

ERIE COUNTY MEDICAL CENTER CORPORATION
MARCH 27, 2018 MEETING MINUTES
OF THE BOARD OF DIRECTORS REGULAR MEETING

Present: Bishop Michael Badger, Ronald Bennett, Ronald A. Chapin, Jonathan Dandes, Kathleen Grimm, MD, Sharon Hanson, Michael Hoffert, Thomas Malecki, CPA, Jennifer Persico, Eugino Russi, Michael Seaman, William Pauly, Scott Bylewski, Thomas J. Quatroche

Excused: Darby Fishkin, Frank Mesiah, Christopher O'Brien

Also

Present: Donna Brown, Anthony Colucci, III, Esq., Peter Cutler, Andrew Davis, Leslie Feidt, Stephen Gary, Melissa Gagne, Charlene Ludlow, Brian Murray, MD, James Turner, Karen Ziemianski

- I. Call to Order: Jonathan Dandes called the meeting to order at 4:35 p.m.
- II. Minutes: Moved by Jennifer Persico and seconded by Ronald Chapin, the Board of Directors unanimously approved the minutes of the February 27, 2018 meeting.
- III. Action Items
- A) Resolution Approving Construction Manager for Front Lobby and Building Envelope Expansion
Moved by Ronald Bennett and seconded by Jennifer Persico
Motion approved unanimously
- B) Resolution of the Board of Directors of Erie County Medical Center Corporation Authorizing Execution of a Capital Lease Agreement with Omnicell, Inc.
Moved by Kathleen Grimm, MD and seconded by Sharon L. Hanson.
Motion approved unanimously
- C) Resolution Ratifying the Capitalization of Great Lakes Integrated Network, Inc.
Moved by Sharon L. Hanson and seconded by Michael Hoffert.
Motion approved unanimously
- D) Resolution of the Board of Directors Adopting a Negative Declaration in Connection with the Emergency Department Expansion and Modernization Project
Moved by Ronald Bennett and seconded by Jennifer Persico.
Motion approved unanimously

- E) Resolution Receiving and Filing the Report of Annual Audit Performed by RSM US LLP
Moved by Bishop Michael Badger and seconded by Kathleen Grimm, MD
Motion approved (all in favor, except Thomas Malecki abstained).
- F) Resolution Approving the Corporation's Annual Report
Moved by Michael Hoffert and seconded by James Lawicki
Motion approved (all in favor, except Thomas Malecki abstained).
- G) Resolution Designating the Naming of Certain Spaces and Structures
Moved by Michael Hoffert and seconded by Bishop Michael Badger
Motion approved unanimously
- H) Approval of March 1, 2018 Medical/Dental Staff Appointments/Re-Appointments
Moved by Sharon L. Hanson and seconded by Michael Hoffert
Motion approved unanimously

IV. **Reports of Corporation's Management**

Chief Executive Officer

Quality:

- Trauma verification survey completed, went very well with no deficiencies and expect to receive full accreditation
- Infection reductions 2016 to 2017
 - ✓ CAUTI down 25%
 - ✓ MRSA bacteremia down 40%
 - ✓ C.diff down 19%
- OASAS Chemical Rehab Unit survey completed
- Initiated "Great Catch," to recognize those catching an error before it occurs.

Patient Experience

- Reviewed monthly Patient Experience expectations with new unit managers
- Working with Outpatient team on developing Patient Experience priorities and sharing our nursing experiences with Kaleida
- Patient Experience incorporated into Nursing Concepts
- Transporters received new uniforms
- Celebrated St. Patrick's Day for patients and visitors
- HANYS/Planetree Collaborative kickoff meeting

Culture

- Centennial Celebration was a great success.
- “A Conversation with the CEO” meetings and night shift rounding
- Continue to review and select Bright Ideas submissions

Operations

- Observation Unit to be completed May 1
- Pilot program with Apogee – 7z3 and 7z4 cohorting
- Continue to expand weekend services to improve discharge processes.
- Surgeries up across the board
- ED department continues to be very active
- Outpatient visits down slightly in the month of February

Chief Financial Officer

A summary of the financial results through February 28, 2018 and a Quarterly Financial Statement and projected statement of Yearly Cash Flows were briefly reviewed and the full set of these materials are received and filed.

V. **Reports from Standing Committees:**

Buildings and Grounds Committee: Ronald Bennett

Mr. Bennett provided an overview of current projects underway. The Building and Grounds committee toured the facility today which included the new ED ramp. Mr. Dandes requested that board members tour the facility and projects underway.

All other reports except that of the Performance Improvement Committee are received and filed.

VI. **Recess to Executive Session – Matters Made Confidential by Law**

Moved by Kathleen Grimm, MD and seconded by Michael Hoffert to enter into Executive Session at 5:05 p.m. to consider matters made confidential by law, including certain litigation matters, strategic investments, and business plans.

Motion approved unanimously.

VII. **Reconvene in Open Session**

Reconvene in Open Session at 5:30 p.m. No action was taken by the Board of Directors in Executive Session

Motion approved unanimously

VIII. **Adjournment:** Moved by Bishop Michael Badger and seconded by Michael Hoffert to adjourn the Board of Directors meeting at 5:30 p.m.



Michael A. Badger
Corporation Secretary

**Resolution Approving Construction Manager
For Front Lobby and Building Envelope Expansion**

Approved March 27, 2018

WHEREAS, Erie County Medical Center Corporation (the “Corporation”) is permitted by New York Public Authorities Law and General Municipal Law to award a contract to a responsible project developer for the development of medical building project on the basis of factors including, but not limited to, lowest net cost; and

WHEREAS, consistent with these laws, the Corporation issued a Request for Proposals entitled for Construction Management Services related to the Exterior Envelope Improvements and Main Lobby Expansion (the “Project”), RFP #21802, on December 18, 2017 (the “RFP”) and distributed the RFP through, among other means, publication of the RFP in the New York State Contract Reporter; and

WHEREAS, several proposals were timely received from companies located inside and outside of Western New York and those proposals were evaluated by employees of the Corporation, led by the Senior Vice President of Surgical and Outpatient Services, based on the quality of what was proposed and the financial terms proposed by each respondent; and

WHEREAS, upon receipt of the report and recommendation of the Senior Vice President of Surgical and Outpatient Services and the Corporation evaluation committee, the Corporation determined the respondent presenting lowest net cost did not present best value to the Corporation; and

WHEREAS, the Corporation determined that the respondent proposing the second lowest net cost, Gilbane Building Company (“Gilbane”), was a responsible and responsive respondent, and that its proposal represents best value to the Corporation based on factors including: (A) demonstrated extensive experience with building envelope projects, including both façade and roofing projects, in upstate New York and nationally; (B) evidenced direct healthcare construction experience with facilities that were modernized while occupied; (C) the inclusion of a field superintendent with extensive background on building envelope glazing systems; (D) the inclusion of strong positive references, including from the Cleveland Clinic and Charlton Hospital; and (E) the ability of Gilbane to satisfy minority- and women-owned business enterprises requirements in the completion of the Project; and

WHEREAS, the Corporation wishes to authorize the selection of Gilbane Building Company to provide construction management services for the Project; and

WHEREAS, the Board has reviewed the recommendations of the Corporation and has found that the Corporation’s requirements are met by the award of the contract to Gilbane, and that the award of the contract for the Project to Gilbane is in the public interest;

NOW, THEREFORE, the Board of Directors makes the following particularized findings:

1. The respondent with the lowest net cost did not represent best value to the Corporation.
2. The company whose proposal offered the second lowest net cost, Gilbane Building Company, was a responsible and responsive respondent.
3. Gilbane Building Company demonstrated extensive experience with building envelope projects, including both façade and roofing projects, both in upstate New York and nationally.
4. Gilbane Building Company's proposal evidenced strong direct healthcare construction experience with facilities that were modernized while occupied.
5. Gilbane Building Company's proposal included a field superintendent with extensive background on building envelope glazing systems.
6. Gilbane Building Company's proposal included strong positive references, including from the Cleveland Clinic and Charlton Hospital.
7. Gilbane Building Company demonstrated a recognition of the importance of and an ability to satisfy minority- and women-owned business enterprise requirements in the completion of the Project.
8. Gilbane Building Company's proposal for the Project represented best value to the Corporation.
9. The Corporation's requirements for the Project are met by the award of the contract to Gilbane Building Company, and that the award of the contract for construction manager on the Project to Gilbane is in the public interest.
10. Gilbane Building Company is approved as construction manager for the Project.
11. The Corporation is authorized to take all steps necessary to finalize an agreement with Gilbane Building Company.
12. This resolution shall take effect immediately.



Michael A. Badger
Corporation Secretary

**A Resolution of the Board of Directors of Erie County Medical Center Corporation
Authorizing Execution of a Capital Lease Agreement with Omnicell, Inc.**

Approved March 27, 2018

WHEREAS, Erie County Medical Center Corporation (the "Corporation") has need to obtain certain automated medication dispensing cabinets and other related equipment for use at its facilities; and

WHEREAS, Omnicell, Inc. ("Omnicell") has provided the attached pricing supplement (the "Pricing Supplement") to the master agreement held between Omnicell and the Corporation for the Corporation's review, in compliance with the procurement laws of New York State and the Corporation's Procurement Guidelines, which permit for the purchase of goods and services through one or more group purchasing organizations; and

WHEREAS, under the terms of the Pricing Supplement, Omnicell would lease the required equipment to the Corporation for a total sum of \$2,860,329.94 over a the course of a 7-year period; and

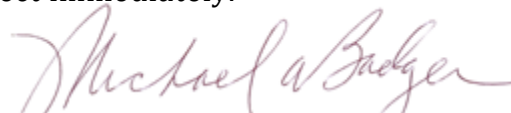
WHEREAS, simultaneous with providing new equipment to the Corporation, the Lease would also replace and supersede all other leases and pricing supplements currently held by the Corporation with Omnicell; and

WHEREAS, the Chief Financial Officer and the Finance department of the Corporation have reviewed the Pricing Supplement and determined that it would qualify as new capital debt of the Corporation; and

WHEREAS, authorization of the Board of Directors is required before the Corporation can assume new capital debt;

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

1. The Board of Directors of Erie County Medical Center Corporation hereby authorizes the execution and delivery of the Pricing Supplement.
2. The Corporation is authorized to do all things necessary and appropriate to effectuate this resolution.
3. This resolution shall take effect immediately.



Michael A. Badger
Corporation Secretary

A Resolution Ratifying the Capitalization of Great Lakes Integrated Network, Inc.

