I. **CALL TO ORDER**
Chair, Kevin M. Hogan called the meeting to order at 4:35 P.M.

II. **APPROVAL OF MINUTES OF NOVEMBER 17, 2015 REGULAR BOARD MEETING.**
Moved by Jonathan Dandes and seconded by Anthony Iacono.
**Motion approved unanimously.**

III. **ACTION ITEMS**

A. **Resolution Approving Amendments to Medical-Dental Staff By-Laws**
Moved by Michael Seaman and seconded by Kathleen Grimm, M.D.
**Motion approved Unanimously.**
B. Resolution Adopting Compliance Related Policies Regarding Millennium Collaborative Care
   Moved by Kathleen Grimm, M.D. and seconded by Sharon L. Hanson
   Motion Approved Unanimously.

C. Approval of December 1, 2015 Medical/Dental Staff Appointments/Re-Appointments.
   Moved by Michael Hoffert and seconded by Anthony Iacono.
   Motion Approved Unanimously.

IV. BOARD COMMITTEE REPORTS
   All reports except that of the Performance Improvement Committee are received and filed in the December 15, 2015 Board book.

V. REPORTS OF CORPORATION’S MANAGEMENT

A. President and Acting Chief Executive Officer: Thomas J. Quatroche, Jr., Ph.D.

   Mr. Quatroche provided a brief report on the following four areas:

   **Quality:**
   - ECMC received the American Heart Association Gold Plus Award for Congestive Heart Failure.
   - ECMC received the American Heart Association Silver Plus Award for Stroke.
   - ECMC received the Five Diamond Award for Outpatient Dialysis 2015.
   - HAC (Hospital Acquired Condition) is a CMS reduction program. ECMC received a 4.5 score which allows ECMC to receive CMS payment reduction.
   - QAPI (Quality Assurance Program Improvement) is a CMS program that has been in place since 2015. Each department within the hospital have been asked to identify 3 initiatives to improve efficiencies and look for performance improvements in 2016.

   **Patient Experience:**
   - Environmental Services formed a departmental patient experience committee and has a number of initiatives underway.
• A new nursing No Pass Zone plan is under development. A No Pass Zone encourages all teammates not to pass a patient's room if the call light is on.
• Quarterly “lunch-n-learn” sessions for all departments to review and improve current patient experience initiatives.

Culture:
• We are improving the hiring process, making it much more employee friendly and convenient.
• We are expanding the education and training on de-escalation and optimization of communication throughout the campus.
• Management skills training started for team leaders in Terrace View. The training will be implemented across ECMC.
• We are beginning partnerships with colleges for continued education and internship opportunities.

Operations:
• The month of November was one of the busiest months in over five years.
• We budgeted very aggressively for LOS, but further improvement lies ahead.
• We have seen improvements in Hospitalist Service communication.
• Elevator floors are receiving a facelift with a “wood” look finish.

B. Lifeline Foundation – Susan Gonzalez
• The annual fund is 117% of goal.

C. Buildings & Grounds: Ron Bennett
• Mr. Bennett provided an overview of the development of the ED department. It has been decided that the new ER will be built at ground floor.
• Wayfinding signs will be complete in early 2016.

D. Quality Improvement: Brian Murray, M.D.
• Karen Ziemianski presented Staffing and Scheduling. Research has shown the importance of RN staffing for positive patient outcomes, patient safety, and increased patient satisfaction.
• Transplant volumes are up this year with 71 deceased kidneys and 8 pancreas transplants.
• Great Lakes Imaging – improvements include a turnaround time with rates of 14.45 hours in 2013 to currently 10.25 hours with a goal of 8.5 hours.
• Main OR volumes have a consistent growth in volume over 2014.
• Oral cancer screening program volumes have increased with 107 year to date and 24 cancers identified.
• Development of Ebola Virus Disease Laboratory process was presented including special equipment purchase, procedures, packing and successful drills to ensure all is working and ready if and ever an Ebola exposed patient presents.

E. Chief Financial Officer: Stephen Gary

A summary of the financial results through November 30, 2015 and a Quarterly Financial Statement and projected statement of Yearly Cash Flows are attached in the Board Book for review.

