I. Call to Order:
The meeting was called to order at 4:34 p.m.

II. Minutes
Upon a motion made by Michael Seaman and seconded by Jack Quinn, the minutes of the September 25, 2018 regular meeting of the Board of Directors were unanimously approved.

III. Presentations

Nursing Quality Presentation
Karen Ziemianski, RN, MS, Senior Vice President of Nursing

Mrs. Ziemianski provided a summary of the hospitals results of the NDNQI (National Database for Nursing Quality Indicators) survey. Three units (12Z1, 4 South and MICU) were acknowledged for scoring significantly higher than the national average.

IV. Action Items

Resolution Approving service Contracts in Excess of One Year
Moved by Jennifer Persico and seconded by Sharon Hanson
Motion approved unanimously

Resolution Approving Changes to the Corporate By-Laws
Moved by Sharon Hanson and seconded by Michael Seaman
Motion approved by a 9-3 vote

Resolution Designating the Naming of Certain Spaces and Structures
Moved by Kathleen Grimm, MD and seconded by Jennifer Persico
Motion approved unanimously
Resolution Approving the Use of Certain Funding from the Office of Mental Health
Moved by Michael Hoffert and seconded by Jennifer Persico
Motion approved unanimously

Approval of October 6, 2018 Medical/Dental Staff Appointments/Re-Appointments
Moved by Kathleen Grimm, MD and seconded by Michael Seaman
Motion approved unanimously

V. Reports of Corporation Management

Chief Executive Officer and President

Dr. Quatroche began by congratulated Jon Dandes and Eugenio Russi for recent awards received.

Quality

The Leapfrog Hospital Group awarded the Corporation a B grade for safety. HANYS Innovation Spotlight featured the Corporation statewide for a reduction in falls by 56% over the last two years. The American Dental Association Commission surveyed the hospital’s dental area and reported no findings. The Corporation has reduced its hospital acquired conditions to .4 from .8 in 2017. A Patient Safety Committee has been established to conduct root cause analyses of adverse events and significant near misses.

Patient Experience

The Corporation hosted Patient Appreciation Day, Patient Family Advisory Council Awareness Day and several learning sessions for the staff. Patient Experience scores are greater than the previous year and higher than the national benchmark.

Culture

The Corporation celebrated Breast Cancer Awareness Month, Infection Prevention Week and Care Management Week. Staff participated in the Employee Appreciation Luncheon and the Veteran’s Day Reception. There was a day of development for the Medical/Dental staff which included presentations and discussions. Town Square Media hosted a radiothon and Tim Horton’s collected $95K through their Smile Cookie campaign to benefit the ED/Trauma Center. The ECMC Foundation awarded $81K in professional development scholarships to nurses wanting to advance their education. Employees donated to the hat and glove drive for School 84, supported the Food Bank of WNY and delivered pies to those who worked on Thanksgiving day.

Operations

The Corporation opened a temporary entrance while construction progresses on the new entrance and lobby. Length of Stay (LOS) continues to be a challenge for the Corporation. Great Lakes Cancer Care has been launched. Dr. Kent Chevli has joined the Corporation and will chair the Urology Department. The Corporation
opened a new dental clinic at Buffalo General. The building at Kensington Heights has been demolished and the clean-up phase will now begin. The Corporations volume-related activity was consistent with past months: discharges are increasing, case mix index has increased, general surgeries have increased and Emergency Department visits have increased.

Chief Financial Officer

A summary of the financial results through October 31, 2018 was briefly reviewed and the full set of these materials are received and filed. Mr. Gary informed the board that the Finance Committee considered a new set of regulations regarding Charge Transparency requirements that go into effect January 1, 2019.

VI. Reports from Standing Committees

Building and Grounds Committee: Mr. Bennett provided an overview of the status of various projects: Emergency Department and Trauma Center tower for the elevator is complete and the truss for the ceiling is in place; the new entrance will include a snow melt system for the concrete, CPEP renovations will include an accessible area for family. In-house construction services continue to be quite busy on various other projects.

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 Christopher O’Brien and seconded by Jennifer Persico to enter into Executive Session at 5:43 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
Moved by Jennifer Persico and seconded by Michael Seaman to reconvene in Open Session at 6:45 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 Darby Fishkin to adjourn the Board of Directors meeting at 6:45 p.m.

