

ERIE COUNTY MEDICAL CENTER CORPORATION

MINUTES OF THE REGULAR MEETING
OF THE BOARD OF DIRECTORS

TUESDAY, OCTOBER 25, 2016

STAFF DINING ROOM

Voting Board Members Present:	Douglas H. Baker Ronald Bennett Jonathan Dandes Darby Fishkin Kathleen Grimm, M.D. Sharon L. Hanson	Michael Hoffert Anthony Iacono Thomas P. Malecki, CPA Frank Messiah Michael A. Seaman
Voting Board Member Excused:	Bishop Michael Badger Ronald Chapin	Kevin Cichocki, D.C. Kevin Hogan
Non-Voting Board Representatives Present:	Thomas Quatroche Ph.D. James Lawicki	Kevin Pranikoff, M.D.
Also Present:	Sam Cloud, D.O. A.J. Colucci, III, Esq. Peter Cutler Andy Davis Leslie Feidt Stephen Gary Susan Gonzalez Al Hammonds	Julia Jacobia Jarrod Johnson Susan Ksiazek Charlene Ludlow Nadine Mund Brian Murray, M.D. Jim 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 SEPTEMBER 27, 2016 REGULAR MEETING OF THE BOARD OF DIRECTORS.

Moved by Jonathan Dandes and seconded by Michael Seaman.

Motion approved unanimously

APPROVAL OF MINUTES OF OCTOBER 13, 2016 SPECIAL MEETING OF THE BOARD OF DIRECTORS

Moved by Jonathan Dandes and seconded by Michael Seaman.

Motion approved unanimously

**III. BOARD PRESENTATION: “PATHWAY TO ZERO HARM”
KAREN ZIEMIANSKI, SR. VICE PRESIDENT NURSING**

Karen Ziemianski provided an overview of the QAPI project, “Pathway to Zero Harm.” Zero Harm in healthcare is eliminating harmful incidents for long periods of time. The goal is to create the best, most satisfied front line team. All measures will continue to be monitored to achieve high-reliability organization status.

**BOARD PRESENTATION: MILLENNIUM COLLABORATIVE CARE/DSRIP
AL HAMMONDS, EXECUTIVE DIRECTOR**

Al Hammonds provided a DSRIP year one (1) update:

- \$3 million in direct contracts to providers and CBO’s
- Funded 78 community health workers.
- Ignited change through funds flow to direct service partners
- Since August 2015, over 15,000 recipients have participated in the Millennium Patient Activation Measure process to identify the motivations of recipients.
- Ignited change through community-based organizations.
 - ✓ Maternal and Child Health Project
 - ✓ More than 500 mothers or expectant mothers into the Community Health Worker Home Visiting Program.
- Identified approximately 50 practices that were safety net/potentially high Medicaid volume non-safety net
- CHL Accomplishments to Date:
 - ✓ Cultural Competency/Health Literacy Strategic Plan approved for 2015/2016
 - ✓ Leveraged CBO Task Force and “Voice of the Consumer” Committee for outreach and feedback.
 - ✓ Developed online training site and content
 - ✓ Trained all Millennium staff on “Introduction to Cultural Competency”
 - ✓ Trained UB student nurses as part of the Million Hearts Project
 - ✓ Developed consumer brochure: A Guide to Your Medical Visits (by CBO Task Force and “Voice of the Consumer” Sub-Committee)
- Received the Million Hearts Cardiovascular Disease Prevention Project 2016 SOPHI Award (MCC won the award who was 1of 8 nominees)

IV. ACTION ITEMS

A. Resolution Approving Kaleida Refinancing of Gates Vascular Institute Debt.

Moved by Anthony Iacono and seconded by Michael Hoffert.

Motion approved unanimously.

B. Resolution Approving Meeting Dates.

Moved by Michael Hoffert and seconded by Anthony Iacono.

Motion approved unanimously.

C. Resolution Adopting a Negative Declaration for Emergency Department Expansion and Modernization Project.

Moved by Jonathan Dandes and seconded by Michael Seaman

Motion approved unanimously.

