair Sharon L. Hanson called the meeting to order at 4:10 P.M.

II. APPROVAL OF MINUTES OF JULY 30, 2013 REGULAR MEETING OF THE BOARD OF DIRECTORS.

Moved by Michael A. Seaman and seconded Anthony Iacono to approve the minutes of the July 30, 2013 regular meeting of the Board of Directors as presented.

Motion approved unanimously.

III. ACTION ITEMS

A. A Resolution to Authorizing the Corporation to Abolish Positions

Moved by Michael A. Seaman and seconded by Douglas H. Baker.

Motion Approved Unanimously. Copy of resolution is attached.

B. Approval of Medical/Dental Staff Credentials, Resignations, Appointments and Re-appointments for August 6, 2013.

Moved by Anthony Iacono and seconded Michael Hoffert.

Motion Approved Unanimously. Copy of resolution is attached.

IV. BOARD COMMITTEE REPORTS

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

Motion approved unanimously.

**V. PRESENTATIONS TO THE BOARD OF DIRECTORS
CHARLENE LUDLOW, CHIEF SAFETY OFFICER**

THE JOINT COMMISSION – Ms. Ludlow provided a summary of the Joint Commission's hospital survey which began Monday, July 29, 2013. The survey was very positive; the surveyor's identified many of the processes as "best practices." The organizational leaders were well prepared and did an outstanding job in making this survey the finest in the history of ECMC.

SMOKE FREE CAMPUS – New York State recently passed legislation prohibiting smoking on the grounds of general hospitals and residential health care facilities. ECMCC will be a smoke free campus effective October 30, 2013, in accordance with this new law. The smoking hut will be removed and those employees who opt to smoke will have to leave the campus to do so.

INFLUENZA PREVENTION – NYS Regulation - Effective July 31, 2013, all paid/unpaid employees are mandated to be vaccinated against influenza. Those who refuse vaccination will be required to wear a mask in defined areas.

VI. REPORTS OF CORPORATION'S MANAGEMENT

- A. Chief Executive Officer:
- B. Chief Operating Officer:
- C. Chief Financial Officer:
- D. Chief Safety Officer
- E. Sr. Vice President of Operations:
- F. Senior 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) Chief Executive Officer: Jody L. Lomeo

- A special thank you to Mike Seaman and Kevin Hogan for their participation in leadership and exit conferences with The Joint Commission.
- Hospital Operations – volume has increased in major areas throughout the hospital. The Executive team continues to work on the 2013 revenue enhancement and cost reduction plan.
- Novia Consulting will begin September 10, 2013 to work through process changes to improve operations.
- The new Behavioral Health building is nearing completion. A 36-bed inpatient unit on the fifth floor is set to open on September 3. Dr. Michael Cummings was named interim Executive Director of Behavioral Health Integration.
- Thank you to consultant Jeannine Brown Miller for a job well done in creating a positive new environment for the residents, employees and leadership team at Terrace View.
- Thank you to Chief Chris Cummings and his team for a quick response to a Code Silver on July 30. The positive outcome from this unfortunate incident is that staff and residents felt safe and were safe.
- Mr. Lomeo recently had a discussion with Dr. Donald Trump, CEO at Roswell Park Cancer Institute, with the goal of working together where there was mutual benefit.
- Thank you to all who participated in the Lifeline Foundation Golf Tournament on August 12. The event was successful and enjoyed by all. We raised the most money, and had the largest turn out, in the history of the event. A special thank you to Mike Seaman for chairing the event.
- A first anniversary celebration reception for the Mobile Mammography Coach is scheduled Tuesday, September 10 from 5:00 – 7:00pm on the ECMC Health Campus.
- The ECMC Lifeline Foundation is beginning the process of assessing the feasibility of a capital campaign supporting the ECMC Emergency Department. Jon Dandes, President of Rich Products, has agreed to chair the campaign.

2) Chief Financial Officer: Michael Sammarco

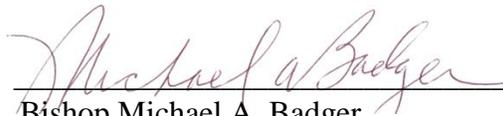
A summary of the financial results through July 31, 2013 and a Quarterly Financial Statement and projected statement of Yearly Cash Flows are attached in the Board Book for review.

Moved by Michael Hoffert and seconded by Richard Brox to receive and file the July 31, 2013 reports as presented by the Corporation's Management.

The motion was approved unanimously.

VII. ADJOURNMENT

Moved by Bishop Michael A. Badger and seconded by Richard F. Brox to adjourn the Board of Directors meeting at 5:35 P.M.



Bishop Michael A. Badger
Corporation Secretary

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

Approved August 27, 2013

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

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

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

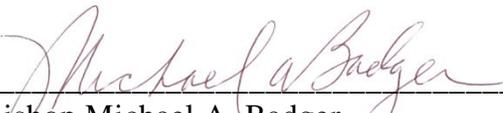
NOW, THEREFORE, the Board of Directors resolves as follows:

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

Case Manager Workers Compensation	Position #51004601
Director Support Services	Position #51005760

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

3. This resolution shall take effect immediately.



Bishop Michael A. Badger,
Corporation Secretary

CREDENTIALS COMMITTEE MEETING

August 6, 2013

Committee Members Present:

Robert J. Schuder, MD, Chairman
 Timothy G. DeZastro, MD
 Nirmitt D. Kothari, MD
 Philip D. Williams, DDS

Richard E. Hall, DDS PhD MD FACS (ex officio)
 Brian M. Murray, MD (ex officio)
 Susan Ksiazek, RPh, Director of Medical Staff
 Quality and Education

Medical-Dental Staff Office and Administrative Members Present:

Jeanne Downey, Appointment Specialist
 Elizabeth O'Connor, Reappointment Specialist

Emilie Kreppel, Practice Evaluation Specialist

Members Not Present (Excused *):

Yogesh D. Bakhai, MD (ex officio) *
 Gregg I. Feld, MD *

David G. Ellis, MD (ex officio) *
 Christopher P. John, PA-C *

CALL TO ORDER

The meeting was called to order at 3 PM by Dr. Robert J. Schuder. The proceedings from the previous meeting of July 2, 2013 were reviewed and accepted with the following corrections.

Internal Medicine

Nasir M. Khan, MD Active Staff

The reappointment endorsement by the Credentials Committee for Nasir M. Khan, MD was inadvertently omitted from the printed minutes presented to the Medical Executive Committee in July 2013. Subsequently presented to the Board of Directors for its action.

Family Medicine

Ruth E. Schap, BS MS GNP Allied Health Professional

Collaborating Physician: Stephen J. Evans, MD

Resignation rescinded, with a change in department from Internal Medicine to Family Medicine under temporary privileges to meet immediate patient care needs of the LTCF.

RESIGNATIONS

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

A. Deceased – None

B. Application Withdrawn – None

C. Resignations:

Beverly Majewski, ANP	Family Medicine	July 5, 2013
Christine Hartnett, PA-C	Family Medicine	July 5, 2013
Nicole R. Gannon, ANP	Family Medicine	July 5, 2013
Shannon D. Marzullo, ANP	Family Medicine	July 5, 2013
Sylvia M. Dlugokinski-Plenz, ANP	Family Medicine	July 5, 2013
Jacquelyn A. Botticelli, ANP	Family Medicine	July 5, 2013
Lisa M. Wheeler, ANP	Family Medicine	July 5, 2013
Mercedes Barber, ANP	Family Medicine	July 5, 2013
Thomas Jones, MD	Radiology/Imaging Services-Teleradiology	July 10, 2013
Coleen Clark, ANP	Family Medicine	July 14, 2013
Vivek Masson, MD	Radiology/Imaging Services-Teleradiology	July 15, 2013

Radiology/Imaging Services – Teleradiology

David Moon, MD* Active Staff

- Neuroradiology
- In vivo diagnostic procedure (interpretation of)
- In vitro diagnostic procedure (interpretation of)

Barbara Newman, MD* Active Staff

- Magnetic Resonance
- Neuroradiology
- In vivo diagnostic procedure (interpretation of)
- In vitro diagnostic procedure (interpretation of)

Michael K. Novick, MD* Active Staff

- Neuroradiology
- In vivo diagnostic procedure (interpretation of)
- In vitro diagnostic procedure (interpretation of)

**As per Chief of Service, these privileges represent core activities that are assessed at initial FPPE for all teleradiologists*

Surgery

Sunil Patel, MBBS Active Staff

Laparoscopic Privileges*

**Action deferred by Chief of Service pending training and/or case documentation OR withdrawal of privilege request.*

- Entry Level Procedures: Perform EKG
- Basic Procedures: Lumbar Puncture
- GI Tract: Abdominoperineal resection
- Retroperitoneal: Sympathectomy
- *-Breast: Simple incision & excision
- *-Breast: Mastectomy – radical
- *-Breast: Sentinel node biopsy of axilla for breast CA
- *-General and Colorectal Surgery:
 - Breast mass excision or incisional biopsy
 - Ganglion excision
 - Hemangioma removal
 - Hemorrhoidectomy
 - Hydrocelectomy
 - Inguinal herniorrhaphy
 - Melanoma excision
 - Muscle biopsy
 - Orchiectomy
 - Orchiopexy
 - Rectal biopsy
 - Rectal dilation
 - Rectal polypectomy
 - Rib biopsy
 - Sigmoidoscopy, rigid and fiberoptic
 - Skin graft
 - Thyroglossal duct cyst excision
 - Toenail procedures
 - Varicose vein ligation with or without stripping
 - Skin lesion excision

**Credentials Committee seeks confirmation that the above privileges will be exercised at ECMC; those not shall be voluntarily withdrawn.*

- Vascular Access Surgery: Diagnostic fistulagram, shuntogram

ERIE COUNTY MEDICAL CENTER CORPORATION

Urology

Britton E. Tisdale, MD Active Staff

Lymphatic System

- Radical lymphadenectomy, inguinal, superficial, unilateral, bilateral; deep w/iliac

lymphadenectomy, unilateral and bilateral

- Radical lymphadenectomy, retroperitoneal, extensive including pelvic aortic and renal

lymphadenectomy

Bladder

- Cystectomy with uretero-sigmoidostomy or uretero-cutaneous transplantations

Corpus Uteri

- Total hysterectomy or cervicectomy with removal of bladder and ureteral transplantations

and/or abdominoperineal resection of rectum and colon and colostomy or any combination

thereof (pelvic

exenteration)

Laparoscopic Urologic Surgery Privileges

- Laparoscopy: Ablative Procedures

FOR OVERALL ACTION

SPECIFIC PRIVILEGE WITHDRAWAL

Obstetrics & Gynecology

Faye E. Justicia-Linde, MD Active Staff

- Laser Surgery – External Mucosal Surfaces – Vulva with/without Colposcope

- Laser Surgery – Internal Mucosal Surfaces with Colposcope - Vagina

- Laser Surgery – Internal Mucosal Surfaces with Colposcope – Cervix

- Laser Surgery – External Skin Surfaces – Vulva

- Laser Surgery – External Skin Surfaces – Perineum

- Laser Surgery – External Skin Surfaces – Perianal/Anal

Refer to July 2013 meeting minutes. The privilege requests were clarified with the MD and Chief of Service and subsequently withdrawn by the applicant.

FOR OVERALL ACTION

APPOINTMENTS AND REAPPOINTMENTS

A. Initial Appointment Review (11)

B. Initial Dual Dept. Appointment (0)

C. Reappointment Review (29)

D. Reappointment Dual Dept. Review (0)

Eleven initial and twenty-nine 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 (11)

Anesthesiology

Molly Mason, CRNA

Allied Health Professional

Family Medicine

Danielle Kwakye-Berko, MD

Active Staff

Dawn Sacks, ANP

Allied Health Professional

Collaborating Physician: Dr. Stephen J. Evans

Internal Medicine

Kathleen Speta, FNP

Allied Health Professional

Collaborating Physician: Dr. James K. Farry

Ophthalmology

Gareth Lema, MD

Active Staff

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Oral & Maxillofacial Surgery

Etern Park, MD, DDS Active Staff

Orthopaedic Surgery

Robert Ablove, MD Active Staff

Psychiatry

Zhanna Elberg, MD Active Staff

Wonhoon Park, MD Active Staff

Kyle Switzer, PA-C Allied Health Professional

Supervising Physician: Dr. Calvert G. Warren

Urology

Teresa Danforth, MD Active Staff

FOR OVERALL ACTION

REAPPOINTMENT APPLICATIONS, RECOMMENDED

C. Reappointment Review (29)

Cardiothoracic Surgery

Brian C. Regan, ANP Allied Health Professional

Collaborating Physician: Dr. Mark R. Jajkowski

Emergency Medicine

Joseph A. Bart, DO Active Staff

Chris D. Hull, ANP Allied Health Professional

Collaborating Physician: Dr. Gerald P. Igoe

Juliana E. Wilson, DO Active Staff

Internal Medicine

Misbah S. Ahmad, MD Active Staff

Mohamed S. Ahmed, MD PhD Active Staff

Crystal M. Ammerman, PA-C Allied Health Professional

Supervising Physician: Dr. Nimit D. Kothari

Roberto O. Diaz Del Carpio, MD Courtesy Staff, *Refer and Follow*

Christopher M. Jacobus, MD Active Staff

Rafael A. Meller, MD Active Staff

Oleh G. Pankewycz, MD Active Staff

Sandra J. Sauvageau, FNP Allied Health Professional

Collaborating Physician: Dr. Yahya J. Hashmi

Carrie G. Silliman, FNP Allied Health Professional

Collaborating Physician: Dr. Oleh G. Pankewycz

Winnie Su, MD Active Staff

Neurology

Mary Elizabeth A. Roehmholdt, MD Active Staff

Neurosurgery

Kenneth V. Snyder, MD Active Staff

Ophthalmology

Ruth M. Mattern, MD Active Staff

Orthopaedic Surgery

Jason D. Hooper, PA-C Allied Health Professional

Supervising Physician: Dr. Andrew C. Stoeckl

Joshua L. Jones, MD Active Staff

Psychiatry

Biswarup M. Ghosh, MD Active Staff

Devinalini K. Misir, MD Active Staff

Maria L. Oliveira, MD Active Staff

Radiology

Jonathan T. Marshall, DO Active Staff

Surgery

Mark R. Laftavi, MD Active Staff

ERIE COUNTY MEDICAL CENTER CORPORATION

Sunil K. Patel, MBBS Active Staff
Teleradiology
 David Moon, MD Active Staff
 Barbara A. Newman, MD Active Staff
 Michael K. Novick, MD Active Staff

Urology
 Britton E. Tisdale, MD Active Staff

FOR OVERALL ACTION

PROVISIONAL APPOINTMENT REVIEW, RECOMMENDED

The following members of the Provisional Staff from the 2012 period are presented for movement to the Permanent Staff in 2013 on the date indicated.

