

ERIE COUNTY MEDICAL CENTER CORPORATION
NOVEMBER 27, 2018 MINUTES OF THE
BOARD OF DIRECTORS REGULAR MEETING
STAFF DINING ROOM

Present: Bishop Michael Badger (via phone), Ronald Bennett, Scott Bylewski, Ronald A. Chapin (via phone), Jonathan Dandes, Darby Fishkin, Kathleen Grimm, MD, Sharon Hanson, Christopher O'Brien, William Pauly, Jennifer Persico, Thomas J. Quatroche, Jack Quinn, Eugino Russi, Michael Seaman

Excused: James Lawicki

Also

Present: Anthony Colucci, III, Esq., Peter Cutler, Andrew Davis, Richard Embden, Steven Gary, Joseph Giglia, Susan Gonzalez, Al Hammonds, Megan Holcomb, Donna Jones, Tom Kline, Pamela Lee, Charlene Ludlow, Keith Lukasik, Brian Murray, MD, James Turner, Richard Waterstram, Karen Ziemianski

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 Corporation's 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

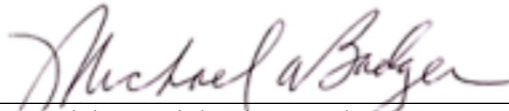
WHEREAS, in accordance with Article VI, Section 20 of the Corporation By-Laws, the Corporation has delegated responsibility for review of these contracts to the Contracts Committee of the Board; and

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

**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 (Telrad)**
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 Wadhvani, 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

Allied Health

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

Allied Health

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

UNACCREDITED 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

Allied Health

Emergency Medicine

Thompson, Sarah PA-C
Professional

Allied Health

Supervising Physician: Igoe, Gerald MD

Internal Medicine

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

Active
Active
Active
Active

Neurosurgery

Phillips, Marisa PA-C
Professional

Allied Health

Supervising Physician: Castiglia, Gregory MD

Radiology

Kessler, Alexander MD

Active

Radiology – Teleradiology

Akrami, Jason MD
Kim, Eugene MD
Spirer, David MD

Active
Active
Active

Rehabilitation Medicine

Romanowski, Cindy MD

Active

Surgery

Bonner, Keisha MD
Sanders, Christina DO

Active
Active

DUAL DEPARTMENT INITIAL APPOINTMENT APPLICATIONS (0)

FOR OVERALL ACTION

REAPPOINTMENT APPLICATIONS, recommended – comments as indicated

REAPPOINTMENT REVIEW (28)

Anesthesiology

Brignon, Kimberly CRNA
Professional

Allied Health

Coniglio, Julia CRNA
Professional

Allied Health

Haws, Brianna CRNA
Professional

Allied Health

Kocz, Remek MD

Active

Meyers, Shannon CRNA Professional <u>Emergency Medicine</u>	Allied Health
Hall, Elizabeth PA-C Professional <i>Supervising Physician: Hlubik, Kerry MD</i>	Allied Health
Moscato, Ronald MD <u>Internal Medicine</u>	Active
Bryson, Melissa NP Professional <i>Collaborating Physician: Brockman, Daniel DO</i>	Allied Health
Chaudhuri, Ajay MD	Active
Ezenwa, Chinyere MD	Active
Kim, Chee Hoon MD	Associate
Kozlowski, Lisa MD Follow	Courtesy, Refer &
Pisano, Heather FNP Professional <i>Collaborating Physician: Banas, Michael MD & Tadakamalla Ashvin MD</i>	Allied Health
Shah, Dhiren MD	Active
Yacoub, Rabi MD <u>Neurology</u>	Active
Benedict, Ralph PhD Professional	Allied Health
Buttaccio, Rebecca PA-C Professional <i>Supervising Physician: Ferguson, Richard MD</i>	Allied Health
<u>Ophthalmology</u>	
Lillivis, John MD	Active
<u>Orthopaedic Surgery</u>	
Bernas, Geoffrey MD	Active
Stegemann, Phillip MD	Active
<u>Psychiatry & Behavioral Medicine</u>	
Frank, Tawni MD	Active
Gunn, Susan Psy NP Professional <i>Collaborating Physician: Coggins, Evelyn MD</i>	Allied Health
Leo, Raphael MD	Active
Smith, Beth MD	Active
<u>Radiology</u>	
Aiad, Shahir MD Follow	Courtesy, Refer &
Lesh, Charles MD	Active
Tabone, Michael DO	Active
<u>Radiology-Teleradiology</u>	
Cavazos, Cristina MD	Active
DUAL DEPARTMENT REAPPOINTMENT APPLICATIONS (1)	
<u>Internal Medicine & Surgery</u>	
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.

