BOARD OF DIRECTORS

~ Regular Meeting ~

ERIE COUNTY MEDICAL CENTER CORPORATION

Tuesday, August 27, 2013

4:00 P.M.
Pierce Arrow Museum
263 Michigan Avenue, Buffalo

Copies to: Anthony J. Colucci, III. Esq.
Corporate Counsel

Mission

To provide every patient the highest quality of care delivered with compassion.

Vision

ECMC WILL BE A LEADER IN AND RECOGNIZED FOR:

- High quality family centered care resulting in exceptional patient experiences.
- Superior clinical outcomes.
- The hospital of choice for physicians, nurses, and staff.
- Strong collaboration with community partners to improve access to healthcare and the quality of life and vitality of the region.
- Academic affiliations that provide the best education for physicians, dentists, nurses, and other clinical staff.

Core Values

ACCESS
All patients get equal care regardless of their ability to pay or source of payment. We address the healthcare needs of each patient that we can appropriately serve, without bias or pre-judgment.

EXCELLENCE
Excellence is a standard that will never be lowered; there is an expectation of excellence in all areas.

DIVERSITY
We recognize the importance and value of diversity and the enrichment that diversity can bring to ECMCC.

FULFILLING POTENTIAL
We respect the value and potential of each individual as offering a significant contribution to the good of the whole organization. Personal growth and development is important for organizational success.

DIGNITY
Each individual, no matter his or her limitations, background or situation, has intrinsic dignity and unique capabilities.

PRIVACY
We honor each person's right to privacy and confidentiality.

FAIRNESS and INTEGRITY
Equity and fairness are guidelines for all decision-making. We demand personal and institutional integrity.

COMMUNITY
In accomplishing our mission we remain mindful of the public's trust and are always responsive to the immediate surrounding community and our natural environment. This commitment represents both our organization and us as individuals. A successful future for ECMCC depends on a vibrant community and a healthy environment.

COLLABORATION
Collaboration with other organizations is beneficial within the context of our mission and is fundamental to achieving our goals.

COMPASSION
All involved with ECMCC's service delivery demonstrate caring, compassion, and understanding for patients, employees, volunteers, and families.

STEWARDSHIP
We can only be successful in carrying out our mission through solid financial performance and by assuring that resources provided to us are used effectively, in the way they were intended, and for the benefit of our patients and community.

The difference between healthcare and true care™

AGENDA

REGULAR MEETING OF THE DIRECTORS MEETING
ERIE COUNTY MEDICAL CENTER CORPORATION
TUESDAY, AUGUST 27, 2013

Minutes from the

Previous Meeting

ERIE COUNTY MEDICAL CENTER CORPORATION

MINUTES OF THE REGULAR MEETING
OF THE BOARD OF DIRECTORS

TUESDAY, JULY 30, 2013

ECMCC STAFF DINING ROOM

Voting Board Members Present:	Kevin M. Hogan, Esq. Bishop Michael A. Badger Douglas H. Baker Richard F. Brox Ronald A. Chapin Kevin E. Cichocki, D.C.	Sharon L. Hanson Michael Hoffert Anthony M. Iacono Frank B. Mesiah Michael A. Seaman
Voting Board Member Excused:	K. Kent Chevli, M.D. Thomas P. Malecki, CPA	Dietrich Jehle, M.D. Joseph Zizzi, Sr., M.D.
Non-Voting Board Representatives Present:	Jody L. Lomeo	
Also Present:	Donna M. Brown Richard Cleland Anthony Colucci, Esq. Janique Curry Leslie Feidt Susan Ksiazek Ronald Krawiec	Brian Murray, M.D. Thomas Quatroche Michael Sammarco Lorne Steinhart Karen Ziemianski Bella Mendola, CSEA

I. CALL TO ORDER

Chair Kevin M. Hogan called the meeting to order at 4:35 P.M.

II. APPROVAL OF MINUTES OF MAY 28, 2013 REGULAR MEETING OF THE BOARD OF DIRECTORS.

Moved by Douglas Baker and seconded Kevin Cichocki, D.C. to approve the minutes of the May 28, 2013 regular meeting of the Board of Directors as presented.

Motion approved unanimously.

III. ACTION ITEMS

A. A Resolution to Abolish Positions

Moved by Kevin Cichocki, D. C. and seconded by Michael Seaman.

Motion Approved Unanimously. Copy of resolution is attached.

B. Approval of Medical/Dental Staff Credentials, Resignations, Appointments and Re-appointments for June 4, 2013.

Moved by Kevin Cichocki, D.C. and seconded Bishop Michael Badger.

Motion Approved Unanimously. Copy of resolution is attached.

C. Approval of Medical/Dental Staff Credentials, Resignations, Appointments and Re-appointments for July 2, 2013.

Moved by Sharon Hanson and seconded by Michael Seaman.

Motion Approve Unanimously. Copy of resolution is attached.

D. Motion to receive and file Civil Service Rules of Corporation

Moved by Frank Mesiah and seconded Richard Brox.

Motion Approve Unanimously. Copy of resolution is attached.

IV. BOARD COMMITTEE REPORTS

Moved by Anthony Iacono and seconded by Douglas Baker to receive and file the reports as presented by the Corporation's Board committees. All reports, except that of the Performance Improvement Committee, shall be attached to these minutes.

Motion approved unanimously.

V. PRESENTATIONS-

JCAHO – Charlene Ludlow provided an update of JCAHO's visit which began Monday, July 29th. Minor findings were found but can be easily corrected. As a whole, the surveyors have been very complimentary of the facility.

CIVIL SERVICE – Kathleen O'Hara reported that Civil Service rules are near finalization and will be presented to the State. The *Rules of the Classified Civil Service of the Erie County Medical Center* is attached to the July 30, 2013 Board of Directors Board Book. A Personnel Manger will be hired and act as our Civil Service Administrator. ECMC will have a direct relationship with the State Civil Service.

NOVIA CONSULTING – (Richard Cleland and Michael Sammarco presenters) Novia Strategies is a consulting firm retained to improve hospital efficiency and quality. Overall, Novia identified significant opportunities in case management, revenue cycle and clinical documentation. Impact ranges between $6.8 million and $12 million annually. Novia will be at ECMC for approximately 8-10 months.

PATIENT EXPERIENCE – Karen Ziemianski, Donna Brown and Michelle Wienke, provided an overview of the Patient Experience initiative at ECMC. ECMC has hired four Patient Ambassadors to be true advocates for patients, staff, and units. Patient satisfaction scores are moving in a positive direction because of this initiative.

VI. REPORTS OF CORPORATION'S MANAGEMENT

A. Chief Executive Officer:

B. Chief Operating Officer:

C. Chief Financial Officer:

D. Chief Safety Officer

E. Sr. Vice President of Operations:

F. Senior Vice President of Nursing:

G. Vice President of Human Resources:

H. Chief Information Officer:

I. Sr. Vice President of Marketing & Planning:

J. Executive Director, ECMC Lifeline Foundation:

1) Chief Executive Officer: Jody L. Lomeo

- Despite being extremely busy, we are still challenged to meet 2013 projections. Executive Management continues to evaluate the budget and has implemented a 2013 plan to end the year at break even or with an operating surplus.
- The new CPEP building is near completion; project is on time and on budget. Everyone is encouraged to take a look at the new building; it is spectacular.
- We are seeing tremendous, positive changes to the Terrace View culture. Consultant, Jeannine Brown Miller has done a great job in working with the leadership team, employees and residents. The process of driving change at Terrace View, is being considered as we continue to integrate two Behavioral Health programs and complete the build out of our new facility.
- The super lab consolidation is a few months away from a start date. Plans for the essential service lab are being finalized.
- We are in the process of signing a very busy surgeon to ECMC. Our doctors and surgeons have been our best ambassadors to bringing on new physicians.

2) Chief Financial Officer: Michael Sammarco

A summary of the financial results through June 30, 2013 and a Quarterly Financial Statement and projected statement of Yearly Cash Flows are attached in the Board Book for review.

Moved by Douglas Baker and seconded by Michael Seaman to receive and file the June 30, 2013 reports as presented by the Corporation's Management.
The motion was approved unanimously.

VII. ADJOURNMENT

Moved by Bishop Michael Seaman and seconded by Michael Seaman to adjourn the Board of Directors meeting at 6:40 P.M.

Bishop Michael A. Badger
Corporation Secretary

A Resolution of the Board of Directors Authorizing the Corporation to Abolish A Position

Approved July 30, 2013

WHEREAS, in connection with his duties and responsibilities as set forth in the Corporation's by-laws, the Chief Executive Officer is required to periodically assess the numbers and qualifications of employees needed in various departments of the Corporation and to establish, assess and allocate resources accordingly, subject to the rights of the employees as they may appear in the Civil Service Law or any collective bargaining agreement; and

WHEREAS, the Chief Executive Officer has determined that a number of positions must be abolished for budgetary and efficiency reasons; and

WHEREAS, Chief Executive Officer and the Executive Committee have reviewed this matter and recommend it is in the best interests of the Corporation that the positions indicated below be abolished.

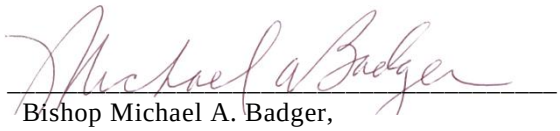
NOW, THEREFORE, the Board of Directors resolves as follows:

1. Based upon the review and recommendation of the Chief Executive Officer and the Executive Committee, the following position be abolished:

Hospital Aide	Position #4367
Hospital Aide	Position # 4540

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

3. This resolution shall take effect immediately.



Bishop Michael A. Badger,

A Resolution Receiving and Filing the Civil Service Rules of the Corporation

Approved July 30, 2013

WHEREAS, the Corporation is authorized by Article 10-C of the Public authorities Law of the State of New York to make, adopt, amend, enforce, and repeal rules for its governance and internal management and personnel practices, subject to article fourteen of the Civil Service Laws of the State of New York; and

WHEREAS, pursuant to the Civil Service Laws of the State of New York, the Corporation is required to adopt rules for the administration of the classified service of the Corporation; and

WHEREAS, by resolution dated February 26, 2013, the Corporation was authorized to create its own rules for the administration of its classified service and to appoint such officers and employees as necessary to perform the administrative activities required by law; and

WHEREAS, the Corporation has completed its preparation of rules of its classified service and has presented those rules to the Board of Directors in accordance with the foregoing resolution;

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

1. The Corporation has prepared rules for its qualified service which have been presented to this Board of Directors and those rules are hereby received and filed.

2. The Corporation is authorized to periodically amend the rules for its classified service in the future in the same manner as the Corporation maintains and amends other administrative rules, except that the management of the Corporation shall report to this Board of Directors at least annually whenever an amendment to the rules is implemented.

3. This resolution shall take effect immediately.

Bishop Michael A. Badger
Corporation Secretary

CREDENTIALS COMMITTEE MEETING
June 4, 2013

Committee Members Present:
Robert J. Schuder, MD, Chairman
Yogesh D. Bakhai, MD (ex officio)
Gregg I. Feld, MD
Christopher P. John, PA-C
Nirmit D. Kothari, MD
Philip D. Williams, DDS
Timothy G. DeZastro, MD
Richard E. Hall, DDS PhD MD FACS (ex officio)
Brian M. Murray, MD (ex officio)
Susan Ksiazek, RPh, Director of Medical Staff Quality and Education

Medical-Dental Staff Office and Administrative Members Present:
Jeanne Downey, Appointment Specialist
Elizabeth O'Connor, Reappointment Specialist
Emilie Kreppel, Practice Evaluation Specialist

Members Not Present (Excused *):
David G. Ellis, MD (ex officio) *

CALL TO ORDER

The meeting was called to order at 3 PM by Dr. Robert J. Schuder. The proceedings from the previous meeting of May 7, 2013 were reviewed and accepted.

RESIGNATIONS

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 / overall action.

A. Deceased – None
B. Application Withdrawn

Daryl Barber, ANP	Family Medicine

C. Resignations:

Kimberlee A. Wilcox, ANP	Internal Medicine	June 4, 2013
Isla S. Marrero, WNP	Family Medicine	June 6, 2013
Sharon B. Occhino, ANP	Surgery	June 6, 2013

FOR INFORMATION

CHANGE IN STAFF CATEGORY

Emergency Medicine	
Ronald M. Moscati, MD	Leave of Absence to Active Staff beginning July 1, 2013
Family Medicine	
James E. Hohensee, MD	Active Staff to Courtesy, *Refer & Follow*
Olivia Smith-Blackwell, MD	Active Staff to Courtesy, *Refer & Follow*
Internal Medicine	
Sujatha Addagatla, MD	Active Staff to Courtesy Staff, *Refer & Follow*
Alan T. Aquilina, MD	Associate Staff to Courtesy Staff, *Refer & Follow*
Salvatore M. Calandra, MD	Active Staff to Courtesy Staff, *Refer & Follow*
Ronald P. Emerson, MD	Associate Staff to Courtesy Staff, *Refer & Follow*
Mohan Madhusudanan, MD	Associate Staff to Courtesy Staff, *Refer & Follow*
James L Rycyna, MD	Active Staff to Courtesy Staff, *Refer & Follow*
Thihalolipavan Sayalolipavan, MD	Active Staff to Courtesy Staff, *Refer & Follow*
Rehabililtation Medicine	
Thomas D. Polisoto, MD	Active Staff to Courtesy Staff, *Refer & Follow*

CHANGE IN COLLABORATING / SUPERVISING ATTENDING

Internal Medicine

Laurie A. Abbatessa, ANP — FROM Dr. Chiu-Bin Hsiao TO Dr. Alyssa Shon
Daniel J. Ford, PA-C — FROM Dr. Gerald Logue TO Dr. Mohamed Ahmed
Leah K. Gorsline, PA-C — FROM Dr. Swapnil Munsaf TO Dr. Nancy Ebling
Jennifer M. Rankie, PA-C — FROM Dr. Swapnil Munsaf TO Dr. Monika Niemiec
Mary Carol Scrocco, FNP — FROM Drs. Neil Dashkoff & Robert Glover TO Dr. Robert Gatewood
Miles Sumner, PA-C — FROM Dr. Kaunteya Reddy TO Dr. Nauman Tahir

FOR OVERALL ACTION

SPECIFIC PRIVILEGE ADDITION OR REVISION

Internal Medicine

Jai G. Wadhwani, MD — Active Staff
- Myocardial Perfusion Imaging
- Radionuclide Angiography
- Multiple Gated Acquisition Test (MUGA)

FPPE waived with satisfaction of performance based credentialing criteria

Jennifer Anzelone-Kieta, PA-C — Allied Health Professional
Supervising MD: Dr. Yahya Hashmi
-ICU Privileges - ***Deferred by COS until Training Protocol Finalized***
- Moderate Sedation*

FPPE satisfied with completion of competency based certificate program

Karen S. Konikoff, ANP — Allied Health Professional
Collaborating MD: Dr. Joseph Zizzi, Jr
- Moderate Sedation*

FPPE satisfied with completion of competency based certificate program

Orthopaedic Surgery

Christopher A. Ritter, MD — Active Staff
- Fluoroscan*

FPPE satisfied with completion of ECMC training program (didactic, written test and hands on equipment training)

FOR OVERALL ACTION

SPECIFIC PRIVILEGE WITHDRAWAL

Rehabilitation Medicine

Cynthia A. Skalyo, ANP — Allied Health Professional
current Internal Medicine Collaborating MD: Dr. Nancy Ebling
(***former Rehabilitation Medicine Collaborating MD: Dr. Mark LiVecchi)***
All Rehab Medicine Privileges withdrawn – no longer dual appointment

FOR OVERALL ACTION

APPOINTMENTS AND REAPPOINTMENTS

A. Initial Appointment Review (10)
B. Initial Dual Dept. Appointment (0)
C. Reappointment Review (24)
D. Reappointment Dual Dept. Review (2)

Ten initial, twenty-four reappointment and two dual department reappointment requests were presented to the Credentials Committee for review. The dossiers were found to be in order and are endorsed to the Medical Executive Committee for its approval with comments (if any) as indicated.