Michael A. Badger
Corporation Secretary
A Resolution of the Board of Directors of Erie County Medical Center Corporation
Approving Service Contracts in Excess of One Year

Approved November 27, 2018

WHEREAS, in accordance with New York Public Authorities Law § 2879(3)(b)(ii), all agreements for services to be rendered in excess of one year (the “Applicable Contracts”) are required to be reviewed and approved by the Erie County Medical Center Corporation (the “Corporation”) Board of Directors (the “Board”) via resolution; and

WHEREAS, in accordance with Article VI, Section 20 of the Corporation By-Laws, the Corporation has delegated responsibility for review of these contracts to the Contracts Committee of the Board; and

WHEREAS, on October 24, 2018, the Contracts Committee met and reviewed the Applicable Contracts for the period from June 13, 2018 through October 19, 2018; and

WHEREAS, the Contracts Committee recommends to the Board of Directors that the Corporation approve and ratify the Applicable Contracts.

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

1. The Board of Directors of Erie County Medical Center Corporation hereby approves and ratifies the Applicable Contracts.

2. This resolution shall take effect immediately.

________________________________________
Bishop Michael A. Badger
Corporation Secretary
A Resolution
Approving Changes to the Corporation By-Laws

Approved November 27, 2018

WHEREAS, in accordance with Article XII of the Erie County Medical Center Corporation (the “Corporation”) By-Laws, the Corporation may amend the By-Laws by the affirmative vote of a quorum of members at an annual, regular, or special meeting of the Board of Directors; and

WHEREAS, Article VI, Section 18 of the By-Laws delegates responsibility to the Board’s Governance Committee to annually review and, as necessary, make recommendations to the Board regarding updates to the By-Laws; and

WHEREAS, on August 21, 2018, the Governance Committee met and discussed changes to the By-Laws, and voted to recommend these changes to the Board; and

WHEREAS, the Governance Committee’s recommended changes to the By-Laws were presented to the Board on September 30, 2018, thirty (30) days’ prior to the October 30, 2018 regular meeting of the Board, as required by Article XII of the By-Laws; and

WHEREAS, on October 30, 2018, a quorum of the Board met and voted to approve the changes recommended by the Governance Committee;

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

1. The Board of Directors of Erie County Medical Center Corporation hereby approves and ratifies the proposed changes to the Corporation By-Laws in accordance with the recommendations of the Governance Committee.

2. The Corporation is authorized to take all necessary steps to implement this Resolution including conforming language in the By-Laws to be consistent with these changes.

3. This Resolution shall take effect immediately.

__________________________________________
Bishop Michael A. Badger
Corporation Secretary
Resolution Designating the
Naming of Certain Spaces and Structures

Approved November 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
<table>
<thead>
<tr>
<th>November Board Approval</th>
<th>Donor Name</th>
<th>Naming Opportunity</th>
<th>Location</th>
<th>Recognition Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dr. Yogesh D. Bakhai</td>
<td>Treatment Room</td>
<td>Fastrack</td>
<td>Dr. Himatlal and Mrs. Bharti Shah</td>
</tr>
<tr>
<td></td>
<td>Lisa J. Friedman</td>
<td>Triage Room</td>
<td>Care Initiation</td>
<td>Lisa &amp; Scott Friedman</td>
</tr>
</tbody>
</table>
A Resolution of the Board of Directors of Erie County Medical Center Corporation
Approving Use of Certain Funding from the Office of Mental Health

Approved November 27, 2018

WHEREAS, Erie County Medical Center Corporation (the “Corporation”) has received additional funding from the Office of Mental Health to support employee raises for direct care workers, direct support professionals, and clinical workers (the “Funding”); and

WHEREAS, in order to receive the Funding, the Corporation is required to provide the Office of Mental Health with a board resolution accepting the funds and directing their use in accordance with OMH requirements;

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

1. The Corporation accepts the Funding provided and agrees to comply with the implementation guidelines associated with the Funding.

2. The Funding received from the Office of Mental Health will be administered in compliance with Part Q of Chapter 57 of the Laws of 2017.

3. The Funding will be used to support salaries for direct services staff, direct support professionals and clinical staff as defined by the Commissioner of Mental Health.

4. This Resolution shall take effect immediately.

__________________________________________
Bishop Michael A. Badger
Corporation Secretary
CREDENTIALS COMMITTEE MEETING MINUTES

Committee Members Present:
Yogesh Bakhai, MD (Chair)  Mandip Panesar, MD
Robert Glover, Jr., MD  Victor Vacanti, MD
Mark LiVecchi, MD, DMD, MBA  Samuel Cloud, DO

Excused:
Richard Skomra, CRNA  Brian Murray, MD, CMO (ex-officio)
Richard Hall, DDS, MD

Medical-Dental Staff Office and Administrative Members Present:
Tara Boone, Medical-Dental Staff Services Coordinator;
Judy Fenski, Credentialing Specialist;
Kerry Carlin, Credentialing Specialist;
Barb Fleissner, Credentialing Specialist

CALL TO ORDER
The meeting was called to order at 3:03 pm. The Medical Executive Committee endorsed the October 2018 Credentials Committee meeting minutes.
The October 2018 BOD meeting was cancelled; all actions recommended by the Credentials Committee at this meeting will be granted by the BOD in November 2018.

