

ERIE COUNTY MEDICAL CENTER CORPORATION  
JULY 31, 2018 MINUTES OF THE  
BOARD OF DIRECTORS REGULAR MEETING  
STAFF DINING ROOM

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Present: Bishop Michael Badger, Ronald Bennett, Scott Bylewski, Ronald A. Chapin, Jonathan Dandes, Kathleen Grimm, MD, Sharon Hanson, Michael Hoffert, Thomas J. Quatroche, Jack Quinn, Eugino Russi, Michael Seaman

Excused: Darby Fishkin, James Lawicki, Christopher O'Brien, William Pauly, Jennifer Persico

Also

Present: Donna Brown, Anthony Colucci, III, Esq., Peter Cutler, Andrew Davis, Richard Embden, Stephen Gary, Susan Gonzalez, Donna Jones, Charlene Ludlow, Keith Lukasik, Brian Murray, MD, James Turner, Karen Ziemianski

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I. Call to Order: The meeting was called to order at 4:30 p.m.

II. Minutes: Moved by Kathleen Grimm, MD and seconded by Michael Seaman, the Board of Directors unanimously approved the minutes of the June 24, 2018 meeting.

III. Action Items

A) Resolution of the Board of Directors Amending the Corporation's Medical/Dental Staff Rules and Regulations.

Moved by Michael Hoffert and seconded by Michael Seaman

**Motion approved unanimously**

B) Resolution Authorizing Continuation of Wyoming County Relationship

Moved by Bishop Michael Badger and seconded by Ronald A. Chapin

**Motion approved unanimously**

C) Approval of July 5, 2018 Medical/Dental Staff Appointments/Re-Appointments.

Moved by Sharon L. Hanson and seconded by Michael Hoffert

**Motion approved unanimously**

IV. Board Presentation: Front Lobby and Building Envelope Project

James Turner, Sr. VP Surgical and Outpatient Services

Jim Turner presented an overview of the renovation of the main lobby/building envelope, explaining that the project has an October 2019 completion date.

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

**Chief Executive Officer**

Quality

- ECMC continues to be very busy.
- OASAS Chemical Dependency Inpatient Survey – excellent survey result with only one finding that required no plan of correction.
- NYS Radiology successful survey with only minor findings, plan of correction completed.
- Participated in the Governors cancer initiative.
- QI project led by Dr. Smita Bakhai was accepted for publication in the British Medical Journal.

Patient Experience

- Press Ganey Patient Experience advisor met with all departments to discuss “Best in Class”.
- Recognition of ED team to deal with volume and take care of families.

Culture

- Steven Riggs, LPN – June Summer Surge Winner for perfect attendance (there were 439 nurses that had perfect attendance)
- Summer Youth program had 125 participants.
- “Dog Days of Summer” – SPCA brought therapy dogs, birds, and cats to be enjoyed by staff and patients.
- The annual ECMC Foundation Golf Tournament was a huge success with over \$250,000 in revenue, net proceeds of \$40,000.
- UNYTS partnered with ECMC to raise awareness for organ donation.
- Subaru Chase – proceeds given to ECMC with 1,100 participants, raising \$100,000.
- Received a \$1.2 million HRSA grant to support the transplant program.
- Received a \$250,000 grant for driver rehab evaluation and training.

Operations

- Renovating Patient Transportation Service, OBS Unit 12zone1, and MICU.
- June: 2% reduction in discharges, but improved over last year; increased acute length of stay; increase in general surgeries; increase in Emergency Department and CPEP; increase in outpatient visits.
- Year-end budget plan implemented and on target.

- Executive level searches for SVP of Human Resources and SVP of Operations nearing decision point. New hires will be in place by September board meeting.

### **Chief Financial Officer**

A summary of the financial results through June 30, 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:**

**Building and Grounds Committee:** Mr. Bennett provided an overview of projects being done around the ECMC campus which include:

- Emergency Department and Trauma Center;
- Water Service'
- CPEP; and
- Campus parking.

**Quality Improvement Committee:** There were four presentations at this month's QI committee meeting. Dr. Murray and others present reviewed the presentations with the board.

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

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

Moved by Kathleen Grimm, MD and seconded by Michael Seaman to enter into Executive Session at 5:05p.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 5:40 p.m. No action was taken by the Board of Directors in Executive Session

**Motion approved unanimously**

**Resolution Authorizing Management Agreement**

- IX. **Adjournment:** Moved by Eugino Russi and seconded by Sharon L. Hanson to adjourn the Board of Directors meeting at 5:40 p.m.



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Michael A. Badger  
Corporation Secretary

**A Resolution of the Board of Directors Amending  
the Corporation's Medical/Dental Staff Rules & Regulations**

Adopted July 24, 2018

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WHEREAS, pursuant to the Erie County Medical Center Corporation (the "Corporation") By-Laws, the Corporation Medical/Dental Staff shall develop, adopt, and at least once every three years review, certain governance documents relating to the Medical/Dental Staff;

WHEREAS, these governance documents include the Medical/Dental Staff Rules & Regulations;

WHEREAS, the Medical/Dental Staff has reviewed and made revisions to Part II of the Rules and Regulations;

WHEREAS, the revised Rules and Regulations have been approved by the Medical Executive Committee of the Corporation and have been presented to the Board of the Corporation for their approval;

WHEREAS, the Board is required to review these documents for approval upon preparation by the Medical/Dental Staff;

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

1. Based upon the approval by the Medical Executive Committee of the Corporation, the Board has reviewed and approved revisions to Part II of the Medical/Dental Staff Rules and Regulations.
2. The Corporation is authorized to take all measures to adopt and implement these revised governance documents.
3. This resolution shall take effect immediately.