Approved March 27, 2018

WHEREAS, Great Lakes Integrated Network, Inc. (“GLIN”) is a New York corporation formed on September 14, 2017, by its two (2) voting Shareholders, Kaleida Health and Erie County Medical Center Corporation (the “Corporation”) (collectively the “Shareholders”); and

WHEREAS, the Shareholders formed GLIN to act as the parent company of Optimum Independent Practice Association, LLC (“OIPA”), a proposed limited liability company whose status is pending (i) approval by the New York State Department of Health; and (ii) filing of the Articles of Organization with the New York State Department of State; and

WHEREAS, the Shareholders also formed GLIN to act, directly or indirectly, as the parent company of Optimum Physician Alliance, LLC (“OPA”), a virtual Independent Practice Association that was previously owned by Kaleida Health and HealthNow New York, Inc., but Kaleida Health has since transferred to GLIN; and

WHEREAS, GLIN requires capitalization so that it can engage in lawful activity as provided in its Certificate of Incorporation, including but not limited to acting as the parent company of OIPA and OPA; and

WHEREAS, the Corporation’s administration has identified the creation of GLIN and its proposed business to be consistent with Corporation efforts to collaborate with Kaleida Health in a manner recognized by the recent changes to Corporation’s enabling legislation; and

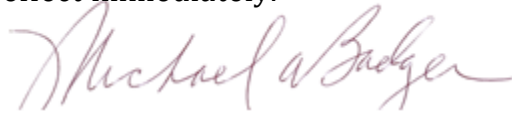
WHEREAS, the Board of the Corporation on January 30, 2018, previously authorized the purchase of fifty percent (50%) ownership in GLIN for the amount of \$400,000; and

WHEREAS, the Corporation has learned that the actual cost associated with such 50% ownership is \$455,963.22;

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

1. The Board ratifies its previous approval to participate as a member of GLIN and to invest funds of the Corporation for the purchase of fifty percent (50%) of the ownership of GLIN.

2. The Corporation is authorized to invest funds of the Corporation in order to capitalize GLIN up to the amount of \$460,000.
3. The Corporation is authorized to continue its activity in the operation of OPA and in the future operation of OIPA in accord with the Certificate of Incorporation of GLIN and other agreements incidental thereto, consistent with GLIN's Bylaws.
4. All actions taken by the Corporation before the date of this resolution that are consistent with this resolution are ratified and approved. The Corporation is authorized to do all other things necessary and appropriate to effectuate this resolution.
5. This resolution shall take effect immediately.

A handwritten signature in cursive script, reading "Michael A. Badger", written in dark ink. The signature is positioned above a horizontal line.

Michael A. Badger
Corporation Secretary

BYLAWS
OF
GREAT LAKES INTEGRATED NETWORK, INC.
THE CORPORATION

Name. The legal name of the Corporation is GREAT LAKES INTEGRATED NETWORK, INC.

Offices. The principal office of the Corporation shall be located in the County of Erie and the State of New York or such other address as is designated by resolution of the Board of Directors. The Corporation may also have other offices at such places within or without the State of New York as the Board of Directors may from time to time designate or the business of the Corporation may require.

MEETINGS OF SHAREHOLDERS

Annual Meeting. The annual meeting of the shareholders of the Corporation for the election of directors and for the transaction of such other business as may properly come before the meeting shall be held at the principal office of the Corporation in New York State, within five months of the end of the Corporation's fiscal year, or at such other place within or without the State of New York as the Board of Directors may fix.

Special Meetings. Special meetings of shareholders, unless otherwise prescribed by law, may be called at any time by the Board of Directors, by the President or by order of the Board of Directors pursuant to the written request of the holders of ten percent of the outstanding shares of a class of stock of the Corporation entitled to vote at such meeting. At any special meeting only such business may be transacted which is related to the purpose or purposes set forth in the notice required by Section 2.4. Special meetings of shareholders shall be held at such place within or without the State of New York as shall be designated in the notice of meeting.

List of Shareholders Entitled to Vote. A list of shareholders as of the record date determined pursuant to Section 5.7, certified by the corporate officer responsible for its preparation or by the Corporation's transfer agent, shall be produced at any meeting of shareholders upon the request of any shareholder there at or prior thereto. If the right to vote at any meeting is challenged, the inspectors of election, or person presiding thereat, shall require such list of shareholders to be produced as evidence of the right of the persons challenged to vote at such meeting, and all persons who appear from such list to be shareholders entitled to vote thereat may vote at such meeting.

Notice of Meetings. Written notice of each annual and special meeting of shareholders, other than any meeting the giving of notice of which is otherwise prescribed by law, stating the place, date and hour of the meeting, and, in the case of a special meeting, indicating that it is being issued by or at the direction of the person or persons calling the meeting and stating the purpose or purposes for which it is called, shall be given, personally or by mail, not less than ten nor more than fifty days before such meeting, to each shareholder entitled to vote thereat. If mailed, such notice shall be deemed given when deposited in the United States mail, postage prepaid, directed

to such shareholder at his address as it appears on the record of shareholders of the Corporation. An affidavit of the Secretary or other person giving the notice or the transfer agent of the Corporation that notice has been given shall be evidence of the facts stated therein. Notice of any meeting need not be given to any shareholder who submits a signed waiver of notice, whether before or after the meeting. The attendance of any shareholder at a meeting, in person or by proxy, without protesting prior to the conclusion of the meeting the lack of notice of such meeting, shall constitute a waiver of notice by him.

Adjourned Meeting and Notice Thereof. Any meeting of shareholders may be adjourned to another time or place, and the Corporation may transact at any adjourned meeting any business which might have been transacted on the original date of the meeting. Notice need not be given of the adjourned meeting if the time and place thereof are announced at the meeting at which the adjournment is taken unless a new record date is fixed for the adjourned meeting by the Board of Directors. If notice of the adjourned meeting is given, such notice shall be given to each shareholder of record entitled to vote at the adjourned meeting in the manner prescribed in Section 2.4.

Quorum. The presence in person or by proxy of the holders of a majority of the aggregate outstanding shares of all classes entitled to vote at any meeting, and the holders of a majority of the outstanding shares shall constitute a quorum for the transaction of business. In the absence of a quorum, the shareholders present may adjourn any meeting. When a quorum is once present to organize a meeting, the quorum is not broken by the subsequent withdrawal of any shareholders.

Voting. Each share of stock shall entitle the holder thereof to one vote. All other actions shall be authorized by a majority of the votes cast except where the New York Business Corporation Law prescribes a different percentage of votes or a different exercise of voting power. Any holder of shares entitled to vote on any matter may vote part of the shares in favor of the proposal and refrain from voting the remaining shares or vote them against the proposal, other than elections to office, but, if the shareholder fails to specify the number of shares such shareholder is voting affirmatively, it will be conclusively presumed that the shareholder's approving vote is with respect to all shares such shareholder is entitled to vote.

Each shareholder entitled to vote at a meeting of shareholders or to express consent or dissent without a meeting may authorize another person or persons to act for him by proxy. Every proxy must be signed by the shareholder or his attorney-in-fact. No proxy shall be valid after the expiration of eleven months from the date thereof unless otherwise provided in the proxy. Every proxy shall be revocable at the pleasure of the shareholder executing it, except as otherwise provided in Section 608 of the New York Business Corporation Law.

The Board of Directors, in advance of any shareholders' meeting, may appoint one or more inspectors to act at the meeting or any adjournment thereof. If inspectors are not so appointed, the person presiding at a shareholders' meeting may, and on the request of any shareholder entitled to vote thereat shall, appoint one or more inspectors. In case any person appointed fails to appear or act, the vacancy may be filled by appointment made in advance of the meeting by the Board of Directors or at the meeting by the person presiding thereat. The inspectors, if any, shall determine the number of shares of stock outstanding and the voting power of each, the shares of stock represented at the meeting, the existence of a quorum, the validity and effect of proxies, and shall

receive votes, ballots or consents, hear and determine all challenges and questions arising in connection with the right to vote, count and tabulate all votes, ballots or consents, determine the result, and do such acts as are proper to conduct the election or vote with fairness to all shareholders.

Action by Consent of Shareholders. Directors may be elected without a meeting by a consent in writing, setting forth the action so taken, signed by all of the persons who would be entitled to vote for the election of directors; provided that, a director may be elected at any time to fill a vacancy not filled by the directors, other than to fill a vacancy created by removal, by the written consent of a majority of the outstanding shares. With respect to any other action, unless otherwise provided in the Certificate of Incorporation, whenever shareholders are required or permitted by law, the Certificate of Incorporation or these Bylaws to take any action by vote, such action may be taken without a meeting on written consent setting forth the action so taken, signed by the holders of the outstanding shares entitled to vote thereon.

BOARD OF DIRECTORS

General Powers. The business of the Corporation shall be managed by the Board of Directors. The Board of Directors may exercise all such powers of the Corporation and have such authority and do all such lawful acts and things as are permitted by law, the Certificate of Incorporation or these Bylaws.

Number of Directors; Qualifications. The Board of Directors shall have four (4) members. The authorized number of directors of the Corporation may be increased or decreased in any increment by action of the shareholders or the Board of Directors; provided that no decrease in the number of directors constituting the entire Board of Directors shall shorten the term of any incumbent director. Each director shall be at least eighteen years of age.

As used in this Article, “entire Board of Directors” means the total number of directors which the Corporation would have if there were no vacancies in the Board of Directors.

Election. Directors of the Corporation shall be elected to hold office until the next annual meeting of the shareholders. At each annual meeting of shareholders or at a special meeting in lieu of the annual meeting called for such purpose, Directors shall be elected.

Term. Each director shall hold office until his successor is duly elected and qualified, except in the event of the earlier termination of his term of office by reason of death, resignation, removal or other reason.

Resignation and Removal. Any director may resign at any time upon written notice to the Board of Directors, the President or the Secretary. The resignation of any Director shall take effect upon receipt of notice thereof or at such later time as shall be specified in such notice, and unless otherwise specified therein, the acceptance of such resignation shall not be necessary to make it effective. Any Director may be removed with or without cause if such removal is approved by the affirmative vote of a majority of the outstanding shares of the shareholder(s) entitled to vote.

Vacancies. Newly created directorships resulting from an increase in the number of directors and vacancies occurring in the Board of Directors for any reason except the removal of

directors may be filled by vote of a majority of the directors then in office, or by a sole remaining director of the same class. A director elected to fill a vacancy shall be elected to hold office until his successor is duly elected and qualified.

Quorum and Voting. A majority of directors shall constitute a quorum of the board for the transaction of business. A director interested in a contract or transaction may be counted in determining the presence of a quorum at a meeting of the Board of Directors which authorizes the contract or transaction. In the absence of a quorum, a majority of the directors present may adjourn the meeting until a quorum shall be present. Except as herein otherwise provided, and except as otherwise provided by the New York Business Corporation Law, the vote of the majority of the directors present at a meeting at which a quorum is present shall be the act of the Board of Directors.