August 2013 Provisional to Permanent Staff		Provisional Period Expires
Emergency Medicine		
Behrens, Torsten, MD	Active Staff	08/28/2013
Nienburg, Sarah, Anne, PA-C	Allied Health Professional	08/28/2013
<i>Supervising Physician: Brian M. Clemency, DO</i>		
Family Medicine		
Hohensee, James, E., MD	Courtesy Staff	08/28/2013
Metzger, Edward, ANP	Allied Health Professional	08/28/2013
<i>Collaborating Physician: Stephen J. Evans, MD</i>		
Internal Medicine		
Bhatnagar, Jyotsna, MBBS	Active Staff	08/28/2013
Shon, Alyssa, So Young, MD	Active Staff	08/28/2013
Stewart, Scott, Hastings, MD	Active Staff	08/28/2013
Neurology		
Diina, David, J., ANP	Allied Health Professional	08/28/2013
<i>Collaborating Physician: Richard E. Ferguson, MD</i>		
Umhauer, Margaret, A., NP	Allied Health Professional	08/28/2013
<i>Collaborating Physician: Richard E. Ferguson, MD</i>		
Orthopaedic Surgery		
Heiler, Stacy, A., PA-C	Allied Health Professional	08/28/2013
<i>Supervising Physician: Paul D. Paterson, MD</i>		

The future October 2013 Provisional to Permanent Staff list was also compiled now for Chief of Service and Collaborating / Supervising physician review 60 days before endorsement to the Medical Executive Committee.

FOR OVERALL ACTION

AUTOMATIC MEMBERSHIP CONCLUSION, RECOMMENDED

Expiring in November 2013

Neurology
 (Pereira) Avino, Lorianne, E., DO Active Staff
Ophthalmology
 Macaluso, Katie J., MD Active Staff
Orthopaedic Surgery
 Sherban, Ross, DO Active Staff
Psychiatry
 Adelaja, Abiola, Oladapo, MD Active Staff

Reappointment Expiration Date: November 1, 2013
Planned Credentials Committee Meeting: August 6, 2013
Planned MEC Action date: August 26, 2013
Planned Board confirmation by: September 2013
Last possible Board confirmation by: October 2013
FOR OVERALL ACTION

FUTURE MEMBERSHIP CONCLUSION, UNDER CONSIDERATION

Expiring in December 2013

Emergency Medicine

Guyett, Lance, C., ANP

Allied Health Professional

Collaborating Physician: Dr. Michael Manka

Internal Medicine

Tahir, Nauman, MD

Active Staff

Ophthalmology

Medina, Rafael, R., MD

Active Staff

Reappointment Expiration Date: December 1, 2013

Planned Credentials Committee Meeting: September 3, 2013

Planned MEC Action date: September 23, 2013

Planned Board confirmation by: October 2013

Last possible Board confirmation by: November 2013

FOR INFORMATION ONLY

OLD BUSINESS

Cardiology Midlevels

The committee awaits any information regarding changes to the Cardiology service midlevel coverage as a result of program integration with the GVI.

First ASSIST Privilege Form and Letter

The Credentials Committee is grateful to the Clinical Chiefs who provided the key insight to craft a First Assist privilege form that reflects the culture of our surgical services At ECMC. The level of supervision is clearly defined and the form design affords each surgical chief the autonomy to determine what Level II activities will be defined for his department. The form also promotes training and skill development for each NP or PA First Assistant within a department. If an applicant is competent to perform one of the delineated Level II procedures without the surgeon in the room (as determined by the supervising surgeon and with surgeon immediately available), the privilege is specifically requested and granted. If the supervising surgeon wants to develop a NP or PA First Assistant, then the activity is carried out with the surgeon in the operating room. Attached, please see the updated First Assist form.

The committee recommends that the newly drafted form be recompleted by existing First Assistants.

Internal Medicine: Proposed Midlevel Training Program

The midlevel training program format continues to undergo review. Recommendations have been made to consider including communication skills development as well as some type of intensivist oversight of the non-intensivist MDs who apply for MICU privileges. Additional discussions will take place with the Chief of Service.

Psychiatry Child Abuse Allegation Registry

Since the last meeting, the Medical-Dental Staff Office has been able to confirm with the Psychiatry Chief of Service and Administration that registry reports have been obtained for all applicable members of the department, with the exception of the midlevel recently granted temporary privileges. A spreadsheet has been developed for the purposes of documenting the due diligence performed.

ERIE COUNTY MEDICAL CENTER CORPORATION

The importance of maintaining the agreed upon processes was noted. It will be a collaborative effort between the Medical-Dental Staff Office and the Department of Psychiatry.

Hospital Medical Liability Verification Questions

Following discussion at the last meeting, the Credentials Committee confirmed how the external hospital medical liability verification inquiry questions are to be answered. The Medical-Dental Staff Office understands that if there is NO PAY OUT on a case, this is not reported out to the inquiring hospital.

Screening of Older Practitioners

The committee re-visited the issue of a screening process for older practitioners. There are two components that would need to be included: technical ability and cognition. Though opinion has been shared by AMA experts in this field to consider the implementation of screening for hearing, vision and cognition, there is no one validated tool promoted as the standard. The committee agreed that until such time, we would continue our current processes of annual health assessment which includes an attestation by the examiner and the Practitioner Health Advisory Committee as means to screen and address aging practitioners.

Privilege Form Revisions

INTERNAL MEDICINE

The draft of an integrated Allied Health Professional (Physician Assistant-Nurse Practitioner) continues to undergo comment and discussion.

UROLOGY

A rough privilege form draft has been submitted to the Chief of Service for review and revision. No progress to date.

ORTHOPAEDICS

The committee awaits further feedback from the Chief of Service on the most recent form revision. A newly formatted version of the Orthopaedic Physician Assistant privilege form is in preparation.

RADIOLOGY/IMAGING SERVICES

The Chief of Service will follow up with the interventional radiologist to confirm that Sialography will not be an offering at ECMCC, and if so, it will be deleted from the form as a specific delineated privilege.

OBSTETRICS AND GYNECOLOGY

The committee chair was presented with the privilege form utilized by the new Chief of Service at her previous institution. It embodies the core/cluster format we are evolving toward. It was agreed that the form content should be incorporated into the ECMCC format and sent to the Chief of Service for review and comment.

Temporary Privilege expirations during Pending Initial Applications

A tracking system has been formalized to list Urgent and Temporary Privilege expiration periods and the Chief of status of application completion. The current tracking matrix will be attached.

OVERALL ACTION REQUIRED

NEW BUSINESS

ACLS for NP Ventilation with Bag and Mask

A question arose from an applicant regarding the need for ACLS for ventilation with bag and mask. The committee has in the past opined that the requirement be maintained as a surrogate marker of current competency. The absence of the privilege does not preclude the exercise of this and similar procedures to save the life of a patient in an emergency situation.

ATLS clarification for Surgery Peritoneal Lavage

Clarification has been requested from the Chief of Service regarding the requirement for ATLS for Peritoneal Lavage. It has been the current understanding that this procedure was intended to apply in circumstances which involved open peritoneal lavage for the diagnosis of hemoperitoneum in traumatic situations. ATLS would not be required for abdominal irrigation during surgery. Such will be the recommendation of the Credentials Committee forwarded to the Surgery Chief of Service for agreement.

Locum Tenens Psychiatrists

The submission of several locum tenens membership applicants along with temporary privilege requests led to a question about the 120 day temporary privilege period and the long term intent of the applicants. Intentions have been clarified and been resolved.

JC Survey Report

The Credentials Committee is extremely proud of the performance and conduct of the Medical-Dental Staff Office specialists during the recent Joint Commission survey period. Full compliance with all JC standards was the finding of the surveyor.

Credentials Procedure

Current credentialing procedure defines appropriate peer references as originating from the same license type. For example, it would be inappropriate for dentists to provide multiple references for a physician. However, in the case of midlevel practitioners, to be practical, the committee recommends seeking the usual peer references from PA and NP colleagues but it will also accept references from physicians familiar with the applicant’s practice. A revision to the Credentials Procedures will be made through the processes identified in the medical-dental staff bylaws.

The rating template peer reference letter will also be amended slightly to encourage more detailed feedback on candidates.

Interventional Nephrologist Privileges

Clarification has been requested regarding an expansion of privileges for an interventional nephrologist to include advanced vascular access procedures. Recommendations will be sought from the Chief of Surgery and the Vascular Access Center Medical Director. Nephrology program standards will be reviewed for best practices and competency assessment volumes.

Provisional Appointment

The committee was informed of a member of the medical-dental staff with no volume since appointment, resulting in the inability to complete FPPE or an appropriate assessment by the Chief of Service for provisional to permanent appointment. The committee encouraged that the Chief of Service discuss with the practitioner a move from Active to Courtesy Refer and Follow membership category.

Code of Conduct

ECMC has just been informed of a change in New York State law requiring practitioners in Behavioral Health, CPEP and Chemical Dependency to sign an attestation of understanding the code of conduct for patients with special needs. The Medical-Dental Staff Office will work with the involved clinical departments to secure the signed attestations and store in the credentials files.

OVERALL ACTION REQUIRED

OPEN ISSUES

The open issues log was reviewed with select items closed by committee consensus.

OTHER BUSINESS

FPPE (Focused Professional Practice Evaluation)

- Internal Medicine, Exigence (1 ANPs, 1 DO, 4 PA-Cs)
- Rehabilitation Medicine (1 PA-C)

OPPE (Ongoing Professional Practice Evaluation)

- Cardiothoracic Surgery OPPE has been successfully completed for 12 practitioners (1 ANP, 9 MDs and 2 PAs). Two physicians and two midlevels did not return the requested documents.
- Internal Medicine OPPE is nearing completion with the department expected to be presented at the next Credentials Committee meeting.

PRESENTED FOR INFORMATION

ADJOURNMENT

With no other business, a motion to adjourn was received and carried with adjournment at 4:30 PM.

Respectfully submitted,



Robert J. Schuder, MD,
Chairman, Credentials Committee



Executive Committee

Minutes from the



Finance Committee

BOARD OF DIRECTORS
MINUTES OF THE FINANCE COMMITTEE MEETING
AUGUST 20, 2013

ECMCC BOARD OF DIRECTORS CONFERENCE ROOM

VOTING BOARD MEMBERS PRESENT OR ATTENDING BY CONFERENCE TELEPHONE:	MICHAEL A. SEAMAN DOUGLAS H. BAKER	RICHARD F. BROX DIETRICH JEHL, MD
VOTING BOARD MEMBERS EXCUSED:	ANTHONY M. IACONO	
ALSO PRESENT:	JODY LOMEIO MICHAEL SAMMARCO RICHARD CLELAND ANTHONY J. COLUCCI, III	RONALD KRAWIEC JOHN EICHNER PAUL HUEFNER
NON-VOTING MEMBERS EXCUSED:	THOMAS P. MALECKI, CPA	

I. CALL TO ORDER

The meeting was called to order at 8:32 a.m. by Michael A. Seaman, Chair.

II. RECEIVE AND FILE MINUTES

Motion was made and accepted to approve the minutes of the Finance Committee meeting of July 23, 2013.

III. JULY 2013 FINANCIAL STATEMENT REVIEW

Michael Sammarco provided a summary of the financial results for July 2013, which addressed volume, income statement activity and key financial indicators.

Total discharges were under budget by 35 for the month of July, and 21 over the prior year. Year-to-date discharges were over the prior year by 123. Acute discharges were under budget by 68 for July, 26 under the prior year, and 13 under the prior year to date. Observation cases were 149 for the month and the average daily census was 355. Average length of stay was 6.2 compared to a budget of 6.0. Non-Medicare case mix was 1.89 for the month compared to 1.83 in June, and a budget of 2.02. Medicare case mix was 1.58, compared to 1.69 in June, and a budget of 1.66. Inpatient surgical cases were over budget for the month by 6 and over the prior year to date by 107. Outpatient surgical cases were under budget by 24 for the month, and over the prior year to date by 42. Emergency Department visits were under budget for the month by 57, and 235 over the prior year.

Hospital FTEs were 2,365 in July, compared to a budget of 2,292. Terrace View FTEs were 445 for the month of July, compared to a budget of 442.

The Hospital had an operating surplus for the month of \$49,000, compared to a budgeted surplus of \$256,000 and a \$914,000 surplus the prior year. Terrace View had an operating surplus of \$1.7 million in July, compared to a \$29,000 budgeted loss and a prior year loss of 449,000. The positive operating surplus was due to an adjustment to third party reserves. The consolidated year to date operating loss was \$3.9 million, compared to a prior year to date loss of \$4.9 million.

Days operating cash on-hand for the month of July was 24.8, obligated cash was \$111.9 million, and days in accounts receivable were 48.1.

VI. ADJOURNMENT:

The meeting was adjourned at 9:25 a.m. by Michael Seaman, Chair.

Minutes from the



Human Resources Committee

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS

MINUTES OF THE HUMAN RESOURCES COMMITTEE MEETING

TUESDAY, SEPTEMBER 10, 2013

ECMCC STAFF DINING ROOM

VOTING BOARD MEMBERS PRESENT OR ATTENDING BY CONFERENCE TELEPHONE:	BISHOP MICHAEL BADGER, CHAIR	FRANK MESIAH JODY LOMELO RICHARD BROX
BOARD MEMBERS EXCUSED:	JOSEPH ZIZZI, SR., M.D. MICHAEL HOFFERT	
ALSO PRESENT:	KATHLEEN O'HARA CARLA DICANIO-CLARKE BEN LEONARD RICHARD CLELAND CHARLES RICE	DENNIS ROBINSON KAREN HORLACHER BELLA MENDOLA JENNIFER CRONKHITE JEANNINE BROWN MILLER

I. CALL TO ORDER

Chair Bishop Michael Badger called the meeting to order at 9:35 a.m.

