ERIE COUNTY MEDICAL CENTER CORPORATION APRIL 24, 2018 MEETING MINUTES OF THE BOARD OF DIRECTORS REGULAR MEETING

- Present: Bishop Michael Badger, Ronald Bennett, Ronald A. Chapin, Jonathan Dandes, Darby Fishkin, Kathleen Grimm, MD, Sharon Hanson, Michael Hoffert, James Lawicki, Thomas Malecki, CPA, Christopher O'Brien, Jennifer Persico, Eugino Russi, Michael Seaman, William Pauly, Scott Bylewski, Thomas J. Quatroche
- Excused: Frank Mesiah

Also

- Present: Donna Brown, Anthony Colucci, III, Esq., Peter Cutler, Andrew Davis, Stephen Gary, Melissa Gagne, Charlene Ludlow, James Turner, Karen Ziemianski, Richard Embden, Susan Gonzalez, Keith Lukasik, Katie Panzarella, Al Hammonds
- I. Call to Order: Jonathan Dandes called the meeting to order at 4:35 p.m.
- II. Minutes: Moved by Michael Hoffert and seconded by Ronald Chapin, the Board of Directors unanimously approved the minutes of the March 27, 2018 meeting.
- III. Presentation: DSRIP Annual Budget Katie Panzarella, MCC Finance Director

Katie Panzarella, MCC Finance Director, provided an overview of the DSRIP year 4 budget and a review of the approval process.

- \$144.7 million out of \$243 million (60%) of revenue budgeted for program which is considered low risk.
- Excludes all pay-for-performance opportunities.
- All revenue is subject to CMS Clawback/Statewide Penalty
- Shifting away from activity driven low risk revenue and moving towards more pay for performance or outcome base revenues.
- IV. Action Items
 - A) <u>Resolution Approving Annual DSRIP Budget</u> Moved by Michael Seaman and seconded by Thomas Malecki Motion approved unanimously

- B) <u>Resolution Designating the Naming of Certain Spaces and Structures</u> Moved by Sharon L. Hanson and seconded by Michael Hoffert Motion approved unanimously
- C) <u>Approval of April 5, 2018 Medical/Dental Staff Appointments/Re-Appointments</u> Moved by Michael Hoffert and seconded by Michael Seaman **Motion approved unanimously**

V. Reports of Corporation's Management

Chief Executive Officer

Dr. Quatroche welcomed Keith Lukaski, Chief Strategy Officer, and Richard Embden, Interim Chief Information Officer.

Quality:

- Received ASC Trauma Level 1 Accreditation.
- Received Leapfrog Score "B"
- Bariatrics Women's Choice Award.
- Bariatrics ACS Survey completed.
- Received Orthopedics Women's Choice Award.
- Critical Care Conference, approximately 95 nurses attended.
- Charlene Ludlow delivered an Infection Control Presentation in Albany.
- Safety Fair held 4/18/2018.
- 31st Annual Celebration of Nursing Research & Scholarly Activities Conference sponsored by the Professional Nurses Association of Western New York.

Patient Experience

- National Healthcare Decisions Day
- Patient Experience Week: April 23 April 27, 2018 that will include many activities.
- Patient Experience scores continue to rise.

Culture

- Medical Laboratory Professionals Week
- Behavioral Health Month
- Occupational Therapy Month

- Speech Pathology Month
- Employee Recognition Dinner
- National Walk at Lunch Day
- ECMC nominated finalist for Best Place to Work in WNY.
- Resident presentation at Society for General Internal Medicine
- ECMC and Unyts Donate Life Day
- Lauren Vacanti, LMHC, CASAC Supervising Alcoholism Counselor Awarded the Cheryl Davidson Award for 2018 by Mental Health PEER Connection
- DAS Ally Award recognized CPEP Staff.
- Trocaire Award HIM Department.
- Dr. Quatroche invited to speak at the National Conference for Healthcare Finance Institute with CEO of Temple University Health and the President & CEO of Methodist LeBonheur Healthcare System

Operations

- Observation Unit Scheduled to open next week.
- Groundbreaking for Emergency Department and Trauma Center scheduled for June 1; Stretcher hold is open.
- March ends with an operating loss of \$483,000 which is \$300,000 off budget for the month.
- YTD \$2 million operating loss, a \$600,000 budget variance; neuro-surgical cases and overtime underlie variance from budget

Chief Financial Officer

A summary of the financial results through March 31, 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.

VI. **Reports from Standing Committees**:

Buildings and Grounds Committee: Ronald Bennett

Mr. Bennett provided an overview regarding plant operations. Currently there are 7 in-house projects. Plant Operations staff is doing a great job.

Post-Acute Quality Improvement:

Mr. Chapin encouraged fellow board members to join the committee which meets bimonthly, examining quality, cost and future of Terrace View. Mr. Dandes suggested that next month's board meeting be held at Terrace View.