Michael A. Badger  
Corporation Secretary

***ERIE COUNTY MEDICAL CENTER CORPORATION  
BUFFALO, NEW YORK***

**MEDICAL/DENTAL STAFF  
RULES & REGULATIONS  
PART II  
MEDICAL/DENTAL STAFF ORGANIZATION**

**DEPARTMENTS AND COMMITTEES**

**MEDICAL/DENTAL STAFF RULES AND REGULATIONS  
Part II**

**ERIE COUNTY MEDICAL CENTER CORPORATION**

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## **PART II**

### **SECTION I: MEDICAL/DENTAL STAFF DEPARTMENTS**

Per the Medical/Dental Staff Bylaws, Article V, the Medical/Dental Staff of the Erie County Medical Center Corporation is a departmentalized Medical/Dental staff. Future departments may be created, or current departments eliminated or consolidated by recommendation of the Medical Executive Committee with the approval of the Board of Directors.

**Current Medical/Dental Staff Departments include:**

- 1) Department of Anesthesiology
- 2) Department of Dentistry
- 3) Department of Dermatology
- 4) Department of Emergency Medicine
- 5) Department of Family Medicine
- 6) Department of Internal Medicine
- 7) Department of Laboratory Medicine
- 8) Department of Neurology
- 9) Department of Neurosurgery
- 10) Department of Obstetrics and Gynecology
- 11) Department of Ophthalmology
- 12) Department of Oral & Maxillo-Facial Surgery
- 13) Department of Orthopaedic Surgery
- 14) Department of Otolaryngology
- 15) Department of Pathology
- 16) Department of Plastic and Reconstructive Surgery
- 17) Department of Psychiatry
- 18) Department of Radiology/Imaging Services
- 19) Department of Rehabilitation Medicine
- 20) Department of Surgery
- 21) Department of Thoracic/Cardiovascular Surgery
- 22) Department of Urology



## **SECTION II – MEDICAL/DENTAL STAFF COMMITTEES**

Per Article VII of the Medical/Dental Staff Bylaws: There shall be such standing and special committees of the Staff as may from time to time be necessary and desirable to perform the functions of the Staff. All committees listed below, whether standing or special, shall be responsible to the Medical Executive Committee of the Medical/Dental Staff and shall submit reports as designated by the Medical Executive Committee.

- II-1 Bylaws Committee
- II-2 Credentials Committee
- II-3 Nominating Committee
- II-4 Professional Development and Wellness Committee
- II-5 Quality Improvement Committee
- II-6 Resource Utilization Committee

### **II-1. BYLAWS COMMITTEE**

**A) PURPOSE:** The purpose of the Bylaws Committee is to periodically review, revise and maintain the Medical/Dental Staff Bylaws, Rules and Regulations, Collegial Intervention, Peer Review, Fair Hearing and Appellate Review Procedures and other such Medical/Dental Staff documents as assigned by the Medical Executive Committee.

**B) COMPLIANCE:** The Medical/Dental Staff is charged with the responsibility to maintain a set of Bylaws and related manuals by the Centers for Medicare and Medicaid and the Joint Commission. The responsibility for oversight is assigned by the Medical Executive Committee to the Bylaws Committee.

#### **C) REGULATORY/ACCREDITING REQUIREMENTS RELEVANT TO FUNCTION**

- 1) **Joint Commission** Current Accreditation Manual for Hospitals, Medical Staff Standards
- 2) **CMS, Conditions of Participation for Hospitals:** 42 CFR 482.22
- 3) **Applicable New York State laws and regulations**

#### **D) MEMBERSHIP**

- 1) **APPOINTMENT:** Members and chair are appointed by the Medical/Dental Staff President and approved by the Medical Executive Committee. Medical Center/administrative representatives are appointed by the Chief Executive Officer or his designee.
- 2) **COMPOSITION:** In addition to the chair, membership will include:
  - Three (3) members of the Medical/Dental Staff, with vote;
  - Chief Medical Officer, ex-officio, without vote;
  - Medical Center Legal Counsel, as needed; without vote.
- 3) **TERM LIMITS:** Committee members will serve for an initial two (2) year term and may be reappointed for additional terms without limit. No more than fifty (50%) percent of the members will rotate off on any one year to ensure consistency in process.
- 4) **VACANCY:** Vacancies will be filled in the same manner as original appointment is made.

**E) RESPONSIBILITIES**

- 1) Review (at least every 3 years) and maintain the Medical/Dental Staff Bylaws, and related documents upon written request of the Medical Executive Committee, Credentials Committee, or any member of the Active Staff.
- 2) Recommend revisions to all documents, as appropriate and necessary, to the Medical Executive Committee.
- 3) Maintain current knowledge of federal and state laws, guidelines and regulations and appropriate accrediting agency requirements as they relate to the Medical/Dental Staff documents or avail themselves of the necessary resources.

**F) MEETINGS**

- 1) **FREQUENCY:** The Bylaws Committee will meet as often as necessary to fulfill its responsibilities.
- 2) **ATTENDANCE:** Committee members are expected to attend as many of the meetings as possible. The chair is responsible for ensuring that all members fulfill their committee obligations.
- 3) **QUORUM:** Those members present and eligible to vote, including at least two (2) Medical Staff members.
- 4) **SUPPORT:** Administrative support will be provided by the Medical/Dental Staff Office.
- 5) **AGENDA and MINUTES:** Medical/Dental Staff Office personnel and the chair will be responsible for the development of meeting agendas and for maintaining minutes where applicable.
- 6) **REPORTING RELATIONSHIP:** The Bylaws Committee reports to the Medical Executive Committee via report of proceedings presented for adoption.

**G) CONFIDENTIALITY**

All members of the Bylaws Committee will, consistent with the Medical/Dental Staff and Medical Center confidentiality policies, keep in strict confidence all papers, reports and information obtained by virtue of membership on the committee.