II. RECEIVE & FILE

Moved by Bishop Michael Badger and seconded by Frank Mesiah to receive the Human Resources Committee minutes of the July 9, 2013 meeting.

III. NYSNA NEGOTIATIONS

Carla DiCanio-Clarke reported that meetings between NYSNA and management have been ongoing. The next meeting is scheduled for the first week in October to wrap up the non-major economic issues.

IV. WELLNESS/BENEFITS

General Announcements have been sent to employees and posters have been posted regarding the Smoking Cessation program. Kathleen O'Hara reported that a new law has been passed stating that beginning October 29, 2013 smoking will be prohibited on all hospital grounds.

V. TERRACE VIEW REPORT

The Terrace View flash report was distributed.

An overview of the staffing committee was distributed.

Charles Rice reported that management is continuing to hold monthly meetings with employees. Goals of the meetings include: defining roles between ECMC and Terrace View, employee independence, enhancing dining experiences, improving customer service.

Charles Rice also stated that Terrace View is moving to a closed unit model in which each neighborhood would be responsible for its own staffing

ERIE COUNTY MEDICAL CENTER CORPORATION

VI. RECRUITMENT ACTIVITIES

For the time period of June 2013 through August 2013, there have been over 6,000 applicants and 170 candidates hired.

VII. CONSOLIDATION OF SERVICES

Kathleen O'Hara reported that discussions are on-going with Kaleida Health regarding the laboratory services consolidation. There is an issue with the Histotechnologist competency. When the services are offsite, the histotechnologists will not maintain the level of expertise that they currently possess. Per diem positions are being looked into.

VIII. WORKERS COMPENSATION REPORT

The workers compensation report was distributed. The data compared to last year is comparable or reduced in some areas.

IX. EMPLOYEE TURNOVER REPORT

The employee turnover report was distributed. Turnover continues to be low at 4.6%. The national average is over 10%.

X. NURSING TURNOVER REPORT

July Hires – 25.5 FTES & 6 PT – 9.0 FTE Med/Surg & 16.5 BH

YTD = 98.0 FTES & 22 PT

July Losses – 0.0 FTES

LPN – 2.0

Turnover Rate - .53% (.40% without retirees)

Turnover Rate YTD – 4.28% (3.2% without retirees)

August Hires – 16.0 FTES & 6 PT – 10.5 FTE Med/Surg & 5.5 BH

YTD = 114.0 FTES & 28 PT

LPN – 4.5 FTES – 4.5 Med/Surg

YTD = 22.0 FTES

August Losses – 3.5 FTES & 2 PT

YTD = 34.5 FTES

LPN – 1.0

YTD = 6.5 FTES

Turnover Rate - .47% (.40% without retirees)

Turnover Rate YTD – 4.61% (3.2% without retirees)

XI. NEW INFORMATION

Not Applicable.

XII. ADJOURNMENT

Moved by Bishop Michael Badger to adjourn the Human Resources committee a 10:10am. Motion seconded by Frank Mesiah.



ECMCC Management Team



Chief Executive Officer

ERIE COUNTY MEDICAL CENTER CORPORATION

REPORT TO THE BOARD OF DIRECTORS
JODY L. LOMELO, CHIEF EXECUTIVE OFFICER
SEPTEMBER 24, 2013

Hope everyone is doing well as we enter the fall season; as always, we have so much happening at ECMCC.

HOSPITAL OPERATIONS

Summer trauma season appears to be winding down and our entire system is still rather busy. We did see a slight decrease in volume across all major areas in the hospital this month. The following highlights are for August 2013:

- Total discharges were down 44 for the month as compared to the previous month, but are up 77 year over year.
- Acute discharges were down 60 in the month of August and are down 89 year over year.
- Our length of stay crept up from 6.2 to 6.6 in August.
- Medicare case mix increased to 1.71 and non-Medicare case mix was 1.65. Please note last year in August 2012 our non-Medicare case mix was at 2.48.
- Inpatient surgical cases were down 16 from previous month, up 67 YTD from previous year.
- Outpatient surgical cases were down 42 from previous month, down 32 YTD from previous year.
- The hospital had a very slight operating surplus of \$4,000.
- Terrace View had a small operating surplus of \$26,000.
- The consolidated year-to-date operating loss is 3.9 million

As you know, we continue to work with our NOVIA consulting group and see a number of opportunities throughout the hospital system. We continue to challenge our case mix index process. Most importantly, we will be involving our physicians every step of the way and asking them to continue their leadership role in transforming our clinical and business processes.

2014 OPERATING BUDGET

New York law requires that next year's operating budget be approved by the Board of Directors no later than September 30, 2013. Our team has been working diligently on that budget and the process has been smooth and productive. Forecasting operational results over a

year in advance presents its own set of challenges, apart from the usual health care industry uncertainty. We are comfortable in our budget assumptions and would like to highlight some of them for you.

- With the consolidation of the Behavioral Health in 2014, we are budgeting for a 77 percent increase in discharges to roughly 4,400
- Total discharges are budgeted at 19,423
- Acute discharges are budgeted at 12,200
- We are assuming a reduction in length of stay of 6.3 to 6.0
- We continue to challenge our case mix index number and are working with NOVIA Consulting to find opportunities to better understand and improve processes. Currently, we are assuming a Medicare case mix of 1.785
- From a surgical perspective we are budgeting for an additional 350 outpatient surgeries and 685 inpatient surgeries. The reason for the increase is a number of new physicians/surgeons coming on board in 2014, as well as organic growth with our existing physicians.
- We have also increased overall discharges by 19% due to an increase in the surgeries above and medical admissions from existing and new referral sources, as well as a plan to increase bed availability through decreases in length of stay.
- We are increasing our transplant budget to 90 from 70.
- We are also assuming a reduction in IGT/ DISH.

The budget submitted to the Board is a thoughtful and responsible budget that acknowledges potential reductions in reimbursement as well as some increases due to the realization of certain business opportunities. We are constantly challenging ourselves to reduce costs and increase revenue.

We have engaged all levels of management and staff throughout the hospital to prepare this budget. This budget process has resulted in very frank conversation that has increased awareness throughout our facilities of our opportunities and our challenges. I appreciate everyone's support and willingness to change as we continue to embrace the challenges of healthcare and the impact of the Accountable Care Act.

OPERATIONS REVIEW

As we talked previously at the past few Board meetings, we have engaged NOVIA Consulting to work through process changes that are expected to improve our business

operations. As a senior leadership team, we have had many discussions related to the imperative for operating performance improvement, the impact of the Accountable Care Act, and tactics we can deploy to assure the solid future of ECMCC in meeting the needs of our community. We are in the process of gaining perspective on our market and the challenges we are facing with the help of NOVIA and also Tatum LLC.

We are engaged in a highly focused review of our operating practices that will identify potential improvements and cost reductions. It is important that we understand not only our market but other markets, so that we have knowledge of best practices and that we have a clear understanding of the New York State healthcare provider environment and its inherent challenges. I will keep you informed as to the results of these engagements and am, again, particularly appreciative of everyone's willingness to challenge our organization to become better for the patients we serve.

BEHAVIORAL HEALTH

On September 3, 2013 we opened our first 36-bed unit on the fifth floor. Please tour the unit; it is absolutely beautiful. Also on September 3, we opened the partial hospitalization program. This is the first BGMC-Kaleida outpatient behavioral clinic to transfer to ECMCC. The second 36-bed inpatient behavioral unit will begin operating in early November. As we continue to work with our partners at Kaleida, we are putting the finishing touches on the outpatient components of the integration and should have our leases in place for both the 1010 Main Street site and Lancaster site in the next few weeks. The volumes in our CPEP have been steady and, as you are aware, we anticipate having our new CPEP open by the first of the year. Also, Dr. Cummings has hit the ground running and is doing a wonderful job as we continue to transform the behavioral health program and the experience that the patients and families receive.

We have spent quite a bit of time over the past years discussing culture and the need for a culture change throughout our entire hospital. We are in the midst of a culture change with our Behavioral Health service. The front line staff (nurses, counselors and support staff) continue exceptional performance in the CPEP by addressing the increase in volumes. Their efforts have

not gone unnoticed by our patients, OMH and our management team. As I mentioned in last month's meeting, those efforts were recognized by the surveyors from The Joint Commission as well. We will continue to aggressively manage this program to ensure a Center of Excellence that this community will be proud of.

TERRACE VIEW

I am pleased that we can continue to announce positive changes and momentum at Terrace View. Over the last month, two departments (Plant Operations and Case Management) have integrated into the ECMC departments. This integration has resulted in operational savings and efficiency enhancements. We will continue to look for further areas to integrate and reduce costs as well as increase our efficiencies.

Our census remains above 98 percent and the staff has handled the volumes very well. Our consultant, Jeannine Brown Miller, is working with our leadership team to implement "closed unit" staffing initiatives. This has been successful at ECMC, and we will follow similar processes of implementation. This will give each neighborhood the ability to "self schedule" which increases ownership and accountability. Jeannine continues to work with the residents, employees, and the leadership team in creating an environment that fosters team work, service excellence and open communication. Terrace View has stabilized financially and we have additional opportunities for growth on the horizon and will continue to look at ways for that growth to further translate to a positive bottom line.

GREAT LAKES HEALTH

We had a GLH Board of Trustees meeting on September 13, 2013 and discussed the financial performance, issues and challenges surrounding the transplant program, and organ donation, as well as market dynamics and the UB general surgery probation. GLH is interested in bringing in an outside consultant to help us better organize and understand the relationship between the university and the healthcare system (Kaleida and ECMCC). We also discussed and will continue to challenge ourselves regarding areas where we can continue to collaborate and further integrate.

ECMC LIFELINE FOUNDATION

Hopefully, I will see many of you at the Lifeline Walk/Run on September 28, 2013 at Delaware Park. Lifeline has played a vital role in the rebranding and marketing of our health system and I encourage you to support the efforts of the foundation. I would like to thank all who have supported the foundation and especially the Lifeline staff for their commitment to our patients and our employees.

In closing, I appreciate all of your support, guidance and wisdom as we continue to grow and transform our organization. We continue to move in a direction that benefits our community as well as our patients.

Jody



Chief Operating Officer

REPORT TO THE BOARD OF DIRECTORS
RICHARD C. CLELAND, MPA, FACHE, NHA
CHIEF OPERATING OFFICER
SEPTEMBER 2013

EXECUTIVE MANAGEMENT (EM) - HOSPITAL OPERATIONS

Novia began its engagement September 9, 2013. Our goal is to capture \$6 million to \$10 million dollars of process improvement opportunities. Several meetings were held with leadership, physician leadership and key departments to roll out comprehensive plan. The plan includes executive management oversight, implementation of a steering committee and physician and leadership engagement. We will schedule Novia to present at an upcoming Board of Directors meeting. This initiative will be our #1 priority in 2014-2015.

Priority initiatives will be:

- a) Case Management/Care Coordination
- b) Revenue Cycle
- c) Care Redesign
- d) Clinical Documentation
- e) ED Patient Flow

The EM team has met several key strategic goals set forth in the third quarter of 2013 (see page 3 of the report for specifics).

The hospital remains very busy with volumes higher in comparison to 2012 in many of the core business lines including patient days, surgery, outpatient services and specialty units (MRU, Behavioral Health, and LTC).

Reviewing and modifying the Strategic Plan 2013-2017. Several additions will be added and Board of Directors retreat is scheduled for this fall.

The 2014 operating budget in preparation and going through final CFO and COO review. Significant changes in the health care business (i.e. ACA), reimbursement, and new service lines, etc. adding to the amount of complexity and need for precision.

BEHAVIORAL HEALTH CENTER OF EXCELLENCE

There have been several significant developments over the past month.

- We submitted vouchers and were reimbursed for \$11.2 million of the HEAL-21 grant. The remaining funds of the \$15 million will be used by end of the 3rd quarter.
- 5-North opened on September 3, 2013; the first (36) bed unit transferring over from Buffalo General Medical Center.
- Buffalo General Medical Center relocated their Partial Hospitalization Clinic to ECMC which also opened September 3, 2013. This will remain on the 6th floor at ECMC until the new CPEP building is opened in January 2014.
- Implementation of a very effective CPEP “surge” plan. This has been extremely successful in addressing the reduced number of regional beds and meeting patient care needs.

- CPEP and Outpatient Center construction is progressing and remains on budget and on schedule. Opening in January 2014.
- 5-South will be opening November 1, 2013; the second (36) bed unit transferring over from Buffalo General Medical Center.

We are working closely with our partners at Kaleida Health on completing a plan to transition remaining behavioral health programs (outpatient) to ECMC by October 14, 2013. There will be no disruption of services or treatment to patients under treatment or entering the system.

TERRACE VIEW

Jeannine Brown Miller continues to work with the leadership team in developing a “strategic management plan” which will be a centerpiece in transforming operational and cultural excellence.

The leadership team created its own “strategic plan” to address cultural integration and self direction as it continues to “take ownership” for Terrace View. This plan was presented to Jody Lomeo, CEO, and Rich Cleland, COO in early September.

Census remains above 98% and demand for a bed is very high. Several departments have been integrated with ECMC departments. This includes:

- Bio Med
- Plant Operations and Maintenance
- Environmental Services and Laundry
- Admissions
- Case Management and Workers’ Compensation

We continue to look at other opportunities so that we can reduce costs and share services.

TRANSITIONAL CARE UNIT (TCU)

Our new unit continues to grow. Average daily census is 18. Our overall Medicare LOS reduced to 6.1 days in August. In addition, all commercial payors and ECMC have agreements for members to utilize (see last page for Quality Outcomes Report).

CONSTRUCTION/RENOVATION PROJECTS

Two new outpatient operating rooms are set to be completed December 2013. In addition, both the Medical Office Building (MOB) and outpatient (Article 28 space) will be completed by the end of December 2013. Several new projects have received approval to begin including: 12th floor MICU renovation, GI renovation, and Gift Service shop.

New oral dental oncology service line will be coming on board at ECMC effective January 2014. This will result in a “redesign” of the current dental services and integration into the oral dental new service line. This new service line will be located on the 2nd floor of the Medical Office Building.