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 – Ramos, Emilio MD of Internal Medicine
B. Applications Withdrawn – Cumbo, Harjeet PA-C
C. Application Processing Cessation – None
D. Automatic Processing Conclusion – (inactive applications > 180 days from date of signature)-None
E. Resignations (7)
   Anesthesiology
   Mason, Molly CRNA  11/02/2018
   Emergency Medicine
   Maxwell, Rachel PA-C  12/14/2018
   Internal Medicine
   Ahmed, Awais MD  09/21/2018
   Orthopaedics Surgery
   McKenney, Matthew PA-C  10/31/2018
   Radiology
   Patel, Arpit MD  09/30/2018
   Radiology (Telerad)
   Cooney, Michael MD  11/27/2018
   Shaffrey, Julie MD  11/27/2018

FOR INFORMATION
CHANGE IN STAFF CATEGORY

FOR OVERALL ACTION

DEPARTMENT CHANGE or ADDITION

FOR OVERALL ACTION

CHANGE OR ADDITION OF COLLABORATING/SUPERVISING ATTENDING

Internal Medicine

Braunscheidel, Denise NP

Collaborating Physician: from Zizzi, Joseph MD to Vacanti, Victor MD

Kielbasa, Jennifer PA-C

Supervising Physician: from Zizzi, Joseph MD to Wadhwni, Jai MD

Meng, Jennifer PA-C

Supervising Physician: from Zizzi, Joseph MD to Vacanti, Victor MD

Musielak, Pia PA-C

Supervising Physician: from Zizzi, Joseph MD to Vacanti, Victor MD

Patterson, Joel PA-C

Supervising Physician: from Zizzi, Joseph MD to Vacanti, Victor MD

FOR OVERALL ACTION

PRIVILEGE ADDITION/REVISION

Internal Medicine

Wren, Sarah FNP

Professional

Collaborating Physician: Desai, Ravi MD

- Abdominal Paracentesis
- Arterial Catheter percutaneous, insertion and removal
- Endotracheal intubation and extubation
- Femoral Vein; CVP placement and removal
- Internal Jugular Vein Catheterization and removal

Yacoub, Rabi MD

Active

- Pancreas Transplant Management
- Consultation- Pancreas Transplant Management

Neurology

Benedict, Ralph PhD

Professional

- Responsibility for Psychology Interns and Post-Doctoral Fellows – Unlimited

FOR OVERALL ACTION

PRIVILEGE WITHDRAWAL

Family Medicine

Holmes, David MD

- Paracentesis
- Methadone Maintenance Treatment

FOR OVERALL ACTION
UNACREDITED FELLOWSHIPS
No updates or changes to report at this time.

FOR INFORMATION

APPOINTMENT APPLICATIONS, recommended—comments as indicated

INITIAL APPLICATIONS (14)

Anesthesiology
Kreuter, Katelynn CRNA
Professional

Emergency Medicine
Thompson, Sarah PA-C
Professional
  Supervising Physician: Igoe, Gerald MD

Internal Medicine
Ayaz, Muddusir MD
Kathuria, Kanik MD
Lee, Sunyoung MD
Patel, Archit DO

Neurosurgery
Phillips, Marisa PA-C
Professional
  Supervising Physician: Castiglia, Gregory MD

Radiology
Kessler, Alexander MD

Radiology – Teleradiology
Akrami, Jason MD
Kim, Eugene MD
Spirer, David MD

Rehabilitation Medicine
Romanowski, Cindy MD

Surgery
Bonner, Keisha MD
Sanders, Christina DO

DUAL DEPARTMENT INITIAL APPOINTMENT APPLICATIONS (0)

REAPPOINTMENT APPLICATIONS, recommended—comments as indicated

REAPPOINTMENT REVIEW (28)

Anesthesiology
Brignon, Kimberly CRNA
Professional
Coniglio, Julia CRNA
Professional
Haws, Brianna CRNA
Professional
Kocz, Remek MD

FOR OVERALL ACTION

REAPPOINTMENT APPLICATIONS, recommended—comments as indicated

REAPPOINTMENT REVIEW (28)

Anesthesiology
Brignon, Kimberly CRNA
Professional
Coniglio, Julia CRNA
Professional
Haws, Brianna CRNA
Professional
Kocz, Remek MD

FOR OVERALL ACTION

REAPPOINTMENT APPLICATIONS, recommended—comments as indicated

REAPPOINTMENT REVIEW (28)

Anesthesiology
Brignon, Kimberly CRNA
Professional
Coniglio, Julia CRNA
Professional
Haws, Brianna CRNA
Professional
Kocz, Remek MD