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

Moved by Anthony Iacono and seconded by Jonathan Dandes to enter into Executive Session at 5:15p.m. to consider matters made confidential by law, including certain compliance-related matters, strategic investments, and business plans.

Motion approved unanimously.

VII. RECONVENE IN OPEN SESSION

Moved by Anthony Iacono and seconded by Michael Hoffert to reconvene in Open Session at 6:00 p.m. No action was taken in Executive Session.

Motion approved unanimously
VIII. ADJOURNMENT

Moved by Bishop Michael Badger and seconded by Anthony Iacono to adjourn the Board of Directors meeting at 6:00 p.m.

Sharon L. Hanson  
Corporation Secretary
Resolution Approving Amendments to Medical-Dental Staff Bylaws

Approved December 15, 2015

WHEREAS, the Corporation is authorized by law to determine the conditions under which a physician may be extended the privilege of practicing under the jurisdiction of the Corporation, to promulgate reasonable internal policies for the conduct of all persons, physicians, and allied health practitioners within such facility, and to appoint and grant privileges to qualified and competent clinical practitioners; and

WHEREAS, the Corporation relies upon the leadership of the medical staff, including the Office of the Medical-Dental Staff, the physician leaders, and the Chief Medical Officer to oversee these matters and to make recommendations to the Corporation regarding changes to the Medical-Dental Staff bylaws and policies; and

WHEREAS, the Medical-Dental Staff conducted a vote pertaining to various changes to the Medical-Dental Staff bylaws and policies on November 9, 2015 and all of the recommended changes were approved by that vote; and

WHEREAS, the changes being proposed for approval by the Board of Directors of the Corporation were distributed to the Board of Directors in advance of this meeting, and during the board meeting on December 15, 2015, the President of the Medical-Dental Staff provided a brief presentation pertaining to the proposed changes;

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

1. The Corporation hereby approves and adopts the changes to the Medical-Dental Staff bylaws and policies in substantially the form and content as presented to the Board of Directors in writing in advance of this meeting and as presented by the Medical-Dental Staff President during this meeting.

2. This resolution shall take effect immediately.

Sharon L. Hanson
Corporate Secretary
Resolution Adopting Compliance Related Policies Regarding Millennium Collaborative Care

Approved December 15, 2015

WHEREAS, the Corporation is the designated lead entity of the performing provider system ("PPS") known as Millennium Collaborative Care and is participating in the State of New York's Delivery System Reform Incentive Program (DSRIP); and

WHEREAS, the Office of the Medicaid Inspector General and the Department of Health have provided guidance pertaining to the development and adoption of compliance-related policies and practices including the implementation of a compliance plan and the designation of a compliance officer to oversee the compliance plan; and

WHEREAS, the Corporation has researched compliance-related policies and practices as well as legal and regulatory guidance pertaining to the substance of a DSRIP-oriented compliance plan and practices,

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

1. The Corporation hereby approves and adopts the Millennium Collaborative Care Compliance Program in substantially the form and content as presented to the Board of Directors in advance of this meeting.

2. The Corporation hereby approves and adopts the Millennium Collaborative Care Code of Conduct in substantially the form and content as presented to the Board of Directors in advance of this meeting.

3. The Corporation hereby approves and adopts the Millennium Collaborative Care Conflict of Interest Statement in substantially the form and content as presented to the Board of Directors in advance of this meeting.

4. The Corporation hereby approves and adopts the Millennium Collaborative Care Non-retaliation and Non-intimidation Policy in substantially the form and content as presented to the Board of Directors in advance of this meeting.

5. This resolution shall take effect immediately.

_______________________________________________________
Sharon L. Hanson
Corporate Secretary
Committee Members Present:
Robert J. Schuder, MD, Chairman  
Mark LiVecchi, DMD MD MBA  
Susan Ksiazek, RPh, Director of Medical Staff Quality and Education

Medical-Dental Staff Office and Administrative Members Present:
Tara Boone, Medical-Dental Staff Services Coordinator
Judith Fenski, Credentialing Specialist
Kerry Lock, Credentialing Specialist
Riley Reiford, Medical-Dental Staff Office Systems Coordinator

Members Not Present (Excused *):
Yogesh D. Bakhai, MD *
Richard E. Hall, DDS PhD MD FACS *

CALL TO ORDER
The meeting was called to order at 3 PM by Dr. Robert J. Schuder. The proceedings from the previous meeting of November 3, 2015 were reviewed and accepted with one update. The previously processed resignation for Dr. Marcelle Mostert will be re-evaluated at the request of the practitioner and will be clarified with the Chief of Service.

