

MINUTES OF THE REGULAR MEETING
OF THE BOARD OF DIRECTORS
TUESDAY, DECEMBER 15, 2015
STAFF DINING ROOM

Voting Board Members Present: Bishop Michael Badger
Douglas H. Baker
Ronald Bennett
Kevin E. Cichocki, D.C.
Jonathan Dandes
Darby Fishkin
Kathleen Grimm, M.D.
Sharon L. Hanson
Michael Hoffert
Kevin M. Hogan, Esq
Anthony Iacono
Thomas P. Malecki, CPA
Michael A. Seaman

Voting Board Member Excused: Ronald Chapin

Non-Voting Board Representatives Present: Thomas Quatroche
Kevin Prankoff, M.D.

Also Present: Donna Brown
Joseph Cirillo
Samuel Cloud, D.O.
A.J. Colucci, III, Esq
Janique Curry
Jim Dolina
Leslie Feidt
Kelley Finucane
Laura Fleming
Stephen Gary
Susan Gonzalez
Al Hammonds
Julia Culkin-Jacobia
Jarrod Johnson
Chris Koenig
Susan Ksiazek
Charlene Ludlow
Nadine Mund
Brian Murray
James Turner
Karen Ziemianski

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 patients 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 improving 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

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.



Corporate Secretary

CREDENTIALS COMMITTEE MEETING
December 1, 2015

Committee Members Present:

Robert J. Schuder, MD, Chairman
Mark LiVecchi, DMD MD MBA
Susan Ksiazek, RPh, Director of Medical Staff Quality and Education
Brian M. Murray, MD (ex-officio)
Mandip Panesar, MS MD

Medical-Dental Staff Office and Administrative Members Present:

Tara Boone, Medical-Dental Staff Services Coordinator
Judith Fenski, Credentialing Specialist
Riley Reiford, Medical-Dental Staff Office Systems Coordinator
Kerry Lock, Credentialing Specialist

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

**FOR
INFORMATION**

CHANGE IN STAFF CATEGORY

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

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**

Internal Medicine

Webb, Kristin, PA-C Allied Health Professional
Supervising Physician: Dr. Anthony Martinez

Surgery

Shisler, Tomi, FNP Allied Health Professional
Collaborating Physician: Dr. Sunil Patel

**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 Electrocoagulation, 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

- 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 Allied Health
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: Muhammed 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, Imtiaz, 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 Sadiq, MD

*Pisano, Heather, ANP Professional- <i>FT</i> <i>Collaborating Physician: Shaun Bath, MD</i>	Allied Health
*Ribbeck, Amanda, MD	Active Staff- <i>IC</i>
*Rochelin, David, MD <i>IC</i>	Active Staff-
*Shadzeka, Edwin, MD	Active Staff- <i>LC</i>
*Salam, Latif, MD	Active Staff- <i>LC</i>
*Shah, Sooraj, MD	Active Staff- <i>TT</i>
*Shemi, Tivere, MD	Active Staff- <i>LC</i>
*Simon, Marie, PA-C Professional- <i>FT</i> <i>Supervising Physician: Shaun Bath, MD</i>	Allied Health
*Singh, Harpreet, MD	Active Staff- <i>IC</i>
*Yadav, Nandini, MD	Active Staff- <i>TT</i>
*Yalamanchili, Sandeep, ANP Professional- <i>FT</i> <i>Collaborating Physician: Shaun Bath, MD</i>	Allied Health
Psychiatry	
Stomboly, Janine, ANP Professional <i>Collaborating Physician: Michael Cummings, MD</i>	Allied Health
Vanterpool, Joycelyn, MD *	Active Staff- <i>LT</i>
<i>*Previous resignation due to residence in Florida and no clinical activity; returning as a reserve</i>	
<i>Locum tenens</i>	
Surgery	
Edwards, Beth, PA-C Professional <i>Supervising Physician: William Flynn, MD</i>	Allied Health