APPOINTMENT APPLICATIONS, RECOMMENDED

A. **Initial Appointment Review (10)**

Anesthesiology

Brianna Haws, CRNA — Allied Health Professional

Cardiothoracic Surgery

Mark Hennon, MD — Active Staff
Mary Murphy, PA-C — Allied Health Professional
Supervising Physician: Dr. Janerio Aldridge

Internal Medicine

Robert Brawn, DO — Active Staff
Lisa Bauman, PA-C — Allied Health Professional
Supervising Physician: Dr. Misbah Ahmad
Khalid Matin, MD — Active Staff

Orthopaedic Surgery

Noreen Roloczak, RNFA — Allied Health Professional
Supervising Physician: Dr. Brian McGrath
Jennifer Trillizio, PA-C — Allied Health Professional
Supervising Physician: Dr. Marc Fineberg

Surgery

Philip Glick, MD — Active Staff
*Rajeev Sharma, MD — Active Staff

The applicant does not possess Board Certification and is not board eligible. The committee advises the Chief of Service to provide justification and petition the Medical Executive Committee for an exception and defers action until clarified. Placed on the Consent Calendar for discussion.

B. **Initial Dual Dept. Review (0)**

FOR OVERALL ACTION

REAPPOINTMENT APPLICATIONS, RECOMMENDED

C. **Reappointment Review (24)**

Anesthesiology

Howard I. Davis, MD — Active Staff
Carole D. Brock, CRNA — Allied Health Professional

Cardiothoracic Surgery

Janerio D. Aldridge, MD — Associate Staff

Dentistry

Mary Elizabeth Dunn, DDS — Courtesy Staff, *Refer & Follow*

Internal Medicine

Karuna Ahuja, MD — Active Staff
Daniel J. Ford, PA-C — Allied Health Professional
Supervising MD: Dr. Mohamed Ahmed
Kenneth L. Gayles, MD — Active Staff
Bonnie A. McMichael, MD — Associate Staff
Shahid Mehboob, MD — Active Staff
Larisa Meras, MD — Active Staff
Archana Mishra, MD — Active Staff
Dhiren K. Shah, MD — Active Staff
Edward A. Stehlik, MD — Courtesy Staff, *Refer & Follow*
Rocco C. Venuto, MD — Active Staff
Jai G. Wadhwani, MD — Active Staff
Kenneth S. Zimmerman, MD — Courtesy Staff, *Refer & Follow*

Neurosurgery

Adnan H. Siddiqui, MD — Active Staff

Obstetrics & Gynecology

Christian B. Dolensek, DO — Active Staff

Oral & Maxillofacial Surgery

William S. Boyczuk, DDS, MD — Active Staff
Fred J. Rodems, DDS — Active Staff

Orthopaedic Surgery

James J. Kelly, DO Active Staff

Robert M. Lifeso, MD Courtesy Staff, *Refer & Follow*
Christopher A. Ritter, MD Active Staff

D. **Dual Reappointments (2)**
Anesthesiology and Internal Medicine
Karen S. Konikoff, ANP Allied Health Professional
Collaborating MDs: Dr. Howard Davis & Dr. Joseph Zizzi, Jr.
Internal Medicine & Rehabilitation Medicine
Jennifer Anzelone-Kieta, PA-C Allied Health Professional
Supervising MDs: Dr. Yahya Hashmi & Dr. Mark LiVecchi

FOR OVERALL ACTION

PROVISIONAL APPOINTMENT REVIEW, RECOMMENDED

The following members of the Provisional Staff from the 2012 period are presented for movement to the Permanent Staff in 2013 on the date indicated.

June 2013 Provisional to Permanent Staff **Provisional Period Expires**

Family Medicine
Gannon, Nicole, Renee, MSN ANP Allied Health Professional 06/26/2013
Collaborating Physician: Dr. Stephen J. Evans

Internal Medicine
Ahmed, Mohamed, S., MD PhD Active Staff 06/26/2013
Su, Winnie, Shaw-Wen, MD Active Staff 06/26/2013
Silliman, Carrie, G., MSN MBA FNP Allied Health Professional 06/26/2013
Collaborating Physician: Dr. Oleh Pankewycz & former Collaborating Physician: Dr. Thom Loree

Neurology
Roehmholdt, Mary, Elizabeth, MD Active Staff 06/26/2013

The future August 2013 Provisional to Permanent Staff list was also compiled now for Chief of Service and Collaborating / Supervising physician review 60 days before endorsement to the Medical Executive Committee.

FOR OVERALL ACTION

AUTOMATIC MEMBERSHIP CONCLUSION, RECOMMENDED

Expiring in September 2013

Dentistry
Margaret E. O'Keefe, DDS, MSD Associate Staff

Reappointment Expiration Date: August 31, 2013
Planned Credentials Committee Meeting: June 4, 2013
Planned MEC Action date: June 24, 2013
Planned Board confirmation by: June 25, 2013
Last possible Board confirmation by: August 2013
FOR OVERALL ACTION

FUTURE MEMBERSHIP CONCLUSION, UNDER CONSIDERATION

Expiring in October 2013

Dentistry
Damian K. Jones, DDS Active Staff
Internal Medicine
Nasir M. Khan, MD Active Staff
Sandra Sauvageau, FNP Allied Health Professional

Collaborating MD: Dr. Yahya Hashmi

Linda S. Weisenborn, PA-C — Allied Health Professional

Supervising MD: Dr. Pamela Reed

Neurology
Robert N. Sawyer, MD — Active Staff

Obstetrics & Gynecology
Arminda Mauricio, MD — Active Staff

Ophthalmology
Hoon C. Jung, MD — Active Staff

Plastic & Reconstructive Surgery
Chanda G. Agro, FNP — Allied Health Professional

Collaborating MD: Dr. Thom Loree

Psychiatry
Ana N. Cervantes, MD — Courtesy Staff, *Refer & Follow*
Aimee L. Stanislawski, MD — Courtesy Staff, *Refer & Follow*

Reappointment Expiration Date: October 1, 2013
Planned Credentials Committee Meeting: July 2, 2013
Planned MEC Action date: July 22, 2013
Planned Board confirmation by: July 30, 2013
Last possible Board confirmation by: September 2013
FOR INFORMATION ONLY

OLD BUSINESS

Cardiology Mid Levels
The committee awaits any information regarding changes to the Cardiology service as they are affected by integration with the GVI.

Privilege Form Revisions
INTERNAL MEDICINE
The draft of an integrated Allied Health Professional (Physician Assistant-Nurse Practitioner) form has been provided to the Allied Health Professional representative to the Medical Executive Committee and members of the Credentials Committee. The revised draft incorporates definitions of General and Direct supervision. It was suggested that a meeting with the Chief of Service, Allied Health representatives, Credentials Chair and Director of Medical Staff Quality and Education be scheduled to work through the draft format and verbiage, as it is hoped that this form will serve as a template for the midlevel form of each of the clinical departments.

UROLOGY
A rough privilege form draft has been submitted to the Chief of Service for review and revision. No progress to date. Dr. Hall offered to follow up with the Chief of Service prior to the next meeting.

ORTHOPAEDICS
The committee awaits further feedback from the Chief of Service on the most recent form revision. Susan Ksiazek offered to follow up with the Chief of Service prior to the next meeting.

Electronic On-Boarding Tool
The strengths and limitations of the Electronic On-Boarding Tool were presented to the committee. The dissemination of critical information to departments and the Medical-Dental Staff Office can only be possible if the tool is used by all involved with the recruitment of new physicians and practices.

Family Choice Coverage at the LTCF
The volume of Family Choice Nurse Practitioners applying for staff appointment continue to present a challenge for the Medical-Dental Staff Office and Credentials Committee regarding documentation of ongoing competency. Most, if not all, do not deliver any care nor are ever physically present. The committee advises capping the number of practitioners. Communication to that effect has again been made to the LTC Administration; no response to date.

Annual Re-Orientation
A formal annual re-orientation has been scheduled for the entire Medical-Dental Staff to comply with Department of Health and CMS requirements. Emphasis will be placed on Fire and Safety, HIPAA and Infection Control elements. In an attestation, each staff member shall certify that they have received, read, comprehend the material and incorporate and maintain compliance with the information within their practice.

Temporary Privilege expirations during Pending Initial Applications
A tracking system has been formalized to list Urgent and Temporary Privilege expiration periods and the status of application completion. The current tracking matrix will be attached.

OVERALL ACTION REQUIRED

NEW BUSINESS

Surgery ACLS requirements
Upon the request and recommendation of the Cardiothoracic and Surgery department Chiefs of Service, the following changes to the respective privilege forms are presented, deleting ACLS requirements as indicated in the **Cardiothoracic Surgery** and **Surgery** forms.

2012-2013 Appointments/Reappointments
DEPARTMENT OF CARDIOTHORACIC SURGERY

III. ADVANCED PROCEDURES

⌊__⌋⌊__⌋	⌊__⌋⌊__⌋	Chest Tube Placement
⌊__⌋⌊__⌋	⌊__⌋⌊__⌋	Endotracheal Intubation ~~**(Submit current ACLS certification.)**~~ **DELETE**
⌊__⌋⌊__⌋	⌊__⌋⌊__⌋	I&D Abscess
⌊__⌋⌊__⌋	⌊__⌋⌊__⌋	Insertion of Percutaneous Arterial Catheter
⌊__⌋⌊__⌋	⌊__⌋⌊__⌋	Internal Jugular Vein CVP Placement
⌊__⌋⌊__⌋	⌊__⌋⌊__⌋	Subclavian Vein CVP Placement
⌊__⌋⌊__⌋	⌊__⌋⌊__⌋	Peritoneal Lavage (Submit current ATLS certification.)
⌊__⌋⌊__⌋	⌊__⌋⌊__⌋	Peripheral Vein Cutdown
⌊__⌋⌊__⌋	⌊__⌋⌊__⌋	Replacement of Tracheostomy Tube

2012-2013 Appointments/Reappointments
DEPARTMENT OF SURGERY

VII. ADVANCED PROCEDURES

⌊__⌋⌊__⌋	⌊__⌋⌊__⌋	Arthrocentesis
⌊__⌋⌊__⌋	⌊__⌋⌊__⌋	Chest Tube Placement
⌊__⌋⌊__⌋	⌊__⌋⌊__⌋	Endotracheal Intubation ~~**(Submit current ACLS certification.)**~~ **DELETE**
⌊__⌋⌊__⌋	⌊__⌋⌊__⌋	I&D Abscess
⌊__⌋⌊__⌋	⌊__⌋⌊__⌋	Insertion of Percutaneous Arterial Catheter
⌊__⌋⌊__⌋	⌊__⌋⌊__⌋	Internal Jugular Vein CVP Placement
⌊__⌋⌊__⌋	⌊__⌋⌊__⌋	Subclavian Vein CVP Placement
⌊__⌋⌊__⌋	⌊__⌋⌊__⌋	Peritoneal Lavage (Submit current ATLS certification.)
⌊__⌋⌊__⌋	⌊__⌋⌊__⌋	Peripheral Vein, Arterial Cutdown
⌊__⌋⌊__⌋	⌊__⌋⌊__⌋	Replacement of Tracheostomy Tube

Department of Surgery – Additional Privilege Form Changes
At the request of the Surgery Chief of Service, the Credentials Committee endorses the restoration and addition of Thymectomy (transthoracic). The procedure had previously been limited to Cardiothoracic surgery.

Y / N	Y / N	
___	___	**II. GENERAL THORACIC SURGERY**
___	___	Pleural biopsy - needle
___	___	Lung biopsy - needle
___	___	Rib resection - drain empyema
___	___	Thoracic outlet syndrome, scalenus anticus, cervical rib
___	___	Video Assisted Thoracoscopic Surgery
___	___	Nuss Procedure for Pectus Excavatum
___	___	**Thymectomy (transthoracic) ← RESTORE**

The committee also endorses the elimination of obsolete procedures noted below for clarity.

		J. Transplantation Surgery
___	___	Transplantation of kidney, removal of transplanted kidney
___	___	Open living donor nephrectomy
___	___	Donor nephrectomy, cadaver, with preparation and maintenance of homograft, unilateral or bilateral
___	___	Donor pancreatectomy, cadaver, with preparation of homograft
___	___	Recipient nephrectomy, unilateral or bilateral
___	___	Transplantation of pancreas
		DELETE: ~~Liver (Not currently performed at ECMC)~~ ~~Lung (Not currently performed at ECMC)~~

Confidential Professional Information
The committee recommended clarifying the request for professional liability judgment information by changing question 12 to read: **"Have any judgments or settlements ever been rendered against you in a professional liability case?"**

As well, the answer to the subsequent question 13:
HAVE ANY PROFESSIONAL LIABILITY CLAIM SETTLEMENTS, NOT INVOLVING LITIGATION OR ARBITRATION, EVER BEEN PAID BY YOU OR PAID ON YOUR BEHALF?
will uniformly be interpreted as "NO" for any case closed with no pay out.

Emergency MEC Meeting
The Credentials Committee is informed of the action items recommended at a recent special meeting of the Medical Executive Committee. Recommendations were suggested regarding the Surgical First Assistant form verbiage. Recommendations include:

- ➔ FA Privilege form revisions to add clarity and accountability. A lengthy and extensive discussion followed regarding levels of supervision; further dialogue appears warranted
- ➔ Based on above, consistent verbiage and format changes may be made to the departmental midlevel forms
- ➔ Notification of all First Assistants and their supervising physicians of the form revisions once finalized

As agreed at the March 2013 meeting when the FA form was presented, FA specific competencies will be incorporated into the OPPE process for any practitioner possessing these privileges. The template may need to be developed if there are any further changes to the core competencies.

OVERALL ACTION REQUIRED

OPEN ISSUES

Verification of DEA Registration Renewal
The status of a staff member's DEA registration and FPPE evaluation was verified by the committee and this open issue was closed.

Report on Temporary Privilege Status
A Department of Surgery applicant received temporary privileges on 2/25/13 for Wound Care privileges which expired on 4/25/2013. Status of application and privilege utilization was requested by the committee.

- ➔ Item closed with the voluntary withdrawal of application for staff privileges and membership

OTHER BUSINESS

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

FPPE (Focused Professional Practice Evaluation)

- Emergency Medicine (1 MD, 2 PA-Cs)
- Internal Medicine (2 MDs)
- Internal Medicine, Exigence (1 ANP)

OPPE (Ongoing Professional Practice Evaluation)

- OB/GYN OPPE is has been successfully completed for 11 practitioners (1 DO, 9 MDs and 1 WHNP).
- Rehabilitation Medicine OPPE is awaiting the response of two physicians and will be signed by the Chief of Service along with the Chiropractic OPPEs for the next meeting.
- Cardiothoracic Surgery OPPE is near completion. It is anticipated the department will be presented at the next meeting.
- The department of Plastic and Reconstructive Surgery OPPE has been initiated. A request has been made for data from the department.
- Chemical Dependency OPPE has been initiated.
- Discussions have begun with the Chief of Internal Medicine to begin coordinating the next round of OPPE.

PRESENTED FOR INFORMATION

ADJOURNMENT

With no other business, a motion to adjourn was received and carried with adjournment at 5:10 PM.

Respectfully submitted,

Robert J. Schuder, MD,
Chairman, Credentials Committee

ECMC
ERIE COUNTY MEDICAL CENTER CORPORATION

2012-2013 Appointments/Reappointments
for privileges expiring in 2014 or 2015

DEPARTMENT OF PSYCHIATRY
Physician Assistant Privilege Delineation Form

APPLICANT: _____
Print Name

STAFF CATEGORY: Allied Health Professional
No meetings obligated, No office held, No voting, No admit, Dues as defined, Selected privileges

Requests for Privileges
Applicants should select each procedure individually that they are competent to perform and wish to exercise at ECMC. The Chief of Service shall recommend privileges and indicate the degree of supervision and particular conditions or limitations as appropriate.

Reappointment applicants with insufficient activity at ECMC to evaluate performance and competency should provide verification from other institutions (from the Medical Director/Chief of Service, or equivalent) regarding the extent of and current competency for the requested privileges.