**Executive Management
Goal Report - 3rd Quarter 2013**

Goals	Responsible Party	Completed	
<u>2013 Third Quarter Goals:</u>			
1) Super Lab Completion of Integration	Krawiec Ludlow Quatroche	August 5, 2013	
2) JC Survey			
3) Business Service Line Development: <ul style="list-style-type: none"> a. Trauma/Burn/ER Services; ★ b. Orthopedics; ★ c. Behavioral Health/Chemical Dependency; ★ d. Head, Neck and Breast; e. Transplant/Renal; f. LTC; ★ g. Ambulatory Services/Clinics; h. Immunodeficiency; i. Rehabilitation Services; ★ 			In Progress ★
4) Submit CON – Ortho (Phase II & Phase III)	Quatroche Cleland Murray	Scheduled 9/4/13	
5) Novia assessment implementation Phase III			
6) Reorganization medical services office	All EM Murray	Improvement in P/L	
7) Be at <u>least</u> break even financial status (profitability is goal)			
8) Develop Comprehensive Physician Plan to address: <ul style="list-style-type: none"> → Recruiting (a Physician Strategic Plan) <ul style="list-style-type: none"> ▪ i.e. – ACS recommendations (Trauma), Neurosurgery, etc., address where shortages are on the horizon → Liaison/Concierge Service (on boarding) 			
9) Terrace View Restructuring	Cleland Brown Ziemianski Sammarco	August 22, 2013 September 18, 2013 August 1, 2013	
10) Automate Switchboard – Implement			
11) Level III Observation – Sitter Service Implement			
12) Purchasing Assessment Implementation – Cardinal	All EM Cleland Krawiec	August 10, 2013	
13) Overtime managed down to 65 FTEs from 98 FTEs			
14) Redesign, restructure CM, UR, SW + DC			
15) Wound Care – Recruit new Program Director & Clinical Coordinator <ul style="list-style-type: none"> ▪ Design New Strategic Plan w/new leadership ▪ Market program internally and externally ▪ Increase Net Revenue 15% 	Krawiec Ludlow Ludlow	September 15, 2013 August 15, 2013	
16) Clinic Reorganization completion			
17) Develop strategic space utilization plan			
18) Develop dashboard for core measures	Cleland Cleland	July 20, 2013 July 15, 2013	
19) Expand TCU to all managed care HMO's			
20) Grow Terrace View SAR to 44 patients	Feidt Cleland/Sammarco	September 21, 2013	
21) Online phone directory			
22) Complete 2014 Operational Budget			
23) Oral Dental Oncology Model <ul style="list-style-type: none"> a. Physician agreements b. Leadership commitment 			

MEMORANDUM

To: Charles Rice - Administrator
Molly Shea - Director of Nursing
Dr. Arthur Orlick - Medical Director

From: Richard C. Cleland, MPA, FACHE, NHA
Chief Operating Officer

Re: Transitional Care Unit (TCU) Performance

Date: September 11, 2013

CC: Jody L. Lomeo - Chief Executive Officer
Dr. Brian Murray - Chief Medical Officer
Karen Ziemianski - SVP of Nursing

I would like to commend the staff and leadership of the TCU. I have attached the (4) month outcomes data and it is **EXCEPTIONAL!!!**

Our patients are truly receiving exceptional quality of care and we have exceeded many of the benchmarks in our first (4) months of operation. This performance is a direct result of the hard work and exceptional care by the entire TCU team - starting with the admission process, throughout the stay, and until the patient is discharged and back to the community.

Keep up the great work and on behalf of the organization, Thank You!!

TCU OUTCOMES 1.1.13 through 8.31.13 (112 patients)

IMPAIRMENT CATEGORY	#PTS (%) ECMC	BENCHMARK (%)
Brain Dysfunction	5 (4.5)	7.7
Orthopedic Disorders	29 (25.9)	32.1
Cardiac	16 (14.3)	8.3
Pulmonary	3 (2.7)	4.7
Debility	5 (4.5)	11.9
Medically Complex	49 (43.8)	29.5

*Not all patients are listed

Mean Age = 70.6

Mean LOS = 12.4 days (Benchmark: 90th percentile = 12.2 days)

Mean FIM change = 22.6 (Benchmark = 22.8)

Mean LOS efficiency = 2.5 (Benchmark: 90th percentile = 2.3)

% Discharge to community = 75.7 (Benchmark = 71.6)



Chief Financial Officer

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Internal Financial Reports
For the month ended August 31, 2013

Erie County Medical Center Corporation

Balance Sheet August 31, 2013 and December 31, 2012

(Dollars in Thousands)

	August 31, 2013	Audited December 31, 2012	Change from December 31st
ASSETS			
Current assets:			
Cash and cash equivalents	\$ 3,398	\$ 20,611	\$ (17,213)
Investments	21,800	3,112	18,688
Patient receivables, net	54,108	42,548	11,560
Prepaid expenses, inventories and other receivables	54,338	49,459	4,879
Total Current Assets	133,644	115,730	17,914
Assets Whose Use is Limited:			
Designated under self-Insurance programs	95,335	93,151	2,184
Designated by Board	25,000	25,000	0
Restricted under debt agreements	28,199	32,479	(4,280)
Restricted	23,313	25,436	(2,123)
	171,847	176,066	(4,219)
Property and equipment, net	270,535	247,113	23,422
Deferred financing costs	2,990	3,091	(101)
Other assets	4,381	4,621	(240)
Total Assets	\$ 583,397	\$ 546,621	\$ 36,776
LIABILITIES AND NET ASSETS			
Current Liabilities:			
Current portion of long-term debt	\$ 7,048	\$ 6,936	\$ 112
Accounts payable	33,214	29,369	3,845
Accrued salaries and benefits	17,172	18,661	(1,489)
Other accrued expenses	37,690	17,386	20,304
Estimated third party payer settlements	27,858	27,651	207
Total Current Liabilities	122,982	100,003	22,979
Long-term debt	177,281	180,354	(3,073)
Estimated self-insurance reserves	57,379	56,400	979
Other liabilities	105,447	99,827	5,620
Total Liabilities	463,089	436,584	26,505
Net Assets			
Unrestricted net assets	109,239	98,968	10,271
Restricted net assets	11,069	11,069	0
Total Net Assets	120,308	110,037	10,271
Total Liabilities and Net Assets	\$ 583,397	\$ 546,621	\$ 36,776

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Erie County Medical Center Corporation

Statement of Operations

For the month ended August 31, 2013

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net Patient Revenue	\$ 33,958	\$ 36,508	\$ (2,550)	\$ 36,053
Less: Provision for bad debts	(2,066)	(2,039)	(27)	(2,109)
Adjusted Net Patient Revenue	31,892	34,469	(2,577)	33,944
Disproportionate Share/IGT Revenue	4,396	4,396	-	4,702
Other Revenue	2,130	2,411	(281)	1,491
Total Operating Revenue	38,418	41,276	(2,858)	40,137
Operating Expenses:				
Salaries / Wages / Contract Labor	14,039	14,112	73	13,489
Employee Benefits	8,412	9,413	1,001	9,220
Physician Fees	4,324	4,522	198	4,437
Purchased Services	2,897	2,709	(188)	2,653
Supplies	4,568	5,985	1,417	6,087
Other Expenses	1,223	641	(582)	714
Utilities	527	469	(58)	604
Depreciation & Amortization	1,671	1,648	(23)	1,446
Interest	726	715	(11)	447
Total Operating Expenses	38,387	40,764	2,377	39,688
Income (Loss) from Operations	31	512	(481)	449
Non-operating gains (losses):				
Grants - HEAL 21	2,755	833	1,922	-
Interest and Dividends	315	-	315	2,030
Unrealized Gains/(Losses) on Investments	(988)	267	(1,255)	(894)
Non-operating Gains(Losses), net	2,082	1,100	982	1,136
Excess of (Deficiency) of Revenue Over Expenses	\$ 2,113	\$ 1,612	\$ 501	\$ 1,585
Retirement Health Insurance	1,360	1,409	(49)	1,469
New York State Pension	1,820	2,155	(335)	1,749
Total impact on operations	\$ 3,180	\$ 3,564	\$ (384)	\$ 3,218

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Erie County Medical Center Corporation

Statement of Operations

For the eight months ended August 31, 2013

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net Patient Revenue	\$ 269,756	\$ 273,892	\$ (4,136)	\$ 261,387
Less: Provision for bad debts	(15,760)	(15,317)	(443)	(15,366)
Adjusted Net Patient Revenue	253,996	258,575	(4,579)	246,021
Disproportionate Share/IGT Revenue	35,167	35,166	1	37,615
Other Revenue	16,211	17,325	(1,114)	14,442
Total Operating Revenue	305,374	311,066	(5,692)	298,078
Operating Expenses:				
Salaries / Wages / Contract Labor	112,906	105,578	(7,328)	103,849
Employee Benefits	67,435	72,486	5,051	70,812
Physician Fees	34,529	34,739	210	34,022
Purchased Services	22,785	21,612	(1,173)	21,874
Supplies	42,850	45,368	2,518	43,563
Other Expenses	5,144	5,210	66	5,179
Utilities	4,932	3,681	(1,251)	3,865
Depreciation & Amortization	13,194	13,044	(150)	11,581
Interest	5,475	5,447	(28)	3,521
Total Operating Expenses	309,250	311,565	2,315	302,531
Income (Loss) from Operations	(3,876)	(499)	(3,377)	(4,453)
Non-operating Gains (Losses)				
Grants - HEAL 21	11,487	5,833	5,654	-
Interest and Dividends	231	-	231	2,606
Unrealized Gains/(Losses) on Investments	3,191	(1,285)	4,476	5,645
Non Operating Gains (Losses), net	14,909	4,548	10,361	8,251
Excess of (Deficiency) of Revenue Over Expenses	\$ 11,033	\$ 4,049	\$ 6,984	\$ 3,798
Retirement Health Insurance	8,410	10,845	(2,435)	11,752
New York State Pension	15,385	16,680	(1,295)	14,143
Total impact on operations	\$ 23,795	\$ 27,525	\$ (3,730)	\$ 25,895

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Erie County Medical Center Corporation

<p>Statement of Changes in Net Assets For the month and eight months ended August 31, 2013</p>

(Dollars in Thousands)

	Month	Year-to-Date
<u>UNRESTRICTED NET ASSETS</u>		
Excess (Deficiency) of Revenue Over Expenses	\$ 2,113	\$ 11,033
Other Transfers, Net	(94)	(762)
Contributions for Capital Acquisitions	-	-
Net Assets Released from Restrictions for Capital Acquisition	-	-
Change in Unrestricted Net Assets	2,019	10,271
<u>TEMPORARILY RESTRICTED NET ASSETS</u>		
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 Total Net Assets	2,019	10,271
Net Assets, Beginning of Period	118,289	110,037
NET ASSETS, End of Period	\$ 120,308	\$ 120,308

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Erie County Medical Center Corporation

Statement of Cash Flows

For the month and eight months ended August 31, 2013

(Dollars in Thousands)

	Month	Year-to-Date
<u>CASH FLOWS FROM OPERATING ACTIVITIES</u>		
Change in net assets	\$ 2,019	\$ 10,271
Adjustments to Reconcile Changes in Net Assets to Net Cash Provided by (Used in) Operating Activities:		
Depreciation and amortization	1,671	13,194
Provision for bad debt expense	2,066	15,760
Net Change in unrealized (gains) losses on Investments	988	(3,191)
Transfer to component units	94	762
<u>Changes in Operating Assets and Liabilities:</u>		
Patient receivables	(3,088)	(27,320)
Prepaid expenses, inventories and other receivables	(7,676)	(4,879)
Accounts payable	3,224	3,845
Accrued salaries and benefits	2,031	(1,489)
Estimated third party payer settlements	(221)	207
Other accrued expenses	1,109	20,304
Self Insurance reserves	797	979
Other liabilities	1,012	5,620
Net Cash Provided by (Used in) Operating Activities	4,026	34,063
<u>CASH FLOWS FROM INVESTING ACTIVITIES</u>		
Additions to Property and Equipment, net		
Campus expansion	(6,675)	(31,249)
Routine capital	(626)	(5,266)
Use of bond proceeds for campus expansion	(2)	6,682
Decrease (increase) in assets whose use is limited	(1,227)	(2,463)
Sales (Purchases) of investments, net	(21,891)	(15,497)
Investment in component units	(94)	(762)
Change in other assets	-	240
Net Cash Provided by (Used in) Investing Activities	(30,515)	(48,315)
<u>CASH FLOWS FROM FINANCING ACTIVITIES</u>		
Principal payments on long-term debt	(374)	(2,961)
Net Cash Provided by (Used in) Financing Activities	(374)	(2,961)
Increase (Decrease) in Cash and Cash Equivalents	(26,863)	(17,213)
Cash and Cash Equivalents, Beginning of Period	30,261	20,611
Cash and Cash Equivalents, End of Period	\$ 3,398	\$ 3,398

