

MINUTES OF THE REGULAR MEETING
OF THE BOARD OF DIRECTORS
TUESDAY, FEBRUARY 23, 2016
STAFF DINING ROOM

Voting Board Members Present:	Bishop Michael Badger Douglas H. Baker Kevin E. Cichocki, D.C. Jonathan Dandes Darby Fishkin via phone	Kathleen Grimm, M.D. Sharon L. Hanson Michael Hoffert Anthony Iacono Frank Mesiah Michael A. Seaman
Voting Board Members Excused:	Ronald Bennett Ronald Chapin	Kevin M. Hogan, Esq Thomas P. Malecki, CPA
Non-Voting Board Representatives Present:	Kevin Prantikoff, M.D.	Thomas Quatroche
Also Present:	Donna Brown Joseph Cirillo Samuel Cloud, D.O. A.J. Colucci, III, Esq. Janique Curry Jim Dolina Leslie Feidt Kelley Finucane Stephen Gary	Al Hammonds Julia Culkin-Jacobia Jarrod Johnson Chris Koenig Susan Ksiazek Brian Murray James Turner Karen Ziemianski

I. CALL TO ORDER

Chair, Sharon L. Hanson called the meeting to order at 4:30 P.M.

II. APPROVAL OF MINUTES OF JANUARY 26, 2016 REGULAR BOARD MEETING.

Moved by Douglas Baker and seconded by Bishop Michael Badger.

Motion approved unanimously.

III. ACTION ITEMS

A. Resolution Approving the Procurement Guidelines

Moved by Bishop Michael Badger and seconded by Anthony Iacono.

Motion Approved Unanimously.

B. Approval of February 4, 2016 Medical/Dental Staff Appointments/Re-Appointments.

Moved by Kevin Cichocki and seconded by Michael Hoffert.

Motion Approved Unanimously.

IV. BOARD COMMITTEE REPORTS

All reports except that of the Performance Improvement Committee are received and filed in the February 23, 2016 Board book.

V. REPORTS FROM STANDING COMMITTEES:

A. President & CEO Report: Thomas J. Quatroche, Ph.D.

Quality

- QAPI Plan 2016 –Each of the units has a plan in place and each plan is displayed on the floors.
- Preparation is underway for Joint Commission Accreditation visit this year. We have had mock surveys that have gone very well.
- In 2015, Terrace View received an improvement in every single quality indicator.

Patient Experience

- At the beginning of 2016, ECMC launched an electronic patient experience link for outpatients, a new patient experience guide, and new patient menus.
- ECMC increased the patient experience percentile rank from 7 (2013) to 47 (2015).
- The Executive team delivered carnations to patients for Valentine’s Day.
- Healing Ceiling Tiles were created by the Girl Scouts under Sara Roberts’s initiative. Staff, families, and friends painted floral healing tiles for patients to view from their hospital beds. Over 110 tiles were painted for the hospital.

Culture

- “Let’s not meet by accident” program provided at Lancaster and Clarence Central High Schools. This is an opportunity for ECMC to get out and make young people aware of the dangers of drinking and driving.
- Community Stroke Awareness program held at St. Luke’s to continue leadership development.
- Town Hall meetings were held for employees and executive management rounded throughout the hospital on all three shifts.

- Continue to expand for critical and vital training, which expanded to the hospital to talk about the critical roles that everyone plays in the hospital.

Operations

- ECMCC is ahead of budget as of January 2016
- Slight increase in average length of stay: increase in ED visits; increase in surgeries
- Terrace View average census flat

B. QAPI: Brian Murray, M.D.

Dr. Murray provided an overview of the 2016 QAPI (Quality Assurance & Performance Improvement) plan. It is a plan, which provides a collaboratively planned, systematic approach to design, measure, assess, and improve organizational performance. Performance Improvement brings quality assurance to all areas at all levels and drives a culture of safety. The Board of Director's approve the QAPI plan annually.

C. Chief Financial Officer: Stephen Gary

A summary of the financial results through January 31, 2016 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 Kevin Cichocki, D.C. and seconded by Anthony Iacono to enter into Executive Session at 5:05 p.m. to consider matters made confidential by law, including certain personnel-related matters, strategic investments, and business plans.