Quality Assurance:

Mr. Hoffert provided an overview of QI and encouraged board members to get involved and see the operations of the hospital.

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

- VII. Recess to Executive Session Matters Made Confidential by Law Moved by James Lawicki and seconded by Kathleen Grimm, MD to enter into Executive Session at 5:15 p.m. to consider matters made confidential by law, including certain litigation matters, strategic investments, and business plans. Motion approved unanimously.
- VIII. Reconvene in Open Session Reconvene in Open Session at 5:55 p.m. No action was taken by the Board of Directors in Executive Session Motion approved unanimously
- IX. Adjournment: Moved by Christopher O'Brien and seconded by Kathleen Grimm, MD to adjourn the Board of Directors meeting at 5:55p.m.

Michael a Badger

Michael A. Badger Corporation Secretary

A Resolution of the Board of Directors Approving Millennium Collaborative Care Budget

Approved April 24, 2018

WHEREAS, Erie County Medical Center Corporation (the "Corporation") is the lead applicant of the Millennium Collaborative Care ("MCC") Performing Provider System ("PPS") established under New York State's Delivery System Reform Incentive Payment ("DSRIP") program; and

WHEREAS, the Corporation has engaged MCC PPS Management, LLC, as a central services organization to provide project management, administrative services, and staffing services with respect to MCC PPS pursuant to a Governance Agreement effective September 30, 2015; and

WHEREAS, in accordance with Section 5.2 of the Governance Agreement, the Corporation must approve all MCC PPS annual capital and operating budgets; and

WHEREAS, the MCC Finance Committee has prepared and the MCC Board of Managers has approved MCC's attached budget for DSRIP year four (2018-2019), and now seeks the Corporation's approval of the budget; and

WHEREAS, the Finance Committee of the Corporation received a presentation from MCC and is recommending approval of the budget by this Board of Directors;

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

1. Based upon the recommendation of the Corporation's Finance Committee, the MCC Finance Committee and MCC Board of Managers, the Corporation hereby ratifies and approves the attached budget.

2. The Corporation and MCC are authorized to do all things necessary and appropriate to implement this resolution.

3. This resolution shall take effect immediately.

Michael a Badger

Michael A. Badger Corporation Secretary

Resolution Designating the Naming of Certain Spaces and Structures

Approved April 24, 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

Michael A Badger Corporation Secretary

April Board Approval	Donor Name	Naming Opportunity	Location	Recognition Name	Commitr	ment
	Dr. Philip M. Stegemann	Treatment Room	Fastrack	Dr. & Mrs. Philip M. Stegemann	\$	
	Anonymous (Anne Kudla)	Treatment Room	Fastrack	After a near fatal car accident, ECMC gave me my life back! Anonymous	\$	

CREDENTIALS COMMITTEE MEETING MINUTES

Committee Members Present:

Yogesh Bakhai, MD (Chair) Robert Glover, Jr., MD Richard Hall, MD, DDS, PhD Mark LiVecchi, MD, DMD, MBA Brian Murray, MD, CMO (ex-officio) Richard Skomra, CRNA

Committee Members Excused:

Samuel Cloud, DO Mandip Panesar, MD

Medical-Dental Staff Office and Administrative Members Present:

Cara Burton, Medical-Dental Staff Manager; Tara Boone, Medical-Dental Staff Services Coordinator; Judy Fenski, Kerry Lock, Credentialing Specialists

CALL TO ORDER

The meeting was called to order at 3:05pm. The Medical Executive Committee endorsed and the Board of Directors approved the March 2018 Credentials Committee meeting minutes, including the recommendation for a Board exception for the member of the Medical-Dental Staff referenced in the March 2018 Credentials Committee meeting minutes.

FOR INFORMATION

ADMINISTRATIVE

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

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

E. Resignations

Dentistry	
Augello, Michelle DDS	02/20/2018
Augeno, Michelle DDo	02/20/2010
Family Medicine	
Blondell, Richard MD	05/01/2018
Internal Medicine	
Hasham, Alia MD	03/30/2018
Ministero, Jennifer PA-C	03/15/2018
Okel, Hannah PA-C	03/14/2018
<u>Neurosurgery</u>	
Morr, Simon, MD	03/31/2018
Pathology	
Gao, Chen MD PhD	04/12/2018
Sands, Amy MD	07/01/2018
Zhang, Nan MD	06/01/2018
Psychiatry	