Regulations. The Board of Directors may adopt such rules and regulations for the conduct of the business and management of the Corporation, not inconsistent with the law or the Certificate of Incorporation or these Bylaws, as the Board of Directors may deem proper. The Board of Directors may hold its meetings at any place within or without the State of New York as the Board of Directors may from time to time determine.

Annual Meeting of Board of Directors. An annual meeting of the Board of Directors shall be called and held for the purpose of organization, election of officers and transaction of any other business. If such meeting is held promptly after and at the place specified for the annual meeting of shareholders, no notice of the annual meeting of the Board of Directors need be given. Otherwise such annual meeting shall be held at such time (not more than thirty days after the annual meeting of shareholders) and place as may be specified in a notice of the meeting.

Regular Meetings. Regular meetings of the Board of Directors shall be held at the time and place as shall from time to time be determined by the Board of Directors. After there has been such determination and notice thereof has been given to each member of the Board of Directors, no further notice shall be required for any such regular meeting. Except as otherwise provided by law, any business may be transacted at any regular meeting.

Special Meetings. Special meetings of the Board of Directors may, unless otherwise prescribed by law, be called from time to time by the President, and shall be called by the President or the Secretary upon the written request of any one (1) Director then in office directed to the President or the Secretary. Except as provided below, notice of any special meeting of the Board of Directors, stating the time and place of such special meeting, shall be given to each director.

Notice of Meeting; Waiver of Notice. Notice of any meeting of the Board of Directors shall be deemed to be duly given to a director (i) if mailed to such director, addressed to him at his address as it appears upon the books of the Corporation, or at the address last made known in writing to the Corporation by such director at the address to which such notices are to be sent, at least five days before the day on which such meeting is to be held, or (ii) if sent to him at such address by telegraph, cable, radio or wireless at least five days before the day on which such meeting is to be held, or (iii) if delivered to him personally or orally, by telephone or otherwise, at least five days before the day on which such meeting is to be held. Each such notice shall state the time and place of the meeting. Notice of any meeting of the Board of Directors need not be

given to any director who submits a signed waiver of notice whether before or after the holding of such meeting, or who attends such meeting without protesting, prior thereto or at its commencement, the lack of notice to him.

Committees. The Board of Directors may, by resolution adopted by a majority of the entire Board of Directors, designate one or more committees, each consisting of at least one Director, to serve at the pleasure of the board. The board may designate additional directors as alternate members of any committee, who may replace any absent member at any meeting of the committee. The appointment of members or alternate members of a committee requires the vote of a majority of the entire Board of Directors.

Powers and Duties of Committees. No such committee, shall have all the authority of the Board of Directors including, without limitation, the authority as to the following matters: (1) the submission to shareholders of any action that needs shareholders' approval; (2) the filling of vacancies in the Board of Directors or in any committee; (3) the fixing of compensation of the directors for serving on the Board of Directors or on any committee; (4) the amendment or repeal of the Bylaws, or the adoption of new Bylaws; and (5) the amendment or repeal of any resolution of the Board of Directors which by its terms shall not be so amendable or repealable. Each Committee shall report to the Board any recommendation for action by the entire Board. Each committee may adopt its own rules of procedure and may meet at stated times or on such notice as such committee may determine. Except as otherwise permitted by these Bylaws, each committee shall keep regular minutes of its proceedings and report the same to the Board of Directors when required.

Compensation of Directors. The Board of Directors may from time to time, by resolution of the Board of Directors and in its discretion, fix the amounts which shall be payable to directors and to members of any committee of the Board of Directors for attendance at the meetings of the Board of Directors or of such committee and for services rendered to the Corporation.

Action Without Meeting. Unless otherwise provided by the Certificate of Incorporation, any action required or permitted to be taken by the Board of Directors or any committee thereof may be taken without a meeting if all members of the Board of Directors or the committee consent in writing to the adoption of a resolution authorizing the action. The resolution and written consents thereto by the members of the Board of Directors or committee shall be filed with the minutes of the proceedings of the Board of Directors or the committee.

Action by Conference Telephone. Unless otherwise provided by the Certificate of Incorporation, any one or more members of the board or any committee thereof may participate in a meeting of such board or committee by means of a conference telephone or similar communications equipment allowing all persons participating in the meeting to hear each other at the same time. Participation by such means shall constitute presence in person at a meeting.

OFFICERS

Officers. The officers of the Corporation shall consist of a President, a Vice-President, a Secretary, and a Treasurer, who shall be chosen by the Board of Directors, and such other officers as the Board of Directors may from time to time deem necessary, who shall be chosen in such

manner and hold their offices for such terms as the Board of Directors may prescribe. Any two or more of such offices may be held by the same person, except that the offices of President and Secretary may not be held by the same person unless all the issued and outstanding stock of the Corporation is owned by one person, in which instance such person may hold all or any combination of offices.

Terms of Office and Compensation. The term of office and salary of each of the officers and the manner and time of the payment of such salaries shall be fixed and determined by the Board of Directors and may be altered by the Board of Directors from time to time at its pleasure, subject to the rights, if any, of said officers under any contract of employment.

Delegation of Duties of Officers. The Board of Directors may delegate the duties and powers of any officer of the Corporation to any other officer or to any director for a specified period of time for any reason that the Board of Directors may deem sufficient.

Removal of Officers. Any officer of the Corporation may be removed with or without cause by resolution of the Board of Directors. All other agents and employees of the Corporation shall hold office at the pleasure of the Board of Directors.

Resignation. Any officer may resign at any time by giving written notice of resignation to the Board of Directors, to the President or to the Secretary. Any such resignation shall take effect upon receipt of such notice or at any later time specified therein. Unless otherwise specified in the notice, the acceptance of a resignation shall not be necessary to make the resignation effective.

President. The President shall preside at all meetings of the shareholders and of the Board of Directors at which he is present. The President shall be the chief executive officer of the Corporation and shall have general supervision over the business of the Corporation. He may sign certificates of stock and sign and seal bonds, debentures, contracts or other obligations authorized by the Board of Directors, and may, without previous authority of the Board of Directors, make such contracts as the ordinary conduct of the Corporation's business requires. He shall have the usual powers and duties vested in the President of a corporation. He shall have power to select and appoint all necessary officers and employees of the Corporation, except those selected by the Board of Directors, and to remove all such officers and employees except those selected by the Board of Directors, and make new appointments to fill vacancies. He may delegate any of his powers to a Vice-President of the Corporation.

Vice-President. The Vice-President shall have such of the President's powers and duties as the President may from time to time delegate to him, and shall have such other powers and perform such other duties as may be assigned to him by the Board of Directors. During the absence or incapacity of the President, the Vice-President, shall perform the duties of the President, and when so acting shall have all the powers and be subject to all the responsibilities of the office of President.

Secretary. The Secretary shall act as Secretary of all meetings of shareholders and of the Board of Directors at which he is present, shall record all the proceedings of all such meetings in a book to be kept for that purpose, shall have supervision over the giving and service of notices of the Corporation, and shall have supervision over the care and custody of the corporate records.

The Secretary shall keep the seal of the Corporation and affix the same to all instruments which may require it. He shall attend to the giving and serving of notices of meetings and he shall have charge of such books and records as properly belong to his office or as may be committed to his care by the Board of Directors. The Secretary shall have all powers and duties usually incident to the office of Secretary, except as specifically limited by a resolution of the Board of Directors. The Secretary shall have such other powers and perform such other duties as may be assigned to him from time to time by the Board of Directors or the President.

Treasurer. The Treasurer shall have general supervision over the care and custody of the funds and over the receipts and disbursements of the Corporation and shall cause the funds of the Corporation to be deposited in the name of the Corporation in such banks or other depositories as the Board of Directors may designate. The Treasurer shall have supervision over the care and safekeeping of the securities of the Corporation. The Treasurer shall have all powers and duties usually incident to the office of Treasurer, except as specifically limited by a resolution of the Board of Directors. Whenever necessary or proper, he shall endorse on behalf of the Corporation, for collection, checks, notes, or other obligations, and shall deposit the same to the credit of the Corporation in such bank or banks or depositories, approved by the Board of Directors as the Board of Directors or President may designate. He may sign receipts or vouchers for payments made to the Corporation, and the Board of Directors may require that such receipts or vouchers shall also be signed by some other officer to be designated by them. Whenever required by the Board of Directors, he shall render a statement of his cash accounts and such other statements respecting the affairs of the Corporation as may be required. He shall keep proper and accurate books of account. Treasurer shall perform all acts incident to the office of Treasurer, subject to the control of the Board of Directors and shall have such other powers and perform such other duties as may be assigned to him from time to time by the Board of Directors or the President.

Bond. The Board of Directors shall have power, to the extent permitted by law, to require any officer, agent or employee of the Corporation to give bond for the faithful discharge of his duties in such form and with such surety or sureties as the Board of Directors may determine.

CAPITAL STOCK

Issuance of Certificates for Stock. The Corporation may issue a certificate or certificates in such form as shall be approved by the Board of Directors, certifying the number and class of shares of capital stock of the Corporation owned by such shareholder.

All certificates for the capital stock issued by the Corporation shall have endorsed thereon the following or a similar statement:

THE SHARES OF STOCK REPRESENTED BY THIS
CERTIFICATE ARE SUBJECT TO THE PROVISIONS
OF, AND MAY NOT BE SOLD, TRANSFERRED,
ASSIGNED, PLEDGED OR OTHERWISE DISPOSED OF
EXCEPT IN ACCORDANCE WITH, THE
SHAREHOLDERS AGREEMENT DATED _____,
2017, A COPY OF WHICH IS ON FILE WITH THE
CORPORATION. BY ACCEPTING THE SHARES OF

STOCK REPRESENTED BY THIS CERTIFICATE, THE
HOLDER AGREES TO BE BOUND BY SAID
AGREEMENT.

Signatures on Stock Certificates. Certificates for shares of capital stock of the Corporation shall be signed by, or in the name of the Corporation by, the President or the Vice President and by the Secretary, or the Treasurer, and shall bear the corporate seal of the Corporation or a printed or engraved facsimile thereof. If any such certificate is countersigned by a transfer agent or registered by a registrar, other than the Corporation or its employee, any other signature on the certificate may be a facsimile. In case any officer who has signed or whose facsimile signature has been placed upon a certificate shall have ceased to be such officer before such certificate is issued, such certificate may be issued by the Corporation with the same effect as if such signer were such officer at the date of issue.