FOR OVERALL ACTION

REAPPOINTMENT APPLICATIONS, recommended—comments as indicated

REAPPOINTMENT REVIEW (28)

Anesthesiology
Brignon, Kimberly CRNA
Professional
Coniglio, Julia CRNA
Professional
Haws, Brianna CRNA
Professional
Kocz, Remek MD
Meyers, Shannon CRNA  
Allied Health  
Professional  
**Emergency Medicine**  
Hall, Elizabeth PA-C  
Allied Health  
Professional  
*Supervising Physician: Hlubik, Kerry MD*

Moscati, Ronald MD  
Active

**Internal Medicine**  
Bryson, Melissa NP  
Allied Health  
Professional  
*Collaborating Physician: Brockman, Daniel DO*

Chaudhuri, Ajay MD  
Active

Ezenwa, Chinyere MD  
Active

Kim, Chee Hoon MD  
Associate

Kozlowski, Lisa MD  
*Courtesy, Refer & Follow*

Pisano, Heather FNP  
Allied Health  
Professional  
*Collaborating Physician: Banas, Michael MD & Tadakamalla Ashvin MD*

Shah, Dhiren MD  
Active

Yacoub, Rabi MD  
Active

**Neurology**  
Benedict, Ralph PhD  
Allied Health  
Professional

Buttaccio, Rebecca PA-C  
Allied Health  
Professional  
*Supervising Physician: Ferguson, Richard MD*

**Ophthalmology**  
Lillivis, John MD  
Active

**Orthopaedic Surgery**  
Bernas, Geoffrey MD  
Active

Stegemann, Phillip MD  
Active

**Psychiatry & Behavioral Medicine**  
Frank, Tawni MD  
Active

Gunn, Susan Psy NP  
Allied Health  
Professional  
*Collaborating Physician: Coggins, Evelyn MD*

Leo, Raphael MD  
Active

Smith, Beth MD  
Active

**Radiology**  
Aiad, Shahir MD  
*Courtesy, Refer & Follow*

Lesh, Charles MD  
Active

Tabone, Michael DO  
Active

**Radiology-Teleradiology**  
Cavazos, Cristina MD  
Active

**DUAL DEPARTMENT REAPPOINTMENT APPLICATIONS (1)**  
**Internal Medicine & Surgery**  
Chang, Shirley MD  
Active
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.

<table>
<thead>
<tr>
<th>Provisional to Permanent Staff</th>
<th>Provisional Period</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family Medicine</strong></td>
<td></td>
</tr>
<tr>
<td>Bieniek, Christopher NP</td>
<td>Allied Health</td>
</tr>
<tr>
<td>Professional</td>
<td></td>
</tr>
<tr>
<td><strong>Collaborating Physician: Dr. Alfredo Torres</strong></td>
<td></td>
</tr>
<tr>
<td>Elnasser, Dilafruz NP</td>
<td>Allied Health</td>
</tr>
<tr>
<td>Professional</td>
<td></td>
</tr>
<tr>
<td><strong>Collaborating Physician: Dr. Stephen Evans</strong></td>
<td></td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>Allied Health</td>
</tr>
<tr>
<td>Brindisi, Joseph NP</td>
<td></td>
</tr>
<tr>
<td>Professional</td>
<td></td>
</tr>
<tr>
<td><strong>Collaborating Physician: Dr. John Fudyma</strong></td>
<td></td>
</tr>
<tr>
<td>Internal Medicine - Hospitalist</td>
<td>Active</td>
</tr>
<tr>
<td>Komarova, Irina MD</td>
<td></td>
</tr>
<tr>
<td><strong>Oral and Maxillofacial Surgery</strong></td>
<td>Active</td>
</tr>
<tr>
<td>White, Gregory DDS</td>
<td></td>
</tr>
<tr>
<td><strong>Rehabilitation Medicine</strong></td>
<td>Active</td>
</tr>
<tr>
<td>Boucher, George MD</td>
<td></td>
</tr>
</tbody>
</table>

The future January 2019 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

Psychiatry
Grace, Jeffery MD (12/31/2018)                  Courtesy, Refer & Follow
Certified letter mailed in August and September
The Credentials Chair texted Dr. Grace during October CC Meeting. Dr. Grace stated he was going to stay. As of the November Credentials Committee meeting, the MDSO has not received an application

AUTOMATIC CONCLUSION, Reappointment Expiration, FINAL NOTICE

None

OLD BUSINESS

Office Operations
= The Medical Dental Staff Office continues to meet the increasing number of temporary privilege requests. The volume of initial applications has increased while the timeframe to process them has decreased.
= Start dates need to be communicated in writing by all Practice Plans. This includes any temporary privilege requests or changes to start dates.
NEW BUSINESS
Privilege Forms

The Chief of Service for the Thoracic/Cardiovascular Surgery Department has approved the combined

<table>
<thead>
<tr>
<th>SURGICAL FIRST ASSIST LEVEL II PRIVILEGES *</th>
<th>First Assist Request</th>
<th>Recommend</th>
<th>If Yes, indicate any requirements; If No, provide details. See p.4</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Offered only to PA FA &amp; NP FA applicants. Must be a member of the department to select their privileges.</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>

These functions can be performed with the supervising surgeon immediately available. 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.