D. Approval of October 6, 2016 Medical/Dental Staff Appointments/Re-Appointments

Moved by Anthony Iacono and seconded by Michael Seaman.

V. BOARD COMMITTEE REPORTS

All reports except that of the Performance Improvement Committee are received and filed in the October 25, 2016 Board book.

VI. REPORTS OF CORPORATION'S MANAGEMENT

President & Chief Executive Officer: Thomas J. Quatroche, Ph.D.

Quality

- Joint Commission submission accepted.
- Received a two Star Rating from CMS – we need to focus on HAC's with case reviews to improve our scores.
- Celebrated Infection Prevention week
- Culture of Safety Survey Action Teams in place.

Patient Experience

- Looking at a redesign and deployment of Patient Experience staff.
- Working on a sound reduction (HUSH campaign)
- MTS Wrap Introduction groups with Behavioral Health units.

Culture

- Received the Jeff Stolzenberg Award from the Kidney Foundation of WNY.
- Buffalo Fire Department held its annual ball where ECMC received the EMS award.

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- *Let's Not Meet by Accident* was attended by 560 high school students.
- Kelly Tough room opened which was designed to provide inspiration and comfort for future patients.
- Fall Prevention information and balance screening conducted in the lobby.
- Breast Cancer Awareness Month, which included a very successful *Billie Weekend* and sold out VIP event at 716 at the Harbor Center.
- Domestic Violence Awareness month
- The Medical/Dental staff hosted an employee appreciation lunch.
- Health Benefits Fair held.
- Annual Fund – Day of Giving proceeds YTD:
 - 851 gifts compared to 336 in 2015
 - 23.7% participation compared to 7.8% in 2015

Operations

- Closed MASH transaction, now meeting with Kaleida to best activate the partnership.
- Completed joint GLH RFP for consolidated PACS radiology.
- New Chief of Police beginning December 1.
- Toured business professionals through ECMC (owner of the Buffalo Bills, Buffalo News executives etc.)
- The month of September was very busy.
- ED visits continue to rise.

Chief Financial Officer: Stephen Gary

A summary of the financial results through September 30, 2016 and a Quarterly Financial Statement and projected statement of Yearly Cash Flows are attached in the Board Book for review.

Chief Medical Officer: Brian Murray, MD provided a summary of the presentations at a recent Quality Improvement Committee meeting.

Nursing Services – Karen Ziemianski:

Karen Ziemianski provided an overview of the QAPI project, “Pathway to Zero Harm”. Zero Harm in healthcare is the ability to go for long periods of elimination of an incident. The goal is to create the best, most satisfied front line team. All measures will continue to be monitored to achieve high-reliability organization status.

Behavioral Health Services – Michael Cummings, MD

Dr. Cummings provided an update on Behavioral Health Services at ECMC. Have made significant progress in admission wait times and have been better during high volume.

Ambulatory Services – Cassie Davis

A review of all specialty services by volume was presented showing growth in all areas. Primary Care volumes were also presented showing growth as well.

ECMC will be designated as a patient center medical home in regards to the Family Health Center.

Currently in the progress of reorganizing cardiology services.

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

Moved by James Lawicki and seconded by Michael Seaman to enter into Executive Session at 5:20 P.M. to consider matters made confidential by law, including certain compliance-related matters, strategic investments, and business plans.

Motion approved unanimously

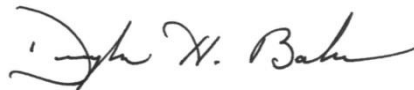
VIII. RECONVENE IN OPEN SESSION

Moved by Anthony Iacono and seconded by Frank Mesiah to reconvene in Open Session at 5:40 P.M. No action was taken by the Board in Executive Session.

Motion approved unanimously.

IX. ADJOURNMENT

Moved by Jonathan Dandes and seconded by Frank Mesiah to adjourn the Board of Directors meeting at 5:40 P.M.