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

A. Deceased –
B. Applications Withdrawn –
C. Application Processing Cessation –
D. Automatic Processing Conclusion – (inactive applications > 180 days from date of signature)
E. Resignations –
   Thompson, Sarah, MD Internal Medicine 11/23/2015
   Elrich, Susan, PhD Neurology 11/05/2015
   Sambuchi, Gregory, MD Neurology 01/01/2016
   Avula, Harshini, DPM Orthopaedic Surgery 11/04/2015

CHANGE IN STAFF CATEGORY

Neurology
Wolfe, Gil, MD  
Change from Active Staff to Courtesy Staff, Refer & Follow FOR OVERALL ACTION

FOR INFORMATION
### DEPARTMENT CHANGE or ADDITION

**Internal Medicine to Surgery**  
Shisler, Tomi, FNP  
Allied Health Professional  
*Collaborating Physician: Sunil Patel, MD*

FOR OVERALL ACTION

### CHANGE OR ADDITION OF COLLABORATING/SUPERVISING ATTENDING

<table>
<thead>
<tr>
<th>Department</th>
<th>Collaborator</th>
<th>Position</th>
<th>Collaborating/Supervising Physician</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal Medicine</td>
<td>Webb, Kristin, PA-C</td>
<td>Allied Health Professional</td>
<td>Dr. Anthony Martinez</td>
</tr>
<tr>
<td>Surgery</td>
<td>Shisler, Tomi, FNP</td>
<td>Allied Health Professional</td>
<td>Dr. Sunil Patel</td>
</tr>
</tbody>
</table>

FOR INFORMATION

### PRIVILEGE ADDITION/REVISION, recommended – comments as indicated

**Family Medicine**  
David Holmes, MD  
Active Staff  
- Consultation-Chemical Dependency*  
- Colposcopy & Biopsy  
- Complex management of substance: Intoxication & Withdrawal,  
  Complex treatment modalities for: Individual & Group*

*FPPE to be conducted by the Chief of Chemical Dependency Services, Family Medicine

**Internal Medicine**  
Aston Williams, MD*  
Active Staff  
- Hemostasis of the Upper & Lower GI Tract, including Injection Therapy,  
  Bipolar Electrocautery, Thermocoagulation, Sclerotherapy, Ligation  
  *FPPE will be conducted when has clinical activity at ECMC

Okel, Hannah, PA-C*  
Allied Health Professional  
- Arterial Catheter Insertion, Percutaneous  
- Endotracheal Intubation  
- Internal Jugular Vein CVP Placement  
- Femoral Vein CVP Placement  
  *FPPE for the above listed privileges satisfied with submission of required cases. ICU training in process; full syllabus, case log and competency documentation to be forwarded by Hospitalist group

FOR OVERALL ACTION

### PRIVILEGE WITHDRAWAL

**Anesthesiology**  
David Shapiro, MD  
Active Staff  
- Intraoperative Transesophageal Echocardiography (TEE)

**Ophthalmology**  
James Reynolds, MD  
Associate Staff  
- Cataract ECCE  
- Cataract ICCE

---

**ERIE COUNTY MEDICAL CENTER CORPORATION**  
**MINUTES OF BOARD OF DIRECTORS REGULAR MEETING**  
**OF TUESDAY, DECEMBER 15, 2015**
- Cataract Phaco
- Penetrating Keratoplasty
- Trabeculectomy
- Repair Injured Globe
- Anterior Vitrectomy (as part of Cataract surgery)

FOR OVERALL ACTION

APPOINTMENT APPLICATIONS, recommended – comments as indicated

A. Initial Appointment Review (29)

Family Medicine
Donahue, Denise, ANP
Professional

Collaborating Physician: Richard Blondell, MD

Internal Medicine
The committee was informed that due to unforeseen challenges recruiting, the new Hospitalist Service will need to utilize non-permanent staff longer than anticipated. As the maximum duration for temporary privileges is 120 days, these practitioners will need to go through the formal appointment process.