Stock Ledger. A record of all capital stock issued by the Corporation shall be kept by the Secretary or any other officer, employee or agent designated by the Board of Directors. Such record shall show the name and address of each shareholder, the number and class of shares held by each and the date when each became the owner of record thereof, and, in the case of any stock certificates which have been cancelled, the dates of cancellation thereof. The Corporation shall be entitled to treat the holder of record of shares of capital stock as shown on the stock ledger as the owner thereof and as the person entitled to receive dividends thereon, to vote such shares, to receive notice of meetings, and for all other purposes. Prior to due presentment for registration of transfer of any certificate for shares of capital stock of the Corporation, the Corporation shall not be bound to recognize any equitable or other claim to or interest in any share of capital stock represented by such certificate on the part of any other person whether or not the Corporation shall have express or other notice thereof.

Transfer. Notwithstanding anything to the contrary contained herein, no shareholder of the Corporation may transfer its stock in the Corporation without the prior written consent of the non-transferring shareholder(s).

Any sale or transfer of all or any part of the shares of the capital stock of the Corporation, whether voluntarily, involuntarily, by operation of law or otherwise, may be made by any shareholder, or by any heir, executor, legal representative, devisee, testamentary beneficiary, trustee in bankruptcy, successor or assign of any shareholder, only in accordance with the terms of any agreements among the Corporation, its shareholders and/or any third parties then in effect, including succession agreement(s), if any, in any way. Any sale or transfer in violation of the restrictions set forth in such Agreement shall be void.

Upon surrender to the Corporation, where applicable, of a certificate for shares or other securities of the Corporation duly endorsed or accompanied by proper evidence of succession, assignment or authority to transfer, the Corporation shall issue a new certificate to the person entitled thereto, and cancel the old certificate, except to the extent the Corporation may be prevented from so doing by law, by the order or process of any court of competent jurisdiction, or under any valid restriction on transfer imposed by the Certificate of Incorporation, these Bylaws or any agreement of security holders. Every such transfer shall be entered on the transfer books of the Corporation.

The Corporation shall be entitled to treat the holder of record of any share or other security of the Corporation as the holder in fact thereof and shall not be bound to recognize any equitable or other claim to or interest in such share or security on the part of any other person, whether or not the Corporation shall have express or other notice thereof except as expressly provided by law or these Bylaws.

Notwithstanding the foregoing, transfers of capital stock shall be made on the books of the Corporation only upon delivery to the Corporation or its transfer agent of (i) a written direction of the registered holder named in the certificate or such holder's attorney lawfully constituted in writing, (ii) the certificate for the shares of capital stock being transferred, and (iii) a written assignment of the shares of capital stock evidenced thereby. Further, the Board of Directors may also make such additional rules and regulations as it may deem expedient, not inconsistent with law, the Certificate of Incorporation or these Bylaws, concerning issuance, transfer and registration of certificates for shares of capital stock of the Corporation. The Board of Directors may appoint, or authorize any principal officer to appoint, one or more transfer clerks or one or more transfer agents and one or more registrars and may require all certificates for capital stock to bear the signature or signatures of any of them.

Cancellation. Each certificate for capital stock surrendered to the Corporation for exchange or transfer shall be cancelled and no new certificate or certificates shall be issued in exchange for any existing certificate until such existing certificate shall have been cancelled.

Lost, Destroyed, Stolen and Mutilated Certificates. In the event that any certificate for shares of capital stock of the Corporation shall be mutilated the Corporation shall issue a new certificate in place of such mutilated certificate. In case any such certificate shall be lost, stolen or destroyed the Corporation may, in the discretion of the Board of Directors or a committee designated thereby with power so to act, issue a new certificate for capital stock in the place of any such lost, stolen or destroyed certificate. The applicant for any substituted certificate or certificates shall surrender any mutilated certificate or, in the case of any lost, stolen or destroyed certificate, furnish satisfactory proof of such loss, theft or destruction of such certificate and of the ownership thereof. The Board of Directors or such committee may, in its discretion, require the owner of a lost, stolen or destroyed certificate, or his representatives, to furnish to the Corporation a bond with an acceptable surety or sureties and in such sum as will be sufficient to indemnify the Corporation against any claim that may be made against it on account of the lost, stolen or destroyed certificate or the issuance of such new certificate. A new certificate may be issued without requiring a bond when, in the judgment of the Board of Directors, it is proper to do so.

Fixing of Record Dates.

The Board of Directors may fix, in advance, a record date, which shall not be more than fifty nor less than ten days before the date of any meeting of shareholders, nor more than fifty days prior to any other action, for the purpose of determining shareholders entitled to notice of or to vote at such meeting of shareholders or any adjournment thereof, or to express consent or dissent to corporate action in writing without a meeting, or to receive payment of any dividend or allotment of any rights, or for the purpose of any other action.

If no record date is fixed by the Board of Directors:

The record date for determining shareholders entitled to notice of or to vote at a meeting of shareholders shall be at the close of business on the next day preceding the day on which notice is given, or if no notice is given, the day on which the meeting is held;

The record date for determining shareholders for any purpose other than that specified in subparagraph (i) shall be at the close of business on the day on which the Board of Directors adopts the resolution relating thereto.

A determination of shareholders of record entitled to notice of or to vote at a meeting of shareholders shall apply to any adjournment of the meeting, provided that the Board of Directors may fix a new record date for the adjourned meeting.

INDEMNIFICATION

Right to Indemnification. The Corporation shall, to the maximum extent and in the manner permitted by applicable law as it now exists or may hereafter be amended, indemnify and hold harmless any person who was or is or is threatened to be made a party to any threatened, pending or completed action, suit or proceeding, whether civil, criminal, administrative or investigative (a “proceeding”), by reason of the fact that such person is or was a director or officer of the Corporation, against expenses (including attorneys’ fees), judgments, fines, settlements and other amounts actually and reasonably incurred in connection with the defense or settlement of such proceeding or any appeal therein. Notwithstanding the foregoing, the Corporation shall not be required to indemnify any person in connection with any proceeding (or part thereof) initiated by such person unless the proceeding (or part thereof) was authorized in advance by the Board of Directors of the Corporation. For purposes of this Article VI, a “director” or “officer” of the Corporation includes any person (i) who is or was a director or officer of the Corporation or (ii) who is or was serving at the request of the Corporation as a director or officer of another corporation, partnership, joint venture, trust or other enterprise, including service with respect to employee benefit plans.

Advancement of Expenses. The Corporation shall advance to any person who was or is or is threatened to be made a party to any threatened or pending proceeding by reason of the fact that such person is or was a director or officer of the Corporation, prior to the final disposition of such proceeding, promptly following request therefor, all expenses incurred by such in connection with such proceeding, upon receipt of an undertaking by or on behalf of such person to repay said amounts if it should be determined ultimately that such person is not entitled to be indemnified under this Bylaw or otherwise; provided, however, that the Corporation shall not be required to advance expenses to any such person in connection with any proceeding (or part thereof) initiated by such person unless the proceeding (or part thereof) was authorized in advance by the Board of Directors.

Survival of Rights. The rights conferred on any person by this Article VI shall continue as to a person who has ceased to be a director or officer and shall inure to the benefit of the heirs, executors and administrators of such a person.

General. It is the intent of this Article VI to require the Corporation to indemnify the persons referred to herein for judgments, fines, penalties, amounts paid in settlement and expenses, including attorney's fees, in each and every circumstance in which such indemnification could lawfully be permitted by express provision of bylaws; and the indemnification required by this Article VI shall not be limited by the absence of an express recital of such circumstances.

Amendments. Any repeal or modification of this Article VI shall only be prospective and shall not affect the rights under this Article VI in effect at the time of the alleged occurrence of any action or omission to act that is the basis of any proceeding against any director or officer of the Corporation.

Non-Exclusivity of Rights. The rights conferred on any person by this Article VI shall not be exclusive of any other right which such person may have or hereafter acquire under any statute, provision of the Certificate of Incorporation, Bylaws, agreement, vote of stockholders or disinterested directors or otherwise, both as to action in his official capacity and as to action in another capacity while holding office. The Corporation is specifically authorized to enter into individual contracts with any or all of its directors, officers, employees or agents respecting indemnification and advances, to the fullest extent not prohibited by the New York Business Corporation Law or other applicable law.

Indemnification Insurance. To the extent permitted by law, the Corporation shall have power to purchase and maintain insurance on behalf of any person who is or was a director, officer, employee or agent of the Corporation, or is or was serving at the request of the Corporation as a director, officer, employee or agent of another corporation, partnership, joint venture, trust or other enterprise against any liability asserted against him and incurred by him in any such capacity, or arising out of his status as such.

MISCELLANEOUS PROVISIONS

Corporate Seal. The seal of the Corporation shall be circular in form with the name of the Corporation in the circumference and the words and figures "Corporate Seal – New York" in the center. The seal may be used by causing it to be affixed or impressed, or a facsimile thereof may be reproduced or otherwise used in such manner as the Board of Directors may determine.

Fiscal Year. The fiscal year of the Corporation shall end on December 31st of each year, or such other twelve consecutive months as the Board of Directors may designate.

Execution of Instruments, Contracts, etc. All checks, drafts, bills of exchange, notes or other obligations or orders for the payment of money shall be signed in the name of the Corporation by such officer or officers or person or persons as the Board of Directors may from time to time designate. Except as otherwise provided by law, the Board of Directors, any committee given specific authority in the premises by the Board of Directors, or any committee given authority to exercise generally the powers of the Board of Directors during the intervals between meetings of the Board of Directors, may authorize any officer, employee or agent, in the name of and on behalf of the Corporation, to enter into or execute and deliver deeds, bonds, mortgages, contracts and other obligations or instruments, and such authority may be general or confined to specific instances. All applications, written instruments and papers required by any department of the

United States Government or by any state, county, municipal or other governmental authority, may be executed in the name of the Corporation by any principal officer or subordinate officer of the Corporation, or, to the extent designated for such purpose from time to time by the Board of Directors, by an employee or agent of the Corporation. Such designation may contain the powers to substitute, in the discretion of the person named, one or more other persons.

AMENDMENTS

The Bylaws may be adopted, amended or repealed only by the affirmative vote or written consent of a majority of the outstanding shares of Common Stock.

* * * * *

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

Approved March 27, 2018

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 a front lobby and main entryway expansion, including the installation of a drop-off canopy (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.

3. This resolution shall take effect immediately.



Michael A. Badger
Corporation Secretary

**Resolution Receiving and Filing the
Report of Annual Audit Performed by RSM US LLP**

Approved March 27, 2018

WHEREAS, under section 3642 of the Public Authorities Law, Erie County Medical Center Corporation (the "Corporation") is obligated to have an annual audit performed by an independent certified public accountant; and

WHEREAS, the Corporation has engaged RSM US LLP to perform an annual audit of the Corporation's books, records, and accounts, among other things, for the period ending December 31, 2017; and

WHEREAS, the audit report has been reviewed by the Audit & Compliance Committee of the Corporation's Board of Directors and said committee has recommended that the Corporation's annual audit report be received and filed.