**II-2. CREDENTIALS COMMITTEE**

- A) **PURPOSE:** The purpose of the Credentials Committee is to receive, review and analyze the credentials for all applicants to the Medical/Dental staff or licensed independent practitioners or health professionals who are requesting Medical/Dental staff membership and/or privileges at Erie County Medical Center Corporation.
- B) **COMPLIANCE:** The Medical/Dental Staff is charged with the responsibility to review the credentials of all Staff members and/or individuals requesting privileges and assess their ongoing competence, including focused professional practice evaluation required by the Centers for Medicare and Medicaid and the Joint Commission. The responsibility for oversight is assigned by the Medical Executive Committee to the Credentials Committee.
- C) **REGULATORY/ACCREDITING REQUIREMENTS RELEVANT TO FUNCTION**
  - 1) **Joint Commission,** Current Accreditation Manual for Hospitals, Medical Staff Standards
  - 2) **CMS, Conditions for Participation for Hospitals:** 42 CFR 482.22

**D) MEMBERSHIP**

- 1) **APPOINTMENT:** Members and chair are appointed by the Medical/Dental Staff President and approved by the Medical Executive Committee. Medical Center administrative representatives are appointed by the Chief Executive Officer or his designee.
- 2) **COMPOSITION:** The President of the Medical/Dental Staff shall appoint the chair. Membership will include:
  - At least five (5) members of the Active Staff all of whom shall not be University department chairs, with vote
  - Chief Medical Officer, ex-officio, without vote
  - Medical Center Legal Counsel, as needed, ex officio, without vote

Members of the Credentials Committee shall have served at least two (2) years on the Active Staff and have expressed interest and/or experience in the function of the committee and have served in some other Medical/Dental Staff leadership activity. All new members will be provided an orientation to the roles and responsibilities of the committee and will also be provided an opportunity for medical staff leadership training. Representatives may be re-appointed for additional terms without limit.
- 3) **TERM LIMITS:** Committee members will serve for an initial two (2) year term and may be reappointed for additional terms without limit. No more than fifty (50%) percent of the members will rotate off on any one year to ensure consistency in process.
- 4) **VACANCY:** Vacancies will be filled in the same manner as original appointment is made.

**E) RESPONSIBILITIES**

- 1) To receive and analyze applications and recommendations for initial appointment, reappointment, provisional period conclusion or extension, return from leave of absence, clinical privileges and changes therein and recommending action to the Medical Executive Committee;
- 2) To review and recommend qualifications and criteria for granting clinical privileges;
- 3) To investigate, review and report on matters referred by the Medical/Dental Staff President or the Medical Executive Committee regarding the qualifications, conduct, professional character or competence of any licensed independent practitioner, applicant or Medical/Dental Staff member;
- 4) To develop, recommend, maintain and consistently implement contemporary policies and procedures for all credentialing activities at the Medical Center by recommending standards for the content and organization of the credentials files including periodically reviewing and revising the Credentials Procedures Manual.

**F) MEETINGS**

- 1) **FREQUENCY:** The Credentials Committee will meet as often as necessary to fulfill its responsibilities, at a minimum at least ten (10) times a year.

- 2) **ATTENDANCE:** Committee members are expected to attend as many of the meetings as possible. The chair is responsible for ensuring that all members fulfill their committee obligations.
  - 3) **QUORUM:** Those members present and eligible to vote, including at least two (2) Medical Staff members.
  - 4) **SUPPORT:** Administrative support will be provided by the Medical/Dental Staff Office.
  - 5) **AGENDA and MINUTES:** The Medical/Dental Staff Office personnel and the chair will be responsible for the development of meeting agendas one (1) week prior to scheduled meetings, taking and maintaining minutes. Minutes will be maintained in the Medical/Dental Staff Office.
  - 6) **REPORTING RELATIONSHIP:** The Credentials Committee reports to the Medical Executive Committee via minutes of proceedings presented for adoption.
- G) CONFIDENTIALITY**  
All members of the Credentials Committee will, consistent with the Medical/Dental Staff and Medical Center confidentiality policies, keep in strict confidence all papers, reports and information obtained by virtue of membership on the committee. Credentials Committee shall be considered a peer review committee under New York Education Law §6527.

### **II-3. NOMINATING COMMITTEE**

- A) PURPOSE:** The Nominating Committee provides qualified candidates to be placed on the ballot for election to Medical/Dental Staff leadership positions.
- B) COMPLIANCE & REGULATORY /ACCREDITING REQUIREMENTS RELEVANT TO FUNCTION:** This committee function is not required by any regulatory, licensing or accreditation standards, however both the Joint Commission and Centers for Medicare and Medicaid require a structured, organized medical staff and this committee helps support the maintenance of the Medical/Dental Staff organization.
- C) MEMBERSHIP**
- 1) **APPOINTMENT:** Members and chair are appointed by the Medical/Dental Staff President and approved by the Medical Executive Committee; Medical Center administrative representatives are appointed by the Chief Executive Officer or his designee.
  - 2) **COMPOSITION:** The Nominating Committee shall be composed of 2-3 Past Presidents of the Medical/Dental Staff or 2-3 Active Staff members who have maintained a high interest and activity level in the organized Medical/Dental Staff.
  - 3) **TERM LIMITS:** Committee members will serve for an initial one (1) year term and may be reappointed for additional terms without limit. No more than fifty (50%) percent of the members will rotate off on any one year to ensure consistency in process.
  - 4) **VACANCY:** Vacancies will be filled in the same manner as original appointment is made.
- D) RESPONSIBILITIES**

- 1) The Nominating Committee shall identify one or more qualified nominees for the vacant Medical/Dental Staff officer positions and for the at-large members of the Medical Executive Committee.
- 2) The Nominating Committee shall be responsible for contacting the prospective nominees to ensure their interest and ability to perform the required responsibilities of each position. The committee shall discuss the proposed positions and the responsibilities involved, as well as the training, orientation and administrative support that will be provided to the officers, to ensure that prospective nominees understand the roles and responsibilities of the positions for which they are being nominated.
- 3) The Nominating Committee will present a slate of nominees for officers of the Medical/Dental Staff and at-large members to the Medical Executive Committee, to the Medical/Dental Staff Secretary, prior to the Annual Medical/Dental Staff meeting at which the election will take place.
- 4) The Nominating Committee shall also submit nominees for any positions in which vacancies occur.