Anker, Jeffrey MD Deakin, Christopher MD 02/27/2018 04/01/2018

FOR INFORMATION

CHANGE IN STAFF CATEGORY

Internal Medicine White, Thomas MD

Associate to Courtesy, Refer and Follow FOR OVERALL ACTION

DEPARTMENT CHANGE or ADDITION

Rehabilitation Medicine Diina, David ANP *Collaborating Physician: Kayler, Liise MD* Thoracic/Cardiovascular Surgery Roland, Todd PA-C *Supervising Physician: Innes, Johanna MD*

Adding Surgery Department

Adding Emergency Medicine

FOR OVERALL ACTION

CHANGE OR ADDITION OF COLLABORATING/SUPERVISING ATTENDING None

PRIVILEGE ADDITION/REVISION		
Internal Medicine		
Duane, Shirley FNP (R)	Allied He	alth
Professional		
Collaborating Physician: Troen, Bruce MD		
- Limited Interpretation of EKG		
Internal Medicine- Cardiology		
Vacanti, Victor MD	Active	
-Ambulatory Privilege		
Plastic & Reconstructive Surgery		
Loree, Thom MD (R)	Active	
- Reconstruction of congenital and acquired defects of the genitali	a;	
Plastic procedures of external and internal male and female geni	talia (including	
vaginal reconstruction, repair of penis deformities, microvascular	r flaps and	
grafts/free tissue transfer, gender reassignment)		
Waive FPPE– privilege added due to form revision	FOR	OVERALL

ACTION

None

FOR INFORMATION

UNACCREDITED FELLOWSHIPS No Update FOR **INFORMATION** APPOINTMENT APPLICATIONS, recommended- comments as indicated Initial Applications (5) indicated* **Emergency Medicine** Marisa Vallone, PA-C Allied Health Professional Supervising Physician: Innes, Johanna MD **Family Medicine** Yates, Charles MD Active **Internal Medicine** Allied Health Besseghini, Lara ANP Professional Collaborating Physician: Sridhar, Nagaraja MD **Internal Medicine/Hospitalist** Shahid, Naveed MD Active **Orthopaedic Surgery** Martinez, Amanda AGNP Allied Health Professional Collaborating Physician: Anders, Mark MD

*An applicant's dossier was presented to the Credentials Committee. The committee recommended to table the application until further information is available.

DUAL DEPARTMENT INITIAL APPOINTMENT APPLICATIONS (0)

FOR OVERALL ACTION

appointment Review (23)		
Emergency Medicine		
DeFazio, Christian MD	Active	
Lynch, Joshua DO	Active	
McCormack, Robert MD	Active	
Warren, Sarah PA-C	Allied	Healt
Professional		
Supervising Physician: Cloud, Samuel MD		

Zent, Christopher FNP	Allied	Health	
Professional			
Collaborating Physician: Pugh, Jennifer MD			
Internal Medicine	A		
Brockman, Daniel DO	Active	Defen 9	
Cobler, JoAnne MD	Courtesy,	Refer &	
Follow	Alliad	Ugglth	
Duane, Shirley FNP Professional	Allied	Health	
Collaborating Physician: Troen, Bruce MD			
Duff, Michael MD	Associate		
Patel, Sumit MD	Active		
Sivalingam, Devamohan MD	Active		
White, Thomas MD	Courtesy,	Refer &	
Follow			
<u>Neurosurgery</u>			
Guzzetta, Lindsay PA-C	Allied	Health	
Professional			
Supervising Physician: Castiglia, Gregory MD			
Orthopaedic Surgery			
Gurske-Deperio, Jennifer MD	Active		
Stoeckl, Andrew MD	Allied	Health	
Professional			
Plastic & Reconstructive Surgery			
Loree, Thom MD	Active		
Psychiatry and Behavioral Medicine			
Cummings, Michael MD	Active		
Rehabilitation Medicine			
DeMarco, Lisa DC	Allied	Health	
Professional	Allied	Ugglth	
Guzinski, Peter DC Professional	Allieu	Health	
<u>Surgery</u> Dominguez, Ivan MD	Active		
Passmore, Natalie ANP	Allied Healt		
Professional			
First Assist, Collaborating Physician: Leary, Daniel MD			
Thoracic/Cardiovascular Surgery			
Ashraf, M. Hashmat MD	Associate		
Hennon, Mark MD	Active		
DUAL DEPARTMENT REAPPOINTMENT APPLICATIONS (1)			
Family Medicine			
Torres, Carmen NP	Allied	Health	
Professional			
Collaborating Physician: Ghazi, Muhammad MD			
Internal Medicine			

Health

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
04/25/2018		
Family Medicine		
Torres, Carmen ANP		Allied Health
Professional		
Collaborating Physician: Ghazi, Muhammad MD		
Internal Medicine		
Franklin, James PA-C		Allied Health
Professional		
Supervising Physician: Anillo, Sergio MD		
Torres, Carmen ANP		Allied Health
Professional		
Collaborating Physician: Sandhu, Jujhar MD		
Orthopaedic Surgery		
Riznyk, Angela DPM		Active
<u>Surgery</u>		
Lautner, Meeghan MD		Active
Riznyk, Angela DPM (HBO privilege only)		Active
Thoracic/Cardiovascular Surgery		
Demmy, Todd MD		Active

The future June 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

None

FOR OVERALL ACTION

OLD BUSINESS

Office Operations

The Medical-Dental Staff Office requested a review of privilege forms that have not recently been updated to ensure that information, requirements, criteria and equipment reflects the current practices of the organization. The committee endorsed this request.