Erie County Medical Center Corporation

Key Statistics

Period Ended August 31, 2013

Current Period				Year to Date				
Actual	Budget	% to Budget	Prior Year	Actual	Budget	% to Budget	Prior Year	
920	1,055	-12.8%	993	Discharges:				
138	136	1.5%	144	Acute	7,471	7,982	-6.4%	7,560
25	29	-13.8%	29	CD - Detox	1,059	1,033	2.5%	1,039
226	220	2.7%	227	CD - Rehab	204	222	-8.1%	214
51	44	15.9%	42	Psych	1,681	1,638	2.6%	1,639
28	44	-36.4%	-	Rehab	300	339	-11.5%	302
				TCU	113	211	-46.4%	-
1,388	1,528	-9.2%	1,435	Total Discharges	10,828	11,425	-5.2%	10,754
				Patient Days:				
6,034	6,279	-3.9%	6,566	Acute	49,328	47,509	3.8%	47,201
450	436	3.2%	460	CD - Detox	3,541	3,308	7.0%	3,332
405	553	-26.8%	524	CD - Rehab	3,928	4,234	-7.2%	4,078
2,847	2,878	-1.1%	2,611	Psych	21,634	21,426	1.0%	21,455
853	1,049	-18.7%	981	Rehab	6,435	8,079	-20.3%	6,596
441	528	-16.5%	-	TCU	1,529	2,532	-39.6%	-
11,030	11,723	-5.9%	11,142	Total Days	86,395	87,088	-0.8%	82,662
				Average Daily Census:				
195	203	-3.9%	212	Acute	203	196	3.8%	193
15	14	3.2%	15	CD - Detox	15	14	7.0%	14
13	18	-26.8%	17	CD - Rehab	16	17	-7.2%	17
92	93	-1.1%	84	Psych	89	88	1.0%	88
28	34	-18.7%	32	Rehab	26	33	-20.3%	27
14	17	-16.5%	-	TCU	6	10	-39.6%	-
356	378	-5.9%	359	Total ADC	356	358	-0.8%	339
				Average Length of Stay:				
6.6	6.0	10.2%	6.6	Acute	6.6	6.0	10.9%	6.2
3.3	3.2	1.7%	3.2	CD - Detox	3.3	3.2	4.4%	3.2
16.2	19.1	-15.0%	18.1	CD - Rehab	19.3	19.1	1.0%	19.1
12.6	13.1	-3.7%	11.5	Psych	12.9	13.1	-1.6%	13.1
16.7	23.8	-29.8%	23.4	Rehab	21.5	23.8	-10.0%	21.8
15.8	12.0	31.3%	-	TCU	13.5	12.0	12.8%	-
7.9	7.7	3.6%	7.8	Average Length of Stay	8.0	7.6	4.7%	7.7
				Occupancy:				
80.1%	84.4%	-5.1%	89.6%	% of acute staffed beds	88.3%	80.7%	9.4%	82.0%
				Case Mix Index:				
1.71	1.69	1.3%	1.75	Medicare (Acute)	1.79	1.72	3.6%	1.74
1.91	2.28	-16.4%	2.37	Non-Medicare (Acute)	1.82	2.10	-13.3%	2.16
205	140	46.4%	154	Observation Visits	1,398	1,000	39.8%	1,088
457	503	-9.1%	497	Inpatient Surgeries	3,511	3,533	-0.6%	3,444
584	723	-19.2%	658	Outpatient Surgeries	4,982	5,420	-8.1%	5,014
27,101	32,199	-15.8%	30,457	Outpatient Visits	229,441	245,027	-6.4%	232,862
5,871	6,220	-5.6%	5,921	Emergency Visits Including Admits	43,205	45,569	-5.2%	43,296
48.7	40.0	21.8%	42.3	Days in A/R	48.7	40.0	21.8%	42.3
6.8%	6.2%	10.0%	6.4%	Bad Debt as a % of Net Revenue	6.5%	6.2%	5.9%	6.5%
2,373	2,395	-0.9%	2,449	FTE's	2,381	2,336	1.9%	2,401
3.72	3.68	1.0%	3.95	FTE's per adjusted occupied bed	3.73	3.62	3.1%	3.95
\$ 11,425	\$ 11,727	-2.6%	\$ 12,536	Net Revenue per Adjusted Discharge	\$ 11,679	\$ 11,700	-0.2%	\$ 12,090
\$ 13,663	\$ 13,732	-0.5%	\$ 14,128	Cost per Adjusted Discharge	\$ 14,101	\$ 13,910	1.4%	\$ 14,460
Terrace View Long Term Care:				Patient Days				
11,792	11,848	-0.5%	9,380	Patient Days	86,325	88,962	-3.0%	82,048
380	382	-0.5%	303	Average Daily Census	355	366	-3.0%	336
440	443	-0.6%	300	FTE's	429	420	2.2%	325
6.9	6.9	-0.2%	5.9	Hours Paid per Patient Day	7.2	6.8	5.9%	5.7



Sr. Vice President of Operations

Erie County Medical Center Corporation
Report to the Board of Directors
Ronald J. Krawiec, Senior Vice President of Operations
September 24, 2013

LABORATORY – JOSEPH KABACINSKI

Implementation of the ECMCC and Kaleida Health integrated laboratory service strategy continues to progress. The dates for the transition of Anatomic Pathology and general Lab depend on the successful interfacing and integration of the Kaleida, ECMCC Lab and ECMCC Hospital information systems. Kaleida's IT Department is building a new domain for ECMCC in their system; as well as an interface to link the KH Cerner Millennium Lab system with ECMCC's Meditech System. The target date for the domain and interface system build is September 23. At that point, extensive system testing and validation will begin.

The Anatomic Pathology transition will occur prior to the general laboratory. Our pathologists, histotechnologists and transcription staff are currently undergoing training along with system testing and test validation. "Dummy" runs of test cases are being completed to insure that logistics and turn-around-time for delivery and slide preparation at the Kaleida Health production lab are acceptable to ECMCC's Pathologists.

The ECMCC Human Resources Department and Lab leadership continue to plan for the staff transition that will occur including retrenchment and bumping according to Civil Service rules and the CSEA contract. As our staff continues to turnover, we are managing our existing workloads with the help of agency staff and additional overtime.

A UNYTS blood drive was held on Thursday, August 22. The drive was successful and collected over 50 units. Another drive is scheduled for Thursday, October 24, in the overflow cafeteria. All are welcome to donate.

PHARMACEUTICAL SERVICES – RANDY GERWITZ

The Department of Pharmaceutical Services (DPS) is currently providing the required documentation to allow ECMC to seek pass-through funding for the Pharmacy Residency program. This funding will offset all or nearly all costs associated with providing this training and will hopefully allow the DPS to expand from one to two residents in the near future.

In support of established relationships with local pharmacy schools, the DPS has agreed to accept additional students for experiential rotations. Pharmacy students are required to participate in two types of experiences, classified as either introductory or advanced professional practice experiences. We provide introductory and advanced experiences for students for SUNY at Buffalo and D'Youville on a regular basis. Previously only

SUNY Buffalo students were granted advanced practice rotations at this site. These students gain a great deal of real world experience while on rotation and provide assistance with special projects.

The DPS is pleased to report the release of a new 340B contract pharmacy RFP on or around September 25, 2013. The contract pharmacy services will allow the organization to extend savings and services to patients that would not otherwise benefit from the 340B program and help produce additional revenue to support our mission of providing care to the underserved.

AMBULATORY SERVICES – BONNIE SLOMA

The clinic management team will begin a six sigma process improvement project with SD Solutions in October. Various staff groups are being developed to start working on basic training, education, a SWOT analysis and specific goals for Lean Six Sigma. This project will parallel our other fiscal and quality initiatives including: Patient Cycle Time, Patient Referral Process, Patient Experience, Patient Satisfaction with Telephone Access, Same Day Appointment Availability, improve physical environment of Ambulatory Service resulting in improved Patient Satisfaction, and reduce ambulatory patient's usage of ED for non urgent medical care and redirect to outpatient clinic.

Patient Centered Medical Home (PCMH) is on track at Cleve Hill Family Health Center, Internal Medicine Clinic, and Grider Family Health Center with a submission to NCQA by the end of 2013. Our data indicates a level 3 accreditation which is the highest level. The PCMH certification is necessary to maintain our \$988,000 NYS Grant. Similarly, Meaningful Use activity continues with data collection and work attestation to be completed by December 2013 for Grider Family Health Center, Cleve Hill Family Health Center, and the Internal Medicine Clinic. Allscripts EMR will go live on September 16 in Immunodeficiency with Patient Centered Medical Home standards and work flow in place.

IMAGING – ERIC GREGOR

Over the past two years we have worked closely with Saturn Radiology on a project to increase the net cash receipts of professional billings that go directly to ECMCC. We have improved the documentation of the inpatient orders, reduced denials, utilized CPOE to effectuate correct orders, changed the billing firm, and closely monitored the monthly financials. The result is a \$1,000,000 per year improvement within two years from annual net revenue of \$3 million to over \$4 million in 2013 which is a 33% improvement.



Chief Medical Officer

ERIE COUNTY MEDICAL CENTER CORPORATION
REPORT TO MEDICAL EXECUTIVE COMMITTEE
BRIAN M. MURRAY, MD, CHIEF MEDICAL OFFICER
SEPTEMBER 2013

UNIVERSITY AFFAIRS

On Friday October 11th President Tripathi will present his State of the University Address at 11am at Lippes Concert Hall, Slee Hall, North Campus.

Congratulations to Dr. Anne Curtis and Dr. Joseph Izzo who will be honored at UBs 10th Annual Celebration of Faculty and Staff Academic Excellence on October 9th.

The ANNUAL PLAN request for residents for 2013-2014 has been proposed and would result in a significant increase in residents assigned to ECMC causing us to exceed our "cap". Some of this is due to the necessary transfer of psychiatry residents to ECMC due to the program consolidation.

In addition the following departments are requesting significant increases in their allotments

Emergency Medicine: 15.5 to 18.5 FTEs

Ob/Gyn: 1.0 to 1.5 FTEs

IM/Endocrinology: 1.0 to 2.0 FTEs

Orthopedics: 12.00 to 13.25 FTEs

PROFESSIONAL STEERING COMMITTEE

Meeting was held Monday September 9th. A verbal update will be provided.

MEDICAL STAFF AFFAIRS

See separate report by Sue Ksiazek for full details.

UTILIZATION REVIEW	June	July	August YTD vs. 2013 Budget	
Discharges	921	977	919	-6.4%
Observation	191	149	205	+37.7%
LOS	6.9	6.2	6.7	+27.9%
ALC Days	386	409	316	-15.9%
CMI	1.80	1.84	1.78	-11.9%
Surgical Cases	870	891	874	-6.4%
Readmissions (30d)	NA	NA		

August activity consistent with recent volume trends. Not quite able to live up to budget expectations.

LOS has dropped back

Outpatient surgical volume missed target by same one surgery per day.

A major concern is the fact that CMI continues to run over 10% below last year's level.

CLINICAL ISSUES

DISH PAYMENTS

- ***TWO MIDNIGHT rule***

Observation versus Inpatient – effective Oct 1, 2013, CMS requires an anticipated two midnight hospital stay as the minimum time for a presumptively appropriate inpatient stay. The new rule is as follows: anytime it is anticipated at the time of inpatient admission that a patient will require a hospital stay of at least two midnights, the patient should be placed in inpatient status. **For those patients who are admitted to INPT, the Admitting physician H+P must document in detail the rationale/logic supporting medically necessary hospital stay of at least two midnights. In addition, the Attending progress notes on day #1 and #2 and the balance of the inpatient stay must support medical necessity.** With regard to these documentation requirements, you must “think in ink.” If the admitting physician believes the medical necessity associated with the initial presentation does not support an inpatient stay of two or more midnights despite the need for continued monitoring, then the Order should be to “place in observation”. If acuity worsens, the Attending should “Admit to inpatient” and document regarding the medical necessity supporting the order. The post OBS admission decision may reference the initial outpatient stay. Clearly there will be a heavy burden on physician’s documenting the necessity of an admission or for ongoing hospitalization.

The new interpretations also indicate that the initial admitting order does not need to be written by the attending physician but can be written by a resident or extender after consultation with the attending.

Final Medicaid DSH Regulations Released by CMS

CMS on Friday issued the final rule gradually reducing Disproportionate Share Hospital payments to facilities that serve a high concentration of low-income patients. The reg adopts a proposal to ignore states’ decisions on the now-optional Medicaid expansion over the next two years when calculating DSH reductions. The cuts total \$1.1 billion. "State decisions to expand Medicaid will not affect the amount of reduction in DSH allotments," according to CMS.

A more detailed fact sheet on this regulation can be seen at :

<http://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-Sheets/2013-Fact-Sheets-Items/2013-09-13.html>

Government Shutdown Threats Could Impact Health Care Funds

The biggest news in Washington over the next two weeks will be whether there will be a government shutdown with the federal budget expiring October 1 and no replacement in sight - AND whether there will be additional Medicare payment cuts as part of any budget deal, if one emerges. Some in the GOP continue to call for a shutdown unless the Affordable Care Act is defunded or delayed. Others in the House GOP, particularly in leadership, are considering working with the Democratic minority to find the necessary votes to get a budget deal done.



Chief Safety Officer

Erie County Medical Center Corporation

Report to the Board of Directors

Charlene Ludlow RN, Chief Safety Officer

September 24, 2013

Accreditation activities: Joint Commission accreditation survey was conducted for the Hospital on 7/29/2013 through 8/2/2013. The next week Joint Commission accreditation Survey for the Laboratory was conducted 8/6/2013 through 8/8/2013. The Survey process was very positive and staff was extremely engaged in the survey process with the Surveyors. Several ECMC processes were defined as “best practice” by the Surveyors.

The Hospital survey resulted in nine direct impact standard variances and eleven indirect impact standard variances. Three of the variances were corrected prior to the Surveyors leaving the facility. The Laboratory Survey resulted in seven indirect impact standard variances.

Five plan of correction teams were developed to define and implement improvements for standard compliance along with a plan for education on improvements and a monitoring process to ensure sustainment. The Direct impact plan of correction was submitted on 9/20/2013. Indirect impact standard compliance plans will be submitted by 10/4/2013.

Patient Safety indicators: CMS Core measure indicators have expanded for 2013 to 88 indicators. Data has been collected and submitted to CMS for the following topics:

Topic / Number of Indicators	Outcomes January to June 2013
Acute Myocardial Infarction (5)	100%
Congestive Heart Failure (3)	2 indicators at National bench mark *Need improvement on Discharge instructions to achieve National benchmark
Pneumonia Care (2)	Improvement in 2013, not at National bench mark yet.
Surgical Care improvement Project (18)	Areas for improvement- antibiotic utilization and removal of urinary catheter and VTE prophylaxis received.
Behavioral Health (35)	First year of data collection, benchmarks pending
Stroke (8)	100% ; accept for VTE prophylaxis
Patient Immunizations (4)	Rates range from 87 to 93 %
Inpatient Emergency Department throughput (7)	Initial collection period – no benchmarks at this time.
VTE prophylaxis (6)	Team identified for improvement initiatives

Infection Prevention initiatives include focused surveillance and Healthcare acquired infection reporting to NYSDOH and CMS through CDC network. MICU and CTU have achieved zero central line associated blood stream infections in 2013 to date. Trauma ICU has recognized a decrease in infections while achieving zero infections in the second quarter 2013.

Additional prevention bundles are being utilized to prevent Ventilator associated pneumonias and Surgical site infections with great success. Multidisciplinary group was developed to address catheter associated urinary tract infection prevention.

Influenza prevention: NYS legislation has been passed that requires Health care staff to be immunized against Influenza annually. ECMC will be offering all staff influenza vaccination through the Employee Health Department. Staff members that refuse vaccination will be required to wear a mask during prevalent influenza times as defined through legislation and the NYS Health Commissioner.

Sepsis Protocol: NYS Public Health law was signed that requires all hospital to develop a process for early sepsis identification. A plan was developed by a multidisciplinary team composed of Physicians, Nursing, Pharmacy and Patient Safety staff. Plan was submitted to NYS prior to the September 3, 2013 deadline. Education will be provided and the plan will be implemented in compliance with the January 1, 2014 requirement.