**E) MEETINGS**

- 1) **FREQUENCY:** The Nominating Committee will meet as often as necessary to fulfill its responsibilities.
- 2) **ATTENDANCE:** Committee members are expected to attend as many of the meetings as possible. The chair is responsible for ensuring that all members fulfill their committee obligations.
- 3) **QUORUM:** Those members present and eligible to vote, including at least two (2) Medical/Dental Staff members.
- 4) **SUPPORT:** The Medical/Dental Staff Office personnel shall provide administrative support.
- 5) **AGENDA and MINUTES:** Personnel from the Medical/Dental Staff Office and the Chair of the committee will be responsible for the development of meeting agendas, notices and maintenance of minutes/reports.
- 6) **REPORTING RELATIONSHIP:** The Nominating Committee reports to the Medical Executive Committee via the Medical/Dental Staff Secretary and President.

**F) CONFIDENTIALITY**

All members of the Nominating Committee will, consistent with the Medical/Dental Staff and Medical Center confidentiality policies, keep in strict confidence all papers, reports and information obtained by virtue of membership on the committee.

**II-4. PROFESSIONAL DEVELOPMENT AND WELLNESS COMMITTEE**

- A) **PURPOSE:** The purpose of the Professional Development and Wellness Committee is to foster professional growth and leadership development, provide collegial support to allow providers to practice at the top of their scope and promote the physical, mental and emotional wellness of all members of the Medical/Dental Staff.
- B) **COMPLIANCE:** Although a committee function is not required by regulatory, licensing or accreditation standards, the oversight of the process is assigned by the Medical Executive Committee to the Professional Development and Wellness Committee.

C) **REGULATORY/ACCREDITING REQUIREMENTS RELEVANT TO FUNCTION**

**Joint Commission** Current Accreditation Manual for Hospitals, Medical Staff Standards

D) **MEMBERSHIP**

- 1) **APPOINTMENT:** Physician members and chair are appointed by the Medical/Dental Staff President and approved by the Medical Executive Committee; Medical Center administrative representatives are appointed by the Chief Executive Officer or designee.
- 2) **COMPOSITION:** In addition to the chair, membership will include:
  - No fewer than three (3) members of the Active Staff, with vote (Insofar as possible, members of this committee should not be current Medical/Dental Staff leaders who would have to get involved in a disciplinary situation; and should have some experience in dealing with impairment issues).
  - Consultant members may be asked to join the group as needed for their expertise concerning a particular issue or problem.
- 3) **TERM LIMITS:** Committee members will serve for an initial two (2) year term and may be reappointed for additional terms without limit. No more than fifty (50%) percent of the members will rotate off on any one year to ensure consistency in process.
- 4) **VACANCY:** Vacancies will be filled in the same manner as original appointment is made.

E) **RESPONSIBILITIES:** The duties of the Professional Development and Wellness Committee shall include:

- 1) Serve as content leaders on the topics of professional development and wellness, with an emphasis on Efficiency of Practice, Personal Resilience and a Culture of Wellness and their impact on Professional Fulfillment.
- 2) Be accessible to members of the medical-dental staff for collegial support and to inspire leadership development.
- 3) Ongoing engagement with the organized medical staff for feedback as to how the committee can best support its needs.
- 4) Recommend to the Medical Executive Committee educational programs and resources that promote the purpose of the committee and support the staff.

- 5) Partner with the hospital Administration and Board of Directors to proactively address practitioner issues to ensure timely intervention and successful outcomes.
- 6) Create an infrastructure that protects patients, staff and practitioners by establishing a process where information and concerns about potentially impaired (physical, mental or emotional) practitioners, including issues related to behavior as described in the Code of Conduct Policy, may be presented for consideration. This process must facilitate rehabilitation rather than discipline and provide education about licensed independent practitioner health, addressing prevention, facilitating confidential diagnosis, treatment and rehabilitation and

**Activities supporting the aforementioned infrastructure:**

- Education of the Medical/Dental Staff and other Medical Center personnel about illness and impairment recognition issues specific to physicians and other health care professionals;
  - An identified process for self-referral by a practitioner and referral by other Medical Center personnel;
  - Confidentiality for informants;
  - Referral of the affected practitioner to the appropriate professional internal or external resources for the diagnosis and treatment of the condition or concerns;
  - Maintenance of the confidentiality of the practitioner seeking referral or referred for assistance, except as limited by law, ethical obligation or when the safety of a patient is threatened;
  - Evaluation of the credibility of a complaint, allegation or concern;
  - Monitoring of the affected practitioner and the safety of patients until the rehabilitation, treatment or any disciplinary process is complete and periodically thereafter; and
  - Reporting to the Medical/Dental Staff leadership instances in which a practitioner is providing unsafe treatment or failed to complete the required rehabilitation program.
- 5) Consider general matters related to the health and well-being of the Medical/Dental Staff and licensed independent practitioners applying for or granted privileges at the Medical Center and make recommendations to the Credentials Committee and Medical Executive Committee, the CEO and the Board of Directors where appropriate.

**F) MEETINGS AND MINUTES**

- 1) **FREQUENCY:** The Professional Development and Wellness Committee shall meet on an as needed basis or as often as necessary to fulfill its functions and responsibilities. Confidential documentation shall be maintained.
- 2) **ATTENDANCE:** Committee members are expected to attend as many of the meetings as possible. The chair is responsible for ensuring that all members fulfill their committee obligations.
- 3) **QUORUM:** Those members present and eligible to vote, including at least two (2) Active Staff members.
- 4) **SUPPORT:** Administrative support will be provided by the personnel in the Medical-Dental Staff Office.