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

Privilege Determination

The committee reviewed and endorsed a letter that will be sent to a provider on behalf of the Credentials Chair. The letter outlines the process for requesting privileges that are not currently offered on their respective privilege form as per the Credentials Procedure Manual.

Privilege Forms

Internal Medicine – Cardiology

PHYSICAN REQUEST FOR <u>ADMITTING PRIVILEGES</u> : (Not routinely requested by Internal Medicine subspecialty appli Enter "✓" in Physician Request Column	cants)	Ļ		Chief of Service action:
ADMITTING PRIVILEGES (not routinely requested)*	Phy n Red		Recom	Special Requirements
NON-ICU BEDS (not routinely requested)				Rationale as stated below

*Applicant, please state rationale for Admitting Privilege request:

Medical Dental Staff Office Review:

Date

Other changes to Internal Medicine Cardiology form:

Initials

Remove

CTU Bed Admitting Privilege

Tilt Table Testing Intravascular Coronary Ultrasound

Add:

Insertion of Loop Recorder (Criteria; the first 3 insertions performed under the supervision of with the manufacturer's representative of a physician credentialed in the insertion of loop recorders). Approved MEC 11/2017

Neurosurgery AHP

The Credentials Committee endorsed the new Neurosurgery Allied Health Professional Privilege form. <u>Plastics and Reconstructive Surgery AHP</u>

The Credentials Committee endorsed the new Plastic and Reconstructive Surgery Allied Health Professional Privilege form.

Surgical First Assist Level 1 Core Privileges

The Plastic and Reconstructive Surgery Chief of Service requested and the committee endorsed the following additional verbiage to the below privilege:

Application of pneumatic tourniquet, wound vac (Orthopaedics, Plastic Surgery and Surgery) privilege be added to the LEVEL ONE CORE First Assist Privilege form. This privilege addition was approved by the BOD on 3/27/2018 but did not include Plastic and Reconstructive Surgery department.

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. No update

Credentialing Software

The IT department continues to try and resolve the email issue with the MDSO IC software.

Joint Commission:

The MDSO still awaits a response from the Chief Safety Officer/Joint Commission Coordinator on whether the Joint Commission change to the requirements for credentialing, 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. This request was tabled for additional information.

Justice Center

The committee approved the Mandated Reporter requirement from the Justice Center.

Past Dues

Dr. Williams requested that the Credentials Chair contact him regarding payment of back dues to reapply for membership. The Credentials Chair will contact him again and was given the number to call.

INFORMATION

OTHER BUSINESS

OPPF/FPPE

The Internal Medicine Chief of Service provided some feedback on ideas to update OPPE metrics for the department, as well as to use Crimson to produce volume numbers for the OPPE file. Collaboration between the Medical-Dental Staff Office and the Patient Safety Office paperwork might offer the opportunity to eliminate the "Reappointment Summary" and still satisfy the JC standard that OPPE be used to assess the continuation of clinical privileges.

→ Refer to attached as possible mechanism to satisfy the Joint Commission standard that OPPE be used to assess the continuation of clinical privileges. If implemented, the Re-Appointment Summary could possibly be eliminated.

The credentials committee endorsed the above request.

Failure to Utilize Medical Center Privileges

The Internal Medicine Chief of Service advocated that the organization look to exercise more consistently, the policy in the Credentials Procedure Manual, Article V, Section E regarding failure to utilize Medical Center privileges. The committee agreed that upon reappointment and OPPE/FPPE review no volume provider, the Chief of Service may recommend to the Credentials Committee that the provider be transferred to the appropriate Medical-Dental Staff Category.

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

FPPE (Focused Professional Practice Evaluation) (2)

Family Medicine (Chemical Dependency) (1) Anesthesia (1)

OPPE (Ongoing Professional Practice Evaluation) (178)

February (numbers not available prior to March CC meeting) Internal Medicine (143) Radiology (35) March (11) Internal Med (8) Thoracic Cardiology (1) Neurosurgery (1) Radiology (1)

FOR INFORMATION

ADJOURNMENT

With no other business, a motion to adjourn was received and carried at 4:30 PM.

Respectfully submitted,

patha

Yogesh Bakhai, MD Chairman, Credentials Committee Att.