Douglas H. Baker
Corporation Secretary

ERIE COUNTY MEDICAL CENTER CORPORATION

**Resolution Approving Kaleida Refinancing of
Gates Vascular Institute Debt**

Approved October 25, 2016

WHEREAS, in 2009, the Corporation invested approximately \$20 million in bonds yielding 6.38 percent to assist in the financing of the construction by Kaleida Health of the Gates Vascular Institute ("GVI debt") and directed that the interest earned on this investment be transferred to the affiliated entity, The Grider Initiative, Inc., whose mission is supporting costs incurred by the Corporation relating to the recruitment and retention of physicians serving the Grider Street Campus of the Corporation; and

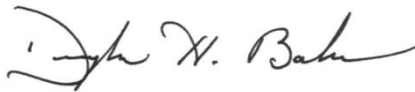
WHEREAS, Kaleida Health has determined that it is in the best interests of Kaleida Health to refinance the existing GVI debt and requests that the Corporation consent to this refinancing along with the other bondholder; and

WHEREAS, as a part of this refinancing, the Kaleida Health will return the principal balance outstanding on the GVI debt, pay accrued interest and a premium to the Corporation in the total approximate amount of \$19 million; and

WHEREAS, the Finance Committee of the Corporation has considered this matter and has voted unanimously to consent to approve the refinancing;

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

1. The Corporation hereby consents to the refinancing of the GVI debt and the return of the outstanding principal balance to the Corporation as well as the other monies owed to the Corporation.
2. The Chief Executive Officer and/or Chief Financial Officer of the Corporation are authorized to execute documents and instruments relating to this transaction.
3. The funds returned to the Corporation as a result of this transaction shall be deposited into the general operating accounts of the Corporation.
4. This resolution shall take effect immediately.



Douglas H. Baker
Corporation Secretary

ERIE COUNTY MEDICAL CENTER CORPORATION

REVISED BOARD OF DIRECTORS REGULAR MEETING SCHEDULE
OCTOBER 25, 2016

REMAINDER OF 2016

Tuesday, November 29, 2016

(Board Finance and Executive Committee meetings initially scheduled for November 22, are rescheduled for November 15, 2016 at 8:30 A.M. and 9:30 A.M., respectfully)

JANUARY 2017 THROUGH DECEMBER 2017

Tuesday, January 31, 2017
(Annual and Regular Meeting)

Tuesday, February 28, 2017

Tuesday, March 28, 2017

Tuesday, April 25, 2017

Tuesday, May 30, 2017

Tuesday, June 27, 2017

Tuesday, July 25, 2017

Tuesday, August 29, 2017

Tuesday, September 26, 2017

Tuesday, October 31, 2017

Tuesday, November 28, 2017

All meetings of the ECMCC Board of Directors are scheduled to take place in the Medical Staff Dining Room, Second Floor, ECMCC, and commence at 4:30 P.M. unless otherwise noticed.

**A Resolution of the Board of Directors Adopting a Negative Declaration in Connection with the
Emergency Department Expansion and Modernization Project**

Approved October 25, 2016

WHEREAS, Erie County Medical Center Corporation (the “Corporation”) has determined that it is appropriate and in the public interest that ECMCC enter into contracts for the design, planning and construction of the Emergency Department Expansion and Modernization Project (the “Action”); and

WHEREAS, ECMCC determined that it would serve as “Lead Agency” pursuant to the New York State Environmental Quality Review Act (“SEQR”) with respect to the Action; and

WHEREAS, ECMCC, as Lead Agency, in making a Determination of Significance with respect to the Action, has considered the Action, has examined the completed Full Environmental Assessment Form and has reviewed and discussed each criterion for determining significance set forth in Part 617.7 of the SEQR regulations.

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

1. Based upon a consideration of the Action, an examination of the completed Full Environmental Assessment Form, a review and discussion of each criterion for making a Determination of Significance set forth in Part 617.7 of the SEQRA Regulations, and such further investigation of the Action and its environmental impacts, if any, the Corporation has deemed appropriate, the Corporation makes the following findings with respect to the Action:

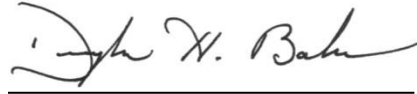
- a. No potentially large impacts on the environment from the Action are identified in the Full Environmental Assessment Form.
- b. The Action is not expected to trigger any significant adverse impacts, including those examples of impacts listed in Part 617.7 of the SEQRA Regulations.