THORACIC/CARDIOVASCULAR SURGERY

<table>
<thead>
<tr>
<th>First assist with any cardiovascular or thoracic procedure and assist with cannulation and decannulation of great vessels.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>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</strong>*</td>
</tr>
</tbody>
</table>

AHP privilege form with the suggested addition to the first assist privileges highlighted below:

*Bariatric Surgery

1) Privilege form in need of updating both credentialing criteria and case volumes, case review
2) Department of Surgery privilege form still contains bariatric procedures. Chief of Service to evaluate if the Department of Surgery privilege form should continue to offer bariatric procedures. If so, the credentialing criteria, per the Joint Commission, needs to be aligned as best as possible.

The above reminds of the need for a more formalized process for review and sign off of privilege forms annually. The above was referred to the clinical department, confirmed as needing no changes by e-mail and months later, noted by the MDSO to need revision. S.Ksiazek will use this form revision as a test case for the documentation of the annual review.

Internal Medicine

= Chief of Service has reached out to the Director of Transplant to revamp the Nephrology/Transplant privilege form
= Chief of Service expressed interest in revising the PhD form (only 3 practitioners). S.Ksiazek suggested one PhD form for all departments, with core privileges applying to all and Level II privileges department specific. This will add efficiency by condensing a small number of practitioners to one form to be maintained vs. 5 separate forms (Family Medicine, Internal Medicine, Neurology, Psychiatry, Rehabilitation Medicine) and is a model utilized by other institutions. The Credentials Chair will reach out to the Chief of Service and collaborate on a unified privilege form.
=Also, Chief of Service requests:
1) Removal of moderate Sedation from Generalist (MD) form. The Credentials Committee endorsed this as the privilege can be obtained on a specialty privilege form. Moderate sedation is not performed on the floors by General Internal Medicine Physicians.

2) Putting “suggested procedural volumes” back on AHP form. The Credentials Committee decided that this is not warranted due to the verbiage “suggested”. In addition, the Chief of Service may request additional documentation prior to granting the privileges. Therefore, case logs are at the discretion of the Chief of Service.

**Emergency Medicine**

The Chief of Service of Emergency Medicine has questioned the need for Dr. Hughes and his staff needing privileges in Emergency Medicine. Currently Dr. Hughes operates Great Lakes Physicians Services and has not worked in the Emergency Department for 5 years. The MDSO spoke with Lindy Nesbitt, from Legal Counsel, who confirmed that the Great Lakes Physicians Services is a non-ECMC business that operates in leased space, similar to the Ob/Gyn Grider Family Health Center. In August 2015 the Credentials Committee decided that in the case of the Ob/Gyn clinic, there was no need to credential the providers. The Credentials Committee voted according to precedent and agreed that Dr. Hughes and staff should not be required to be on ECMC Medical Staff. The MDSO will refer the matter to the CMO for his agreement and see if he is willing to raise the matter with Dr. Hughes. The MDSO will continue to research the Chiropractic Clinic and report back to the Credentials Committee December 2018.

**JC Readiness**

Submitted by S.Ksiazek: A comprehensive reconciliation of the 2018 printing of the Joint Commission standards has been completed and the following are noted:

=In the prelude to MS 06.01.05 (Privileging), there is the same statement as is listed in the OPPE chapter for renewal of privileges, that if an existing provider asks for a new privilege, the criteria for granting such includes the OPPE data. Though not listed as a separate standard and although current clinical competency is the basis for Chief of Service endorsement of the requested privilege, it would appear prudent that the same sign-off process used for re-appointment (the new re-appointment summary) also be used for new privilege requests outside of re-appointment to ensure that there is documentation substantiating compliance with JC expectations. A form for such has been drafted for the endorsement of the Credentials Committee, utilizing the re-appointment summary as a template for consistency.

=There are no new standards as compared to 2017 with the exception of MS 04.01.01 EP 18, which we were already aware and that is the involvement of the Medical Staff in pain assessment, pain management and safe opioid prescribing. The evidence for meeting this EP would reside in the Patient Safety Office minutes of the interdisciplinary committee. When the Joint Commission Evidence Binder is put together, a couple of examples of those minutes and PI initiatives around pain management would need to be included. No changes to the credentialing standards.