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CLINICAL (PATIENT CARE) PRIVILEGES:
for the Allied Health Professional Staff Category

Please complete individual privilege requests on the following page(s).

ECMC
ERIE COUNTY MEDICAL CENTER CORPORATION

2012-2013 Appointments/Reappointments
DEPARTMENT OF PSYCHIATRY
for privileges expiring in 2014 or 2015
Physician Assistant Privilege Delineation
SUBJECT: Rules and Regulations of Practice established by the State Education Department
Physician Assistant Practice Relationships Article 131-B

New York State Education Law, the Public Health Law, and related regulations provide that physician assistants may perform medical services only under the supervision of a physician. Supervision shall be continuous, but shall not necessarily require the physical presence of the physician at the time and place services are provided. A physician may not supervise more than two physician assistants and two specialist assistants in his private practice. Nothing in this article shall prohibit a hospital from employing physician assistants or specialist assistants provided they work under the supervision of a physician designated by the hospital and not beyond the scope of practice of such physician. The numerical limitation of subdivision four of this section shall not apply to services performed in a hospital.

Physician assistants are dependent practitioners and act solely on delegation from the supervising physician. The physician assistant is entitled to use his or her medical skills and knowledge in the performance of medical acts, functions, and services only on delegation from, and on behalf of the supervising physician. Medical acts, duties, and responsibilities performed by a physician assistant must be: assigned to the physician assistant by the supervising physician; within the scope of practice of the supervising physician; appropriate to the education, training, and experience of the physician assistant to whom they are assigned, and in a facility setting must be carried out in accordance with the privileges granted by the hospital.

The physician assistant is subject to the limitations set by the supervising physician and, where appropriate, to the policies of the institution, in addition to state laws, rules, and regulations. The supervising physician bears the responsibility for the physician assistant's performance as well as the overall care of the patient. With that responsibility in mind the supervising physician sets limits on the PA and decides how closely the PA must be supervised.

The statute and implementing rules and regulations provide that medical acts, functions, and services delegated to the physician assistant must be within the scope of practice of the supervising physician and must be those which the physician assistant is qualified to perform. It is the responsibility of the supervising physician to assure that the physician assistant is competent to perform that which is delegated. In the private office setting it is largely the judgment of the supervising physician that determines the functions and activities of the physician assistant. In the hospital setting the governing authority is responsible for the granting of professional privileges and will in conjunction with the supervising physician, identify the functions and activities that may be delegated by the supervising physician to the particular physician assistant.

The statute, rules and regulations specifically permit the physician assistant to function at a distance from the supervising physician and the supervising physician need not see each patient prior to the physician assistant providing services. The physician's evaluation of the medical knowledge, skills, and judgment possessed by the physician assistant and the nature of the problem presented for management are major determinants of the "degree of freedom" permitted by the supervising physician.

2012-2013 Appointments/Reappointments
DEPARTMENT OF PSYCHIATRY
for privileges expiring in 2014 or 2015
Physician Assistant Privilege Delineation

APPLICANT: _____
Print Name

Request for CLINICAL (PATIENT CARE) PRIVILEGES:

The Physician Assistant is considered a dependent practitioner working under the supervision of the licensed physician below, who is responsible for the Physician Assistant's action. The supervising physician may delegate to the Physician Assistant any procedures or tasks that are performed within the normal scope of the physician's practice and in which the Physician Assistant has appropriate training.

Enter " ✓ " for "**YES**" OR "**NO**"
(Please avoid sweeping vertical lines)

General Supervision: Under the physician's overall direction and control, but the actual physician's presence is not required.
Direct Supervision: The physician must be present and available in the facility but not necessarily in the procedure or practice setting.
Personal Supervision: The physician must be in attendance in the room during the performance of the procedure.

Requested by applicant Y / N	GENERAL DEPARTMENTAL PRIVILEGES	DEPT. ACTION: Recommended under General Supervision	Recommended under Direct Supervision	Recommended under Personal Supervision	Not Recommended
___	History-taking and recording of presenting problems including admission history for acute-care or long-term care inpatient or for outpatient clinic patients or patients seen in consultation				
___	Physical examination including otoscopic exam, fundoscopic exam and neurological examination. Also including Admission physical examination for outpatient clinic patient or patient seen in consultation.				
___	Writing of Admission Orders and subsequent orders in the acute care unit after consultation with and approval of the admitting or attending physician. Writing of orders for outpatient clinic patient.				
___	Follow-up of in-patients with consultation with attending psychiatrist and writing progress note.				
___	Diagnosis and treatment of adult neuropsychiatric disorders.				
___	Diagnosis and treatment of geriatric neuropsychiatric disorders				
___	Diagnosis & treatment of adolescent neuropsychiatric disorders.				
___	CPEP Privileges				

The Chief of Service shall indicate the level of supervision for each privilege requested.

ECMC
ERIE COUNTY MEDICAL CENTER CORPORATION

2012-2013 Appointments/Reappointments
DEPARTMENT OF PSYCHIATRY
for privileges expiring in 2014 or 2015
Physician Assistant Privilege Delineation

APPLICANT: _____
Print Name

ADDITIONAL PRIVILEGES – For Psychiatry Physician Assistant Department Members

Requested by applicant **(Y/N)**	**Recommended under General Supervision** by Chief of Service **(Y/N)**	
		ROUTINE Management of Substance Abuse and Chemical Dependence
____	____	Basic Substance Intoxication
____	____	Basic Substance Withdrawal
____	____	Basic Individual and Group Treatment Modalities

		Management of COMPLEX Substance Abuse and Chemical Dependence
____	____	Advanced Substance Intoxication
____	____	Advanced Substance Withdrawal
____	____	Advanced Individual and Group Treatment Modalities

_____ _____
Director, Date
Chemical Dependence Division Service
COMPLEX Management Competency Reviewed

The procedures requested above have been recommended unless specified.

_____ _____ _____ _____
Signature, Physician Assistant Date Supervising Attending Physician Date

_____ _____ _____ _____
Chief of Service Date Medical-Dental Staff President Date

_____ _____
Chairman, Board of Directors Date

CREDENTIALS COMMITTEE MEETING
July 2, 2013

Committee Members Present:

Robert J. Schuder, MD, Chairman
Richard E. Hall, DDS PhD MD FACS (ex officio)
Timothy G. DeZastro, MD
Christopher P. John, PA-C
Nirmit D. Kothari, MD
Susan Ksiazek, RPh, Director of Medical Staff Quality and Education

Medical-Dental Staff Office and Administrative Members Present:

Jeanne Downey, Appointment Specialist
Elizabeth O'Connor, Reappointment Specialist
Emilie Kreppel, Practice Evaluation Specialist

Members Not Present (Excused *):

Yogesh D. Bakhai, MD (ex officio) *
Gregg I. Feld, MD *
Philip D. Williams, DDS *
David G. Ellis, MD (ex officio) *
Brian M. Murray, MD (ex officio) *

CALL TO ORDER

The meeting was called to order at 3 PM by Dr. Robert J. Schuder. The proceedings from the previous meeting of June 4, 2013 were reviewed and accepted.

RESIGNATIONS

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 / overall action.

D. Deceased – None

E. Application Withdrawn

Michele Burgess, PA-C	Family Medicine	June 20, 2013
Glenda Jones, FNP	Family Medicine	June 20, 2013
Caitlin Lafferty, ANP	Family Medicine	June 20, 2013
Linda Paine Hughes, FNP	Family Medicine	June 20, 2013
Cathy Schwarzberg, FNP	Family Medicine	June 17, 2013

F. Resignations:

Melanie C. Weishaar, ANP	Family Medicine	June 12, 2013
John M. Canty, Jr., MD	Internal Medicine	June 13, 2013
Ruth E. Schap, GNP	Internal Medicine	June 14, 2013
Jeffrey A. Goldstein, MD	Internal Medicine	June 18, 2013
Eugene A. Steinberg, MD	Family Medicine	June 21, 2013
Nalini B. Packianathan, MD	Internal Medicine	June 21, 2013
Jeffrey W. Myers, DO	Emergency Medicine	June 21, 2013
Kate T. Doyle, MD	TeleRadiology	June 26, 2013
Sandra J. Michel, ANP	Family Medicine	June 28, 2013
Chiu-Bin Hsiao, MD	Internal Medicine	June 30, 2013

FOR INFORMATION ONLY

CHANGE IN STAFF CATEGORY

Cardiothoracic Surgery
Stephen Downing, MD Active to Associate Staff
Internal Medicine
Mofid N. Khalil-Ibrahim, MD Active Staff to Courtesy, *Refer & Follow*
Psychiatry
Annemarie L. Mikowski, DO Courtesy, *Refer & Follow* to Active Staff

FOR OVERALL ACTION

CHANGE IN DEPARTMENT

Nicole Ksiazek, PA-C **From** Surgery **to** Orthopaedic Surgery
Supervising MD: Dr. Nicholas Violante

FOR OVERALL ACTION

CHANGE IN COLLABORATING / SUPERVISING ATTENDING

Nicole Ksiazek, PA-C **From *Dr. Mark Laftavi* To *Dr. Nicholas Violante***

FOR OVERALL ACTION

SPECIFIC PRIVILEGE ADDITION OR REVISION

Internal Medicine
Daniel Brockman, DO Active Staff
- Critical Care
- Pulmonary Disease and Sleep Medicine

Alyssa S. Shon, MD Active Staff
- Arthrocentesis
- Skin Biopsy

FPPE waived-further delineation of existing privileges with form revision

Nauman Tahir, MD Active Staff
- Nephrology/Renal Transplant

Lynne M. Fries, PA-C Allied Health Professional
Supervising MD: Dr. Yahya Hashmi
- Arthrocentesis, Joint Aspiration-Injection
- Endotracheal Intubation

FPPE waived - existing privileges held in dual appointment

Obstetrics & Gynecology
Faye E. Justicia-Linde, MD Active Staff
- Laser Surgery – External Mucosal Surfaces – Vulva with/without Colposcope
- Laser Surgery – Internal Mucosal Surfaces with Colposcope - Vagina
- Laser Surgery – Internal Mucosal Surfaces with Colposcope – Cervix
- Laser Surgery – External Skin Surfaces – Vulva
- Laser Surgery – External Skin Surfaces – Perineum
- Laser Surgery – External Skin Surfaces – Perianal/Anal
- Operative Laparoscopy/Hysteroscopy
  - Level II Operative Laparoscopy (Pelviscopy)
    - Laparoscopic division of uterosacral ligaments
    - Subserous small myomectomy, ureteral dissection
  - Level II Operative Hysteroscopy Procedures
    - Endometrial resection or ablation
    - Removal of fibroid
    - Division/Resection of uterine septum
    - Resection of submucous fibroid

Note: Medical-Dental Staff Office to clarify with MD and COS if the above privileges are applicable at ECMC

Ophthalmology
Sangita P. Patel, MD Active Staff
- Pediatrics – Congenital Cataract
- Pediatrics Goniotomy

- Strabismus – Horizontal
- Strabismus – Vertical
- Laser – Argon Laser Trabeculoplasty
- Laser - Focal
- Anterior Segment Surgery – Trabeculectomy
- Posterior Segment – Removal of Foreign Body
- Oculo-plastics – Enucleation, evisceration
- Oculo-plastics – Orbit-exploration
- Oculo-plastics – Orbit-tumor removal
- Oculo-plastics – Orbit-other; specify
- Oculo-plastics – Ptosis (adult)
- Oculo-plastics – Ptosis (children)
- Oculo-plastics – Orbital floor fracture

Note: Medical-Dental Staff Office to clarify with COS if the plastics privileges are applicable at ECMC

Psychiatry

Lisa A. Lynch, PNP, NPP Allied Health Professional

Collaborating MD: Dr. Michael Cummings

- Diagnosis and treatment of adolescent neuropsychiatric disorders
- CPEP Privileges

FOR OVERALL ACTION

SPECIFIC PRIVILEGE WITHDRAWAL

Ophthalmology

Federico Gonzalez-Fernandez, MD Associate Staff

No longer maintaining dual status, voluntarily withdraws all previously held privileges in the Department of Ophthalmology

FOR OVERALL ACTION

APPOINTMENTS AND REAPPOINTMENTS

A. Initial Appointment Review (8)
B. Initial Dual Dept. Appointment (0)
C. Reappointment Review (28)
D. Reappointment Dual Dept. Review (1)

Eight initial, twenty-eight reappointment and one dual department reappointment requests were presented to the Credentials Committee for review. The dossiers were found to be in order and are endorsed to the Medical Executive Committee for its approval with comments (if any) as indicated.

APPOINTMENT APPLICATIONS, RECOMMENDED

E. **Initial Appointment Review (8)**

Anesthesiology

Lisa Hastings, CRNA Allied Heath Professional

Emergency Medicine

Kathleen Crowley, FNP Allied Health Professional

Collaborating MD: Dr. Joseph Bart

Christopher T. Tanski MD Active Staff

Family Medicine

Sandhyaben Parikh, PA-C Allied Health Professional

Supervising MD: Dr. Mohammadreza Azadfard

Internal Medicine

Sun O. Park, MD Active Staff

Obstetrics & Gynecology

Laura J. Rayner, MD Active Staff

Ophthalmology

Vincent M. Imbrogno, DO Active Staff

Matthew S. Pihlblad, MD Active Staff

F. **Initial Dual Dept. Review (0)**

FOR OVERALL ACTION

REAPPOINTMENT APPLICATIONS, RECOMMENDED

G. **Reappointment Review (28)**

Anesthesiology
Gina B. Justis, MD — Active Staff

Cardiothoracic Surgery
Mark R. Jajkowski, MD — Active Staff

Dentistry
Damian K. Jones, DDS — Active Staff

Emergency Medicine
Cristine M. Adams, MD — Active Staff
Jeffery G. Jurek, PA-C — Allied Health Professional
Supervising MD: Dr. Samuel Cloud
Jennifer E. McCaul, PA-C — Allied Health Professional
Supervising MD: Dr. Samuel Cloud

Family Medicine
Lorne R. Campbell, MD — Active Staff
Khalid S. Malik, MD — Active Staff

Internal Medicine
Rajwinder S. Dhillon — Courtesy Staff, *Refer & Follow*
Helen B. Doemland, PA-C — Allied Health Professional
Supervising MD: Dr. Christopher Jacobus
Nancy C. Ebling, DO — Active Staff
Lynn M. Grucza, ANP — Allied Health Professional
Collaborating MD: Dr. Alyssa Shon
Leonard A. Katz, MD — Courtesy Staff, *Refer & Follow*
Glenn T. Leonard, MD — Courtesy Staff, *Refer & Follow*

Neurology
Robert N. Sawyer, MD — Active Staff

Neurosurgery
Elad I. Levy, MD — Active Staff

Obstetrics & Gynecology
Faye E. Justicia-Linde, MD — Active Staff

Ophthalmology
Hoon C. Jung, MD — Active Staff
Sangita P. Patel, MD — Active Staff

Plastic & Reconstructive Surgery
Chanda G. Agro, FNP — Allied Health Professional
Supervising MD: Dr. Thom Loree

Pathology
Federico Gonzalez-Fernandez — Active Staff

Psychiatry
Daniel Antonius, PhD — Allied Health Professional
Ana N. Cervantes, MD — Courtesy Staff, *Refer & Follow*
Michael T. Guppenberger, MD — Active Staff
Lisa A. Lynch, PNP, NPP — Allied Health Professional
Collaborating MD: Dr. Michael Cummings

Surgery
William J. Flynn, MD — Active Staff
Jessie F. Donaldson, PA-C — Allied Health Professional
Supervising MD: Dr. William Flynn

Radiology/Imaging Services – Teleradiology
Joseph J. Kavanaugh, MD — Active Staff

H. **Dual Reappointments (1)**
Internal Medicine & Rehabilitation Medicine
Lynne M. Fries, PA-C Allied Health Professional
Supervising MDs: Dr. Yahya Hashmi & Dr. Mary Welch

FOR OVERALL ACTION

PROVISIONAL APPOINTMENT REVIEW, RECOMMENDED

The following members of the Provisional Staff from the 2012 period are presented for movement to the Permanent Staff in 2013 on the date indicated.