(*Hospitalist Codes as follows: LC = Locum, TT = Travel Team, FT = Full Time)
*Ani, Samuel, MD
Active Staff- LC

*Armentrout, Catharine, ANP
Allied Health
Professional- LC

Collaborating Physician: Muhammad Achakzai, MD

*Choudhry, Ghulam, PA-C
Allied Health
Professional- LC

Supervising Physician: Joshua Case, MD

*Ezenwa, Chinyere, MD
Active Staff- FT

Verification of ICU training requested

*Ferloin, Keira, ANP
Allied Health
Professional- FT

Collaborating Physician: Simarjit Sidhu, MD

*Hathiramani, Safal, MD
Active Staff- TT

Heyden, Amy, ANP
Allied Health
Professional

Collaborating Physician: Debra Luczkiewicz, MD

*Khokhar, Intiaz, MD
Active Staff- IC

*Linares, Humberto, MD
Active Staff- LC

Luterek, Noelle, ANP
Allied Health
Professional

Collaborating Physician: Simarjit Sidhu, MD

*Metta, VVS Ramesh, MD
Active Staff- TT

*Munsiff, Amar, MD
Active Staff- LC

*Pearlman, Emily, MD
Active Staff- LC

Phillians, Lisa, PA-C
Allied Health
Professional

Supervising Physician: Riffat Sadig, MD
*Pisano, Heather, ANP  
Allied Health  
Professional- FT  
Collaborating Physician: Shaun Bath, MD

*Ribbeck, Amanda, MD  
Active Staff- IC

*Rochelin, David, MD  
Active Staff- IC

*Shadzeka, Edwin, MD  
Active Staff- LC

*Salam, Latif, MD  
Active Staff- LC

*Shah, Sooraj, MD  
Active Staff- TT

*Shemi, Tivere, MD  
Active Staff- LC

*Simon, Marie, PA-C  
Allied Health

Professional- FT  
Collaborating Physician: Shaun Bath, MD

*Singh, Harpreet, MD  
Active Staff- IC

*Yadav, Nandini, MD  
Active Staff- TT

*Yalamanchili, Sandeep, ANP  
Allied Health

Professional- FT  
Collaborating Physician: Shaun Bath, MD

Psychiatry

Stombsoly, Janine, ANP  
Allied Health
Professional

Collaborating Physician: Michael Cummings, MD

Vanterpool, Joycelyn, MD *  
Active Staff- LT

*Previous resignation due to residence in Florida and no clinical activity; returning as a reserve

Locum tenens

Surgery

Edwards, Beth, PA-C  
Allied Health
Professional

Supervising Physician: William Flynn, MD

FOR OVERALL ACTION

REAPPOINTMENT APPLICATIONS, recommended – comments as indicated

B. Reappointment Review (23)

Anesthesiology

Becht, Nancy, CRNA  
Allied Health
Professional

Brown, Dana, CRNA  
Allied Health
Professional

Shapiro, David, MD  
Active Staff

Stercula, Edna, CRNA  
Allied Health
Professional

Dentistry

Sullivan, Maureen, DDS  
Active Staff

Emergency Medicine

Billittier, Anthony, MD  
Active Staff

Hughes, David, MD  
Active Staff
FOR OVERALL ACTION

PROVISIONAL APPOINTMENT REVIEW, recommended

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

<table>
<thead>
<tr>
<th>December MEC 2014 Provisional Staff</th>
<th>Board Provisional Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expires</td>
<td></td>
</tr>
<tr>
<td>Family Medicine</td>
<td></td>
</tr>
<tr>
<td>Harding, Elizabeth, M., MD</td>
<td>Active Staff</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td></td>
</tr>
<tr>
<td>Denali, Kelly, A., ANP</td>
<td>Allied Health Professional</td>
</tr>
</tbody>
</table>

Collaborating Physician: Dr. Sunil Patel
FOR OVERALL ACTION

AUTOMATIC CONCLUSION, Reappointment Expiration, SECOND NOTICE

Internal Medicine
Bender, Cindrea, MD Active Staff 01/31/2016
Knight, Timothy, PA-C Allied Health Professional 01/31/2016
Stansberry, Andrew, PA-C Allied Health Professional 01/31/2016