- 5) **AGENDA and MINUTES:** Personnel from the Medical-Dental Staff Office and the Chair shall be responsible for the development of meeting agendas prior to scheduled meetings, maintenance of minutes/reports.
- 6) **REPORTING RELATIONSHIP:** The Professional Development and Wellness Committee shall report to the Medical Executive Committee.

**G) CONFIDENTIALITY**

Pursuant to N.Y. Educ. Law, §6527. the information and records of this committee as related to peer review activities are designated as “proceedings, reports and records of a medical peer review committee.”

All members of the Professional Development and Wellness Committee will, consistent with the Medical-Dental Staff and Medical Center confidentiality policies, keep in strict confidence all papers, reports and information obtained by virtue of membership on the committee.

**II-5. MEDICAL/DENTAL STAFF QUALITY IMPROVEMENT COMMITTEE**

**A) PURPOSE:** The purpose of the Quality Improvement Committee is to assure appropriate organization and presentation of medical staff quality and performance information and data to the MEC.

**B) REGULATORY/ACCREDITING REQUIREMENTS RELEVANT TO FUNCTION**

The Quality Improvement Committee assures reporting of activities required by:

- 1) **Joint Commission:** Current accreditation manual for hospitals, Medical Staff, Leadership and Improving Organizational Performance Standards
- 2) **CMS Conditions of Participation for Hospitals 42CFR482.21** (Quality Assurance)

**C) MEMBERSHIP**

- 1) **APPOINTMENT:** Members and chair are appointed by the Medical/Dental Staff President with approval of the Medical Executive Committee. The Chief Medical Officer, whose responsibilities include the oversight of quality improvement serves as the chair, though this duty may be delegated to his designee.
- 2) **COMPOSITION:**
  - Chief Medical Officer (or designee), Chair
  - Medical-Dental Staff members of the Medical Executive Committee

**D) RESPONSIBILITIES**

The responsibilities of the Quality Improvement Committee include:

- 1) Review information and reports from the Medical/Dental staff Quality Peer Review Committees, the Patient Safety Office, Risk Management, Board Performance Improvement and other QA/PI committees and teams.



- 2) Identify reports and information to be included on the MEC agenda, assure appropriate and complete report format, and assign accountability for presentation to the MEC.
- 3) Identify information to be included on the ECMC Quality dashboard and affiliated documents and assign accountability for presentation to the MEC.
- 4) Ensure compliance with regulatory and accreditation requirements, providing leadership to assure compliance with appropriate Medical/Dental Staff standards.

#### **E) MEETINGS**

- 1) **FREQUENCY:** The Quality Improvement Committee will meet no less than as part of the confidential portion of each MEC meeting.
- 2) **ATTENDANCE:** Committee members are expected to attend as many of the meetings as possible. The chair is responsible for ensuring that all members fulfill their committee obligations.
- 3) **QUORUM:** A quorum is not required for this committee as membership is not responsible for decisions requiring a vote.
- 4) **SUPPORT:** Administrative input and support will be provided by the Department of Patient Safety and Quality Office and the CMO Office.
- 5) **AGENDA and MINUTES:** The Chief Medical Officer, working with the Patient Safety and Quality Office, shall be responsible for the development of meeting agendas prior to scheduled meetings and maintenance of minutes.
- 7) **REPORTING RELATIONSHIP:** The Quality Improvement Committee reports to the Medical Executive Committee.

#### **F) CONFIDENTIALITY**

Pursuant to N.Y. Educ. Law, §6527, the information and records of this committee as related to peer review activities are designated as "proceedings, reports and records of a medical peer review committee."

All members of the Quality Improvement Committee will, consistent with the Medical/Dental Staff and Medical Center confidentiality policies, keep in strict confidence all papers, reports and information obtained by virtue of membership on the committee.

### **II-6. RESOURCE UTILIZATION COMMITTEE**

- A) **PURPOSE:** The Resource Utilization Committee is established as a standing committee of the Medical/Dental Staff. The Resource Utilization Review Plan is developed by the Committee and is incorporated into the Medical Staff Rules and Regulations following approval by the Medical Executive Committee and the Board of Directors.
- B) **REGULATORY/ACCREDITING REQUIREMENTS RELEVANT TO FUNCTION**

The Resource Utilization Committee assures the reporting of activities required by:

- 1) **CMS Conditions of Participation for Hospitals**

**C) MEMBERSHIP**

- 1) **APPOINTMENT:** Members and chair are appointed by the Medical/Dental Staff President with approval of the Medical Executive Committee.
- 2) **COMPOSITION:** In addition to the chair, membership will include:
  - Members of the Active Medical Staff, with vote
  - Quality Information Personnel, as staff, without vote
- 3) **TERM LIMITS:** Committee members will serve for an initial two (2) year term and may be reappointed for additional terms without limit. No more than fifty (50%) percent of the members will rotate off on any one year to ensure consistency in process.
- 4) **VACANCY:** Vacancies will be filled in the same manner as original appointment is made.

**D) RESPONSIBILITIES**

The responsibilities of the Resource Utilization Committee include:

- 1) Report review findings and recommendations to the Medical Executive Committee, COO, CMO, and Senior Vice President of Nursing.
- 2) Review third-party payor denials, make recommendations and/or take appropriate actions.
- 3) Collect and analyze data necessary to carry out its responsibilities.
- 4) Analyze issues, problems, or individual cases identified through utilization review activities, make recommendations for resolution and/or refer to appropriate entities for resolution.