July 2013 Provisional to Permanent Staff		**Provisional Period Expires**
Anesthesiology		
Kwaizer, Anna, Marie, CRNA	Allied Health Professional	07/31/2013
Family Medicine		
Boyce, Jennifer, L., MS FNP	Allied Health Professional	07/31/2013
Collaborating Physician: Dr. Richard Blondell		
Ippolito, Calogero, M., MD	Active Staff	07/31/2013
Woods, Kara, A., PA-C	Allied Health Professional	07/31/2013
Supervising Physician: Dr. Stephen J. Evans		
Internal Medicine		
Tahir, Nauman, MD	Active Staff	07/31/2013
Radiology		
Tirone, Charles, S., MD	Active Staff	07/31/2013
Urology		
Rutkowski, John, M., MD	Associate Staff	07/31/2013

The future September 2013 Provisional to Permanent Staff list was also compiled now for Chief of Service and Collaborating / Supervising physician review 60 days before endorsement to the Medical Executive Committee.

FOR OVERALL ACTION

AUTOMATIC MEMBERSHIP CONCLUSION, RECOMMENDED

Expiring in October 2013
Internal Medicine
Sandra Sauvageau, FNP Allied Health Professional
Collaborating MD: Dr. Yahya Hashmi
Linda S. Weisenborn, PA-C Allied Health Professional
Supervising MD: Dr. Pamela Reed
Obstetrics & Gynecology
Arminda Mauricio, MD Active Staff
Psychiatry
Aimee L. Stanislawski, MD Courtesy Staff, *Refer & Follow*

Reappointment Expiration Date: October 1, 2013
Planned Credentials Committee Meeting: July 2, 2013
Planned MEC Action date: July 22, 2013
Planned Board confirmation by: July 30, 2013
Last possible Board confirmation by: September 2013

FOR OVERALL ACTION

FUTURE MEMBERSHIP CONCLUSION, UNDER CONSIDERATION

Expiring in November 2013

Cardiothoracic Surgery
Regan, Brian, C., MS ANP Allied Health Professional

Collaborating MD: Dr. Stephen Downing

Internal Medicine

Ammerman, Crystal, M., PA-C Allied Health Professional

Supervising MD: Dr. Nirmit Kothari

Meller, Rafael A. MD Active Staff

Neurology

(Pereira) Avino, Lorianne, E., DO Active Staff

Neurosurgery

Snyder, Kenneth, V., MD PhD Active Staff

Ophthalmology

Macaluso, Katie J., MD Active Staff

Orthopaedic Surgery

Sherban, Ross, DO Active Staff

Psychiatry

Adelaja, Abiola, Oladapo, MD Active Staff

Diaz Del-Carpio, Roberto O., MD Courtesy Staff, Refer & Follow

Radiology/Imaging Services – Teleradiology

Masson, Vivek, MD Active Staff

Reappointment Expiration Date: October-November 1, 2013
Planned Credentials Committee Meeting: August 6, 2013
Planned MEC Action date: August 26, 2013
Planned Board confirmation by: September 2013
Last possible Board confirmation by: October 2013
FOR INFORMATION ONLY

OLD BUSINESS

Cardiology Mid Levels

The committee awaits any information regarding changes to the Cardiology service as they are affected by integration with the GVI.

Privilege Form Revisions

INTERNAL MEDICINE

To ensure consistency of design, the draft of an integrated Allied Health Professional (Physician Assistant-Nurse Practitioner) will be tabled until the First Assist form revisions are complete. Once done, a meeting will be scheduled with the Chief of Service, Allied Health representatives, the Credentials Chair and Director of Medical Staff Quality Education.

UROLOGY

A rough privilege form draft has been submitted to the Chief of Service for review and revision. No progress to date.

ORTHOPAEDICS

The committee awaits further feedback from the Chief of Service on the most recent form revision.

Family Choice Midlevel Staffing at the LTCF

Family Choice has agreed to resume the previously agreed plan to limit their Nurse Practitioner count to twelve. A list indicating the acknowledged staff members has been forwarded to the staff office. It was suggested that for the remainder, a formal letter of membership conclusion in good standing be issued through Family Choice for distribution.

CorVel Healthcare Audit

The CorVel auditors have requested two additional credentialing charts to satisfy the representative sample for their 2013 audit. The charts have been copied and sent off via secure mail next week.

Anoscopy Privileges

It has been confirmed with the Immunodeficiency Practice Plan that the two new Infectious Disease physicians will not seek anoscopy privileges at this time.

Board Certification Exception (refer to June 2013 Credentials Committee meeting minutes)

An exception to the bylaws requirement of board certification for medical-dental staff membership was approved by the MEC at its June 2013 meeting. The recommendation was forwarded to the Board of Directors for formal granting at its July 2013

meeting. Due to patient care need, the Medical-Dental Staff Office was instructed to issue temporary privileges to the provider.

Special MEC Meeting
The Credentials Committee was reminded of the action items recommended at the May 30, 2013 executive session meeting of the Medical Executive Committee. An ad-hoc interdisciplinary committee continues to address the relevant issues. A meeting was held with the surgical chiefs of service to explore the most appropriate format changes to the First Assist privilege form. One of the substantial changes proposed are attestations to be signed by both the first assist and the supervising physician. The proposed concept was presented to the Credentials Committee and accepted. A finalized draft will be compiled by no later than July 5th. Given the need for expediency, the Credentials Committee endorsed that the form not wait until the August meeting for review, but go directly to the MEC at its July meeting. Once approved by the Board of Directors, a new form will be issued to each practitioner.

Psychiatry PA form
With the addition of Physician Assistant coverage in the Department of Psychiatry, a new privilege form (attached) was drafted and reviewed by the MEC at its June meeting. The format is similar to that used for Nurse Practitioners in the Department Psychiatry. As temporary privileges may be required to on-board a specific practitioner, the Medical-Dental Staff Office was instructed to begin using the form. Formal approval by the Board of Directors is anticipated at its July meeting.

ICU Training for Hospitalists
The committee received an update on the progress of ICU training for Hospitalists and associated staff. A meeting with the Hospitalist Medical Director and Internal Medicine Chief of Service will be re-scheduled.

Temporary Privilege expirations during Pending Initial Applications
A tracking system has been formalized to list Urgent and Temporary Privilege expiration periods and the status of application completion. The current tracking matrix will be attached.

OVERALL ACTION REQUIRED

NEW BUSINESS

Transition of the Cardiothoracic Chief of Service
The committee was updated on the changes for the Cardiothoracic Surgery service.

Board Approval Matters
Occasionally, the monthly Board of Directors meeting will need to be cancelled due to unavoidable schedule conflicts. Approximately 3 years ago, the Medical-Dental Staff Office responded by getting at least 2 full months ahead on re-appointments to ensure if a Board of Directors meeting should be cancelled, the 24 month appointment cycle is never exceeded. For new appointments and time sensitive matters, the Credentials Committee and Chief Medical Officer are directed to use their discretion in taking action on these items once endorsed by the Medical Executive Committee and pending the next scheduled Board of Directors meeting.

Annual Reorientation for the Medical-Dental Staff
The Chief Safety Officer informs that there is a CMS requirement for annual medical-dental staff re-orientation on the topics of: Infection Control, Fire & Safety and HIPAA. Though we continue to await the actual COS citation, the Office of the CMO has proceeded with issuing the re-orientation content via e-mail, with return attestation required. As of this meeting, attestations have been returned by approximately 65% of the medical-dental staff. Department specific reports have been forwarded to the Chiefs of Service for follow up to ensure member compliance. The attestations will be filed in the Office of the CMO.

OVERALL ACTION REQUIRED

OPEN ISSUES

New First Assist applications
The current First Assist privilege form was completed and processed for 5 new FA appointments until the revised form is complete.

FOR INFORMATION ONLY

OTHER BUSINESS

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

FPPE (Focused Professional Practice Evaluation)

- Anesthesiology (1 ANP, 1 MD)
- Family Medicine (1 FNP, 1 MD)
- Internal Medicine (1 MD)
- Internal Medicine, Exigence (2 ANPs)
- Orthopaedic Surgery (2 PA-Cs)

OPPE (Ongoing Professional Practice Evaluation)

- Rehabilitation Medicine OPPE has been successfully completed for 21 practitioners (1 ANP, 7 DCs, 5 MDs, 5 PAs and 3 PhDs). Two DCs did not return the requested documentation.
- The department of Plastic and Reconstructive Surgery OPPE has been successfully completed for 7 practitioners (2 FNPs and 5 MDs).
- Chemical Dependency OPPE has been successfully completed for 13 practitioners (5 FNPs, 7 MDs and 1 PA-C).
- Cardiothoracic Surgery OPPE is awaiting Chief of Service sign off.
- Internal Medicine OPPE mailings are complete.

PRESENTED FOR INFORMATION

ADJOURNMENT

With no other business, a motion to adjourn was received and carried with adjournment at 3:45 PM.

Respectfully submitted,

Robert J. Schuder, MD,
Chairman, Credentials Committee

ECMC MEDICAL EXECUTIVE COMMITTEE
APPROVED ITEMS
JULY 22, 2013 MEETING

	MEETING MINUTES/MOTIONS	ACTION ITEMS
A.	**MINUTES OF THE Previous MEC Meeting: June 24, 2013**	Received and Filed
B.	**CREDENTIALS COMMITTEE: Minutes of July 2, 2013**	Received and Filed
	- Resignations	Reviewed and Approved
	- Appointments	Reviewed and Approved
	- Reappointments	Reviewed and Approved
	- Dual Reappointment Applications	Reviewed and Approved
	- Provisional to Permanent Appointments	Reviewed and Approved
	• First Assist Privilege Form	Reviewed and Approved
C.	**HIM Committee: Minutes of June 27, 2013**	Received and Filed
	1. Discharge Planning Acknowledgement Form	Reviewed and Approved
	2. Patient Health Questionnaire	Reviewed and Approved
	3. Pectus Excavatum General Floor Order Set	Reviewed and Approved
	4. Pectus Excavatum Post Operative Order Set	Reviewed and Approved
	5. Pectus Excavatum – Day of Discharge Floor Orders	Reviewed and Approved
	6. Pectus Excavatum Correction Discharge Instructions	Reviewed and Approved
	7. Physician Dischrage Order Form Discharge Instructions	Reviewed and Approved
D.	**Transfusion Committee – Minutes of June 6, 2013**	Received and Filed
E.	**OR Committee – Minutes of May 21, 2013**	Received and Filed
F.	**Clinical Informatics Committee – Minutes of June 24, 2013**	Received and Filed

X. CONSENT CALENDAR, CONTINUED

A. **MOTION:** Approve all items presented in the consent calendar for review and approval excluding the approval of the extracted item under the Credentials Committee.

MOTION UNANIMOUSLY APPROVED.

EXTRACTION (Credentials Committee):

MOTION: Ruth Schap, ANP – Resignation is rescinded. Accept change of department from Internal Medicine to Family Medicine.

MOTION UNANIMOUSLYL APPROVED.

FIRST ASSIST PRIVILEGE FORM – Credentials Committee presents a credentials form for use for a First Assist.

MOTION: Approval of the newly revised First Assist credentials form as presented.

MOTION UNANIMOUSLY APPROVED.

B. **MOTION:** Accept resignation of Stephen Downing, MD, Chief of Service, Cardiothoracic Surgery, effective June 30, 2013.

C. **MOTION:** Accept appointment of Mark Jajkowski, MD, Chief of Service, Thoracic Surgery, effective July 1, 2013.

MOTION UNANIMOUSLY APPROVED.

CMO Memorandum

To: BOARD OF DIRECTORS

CC: MEDICAL EXECUTIVE COMMITTEE

From: BRIAN M. MURRAY, MD, CMO

Date: July 22, 2013

Re: New Appointment/Revision to Current APPOINTMENTS/REAPPOINTMENTS CHIEF OF SERVICE AND ASSOCIATE CHIEF OF SERVICE

APPOINTMENT OF CHIEF OF SERVICE AND ASSOCIATE CHIEF OF SERVICE

Each Chief of Service shall be and remain physician members in good standing of the Active Staff, shall have demonstrated ability in at least one of the clinical areas covered by the department, and shall be willing and able to faithfully discharge the functions of his/her office. Each Chief of Service shall be certified by an appropriate specialty board, or affirmatively establish comparable competence through the credentialing process.

1. **Appointment:** Each Chief of Service and Associate Chief of Service shall be appointed by the Board for a one to three (1-3) year term.
2. **Term of Office:** The Chief of Service and Associate Chief of Service shall serve the appointment term defined by the Board and be eligible to succeed himself.
3. **Removal:** Removal of a Chief of Service from office may be made by the Board acting upon its own recommendation or a petition signed by fifty percent (50%) of the Active department members with ratification by the Medical Executive Committee and the Board as outlined in Section 4.1.6 for Removal of Medical Staff Officers within the Medical/Dental Staff Bylaws.
4. **Vacancy:** Upon a vacancy in the office of Chief of Service, the Associate or Assistant Director, or division chief of the department shall become Chief of Service or other such practitioner named by the Board until a successor is named by the Board.

The following physician members are currently members in good standing of our Active Medical/Dental Staff and are being recommended for the position of Chief of Service within their departments:

DEPARTMENT	NAME	TERM	APPT	REVIEW DATE
Anesthesiology	Howard Davis, MD	3 YRS	JAN 2013	JAN 2016
Cardiothoracic Surgery	***(REMOVE) Stephen Downing, MD***	***3 YRS***	***RESIGN June 30, 2013***	***N/A***
Dentistry	Catherine Gogan, DDS	3 YRS	JAN 2013	JAN 2016
Emergency Medicine	Michael Manka, MD	3 YRS	JAN 2013	JAN 2016
Family Medicine	Khalid Malik, MD	3 YRS	JAN 2013	JAN 2016
Internal Medicine	Joseph Izzo, Jr., MD	3 YRS	JAN 2013	JAN 2016
Laboratory Medicine	Daniel Amsterdam, PhD	3 YRS	JAN 2013	JAN 2016
Neurology	Richard Ferguson, MD	3 YRS	JAN 2013	JAN 2014
Neurosurgery	Gregory Bennett, MD	3 YRS	JAN 2013	JAN 2016
Obstetrics & Gynecology	Vanessa Barnabei, MD	3 YRS	JAN 2013	JAN 2016
Ophthalmology	James Reidy, MD	3 YRS	JAN 2013	JAN 2016
Oral & Maxillofacial Surgery	Richard Hall, DDS, PhD, MD	3 YRS	JAN 2013	JAN 2016
Orthopaedic Surgery	Philip Stegemann, MD	3 YRS	JAN 2013	JAN 2016
Otolaryngology	William Belles, MD	3 YRS	JAN 2013	JAN 2016
Pathology	James Woytash, MD	3 YRS	JAN 2013	JAN 2016

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January 2013, rev.