=The new standard for 2019 that DOES NOT reside in the MS chapter, but remains a work in progress through the Department of Radiology, is the annual training of ALL staff (inc. non MDs) involved with the use of fluoroscopy.
**Bylaws changes relevant to the credentialing process**

S. Ksiazek has recommended to the Bylaws Committee that they entertain adding the requirement for certification from their respective accrediting boards for nurse practitioners and physician assistants just as board certification is required for physicians. The rationale is as follows:

- There is already an informal requirement for nurse anesthetists that should be codified in policy and applied consistently across all Allied Health Professional disciplines.
- Insurance companies are making this a requirement for participation for payment.
- We are already at greater than 98% compliance, so this would not be a heavy lift. Bylaws Committee can consider proposing grandfathering as was done in 2006 when board certification became required for physicians.
- Kalieda Health has made this a requirement, lending to the spirit of harmonization under Great Lakes Health.

**Temporary Privileges (5)**

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.

**FOR INFORMATION**

**OPEN ISSUES**

- Podiatry privilege form. The Credentials Chair has composed and mailed a letter to the Podiatric Physician explaining the covering Physician requirements that must be met for granting of the requested privileges and why the Committee feels that these have not been met.
- The MDSO is still waiting for ECMC Legal Counsel’s final draft of the new Collaborating/Supervising Physician form. Our office was recently informed that progress is being made and we should expect a completed revision for the December 2018 Credentials Meeting.
- Internal Medicine Physician needs to extend Leave of Absence until 11/30/18 due to VISA issues.

**FOR INFORMATION**

**OTHER BUSINESS**

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

**FPPE (Focused Professional Practice Evaluation) (6)**

<table>
<thead>
<tr>
<th>Department</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery</td>
<td>4</td>
</tr>
<tr>
<td>Radiology</td>
<td>1</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>1</td>
</tr>
</tbody>
</table>

S. Ksiazek asks for consideration a revision to Form III (Chief of Service sign-off) has been drafted to accommodate the documentation and follow up of privileges not exercised before the end of the evaluation period (refer to highlighted text).

**OPPE (Ongoing Professional Practice Evaluation) (42)**

<table>
<thead>
<tr>
<th>Department</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pathology</td>
<td>1</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>10</td>
</tr>
<tr>
<td>Psych</td>
<td>1</td>
</tr>
<tr>
<td>Anesthesia</td>
<td>16</td>
</tr>
</tbody>
</table>
With no other business, a motion to adjourn was received and carried at 3:58 PM.

Respectfully submitted,

Yogesh Bakhai, MD
Chairman, Credentials Committee

Att.
CREDENTIALS COMMITTEE MEETING MINUTES

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

Medical-Dental Staff Office and Administrative Members Present:
Tara Boone, Medical-Dental Staff Services Coordinator;
Judy Fenski, Credentialing Specialist;
Kerry Carlin, Credentialing Specialist;
Barb Fleissner, Credentialing Specialist

CALL TO ORDER
The meeting was called to order at 3:05 pm. The Medical Executive Committee endorsed the September 2018 Credentials Committee meeting minutes. The Board of Director’s approved the September 2018 Credentials Committee meeting minutes as well.

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.

F. Deceased – None
G. Applications Withdrawn – Kaufman, Virginia PA-C
H. Application Processing Cessation – None
I. Automatic Processing Conclusion – (inactive applications > 180 days from date of signature)-None
J. Resignations (9)
   Dentistry
   D’Silva, Jennifer DDS  08/10/2018
   Internal Medicine
   Bent-Shaw, Luis MD  08/31/2018
   Franklin, James PA-C  09/12/2018
   Giesler, Daniel MD  07/01/2018
   Kozlowski, Lisa MD  09/12/2018
   Vaidyanathan, Gayatri MD  11/06/2018
   Obstetrics & Gynecology
   Yu, Taechin MD  10/17/2018
   Psychiatry
   Romero, Ricardo MD  10/31/2018
   Surgery
   Wiles, Charles, III MD  11/15/2018

FOR INFORMATION
CHANGE IN STAFF CATEGORY
   Urology
   Chevli, Kent MD  Associate to Active

FOR OVERALL ACTION
DEPARTMENT CHANGE or ADDITION

Internal Medicine
Perno, Amy PA-C   adding Family Medicine
       Supervising Physician: Ohira, Masashi MD

FOR OVERALL ACTION

CHANGE OR ADDITION OF COLLABORATING/SUPERVISING ATTENDING

Internal Medicine
Provenzo, Ashley NP   changing collaborating physician
       From: Tadakamalla, Ashvin, MD to Yedlapati, Siva Harsha MD