Motion approved unanimously.

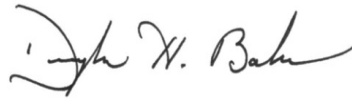
VII. RECONVENE IN OPEN SESSION

Moved by Anthony Iacono and seconded by Kevin Cichocki, D. C. to reconvene in Open Session at 5:20p.m. No action was taken in Executive Session.

Motion approved unanimously.

VIII. ADJOURNMENT

Moved by Frank Mesiah and seconded by Anthony Iacono to adjourn the Board of Directors meeting at 5:20 p.m.



Douglas H. Baker
Corporation Secretary

Resolution Approving Procurement Guidelines

Approved: February 23, 2016

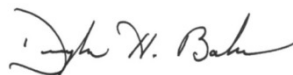
WHEREAS, the Corporation was formed in 2003 and the law enabling the Corporation to conduct its operations sets forth how procurement activities are to be carried on and supplements other New York laws and regulations relating to such activities; and

WHEREAS, section 2879 of the New York Public Authorities Law sets forth the requirement that the Corporation publish Procurement Guidelines that organize, in one location, pertinent components of the laws and regulations that govern purchasing activities by the Corporation; and

WHEREAS, the Corporation has published its Procurement Guidelines for many years in accordance with state law and regularly reviews the content of those guidelines and has determined that it is appropriate to update the ECMCC Procurement Guidelines;

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

1. The ECMCC Procurement Guidelines as revised and in substantially the form as presented to the Board of Directors before this meeting are approved and the Corporation is directed to take all steps required in order to implement these guidelines and to publish them in accordance with law.
2. This resolution shall take effect as of March 1, 2016.



Douglas H. Baker
Corporation Secretary

CREREDENTIALS COMMITTEE MEETING

Committee Members Present:

Yogesh D. Bakhai, MD

Richard E. Hall, DDS PhD MD FACS

Mark LiVecchi, DMD MD MBA

Jonathan Marshall, DO

Richard Skomra, CRNA

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

Committee Members Excused:

Brian M. Murray, MD (ex-officio)

Mandip Panesar, MS MD

Susan Ksiazek, RPh, Director of Medical Staff Quality and Education

CALL TO ORDER

The meeting was called to order at 3:06 PM by Dr. Bakhai. The proceedings from the previous meeting of January 7, 2016 were reviewed and accepted with no changes.

Dr. Bakhai welcomed new members to the committee: Dr. Jonathan Marshall (Radiology) and Richard Skomra, CRNA who will be sharing a seat with Dr. Erik Jensen, alternating attendance based on scheduling. All were thanked for making time in their busy schedules to assist with the very important function of credentialing.

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 – Joseph Gerbasi, MD (Emeritus)
- B. Applications Withdrawn – none
- C. Application Processing Cessation – none
- D. Automatic Processing Conclusion – (inactive applications > 180 days from date of signature)
- E. Resignations –

Gambacorta, Alfonso, DDS	Dentistry	01/12/2016
Inzeo, Dana, NP	Internal Medicine	01/20/2016
Patil, Trupti, MD	Internal Medicine	01/25/2016
Romanowski, Roslyn, MD	Internal Medicine	01/20/2016
Walter, Michelle, DO	Internal Medicine	02/04/2016
Armenia, Donald, MD	Ophthalmology	01/04/2016
Abu Al Hummos, Ali Mahmoud, MD	Psychiatry	01/29/2016
Kartha, Krishnan, MD	Radiology	01/14/2016