DEPARTMENT	NAME	TERM	APPT	REVIEW DATE
Plastics & Reconstructive Surgery	Thom Loree, MD	3 YRS	JAN 2013	JAN 2014
Psychiatry	Yogesh Bakhai, MD	3 YRS	JAN 2013	JAN 2016
Radiology	Timothy DeZastro, MD	3 YRS	JAN 2013	JAN 2016
Rehabilitation Medicine	Mark LiVecchi, MD	3 YRS	JAN 2013	JAN 2016
Surgery	William Flynn, MD	3 YRS	JAN 2013	JAN 2016
Thoracic Surgery	***Mark Jajkowski, MD***	***3 YRS***	***JULY 2013***	***JAN 2014***
Urology	Kevin Pranikoff, MD	3 YRS	JAN 2013	JAN 2016

*The following physician members are currently members in good standing of our Active Medical/Dental Staff and are being recommended for the position of **ASSOCIATE** Chief of Service within their departments:*

DEPARTMENT	NAME	TERM	APPT
Chemical Dependency	Mohammadreza Azadfard, MD	1	BY CHIEF OF SERVICE
Internal Medicine, General Med.	Regina Makdissi, MD	1	BY CHIEF OF SERVICE
Internal Medicine, Specialty Med.	Rocco Venuto, MD	1	BY CHIEF OF SERVICE
Internal Medicine, Volunteer Fac.	Neil Dashkoff, MD	1	BY CHIEF OF SERVICE
Dentistry	Philip Williams, DDS	1	BY CHIEF OF SERVICE
Neurosurgery	Greg Castiglia, MD	1	BY CHIEF OF SERVICE
Radiology	Gregg I. Feld, MD	1	BY CHIEF OF SERVICE

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Executive Committee

Minutes from the

Buildings & Grounds Committee

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS
MINUTES OF THE BUILDING & GROUNDS COMMITTEE MEETING
AUGUST 13, 2013

ECMCC STAFF DINING ROOM

BOARD MEMBERS PRESENT:	RICHARD F. BROX, CHAIR FRANK MESIAH MICHAEL HOFFERT	DIETRICH JEHLE, M.D. JODY L. LOMEO
EXCUSED:	RONALD CHAPIN	JOSEPH A. ZIZZI, SR., M.D.
ALSO PRESENT:	RICHARD C. CLELAND DOUGLAS FLYNN	CHARLENE LUDLOW

I. CALL TO ORDER

Richard Brox called the meeting to order at 9:20A.M.

II. RECEIVE AND FILE JUNE 11, 2013 MINUTES

Moved Richard Brox and seconded by Michael Hoffert to receive and file the Buildings and Grounds Committee minutes of June 11, 2013 as presented.

III. UPDATE – RECENTLY COMPLETED CAPITAL INTIATIVES / PROJECTS

None completed since June Meeting

IV. UPDATE – IN PROGRESS CAPITAL INTIATIVES / PROJECTS

Behavioral Health COE Project (HEAL21)

- New Building: exterior enclosure continues, roof deck to be poured this week, with permanent roofing to follow, glass curtain walls nearing completion, interior studding & fireproofing nearing completion, MEP roughins progressing, with building completion remaining on target for January.
- Renovations @ 5th / press is on for finish out at 5Z3 and 5Z4, readying for the approaching occupancy which is planned for September 3rd. South – Zones 1&2, stud framing on-going, roughins and dry-walling to varying degrees through the zones, expected to be ready for occupancy by mid November.
- Renovations @ 4th / 4Z6 punchlist being coordinated, re-occupancy planned for September. 4Z5 drywall finishing in progress.
- 4 Zone 3 / New Admissions Unit - a change in patient service line for this zone is being considered, now envisioned to serve the more exceptional patients. Planned design change complete, pricing on same expected within the next week.

Site & Parking Reconstruction Project

- Parking and Revenue Control System – full utilization of new control gates have been in use since June 19th, however a few system features have yet to be fully implemented, ongoing efforts expect to have all features in use within the next quarter.
- An additional, full service Pay-On-Foot Station has been added to the main hospital lobby to reduce payment processing lines during peak times.
- Landscaping - punchlist work on-going with re-planting planned for the fall.

Dental Residency Expansion / Oral Surgery Relocation

- Phase 1 of this multi-phase In-House renovation is complete, relocation of Oral Surgery postponed, awaiting implementation of required Dental Software, which is expected shortly. This completion will permit the start of Phase 2 which shall renovate the resulting vacant spaces in the General Dentistry Suite, which are intended to accommodate the expanded Residency program.

Chilled Water Plant Improvements

- Phase 2 / Miscellaneous work wrapping up including seismic supports, controls & commissioning work, contract closeout in progress.
- Since our last meeting the recognized manufacturing flaw in the Cooling Tower fan units has been fully corrected, with every unit replaced and commissioned.

Access Road Water Main

- The NYSDOT bridge reconstruction project is progress, with full completion expected this fall. This project includes the replacement of ECMC's 12" water main that runs under the bridge deck. Usage of this reconstructed campus feed is expected this fall.

Gift Shop Renovation

- This In-House renovation has been progressing as a Fast-Track project since late June, with design 100% complete as of last week. This approach has afforded us the best opportunity to complete the renovations this fall.

Renal Center / ASC & MOB Fit-Out @ Upper Levels

- 3rd Floor / Tenant Level: late plan modifications have been conceptually approved to accommodate recognized UBMD staff plan changes and the allocation of the previously recognized vacant space. Although this has caused a delay to the 3rd floor progress, the quick follow-up by the design and construction is expected to recover the lost time and maintain the original completion of mid February. The new occupant shall be the Behavioral Medicine Clinic which in turn will empty the FC Corridor, an area of potential future development.
- 3rd Floor / Tenant Level: draft lease agreements distributed to UBMD/UBA last week, ECMCC awaits their review and comment.

- 2nd Floor / Article 28 Level: Since our last meeting the completion deadline for this level has been accelerated, now to be complete mid December, two months earlier than the original schedule called for.
- 1st Floor / Ambulatory Surgical Center: Remains on target for completion by early December.
- 1st Floor / Ambulatory Surgical Center: Administration considering the proactive measure of filing a CON relative to be DOH approval of the 3rd & 4th Operating Rooms, anticipating the need for this additional case load capacity.
- New Axial Corridor / Structural work requiring the temporary closing of the ground floor level is complete, exterior enclosure work continues with masonry planned to begin later this week. Full completion to coincide with the 1st Floor ASC, early December.

Space Committee / Master Planning

- Recognizing that ECMC shall have a relative abundance of vacant space in the near future Administration has taken the proactive step of forming a Space Committee whose mission is to begin conceptual Master Planning for the campus. The number of vacancies affords ECMC this opportunity where in the past, developments have not been as fortunate.

V. UPDATE – PENDING CAPITAL INITIATIVES/PROJECTS

GI Lab Renovations

- With schematic level design complete, Administration is moving forward with the balance of Architectural services, final A/E contract expected to be finalized within the week, with design meetings to resume shortly thereafter.

Orthopedic COE Initiative / Phase 2 - In Patient Beds

- Design discussions expected to resume later this fall in an effort to be in position to bid and award renovation contracts next spring, allowing for a potential completion by the end of 2014. A related CON submission for this project is anticipated accordingly. This project would renovate approximately 60% of the existing 6th floor (6Z3, 6Z4 & parts of 6Z5) into dedicated Orthopedic In-Patient zones, full project cost forecasted at $10 million.

Orthopedic COE Initiative / Phase 3 - Office & Exam Expansion

- This 3rd conceptual phase to the Ortho COE initiative, would have the Spine Center soft space renovated into addition Exam Rooms, with displaced office functions relocated to vacant Head & Neck space and or ground floor DKMiller. ECMC awaits related feed-back from the Orthopedic Group before further developing the concept. The earlier version of this project was forecasted at the $2.4 million mark.

Signage & Wayfinding Project – Campus Site

- Exterior / Site Signage – A related bid package is in development with completion expected within the next week. After review and final blessing this package shall be released with the intent to complete installation end of year.

Life Safety Generator Replacement Project

- One of our original six Life Safety (LS) generators is beyond repair & is currently non-functional, a rental unit has been in place maintaining LS compliance since, and it shall remain necessary until replacement. In an effort to reduce project expense, the design is team looking for alternate installation location. Currently the location is on the first floor roof which would require structural fortification. As it stands now this would look to be a spring 2014 project.

Central Sterilization Renovations

- Initial design service contract pending for the renovation of the Surgical Sterilization Suite on the ground floor. This would include replacement of the aged conveyor sterilizers with compact recent models, which in turn offers square footage for expanded processing needs. Design sessions to begin upon A/E contract execution, which is expected shortly.

Education & Training Center

- Initial design service contract pending for the creation of an education & training center on the ground floor. The concept being to annex the existing Medical Library & surrounding spaces toward the development of training classrooms, simulation center, nursing offices, & miscellaneous related functions.

Administrative Suite Renovation

- Initial design service contract pending for the renovation of the 3rd floor Office Suites, the intent being to combine the adjacent suites into a single open and increased suite capacity.

Medical ICU Renovation

- Administration looking to move forward with the conceptual design of the renovation of the MICU. Short list of A/E candidates under consideration.

Campus Court Room

- The creation of a campus court room is being considered as a potential means of reducing hospital expenses related to staff & transportation costs associated with accommodating patient legal proceedings. The first step would be to determine the return on investment that such a renovation would result in.

415 & 497 Grider Street

- Quotes for the abatement and demolition of these Grider street properties shall be solicited later this summer for a fall project time line.

Cafeteria & Kitchen Renovation

- Morrison's design and construction team has completed the conceptual design of the project and shared same with Administration last week. The project now moves forward into the design development phase. Full design completion is expected in mid November, with the bid & award phase to occur in December. Renovation scheduled to begin in early January and is forecasted to complete by late April 2014. Plant Ops will be involved in the enabling project phase, consolidating the computer training centers within Conference Room C or D, demolishing the vacated training centers and using the resulting square footage for the temporary Servery and dining areas, followed by the full abatement of the main dining and kitchen spaces prior to the start of contracted renovation activities.

VI. ADJOURNMENT

Moved by Richard Brox to adjourn the Board of Directors Building and Grounds Committee meeting at 10:10 a.m.

Next Building & Grounds meeting – October 8, 2013 at 9:30 a.m. - Staff Dining Room

Minutes from the

Finance Committee

BOARD OF DIRECTORS
MINUTES OF THE FINANCE COMMITTEE MEETING
JULY 23, 2013

ECMCC BOARD OF DIRECTORS CONFERENCE ROOM

VOTING BOARD MEMBERS PRESENT OR ATTENDING BY CONFERENCE TELEPHONE:	MICHAEL A. SEAMAN DOUGLAS H. BAKER	RICHARD F. BROX DIETRICH JEHLE, MD
VOTING BOARD MEMBERS EXCUSED:	ANTHONY M. IACONO	
ALSO PRESENT:	JODY LOMEO MICHAEL SAMMARCO RICHARD CLELAND	JOHN EICHNER THOMAS P. MALECKI, CPA
NON-VOTING MEMBERS EXCUSED:	ANTHONY J. COLUCCI, III RONALD KRAWIEC	

I. CALL TO ORDER

The meeting was called to order at 8:35 a.m. by Michael A. Seaman, Chair.

II. RECEIVE AND FILE MINUTES

Motion was made and accepted to approve the minutes of the Finance Committee meeting of May 21, 2013.

III. MAY 2013 FINANCIAL STATEMENT REVIEW

Michael Sammarco provided a summary of the financial results for May 2013, which addressed volume, income statement activity and key financial indicators.

Total discharges were under budget by 74 for the month of May, and 28 over the prior year. Year-to-date discharges were over the prior year. Acute discharges were under budget by 51 for May, and 11 under the prior year. Observation cases were 178 for the month of May. The average daily census was 348 in May and average length of stay was 6.4 compared to a budget of 6.0. Non-Medicare case mix was 1.62 for the month of May compared to a budget of 2.12, and Medicare case mix was 1.71, compared to a budget of 1.82. Inpatient surgical cases were over budget by 14 for the month of May and outpatient surgical cases were under budget by 18. Emergency Department visits were under budget for the month of May by 397, and 96 less than the prior year

Hospital FTEs were 2,350 in May, compared to a budget of 2,405. Terrace View FTEs were 431 for the month of May, compared to a budget of 444.

The Hospital had an operating surplus for the month of May of $356,000, compared to a budgeted surplus of $20,000 and a $20,000 surplus the prior year. Terrace View had an

operating loss of $237,000 in May, compared to a $298,000 loss in April. The consolidated operating loss for the month of May was $119,000 compared to a loss of $311,000 the prior year, and a budgeted loss of $21,000. The consolidated year-to-date operating loss was $5.6 million for the month of May.

Days operating cash on-hand for the month of May was 35.7, obligated cash was $112.4 million, and days in accounts receivable were 42.6.

IV. JUNE 2013 FINANCIAL STATEMENT REVIEW

Mr. Sammarco provided a summary of the financial results for June 2013, which addressed volume, income statement activity and key financial indicators.

Total discharges were under budget by 107 for June, and 51 over the prior year. Year-to-date discharges were under budget by 417 for June, and 105 over the prior year. Acute discharges were under budget by 72 for the month of June, 30 over the prior June, and 15 over the prior year-to-date.

Observation cases were 191 for the month of June. The average daily census was 364 in June and average length of stay was 6.6 compared to a budget of 6.0. Non-Medicare case mix was 1.83 for the month of June compared to 1.62 in May, and a budget of 2.02; and Medicare case mix was 1.69, compared to 1.71 in May, and a budget of 1.66.
Inpatient surgical cases were over budget by 26 for the month of June, and 53 over June of the prior year. Year-to-date cases were over budget by 18 and 105 over the prior year. Outpatient surgical cases were under budget by 21 for the month of June, and 6 ahead of the prior year-to-date. Emergency Department visits were under budget for the month of June by 211, and 79 over the prior year.

Hospital FTEs were 2,365 in June, compared to a budget of 2,372. Terrace View FTEs were 439 in June, compared to a budget of 441.

The Hospital had an operating surplus for the month of June of $28,000, compared to a loss of $539,000 the prior year. Terrace View had an operating loss of $95,000 in June, compared to a $298,000 loss in May. The consolidated operating loss for the month of June was $66,000 compared to a loss of $985,000 the prior year, and a budgeted surplus of $345,000. The consolidated year-to-date operating loss was $5.6 million for the month compared to a loss of $5.4 million the prior year.

Days cash on-hand for June was 28.9, obligated cash was $112.9 million, and days in accounts receivable were 47.6.

V. CASH FLOW PROJECTIONS:

Mr. Sammarco distributed the monthly cash flow projection and reviewed the details with the committee members.

VI. ADJOURNMENT:

The meeting was adjourned at 9:25 a.m. by Michael Seaman, Chair.

ECMCC Management Team

Chief Executive Officer

ERIE COUNTY MEDICAL CENTER CORPORATION

REPORT TO THE BOARD OF DIRECTORS
JODY L. LOMEO, CHIEF EXECUTIVE OFFICER
AUGUST 27, 2013

Hard to believe that the summer is coming to an end; hopefully everybody has had a great summer as we prepare for the fall and the upcoming school year.

HOSPITAL OPERATIONS

We continue to see ECMC in full summer trauma season and our entire system continues to be extremely busy. Volume has increased in major areas throughout the hospital and compare favorably, year over year. The Executive Management team is implementing the 2013 revenue enhancement and cost reduction plan that was presented to the Board in March. In addition, ECMCC has engaged NOVIA Consulting to work through process changes that are expected to improve our business operation. The following highlights are for July 2013:

- Total discharges are up, month over month and year to date over last year to date.
- Acute discharges are trailing last year
- Length of stay dropped to 6.2 from 6.6 in June.
- Medicare case mix was 1.58 and Non-Medicare case mix was 1.89.
- Inpatient surgical cases outpaced last year, month over month and year to date over year to date.
- Outpatient surgical cases outpaced last year, month over month and year to date over year to date.
- The Hospital had an operating surplus of $49,000 for July 2013.
- Terrace View had an operating surplus of $1,736,000 due to an adjustment to the third party reserve estimate.
- The consolidated year-to-date operating loss is $3.9 million.

As we spoke at both the Finance and Executive committee meetings**,** the reduction in our overall case mix index is of great concern to us. We have begun to challenge our process and have identified areas in which we will invest resources to ensure that we accounting for

operations in an appropriate manner. The Novia engagement will also be very helpful in supporting our current programs as well as identifying and implementing new ones.

THE JOINT COMMISSION (JCAHO)

As you are all aware, we recently completed our tri-annual JCAHO Survey. The JCAHO team arrived at ECMC on Monday, July 29 and stayed throughout the week with a final exit conference on August 2. I am proud and very pleased to announce that this JCAHO visit was clearly the finest survey in the history of ECMC.

The credit belongs to our team led by Charlene Ludlow. These dedicated organizational leaders were well prepared and were embraced by the surveyors. We led off each morning with a briefing session, including findings from the previous day as well as direction as to what was going to happen that day. Each and every day, we heard positive terms from the surveyors such as "top tier," "best practice," "collaborative," etc.