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

1. The 2017 Annual Audit performed by RSM US LLP is hereby received and filed and the Corporation's management is directed to distribute the report in accordance with law.
2. This resolution shall take effect immediately.



Michael A. Badger
Corporation Secretary

Resolution Approving the Corporation's Annual Report

Approved March 27, 2018

WHEREAS, Erie County Medical Center Corporation (the "Corporation") is a public benefit corporation obligated under sections 2800 and 3642 of New York Public Authorities Law to prepare, approve and distribute an Annual Report of its operations; and

WHEREAS, the Corporation has prepared a draft of the 2017 Annual Report and distributed this draft to members of the Corporation's Board of Directors for consideration before the meeting called to consider approval;

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

1. The 2017 Annual Report prepared by the Corporation is approved in substantially the form and content as presented to the Board of Directors.
2. The Corporation is directed to file and distribute the 2017 Annual Report in the manner called for by law, particularly, New York Public Authorities Law.
3. This resolution shall take effect immediately.



Michael A. Badger
Corporation Secretary

**Resolution Designating the
Naming of Certain Spaces and Structures**

Approved March 27, 2018

WHEREAS, by Resolution approved by the Corporation's Board of Directors on October 31, 2017, the Corporation set forth its policy regarding the naming of spaces and structures owned or otherwise controlled by the Corporation; and

WHEREAS, consistent with the Corporation's policy, the ECMC Foundation, Inc. has engaged in negotiation with several donors to the Foundation regarding acknowledgement of donations that includes, among other things, the opportunity to name a Corporation space or structure in the honor or memory of a person or entity; and

WHEREAS, the Foundation has provided a listing of the information called for by the Corporation policy and is seeking the approval of the Board of Directors of the Corporation regarding the naming of spaces and structures as detailed on the attachment to this resolution;

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

1. The recommendations submitted by the Foundation as detailed on the attachment to this resolution are hereby approved.
2. The Foundation is delegated the authority to implement the naming substantially in accordance with the information contained in the attachment and in accordance with the Corporation's October 31, 2017 policy as approved by the Board of Directors.
3. This resolution shall take effect immediately.



Michael A Badger
Corporation Secretary

March Board Approval	Donor Name	Naming Opportunity	Location	Recognition Name	Commitment
	William H. Scott	Specialty Treatment Room - Bariatric	ESI-1,2	William H. Scott, III and Family	
	Michael A. Seaman	Treatment Room	ESI-3	Michael & Cindi Seaman	

Kim, Jeong Min MD

Active to Courtesy, Refer and Follow

**FOR
OVERALL
ACTION**

DEPARTMENT CHANGE or ADDITION

Emergency Medicine

Schultz, Alexandria PA-C Allied Health Professional **Remove appt to Internal
Medicine**

Internal Medicine

Franklin, James PA-C Allied Health Professional **Remove dual appt to**

Psychiatry

Psychiatry

Wiktor, Kyle FNP Allied Health Professional **Remove dual appt to Family
Medicine**

CHANGE OR ADDITION OF COLLABORATING/SUPERVISING ATTENDING

None

PRIVILEGE ADDITION/REVISION

Internal Medicine

Pack, Aaron NP Allied Health
Professional

Collaborating Physician: Brockman, Daniel DO

ICU Core Privileges*

- Priv. requested for Medical Intensive Care Unit-MICU
- Admission history, physical exam and Write-up
- Physical assessment and initial orders
- Follow-up visits, evaluation and orders
- Discharge planning, summary and orders – inpatient and outpatient
- Instruction of patients, including demonstration of use of equipment
- Formulation of diagnostic and therapeutic plans in collaboration with an attending physician
- Patient education regarding diagnosis and treatment, including general approach to dietary regimens

** Waive FPPE, as these represent existing core privileges under the new AHP privilege form format*

ICU Advanced Privileges

- Arterial Catheter Insertion, Percutaneous
- Endotracheal Intubation

Special Procedures

- Moderate Sedation/Analgesia

Rehabilitation Medicine

Singh, Amrit MD Active

- Issue certification for Medical Marijuana

FOR OVERALL ACTION

PRIVILEGE WITHDRAWAL

None

FOR INFORMATION

UNACCREDITED FELLOWSHIPS

UB Neurosurgery Spine Fellowship: One unaccredited fellow for the coming year will be on boarded, effective August 2018. The Medical-Dental Staff Office is awaiting further detail and will work with the practice plan to provide the information required by policy to the Chief Medical Officer.

**FOR
INFORMATION**

APPOINTMENT APPLICATIONS, recommended– comments as indicated

Initial Applications (10)

Anesthesiology

Brignon, Kimberly CRNA
Professional

Allied Health

Family Medicine

Shepherd, Rebecca PA-C
Professional

Allied Health

Supervising Physician: Azadfard, Mohammadreza MD

Internal Medicine

Bat, Betul MD

Active

Von Visger, Jon MD

Active

Internal Medicine/Hospitalist

Edwards, Mallory PA-C

Allied Health

Professional

Supervising Physician: Tadakamalla, Ashvin MD

Noor, Muhammad MD

Active

Radiology – Teleradiology

Kim, David MD

Active

Milikow, David MD

Active

Surgery

Zaaroura, Ahmad MD*

Active

*Board status to be reviewed by the Chief of Service at the March Medical Executive Committee meeting for deliberation and recommendation

Thoracic/Cardiovascular Surgery

Dexter, Elisabeth MD

Active

Dual Department Appointment Initial Applications (0)

FOR

OVERALL ACTION

REAPPOINTMENT APPLICATIONS, recommended – comments as indicated

Reappointment Review (36)

Anesthesia

McKeever, Ashley CRNA

Allied Health

Professional

Reed, Karen MD PhD

Active

Emergency Medicine

Borton, Jason MD

Active

Szetela, Deborah PA-C

Allied Health

Professional

Supervising Physician: Hughes, David MD

Family Medicine

Binis, Karen ANP

Allied Health

Professional

Collaborating Physician: Evans, Stephen MD

DaPolito, David PA-C

Allied Health

Professional

Supervising Physician: Azadfard, Mohammadreza MD

Witman, Jodi, FNP

Allied Health

Professional

Collaborating Physician: Evans, Stephen MD

Internal Medicine

Alex, Manju, MD

Active

Bou-Abdallah, Jad, MD

Active

Franklin, James PA-C

Allied Health

Professional

Supervising Physician: Anillo, Sergio MD

Iyer, Vijay, MD & Follow	Courtesy, Refer
Kim, Jeong Min MD & Follow	Courtesy, Refer
Pack, Aaron, NP Professional	Allied Health
<i>Collaborating Physician: Brockman, Daniel MD</i>	
Scrocco, Mary FNP Professional	Allied Health
<i>Collaborating Physician: Wadhvani, Jai MD</i>	
Schaeffer, Christopher MD	Active
Wilson, Christian MD	Active
<u>Neurosurgery</u>	
Pollina, John MD	Active
<u>Oral & Maxillofacial Surgery</u>	
Campbell, John DDS	Active
DiNardo, N. Mario DMD	Active
<u>Orthopaedic Surgery</u>	
Ablove, Robert MD	Active
McGrath, Timothy MD	Active
Rassman, Jeffrey PA-C Professional	Allied Health
<i>First Assist, Supervising Physician: Violante, Nicholas MD</i>	
<u>Pathology</u>	
Bhalla, Amarpreet MD	Active
<u>Plastic & Reconstructive Surgery</u>	
Lindfield, Vivian MD	Active
<u>Psychiatry & Behavioral Medicine</u>	
Canzoneri, Joan NP Professional	Allied Health
<i>Collaborating Physician: Bakhai, Yogesh MD</i>	
Derhodge, Lauren DO	Active
Elberg, Zhanna MD	Active
Romero, Ricardo MD	Active
<u>Radiology-Teleradiology</u>	
Awwad, Reem MD	Active
Casey, Kristin MD	Active
Cooney, Michael MD	Active
<u>Surgery</u>	
Blessios, George MD	Active
Brewer, Jeffrey MD	Active
Train, William MD	Active
<u>Thoracic/Cardiovascular Surgery</u>	
Demmy, Todd MD	Active
Gambino, Robert PA-C Professional	Allied Health
<i>First Assist, Supervising Physician: Ashraf, M Hashmat MD</i>	

Dual Department Reappointment Applications (0)

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.

Provisional to Permanent Staff	Provisional Period Expires
03/28/2018	
<u>Emergency Medicine</u>	
Schultz, Alexandria PA-C	Allied Health
Professional	
<i>Supervising Physician: Pugh, Jennifer MD</i>	
Van Peurseem, Philip PA-C	Allied Health
Professional	
<i>Supervising Physician: Pugh, Jennifer MD</i>	
<u>Internal Medicine</u>	
Sandhu, Jujhar MD	Active
<u>Internal Medicine-Hospitalist</u>	
Patel, Sumit MD	Active
Sheth, Purvi MD	Active

<u>Orthopaedic Surgery</u> Metzger, Monica PA-C Professional	Allied Health
<i>Supervising Physician: Rauh, Michael MD</i> Shanahan, Christopher PA-C Professional	Allied Health
<i>Supervising Physician: Clark, Lindsey MD</i> <u>Radiology-Teleradiology</u> Cavazos, Cristina MD	Active

The future May 2018 Provisional to Permanent Staff list will be compiled for Chief of Service for review and endorsement.

FOR OVERALL ACTION

AUTOMATIC CONCLUSION, Reappointment Expiration, FIRST NOTICE

None

AUTOMATIC CONCLUSION, Reappointment Expiration, SECOND NOTICE

None

AUTOMATIC CONCLUSION, Reappointment Expiration, FINAL NOTICE

<u>Ophthalmology</u> Pfohl, George MD Follow	Courtesy, Refer &
<u>Psychiatry & Behavioral Medicine</u> Tan, Alfonso MD Follow	Courtesy, Refer &

FOR OVERALL ACTION

OLD BUSINESS

OFFICE OPERATIONS

Delegated Credentialing

The Medical-Dental Staff Office continued to demonstrate their high level of performance by scoring 100% with the 2018 Corvel annual audit.

Dues Notices

The 2018 Medical-Dental Staff Dues notices were mailed on 2/22/18.

Thoracic/Cardiovascular Surgery

The previous issue concerning DEA with ECMC address have been resolved by the Chief Medical Officer. The Roswell Park providers have a contractual agreement for reimbursement for their DEA registration. Dues and application fees will be the responsibility of the provider.

Privilege Forms

Combined AHP Forms

- 1) The combined AHP Internal Medicine form updates were presented by the Internal Medicine Chief of Service and endorsed by the committee. Based on their recommendations, new wording will be placed on all other applicable forms for consistency.
- 2) The combined AHP Urology form was endorsed by the committee and reflected no major changes.