**FOR
INFORMATION**

CHANGE IN STAFF CATEGORY

Family Medicine

Olivia Smith-Blackwell, MD *Courtesy Refer and Follow to Active*

Internal Medicine

Misbah Ahmad, MD *Active to Courtesy Refer and Follow*

Psychiatry

Khyati Kothari, MD *Active to Courtesy Refer and Follow*

Radiology

Phillip Baum MD *Active to Courtesy Refer and Follow*

Charles Chung MD *Active to Courtesy Refer and Follow*

David Cipolla MD *Active to Courtesy Refer and Follow*

Andrew Dunn MD *Active to Courtesy Refer and Follow*

William Hampton MD *Active to Courtesy Refer and Follow*

Charles Lesh Jr MD *Active to Courtesy Refer and Follow*

Jasbeer Makhija MD *Active to Courtesy Refer and Follow*

Anthony Mangano MD *Active to Courtesy Refer and Follow*

Michael Miller MD *Active to Courtesy Refer and Follow*

Anthony Notino MD *Active to Courtesy Refer and Follow*

Jason Pericak MD *Active to Courtesy Refer and Follow*

Victor Regenbogen MD *Active to Courtesy Refer and Follow*

Kevin Shea MD *Active to Courtesy Refer and Follow*

Michael Silber MD *Active to Courtesy Refer and Follow*

Gail Stokoe MD *Active to Courtesy Refer and Follow*

Wendy Zimmer MD *Active to Courtesy Refer and Follow*

FOR OVERALL ACTION

DEPARTMENT CHANGE OR ADDITION

None

CHANGE OR ADDITION OF COLLABORATING/SUPERVISING ATTENDING

None

PRIVILEGE ADDITION/REVISION, RECOMMENDED – COMMENTS AS INDICATED

Plastic & Reconstructive Surgery

Nguyen, Toan, MD

-Plastic & Reconstructive Surgery-Level 1 Core Privileges

Surgery

Jordan, Jeffrey, MD

- Hyperbaric Oxygen Therapy

FPPE satisfied with completion of competency based training course

FOR OVERALL ACTION

PRIVILEGE WITHDRAWAL

Internal Medicine

Grimm, Kathleen, MD

Active

-General Admitting Privileges

Surgery

Scovazzo, Christina, PA

Allied Health Professional

Supervising Physician: J. Caruana, MD

-Maintenance of Open Airway in Non-intubated, Unconscious Patient w/Ventilation by a Bag or Mask

-Placement of Naso-entero tube with Guide Wire (Dobhoff)

FOR OVERALL ACTION

APPOINTMENT APPLICATIONS, RECOMMENDED – COMMENTS AS INDICATED

A. Initial Appointment Review (6)

Dermatology

Paolini, Tara, MD

Active

Family Medicine

Arnet-June, Willa, ANP

Allied Health Professional

Collaborating Physician: Charles Yates, MD

Internal Medicine

Cunningham, Elizabeth, PA-C

Allied Health Professional

Supervising Physician: Simarjit Sidhu, MD

Reinoso, Cynthia, PA-C

Allied Health Professional

Supervising Physician: Joshua Case, MD

Pathology

Liu, Lin, MD

Active

Radiology (Teleradiology)

Giovannetti, Mark, MD

Active

FOR OVERALL ACTION

B. Dual Appointments (0)

REAPPOINTMENT APPLICATIONS, RECOMMENDED – COMMENTS AS INDICATED

C. Reappointment Review (26)

Anesthesiology

Meyers, Shannon, CRNA

Allied Health Professional

Emergency Medicine

Johnson, Margaret, ANP

Allied Health Professional

Collaborating Physician: Michael Manka, MD

Nienburg, Sarah, PA-C

Allied Health Professional

Supervision Physician: Brian Clemency, MD

Ratchuk, Jill, FNP

Allied Health Professional

Collaborating Physician: G. Igoe, MD

Thompson, Jeffrey, MD

Active

Family Medicine

Hohensee, James, MD

Courtesy, Refer & Follow

Metzger, Edward, ANP

Allied Health Professional

Internal Medicine

Bhatnagar, Jyotsna, MBBS

Active

Grimm, Kathleen, MD

Active

Stewart, Scott, MD

Active

Talal, Andrew, MD

Active

Obstetrics & Gynecology

Ablove, Tova, MD

Active

Oral & Max Surgery

Halliwell-Kemp, Tara, DDS, MD

Active

Orthopaedic Surgery

Ber, Leon, DPM	Courtesy, Refer & Follow
Violante, Nicholas, DO	Active

Plastic & Reconstructive Surgery

Nguyen, Toan, MD	Active
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Psychiatry & Behavioral Medicine