Environmental Services and Plant Operations have been actively engaged in opening new behavioral health units and clinics as well as moving staff to accommodate additional construction projects. Expansion of the campus and scope of work has required changes in practice to maximize efficiencies. **Construction – refer to Building and Grounds report

Security update: The Hospital Police Department has increased its service capabilities to the employees, patients and visitors that enter the campus due to improved staffing. This has had a direct result in response to incidents as well as improving diversity of the department and professionalism with the ability to acquire training that the previous staffing levels prevented. Improvements have also been made with implementation of a computerized records management system. All HPD activity is entered into the computerized complaint format and the dispatcher maintains continuous contact with the officer documenting actions that are taken. If an arrest is made or a detailed investigative report is required the officer conducts the follow up data entry. This record keeping and retention capability has been crucial for follow up inquiries and document requests. The existing policies were updated and new policies were created that relate to police operations and response which have provided better guidance, professionalism and service to the ECMC campus. In July the Code Silver event successfully tested our emergency response preparedness and ability to execute our emergency response plan (Full Lockdown) as well as Incident Command System structure.



Senior Vice President of Nursing

ERIE COUNTY MEDICAL CENTER CORPORATION

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

August, 2013

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

- August proved to be a busy month for Beth Moses, ECMC's Trauma Injury Prevention/Education Coordinator. Beth hosted the "Let's Not Meet By Accident" program for 60 students in our Summer Youth Program, in addition to traveling to Jamestown and Olean to teach approximately 70 EMS providers about Traumatic Brain Injuries and management of the patient in the field. A Violence Intervention Program for "at risk" youth from the 14215 zip code was also held this month. Finally, Beth and RNs from the Emergency Department and the Burn Unit traveled to Rochester for an ATCN (Advanced Trauma Care for Nurses) Instructor class, which they have brought back and are now teaching at ECMC. In addition to Beth, the registered nurses who have attained ATCN Teacher status are Tanya Culligan and Lynnette Eleey of the Burn Unit, and Kevin Steward of the Emergency Department.
- On August 14th, ViAnne Antrum, Assistant Director of Nursing for the Medical-Surgical areas, was a speaker on a national webinar sponsored by ACHE, the American College of Healthcare Executives. The topic of the webinar was, "Win-Win: Tap into Younger Leaders."
- Mary Molly Shea, Assistant Director of Nursing for the recently opened TCU (Transitional Care Unit), reported that the unit was recently visited by Anthony, a rescued 11 year-old Shih Tzu Therapy dog. Anthony visits the unit escorted by volunteer, Kelly Scrocco, who is the daughter of Cardiology Nurse Practitioner Carol Scrocco.

Studies have shown that pet therapy in the hospital setting can be very beneficial to the patients, who often become more responsive after a pet therapy session. In addition, pets may be a welcome distraction from the stress and anxiety a patient may be feeling.

- The Nursing Department welcomed two Clinical Resource Nurses this month, Michelle Mooney, BS, RN for the Medical/Surgical areas and Daryl Ibbotson, BS, RN for the Critical Care areas. A Clinical Resource Nurse (CRN) is an RN who works as an extension of a hospital's Nursing Education Department to promote and maintain quality patient care. CRN activities may include precepting new nurses, facilitating professional nursing practices that support quality and safety initiatives, assisting with staff development and inservice education, clinical competency assessments, and ensuring that policies and procedures are being understood and followed by nursing staff. The CRNs may also provide mentor-like support for our new nurses as they start their careers at ECMC.

- The ECMC Department of Nursing has partnered with the New York State Health Department in a program to reduce the incidence of pressure ulcers, entitled the “GoldSTAMP” program (*STAMP: Success Through Assessment, Management, and Prevention*). This quality improvement program has been developed by the State to reduce facility-acquired pressure ulcers, and ultimately improve care to patients and residents living with pressure ulcers.



Vice President of Human Resources

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS

MINUTES OF THE HUMAN RESOURCES COMMITTEE MEETING

TUESDAY, SEPTEMBER 10, 2013

ECMCC STAFF DINING ROOM

VOTING BOARD MEMBERS PRESENT OR ATTENDING BY CONFERENCE TELEPHONE:	BISHOP MICHAEL BADGER, CHAIR	FRANK MESIAH JODY LOMEO RICHARD BROX
BOARD MEMBERS EXCUSED:	JOSEPH ZIZZI, SR., M.D. MICHAEL HOFFERT	
ALSO PRESENT:	KATHLEEN O'HARA CARLA DICANIO-CLARKE BEN LEONARD RICHARD CLELAND CHARLES RICE	DENNIS ROBINSON KAREN HORLACHER BELLA MENDOLA JENNIFER CRONKHITE JEANNINE BROWN MILLER

I. CALL TO ORDER

Chair Bishop Michael Badger called the meeting to order at 9:35 a.m.

II. RECEIVE & FILE

Moved by Bishop Michael Badger and seconded by Frank Mesiah to receive the Human Resources Committee minutes of the July 9, 2013 meeting.

III. NYSNA NEGOTIATIONS

Carla DiCanio-Clarke reported that meetings between NYSNA and management have been ongoing. The next meeting is scheduled for the first week in October to wrap up the non-major economic issues.

IV. WELLNESS/BENEFITS

General Announcements have been sent to employees and posters have been posted regarding the Smoking Cessation program. Kathleen O'Hara reported that a new law has been passed stating that beginning October 29, 2013 smoking will be prohibited on all hospital grounds.

V. TERRACE VIEW REPORT

The Terrace View flash report was distributed.

An overview of the staffing committee was distributed.

Charles Rice reported that management is continuing to hold monthly meetings with employees. Goals of the meetings include: defining roles between ECMC and Terrace View, employee independence, enhancing dining experiences, improving customer service.

Charles Rice also stated that Terrace View is moving to a closed unit model in which each neighborhood would be responsible for its own staffing

ERIE COUNTY MEDICAL CENTER CORPORATION

VI. RECRUITMENT ACTIVITIES

For the time period of June 2013 through August 2013, there have been over 6,000 applicants and 170 candidates hired.

VII. CONSOLIDATION OF SERVICES

Kathleen O'Hara reported that discussions are on-going with Kaleida Health regarding the laboratory services consolidation. There is an issue with the Histotechnologist competency. When the services are offsite, the histotechnologists will not maintain the level of expertise that they currently possess. Per diem positions are being looked into.

VIII. WORKERS COMPENSATION REPORT

The workers compensation report was distributed. The data compared to last year is comparable or reduced in some areas.

IX. EMPLOYEE TURNOVER REPORT

The employee turnover report was distributed. Turnover continues to be low at 4.6%. The national average is over 10%.

X. NURSING TURNOVER REPORT

July Hires – 25.5 FTES & 6 PT – 9.0 FTE Med/Surg & 16.5 BH

YTD = 98.0 FTES & 22 PT

July Losses – 0.0 FTES

LPN – 2.0

Turnover Rate - .53% (.40% without retirees)

Turnover Rate YTD – 4.28% (3.2% without retirees)

August Hires – 16.0 FTES & 6 PT – 10.5 FTE Med/Surg & 5.5 BH

YTD = 114.0 FTES & 28 PT

LPN – 4.5 FTES – 4.5 Med/Surg

YTD = 22.0 FTES

August Losses – 3.5 FTES & 2 PT

YTD = 34.5 FTES

LPN – 1.0

YTD = 6.5 FTES

Turnover Rate - .47% (.40% without retirees)

Turnover Rate YTD – 4.61% (3.2% without retirees)

XI. NEW INFORMATION

Not Applicable.

XII. ADJOURNMENT

Moved by Bishop Michael Badger to adjourn the Human Resources committee a 10:10am. Motion seconded by Frank Mesiah.



Sr. Vice President of Marketing & Planning

Marketing and Development Report
Submitted by Thomas Quatroche, Jr., Ph.D.
Sr. Vice President of Marketing, Planning and Business Development
September 24, 2013

Marketing

Medical Minute on WGRZ-TV has featured kidney disease, organ donation, breast health, the mobile mammography vehicle, rehabilitation services, and numerous other areas.
Executing Bills sponsorship with specific marketing of services

Planning and Business Development

Service line development and margin analysis underway developing metrics and business plans
Operation room expansion construction underway
Medical Office Building construction and planning underway
Planning underway for Orthopedic Floor
Coordinating integration of cardiac services with GVI
Working with Professional Steering Committee
Developing primary care and specialty strategy and have had multiple confidentiality agreements signed
Primary care practices growing and specialty physicians seeing patients at locations

Media Report

- **WIVB-TV, Channel 4; WNLO-CW, Channel 23; The Post Journal; Celebrating one year and saving lives.** Saving lives was the goal and in the first year you could say ECMC's bright pink Mobile mammography coach accomplished just that.
- **Buffalo Business First: ECMC board member named Chair of Trocaire College Board of Trustees.** Sharon Hanson was elected chair of the Trocaire College Board of Trustees.
- **WGRZ-TV, Channel 2: Just how bad will the flu season be?** ECMC's Dr. John Fudyma discusses the possibilities and the benefits of getting a flu shot.
- **Buffalo Business First: An assessment slamming UB's general surgery residency program will have dire consequences for the region's hospitals if an upcoming decision by an accreditation board kills the program.** ECMC and Kaleida Health both participate in the program while representatives of Catholic Health, Roswell Park Institute and the VA WNY Healthcare System also sit on subcommittees that review GME program operations. Dr. Brian Murray is quoted.
- **WGRZ-TV, Channel 2; WBEN-AM Radio 930: ECMC Lifeline Heroes 5K Run, Chase and Healthwalk.** Take part in the ECMC Lifeline Heroes 5K Run & Healthwalk on Saturday, September 28th at Delaware Park.
- **WIVB-TV, Channel 4: The name may sound innocent but a dangerous club drug is getting more popular with deadly results.** There have only been three cases of patients coming to the emergency on the drug at ECMC. Dr. Mark Gunther was interviewed.

Community and Government Relations

Lifeline Foundation Mobile Mammography Unit has screened over 1,500 women; one year anniversary celebrated
Appointed to education committee of National Association of Public Hospitals
Attending lobbying day for National Association of Public Hospitals to fight DSH cuts

CLINICAL DEPARTMENT UPDATES

Surgical Services

- Surgical services
OR from January to Aug is 222 cases over last year (3.5% growth. Main increase from UB Orthopedics group up 275 cases and Excelsior orthopedics up 81 cases. Growth from increased number of total joint procedures and complex orthopedic reconstruction. Slight decreases in other surgical service line volume.
- Continued focus on the completion of the 2 New ambulatory surgical suits targeted to open January 1 for outpatient procedures

Oncology

- Visit volume 2013 YTD 3957
 2012 YTD 2661 increase of 936 visits, up 35%
- New Clinical Nurse Manager in department, RN interviews continue
- Recruitment of full time physician in process – interviews pending

Head and Neck / Plastic and Reconstructive Surgery

- Visit Volume 2013 YTD 2103
 2012 YTD 2082 up 21 visits, up 1%
- Speech Pathologist now allocated three days per week to department
- Application process for a Plastic Surgery residency program at ECMCC continues, targeting 2014 for submission.

Other Clinical

New Thoracic Chief recruited, Dr. Jajkowski
Anesthesiology contracts completed with physicians and staff
Contracts in negotiations with UB Department of Surgery and Orthopedics



Executive Director, ECMC Lifeline Foundation

Race Day Schedule

- 8:00 AM Registration & Packet Pick Up
- 9:30 AM Ring Road CHASE - 1.74 miles
- 9:55 AM Starting Line Ceremony
- 10:00 AM 5K Race
- 10:05 AM Walk Begins (Not timed)
- 10:45 AM Post Party, Lunch, Awards, and live music by Deja Groove



Bib tag timed event-bibs must be worn to participate
 USTAF Certification:
 CHASE: NY13091JG
 5K: NY11079JG



Parking: Limited parking is available inside Delaware Park along Ring Road. Entrances located on Parkside at Jewett & just before the Scajaquada Expwy and on Colvin at Amherst.

Complimentary parking is available at the Buffalo Zoo parking lot at the Jewett Parkway entrance.

\$2,500 5K CASH PURSE

- Overall Male \$200
- Overall Female \$200
- First Masters Male \$100
- First Masters Female \$100
- ECMC Employees Overall Male & Female \$100
- Overall Firefighting Professional \$100
- Overall Law Enforcement Professional \$100
- Overall EMS Professional \$100
- 1st Place Male & Female \$50
- Every Age Group - 30 Winners!

\$250 COMBO CASH PURSE

- Fastest Combined Times from CHASE & 5K
- Top Male \$125
- Top Female \$125

\$1,250 CHASE CASH PURSE

- Overall Male \$150
- Overall Female \$150
- First Masters Male \$100
- First Masters Female \$100
- 1st Place Male & Female \$25
- Every Age Group - 28 Winners!

5K & CHASE PARTICIPANT AGE GROUPS

First place cash award in each age group and medal recognition to Top 3 Finishers in each group including first place cash award.

14 & Under (5K only)	35-39	60-64
15-19	40-44	65-69
20-24	45-49	70-74
25-29	50-54	75-79
30-34	55-59	80 & Over

INFO/RULES:

- BIB TAG TIMED EVENT
- NO DUPLICATE AWARDS; ONE HIGHEST CASH AWARD ONLY
- TO ENSURE AMATEUR STATUS, RUNNERS WILL HAVE OPTION OF CHOOSING A GIFT CERTIFICATE OR CONTRIBUTION TO A SCHOOL OR RUNNING CLUB

WALK

- Walk participant door prize drawing \$50
- Walk participants will not be timed
- Ribbons will be given to walk participants under the age of 14

Registration Form

Return form with fee to: ECMC Lifeline Foundation, 462 Grider Street, Suite G-1, Buffalo, NY 14215

Participation Type	Pre-Registration On or Before 9/25/13	Race Day 9/28/13	TOTAL
<input type="checkbox"/> ADULT	\$23	\$28	
<input type="checkbox"/> YOUTH 14 and Under	\$10	\$10	
<input type="checkbox"/> Ring Road CHASE (15 years and older)	\$18	\$20	
<input type="checkbox"/> CHASE and 5K	\$30	\$35	
Party Only (Includes breakfast and lunch)			
<input type="checkbox"/> ADULT	\$10	\$10	
<input type="checkbox"/> YOUTH 14 and Under	\$5	\$5	
<input type="checkbox"/> I cannot attend but would like to support ECMC Lifeline Foundation			
Grand Total			

Registration fee includes bib timing, long sleeve shirt, refreshments and live entertainment!