2. Based upon the foregoing investigation of the potential environmental impacts of the Action and considering both the magnitude and importance of each potential environmental impact, the Corporation makes the following determinations:

- a. The Action will not have a significant adverse impact on the environment and an environmental impact statement will not be prepared with respect to the Action; and
- b. The Board of Directors hereby authorizes the preparation of a Notice of Determination of Non-Significance (“Negative Declaration”) and the filing of such Negative Determination and Environmental Notice Bulletin (“ENB”) in accordance with the requirements of SEQR and the SEQR Regulations.

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3. This resolution shall take effect immediately.



Douglas H. Baker,
Corporation Secretary

CREDENTIALS COMMITTEE MEETING MINUTES

Committee Members Present:

Yogesh Bakhai, MD, Chair	Brian Murray, MD, CMO (ex-officio)
Mark LiVecchi, DMD MD MBA	Mandip Panesar, MD, CMIO
Richard Skomra, CRNA	Susan Ksiazek, RPh

Medical-Dental Staff Office and Administrative Members Present:

Cara Burton, Medical-Dental Staff Services Manager	
Tara Boone, Medical-Dental Staff Services Coordinator	
Judith Fenski, Credentialing Specialist	Kerry Lock, Credentialing Specialist

Committee Members Excused:

Richard Hall, MD, DDS, PhD	Jonathan Marshall, DO
Erik Jensen, MD	

CALL TO ORDER

The meeting was called to order at 3:10 PM by Dr. Bakhai. Cara Burton, the new manager of the Medical-Dental Staff Office was welcomed to the committee. The proceedings from the previous meeting of September 1, 2016 were reviewed as accepted by the Medical Executive Committee and Board of Directors.

ADMINISTRATIVE

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

- A. Deceased – none
- B. Applications Withdrawn – none
- C. Application Processing Cessation – none
- D. Automatic Processing Conclusion – (inactive applications > 180 days from date of signature) - none
- E. Resignations

Justis, Gina, MD	Anesthesiology	09/26/2016
Michel, Sandra, ANP	Family Medicine	08/14/2016
Chubineh, Saman, MD	Internal Medicine	07/01/2016
Hailoo, Wajdy, MD	Internal Medicine	09/04/2016
Muthulingam, Varathaseelan, MD	Internal Medicine	09/25/2016
Vandermeer-Gatti, Tina, FNP	Internal Medicine	07/29/2016
Ahmed, Shaikh, MD	Internal Medicine/Hospitalist	09/25/2016
Bath, Shaun, MD	Internal Medicine/Hospitalist	08/31/2016
Bute, Samir, MD	Internal Medicine/Hospitalist	09/25/2016
Linares, Humberto, MD	Internal Medicine/Hospitalist	09/25/2016
Sidhu, Simarjit, MD	Internal Medicine/Hospitalist	08/31/2016
Singh, Braj, MD	Internal Medicine/Hospitalist	09/25/2016
Song, Seon, MD	Internal Medicine/Hospitalist	09/22/2016
Pasek, Lana, NP	Neurology	08/12/2016
Vanterpool, Jocelyn MD	Psychiatry	09/20/2016
Menghani, Vikas, MD	Radiology	09/30/2016
Tan, Vivian, MD	Radiology	09/06/2016
Weyer, Allison, MD	Radiology	09/30/2016
DeBayle, Melissa, MD	Radiology/Teleradiology	09/04/2016
Toothman, Richard, MD	Radiology/Teleradiology	09/26/2016