Staff throughout the hospital was interviewed and did a phenomenal job in expressing their passion, desire, and commitment to delivering quality care to our community. A special thank you to Kevin Hogan and Mike Seaman who participated in the leadership and exit conferences with the Joint Commission. The Joint Commission acknowledged the collaboration between physicians and nurses, nurses and staff, administrators, nurses and physicians, as well as the Board of Directors.

We will receive the final report from JCAHO shortly. We will then publicly acknowledge our accreditation. At the Board meeting, we will go over the findings. We will embrace all of the recommendations that the Joint Commission has brought forward and we are appreciative of those recommendations that ultimately will improve the manner of care that we deliver to the hospital.

I also should acknowledge the Joint Commission surveyors for their willingness to communicate, discuss, and engage our team throughout the week. They were pleasant to deal with and I believe they were impressed with our hospital and especially our culture.

BEHAVIORAL HEALTH

CPEP/BHCOE Construction is proceeding apace. The facility will be outstanding and is on time and on budget. We are working very closely with Kaleida Health and the Office of Mental Health (OMH) on the integration of two Behavioral Health programs. Again, we should acknowledge the work of both the ECMC and Kaleida teams for working together. You should be aware of the following highlights: Please find below updates to the Behavioral Health program since our last meeting.

- We are nearing completion of the first 36-bed inpatient unit on the fifth floor south. Opening is set for September 3. If you do get a chance, please tour the unit. It is absolutely stunning.
- The second 36-bed inpatient unit is under renovation and will be operational in early November.
- Dr. Michael R. Cummings, a UB assistant professor of clinical psychiatry, was named the interim Executive Director for Behavioral Health Integration at Erie County Medical Center. This new position, for which a national search will be conducted to identify a permanent president, oversees behavioral health, substance abuse and dependency treatment programs at the medical center and off campus. Dr. Cummings will manage the program's physician leaders; coordinate behavioral health resources with the medical staff; work with private physicians and local agencies and organizations; and oversee the financial, customer relations, strategic planning, performance improvement, human resources, regulatory and accreditation requirements and information management for the department.

As with our entire hospital, we are in the midst of a culture change with our Behavioral Health service. The front line staffs (nurses, counselors and support staff) continue exceptional performance in the CPEP while addressing the increase in volumes. Their efforts have not gone unnoticed by our patients, OMH and our management team. We will continue to aggressively manage this program to a Center of Excellence that this community will be proud of.

TERRACE VIEW

We are pleased with the positive changes to the Terrace View culture that have resulted in a positive experience for the residents at the new facility. Consultant Jeannine Brown Miller has done a great job working with the residents, the employees, and leadership team in creating an environment that fosters team work, service excellence and open communication. Our census remains above 98 percent. Our residents are happy and the demand for Terrace View is at an all time high. Our sub-acute rehabilitation program will expand to 66 beds in the next few months. As the integration of the Alden home to the ECMC campus has taken place, we have integrated several operational departments into ECMC operations, including plant operations and maintenance, environment services, biomed, human resources, and case management. Financially, Terrace View has stabilized and we have additional opportunities for growth on the horizon.

CODE SILVER

As you are aware, we unfortunately had a Code Silver on Wednesday, July 30, at Terrace View. We were notified of a phone call of an active shooter in the Terrace View facility and responded with an internal lockdown of the ECMC campus. I want to acknowledge the work of Chief Cummings and his team for his quick and careful response to this prank. As I mentioned in my email to the Board of Directors, we will err on the side of caution. The positive that came from this unfortunate phone call was that our staff and our residents felt safe, were safe and were very thankful for the manner in which the lockdown was handled. Within approximately an hour and twenty minutes, we were back up and running with little or no disruption.

RPCI

I have had recent discussion with the CEO at Roswell Park and they have been very positive as we continue with the goal of working together along different service lines. I will keep you updated as to how those talks progress and I am hopeful that we can have at least one collaborative agreement signed in the near future.

LIFELINE FOUNDATION

I would like to thank all who participated in the ECMC Lifeline golf outing on August 12. By all accounts, the event was extremely successful and the participants had an enjoyable day. A special thank you to Susan Gonzalez and her team and the entire golf committee for their efforts as we raised the most money and had the largest turn out that we ever had for this event.

We will be celebrating the one year anniversary of the mammography coach next month. An invitation to mark that milestone is being distributed. It is gratifying to know that the efforts of the Lifeline Foundation have gained real momentum and have provided tangible results in the form of care back to the community. Thank you for all your support of not only ECMC but the Lifeline Foundation, as well.

In closing, I appreciate all your support, guidance and wisdom, and look forward to a strong ending to 2013.

Jody

Chief Operating Officer

REPORT TO THE BOARD OF DIRECTORS
RICHARD C. CLELAND, MPA, FACHE, NHA
CHIEF OPERATING OFFICER
AUGUST 2013

EXECUTIVE MANAGEMENT (EM) - HOSPITAL OPERATIONS

Our tri-annual Joint Commission (JC) survey went absolutely fantastic! Hats off to Charlene Ludlow for keeping everyone in the organization focused and ready. Our executive team, staff, and physicians rose to the challenge and the results can be summed up by the JC Lead Surveyor's statements that our performance was "Top Tier" in comparison to other surveys she has been involved in (45 annually).

The EM team has met several key strategic goals set forth in the third quarter of 2013 (see last page of the report for specifics).

ECMC, as part of a consortium of statewide "Safety Net" providers through the Hospital Association of New York State (HANYS) and the DOH, submitted DSHRP plans for current and future health care programs that target populations lacking significant health care. As per DOH, they will submit this comprehensive plan to CMS by the end of the month. ECMC estimates about $2.5 million a year; annual funding requests will be part of this submission.

Novia will begin its engagement September 9, 2013. This will start with clinical documentation and revenue cycle areas. We are targeting $6 million to $10 million dollars of process improvement opportunities.

Currently, I am interviewing for our own grant writer. We should have an individual on board by the end of September.

The hospital remains very busy with volumes higher in comparison to 2012 in many of the core business lines including patient days, surgery, outpatient services and specialty units (MRU, Behavioral Health, and LTC).

BEHAVIORAL HEALTH CENTER OF EXCELLENCE

There have been several significant developments over the past month.

- We submitted vouchers and were reimbursed for $6.8 million of the HEAL-21 grant. The remaining funds of the $15 million will be used by end of the 3rd quarter.
- Dr. Michael Cummings was appointed Interim Executive Director of Behavioral Health Integration. Dr. Cummings will be the service line administrator overseeing the consolidation and the new Center of Excellence on an interim basis.
- 5-South will be ready to open the first (36) bed unit on September 3, 2013.
- Buffalo General Medical Center is relocating their Partial Hospitalization Clinic to ECMC which will also open September 3, 2013.
- Opening of new Chemical Dependency Outpatient Clinic at 1285 Main Street (replacing 1280 Main Street). It is a "showplace".

- Implementation of a very effective CPEP "surge" plan. This has been extremely successful in addressing the reduced number of regional beds and meeting patient care needs.
- CPEP and Outpatient Center construction is progressing and remains on budget and on schedule. Opening in January 2014.

We are working closely with our partners at Kaleida Health on completing a plan to transition remaining behavioral health programs (outpatient) to ECMC by October 14, 2013. There will be no disruption of services or treatment to patients under treatment or entering the system.

TERRACE VIEW

Jeannine Brown Miller continues to work with the leadership team in developing a "strategic management plan" which will be a centerpiece in transforming operational and cultural excellence.

Census remains above 98% and demand for a bed is very high. Several departments have been integrated with ECMC departments. This includes:

- Bio Med
- Plant Operations and Maintenance
- Environmental Services and Laundry
- Admissions
- Case Management and Workers' Compensation

We continue to look at other opportunities so that we can reduce costs and share services.

TRANSITIONAL CARE UNIT (TCU)

Our new unit continues to grow. Average daily census is 15-16. Our overall medical LOS reduced to 5.9 days in July. In addition, all commercial payors and ECMC have agreements for members to utilize.

CONSTRUCTION/RENOVATION PROJECTS

Two new outpatient operating rooms are set to be completed December 2013. In addition, both the Medical Office Building (MOB) and outpatient (Article 28 space) will be completed by the end of December 2013. Several new projects have received approval to begin including: 12th floor MICU renovation, GI renovation, and Gift Shop.

Executive Management
Goal Report - 3rd Quarter 2013

Goals	Responsible Party	Completed
2013 Third Quarter Goals:		
1) Super Lab Completion of Integration	Krawiec	
2) JC Survey	Ludlow	August 5, 2013
3) Business Service Line Development:	Quatroche	
a. Trauma/Burn/ER Services; ✪		In Progress ✪
b. Orthopedics; ✪		
c. Behavioral Health/Chemical Dependency; ✪		
d. Head, Neck and Breast;		
e. Transplant/Renal;		
f. LTC; ✪		
g. Ambulatory Services/Clinics;		
h. Immunodeficiency;		
i. Rehabilitation Services; ✪		
4) Submit CON – Ortho (Phase II & Phase III)	Quatroche	
5) Novia assessment implementation Phase III	Cleland	Scheduled 9/4/13
6) Reorganization medical services office	Murray	
7) Be at least break even financial status (profitability is goal)	All EM	Improvement in P/L
8) Develop Comprehensive Physician Plan to address:	Murray	
→ Recruiting (a Physician Strategic Plan)		
▪ i.e. – ACS recommendations (Trauma), Neurosurgery, etc., address where shortages are on the horizon		
→ Liaison/Concierge Service (on boarding)		
9) Terrace View Restructuring	Cleland	August 22, 2013
10) Automate Switchboard – Implement	Brown	
11) Level III Observation – Sitter Service Implement	Ziemianski	August 1, 2013
12) Purchasing Assessment Implementation – Cardinal	Sammarco	
13) Overtime managed down to 65 FTEs from 98 FTEs	All EM	
14) Redesign, restructure CM, UR, SW + DC	Cleland	
15) Wound Care – Recruit new Program Director & Clinical Coordinator	Krawiec	August 10, 2013
▪ Design New Strategic Plan w/new leadership		
▪ Market program internally and externally		
▪ Increase Net Revenue 15%		
16) Clinic Reorganization completion	Krawiec	
17) Develop strategic space utilization plan	Ludlow	August 15, 2013
18) Develop dashboard for core measures	Ludlow	
19) Expand TCU to all managed care HMO's	Cleland	July 20, 2013
20) Grow Terrace View SAR to 44 patients	Cleland	July 15, 2013
21) Online phone directory	Feidt	

Chief Financial Officer

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Internal Financial Reports

For the month ended July 31, 2013

Erie County Medical Center Corporation

Balance Sheet
July 31, 2013 and December 31, 2012

(Dollars in Thousands)

	July 31, 2013	Audited December 31, 2012	Change from December 31st
ASSETS			
Current assets:			
Cash and cash equivalents	$ 30,261	$ 20,611	$ 9,650
Investments	897	3,112	(2,215)
Patient receivables, net	53,086	42,548	10,538
Prepaid expenses, inventories and other receivables	46,662	49,459	(2,797)
Total Current Assets	130,906	115,730	15,176
Assets Whose Use is Limited:			
Designated under self-Insurance programs	94,716	93,151	1,565
Designated by Board	25,000	25,000	0
Restricted under debt agreements	27,564	32,479	(4,915)
Restricted	23,338	25,436	(2,098)
	170,618	176,066	(5,448)
Property and equipment, net	264,892	247,113	17,779
Deferred financing costs	3,003	3,091	(88)
Other assets	4,381	4,621	(240)
Total Assets	$ 573,800	$ 546,621	$ 27,179
LIABILITIES AND NET ASSETS			
Current Liabilities:			
Current portion of long-term debt	$ 7,034	$ 6,936	$ 98
Accounts payable	29,990	29,369	621
Accrued salaries and benefits	15,141	18,661	(3,520)
Other accrued expenses	36,581	17,386	19,195
Estimated third party payer settlements	28,079	27,651	428
Total Current Liabilities	116,825	100,003	16,822
Long-term debt	177,669	180,354	(2,685)
Estimated self-insurance reserves	56,582	56,400	182
Other liabilities	104,435	99,827	4,608
Total Liabilities	455,511	436,584	18,927
Net Assets			
Unrestricted net assets	107,220	98,968	8,252
Restricted net assets	11,069	11,069	0
Total Net Assets	118,289	110,037	8,252
Total Liabilities and Net Assets	$ 573,800	$ 546,621	$ 27,179

The difference between healthcare and true care™

Erie County Medical Center Corporation

Statement of Operations

For the month ended July 31, 2013

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net Patient Revenue	$ 35,923	$ 34,720	$ 1,203	$ 35,283
Less: Provision for bad debts	(2,011)	(1,935)	(76)	(2,043)
Adjusted Net Patient Revenue	33,912	32,785	1,127	33,240
Disproportionate Share/IGT Revenue	4,396	4,396	-	4,702
Other Revenue	2,248	2,411	(163)	1,910
Total Operating Revenue	40,556	39,592	964	39,852
Operating Expenses:				
Salaries / Wages / Contract Labor	14,111	13,572	(539)	13,518
Employee Benefits	7,436	9,112	1,676	9,009
Physician Fees	4,845	4,364	(481)	4,587
Purchased Services	3,250	2,703	(547)	2,923
Supplies	5,115	5,602	487	5,722
Other Expenses	573	630	57	655
Utilities	787	468	(319)	489
Depreciation & Amortization	1,680	1,648	(32)	1,446
Interest	727	716	(11)	449
Total Operating Expenses	38,772	39,365	593	39,387
Income (Loss) from Operations	**1,784**	**227**	**1,557**	**465**
Non-operating gains (losses):				
Grants - HEAL 21	552	833	(281)	-
Interest and Dividends	187	-	187	269
Unrealized Gains/(Losses) on Investments	1,364	267	1,097	1,322
Non-operating Gains(Losses), net	2,103	1,100	1,003	1,591
Excess of (Deficiency) of Revenue Over Expenses	$ 3,887	$ 1,327	$ 2,560	$ 2,056
Retirement Health Insurance	1,207	1,357	(150)	1,469
New York State Pension	1,476	2,071	(595)	1,748
Total impact on operations	$ 2,683	$ 3,428	$ (745)	$ 3,217

The difference between healthcare and true care™

Erie County Medical Center Corporation

Statement of Operations

For the seven months ended July 31, 2013

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net Patient Revenue	$ 235,797	$ 237,384	$ (1,587)	$ 225,335
Less: Provision for bad debts	(13,694)	(13,278)	(416)	(13,257)
Adjusted Net Patient Revenue	222,103	224,106	(2,003)	212,078
Disproportionate Share/IGT Revenue	14,081	30,771	(16,690)	32,913
Other Revenue	30,771	14,914	15,857	12,951
Total Operating Revenue	266,955	269,791	(2,836)	257,942
Operating Expenses:				
Salaries / Wages / Contract Labor	98,867	91,465	(7,402)	90,359
Employee Benefits	59,023	63,072	4,049	61,592
Physician Fees	30,205	30,217	12	29,584
Purchased Services	19,888	18,903	(985)	19,221
Supplies	38,282	39,383	1,101	37,474
Other Expenses	3,920	4,571	651	4,470
Utilities	4,405	3,213	(1,192)	3,262
Depreciation & Amortization	11,524	11,395	(129)	10,134
Interest	4,749	4,732	(17)	3,074
Total Operating Expenses	270,863	270,801	(62)	262,844
Income (Loss) from Operations	**(3,908)**	**(1,010)**	**(2,898)**	**(4,902)**
Non-operating Gains (Losses)				
Grants - HEAL 21	8,506	5,833	2,673	-
Interest and Dividends	1,716	-	1,716	2,375
Unrealized Gains/(Losses) on Investments	2,606	1,865	741	4,740
Non Operating Gains (Losses), net	12,828	7,698	5,130	7,115
Excess of (Deficiency) of Revenue Over Expenses	$ 8,920	$ 6,688	$ 2,232	$ 2,213
Retirement Health Insurance	7,049	9,437	(2,388)	10,283
New York State Pension	14,003	14,525	(522)	12,394
Total impact on operations	$ 21,052	$ 23,962	$ (2,910)	$ 22,677