LONG SLEEVE SHIRT SIZE

- YOUTH: SMALL MEDIUM LARGE
- ADULT: SMALL MEDIUM LARGE
 XL XXL XXXL XXXXL

To pay by credit card

- DISCOVER CARD
 MASTERCARD VISA AMERICAN EXPRESS

NAME

CARD NUMBER

BILLING ZIP CODE

CVV CODE

EXPIRATION DATE

SIGNATURE

ECMC LIFELINE FOUNDATION
 716-898-5800 or sroeder@ecmc.edu

www.ecmclifeline.org

NEW BUSINESS

OLD BUSINESS



Medical-Dental Executive Committee

**MEDICAL EXECUTIVE COMMITTEE MEETING
MONDAY, AUGUST 26, 2013 AT 11:30 A.M.**

Attendance (Voting Members):

D. Amsterdam, PhD	C. Gogan, DDS	
M. Azadfard, MD	R. Hall, MD, DDS, PhD	
Y. Bakhai, MD	M. Jajkowski, MD	
V. Baranbei, MD	J. Kowalski, MD	
W. Belles, MD	M. LiVecchi, MD	
G. Bennett, MD	M. Manka, MD	
M. Chopko, MD	K. Pranikoff, MD	
S. Cloud, DO	R. Schuder, MD	
R. Desai, MD		
R. Ferguson, MD		

Attendance (Non-Voting Members):

B. Murray, MD	L. Feidt	
R. Cleland	R. Gerwitz	
J. Fudyma, MD	R. Krawiec	
S. Ksiazek	A. Victor-Lazarus, RN	
A. Orlick, MD	M. Sammarco	
K. Ziemianski, RN	N. Mund	

Excused:

N. Dashkoff, MD	T. Loree, MD	R. Venuto, MD
H. Davis, MD	K. Malik, MD	J. Woytash, MD, DDS
T. DeZastro, MD	M. Panesar, MD	
N. Ebling, DO	J. Reidy, MD	
W. Flynn, MD	A. Stansberry, RPA-C	
J. Izzo, MD	P. Stegemann, MD	

Absent:

None		

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.

III. CEO/COO/CFO BRIEFING

- A. **CEO REPORT - Jody Lomeo**
1. No report.

B. COO REPORT – Richard Cleland, COO

- a. Mr. Cleland provided an update on all current expansion and construction projects. Behavioral Health is progressing well and is scheduled to open 36 beds on the Fifth Floor shortly. Ambulatory surgery project and the medical office space in the Center of Excellence building is on schedule as well.

C. CFO REPORT –

- a. **FINANCIAL REPORT JULY** – Total discharges are up year to date. Acute discharges are trailing last year. LOS dropped to 6.2 from 6.6 in June. Medicare case mix was 1.58 and non-Medicare case mix was 1.89. Inpatient surgical cases outpaced last year. Outpatient surgical cases outpaced last year as well. The hospital had an operating surplus of \$49,000 for July 2013. Terrace View had an operating surplus of \$1.7 million due to an adjustment to the third party reserve estimate. The consolidated year to date operating loss is \$3.9 million.

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

A. UNIVERSITY AFFAIRS

The Dean recently announced the appointment of Leslie J. Bisson, MD, as the inaugural Eugene R. Mindell, M.D. Professor and Chair of Orthopaedic Surgery at the University at Buffalo School of Medicine and Biomedical Sciences, following a comprehensive national search.. This appointment was effective August 1, 2013.

A native of Minneapolis, Minnesota, Dr. Bisson received his MD from The Johns Hopkins University School of Medicine graduating at the top of his class. He completed his internship in general surgery at The Johns Hopkins Hospital and his residency in orthopedic surgery at the Hospital for Special Surgery in New York (1992-1996). He completed a fellowship in sports medicine at the American Sports Medicine Institute in Birmingham, Alabama (1996-1997). From 1997-2006, he was a partner at Northtowns Orthopaedics. He joined the Department of Orthopaedics in the School of Medicine and Biomedical Sciences at UB as an Associate Professor in 2007. He has served as Director for UB's Orthopaedic Sports Medicine Fellowship since 2007. He is certified by the American Board of Orthopaedic Surgeons. His research, education and clinical interests include anterior cruciate ligament injuries, maximizing the strength of soft tissue repairs, and exploring techniques to optimize rotator cuff healing. He is currently the principal investigator of a multi-surgeon, prospective, randomized trial to determine the optimal treatment for chondral lesions encountered during arthroscopic treatment of meniscal tears.

B. PROFESSIONAL STEERING COMMITTEE - Next meeting will be in September..

C. UTILIZATION REVIEW	May	June	July	YTD vs. 2013 Budget
Discharges	989	921	977	-5.4%
Observation	178	191	149	+36.6%
LOS	6.0	6.9	6.2	+10.9%
ALC Days	373	386	409	-13.5%
CMI	1.71	1.80	1.84	-10.6%
Surgical Cases	966	870	891	-5.1%
Readmissions (30d)	NA	NA		

July activity consistent with recent volume trends. Not quite able to live up to budget expectations. Acute LOS improved. Outpatient surgical volume missed target by same one surgery per day. A major concern is the fact that CMI is running over 10% below last year's level.

D. CLINICAL ISSUES

I. SUNSHINE ACT

Company payments to doctors to be made public next year and information on amounts over \$10 will be compiled starting August 1, 2013.

Beginning August 1, pharmaceutical and medical device companies will collect information about their payments to doctors and teaching hospitals for publication in a public online database, which is scheduled to go live next year. **The Patient Protection and Affordable Health Care Act** (which was passed in March 2010) includes the **Physician Payments Sunshine Act** and requires these companies to disclose to the federal government and the public payments over \$10 to physicians and teaching hospitals every year. This includes consulting fees; honoraria; gifts; compensation for food, travel, education or conferences; research funding; stock or stock options; investment income; royalties; and licenses.

The law is intended to create more transparency in industry-provider relations. It aims to help consumers make better informed decisions and alert them to physicians' potential conflicts of interest, which can be detrimental to care and contribute to higher health-care costs. But given the very large volume and complexity of data involved, there is concern among both industry and

physician groups about the potential for errors in the new system, which could lead to confusion among consumers.

To review these reports and ensure their accuracy, physicians must register in the system, which will be managed by the Centers for Medicare & Medicaid Services. Registration begins in January.

Physicians are advised to register so they will be notified when their data are ready to be reviewed and can make sure the information is accurate and, if need be, engage in the dispute-resolution process. It will be up to individual faculty members to monitor the data reported on payments to them and, as needed, to work with companies to correct what they believe may be faulty figures.

2. FINAL CMS RULE RELEASED

Under Final CMS Rule, Hospitals Get 0.7% Medicare Increase, LTCHs Get 1.3%

The final FY 2014 Hospital Inpatient Prospective Payment System (IPPS) rule was released by CMS Friday afternoon and it increases overall hospital payments (capital and operating) by \$1.2 billion or 0.7 percent starting October 1. Long Term Care Hospital PPS payments would increase by 1.3 percent, or approximately \$72 million, in FY 2014.

Other Major Regulatory Changes:

Hospital-Acquired Conditions. Beginning in October of 2014, hospitals that are in the lowest quartile for medical errors or serious infections that patient's contract while in the hospital will be paid 99 percent of what they otherwise would have been paid under the IPPS. The new rule finalizes the criteria to rank hospitals with a high rate of hospital-acquired conditions.

Readmissions Reduction Program. Starting October 1, 2013, this new rule increases the maximum reduction of payments to up to two percent (an increase of 1 percent from last year) for hospitals with excessive readmissions. Starting in October of 2014, it adds hip and knee surgery and chronic obstructive pulmonary disease to the list of conditions used to determine the reduction. CMS has also increased the number and types of planned readmissions that no longer count against a hospital's readmission rate.

Two-Midnight Inpatient Rule. The final rule provides some clarity regarding when inpatient hospital admissions are generally appropriate for

Medicare Part A payment. Under the rule, if a physician expects a beneficiary's surgical procedure, diagnostic test or other treatment to require a stay in the hospital lasting at least two midnights, and admits the beneficiary to the hospital based on that expectation, it is presumed to be appropriate that the hospital receive Medicare Part A payment. The final rule emphasizes the need for a formal order of inpatient admission to begin inpatient status, but permits the physician to consider all time a patient has already spent in the hospital as an outpatient receiving observation services, or in the emergency department, operating room, or other treatment area in guiding their two-midnight expectation.

Medicare Disproportionate Share Hospitals (DSH). The Affordable Care Act directs CMS to revise the methodology used to recalculate the additional amount Medicare pays hospitals that serve a disproportionate share of low-income patients. Under the new rules, part of those payments will be distributed to hospitals based on an estimate of how much uncompensated care they provide relative to other hospitals. The final rule determines the total amount of money available as uncompensated care payments based on a federal fiscal year determination of the uninsured.

New Quality Measures. The rule finalizes new measures for the Hospital Inpatient Quality Reporting Program, the Hospital Value-Based Purchasing program, and quality reporting programs for LTCHs, PPS-Exempt Cancer Hospitals, and Inpatient Psychiatric Facilities.

3. NEW CMS RULES FOR INPATIENT ADMISSIONS

FY 2014 IPPS Rule Outreach (CMS 1599-F) – 8-12-13 Physician Order and Physician Certification

In the final rule, CMS clarified that for purposes of payment under Medicare Part A, a beneficiary is considered an inpatient of a hospital (and a critical access hospital or CAH), if formally admitted as an inpatient pursuant to an order for inpatient admission by a physician or other qualified practitioner provided in the regulations. The order is a component of the statutorily required physician certification of the medical necessity of hospital inpatient services for Part A payment; therefore it must be documented in the medical record as a condition of payment.

The order must be furnished by a qualified and licensed practitioner who has admitting privileges at the hospital as permitted by State law, and who is knowledgeable about the patient's hospital course, medical plan of care and current condition. The admission decision (order) cannot be delegated to an individual who does not have this authority in his or her own right.

To improve clarity regarding the relationship between the order and the physician certification, CMS amended the regulations governing the physician certification, specifying that the certification begins with the order for inpatient admission. For each inpatient admission, the certification must be completed, signed and documented in the medical record prior to discharge (except for outlier extended stay cases, which require earlier certification and recertification). In the final rule, CMS specified that inpatient rehabilitation facilities must also continue adhering to their existing admission requirements in the regulations.

Admission and Medical Review Criteria for Hospital Inpatient Services:

Under this final rule—in addition to services designated as inpatient-only—surgical procedures, diagnostic tests, and other treatments are generally appropriate for inpatient hospital admission and payment under Medicare Part A when the physician (1) expects the beneficiary to require a stay that crosses at least two midnights and (2) admits the beneficiary to the hospital based upon that expectation.

The final rule clarifies that the benchmark used in determining the expectation of a stay of at least two midnights begins when the beneficiary starts receiving services in the hospital. This would include outpatient care received while the beneficiary is in observation or is receiving services in the emergency department, operating room, or other treatment area.

The time a beneficiary spends as an outpatient before the formal inpatient admission order is not inpatient time, but may be considered by the physician—and subsequently the Medicare review contractor—when determining if the expectation of a stay lasting at least two midnights in the hospital is reasonable and was generally appropriate for inpatient admission. Documentation in the medical record must support a reasonable expectation of the need for the beneficiary to require a medically necessary stay lasting at least two midnights. If the inpatient admission lasts fewer than two midnights due to an unforeseen circumstance, this must also be clearly documented in the medical record.

Inpatient hospital claims with lengths of stay greater than two midnights after the formal inpatient order and admission will be presumed generally appropriate for Part A payment and will not be the focus of medical review efforts, absent evidence of systematic gaming, abuse or delays in the provision of care in an attempt to qualify for the two-midnight

presumption. These provisions apply to all types of hospitals and CAHs, except inpatient rehabilitation facilities.

Providers or associations are encouraged to submit any questions or concerns to the **IPPSadmissions@cms.hhs.gov** mailbox that CMS has established for questions related to the two midnight provision for admission and medical review. Questions on Part B inpatient billing and the clarifications regarding the physician order and certification should be sent to the subject matter staff listed in the final rule. CMS will review stakeholder feedback as quickly as possible and provide responses and clarification as needed.

- E. **JOINT COMMISSION SURVEY** – ECMC performed very well during the recent survey. Commendation to Susan Ksiazek and the Medical Staff Office for receiving no citations. There were some documentation issues regarding failure of timing of signatures. Electronic documentation will likely successfully address this concern. However, in the meantime, audits will be conducted and it will require a threshold of 90% for the measure of signing, dating and timing so please review with your staff to encourage compliance. Therapeutic duplication was an issue which occurs when two types of medications are prescribed and it is at the discretion of the nurse to determine which medication best suites the patient’s needs, as in the issue of pain, for example. Orders will need more information of when to administer each medication to better direct the nursing staff.

VII. ASSOCIATE MEDICAL DIRECTORS REPORTS

- A. John Fudyma, MD – Associate Medical Director
 - a. **Patient Experience** – There continues to be improvement in all dimensions including explanation of medications. Drilling down to physician specific reports is forthcoming.
- B. Arthur Orlick MD – Associate Medical Director
 - a. **TCU (Transitional Care Unit)** is near capacity and negotiations are near complete with all payers. The unit is running well and Dr. Orlick thanked everyone for referring patients to the unit.
 - b. **CHF Patients** – an audit was conducted and when therapeutic therapies were not utilized, the provider will be sent a letter indicating what recommended treatment was not provided.

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

- A. **I-Stop Legislation** – August 28, 2013 is the implementation date of the I-Stop program. More meetings are being held with various pharmacy and physician groups regarding the program. As the new law pertains to residents, the Bureau Narcotic Enforcement does not have specific recommendations as to how to provide access for the residents. Sue

encouraged everyone to obtain their PNP account for access and the University is also encouraging the residents to do the same. Sue advised for those who do not have an account as of yet, document in the medical record when prescribing these medications that you do not have access to the database due to lack of a PNP account. When you do have access, there is a reference number which is helpful to document in the record.