FOR INFORMATION

CHANGE IN STAFF CATEGORY

Orthopaedic Surgery

Bone, Lawrence, MD

Active to Courtesy, Refer & Follow

Radiology

Baum, Phillip, MD

Courtesy, Refer & Follow to Active

Chung, Charles, MD

Courtesy, Refer & Follow to Active

Cipolla, David, MD

Courtesy, Refer & Follow to Active

Dunn, Andrew, MD

Courtesy, Refer & Follow to Active

Hampton, William, MD

Courtesy, Refer & Follow to Active

Lesh, Charles, MD

Courtesy, Refer & Follow to Active

Makhija, Jasbeer, MD

Courtesy, Refer & Follow to Active

Mangano, Anthony, MD

Courtesy, Refer & Follow to Active

Miller, Michael, MD

Courtesy, Refer & Follow to Active

Notino, Anthony, MD

Courtesy, Refer & Follow to Active

Pericak, Jason, MD

Courtesy, Refer & Follow to Active

Regenbogen, Victor, MD

Courtesy, Refer & Follow to Active

Shea, Kevin, MD

Courtesy, Refer & Follow to Active

Silber, Michael, MD

Courtesy, Refer & Follow to Active

Stokoe, Gail, MD

Courtesy, Refer & Follow to Active

Zimmer, Wendy, MD

Courtesy, Refer & Follow to Active

Surgery

Kulaylat, Mahmoud, MD

Active to Courtesy, Refer & Follow

FOR OVERALL ACTION

DEPARTMENT CHANGE or ADDITION

None

CHANGE OR ADDITION OF COLLABORATING/SUPERVISING ATTENDING

None

PRIVILEGE ADDITION/REVISION, recommended – comments as indicated

Internal Medicine

Ball, Therese, ANP

Collaborating Physician: Dr. Burkhard

-Vein Puncture (waive FPPE as a core nursing privilege)

Pathology

Zhang, Nan, MD

-Level I Entry Core Privileges

-Surgical Pathology –General

-Cytopathology

-Blood Banking - Comprehensive

Surgery

Komornicki, Isabel, ANP

Adding Wound Care Privileges

Collaborating Physician: Dr. Jeffrey Jordan

FOR OVERALL ACTION

PRIVILEGE WITHDRAWAL

None

APPOINTMENT APPLICATIONS, recommended– comments as indicated

Initial Appointments (15)*

Anesthesiology

Marso, Lisa, CRNA Allied Health Professional

Cardiothoracic Surgery

Wittman-Klein, Sharon, PA-C Allied Health Professional

Supervising Physician: Dr. Aldridge

Zoratti, Alyson, PA-C Allied Health Professional

Supervising Physician: Dr. Ashraf

Family Medicine

Bellinger, Jeremy, NP Allied Health Professional

Collaborating Physician: Dr. Evans

Internal Medicine –Hospitalist

Yang, Hyehwan, NP Allied Health Professional

Collaborating Physician: Dr. Tadakamalla

Internal Medicine

Chana, Barinder, MD Active

Manju, Alex, MD Active

Mier-Hicks, Angel, MD Courtesy, Refer, and Follow

Wayne, Faith, NP Allied Health Professional

Collaborating Physician: Dr. Farry

Vacanti, Victor, MD Active

Neurology

Baig, Mirza, MD Active

Smith, Audrey, PA-C Allied Health Professional

Supervising Physician: Dr. Ferguson

Neurosurgery

Suddaby, Loubert, MD Active

Orthopaedic Surgery

Dyskin, Evgeny, MD Active

Surgery

Blessios, George, MD Active

**The Credentials Committee endorsed the review of the dossier of one of the applicants by the Medical Executive Committee*

FOR OVERALL ACTION

Dual Appointments (0)

REAPPOINTMENT APPLICATIONS, recommended – comments as indicated

Reappointment Review (20)

Family Medicine

Sumner, Miles, PA Allied Health Professional

Supervising Physician: Dr. Evans

Tazwar, Fahim, MD Active

Internal Medicine

Ahmad, Shakeel, MD Courtesy, Refer & Follow

Ball, Therese, ANP Allied Health Professional

Collaborating Physicians: Dr. Ventresca, Dr. Burkard

Gbadamosi, Fatai Adesina, MD Active

Nanjunde Gowda, Madan, MD Active

Rivera Ramon, MD Active

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Internal Medicine/Hospitalist