Adragna, Michael, MD	Active
Mikowski, Annemarie, DO	Active
Wood, Beatrice, PhD	Allied Health Professional

Radiology

Aiad, Shahir, MD	Active
DeSouza, Aurea, MD	Active
Iqbal, Azher, MD	Active

Rehabilitation Medicine

Diina, David, ANP	Allied Health Professional
<i>Collaborating Physician: M. LiVecchi, MD</i>	
Frank, Thomas, DC	Allied Health Professional
Radziwon, Christopher, PhD	Allied Health Professional

Surgery

Scovazzo, Christina, PA	Allied Health Professional
<i>Supervising Physician: J. Caruana, MD</i>	

D. Dual Reappointments (2)**Family Medicine & Internal Medicine**

Shon, Alyssa, MD	Active
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Family Medicine & Psychiatry

Wiktor, Kyle, FNP	Allied Health Professional
<i>Collaborating Physicians: Family Medicine Reza Azadfard, MD</i>	
<i>Psychiatry: Victoria Brooks, MD</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.

February 2016 Provisional to Permanent Staff**Provisional Period****Expires**

(These initial appointments were presented at the February 2015 MEC)

Internal Medicine

Sawalha, Leith, MD	Active Staff	02/24/2016
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The future April 2016 Provisional to Permanent Staff list will be compiled for Chief of Service review and endorsement.

Signatures for the March Provisional to Permanent have been obtained. The committee was informed of a practitioner for whom the Chief of Service opined should remain in the Provisional category as an employee work plan for improvement is in process. The committee endorsed that as medical-dental staff appointment is separate from employment, an FPPE should be completed in conjunction with the work plan for improvement to ensure the documentation is in accordance with the PPE policy and JC standards.

FOR OVERALL ACTION

AUTOMATIC CONCLUSION, Reappointment Expiration, SECOND NOTICE

None

AUTOMATIC CONCLUSION- REAPPOINTMENT EXPIRATION, FINAL NOTICE

None

OLD BUSINESS

Quality Control

The Medical-Dental Staff Office routinely performs quality control checks to ensure continued compliance with regulatory and accreditation standards. TJC require the NPDB be checked with any new privileges (includes going from CR+F to a category with privileges) granted. This was addressed with staff and remediated where applicable.

January Credentials Meeting

1. MD with expired ACLS remediated next available ECMC class January 2016. Registration information for an outside vendor that offers Saturday classes was forwarded for department colleagues with the intent that the weekend offering might assist with compliance.
2. The Medical Executive Committee and Board of Directors approved the board (re)certification extensions endorsed for Drs. Bracci and Tan.
3. The Chief of Service agreed that any monitoring paperwork required pursuant to the OPMC consent be stored in the physician's PPE file, consistent with PPE policy and past practice. At the time of the meeting, the physician and his designated monitor await OPMC approval of the plan submitted.

On-line re-appointment application – Status report

Two members of the ECMC Medical-Dental Staff Office will be participating in a conference call with a hospital already live with the WebView application process. It is hoped to gather lessons learned and helpful tips from an organization already live with the functionality.

The committee was informed that KH's Credentials Committee has agreed to the wording suggested by ECMC for the substance abuse question on the self disclosure page of the application. The wording has also been endorsed by the legal counsels for both organizations and will be implemented at the go-live of the on-line application process.

The MDSO Team updated the committee on the progress made with converting to birth month for re-appointment and the coordination in place with KH to sync the re-appointment dates of those practitioners on staff at both facilities. It may take up to two years for full conversion. At this time, KH has opined that there will be no reduction in re-appointment fees for dual facility applications unless there is a time/expense savings. A nominal fee reduction for dual facility applications as a customer courtesy may be considered at a later time.

Expireables

There continue to be systems issues with the IntelliCred software. As it puts both organizations at risk, IntelliSoft is being pressed for a solution.