Provisional to Permanent Staff	Provisional Period
Expires 11/28/2018	
<u>Family Medicine</u>	
Bieniek, Christopher NP	Allied Health
Professional	
<i>Collaborating Physician: Dr. Alfredo Torres</i>	
Elnasser, Dilafruz NP	Allied Health
Professional	
<i>Collaborating Physician: Dr. Stephen Evans</i>	
<u>Internal Medicine</u>	
Brindisi, Joseph NP	Allied Health
Professional	
<i>Collaborating Physician: Dr. John Fudyma</i>	
<u>Internal Medicine – Hospitalist</u>	
Komarova, Irina MD	Active
<u>Oral and Maxillofacial Surgery</u>	
White, Gregory DDS	Active
<u>Rehabilitation Medicine</u>	
Boucher, George MD	Active

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

SURGICAL FIRST ASSIST LEVEL II PRIVILEGES *	First Assist Request	Recommended		If Yes, indicate any requirements; If No, provide details. See p.4
		YES	NO	
<p>*Offered only to PA FA & NP FA applicants. Must be a member of the department to select their privileges.</p>				
<p>These functions can be performed with the supervising surgeon <u>immediately available</u>. Does NOT require the surgeon physically present in the operating room at the time the activity is performed.</p> <p>For the purposes of these privileges, "<u>immediately available</u>" is defined as in the facility and readily accessible.</p>				
<p>THORACIC/CARDIOVASCULAR SURGERY</p>				
<p>First assist with any cardiovascular or thoracic procedure and assist with cannulation and decannulation of great vessels.</p>				
<p>*** ANY ACTIVITY OTHER THAN WHAT IS DEFINED AND GRANTED ABOVE MAY BE PERFORMED <u>ONLY</u> WITH THE PHYSICAL PRESENCE OF THE SURGEON IN THE OPERATING ROOM***</p>				

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
- =Kaleda 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)

Surgery	4
Radiology	1
Internal Medicine	1

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)

Pathology	1
Ophthalmology	10
Psych	1
Anesthesia	16

Dentistry	14
-----------	----

FOR INFORMATION

ADJOURNMENT

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

Mastrandrea, Jerome PA-C

Supervising Physician: Romanowski, Marcus MD

Romanowski, Marcus MD Active

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

Supervision Physician: Lugo, Robert MD

Jawaid, Fahad MD Active

Tazwar, Fahim MD Active

Internal Medicine

Baran, Natalia MD Active
Claus, Jonathan MD Active
Dobson, Beata ANP Allied Health
Professional

Collaborating Physician: Grimm, Kathleen MD

Jacobus, Christopher MD Associate

Lackner, Jeffrey PSYD Allied Health
Professional

Mendu, Anuradha MD Active

Metta, Ramesh MD Active

Provenzo, Ashley FNP Professional <i>Collaborating Physician: Yedlapati, Siva Harsha MD</i>	Allied Health
Quigg, Richard MD	Active
Rivera, Ramon MD	Active
Sperry, Howard MD	Active
Tiu-Snyderman, Zerline MD and Follow	Courtesy, Refer
Webb, Kristin PA Professional <i>Supervision Physician: Martinez, Anthony MD</i>	Allied Health
Zimmerman, Kenneth MD and Follow	Courtesy, Refer
<u>Neurosurgery</u>	
Bennett, Gregory MD	Active
<u>Oral & Max Surgery</u>	
Nigalye, Sanil DDS MD	Active
<u>Orthopaedic Surgery</u>	
Card, Tiffany PA-C Professional <i>Supervision Physician: Callahan, John MD</i>	Allied Health
Forestal, Lisa PA-C Professional <i>Supervision Physician: Violante, Nicholas DO</i>	Allied Health
Metzger, Monica PA-C Professional <i>Supervision Physician: Rauh, Michael MD</i>	Allied Health
Prybylski, Monica ANP Professional <i>Collaborating Physician: Mutty, Christopher MD</i>	Allied Health
Rauh, Michael MD	Active
Shanahan, Christopher PA-C Professional <i>Supervising Physician: Clark, Lindsey MD</i>	Allied Health
<u>Radiology</u>	
Chung, Charles MD	Active
Pericak, Jason MD	Active
Shaffrey, Julie MD	Active
<u>Surgery</u>	
Kalinka, Lisa ANP Professional <i>Collaborating Physician: Kayler, Liise MD</i>	Allied Health
<u>Thoracic/Cardiovascular Surgery</u>	
Aldrige, Janerio MD	Associate
Carlson, Russell MD	Active
Murphy, Mary PA-C Professional <i>Supervision Physician & First Assist: Aldridge, Janerio MD</i>	Allied Health
<u>Urology</u>	
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.

Provisional to Permanent Staff	Provisional Period
Expires 10/31/2018	
<u>Emergency Medicine</u>	
Peters, Alexandria PA-C	Allied Health
Professional	
<u>Internal Medicine</u>	
Bhoir, Rohan MD	Active
Cantie, Chelsey NP	Allied Health
Professional	
Fung, Eleanor MD	Active
Kaushik, Sashank MD	Active
Mittal, Amol MD	Active
Ruffino, John MD	Courtesy, Refer &
Follow	
<u>Orthopaedic Surgery</u>	
Brownell, Brandon MD	Active
Ehrensberger, Christine PA-C	Allied Health
Professional	
Trapper, Daryl FNP	Allied Health
Professional	
<u>Psychiatry</u>	
Hicks, Rebecca MD	Active
<u>Surgery</u>	
Fung, Eleanor MD	Active

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

	Requested by applicant Y / N	Recommended by Chief of Service Y / N
Pre and Post Op Management of the Joint Replacement Patient	<input type="checkbox"/>	<input type="checkbox"/>

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.