Weldy, Stephanie, ANP Allied Health Professional
Collaborating Physician: Dr. Achakzai

Neurosurgery

Grisante, Emily, PA-C Allied Health Professional
Supervising Physician/First Assist: Dr. Fahrback
 Guzzetta, Lindsay, PA Allied Health Professional
Supervising Physician/First Assist: Dr. Castiglia
 Pollina, John, MD Active

Oral & Maxillofacial Surgery

Rifkind, Jacob, DDS, MD Active

Orthopaedic Surgery

Griffin, Shane, PA-C Allied Health Professional
Supervising Physician: Dr. Violante
 McNichol, Meghan, PA Allied Health Professional
Supervising Physician: Dr. Clark

Pathology

Nakhla, Hassan, MD Active
 Zhang, Nan, MD Active

Plastic & Reconstructive Surgery

Spies, Alice, RNFA Allied Health Professional
Supervising Physician/First Assist: Dr. Loree

Psychiatry & Behavioral Medicine

Frank, Tawni, MD Active
 Sokoloff, Mark, PhD Allied Health Professional

Rehabilitation Medicine

Tague, Dana, ANP Allied Health Professional
Collaborating Physician: Dr. LiVecchi

FOR OVERALL ACTION

Dual Reappointments (0)

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.

October 2016 Provisional to Permanent Staff	Provisional Period Expires 10/20/2016
Emergency Medicine	
McNamara, John, DO	Active Staff
Family Medicine	
Verostko-Slazak, Sherry, ANP	Allied Health Professional
<i>Collaborating Physician: Stephen Evans, MD</i>	
Internal Medicine	
Kallash, Mahmoud, MD	Active Staff
Wheat, Deidre, MD	Active Staff
Neurosurgery	
Dimopoulos, Vassilios, MD	Active Staff
Orthopaedic Surgery	
Forestal, Lisa, PA- C	Allied Health Professional
<i>Supervising Physician: Nicholas Violante, DO</i>	
Psychiatry	

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Pell, Brian, MD	Active Staff
Perry, Char'lese, NP	Allied Health Professional
Collaborating Physician: Michael Cummings, MD	
Radiology/Imaging Services	
Femia, Ronald, MD	Active Staff
Radiology/Imaging Services - Teleradiology	
Esmaeli, Azadeh, MD	Active Staff

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

FOR OVERALL ACTION

AUTOMATIC CONCLUSION, Reappointment Expiration, FIRST NOTICE

Internal Medicine

Wanser, Nicole, FNP Expires 12-31-2016
Collaborating Physician: Dr. Sadiq

AUTOMATIC CONCLUSION, Reappointment Expiration, SECOND NOTICE

None

AUTOMATIC CONCLUSION- Reappointment Expiration, FINAL NOTICE

None

OLD BUSINESS

Office Operations

=S. Ksiazek and C. Burton reviewed for the committee the MDSO retreat held earlier in the week. The goals of the retreat were to define the team roles with the implementation of a full time manager in the office and to identify efficiencies and tools to maintain quality and productivity.

=C.Burton and T.Boone provided the committee with an update on the re-appointment application collaboration with KH. Next steps include an on-site visit by an Intelli-Cred representative to assist with finding solutions to the systems limitations identified by the working group. In addition, KH has asked that although not all of the systems limitations have been corrected, the input of the ECMC medical leadership should be sought at this time. It was determined that the CMO, the CMIO and the Credentials Chair participate in the on-line re-appointment application process review. This review will be set up in the manner most convenient to our physicians.

=The committee was reminded of the agreement made by ECMC in 2015 to align re-appointment dates with KH, using birth month. This was implemented as a customer service for those practitioners on staff at both organizations, to afford the ability for a single application under GLH at re-appointment. This re-alignment has resulted in an increased re-appointment volume for 2017 and early 2018. The MDSO Team strategized at the retreat how to manage these above baseline volumes without compromising the quality of the process. The committee will be kept abreast of the process.