**E) MEETINGS**

- 1) **FREQUENCY:** The Resource Utilization Committee will meet as often as necessary to fulfill its responsibilities
- 2) **ATTENDANCE:** Committee members are expected to attend as many of the meetings as possible. The chair is responsible for ensuring that all members fulfill their committee obligations.
- 3) **QUORUM:** A quorum is not required for this committee as membership is not responsible for decisions requiring a vote.
- 4) **SUPPORT:** Administrative support will be provided by the Utilization Review Department.
- 5) **AGENDA and MINUTES:** The Resource Utilization Professional and the Chair shall be responsible for the development of meeting agendas prior to scheduled meetings, taking and maintenance of minutes.
- 6) **REPORTING RELATIONSHIP:** The Resource Utilization Committee reports to the Medical Executive Committee.

**F) CONFIDENTIALITY**

Pursuant to N.Y. Educ. Law, §6527. the information and records of this committee as related to peer review activities are designated as "proceedings, reports and records of a medical peer review committee."

All members of the Resource Utilization Committee will, consistent with the Medical/Dental Staff and Medical Center confidentiality policies, keep in strict confidence all papers, reports and information obtained by virtue of membership on the committee.

Adopted by the Medical/Dental Staff:

Medical/Dental Staff President  
Kathleen T. Grimm, MD

Date: \_\_\_\_\_

Approved by the Board of Directors:

Thomas J. Quatroche, PhD  
Chief Executive Officer  
Erie County Medical Center Corporation

Date: \_\_\_\_\_

Revisions:

Medical Executive Committee:

Board of Directors Committee:

## CREDENTIALS COMMITTEE MEETING MINUTES

### Committee Members Present:

Yogesh Bakhai, MD (Chair)

Brian Murray, MD, CMO (ex-officio)

Robert Glover, Jr., MD

Richard Hall, MD, DDS, PhD

Susan Ksiazek, RPh

Richard Skomra, CRNA

### Committee Members Excused:

Mark LiVecchi, MD, DMD, MBA

Mandip Panesar, MD

Samuel Cloud, DO

**Guest:** Philip Stegemann, MD

### Medical-Dental Staff Office and Administrative Members Present:

Tara Boone, Medical-Dental Staff Services Coordinator;

Judy Fenski, Credentialing Specialist;

Kerry Carlin, Credentialing Specialist

### CALL TO ORDER

The meeting was called to order at 3:02 pm. The Medical Executive Committee endorsed and the Board of Directors approved the June 2018 Credentials Committee meeting minutes.

**FOR  
INFORMATI  
ON**

### 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 – Burns, Kenneth MD Internal Medicine - Apogee
- C. Application Processing Cessation – None
- D. Automatic Processing Conclusion – (inactive applications > 180 days from date of signature)-None
- E. Resignations (10)

#### Emergency Medicine

Ratchuk, Jill FNP

05/30/2018

Verni, Christine FNP

05/22/2018

#### Family Medicine

Rejewski, Cheryl ANP

07/01/2018

#### Internal Medicine

Karmo, Stephanie MD

06/08/2018

Stohrer, Hans MD

06/15/2018

Tauro, Colin MD

06/27/2018

#### Internal Medicine (Hospitalist)

Kulyk, Iryna MD

06/25/2018

#### Orthopaedic Surgery

Butler, Michael DPM

03/20/2018

**Psychiatry**

Riaz, Usman MD

06/24/2018

**Radiology/Teleradiology**

Paydar, Amir MD

06/08/2018

**FOR  
INFORMATION**

***CHANGE IN STAFF CATEGORY***

**Emergency Medicine**

Thompson, Jeffrey MD

*change from Active to Courtesy, Refer and Follow*

**FOR  
OVERALL ACTION**

***DEPARTMENT CHANGE or ADDITION***

**Surgery**

Kalinka, Lisa ANP

**Removing Internal Medicine**

*Collaborating Physician: Kayler, Liise MD*

**FOR  
OVERALL  
ACTION**

***CHANGE OR ADDITION OF COLLABORATING/SUPERVISING ATTENDING***

None

***PRIVILEGE ADDITION/REVISION***

**Thoracic/Cardiovascular Surgery**

Ksiazek, Nicole PA-C

Allied Health

Professional

*Collaborating Physician: Picone, Anthony MD*

- Surgical First Assist

**Surgery**

Cooper, Clairice MD

Active

- Critical Care, including the induction and prolonged maintenance of medically induced coma
- Brain Death Determination

Lautner, Meeghan, MD

Active

-Head & Neck: Simple incision, excision and tumors, cysts, nodes, foreign body, infection, etc.

- General Thoracic Surgery: Tube (Closed) thoracostomy-emergency  
Tube (Closed) thoracostomy-elective

- Ambulatory, General Thoracic Surgery: Skin lesion excision

**FOR  
OVERALL  
ACTION**

**PRIVILEGE WITHDRAWAL**

None

**UNACCREDITED FELLOWSHIPS**

One Addiction Medicine Fellow was set to start 7/1/18. There are two potential Neurosurgery Fellows with an anticipated start date of 8/1/18. The CMO had heard of a possibility of a new Otolaryngology Unaccredited Fellowship, but as of this meeting, no definitive information is known. The Medical-Dental Staff Office will keep the committee updated to any progress.

**FOR****INFORMATION****APPOINTMENT APPLICATIONS, recommended– comments as indicated****INITIAL APPLICATIONS (14)****Emergency Medicine**

Lythgoe, Kristin, DO

Active

Waldrop, Michael MD

Active

**Internal Medicine**

Karunakaran, Abhijana MBBS

Active

**Neurosurgery**

Mullin, Jeffrey MD

Active

**Orthopaedic Surgery**

Binkley, Matthew MD

Active

Daoust, Jeffrey PA-C

Allied Health

Professional

*Supervising Physician: Ritter, Christopher MD***Pathology**

Aftab, Lalarukh MBBS

Active

**Psychiatry**

Gibbons, Sarah MD

Active

Gordon, Steven MD

Active

Liberta, Joann NP

Allied Health

Professional

*Collaborating Physician: Joseph, Brian MD***Rehabilitation Medicine**

Englert, Amanda NP

Allied Health

Professional

*Collaborating Physician: LiVecchi, Mark MD***Surgery**

Khan, Sikandar MD

Active

Meredith, Charlyn PA-C

Allied Health

Professional

*Supervising Physician: Kayler, Liise MD***Thoracic Cardiovascular Surgery**

Miller, Meagan PA-C

Allied Health

Professional

*Supervising Physician: Aldridge, Janerio MD*

One dossier was tabled until next month pursuant to the applicant updating specific paperwork