FOR OVERALL ACTION

PRIVILEGE ADDITION/REVISION

Internal Medicine
Claus, Jonathan MD
       - Skin Biopsy (Infectious Disease)
Rivera, Ramon MD
       - Adding Ambulatory Care Privileges
       - Liver biopsy, percutaneous

Orthopaedic Surgery
Metzger, Monica PA-C
       Supervising Physician: Rauh, Michael MD
       - Adding Level 1 (Core) Privileges for First Assist

Surgery
Koenig, Claudia PA-C
       Supervising Physician: Brewer, Jeffrey MD
       - Adding Level 1 (Core) Privileges for First Assist
Rosenbeck, Jessica PA-C
       Supervising Physician: Brewer, Jeffrey MD
       - Adding Level 1 (Core) privileges for First Assist

FOR OVERALL ACTION

PRIVILEGE WITHDRAWAL

Internal Medicine
Baran, Natalia MD
       - Withdrawing Moderate Sedation Privilege
Mendu, Anuradha MD
       o Withdrawing Ambulatory Care Privileges

FOR OVERALL ACTION

UNACCREDITED FELLOWSHIPS
ECMC continues to await the limited permit for one unaccredited fellow in Neurosurgery. There is nothing new to report on previous unaccredited fellows.

FOR INFORMATION
**APPOINTMENT APPLICATIONS, recommended– comments as indicated**

**INITIAL APPLICATIONS (11)**

**Emergency Medicine**
- Jacobs, Laurieann PA-C  
  Allied Health
- Professional
  - Supervising Physician: Hughes, David MD

**Internal Medicine**
- Barkhodari, Amir MD  
  Active
- Charest, Andre MD  
  Active
- Myers, Tracy NP  
  Allied Health
- Professional
  - Collaborating Physician: Anillo, Sergio MD and Tadakamalla, Ashvin MD
- Pham, Michael DO  
  Active

**Orthopaedic Surgery**
- Justo, Andrew PA-C  
  Allied Health
- Professional
  - Supervising Physician: Stegemann, Philip MD and Binkley, Matthew MD

**Psychiatry**
- Cowan, Richard MD  
  Active

**Radiology**
- Sutton, Charles MD  
  Active

**Surgery**
- Cohen, Franklin MD  
  Active

**FOR OVERALL ACTION**

**REAPPOINTMENT APPLICATIONS, recommended – comments as indicated**

**REAPPOINTMENT REVIEW (35)**

**Emergency Medicine**
- St. James, Erika MD  
  Active

**Family Medicine**
- Abdelsayed, Sarah MD  
  Active
- Finney, Maureen PA-C  
  Allied Health
- Professional
  - Supervising Physician: Lugo, Robert MD

**Internal Medicine**
- Jawaid, Fahad MD  
  Active
- Tazwar, Fahim MD  
  Active

**Psychiatry**
- Jacobus, Christopher MD  
  Associate
- Lackner, Jeffrey PSYD  
  Allied Health
- Professional
  - Mendu, Anuradha MD  
  Active
  - Metta, Ramesh MD  
  Active
Provenzo, Ashley FNP  
Allied Health Professional  
*Collaborating Physician: Yedlapati, Siva Harsha MD*  
Quigg, Richard MD  
Active  
Rivera, Ramon MD  
Active  
Sperry, Howard MD  
Active  
Tiu-Snyderman, Zerline MD  
Courtesy, Refer and Follow  
Webb, Kristin PA  
Allied Health Professional  
*Supervision Physician: Martinez, Anthony MD*  
Zimmerman, Kenneth MD  
Courtesy, Refer and Follow  

**Neurosurgery**  
Bennett, Gregory MD  
Active  

**Oral & Max Surgery**  
Nigalye, Sanil DDS MD  
Active  

**Orthopaedic Surgery**  
Card, Tiffany PA-C  
Allied Health Professional  
*Supervision Physician: Callahan, John MD*  
Forestal, Lisa PA-C  
Allied Health Professional  
*Supervision Physician: Violante, Nicholas DO*  
Metzger, Monica PA-C  
Allied Health Professional  
*Supervision Physician: Rauh, Michael MD*  
Prybylski, Monica ANP  
Allied Health Professional  
*Collaborating Physician: Mutty, Christopher MD*  
Rauh, Michael MD  
Active  
Shanahan, Christopher PA-C  
Allied Health Professional  
*Supervising Physician: Clark, Lindsey MD*  

**Radiology**  
Chung, Charles MD  
Active  
Pericak, Jason MD  
Active  
Shaffrey, Julie MD  
Active  

**Surgery**  
Kalinka, Lisa ANP  
Allied Health Professional  
*Collaborating Physician: Kayler, Liise MD*  

**Thoracic/Cardiovascular Surgery**  
Aldridge, Janerio MD  
Associate  
Carlson, Russell MD  
Active  
Murphy, Mary PA-C  
Allied Health Professional  
*Supervision Physician & First Assist: Aldridge, Janerio MD*  