=S.Ksiazek reported that the volume of temporary privileges and resignations continue to be above baseline and are having a significant impact on the workload and workflow for the office. The MDSO will therefore add resignations to the productivity statistics maintained by the department.

Joint Commission Survey

FPPE process changes

=S.Ksiazek updated the committee that the physician FPPE templates for all departments have been drafted. Next steps include one on one meetings with each of the department Chiefs of Service to review and finalize the templates. It was proposed and endorsed by the committee that for the AHPs, a single department specific form be developed and utilized for both the NPs and PAs. These will be drafted for committee review at next month's

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meeting. At the time of this meeting, the POC to the JC has yet to be submitted. We will await an affirmative response from the JC before proceeding with the revised FPPE process.

=Last month, the committee was asked to consider that in order for this process to be sustained, increased involvement by the Chiefs of Service is needed. In addition, the degree of judgment for the new process may require that the generation of the forms will need to move from a staff to a manager level in the Medical-Dental Staff Office. Both issues have been discussed with the Chief Medical Officer and the concept of launching a Peer Review Committee will again be discussed with the President of the Medical-Dental Staff.

Delegated Credentialing

The committee was informed that the annual delegated credentialing season is upon us. Two of the three audits have been scheduled: Wellcare in October and Fidelis in November. Though the MDSO anticipates continued 100% compliance, the committee is asked to understand the workload burden these audits place. The Credentials Committee applauded the efforts of the MDSO.

Agreement with the VAMC

No update since the last meeting.

Form Revisions

AHP Forms

The Credentials Chair has offered to assist with the proposed combined NP/PA privilege form template by reaching out to the Internal Medicine Chief of Service.

Medical Marijuana

The Chiefs of Service were polled at their monthly meeting and the following 5 departments were agreed to have this delineated privilege added to their forms: Internal Medicine, Family Medicine, Rehabilitation Medicine, Neurology, and Neurosurgery. Additional departments may be added in the future if the list of NYS approved diagnoses is expanded.

LEVEL II PRIVILEGES

Chief of Service action:

NON-PROCEDURAL PRIVILEGES	Init/Reap Volume	Physician Request	Recommend		If Yes, indicate any requirements; If No, provide details. See p. 7
			YES	NO	
Issue certification for medical marijuana*					See Cred Criteria Below

***Credentialing Criteria:**

The practitioner must have successfully completed a NYSDOH approved course to register with the State to issue patient certifications for medical marijuana. Evidence of course completion and registration must be provided to the Medical-Dental Staff Office in order to be granted this privilege.

FOR MEDICAL-DENTAL STAFF OFFICE USE ONLY:

Documentation of CE requirement and NYSDOH registration approval received:

_____ Date _____ Initials

Approved by the MEC ___/2016

Leave of Absence

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A physician suspected to be in need of a Leave of Absence has returned to work; close from agenda. The Medical-Dental Staff Office continues to be responsive to information received to ensure full compliance with all credentialing policies.

Temporary Privileges

Refer to the attached tracker of Urgent and Temporary Privilege issuance and expiration. All temporary privileges issued since the last meeting, with the justification of need for each, were reviewed for the committee.

FOR OVERALL ACTION

NEW BUSINESS

Hospitalist Service

The MDSO has identified instances of Visa status delaying the on-boarding of practitioners. This was discovered at the time of application processing. This has been addressed with the hospitalist credentialing managers. In an effort to ensure our due diligence, Visa status will be added to the application cover letter and the internal departmental QC checklist.

In addition, there has been growing difficulty with obtaining expireables from the hospitalist providers. This may be due in part to practitioners no longer on the service schedule. It had been suggested that the service provide an update date of practitioners providing temporary coverage vs. long term commitments to ECMC. The CMO stated that the service provide this information on a monthly basis. The conference calls continue to be a venue for addressing such matters and ensuring the lines of communication remain open.

In a related matter, the committee was informed of recent policy changes in Employee Health that may be impacting on compliance with annual health assessment and PPDs. Options to provide this care are in the discussion phase. Per the Chief Safety Officer, Employee Health will be instructed to offer influenza vaccine to ALL regardless of employment status.