AUTOMATIC CONCLUSION- Reappointment Expiration, FINAL NOTICE

Internal Medicine
Gunawardane, Cyril, MD Active Staff 12/31/2015
Levine, Michael, MD Active Staff 12/31/2015

Reappointment Expiration Date: as indicated above

Planned Credentials Committee Meeting:
December 1, 2015

Planned BOD Meeting date: December 15, 2015

Planned MEC Action date: December 21, 2015

FOR OVERALL ACTION

OLD BUSINESS

Surgery - Laparoscopy privilege section revision
The committee moved to delay collaboration on the revision of a Surgery Laparoscopy section. A future comprehensive redesign of the entire department form into a core-cluster and level format would be appropriate.

Recent Privilege Form Publication
Following recent Medical Executive approval, the committee reported the publication of revised privilege forms in the 2016-2017 format. These included the Psychiatry Physician form, the Anesthesiology CRNA form, the Internal Medicine NP and PA forms, the Radiology PA form, and the Ob/Gyn NP and Nurse Midwife forms.
Radiology/Imaging Services Privilege Form Addition
Following discussion at the recent MEC meeting regarding backup coverage, the TIPS procedure added to the radiology credentials form (transjugular intrahepatic portosystemic shunt) was reviewed with the Chief of the Department of Surgery. With no objection, the item had been sent forward for approval and has been published. The committee approved submission of the new form by Dr. Marshall with additional review signatory by the Associate Department Chief.

Orthopaedic Surgery PA Form Addition
Following the approval of the Chief of Service and department, the committee approved the addition of the (Bedside-Non OR) Tenex procedure to the Ortho PA form with existing credentialing criteria which appear on the First Assist privilege form:

Percutaneous (Closed) Tenotomy* (Tenex®)

The supervising physician must be immediately available. See Credentialing Criteria page 5

Medical-Dental Staff Office use: Original date initial privilege granted / criteria satisfied:

Percutaneous (Closed) Tenotomy CREDENTIALING CRITERIA
Initial privilege requests shall require completion of the training standards and competency verification indicated below.

Training and education course completion documentation to include setup, programming and ultrasound guided identification, cutting, excision and debridement of diseased or pathologic pain generating musculoskeletal tissue. Training experience will include the performance of 5 cadaver procedures within shoulder, elbow, knee, ankle or foot areas.

Case volumes needed for initial appointment are as defined in the training course. Current competence for reappointment requires periodic performance of the procedure. Reappointment case volumes shall be determined by the Chief of Service.

Adopted Medical Executive Committee 6/23/2014

Hemodialysis / Transplants for patients less than 18 years old
The committee received follow-up information regarding HD and Transplant preparedness for young patients. Verbal assurance has been obtained addressing renal management of the patient < 18yo and that nursing competencies, equipment, etc. will be in place. Dr. Panesar has received a draft procedure and will confirm for the committee next month that satisfactory arrangements are in place. The committee was also informed that the application from the Pediatric transplant surgeon at CHOB was not received. This too, has been discussed with the Transplant Administrator.

Delegated Credentialing Audit
The Medical Staff Services Department has received a verbal report for the recent Fidelis credentialing review: 100% compliant.

Bylaws Update
Following the recent Annual Medical Staff meeting, a Bylaws update will be sent to the Board of Directors for final approval on 12/17/2015. A new addition and revision to the Credentials Manual is included in this update.
1) Training Clinical Privileges

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

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

To be placed under Article V: Clinical Privileges as a new section “M”

2) ARTICLE VI: REAPPLICATION AND MODIFICATION OF MEMBERSHIP STATUS OR PRIVILEGES AND EXHAUSTION OF REMEDIES

SECTION A: REAPPLICATION AFTER ADVERSE CREDENTIALS DECISION (page 29)

Except as otherwise determined by the MEC or Board of Directors, in light of exceptional circumstances, a Practitioner who has received a final adverse decision or who has resigned or withdrawn an application for appointment or reappointment or Clinical Privileges to avoid a potential adverse decision is not eligible to reapply to the Medical/Dental Staff for a period of at least five (5) years from the date of the notice of the final adverse decision or the effective date of the resignation or application withdrawal unless special consideration has been provided by the MEC.