Internal Medicine Generalist Privileges

The following addition to the Internal Medicine Generalist form was proposed by the Internal Medicine Chief of Service and Chief Medical Officer to address current practice of the Hospitalist Group. The committee fully endorsed this request.

LEVEL II PRIVILEGES

PROCEDURAL PRIVILEGES	Init/Reap Volume	Physician Request	Chief of Service action:		Recommend If Yes, indicate any requirements; If No, provide details. See p. 7
			YES	NO	
Central Venous Catheter Insertion, percutaneous: internal jugular, subclavian, femoral, etc. Internal Jugular Puncture (with / without catheter)					
NG Tube Insertion with Guide Wire					
Thoracentesis					
Tracheostomy Tube Replacement					
Arthrocentesis					

Surgical First Assist Privileges

The committee reviewed proposed changes to the Surgical First Assist Form that were reviewed by all Surgical Chiefs of Service that carry this privilege on their department forms. There were no changes made to the Level II First Assist privileges for any department. The privileges in purple are new and the red privileges are existing duties made department specific.

Core functions that can be performed by an RNFA or PAFA with the supervising surgeon immediately available. OTHER THAN THOSE DESIGNATED "AS DIRECTED BY SURGEON", does NOT require the surgeon physically present in the operating room at the time the activity is performed. For the purposes of these privileges, "immediately available" is defined as in the facility and readily accessible.	
Provide preoperative patient assessment and teaching, perform postoperative patient evaluation and teaching	Apply knowledge of surgical anatomy, physiology and operative technique. Recognize safety hazards and initiate appropriate corrective action
Assist with transferring the patient to and from the operating room	Provide positioning, prepping and draping of the patient
Apply principles of asepsis and infection control	Insertion of monitoring lines
Select and place x-rays for reference	Place and remove Foley urinary bladder catheter
Provides exposure through appropriate use of instruments, retractors, suctioning and sponging techniques	Provides hemostasis by clamping blood vessels, coagulating bleeding points, cauterizing, ligating vessels and by other means directed by the surgeon
Irrigation and basic debridement of open wounds	Select and apply surgical dressings
Staple and suture removal	Manipulation/reduction of fractures (Orthopaedics, OMFS, Plastic Surgery and Surgery)
Handle tissue as directed by surgeon	Application of pneumatic tourniquet, wound vac (Orthopaedics and Surgery)
Perform two layer superficial wound closure as directed by the surgeon. Application of negative vacuum drainage tubes	Removal of external fixators, pins and wires (Neurosurgery, OMFS, Orthopaedics, Plastic Surgery and Surgery)

Board Certification

The committee was notified that a Family Medicine provider’s board certification has expired. The provider is sitting for exam in April 2018.

Temporary Privileges

The temporary privileges tracker was reviewed for the committee, noting the privileges granted since the last meeting. The quality control checks confirmed that all were executed in full compliance with policy and Joint Commission standards.

FOR OVERALL ACTION

NEW BUSINESS

Covering Physician

The Medical-Dental Staff Office requested that departments staffed by shift (Emergency Medicine, Teleradiology, Radiology and Hospitalists) no longer have to specify covering physician on application. This practice is consistent with Kaleida Health’s credentialing processes. The committee endorsed this request.

National Practitioner Data Bank (NPDB)

The committee was notified of a change in the renewal process for NPDB. The committee agreed that the Medical-Dental Staff Credentialing Coordinator will be responsible for reviewing said information with the Chief Medical Officer prior to submitting attestation.

<p>Bureau of Health Workforce on the National Practitioner Data Bank (NPDB) reporting</p>	<p>All hospitals will begin completing hospital attestation when they renew their registration with the NPDB. Attestation simply means that hospitals will confirm that they have submitted all reportable actions and medical malpractice payments to the NPDB per federal law when they renew their registration every two years.</p> <p>https://www.npdb.hrsa.gov/orgs/hospitals.jsp</p> <p>Recommendations: Update policy and procedures for completing of attestation forms for renewal of registration.</p>	<p>Medical staff office</p>	<p>February 2018</p>
--	---	-----------------------------	----------------------

Observation Status

The Internal Medicine Chief of Service made a suggestion to the committee that Observation Status be added to the Internal Medicine privilege form as a separate delineated privilege; discussion ensued. The Chief Medical Officer expressed concern in that placement on observation status is an option which is not unique to Medicine and this might set a precedent. He would like the opportunity to review the Rules and Regulations to see if the issue of Observation Status is addressed and also have the opportunity to see how Kaleida Health handles this issue.

FOR INFORMATION

OPEN ISSUES

Competency Assessment Documentation-MICU

Per the practice plan, a competency assessment form for the AHP MICU training program is forthcoming. It has been requested that the form correlate with ICU privileges, allowing the training and assessment to satisfy FPPE.

Credentialing Software

The IT department continues to work with the software vendor for a solution.

Cardiology Admitting Privileges

The Internal Medicine Chief of Service requested that since the Cardiology Service is a consult only service, Cardiology providers should be asked to voluntarily withdraw their admitting privileges. The committee endorsed this request.

Past Dues

A provider who had a voluntary resignation defined in the Bylaws for non-payment of dues has requested a new application for privileges. The committee opined that the provider must pay all outstanding fees prior to processing his application.

Joint Commission/Justice Center

The Medical-Dental Staff Office asked the Chief Medical Officer to assist in obtaining a response from the Chief Safety Officer/Joint Commission Coordinator on;

1. Whether the Joint Commission change to the requirements for credentialing and privileging of independent pathologists can be interpreted to apply to the KH/UB Pathology contracted services; with the exception of the Pathology Chief of Service and Medical Directors of the Blood Bank.
2. Clarification on the Mandated Reporter requirement from the Justice Center.

FOR

INFORMATION

OTHER BUSINESS

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

As a follow up to the documentation in the February Credentialing Meeting Minutes, the Chief Medical Officer has initiated monthly meetings to address opportunities to strengthen the OPPE/FPPE process. Proposed suggestions for system improvement include revisions to existing OPPE and reappointment forms will be reviewed at these meetings prior to presentation to the Credentials Committee meeting.

FPPE (Focused Professional Practice Evaluation) (1)

Pathology (1)

OPPE (Ongoing Professional Practice Evaluation) (0)

FOR INFORMATION

ADJOURNMENT

With no other business, a motion to adjourn was received and carried at 4:31 PM.

Respectfully submitted,



Yogesh Bakhai, MD
Chairman, Credentials Committee

PRIVILEGE DELINEATION FORM

REQUEST FOR PRIVILEGES—ALLIED HEALTH PROFESSIONAL STAFF (INCLUDING TEMPORARY CATEGORIES)

Put in PDF

Indicate: Initial Request -- Reappointment --

Addition/Revision

STAFF CATEGORY: Allied Health Professional

No meetings obligated, No office held, No admitting privileges, Dues as defined, Selected privileges. One voting seat on the Medical Executive Committee. Eligible to vote for the AHP representative to the Medical Executive Committee.

DEFINITIONS:

The **Nurse Practitioner** is considered an independent practitioner working in collaboration with licensed physicians and the collaborating physician(s) indicated below who are responsible for the Nurse Practitioner's actions.

The **Physician Assistant** is considered a dependent practitioner working under the continuous supervision of the licensed physician(s) indicated below who is responsible for the Physician Assistant's actions.

NURSE PRACTITIONER REQUIREMENTS:

PRACTICE AGREEMENT and PRACTICE PROTOCOL:

- Submission not required for nurse practitioners with greater than 3600 hours of practice (approximately 2 years full time) per Nurse Practitioner Modernization Act of 2015 but is REQUIRED per ECMC policy. Please submit Practice Agreement signed by both nurse practitioner and collaborating physician for each clinical department in which privileges are possessed.
- REQUIRED for nurse practitioners with less than 3600 hours of practice (approximately 2 years full time). Please submit Practice Agreement signed by both nurse practitioner and collaborating physician. Please maintain in your records evidence of Chart Reviews performed by your collaborating physician.
- NEWLY certified nurse practitioners (NPs) are required to file with the New York State Education Department (SED) Form 4NP-“Verification of Collaborative Agreement and Practice Protocol” within 90 days after starting professional practice. The NP is not required to file any additional Form 4NPs with SED. A completed Form 4NP is not equivalent to a collaborative practice agreement. Form 4NP can be found on the SED website at: <http://www.op.nysed.gov/prof/nurse/np4np.pdf> Certification (unless grandfathered) with a nationally recognized accrediting entity.

PHYSICIAN ASSISTANT REQUIREMENTS:

- Each Physician Assistant is required to designate a supervising physician and submit a practice agreement for each clinical department in which privileges are possessed. The specific physician charged with the supervision of care for each patient by the registered physician assistant shall be the attending or consulting physician for that patient.
- Certification as a Physician Assistant with a nationally recognized accrediting entity.

COMPETENCE REQUIREMENTS

Initial Request or Privilege Addition: Evaluation of competence from physicians acquainted with the applicant's proficiency, clinical and professional status and skills with subsequent FPPE. For practitioners newly licensed or lacking experience, this may require formalized training coordinated by the Supervising/Collaborating Physician and/or the Chief of Service, with the related documentation attached to the signed FPPE records.

Reappointment: Clinical evaluation of current competence by the Supervising/Collaborating physician via the Ongoing Professional Practice Evaluation (OPPE) process.

CLINICAL PRIVILEGES

Applicants should request only those privileges that they are competent to perform and wish to exercise at ECMC. Evidence of training, experience and current competence must be provided to the Supervising/Collaborating physician.

a. Level I Core Privileges: Level I privileges are those deemed core to the successful completion of a recognized nurse practitioner or physician assistant curriculum; practitioners may cross out those privileges not anticipated to be exercised at this facility.

b. Level II Privileges: Level II privileges are granted based on the Supervising/Collaborating physician's assessment of competency, utilizing experience, formal training and first hand observation as criteria.

c. **Emergency Privileges:** As defined in the Medical-Dental Staff Bylaws, in the case of an emergency, any practitioner, to the degree permitted by his or her license, regardless of Clinical Service, staff status or privileges, to save the life of a patient or save a patient from serious harm.

Privileges are recommended by the Chief of Service, endorsed by the Credentials Committee, approved by the Medical Executive Committee and granted by the Board of Directors.
Applicants may NOT hand write a new privilege request onto an existing form.

A copy of the approved and signed privilege delineation form will be sent to the applicant following appointment, reappointment, or individual request approval. It should be retained in the applicant's personal records.

LEVEL I CORE PRIVILEGES

Representative sampling of core functions that can be performed by a Nurse Practitioner or Physician Assistant upon completion of an accredited program and with NYS licensure.