Privilege Forms

Dermatology – New forms for Nurse Practitioner and Physician Assistant

Refer to the privilege delineation below, developed for the addition of AHP staffing in the Dermatology Clinic. The physician form was used as the template for the AHP forms for consistency and to ensure that the midlevel practitioners request only those privileges possessed by their collaborating/supervising physician.

.....		
Requested by applicant	Recommended by Chief of Service	
Y / N	Y / N	
___	___	1. Evaluation, diagnosis, and medical treatment of skin diseases and associated illnesses in accordance with the training of the specialty of dermatology.
___	___	2. Use of immunosuppressive drugs including methotrexate, retinoids, systemic chemotherapy, and psoralens.
___	___	3. Management of sexually transmitted diseases (STD).
___	___	4. Procedures:
___	___	a. skin biopsy
___	___	b. excision-skin tumor, benign or malignant when primary closure is possible.
___	___	c. electrocoagulation and desiccation and curettage - skin tumor, benign or malignant.
___	___	d. I & D - superficial abscess
___	___	e. avulsion of nail
___	___	f. patch testing and photopatch testing
___	___	g. small flaps and grafts
___	___	h. intralesional injections of corticosteroids

Orthopaedic Surgery

The committee was informed of a request received by the MDSO regarding the Topaz Procedure. As defined in policy, the Chief of Service has been contacted to assess next steps.

Rehabilitation Medicine

In preparing the FPPE template for the Department of Rehabilitation Medicine, opportunities to improve the privilege form were identified. A draft of the privilege form revision was presented to the Chief of Service, along with the proposed FPPE template. A final draft will be presented to the Credentials Committee at its November meeting.

Bariatric Surgery

Interest has been expressed to add the procedure of “Intragastric Balloon” to the form. The Chief of Surgery and the Chief of Bariatric Surgery have been asked to formalize the request in writing as defined in policy.

Implementation of the \$250 Late Fee and Dues Increase for 2017

The committee was informed that the MDSO is in the process of operationalizing the increases slated for 2017. The drafts of the written communications to the Medical-Dental Staff will be presented to the Credentials Committee for endorsement at the November meeting.

UBMD Hospitalists based at KH

K.Lock informed the Committee that the practice plan has been requesting temporary privileges and ACTIVE membership status for physicians applying to both KH and ECMC, but to be based at KH. The rationale is in anticipation of possible future coverage needs at ECMC. The ECMC Internal Medicine Chief of Service has recommended that these applicants have COURTESY REFER AND FOLLOW status at ECMC. The Credentials Committee endorses this recommendation, with privileges activated only when practitioners are called to service. The MDSO will screen all UBMD applications to ensure timely notification to the practice plan.

FOR OVERALL ACTION

OPEN ISSUES

- =Emergent pacemaker insertions. No response from EM to date; keep item open
- =e-mail to MOC affected MDs was issued in September 2016; can close from agenda
- =New privilege form for WC NP received and processed; close from agenda
- =Atherectomy – add as a delineated privilege? Which forms other than Radiology?
 - ➔ Action: Referred to CMO and Credentials Chair to address with Radiology and Surgery Chiefs
- =Ortho MD – clarification of OR privileges accomplished; awaiting final signature
 - ➔ Credentials Chair and Chief Medical Officer included in all related communications
- = On-going MDSO due diligence has identified a practitioner whose limited license expires 10/31/16. The MDSO has reached out to both the physician and the Chief of service to ensure adequate lead time to obtain.

FOR INFORMATION

OTHER BUSINESS

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

FPPE (Focused Professional Practice Evaluation) (5)

- Anesthesiology (1 CRNA)
- Emergency Medicine (3 PA-C)
- Neurology (1 NP)

OPPE (Ongoing Professional Practice Evaluation) (0)

Report from the PSO – departments completed since last report: 0

FOR INFORMATION

ADJOURNMENT

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

Respectfully submitted,

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

Yogesh Bakhai, MD
Chairman, Credentials Committee

att.