This will align the Credentials Manual with the ECMC Collegial Intervention Procedure and Kaleida Health bylaws.

Temporary Privileges

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

FOR OVERALL

NEW BUSINESS

Case Volumes

The Medical-Dental Staff Office Team shared the long term challenge of obtaining privilege case volumes and with increasing workload, the concern that maintaining these volumes on the forms poses a risk. Though not optimal, the committee discussed their suggestion to add an attestation to each MD privilege form to the effect of:
For those privileges requiring case volumes, I attest that in the course of my clinical practice here and at other institutions, the minimum case volumes have been met.

The committee understands the potential criticism for the inability to uniformly enforce criteria that are apparently objective and defined by the Chief of Service. Still, the adoption of an applicant-generated self attestation statement for initial and reappointment case volumes does not ensure the verification of current competence. The committee did not make a recommendation for remediation. The Director of Medical Staff Quality and Education suggested that this might be another good reason to re-visit the harmonization of the ECMC and KH forms under GLH.

Delinquent Dues for 2015
A small number of staff members remain delinquent in submitting their dues for 2015 despite multiple communications from the Medical-Dental Staff Office. The committee approves issuing a letter signed by medical leadership to the individuals and their administrative superiors with a consequence of membership conclusion without a timely remittance of outstanding payments.

Radiology PA Analgesia designation with Moderate Sedation
The recently approved Radiology PA privilege form included the additional qualification of “Analgesia” with the Moderate Sedation offering. In the interest of consistency with other forms, a motion to eliminate “Analgesia” carried.

Delinquent Dues for 2015
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Radiology PA Analgesia designation with Moderate Sedation
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Rehabilitation Medicine NP and PA Privilege addition request
The Chief of Service reviewed and approved of the addition of several privilege requests to the Rehabilitation NP and PA forms. The committee sends its concurrence to the Medical Executive Committee.

DEPARTMENT OF REHABILITATION MEDICINE

Nurse Practitioner Privileges

APPLICANT:

Physician Assistant Privileges

APPLICANT:

<table>
<thead>
<tr>
<th>Requested by applicant</th>
<th>Recommended by Chief of Service</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Y/N)</td>
<td>(Y/N)</td>
<td>I. ENTRY LEVEL PROCEDURES</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Staple Removal</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Suture Removal</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Suture/Staple Laceration</td>
</tr>
<tr>
<td></td>
<td></td>
<td>II. MEDICALLY INDICATED PROCEDURES</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I&amp;D Simple skin abscess</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Decannulation/Replacement of Tracheostomy Tube</td>
</tr>
</tbody>
</table>

Family Medicine Credentialing Criteria
Following the reappointment application request for Complex Management of Substance intoxication, withdrawal and treatment, the staff office and committee questioned the rigors, effectiveness and enforcement of existing credentialing criteria and their ability to demonstrate current competence.

<table>
<thead>
<tr>
<th>LEVEL II PRIVILEGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRIVILEGES – SUBSTANCE ABUSE AND CHEMICAL DEPENDENCY</td>
</tr>
<tr>
<td>(Must show appropriate training or certified Internally)</td>
</tr>
<tr>
<td>BASIC management of substance: Intoxication and Withdrawal</td>
</tr>
<tr>
<td>BASIC treatment modalities for: Individual and Group</td>
</tr>
<tr>
<td>COMPLEX management of substance: Intoxication and Withdrawal</td>
</tr>
<tr>
<td>COMPLEX treatment modalities for: Individual and Group</td>
</tr>
<tr>
<td>Methadone maintenance treatment</td>
</tr>
<tr>
<td>Suboxone treatment (REQUIRES “X” DESIGNATION ON DEA CERTIFICATE)*</td>
</tr>
</tbody>
</table>

A nominal reference is made to require “appropriate training or internal certification” however the following specific criteria are listed:

**FAMILY MEDICINE CREDENTIALING CRITERIA FOR CHEMICAL DEPENDENCE / SUBSTANCE WITHDRAWAL PRIVILEGES**

1. ECMCC Department of Family Medicine staff privileges to include a valid New York State license.
2. Documented Substance Withdrawal and Chemical Dependence training during Family Medicine residency and/or completion of equivalent Basic or Advanced Substance Abuse Management training.
3. Participation in Chemical Dependence - related peer review conferences.