Obtain a relevant medical, health and psychosocial history	Apply, remove and change dressings and bandages
Initial screen and ongoing assessment of patient's medical, physical, and psychosocial status, including suicide risk, abuse	Perform basic wound debridement, general care of burns, non-surgical and surgical wounds
Perform a physical examination based on age and history	Suture of lacerations / suture or staple removal
Identify medical and health risks and needs	Perform incision and drainage of superficial abscesses
Formulate the appropriate differential diagnosis based on the history, physical examination and clinical findings	Perform venous punctures for blood sampling, cultures and IV catheterization
Order and interpret appropriate diagnostic/laboratory tests, monitoring, activities, therapies, diet, vital signs, IV fluids, oxygen	Arterial punctures for blood sampling
Order and/or administer pharmacologic agents	Collect fluids for diagnostic purpose, including, but not limited to blood, urine, sputum and exudates
Order and/or administer non-pharmacologic agents	Urinary catheterization, insertion and removal
Develop, re-assess and modify a plan of care as necessary to achieve medical and health goals, tailored to the patient & family needs	Insertion/removal of nasogastric tubes without guidewire
Order and/or administer blood and blood products	Conduct non-invasive preventive screening procedures based on age and history
Determine the effectiveness of the plan of care through documentation of client care outcomes	Perform pelvic (vaginal) examinations
Make appropriate referrals to other health professionals and community agencies	Perform EKG, limited interpretation
Consultations under the direction of the AHP's supervising/collaborating providers	Carry out appropriate medical record documentation as directed by the care of the patient and defined in policy
Patient and family education	Write admission orders and prepare discharge summaries

Enter "✓" in Request Column

Chief of Service action:

LEVEL I CORE PRIVILEGES	Applicant Request	Recommend		If Yes, indicate any requirements; If No, provide

		YES	NO	details. See p.6
LEVEL I (CORE) PRIVILEGES <i>(as delineated above)</i>				

Enter "✓" in Request Column

Chief of Service action:

INTERNAL MEDICINE LEVEL II PRIVILEGES *
Level II privileges for Allied Health Professionals are defined as those department specific for which the practitioner has evidence of competence. A nurse practitioner or physician's assistant may assist any provider in any procedure for which that provider holds an appropriate license.
Abdominal Paracentesis
Aspiration/Injection of joints
External Pacer Placement
Gastric Lavage
Subclavian Puncture
Lumbar Puncture
Thoracentesis
Tracheostomy Tube Replacement
NG Tube Insertion with Guide Wire
LEVEL II - CARDIOLOGY PROVIDERS ONLY
Pharmacologic and Non-Pharmacologic Stress Tests
Removal of Sheaths and Intra-arterial Catheters
LEVEL II – HEMATOLOGY-ONCOLOGY PROVIDERS ONLY
Bone Marrow Aspiration and Biopsy
LEVEL – ICU PROVIDERS ONLY
Arterial Catheter percutaneous, insertion and removal
Endotracheal intubation and extubation
Subclavian Vein Catheterization and removal
Internal Jugular Vein Catheterization and removal

Femoral Vein; CVP placement and removal

Chest Tube placement and removal

Pulmonary Artery Catheter insertion and removal, measurement and interpretation

Ventilator Management

LEVEL II – IMMUNODEFICIENCY PROVIDERS ONLY

Anoscopy (credentialing criteria below)

LEVEL II - NEPHROLOGY PROVIDERS ONLY

Hemodialysis Management Orders

Peritoneal Dialysis Orders

ANOSCOPY CREDENTIALING CRITERIA (for Immunodeficiency Providers)

Internal Medicine staff members will have received training in anoscopy from a formal curriculum or a provider credentialed to perform the procedure and participation in 5 procedures. In order to facilitate initial FPPE, the committee recommends listing the defined credentialing criteria (lecture, teaching, five supervised cases) within the appropriate section of the Internal Medicine privilege delineation form.

Approved MEC: 1/24/2011; Revised MEC:
9/22/2014

Enter "✓" in Request Column

Chief of Service action:

INTERNAL MEDICINE LEVEL II PRIVILEGES *	Applicant Request	Recommend		If Yes, indicate any requirements; If No, provide details. See p.6
LEVEL II - PALLIATIVE CARE SERVICE ONLY–				
Palliative Care Management (credentialing criteria below)				
Medical-Dental Staff Office only: Approval of Director of Palliative Care				
Signature _____ Date _____				

PALLIATIVE CARE CREDENTIALING CRITERIA (for Nurse Practitioners and Physician Assistants)

- Qualifications shall include at least ½ year of palliative care experience
- The collaborating / supervising physician shall possess palliative care privileges.
- The collaborating / supervising physician or other physician member must have seen the patient either prior to the initial NP / PA visit or within 24 hours afterwards.

Medical Executive Committee: 4/25/2011; 2/25/2013, 5/23/17

Adopted

Enter "✓" in Request Column

Chief of Service action:

LEVEL II INTERNAL MEDICINE PRIVILEGES REQUIRING SPECIAL CERTIFICATION	Applicant Request	Recommend		If Yes, indicate any requirements; If No, provide details. See p.6
		YES	NO	
Maintenance of open airway in non-intubated, unconscious patient with ventilation by bag or mask (Requires current ACLS)				
Medical-Dental Staff Office Use: ACLS Expiration Date: _____				
Moderate Sedation (Requires Moderate Sedation Training Certificate every 4 years AND current ACLS)				
Medical-Dental Staff Office Use: ACLS Expiration Date: _____				
MODERATE SEDATION Expiration Date: _____				
Please initial: Supervising/Collaborating Physician possesses Moderate Sedation Privilege _____				

MODERATE SEDATION CREDENTIALING CRITERIA

A standardized form will be utilized (the Sedation Record) for patient assessment prior to sedation, for physiologic monitoring during sedation and appropriate recovery and patient assessment after sedation.

-The applicant must read the ECMCC policy on Moderate Sedation included in the hospital Rules and Regulations. P&P ADM-008 -The use of moderate sedation shall include an individual privileged to direct and administer moderate sedation (Privileged Provider) and a credentialed staff member. ADM-008 page 2

-The credentialed staff member shall not be the technical assistant for the performance of the invasive procedure. ADM-008 page 2

-The applicant must obtain training in the safe use of sedative medications and appropriate rescue training, including ACLS
-The applicant must present verification of the satisfactory completion of Moderate Sedation and Rescue Training in the form of a Certificate from an online course, approved training session, State Education entity or local hospital course.

-The applicant must appropriately request and be recommended for these privileges by the department head with endorsement by the Credentials Committee.

-This training shall be completed every four years prior to reappointment review and recredentialing.

Adopted Medical Executive Committee: 6/26/2006, 8/27/2007, 2/22/2010, 4/26/2010,

11/15/2010

Applicant Attestation:

I attest and agree to the limitation my scope of practice to the performance of the above noted procedures as defined in this Privilege Delineation Form. Privileges for any additional Level II procedures must first be endorsed by the Credentials Committee and appended to the form, then requested by the applicant and recommended by the Chief of Service, Medical Executive Committee and Board of Directors.

I understand that this statement of clinical privilege will remain in effect during my privilege period term of appointment.

Applicant Signature

Date

Physician Attestation:

I attest to the limitation of the practitioner's scope to only those privileges defined on this delineation form. I agree to monitor the practitioner's activity and initial/ongoing competence for each privilege delineated.

Supervising / Collaborating Physician

Date

Recommendation, Approval and Granting Signatures

Chief of Service Signature

Date

Medical-Dental Staff President

Date

Chairman, Board of Directors

Date

<p>RECOMMENDED WITH THE FOLLOWING REQUIREMENTS</p>	<p>KEY: CHIEF OF SERVICE ACTION OPTIONS For the applicable privilege requests, indicate: NOT RECOMMENDED DUE TO (provide details below)</p>
<p>A) With Consultation, Supervision/Assistance, Proctoring or Other requirements (please define)</p>	<p>1) Missing documentation Action deferred pending info/withdrawal</p>
	<p>2) Missing required training/experience Action deferred pending info/withdrawal</p>
	<p>3) Lack of current competence (Databank Reportable)</p>
	<p>4) Other (please define) (e.g., Exclusive Contract)</p>

PRIVILEGE DELINEATION FORM

REQUEST FOR PRIVILEGES--ALLIED HEALTH PROFESSIONAL STAFF (INCLUDING TEMPORARY CATEGORIES)

Put in PDF

Indicate: Initial Request -- Reappointment --

Addition/Revision

STAFF CATEGORY: Allied Health Professional

No meetings obligated, No office held, No admitting privileges, Dues as defined, Selected privileges. One voting seat on the Medical Executive Committee. Eligible to vote for the AHP representative to the Medical Executive Committee.

DEFINITIONS:

The **Nurse Practitioner** is considered an independent practitioner working in collaboration with licensed physicians and the collaborating physician(s) indicated below who are responsible for the Nurse Practitioner's actions.

The **Physician Assistant** is considered a dependent practitioner working under the continuous supervision of the licensed physician(s) indicated below who is responsible for the Physician Assistant's actions.

NURSE PRACTITIONER REQUIREMENTS:

PRACTICE AGREEMENT and PRACTICE PROTOCOL:

- Submission not required for nurse practitioners with greater than 3600 hours of practice (approximately 2 years full time) per Nurse Practitioner Modernization Act of 2015 but is REQUIRED per ECMC policy. Please submit Practice Agreement signed by both nurse practitioner and collaborating physician for each clinical department in which privileges are possessed.
- REQUIRED for nurse practitioners with less than 3600 hours of practice (approximately 2 years full time). Please submit Practice Agreement signed by both nurse practitioner and collaborating physician. Please maintain in your records evidence of Chart Reviews performed by your collaborating physician.
- NEWLY certified nurse practitioners (NPs) are required to file with the New York State Education Department (SED) Form 4NP-"Verification of Collaborative Agreement and Practice Protocol" within 90 days after starting professional practice. The NP is not required to file any additional Form 4NPs with SED. A completed Form 4NP is not equivalent to a collaborative practice agreement. Form 4NP can be found on the SED website at: <http://www.op.nysed.gov/prof/nurse/np4np.pdf> • Certification (unless grandfathered) with a nationally recognized accrediting entity.

PHYSICIAN ASSISTANT REQUIREMENTS:

- Each Physician Assistant is required to designate a supervising physician and submit a practice agreement for each clinical department in which privileges are possessed.
- The specific physician charged with the supervision of care for each patient by the registered physician assistant shall be the attending or consulting physician for that patient.
- Certification as a Physician Assistant with a nationally recognized accrediting entity.