Temporary Privileges

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

**FOR OVERALL
ACTION**

NEW BUSINESS

Operations

1. The MDSO has amended any documents using the name of credentials chair with that of Dr. Yogesh Bakhai, Interim Chair
2. In an effort to assist practitioners with timely renewal of board certification, alerts will be issued a year in advance of expiration. Upon communication back from the practitioner, a note will be entered into the credentialing software with the scheduled exam date.
3. The Initial and Annual Health Maintenance forms have been updated to reflect the DOH requirement of two measles shots as proof of immunity. The criteria for PPD testing has also been updated to current DOH requirements and application of this criteria for those with history of BCG vaccine was confirmed with the ECMC IC Coordinator. S. Ksiazek has requested that the IC Department place the MDSO on the list of departments to be notified with any applicable changes from the NYSDOH.

Risk Management - Liability Insurance

Given the change in process for Certificates of Insurance for ECMC employees, it was agreed with Risk Management to set the expiration dates in the credentialing software as 12/31/2099. This practice is consistent with that utilized by the KH Medical Staff Office.

Aging Physicians

The Committee reviewed a recent JAMA publication regarding the lack of a reliable risk assessment tool. Though KH does have a process in place, the ECMC Credentials Committee continues to await further information before implementing an assessment process.

Delegated Credentialing

Dr. Bakhai congratulated the Medical-Dental Staff Office for achieving a score of 100% on their annual delegated credentialing audit by the insurer Corvel. This is the third audit for 2015, all of which achieved a perfect score. Upholding such quality work despite a very heavy volume is commendable.

JC Guidance

Occasionally, there is a need to bring in a licensed practitioner for a patient evaluation, with no treatment. ECMC reached out to the Joint Commission to confirm in writing that temporary privileges are not required in such circumstances.

Below, please see the exchange:

Q: From time to time, we get requests from families or attorneys for inpatients to be assessed by an external provider who is not on our medical staff. These requests are usually for consultations that involve an evaluation of the patient without any treatment. How should such situations be handled? Is it really necessary to issue temporary privileges since no treatment will ensue?

A: The Joint Commission response:

When a practitioner is simply providing consultative services and will not be writing orders or

directing care, there is no requirement to grant temporary privileges.

FOR OVERALL ACTION

OPEN ISSUES

- Pediatric Hemodialysis Policies and Procedures – remove from agenda; applicable policies have been received and reviewed by the ECMC Hemodialysis Medical Director
- Case Volumes on Physician Forms – no update
- Follow up on hospitalist midlevel ICU training: documentation for Okel accepted by the IM COS, with caveat that next time, course syllabus, including textbook and primary source references and narrative evaluation be included
- Follow up on hospitalist physician DEA with address outside of NY; paperwork for NY DEA address has been submitted
- Letters re: outstanding dues 2015: all remediated.

**FOR
INFORMATION**

OTHER BUSINESS

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

FPPE (Focused Professional Practice Evaluation) 26 Total received since last report

Emergency Medicine (1 MD with UB/ECMC residency records on file in clinical department, 4 MD's newly requested privileges, 4 PA-C's newly requested privileges.)

Internal Medicine (1 MD with UB/ECMC residency record on file in clinical department, 1 MD newly requested privileges, 1 PA-C newly requested privileges, 1 PA-C privileges are considered core, 1 NP newly requested privileges.)

Obstetrics and Gynecology (1 MD newly requested privileges)

Orthopaedic Surgery (1 NP newly requested privileges, 1 PA-C newly requested privileges.)

Plastic & Reconstructive Surgery (1 PA-C for newly requested privileges)

Psychiatry (1 MD newly requested privileges, 1 MD resigned before FPPE could be conducted, 1 NP newly requested privileges.)

Teleradiology (4 MD's All off reads verified by an on-site radiologist)

Thoracic/Cardiovascular Surgery (1 PA-C clinical competency for requested privileges attested to by supervising physician.)

OPPE (Ongoing Professional Practice Evaluation)

No report from PSO. Meeting scheduled for 2/10/16 to optimize coordination and flow of information. 2015 Departmental OPPEs, including Low/No volume practitioners and

AHPs remain in process.

FOR

INFORMATION

ADJOURNMENT

With no other business, a motion to adjourn was received and carried with adjournment at 3:35 PM.

Respectfully submitted,

A handwritten signature in red ink, appearing to read "Yogesh Bakhai".

Yogesh Bakhai, MD
Interim Chairman, Credentials Committee

Att.