**FOR OVERALL
ACTION**

REAPPOINTMENT APPLICATIONS, recommended – comments as indicated

B. Reappointment Review (23)

Anesthesiology	
Becht, Nancy, CRNA Professional	Allied Health
Brown, Dana, CRNA Professional	Allied Health
Shapiro, David, MD	Active Staff
Stercula, Edna, CRNA Professional	Allied Health
Dentistry	
Sullivan, Maureen, DDS	Active Staff
Emergency Medicine	
Billittier, Anthony, MD	Active Staff
Hughes, David, MD	Active Staff

Jehle, Dietrich, MD	Active Staff
Family Medicine	
Holmes, David, MD	Active Staff
Symons, Andrew, MD	Active Staff
Internal Medicine	
Luksch, Lynnette, PA-C	Allied Health
Professional	
<i>Supervising Physician: Dr. Jai Wadhvani</i>	
Novak, Jan, MD	Active Staff
Sadiq, Riffat, MD	Active Staff
Webb, Kristin, PA	Allied Health
Professional	
<i>Supervising Physician: Dr. Anthony Martinez</i>	
Williams, Ashton, MD	Active Staff
Neurology	
Wolfe, Gil, MD	Courtesy Staff, <i>Refer</i>
& Follow	
Obstetrics/Gynecology	
Odunsi, Adekunle, MD, PhD	Courtesy Staff, <i>Refer</i>
& Follow	
Ophthalmology	
Reynolds, James, MD	Associate
Psychiatry	
Kreeger, Joy, MD	Courtesy Staff, <i>Refer</i>
& Follow	
Mangold, Daniel, MD	Courtesy Staff, <i>Refer</i>
& Follow	
Zborowski, Michael, PhD	Allied Health
Professional	
Rehabilitation Medicine - Chiropractic	
Jafari, Ali, DC	Allied Health
Professional	
Surgery	
Shisler, Tomi, FNP	Allied Health
Professional	
<i>Collaborating Physician: Dr. Sunil Patel</i>	

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.

December MEC 2014 Provisional Staff	Board Provisional Period
Expires	
Family Medicine	
Harding, Elizabeth, M., MD	Active Staff 1/27/2016
Internal Medicine	
Denall, Kelly, A., ANP	Allied Health Professional 1/27/2016

Collaborating Physician: Christopher Jacobus, MD

Nanjunde Gowda, Madan, K., MD	Active Staff	1/27/2016
Walter, Michelle, M., DO	Active Staff	1/27/2016

Orthopaedic Surgery

McNichol, Meghan, E., PA-C	Allied Health Professional	1/27/2016
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Supervising Physician: Lindsey Clark, MD

Pathology

Nakhla, Hassan, MD	Active Staff	1/27/2016
Zhang, Nan, MD PhD	Active Staff	1/27/2016

The future February 2016 Provisional to Permanent Staff list will be compiled for Chief of Service review and endorsement.

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.

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.

sksiazek 8/5/2015 6:18 PM

Deleted: two (2)

Temporary Privileges

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

FOR OVERALL

ACTION

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.

Moderate Sedation / Analgesia Please attach current training certificate					
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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:

Requested by applicant (Y/N)	Recommended by Chief of Service (Y/N)	Procedure
I. ENTRY LEVEL PROCEDURES		
□□□□□□□□	□□□□□□□□	Staple Removal
□□□□□□□□	□□□□□□□□	Suture Removal
□□□□□□□□	□□□□□□□□	Suture/Staple Laceration
III. ADVANCED PROCEDURES		
□□□□□□□□	□□□□□□□□	I&D Simple skin abscess
□□□□□□□□	□□□□□□□□	Decannulation/Replacement of Tracheostomy Tube

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.

LEVEL II PRIVILEGES	
PRIVILEGES – SUBSTANCE ABUSE AND CHEMICAL DEPENDENCY	
(Must show appropriate training or certified internally)	
BASIC management of substance: Intoxication and Withdrawal	
BASIC treatment modalities for: Individual and Group	
COMPLEX management of substance:	
Intoxication and Withdrawal	
COMPLEX treatment modalities for:	
Individual and Group	
Methadone maintenance treatment	
Suboxone treatment (REQUIRES "X" DESIGNATION ON DEA CERTIFICATE) *	

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 expirableables.
- 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.

**FOR OVERALL
ACTION**

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.