## DUAL DEPARTMENT INITIAL APPOINTMENT APPLICATIONS (0)

## FOR OVERALL ACTION

### REAPPOINTMENT APPLICATIONS, recommended – comments as indicated

#### REAPPOINTMENT REVIEW (33)

##### Anesthesiology

Brundin, Douglas CRNA Professional	Allied Health
Furlani, Lisa CRNA Professional	Allied Health
Mason, Molly CRNA Professional	Allied Health
Stobnicki, Cortney CRNA Professional	Allied Health

##### Dentistry

Salvo, Mark DDS	Active
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##### Emergency Medicine

O'Brien, Michael MD	Active
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##### Family Medicine

Alicandri, Darren MD	Active
DeNardin, Ann MD PhD	Active
Sayalolipavan, Thihalolipavan MD Follow	Courtesy, Refer &

##### Internal Medicine

Gbadamosi, Fatai MD	Active
Khan, Mohammad MD	Active
Leddy, John MD Follow	Courtesy, Refer &
Makdissi, Regina MD	Active
Mishra, Archana MD Follow	Courtesy, Refer &
Nanjunde Gowda, Madan MD	Active

Thomas, Todd PA-C Professional	Allied Health
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*Supervising Physician: Anillo, Sergio MD*

Wadhwani, Jai MD	Active
Weldy, Stephanie ANP Professional	Allied Health

*Collaborating Physician: Tadakamalla, Ashvin MD*

##### Neurology

Samie, M. Reza MD	Active
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##### Oral & Maxillofacial Surgery

Bryan, Amy DDS	Associate
Rodems, Fred DDS	Active

##### Orthopaedic Surgery

Ritter, Christopher MD	Active
Taylor, Karen PA-C	Allied Health
Professional	
<i>Supervising Physician: Ritter, Christopher MD</i>	
<b><u>Pathology</u></b>	
Balos, Lucia MD	Active
Krabill, Keith MD	Active
<b><u>Psychiatry &amp; Behavioral Medicine</u></b>	
Kaye, David MD	Active
<b><u>Radiology</u></b>	
Dann, Sara, PA-C	Allied Health
Professional	
<i>Supervising Physician: Marshall, Jonathan MD</i>	
Lannon, Gail PA-C	Allied Health
Professional	
<i>Supervising Physician: Marshall, Jonathan MD</i>	
Makhija, Jasbeer MD	Active
Oliverio, Roseanne MD	Active
<b><u>Surgery</u></b>	
Cherr, Gregory MD	Active
Lautner, Meeghan MD	Active
<b><u>Thoracic/Cardiovascular Surgery</u></b>	
Zoratti, Alyson PA-C	Allied Health
Professional	
<i>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.

<b>Provisional to Permanent Staff</b>	<b>Provisional Period Expires</b>
<b>07/25/2018</b>	
<b><u>Emergency Medicine</u></b>	
Bacher, Henry MD	Active
Camposeo, Nicholas DO	Active
Monaco, Brian MD	Active
Rivers, William MD	Active
<b><u>Family Medicine</u></b>	
Abdelsayed, Sarah MD	Active
<b><u>Internal Medicine</u></b>	
Cole, Casey NP	Allied Health
Professional	
<i>Collaborating Physician: Dr. Anillo</i>	
Giesler, Daniel MD	Active
Lyke-Frazier, Candice NP	Allied Health
Professional	
<i>Collaborating Physician: Dr. Anillo</i>	



Rasnick, Joseph NP	Allied Health
Professional	
<i>Collaborating Physician: Dr. Desai</i>	
Siebert, Marc NP	Allied Health
Professional	
<i>Collaborating Physician: Dr. Brockman</i>	
Stansberry, Andrew PA-C	Allied Health
Professional	
<i>Supervising Physician: Dr. Desai</i>	
<b><u>Ophthalmology</u></b>	
Lillis III, John MD	Active
<b><u>Orthopaedic Surgery</u></b>	
Fiore, Nora PA-C	Allied Health
Professional	
<i>Supervising Physician: Dr. Gurske-DePerio</i>	
<b><u>Radiology</u></b>	
Becker-Weidman, David MD	Active
Bevilacqua, Thomas MD	Active
Patel, Arpit MD	Active

*The future September 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

#### **OLD BUSINESS**

##### **Office Operations**

Under the redesign of The Medical Dental Staff Office, the Medical Staff Coordinator will be taking on the responsibility of working with the Credentials Chair in preparing the agenda and the minutes of the committee each month.

##### **Privilege Forms**

##### **MULTIPLE PHYSICIAN FORMS**

The Committee was reminded of the need for ongoing maintenance of the currency and consistency of privilege forms. For example, incision and drainage of superficial abscess is now a core privilege on the combined AHP privilege form. Some of the Physician forms have a separate delineation for incision and drainage as a Level II privilege. The Committee agreed that the Physician forms covers superficial abscess in its Core Privileges(see below)

**Non-Procedural Core and General Entry Level I Privileges:** It is expected that all applicants are competent to perform certain basic procedural and non-procedural skills after the successful completion of an accredited residency program. Those delineated on this form represent elements typically taught in training programs and are representative, not exhaustive, and skills of similar scope and complexity apply.

The Committee endorsed the revision of all Physician privilege forms containing incision and drainage as a delineated privilege to specify complex.