COMPETENCE REQUIREMENTS

Initial Request or Privilege Addition: Evaluation of competence from physicians acquainted with the applicant's proficiency, clinical and professional status and skills with subsequent FPPE. For practitioners newly licensed or lacking experience, this may require formalized training coordinated by the Supervising/Collaborating Physician and/or the Chief of Service, with the related documentation attached to the signed FPPE records.

Reappointment: Clinical evaluation of current competence by the Supervising/Collaborating physician via the Ongoing Professional Practice Evaluation (OPPE) process.

CLINICAL PRIVILEGES

Applicants should request only those privileges that they are competent to perform and wish to exercise at ECMC. Evidence of training, experience and current competence must be provided to the Supervising/Collaborating physician.

- Level I Core Privileges:** Level I privileges are those deemed core to the successful completion of a recognized nurse practitioner or physician assistant curriculum; practitioners may cross out those privileges not anticipated to be exercised at this facility.
- Level II Privileges:** Level II privileges are granted based on the supervising/collaborating physician's assessment of competency, utilizing experience, formal training and first hand observation as criteria.

c. **Emergency Privileges:** As defined in the Medical-Dental Staff Bylaws, in the case of an emergency, any practitioner, to the degree permitted by his or her license, regardless of Clinical Service, staff status or privileges, to save the life of a patient or save a patient from serious harm.

Privileges are recommended by the Chief of Service, endorsed by the Credentials Committee, approved by the Medical Executive Committee and granted by the Board of Directors.
Applicants may NOT hand write a new privilege request onto an existing form.

A copy of the approved and signed privilege delineation form will be sent to the applicant following appointment, reappointment, or individual request approval. It should be retained in the applicant's personal records.

LEVEL I CORE PRIVILEGES

Representative sampling of core functions that can be performed by a Nurse Practitioner or Physician Assistant upon completion of an accredited program and with NYS licensure

Obtain a relevant medical, health and psychosocial history	Apply, remove and change dressings and bandages
Initial screen and ongoing assessment of patient's medical, physical, and psychosocial status, including suicide risk, abuse	Perform basic wound debridement, general care of burns, non-surgical and surgical wounds
Perform a physical examination based on age and history	Suture of lacerations / suture or staple removal
Identify medical and health risks and needs	Perform incision and drainage of superficial abscesses
Formulate the appropriate differential diagnosis based on the history, physical examination and clinical findings	Perform venous punctures for blood sampling, cultures and IV catheterization
Order and interpret appropriate diagnostic/laboratory tests, monitoring, activities, therapies, diet, vital signs, IV fluids, oxygen	Arterial punctures for blood sampling
Order and/or administer pharmacologic agents	Collect fluids for diagnostic purpose, including, but not limited to blood, urine, sputum and exudates
Order and/or administer non-pharmacologic agents	Urinary catheterization, insertion and removal
Develop, re-assess and modify a plan of care as necessary to achieve medical and health goals, tailored to the patient & family needs	Insertion/removal of nasogastric tubes without guidewire
Order and/or administer blood and blood products	Conduct non-invasive preventive screening procedures based on age and history
Determine the effectiveness of the plan of care through documentation of client care outcomes	Perform pelvic (vaginal) examinations
Make appropriate referrals to other health professionals and community agencies	Perform EKG
Consultations under the direction of the AHP's supervising/collaborating providers	Carry out appropriate medical record documentation as directed by the care of the patient and defined in policy
Patient and family education	Write admission orders and prepare discharge summaries

Enter "✓" in Request Column

Chief of Service action:

LEVEL I CORE PRIVILEGES	First Assist Request	Recommend		If Yes, indicate any requirements; If No, provide details. See p.5
		YES	NO	
LEVEL I (CORE) PRIVILEGES (as delineated above)				

SURGICAL FIRST ASSIST – LEVEL I CORE PRIVILEGES

Core functions that can be performed by an RNFA or PAFA with the supervising surgeon immediately available. OTHER THAN THOSE DESIGNATED "AS DIRECTED BY SURGEON", does NOT require the surgeon physically present in the operating room at the time the activity is performed.

For the purposes of these privileges, "**immediately available**" is defined as in the facility and readily accessible.

Provide preoperative patient assessment and teaching, perform postoperative patient evaluation and teaching	Apply knowledge of surgical anatomy, physiology and operative technique. Recognize safety hazards and initiate appropriate corrective action.
Assist with transferring the patient to and from the operating room	Provide positioning, prepping and draping of the patient
Apply principles of asepsis and infection control	Insertion of monitoring lines
Select and place x-rays for reference	Place and remove Foley urinary bladder catheter
Provides exposure through appropriate use of instruments, retractors, suctioning and sponging techniques	Provides hemostasis by clamping blood vessels, coagulating bleeding points, cauterizing, ligating vessels and by other means directed by the surgeon
Irrigation and basic debridement of open wounds	Select and apply surgical dressings
Staple and suture removal	Manipulation/reduction of fractures (Orthopaedics, OMFS, Plastic Surgery and Surgery)
Handle tissue as directed by surgeon	Application of pneumatic tourniquet, wound vac (Orthopaedics and Surgery)
Perform two layer superficial wound closure as directed by the surgeon. Application of negative vacuum drainage tubes	Removal of external fixators, pins and wires (Neurosurgery, OMFS, Orthopaedics, Plastic Surgery and Surgery)

*****ANY ACTIVITY OTHER THAN WHAT IS DEFINED AND GRANTED ABOVE MAY BE PERFORMED ONLY WITH THE PHYSICAL PRESENCE OF THE SURGEON IN THE OPERATING ROOM*****

Enter "✓" in Request Column

Chief of Service action:

SURGICAL FIRST ASSIST LEVEL I CORE PRIVILEGES	First Assist Request	Recommend		If Yes, indicate any requirements; If No, provide details. See p.5
		YES	NO	
LEVEL I (CORE) PRIVILEGES (as delineated above)				

LEVEL II FIRST ASSIST PRIVILEGES

UROLOGY

None offered at this time

MEDICAL-DENTAL STAFF USE ONLY – VERIFICATIONS UPON INITIAL First Assist REQUEST

1. Training in file: _____ RNFA: RNFA certification submitted/on file (applies to RNs and NPs) Staff Initials PA FA: Documentation of course training, curricular rotations and surgery experience.	Present
--	---------

2. Experience and proficiency in file: _____ Staff Initials RNFA: 3 years of perioperative (or equivalent) nursing experience; scrubbing and circulating proficiency. PA FA: As determined by the supervising physician and attested to via signature on this privilege form.	Evident
--	---------

Enter "UROLOGY" in Request Column – LEVEL II PRIVILEGES

Chief

of Service Action:

UROLOGY LEVEL II PRIVILEGES *	Applicant Request	Recommend		If Yes, indicate any requirements; If No, provide details. See p.5
		YES	NO	
Level II privileges for Allied Health Professionals are defined as those department specific for which the practitioner has evidence of experience and training.				
Pre and post operative management of urology cases				
Urodynamic procedures including placement of urethral, bladder and rectal transducers				
Field Infiltrations of Anesthetic Solutions				
Placement of surface and needle perineal EMG electrodes				
Irrigation of a nephrostomy tube				
Re-insertion of suprapubic and nephrostomy tubes into established sites (Foley catheter type only)				

THE AHP MAY ASSIST THE PHYSICIAN WITH PROCEDURES NOT DELINEATED ABOVE, BUT THESE MUST PERFORMED ONLY WITH THE PHYSICAL PRESENCE OF THE PHYSICIAN IN THE ROOM

UROLOGY PRIVILEGES REQUIRING SPECIAL CERTIFICATION

Enter "✓" in Request Column

PRIVILEGES REQUIRING SPECIAL CERTIFICATION	Applicant Request	Recommend		If Yes, indicate any requirements; If No, provide details. See p.5
		YES	NO	
Moderate Sedation**				

**REQUIRES MODERATE SEDATION TRAINING CERTIFICATE Q 4 YEARS AND CURRENT ACLS

Medical-Dental Staff Office Use: ACLS Expiration Date: _____

MODERATE SEDATION Expiration Date: _____

Please initial: Supervising/Collaborating Physician possesses Moderate Sedation Privilege _____

MODERATE SEDATION CREDENTIALING CRITERIA – Allied Health Professionals

A standardized form will be utilized (the Sedation Record) for patient assessment prior to sedation, for physiologic monitoring during sedation and appropriate recovery and patient assessment after sedation.

-The applicant must read the ECMCC policy on Moderate Sedation included in the hospital Rules and Regulations. P&P ADM-008 -The use of moderate sedation shall include an individual privileged to direct and administer moderate sedation (Privileged Provider) and a credentialed staff member. ADM-008 page 2

-The credentialed staff member shall not be the technical assistant for the performance of the invasive procedure. ADM-008 page 2

-The applicant must obtain training in the safe use of sedative medications and appropriate rescue training, including ACLS -The applicant must present verification of the satisfactory completion of Moderate Sedation and Rescue Training in the form of a Certificate from an on-line course, approved training session, State Education entity or local hospital course.

-The applicant must appropriately request and be recommended for these privileges by the department head with endorsement by the Credentials Committee.

-This training shall be completed every four years prior to reappointment review and recredentialing.

Adopted Medical Executive Committee: 6/26/2006, 8/27/2007, 2/22/2010,

4/26/2010, 11/15/2010

Applicant Attestation:

I attest and agree to the limitation my scope of practice to the performance of the above noted procedures as defined in this Privilege Delineation Form. Privileges for any additional Level II procedures must first be endorsed by the Credentials Committee and appended to the form, then requested by the applicant and recommended by the Chief of Service, Medical Executive Committee and Board of Directors.

I understand that this statement of clinical privilege will remain in effect during my privilege period term of appointment.

Applicant Signature

Date

Surgeon Attestation:

I attest to the limitation of the practitioner's scope and First Assistant's activities to only those privileges defined on this delineation form. I agree to monitor the First Assistant's activities and initial/ongoing competence for each privilege delineated.

Supervising / Collaborating Attending Surgeon

Date

Recommendation, Approval and Granting Signatures

Chief of Service Signature

Date

Medical-Dental Staff President

Date

Chairman, Board of Directors

Date

<p>RECOMMENDED WITH THE FOLLOWING REQUIREMENTS</p>	<p>KEY: CHIEF OF SERVICE ACTION OPTIONS For the applicable privilege requests, indicate: NOT RECOMMENDED DUE TO (provide details below)</p>
<p>A) With Consultation, Supervision/Assistance, Proctoring or Other requirements (please define)</p>	<p>1) Missing documentation Action deferred pending info/withdrawal</p>
	<p>2) Missing required training/experience Action deferred pending info/withdrawal</p>
	<p>3) Lack of current competence (Databank Reportable)</p>
	<p>4) Other (please define) (e.g., Exclusive Contract)</p>