The difference between healthcare and true care™

Erie County Medical Center Corporation

Statement of Changes in Net Assets

For the month and seven months ended July 31, 2013

(Dollars in Thousands)

	Month	Year-to-Date
UNRESTRICTED NET ASSETS		
Excess (Deficiency) of Revenue Over Expenses	$ 3,887	$ 8,920
Other Transfers, Net	(94)	(668)
Contributions for Capital Acquisitions	-	-
Net Assets Released from Restrictions for Capital Acquisition	-	-
Change in Unrestricted Net Assets	3,793	8,252
TEMPORARILY RESTRICTED NET ASSETS		
Contributions, Bequests, and Grants	-	-
Other Transfers, Net	-	-
Net Assets Released from Restrictions for Operations	-	-
Net Assets Released from Restrictions for Capital Acquisition	-	-
Change in Temporarily Restricted Net Assets	-	-
Change in Total Net Assets	3,793	8,252
Net Assets, Beginning of Period	114,496	110,037
NET ASSETS, End of Period	**$ 118,289**	**$ 118,289**

The difference between healthcare and true care™

Erie County Medical Center Corporation

Statement of Cash Flows

For the month and seven months ended July 31, 2013

(Dollars in Thousands)

	Month	Year-to-Date
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	$ 3,793	$ 8,252
Adjustments to Reconcile Changes in Net Assets to Net Cash Provided by (Used in) Operating Activities:		
Depreciation and amortization	1,680	11,524
Provision for bad debt expense	2,011	13,694
Net Change in unrealized (gains) losses on Investments	(1,364)	(2,606)
Transfer to component units	94	668
Changes in Operating Assets and Liabilities:		
Patient receivables	(2,647)	(24,232)
Prepaid expenses, inventories and other receivables	(7,148)	2,797
Accounts payable	4,226	621
Accrued salaries and benefits	(3,365)	(3,520)
Estimated third party payer settlements	(1,799)	428
Other accrued expenses	2,952	19,195
Self Insurance reserves	787	182
Other liabilities	858	4,608
Net Cash Provided by (Used in) Operating Activities	78	31,611
CASH FLOWS FROM INVESTING ACTIVITIES		
Additions to Property and Equipment, net		
Campus expansion	(4,820)	(24,574)
Routine capital	(602)	(4,641)
Use of bond proceeds for campus expansion	233	6,684
Decrease (increase) in assets whose use is limited	(1,234)	(1,236)
Purchases (sales) of investments, net	2,316	4,821
Investment in component units	(94)	(668)
Change in other assets	(17)	240
Net Cash Provided by (Used in) Investing Activities	(4,218)	(19,374)
CASH FLOWS FROM FINANCING ACTIVITIES		
Principal payments on long-term debt	(373)	(2,587)
Net Cash Provided by (Used in) Financing Activities	(373)	(2,587)
Increase (Decrease) in Cash and Cash Equivalents	(4,513)	9,650
Cash and Cash Equivalents, Beginning of Period	34,774	20,611
Cash and Cash Equivalents, End of Period	$ 30,261	$ 30,261

Erie County Medical Center Corporation

Key Statistics

Period Ended July 31, 2013

Current Period					Year to Date			
Actual	Budget	% to Budget	Prior Year		Actual	Budget	% to Budget	Prior Year
				Discharges:				
977	1,045	-6.5%	1,003	Acute	6,554	6,927	-5.4%	6,567
143	128	11.7%	138	CD - Detox	921	897	2.7%	895
25	26	-3.8%	27	CD - Rehab	179	193	-7.3%	185
222	186	19.4%	210	Psych	1,455	1,418	2.6%	1,412
38	37	2.7%	31	Rehab	249	295	-15.6%	260
25	43	-41.9%	-	TCU	84	167	-49.7%	-
1,430	1,465	-2.4%	1,409	Total Discharges	9,442	9,897	-4.6%	9,319
				Patient Days:				
6,035	6,220	-3.0%	6,315	Acute	43,295	41,230	5.0%	40,635
433	411	5.4%	458	CD - Detox	3,091	2,872	7.6%	2,872
451	496	-9.1%	464	CD - Rehab	3,523	3,681	-4.3%	3,554
2,880	2,433	18.4%	2,585	Psych	18,787	18,548	1.3%	18,844
813	882	-7.8%	839	Rehab	5,582	7,030	-20.6%	5,615
385	516	-25.4%	-	TCU	1,087	2,004	-45.8%	-
10,997	10,958	0.4%	10,661	Total Days	75,365	75,365	0.0%	71,520
				Average Daily Census:				
195	201	-3.0%	204	Acute	204	194	5.0%	191
14	13	5.4%	15	CD - Detox	15	14	7.6%	13
15	16	-9.1%	15	CD - Rehab	17	17	-4.3%	17
93	78	18.4%	83	Psych	89	87	1.3%	88
26	28	-7.8%	27	Rehab	26	33	-20.6%	26
12	17	-25.4%	-	TCU	5	9	-45.8%	-
355	353	0.4%	344	Total ADC	355	355	0.0%	336
				Average Length of Stay:				
6.2	6.0	3.8%	6.3	Acute	6.6	6.0	11.0%	6.2
3.0	3.2	-5.7%	3.3	CD - Detox	3.4	3.2	4.8%	3.2
18.0	19.1	-5.4%	17.2	CD - Rehab	19.7	19.1	3.2%	19.2
13.0	13.1	-0.8%	12.3	Psych	12.9	13.1	-1.3%	13.3
21.4	23.8	-10.2%	27.1	Rehab	22.4	23.8	-5.9%	21.6
15.4	12.0	28.3%	-	TCU	12.9	12.0	7.8%	-
7.7	7.5	2.8%	7.6	Average Length of Stay	8.0	7.6	4.8%	7.7
				Occupancy:				
79.9%	78.9%	1.3%	81.5%	% of acute staffed beds	88.3%	85.0%	3.8%	81.3%
				Case Mix Index:				
1.58	1.66	-4.7%	1.73	Medicare (Acute)	1.79	1.73	3.0%	1.74
1.89	2.02	-6.2%	2.01	Non-Medicare (Acute)	1.82	2.08	-12.5%	2.13
149	126	18.3%	137	Observation Visits	1,193	860	38.7%	934
473	467	1.3%	471	Inpatient Surgeries	3,054	3,030	0.8%	2,947
626	650	-3.7%	590	Outpatient Surgeries	4,398	4,697	-6.4%	4,356
27,087	29,772	-9.0%	28,203	Outpatient Visits	201,738	212,828	-5.2%	202,405
5,898	5,955	-1.0%	5,663	Emergency Visits Including Admits	37,334	39,349	-5.1%	37,375
47.7	40.0	19.3%	39.7	Days in A/R	47.7	40.0	19.3%	39.7
6.7%	6.2%	7.8%	6.3%	Bad Debt as a % of Net Revenue	6.5%	6.2%	5.3%	6.5%
2,360	2,292	3.0%	2,461	FTE's	2,381	2,328	2.3%	2,395
3.64	3.76	-3.2%	3.95	FTE's per adjusted occupied bed	3.80	3.61	5.1%	3.95
$ 10,925	$ 11,537	-5.3%	$ 12,591	Net Revenue per Adjusted Discharge	$ 11,714	$ 11,695	0.2%	$ 12,039
$ 13,099	$ 13,741	-4.7%	$ 14,458	Cost per Adjusted Discharge	$ 14,162	$ 13,937	1.6%	$ 14,107
Terrace View Long Term Care:								
11,825	11,848	-0.2%	9,632	Patient Days	74,533	77,114	-3.3%	72,668
381	382	-0.2%	311	Average Daily Census	352	364	-3.3%	341
445	442	0.7%	313	FTE's	362	416	-13.1%	328
6.9	6.9	0.9%	6.0	Hours Paid per Patient Day	6.2	6.9	-10.1%	5.8

Sr. Vice President of Operations

Erie County Medical Center Corporation
Report to the Board of Directors
Ronald J. Krawiec, Senior Vice President of Operations
August 27, 2013

LABORATORY – JOSEPH KABACINSKI

Surveys

The Department of Laboratory Medicine and Pathology successfully completed a semi-annual unannounced New York State laboratory survey the week of June 14 through June 21. This survey is also used by the federal CLIA programs to license the ECMCC clinical laboratory.

The Joint Commission unannounced reaccreditation survey occurred the week of August 6 through August 8. The surveyor looked at all aspects of Lab operations and testing. The review included tracer activity throughout the hospital, including the OR, outpatient clinics, dialysis, and point-of-care testing. The JCAHO was complementary regarding our operation and facility, noting several "best practices" we adhere to. The survey report included only indirect recommendations/findings with no direct findings. JC reaccreditation was granted for another two years.

Kaleida Health-ECMCC Lab Integration

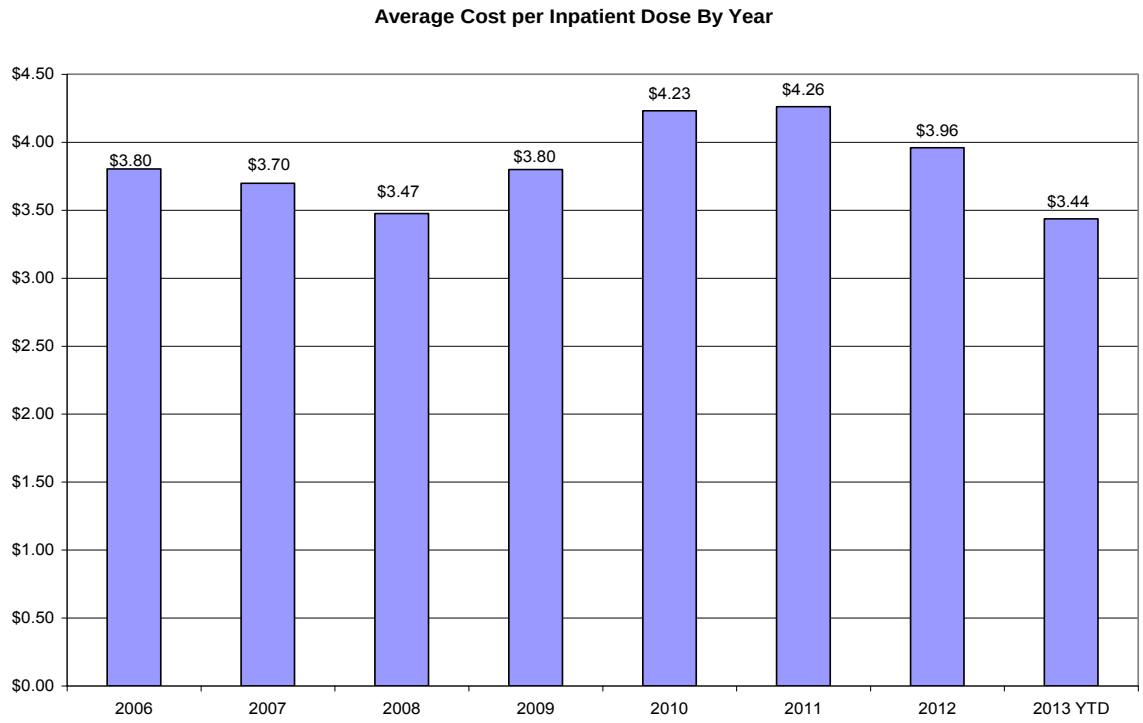
The integration project Steering Committee continues to meet weekly along with four ECMCC-Kaleida workgroups. The four workgroups are Anatomic Pathology; Logistics and Sample Transfer; Technology, Production and Service Levels; and Information Systems. The Anatomic Pathology transition includes ECMCC's use of Kaleida Health's Cerner Millennium information system for pathology. Our pathologists, histotechnologists, and transcription staff are undergoing training; and system testing and validation continues. The dates for the transition for Anatomic Pathology and general Lab all depend on successful Information Systems interfacing and integration linking the Kaleida and ECMCC Lab and Hospital information systems. The transition for Anatomic Pathology will now occur by September with remainder of the Lab following in October.

A contract amendment and extension with University at Buffalo Pathologists, Inc. is being reviewed to provide professional physician and clinical oversight of pathology services at ECMCC.

The primary benefits accruing from a consolidated laboratory include a significant reduction in the cost of labor, equipment, supplies and consumables; conservation of capital resources; savings through group purchasing and use of common analyzer platforms; and a more robust Great Lakes' Laboratory growth strategy to increase market share.

PHARMACEUTICAL SERVICES – RANDY GERWITZ

Over the years Department of Pharmaceutical Services (DPS) has focused on controlling inpatient costs as pharmacy has the considerable influence over these care areas. The graph below shows the average cost of a pharmaceutical dose by year. In mid-2009 DPS took over clotting factors from the blood bank, hence the spike in 2010 and 2011. Factoring in inflation, the impact of DPS team efforts are impressive over the past seven years.



The Department of Pharmaceutical Services (DPS) has also focused on advancing clinical services with a resulting positive impact on patient care, cost reduction, length of stay and readmission rates. The focus areas for 2014 are the Emergency Department to provide clinical support, medication reconciliation and adverse drug reaction avoidance, clinical pharmacy services for Behavioral Health services, infectious disease and antibiotic stewardship, support of integrated oncology services and publication.

AMBULATORY SERVICES – BONNIE SLOMA

Ambulatory Care continues to evolve in refining the direct clinic management structure. Significant changes include transitioning staff into the full scope of their job descriptions and strengthening the oversight of each clinic.

The clinic management team has seven (7) initiatives in various stages of completion including Patient Cycle Time, Patient Referral Process, Patient Experience, Patient Satisfaction with Telephone Access, Same Day Appointment Availability, Improvement

of physical environment of Ambulatory Service resulting in improved Patient Satisfaction; and Reduction of Ambulatory patients usage of ED for non urgent medical care with redirection to outpatient clinics. In addition, we are working closely with the orthopedic clinic on documentation, throughput and compliance and continue to work with revenue cycle and centralized scheduling.

The Hyperbaric/Wound Care clinic has gone through a change in upper management with the cooperation of Healogics the contract management vendor. A new Program Manager, Margaret Brady, and Program Coordinator, Colleen Carbonneau, were recently hired along with a new regional manager assignment. Healogics will work closely with ECMCC management to develop and monitor a revised strategic plan and fiscal goals.

IMAGING – ERIC GREGOR

A statistical recap of Imaging for July 2013 indicates improvements in radiology as compared to 2012:

- Outpatient procedural volumes in July were 341 (4.18%) more than in previous year.
- Inpatient procedural volumes in July were 919 (-15.61%) less than in previous year.
- The Inpatient/Outpatient procedural mix in July improved to 37%/43%. (Inpatient procedures generally do not increase revenue but do increase expense.)
- Denials through July 2013 are $42,504.82 (72%) less in previous year.
- Late charges through July 2013 were at 1.18% of total charges, down .932% from previous year.
- Radiology OT in July was at .185 of Total Worked Hours, down from 5.25% in June.
- Through July, Inpatient Report Time was at 10.2 hours, a 28% improvement from previous year.

Chief Medical Officer

ERIE COUNTY MEDICAL CENTER CORPORATION

REPORT TO MEDICAL EXECUTIVE COMMITTEE
BRIAN M. MURRAY, MD, CHIEF MEDICAL OFFICER
JULY 2013

UNIVERSITY AFFAIRS

The Dean recently announced the appointment of Leslie J. Bisson, MD, as the inaugural Eugene R. Mindell, M.D. Professor and Chair of Orthopaedic Surgery at the University at Buffalo School of Medicine and Biomedical Sciences, following a comprehensive national search.. This appointment was effective August 1, 2013.