**Urology**  
Hanzly, Michael DO  
Active
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.

<table>
<thead>
<tr>
<th>Provisional to Permanent Staff</th>
<th>Provisional Period</th>
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</thead>
<tbody>
<tr>
<td>Expires 10/31/2018</td>
<td></td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td></td>
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<tr>
<td>Peters, Alexandria PA-C</td>
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<tr>
<td>Professional</td>
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<tr>
<td>Internal Medicine</td>
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<tr>
<td>Bhoir, Rohan MD</td>
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<td>Cantie, Chelsey NP</td>
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<td>Professional</td>
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<tr>
<td>Fung, Eleanor MD</td>
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<tr>
<td>Kaushik, Sashank MD</td>
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<tr>
<td>Mittal, Amol MD</td>
<td>Active</td>
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<tr>
<td>Ruffino, John MD</td>
<td>Courtesy, Refer &amp;</td>
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<tr>
<td>Follow</td>
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<tr>
<td>Orthopaedic Surgery</td>
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<tr>
<td>Brownell, Brandon MD</td>
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<tr>
<td>Ehrenberger, Christine PA-C</td>
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<tr>
<td>Trapper, Daryl FNP</td>
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<td>Hicks, Rebecca MD</td>
<td>Active</td>
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<tr>
<td>Surgery</td>
<td></td>
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<tr>
<td>Fung, Eleanor MD</td>
<td>Active</td>
</tr>
</tbody>
</table>

The future December 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

Psychiatry

Grace, Jeffery MD (12/31/2018)  Courtesy, Refer

& Follow

Certified letter mailed in August and September

AUTOMATIC CONCLUSION, Reappointment Expiration, SECOND NOTICE

None

AUTOMATIC CONCLUSION, Reappointment Expiration, FINAL NOTICE

None

OLD BUSINESS

Office Operations

One Psychiatry Physician will be resigning effective 10/31/18 due to expiration of limited permit.

FOR OVERALL ACTION

NEW BUSINESS

Chief of Service Request
The Internal Medicine Chief of Service would like locums discussed at the Medical Executive Meeting. He is concerned with putting them on staff as active instead of temporary privileges only. The MDSO informed him about the Joint Commission limit of 120 days for temporary privileges. The Committee discussed this and it was decided that the CMO will meet with the Regional Director of Apogee and formulate a plan that accommodates both the needs of ECMC and patient care.

Privilege Forms

INTERNAL MEDICINE
The Chief of Service and one of the PhD’s in the Internal Medicine department have internally met to review and revise the Internal Medicine Psychologist privilege form. The Chief of Service of Psychiatry has reached out to them both as he also has a PhD privilege form. The goal is to make them uniform for all Departments involved. The MDSO will update the committee as it progresses.

REHABILITATION MEDICINE

NON-PROCEDURAL PRIVILEGES

<table>
<thead>
<tr>
<th>Requested by applicant</th>
<th>Recommended by Chief of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y / N</td>
<td>Y / N</td>
</tr>
</tbody>
</table>

Pre and Post Op Management of the Joint Replacement Patient

Temporary Privileges (5)
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.

FOR INFORMATION

OPEN ISSUES

=Regarding the January 1, 2018 new JC standard regarding fluoroscopy annual training: The new standard will require maintenance of documentation and a yearly training. The CMO stated that on 10/3/18 he met to discuss the responsible Department for maintaining this information. As the department of Radiology serves as the Radiation Safety Officers, it is necessary for them to monitor and verify compliance of this new standard.

=Onboarding tool update remains a concern as there has been a serious lack of progress

=See update below on the collaborating/supervising agreement being reviewed by legal

From: Mund, Nadine
Sent: Wednesday, October 03, 2018 8:35 AM
To: Lock, Kerry <KLock@ecmc.edu>; Musielak, Pia <PMusielak@ecmc.edu>
Cc: Boone, Tara <tboone@ecmc.edu>
Subject: RE: Collaborating physician agreements

The NPP collaborating agreement is still with legal. Currently, these are the appropriate forms. Legal states they should have the revised agreements to me by next week.

FOR INFORMATION
OTHER BUSINESS

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

FPPE (Focused Professional Practice Evaluation) (5)
Internal Medicine - 1
Radiology – 1
Surgery – 3

OPPE (Ongoing Professional Practice Evaluation) (6)
Neurology- 6

FOR INFORMATION

ADJOURNMENT

With no other business, a motion to adjourn was received and carried at 3:51 PM.

Respectfully submitted,

Yogesh Bakhai, MD
Chairman, Credentials Committee

Att.