IX. LIFELINE FOUNDATION – Susan Gonzalez

A. Thank you for your support of the recent successful golf tournament.

X. CONSENT CALENDAR

MEETING MINUTES/MOTIONS		ACTION ITEMS
1.	MINUTES OF THE Previous MEC Meeting: July 22, 2013	Received and Filed
2.	CREDENTIALS COMMITTEE: Minutes of August 6, 2013	Received and Filed
	- Resignations	Reviewed and Approved
	Appointments <i>Extraction of Etern Park, MD, DDS (Oral Max) – defer to next month.</i>	Reviewed and Approved with noted extraction.
	- Reappointments	Reviewed and Approved
	- Dual Reappointment Applications	Reviewed and Approved
	- Provisional to Permanent Appointments	Reviewed and Approved
3.	HIM Committee: Minutes of July 25, 2013	Receive and File
	1. Sedation for Mechanically Ventilated Patients – Daily Orders (ICU only)	Reviewed and Approved
	2. Guidelines for Referrals to Anticoagulation Clinic	Reviewed and Approved
	3. Anticoagulation Clinic Referral Form	Reviewed and Approved
	4. Orthopedic Progress Note	Reviewed and Approved
	5. Dialysis Catheter Removal Discharge Orders	Reviewed and Approved
	6. Dialysis Catheter Insertion Discharge Orders	Reviewed and Approved
	7. Kidney & Pancreas Intra Operative Data Sheet	Reviewed and Approved
4.	P & T Committee Meeting – August 7, 2013 Minutes	Received and Filed
	1. Antimicrobial Subcommittee Minutes - approve	Reviewed and Approved
	2. Weight based dosing in CPOE – Dosing Sets	Reviewed and Approved
	3. Induction Agents for Intubation - approve	Reviewed and Approved
	4. Pemetrexed, Tocilizumab – add to Formulary	Reviewed and Approved
	5. Benzonatate 100 mg capsules – add to Formulary	Reviewed and Approved
	6. Propranolol ER 80 mg – add line extension	Reviewed and Approved
	7. Leucovorin 5 mg tablet – add line extension	Reviewed and Approved
	8. Senna/Docusate 8.6 mg/50 mg tablet (Senakot S®) – add line extension	Reviewed and Approved
	9. Alcohol USP (Dehydrated) 5 mL Vial – add line extension	Reviewed and Approved
	10. Propranolol ER 120 mg – delete from Formulary	Reviewed and Approved
	11. Abciximab – delete from Formulary	Reviewed and Approved
	12. Sedation for Mechanically Ventilated Patients Order Set – approve	Reviewed and Approved
	13. TI-20 Corticosteroid Oral Inhaler Interchange – approve revision	Reviewed and Approved
	14. F-04 Prescription Samples – approve revision	Reviewed and Approved
	15. TI-56 Outpatient Epoetin IV to SQ – delete from Formulary	Reviewed and Approved

X. CONSENT CALENDAR, CONTINUED

A. MOTION: Approve all items presented in the consent calendar for review and approval excluding the approval of the extracted item under the Credentials Committee.

MOTION UNANIMOUSLY APPROVED.

B. NEW BUSINESS

DISCUSSION: Issues related to nursing and fetal monitoring were discussed and it was suggested to utilize remote electronic monitoring. Nursing is currently reviewing this.

MOTION (POLICY): Approve **Pregnant Patients** as presented with recommended changes provided by Chief of Service, Dr. V. Barnabei.

MOTION UNANIMOUSLY APPROVED.

XI. OLD BUSINESS

A. None

XII. NEW BUSINESS

A. None

XIII. ADJOURNMENT

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

Respectfully submitted,



Khalid Malik, M.D., Secretary
ECMCC, Medical/Dental Staff

Reading Material



**From the
Chief Executive Officer**

From the Business First

- **Sharon L. Hanson**
- **Date added:**September 12, 2013
- **Submission Type:**Board of Directors
- **Name of board:**Trocaire College Board of Trustees
- **Position on board:**Chair
- **Industry:**Education
- **Duties/responsibilities:**Sharon Hanson was elected chair of the Trocaire College Board of Trustees. She is currently serving as a commissioner for the Seneca Nation Health System and holds a board member position on the ECMC Corporation board of directors.

From the Business First

:<http://www.bizjournals.com/buffalo/print-edition/2013/08/16/critical-condition.html>

SUBSCRIBER CONTENT: Aug 16, 2013, 6:00am EDT

Critical condition

An assessment slamming UB's general surgery residency program will have dire consequences for the region's hospitals if an upcoming decision by an accreditation board kills the program

Tracey Drury and Dan Miner, Business First of Buffalo

In August 2012, Western New York's only general surgery residency program received an important letter from its accreditation council.

The program, run by the University at Buffalo, had been placed on probation and received 21 citations. They were starkly critical of the program's structure and atmosphere of instruction, according to the letter, obtained by Business First.

Six citations have since been rectified but if the other 15 aren't fixed by January, it could mean the end of the general surgery and pediatric surgery residency programs.

That means pulling more than 50 surgeons out of participating hospitals, a significant blow to their surgical capacity.

All eyes are focused on a Jan. 31 site visit by the Accreditation Council for Graduate Medical Education, which will commence a review on the status of the residency program, according to a brief statement from the council.

Three options are on the table: Remove UB from probation, leave it on probation or shut down the program.

"It's a high-stakes review, no question," said Dr. Roseanne Berger, UB's senior associate dean for graduate education.

Leaders at the various entities involved – including UB and area hospitals – say they are vigorously working to rectify the situation. The question will be whether they've done enough.

Important program

Residency programs are an essential training step between the completion of medical school and the transition of a medical student into an independent practitioner.

UB sponsors the region's only general residency program with the hospitals contracting for surgical services. It attracts hundreds of applicants each year from medical schools across the country.

Funding comes state and federal governments and commercial insurers, which means cheap labor for hospitals in an otherwise expensive industry. Some of that funding is contingent upon the accreditation. Additionally, without accreditation graduates are usually not eligible for certification by specialty boards.

The probation does not have any effect or bearing on the status of UB's medical school, which is accredited by a separate body.

The surgical residency program consists of 53 slots, including nine in each year of the five-year program, plus a handful for specialty surgical residents who must spend a year training in general surgery. The surgeons train at area hospitals under faculty from the UB School of Medicine & Biomedical Sciences, as well as attending physicians at the hospitals.

Kaleida Health and **Erie County Medical Center** both participate in the program, while representatives of Catholic Health, **Roswell Park Cancer Institute** and the VA Western New York Healthcare System also sit on subcommittees that review GME program operations. In total, UB programs provide 768 medical residents at area hospitals.

The probationary status doesn't have much of a tangible effect, but it is public knowledge.

"Certainly a program on probation is not a recruitment enticement," said Dr. Margaret Paroski, Kaleida's chief medical officer.

But Paroski said the program continues to receive a large number of qualified applications every year and is surpassing its own achievement records on medical board examinations.

Dr. Brian Murray, chief medical officer at ECMC, said losing accreditation would mean the hospitals would not be able to enroll residents for the upcoming years. The entire program would have to be overhauled and then UB would have to reapply for accreditation, a lengthy process. Surgeries would go on, though the hospitals would have to hire physician extenders to perform the functions and assessments now completed by the residents.

Serious concerns

Residents training in the program surveyed by the ACGME reported some troubling signs, according to the letter.

Nearly 60 percent voiced concern of retaliation for criticizing the program, and citations included issues with duty hours and long stretches without days off.

The accreditations put heavy emphasis on the anonymous opinion of residents, and the probation is based on a 2011 survey of 54 UB residents, which prompted a follow-up visit by ACGME.

Other complaints focused on restrictions on faculty instruction, lack of oversight with difficult patients, a dearth of time available for conference attendance and lack of performance feedback.

"The 2011 Resident Survey documented that 49 percent of the 54 responding residents do not believe the faculty and staff have effectively created an environment of scholarship and inquiry," the letter said.

In another section, ACGME "confirmed that the institution has not created an adequate infrastructure to handle resident issues, allowing the program to remain non-responsive to making changes, which the residents have suggested in their annual program evaluations."

Berger said the bigger takeaway from the survey is that it indicates a traditional, top-down program structure where newer members do not have the same access to leaders and instruction as older ones. She said expectations for a residency program have changed over the years, and the model in Buffalo was evolving, too, before probation made the problem urgent. The all-important surveys had already started showing more positive sentiment from residents, Berger said. In fact, more recent ACGME surveys showed some improvement in seven of the areas cited.

Fixing the problem

The first major change was implementing new leadership. Dr. Gregory Cherr took over as new program director from Dr. James Hassett, who held the post for nearly 18 years. That's far longer than the typical seven-year average for most surgical residency program directors.

Berger stressed that Hassett has a great reputation in the field, is well-published and knowledgeable. And under his direction, she said, the program produced strong surgeons who did well on their boards and who had good patient-care experiences. Hassett remains on faculty in the medical school as a professor of surgery with expertise in surgery, trauma and medical education.

But when it was determined that changes were needed in the program, UB's Graduate Medical Education Committee looked for someone new who could effect change quickly.

"They needed to make a change to really begin to change the culture," Berger said. "Probations are often issued when the accreditation council sees that it would be good to help an institution precipitate change."

Officials say Cherr brought a new focus on instruction and collaboration within the program. He has held town hall meetings for residents to gather input on how to improve the program and adopted some specific suggestions, including changes to the on-call structure, duty hours and lecture schedules.

Program partners have also responded. To address a citation about support staff, Kaleida added nurse practitioners and physician assistants at Millard Fillmore Suburban Hospital and **Buffalo General Medical Center**. It also plans to add multiple PAs at Women & Children's Hospital of Buffalo. That's an investment in the six-figure range.

Other changes focus on allowing residents to express their views, as well as engaging faculty to teach residents at all levels, rather than just senior residents and not interacting with junior-level residents.

Both sides are vital to the process, Berger said.

"We are in partnership with our hospital(s)," she said. "We can't function without them and I think their health care is better because of us – not only better, but they may not be able to deliver the amount of care they deliver without the graduate education programs."

The future

The ACGME is a private, nonprofit organization that accredits more than 9,000 medical residency and fellowship programs in more than 120 specialties and subspecialties. Probations are rare: Among the 2,000 programs reviewed annually, just 3 percent to 4 percent receive probationary status.

According to a spokesman for the council, typically a probation can last from a year to 18 months, with a repeat site visit by a review committee determining the future of the programs.

The organization surveys residents on an ongoing basis and is due to visit Buffalo again in January to assess progress in correcting the 15 citations.

Another member of the committee is Brian D'Arcy, chief medical officer of Catholic Health, which does not have any residents from either of the programs on probation. UB sponsors several other graduate medical education residency programs at Catholic Health, including internal medicine, family practice and OB-GYN.

But D'Arcy said it's important for the general surgery and pediatric surgery programs to come off probation to keep feeding the supply of surgeons in the region, especially with the average age of surgeons increasing.

"These programs are very important for the renewal of our practice community," he said. "I think they're on the right track and confident they'll address the issues."

Besides leading to the end of probation, both Berger, of UB, and Paroski, of Kaleida, said the process will lead the residency program to a more modern structure, with participants reporting higher levels of satisfaction. More recent resident surveys by the council showed some improvement in seven of the areas cited.

Both expressed unqualified confidence that ACGME will remove the program from probation. But, of course, that's up to the council.

"Sometimes probation helps us make change for all the right reasons," Berger said.

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ECMC Lifeline Heroes 5K Run, Chase & Healthwalk

11:18 AM, Sep 4, 2013

Take part in the ECMC Lifeline Heroes 5K Run & Healthwalk on Saturday, September 28th at Delaware Park. Salute our local heroes in the police & firefighter professions, emergency medical personal and the life saving team at ECMC. Overall male, female, masters, and first place in all age groups for 5K and Chase share in \$4,000 CASH prizes! Participants receive long sleeve t-shirt and lunch at the post race celebration. This year's post race party features live music by "Deja Groove". Honor WNY Heroes while supporting the lifesaving medical mission of ECMC Lifeline Foundation.

For more information log on to www.ecmclifeline.org

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Pre-Registration on or before 9/25/13 is \$23 for Adults & \$10 for 14 & under.

Pre-Registration Ring Road Chase 1.74 miles- (15 years and older) \$18

Race Day Schedule:

8:30am - Registration & Packet Pick-Up

9:30am - Ring Road CHASE - 1.74 miles

9:55am - Starting Line Ceremony

10:00am - 5K Race Begins

10:05am - Walk Begins

10:45am- Post Party, Lunch, Awards and live music by "Deja Grove"

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Molly use not prevalent in WNY

By Lou Raguse

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BUFFALO, N.Y. (WIVB) - The name sounds innocent enough, but a dangerous club drug is getting more popular, with deadly results.

"Molly," or MDMA, is a purer and more potent form of ecstasy. It's being blamed for two deaths at a New York City dance festival this past weekend.

With celebrities glamorizing its use, it's seeing a major boost in popularity. Drug experts say Molly is more dangerous than ecstasy because it takes less of it to overdose.

Law enforcement in Western New York is not seeing a lot of it yet, but says parents need to be informed.

"That's really the main concern. Once you see it glamorized, then people become curious," said Andrea J. Wanat, the executive director of the Erie Co. Council for the Prevention of Alcohol and Substance Abuse.

Wanat says the effects of Molly are the same as ecstasy, which has been used since the 1990s, especially at dance clubs and concerts called "raves."

But Molly's potency is leading to tragic results.

"People in the drug culture say, oh, this is in its pure form, so it's safer. But that's not really the case," Wanat said.

Molly is not especially prevalent in Western New York yet. According to the Forensic Lab that works with Erie County law enforcement, there have been seven cases so far this year. That's less than one-tenth of one percent of all drug cases. The busts have been minimal amounts in powder or capsule form.

According to a behavior health doctor at ECMC, the hospital this year has seen only about three cases of patients coming into the emergency room on the drug. But he says it is a bigger problem in Rochester.

And Wanat says this is a great time for Western New York parents to learn about it and stay ahead of the trend.

"You just really need to know what to look for. It's out there. If your kids are using the word Molly, just kind of check it out. They're not talking about the new girl in school, they could be talking about the new drug trend," Wanat said.

Buffalo doesn't host a lot of "rave" concerts like the one in New York City where the Molly use led to overdose deaths. But a lot of people travel the country to those concerts, which is why the experts say it's still important to know about this drug.

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