### ORTHOPAEDIC SURGERY/PODIATRY

The Credentials Committee invited the Chief of Service of Orthopaedic Surgery to discuss a request for additional privileges from a staff member Podiatrist. The CMO reviewed the education, licensure and experience of the Provider; all of which support competency for these procedures. The Provider was deemed qualified due to special training that is recognized by the NYS Education Dept. Per the Medical Director of the ECMC Wound Care Center there may be patients of theirs that could benefit from offering these procedures. In the interest of continuity of care, the addition of these privileges to the Podiatry privilege form are being requested. The Committee stated that a covering Provider with the same privileges, education, licensure and training would be necessary in order to grant these new privileges. The CMO instructed the Credentials Chair to draft a letter to the requesting Provider and forward to the ECMC Legal Counsel for review and approval to send.

### COMBINED AHP FORMS

#### Thoracic/Cardiovascular Surgery

The new Chief of Service has received the draft revised form with a request to align delineated privileges to the current services offered by the department.

### INTERNAL MEDICINE/NEPHROLOGY

GENERAL ADMITTING PRIVILEGES	Physician Request	Recommend		Special Requirements
		YES	NO	
NEPHROLOGY				
RENAL TRANSPLANT MANAGEMENT				
PANCREAS TRANSPLANT MANAGEMENT				

AMBULATORY CARE: Staff membership may include individuals whose practices are limited to ambulatory care. Ambulatory privileges alone in Internal Medicine do not include admission of patients to the hospital.

AMBULATORY CARE PRIVILEGES	Physician Request	Recommend		Special Requirements
		YES	NO	
AMBULATORY CARE PRIVILEGES				

CONSULTATIVE PRIVILEGES: Subspecialty internists may provide consultations to other medical and surgical specialists according to their training, experience and current privileges. Such consultations include, but are not limited to: preoperative evaluation of surgical patients and differential diagnoses of medical problems.

CONSULTATIVE PRIVILEGES INCLUDE BOTH MEDICAL/SURGICAL AND INTENSIVE CARE LOCATIONS	Physician Request	Recommend		Special Requirements
		YES	NO	
CONSULTATION – Nephrology				
CONSULTATION – Renal Transplant Management				
CONSULTATION – Pancreas Transplant Management				

In the course of conducting FPPE, a Nephrologist with limited clinical activity at ECMC was asked to provide cases of Pancreas Transplant Management and Pancreas Transplant Management Consultation. The Provider's response was reviewed for the committee. When these privileges were originally added to the form, the intent was to represent acute management. The Provider's FPPE will be placed on hold until there are cases at ECMC. The committee was asked to consider moving forward if it might be helpful to amend the wording of the privileges to add clarity.

#### **HOSPITALIST PRIVILEGING**

The Medical-Dental Staff Office has questioned if there is a potential opportunity to standardize the privileges requested by the Physicians of the Hospitalist group. The rationale for a hospitalist template is the use of a shift model and the expectation that all provide the same level of service. The Chief of Service and the Hospitalist Program Director were asked to opine on the development of a "Hospitalist" template for selection of privileges or the development of a "Hospitalist" privilege form. The Credentials Committee endorsed the suggestion, but the Chief of Service did not feel any changes to the current process were warranted.

#### **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 accreditation standards.

#### **FOR OVERALL ACTION**

#### ***NEW BUSINESS***

**Palliative Care Buffalo** has reached out to inquire if their Hospice Providers are required to continue to go through the credentialing process. At present, their activities fall under Hospice services delivered at the TerraceView nursing facility, during which they examine and interview the patients. While they do not write orders, they currently make recommendations for treatment (traditional consultant role). In the past, ECMC Legal Counsel opined that as Terrace View falls under the ECMC umbrella, all Providers at the nursing facility need to be credentialed through the ECMC process. The Committee agreed with the opinion of Legal Counsel. The Medical-Dental Staff Office will communicate this back to the practice plan.

#### **Thoracic/Cardiovascular Surgery Service coverage**

The Medical Dental Staff Office has alerted the reporting Administrator, the CMO and the Credentials Committee that the new model for coverage has all midlevels with the Chief of Service as the supervising Physician. As a 405 facility, this does not present a regulatory issue, but the information was passed on to ensure that this would not be an issue for the physician's malpractice carrier.

**FOR**

#### **INFORMATION**

#### ***OPEN ISSUES***

None

**FOR**

#### **INFORMATION**

#### ***OTHER BUSINESS***

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

#### **FPPE (Focused Professional Practice Evaluation) (3)**

Internal Medicine 2

Neurosurgery 1

The Committee was informed of the increasing number of Allied Health Professionals with dual department privileges. The Joint Commission is silent on the issue of an existing provider adding a new department, but the Joint Commission standard is every newly requested privilege be evaluated. The pattern of dual appointments will therefore impact the volume of FPPE's.

**OPPE (Ongoing Professional Practice Evaluation) (48)**

Anesthesia	29
Chemical Dependency	10
OBGYN	9

**FOR  
INFORMATION**

**ADJOURNMENT**

With no other business, a motion to adjourn was received and carried at 4:10 PM.

Respectfully submitted,



Yogesh Bakhai, MD  
Chairman, Credentials Committee  
Att.

**Resolution Authorizing Continuation of  
Wyoming County Relationship**

Approved July 31, 2018

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WHEREAS, the Corporation entered into an administrative services agreement with Wyoming County Community Health System ("WCCHS") and has provided clinical and administrative support; and

WHEREAS, the Corporation and WCCHS have been in dialogue about expanding the relationship between the two systems to include management services with clinical and administrative services continuing to be provided;

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

1. The Corporation and WCCHS have similar missions of providing access to high quality health care services and have formed a strong working relationship over several years.
2. The Corporation is authorized to continue in its role of providing clinical and administrative services to WCCHS and to negotiate and execute a new management services agreement.
3. The Chief Executive Officer is authorized to execute any new agreement with WCCHS, upon approval by the General Counsel.
4. This resolution shall take effect immediately.



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Bishop Michael Badger  
Corporation Secretary