*Adopted Medical Executive Committee – 11/21/2011*

Criterion 1 is redundant; number 2 is often considered a core training element and not enforced or encouraged at department review; number 3 is cited as covered within the CME attestation in the application process.

The committee advises dropping these criteria. The Credentials Chair will seek guidance from the Chief of Psychiatry for a practical and effective approach to evaluate competency for these privileges. No such criteria currently exist on the midlevel practitioner forms for the same privileges.

**Psychiatry Credentialing Criteria**
The Credentials Chair advised that in reviewing the question posed above, similar criteria exists for a variety of privileges on the Department of Psychiatry form. These too will be discussed with Chief of Psychiatry for needed revision.

Joint Commission Readiness
The committee received the ongoing update on 2016 Joint Commission Survey readiness from the Director of Medical Staff Quality and Education:
- Mock survey scheduled for the end of January
- No follow up yet received from the Patient Safety Office regarding the JC FAQ response to the credentialing of practitioners ordering outpatient services.
- Proposed new standards regarding antibiotic stewardship would add education requirements at initial appointment and annually. The first could be addressed through the orientation booklet/checklist, the second with the annual re-orientation. The proposed standards are out for comment, with no implementation date as of this writing.
- Professional Practice Evaluation policy revision directed to the Patient Safety Office, with an offer to collaborate on the changes
- There remains the need to present the OPPE metrics to the MEC; the PSO plans for the December 2015 meeting.

Office Operations
The Director of the Medical-Dental Staff Quality and Education applauded the Office Team for their creative initiative to improve efficiencies and manage rising workload volumes:
1) Report from Meditech for PPD testing and Annual Health Assessments performed in Employee Health will decrease the time spent pursuing expireables.
2) Use of enhanced software to auto populate FPPE forms and run FPPE reports will decrease the clerical time spent on FPPE
3) Due to unanticipated systems issues, KH will likely not launch the on-line application process as originally projected for 4Q15. The committee liked the suggestion made to KH that the CMO’s be included in the focus group evaluation. Dr. Murray also asked that the CMIOs be included. This will be relayed to KH

Meeting Schedule for 2016 – Credentials Chair Status
A revised meeting schedule day is anticipated for the 2016 year, to be announced as members find convenient.

The Credentials Committee continues to seek new members from the Medical-Dental Staff. The present chair wishes to express thanks to all current and past committee members and to the Medical-Dental Staff Office for its exemplary dedication and service over the years. It has been an honor to serve over the past decades. The outgoing chairman stands ready to facilitate a transition with the new committee leadership next year.

OPEN ISSUES
Privilege Forms
No report from Surgery, Orthopaedics or Urology. The Director of Medical Staff Quality and Education again suggested that in order for all departments to move to the core/cluster format, medical leadership of both ECMC and KH would need to get involved.

Applicant new privilege FPPE and criteria documentation request
Resolution of a request for credentialing documentation from an applicant will be completed with the assistance of the Chief Medical Officer.
Internal Medicine Forms
All Nurse Practitioner and Physician Assistant forms were recently revised to specify that the procedure volumes listed on the last page were SUGGESTED vs. REQUIRED. The corresponding changes need to be considered to the physician forms for consistency. This will require a reconciliation of the forms both within Internal Medicine as well as all of the clinical departments. Given the scope of the work that would be involved, the matter needs to be deferred until volume and staffing allocation allow.
Interaction with Physician Officer Leadership and MEC will also help to guide the Credentials Committee in its charge to assure excellence in the ECMC Medical-Dental Staff.

FOR INFORMATION

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

FPPE (Focused Professional Practice Evaluation)
Anesthesiology (3 CRNA’s)

OPPE (Ongoing Professional Practice Evaluation)
No report from the PSO

FOR INFORMATION

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

Respectfully submitted,

Robert J. Schuder, MD,
Chairman, Credentials Committee
Att.