A native of Minneapolis, Minnesota, Dr. Bisson received his MD from The Johns Hopkins University School of Medicine graduating at the top of his class. He completed his internship in general surgery at The Johns Hopkins Hospital and his residency in orthopedic surgery at the Hospital for Special Surgery in New York (1992-1996). He completed a fellowship in sports medicine at the American Sports Medicine Institute in Birmingham, Alabama (1996-1997). From 1997-2006, he was a partner at Northtowns Orthopaedics. He joined the Department of Orthopaedics in the School of Medicine and Biomedical Sciences at UB as an Associate Professor in 2007. He has served as Director for UB's Orthopaedic Sports Medicine Fellowship since 2007.He is certified by the American Board of Orthopaedic Surgeons. His research, education and clinical interests include anterior cruciate ligament injuries, maximizing the strength of soft tissue repairs, and exploring techniques to optimize rotator cuff healing. He is currently the principal investigator of a multi-surgeon, prospective, randomized trial to determine the optimal treatment for chondral lesions encountered during arthroscopic treatment of meniscal tears.

PROFESSIONAL STEERING COMMITTEE

Next meeting will be in September..

MEDICAL STAFF AFFAIRS

See separate report by Sue Ksiazek for full details.

UTILIZATION REVIEW	May	June	July	YTD vs. 2013 Budget
Discharges	989	921	977	-5.4%
Observation	178	191	149	+36.6%
LOS	6.0	6.9	6.2	+10.9%
ALC Days	373	386	409	-13.5%
CMI	1.71	1.80	1.84	-10.6%
Surgical Cases	966	870	891	-5.1%
Readmissions (30d)	NA	NA		

July activity consistent with recent volume trends. Not quite able to live up to budget expectations.
Acute LOS improved.
Outpatient surgical volume missed target by same one surgery per day.

A major concern is the fact that CMI is running over 10% below last year's level.

CLINICAL ISSUES

SUNSHINE ACT

Company payments to doctors to be made public next year and information on amounts over $10 will be compiled starting August 1, 2013.

Beginning August 1, pharmaceutical and medical device companies will collect information about their payments to doctors and teaching hospitals for publication in a public online database, which is scheduled to go live next year. **The Patient Protection and Affordable Health Care Act** (which was passed in March 2010) includes the **Physician Payments Sunshine Act** and requires these companies to disclose to the federal government and the public payments over $10 to physicians and teaching hospitals every year. This includes consulting fees; honoraria; gifts; compensation for food, travel, education or conferences; research funding; stock or stock options; investment income; royalties; and licenses.

The law is intended to create more transparency in industry-provider relations. It aims to help consumers make better informed decisions and alert them to physicians' potential conflicts of interest, which can be detrimental to care and contribute to higher health-care costs. But given the very large volume and complexity of data involved, there is concern among both industry and physician groups about the potential for errors in the new system, which could lead to confusion among consumers.

To review these reports and ensure their accuracy, physicians must register in the system, which will be managed by the Centers for Medicare & Medicaid Services. Registration begins in January. Physicians are advised to register so they will be notified when their data are ready to be reviewed and can make sure the information is accurate and, if need be, engage in the dispute-resolution process. It will be up to individual faculty members to monitor the data reported on payments to them and, as needed, to work with companies to correct what they believe may be faulty figures.

FINAL CMS RULE RELEASED

Under Final CMS Rule, Hospitals Get 0.7% Medicare Increase, LTCHs Get 1.3%
The final FY 2014 Hospital Inpatient Prospective Payment System (IPPS) rule was released by CMS Friday afternoon and it increases overall hospital payments (capital and operating) by $1.2 billion or 0.7 percent starting October 1. Long Term Care Hospital PPS payments would increase by 1.3 percent, or approximately $72 million, in FY 2014.

Other Major Regulatory Changes:
Hospital-Acquired Conditions. Beginning in October of 2014, hospitals that are in the

lowest quartile for medical errors or serious infections that patient's contract while in the hospital will be paid 99 percent of what they otherwise would have been paid under the IPPS. The new rule finalizes the criteria to rank hospitals with a high rate of hospital-acquired conditions.

Readmissions Reduction Program. Starting October 1, 2013, this new rule increases the maximum reduction of payments to up to two percent (an increase of 1 percent from last year) for hospitals with excessive readmissions. Starting in October of 2014, it adds hip and knee surgery and chronic obstructive pulmonary disease to the list of conditions used to determine the reduction. CMS has also increased the number and types of planned readmissions that no longer count against a hospital's readmission rate.

Two-Midnight Inpatient Rule. The final rule provides some clarity regarding when inpatient hospital admissions are generally appropriate for Medicare Part A payment. Under the rule, if a physician expects a beneficiary's surgical procedure, diagnostic test or other treatment to require a stay in the hospital lasting at least two midnights, and admits the beneficiary to the hospital based on that expectation, it is presumed to be appropriate that the hospital receive Medicare Part A payment. The final rule emphasizes the need for a formal order of inpatient admission to begin inpatient status, but permits the physician to consider all time a patient has already spent in the hospital as an outpatient receiving observation services, or in the emergency department, operating room, or other treatment area in guiding their two-midnight expectation.

Medicare Disproportionate Share Hospitals (DSH). The Affordable Care Act directs CMS to revise the methodology used to recalculate the additional amount Medicare pays hospitals that serve a disproportionate share of low-income patients. Under the new rules, part of those payments will be distributed to hospitals based on an estimate of how much uncompensated care they provide relative to other hospitals. The final rule determines the total amount of money available as uncompensated care payments based on a federal fiscal year determination of the uninsured.

New Quality Measures. The rule finalizes new measures for the Hospital Inpatient Quality Reporting Program, the Hospital Value-Based Purchasing program, and quality reporting programs for LTCHs, PPS-Exempt Cancer Hospitals, and Inpatient Psychiatric Facilities.

NEW CMS RULES FOR INPATIENT ADMISSIONS

FY 2014 IPPS Rule Outreach (CMS 1599-F) – 8-12-13
Physician Order and Physician Certification

In the final rule, CMS clarified that for purposes of payment under Medicare Part A, a beneficiary is considered an inpatient of a hospital (and a critical access hospital or CAH), if formally admitted as an inpatient pursuant to an order for inpatient admission by a physician or other qualified practitioner provided in the regulations. The order is a

component of the statutorily required physician certification of the medical necessity of hospital inpatient services for Part A payment; therefore it must be documented in the medical record as a condition of payment.
The order must be furnished by a qualified and licensed practitioner who has admitting privileges at the hospital as permitted by State law, and who is knowledgeable about the patient's hospital course, medical plan of care and current condition. The admission decision (order) cannot be delegated to an individual who does not have this authority in his or her own right.
To improve clarity regarding the relationship between the order and the physician certification, CMS amended the regulations governing the physician certification, specifying that the certification begins with the order for inpatient admission. For each inpatient admission, the certification must be completed, signed and documented in the medical record prior to discharge (except for outlier extended stay cases, which require earlier certification and recertification).
In the final rule, CMS specified that inpatient rehabilitation facilities must also continue adhering to their existing admission requirements in the regulations.

Admission and Medical Review Criteria for Hospital Inpatient Services:
Under this final rule—in addition to services designated as inpatient-only—surgical procedures, diagnostic tests, and other treatments are generally appropriate for inpatient hospital admission and payment under Medicare Part A when the physician (1) expects the beneficiary to require a stay that crosses at least two midnights and (2) admits the beneficiary to the hospital based upon that expectation.

The final rule clarifies that the benchmark used in determining the expectation of a stay of at least two midnights begins when the beneficiary starts receiving services in the hospital. This would include outpatient care received while the beneficiary is in observation or is receiving services in the emergency department, operating room, or other treatment area.

The time a beneficiary spends as an outpatient before the formal inpatient admission order is not inpatient time, but may be considered by the physician—and subsequently the Medicare review contractor—when determining if the expectation of a stay lasting at least two midnights in the hospital is reasonable and was generally appropriate for inpatient admission. *Documentation in the medical record must support a reasonable expectation of the need for the beneficiary to require a medically necessary stay lasting at least two midnights. If the inpatient admission lasts fewer than two midnights due to an unforeseen circumstance, this must also be clearly documented* in the medical record.

Inpatient hospital claims with lengths of stay greater than two midnights after the formal inpatient order and admission will be presumed generally appropriate for Part A payment and will not be the focus of medical review efforts, absent evidence of systematic gaming, abuse or delays in the provision of care in an attempt to qualify for the two-

midnight presumption. These provisions apply to all types of hospitals and CAHs, except inpatient rehabilitation facilities.

Providers or associations are encouraged to submit any questions or concerns to the **IPPSadmissions@cms.hhs.gov** mailbox that CMS has established for questions related to the two midnight provision for admission and medical review. Questions on Part B inpatient billing and the clarifications regarding the physician order and certification should be sent to the subject matter staff listed in the final rule. CMS will review stakeholder feedback as quickly as possible and provide responses and clarification as needed.

Senior Vice President of Nursing

ERIE COUNTY MEDICAL CENTER CORPORATION

Report to the Board of Directors
Karen Ziemianski, RN, MS
Sr. Vice President of Nursing

July, 2013

The Department of Nursing reported the following activities in the month of July:

- Three Violence Intervention Programs were held this month, one program for three "at risk" teens from the City's Department of Social Services, and two programs for Mayor Brown's Summer Youth Program. The presenters were nurses Beth Moses and Karen Beckman, along with Reverend Garney Davis of our Pastoral Care Department.

- On July 17th, the ECMCC Sexual Assault Nurse Examiners Program, in collaboration with the Erie & Niagara Counties District Attorney Offices, The Emergency Nurses Association, and Crisis Services held a seminar to address the identification, Assessment & Management of Victims of Strangulation. Key issues such as domestic violence and sexual assault were also addressed. ECMC hosted 70+ participants. Attendees included SANE nurses from Western New York, physicians, the U.S. Military, Law Enforcement Officials, The Erie County Crime Lab and Patient Advocates. The event was very well-received.

- Two departments unveiled a monthly newsletter specific to their specialty this month. The Regional Center of Excellence for Transplantation and Kidney Care – Outpatient Dialysis created an informative publication containing articles on dialysis care, healthy recipes and dietary tips, along with a Social Work and Patient Advocacy section.

  "Clipboard News" was developed for our critical care nurses, and contains articles specific to caring for the ICU patient, as well as managing the emotional fatigue that can occur when caring for this high-risk population.

Vice President of Human Resources

Report for the
Board of Directors
Human Resources Department
August 27, 2013

I. NYSNA Negotiations

The parties have met several times to further discuss proposals. Additional sessions have been scheduled. A number of individual tentative agreements have been reached.

II. Benefits & Wellness

Wellness: Multiple smoking cessation classes are being scheduled at Terrace View and ECMC in light of the new no smoking legislation that goes into effect in October 2013. The employee smoke hut will be removed in October.

III. Terrace View **Flash Report**: 7/7/13 -7/31/13

Number of new lost work days: 1
Number of modified work assignments: 4
Number of employees who returned to work: 1
Total number of employees out on W/C: 9
Retired: 0
Number of new occurrences: 2
Terminations: 0
Injuries: 2

IV. Recruitment Activities for period from 6/18/13 – August 21, 2013

(1) All Applicants - total of applicants - 6,285
(2) New Hires - total of jobs filled - 167
(3) Applicants sent to Managers – 693
(4) Applicants not hired but viable – 1,634

V. Consolidation of Services

Recruiting for Behavioral Health positions is on-going.
The Lab Medicine staff has been provided with FAQs for civil service questions in anticipation of layoffs.

VI. Employee Health

Flu vaccinations will begin in September. The hospital has adopted a new flu vaccination policy consistent with the NYS Public Health Law that requires the staff to receive a vaccination or wear a mask in patient care areas and certain common areas, such as the Lobby.

VII. Retiree Reception

The Retiree Reception is scheduled for Monday, September 9th in the Staff Dining Room. Board members are cordially welcome.

Chief Information Officer

ERIE COUNTY MEDICAL CENTER CORPORATION

HEALTH INFORMATION SYSTEM/TECHNOLOGY

August 2013

The Health Information Systems/Technology department has completed or is currently working on the following projects.

Clinical Automation/Strategic Initiatives.

Great Lakes Health Care System - Lab Integration. We have completed the setup, configuration and testing/validation of the Anatomical Pathology solution (phase 1 of GLHCS Super Lab Project). We are working with the business owners to coordinate a go live date. Focus is now fully directed to the implementation of phase 2 of this project which focuses on the remaining laboratory units (i.e. microbiology, chemistry, etc.). The team will be developing a more detailed project plan and timeline over the next two weeks. This will be presented to executive management and to the GLHCS Superlab Steering Committee for final approval.

Allscripts Ambulatory Clinic Electronic Medical Record. We are targeted September 16, 2013 for the Immunodeficiency clinic roll out. With Behavioral Health and Chemical Dependency Leadership, we are developing strategy to fully automate their programs. The team is recommending implementing the electronic medical record in the Child, Adult and Family Behavioral Health Clinic followed by the implementation of the offsite clinics.

ARRA Meaningful Use (MU). In preparation for Meaningful Use Stage 2, we are focusing on the following initiatives

- Successfully completed the Meditech 5.66 upgrade on August 21, 2013. This provides the platform to move toward meeting the MU Stage 2 objectives within the inpatient areas. I want to thank all the stakeholders for working together to minimize the impact of this upgrade to our end users.
- Working with our Physician Advisory Committee (PAC), we have begun the development of service specific order set development and have set direction for go live strategies for MU Stage 2. This includes a proposed go live for physician order management and medication reconciliation for a Qtr 1, 2014 go live.
- Patient Portal. Continue to work with our business owners to define business requirements for our enterprise patient portal. The goal is to distribute RFP by mid September.

Operational Efficiencies

Working with organizational, we are developing an operational model to prototype a new personal duress solution, Ekahau. Ekahau's duress system is a personal security and emergency notification system**.** It will run over our existing Wi-Fi network. Efforts will be put forth to ensure appropriate system redundancies and operational procedures.

Sr. Vice President of Marketing & Planning

Marketing and Development Report
Submitted by Thomas Quatroche, Jr., Ph.D.
Sr. Vice President of Marketing, Planning and Business Development
August 27, 2013

Marketing

New image "It's happening here" campaign underway
Further marketing efforts for Regional Center of Excellence in Transplantation and Kidney Care underway
Medical Minute on WGRZ-TV has featured kidney disease, organ donation, breast health, the mobile mammography vehicle, rehabilitation services and allergic rhinitis
Executing Bills sponsorship

Planning and Business Development

GVI transfer of PCI transfer completed and EP transfer to be completed
Operation room expansion planning completed and DOH contingencies approved
Medical Office Building Approved
Planning underway for Orthopedic Floor
Coordinating integration of cardiac services with GVI
Working with Professional Steering Committee
Developing primary care and specialty strategy and have had multiple confidentiality agreements signed
Primary care practices growing and specialties seeing patients at locations

Media Report

- **WGRZ-TV, Channel 2; WUTV-FX, Channel 6: A group gathers to celebrate the one year anniversary for ECMC's mobile mammography coach at MLK Park.** The group gathered for the making of a video of a mass dance in honor of the Mobile Mammography Coach's anniversary. Rita Hubbard Robinson was quoted.
- **WNY Health Magazine; The Buffalo Criterion: Mobile Mammogram Coach Exams Exceed Expectations:** More than 1,400 Western New York women, most of whom probably would not have otherwise received breast cancer screenings, had mammograms in the first year of the Mobile Mammography Coach's effort to save lives.
- **Buffalo Business First: ECMC Mobile Mammography: By the Numbers.** A year after launching its Mobile Mammography Coach Program, Erie County Medical Corp. reported impressive annual results.
- **The Buffalo News: ECMC's Police Chief to take part in summit on violent crime and homicides in Buffalo.** Erie County Medical Center's chief of police, Christopher Cummings has been invited to participate as a panelist on the second summit being held by Legislator's Betty Jean Grant and Timothy R. Hogues.
- **Buffalo Business First: ECMC downtown clinic now open**. Erie County Medical Center has opened its expand3ed outpatient substance abuse services clinic downtown.
- **Buffalo Health Living: The meaning of life when it comes to organ donation, let your wishes be known.** Just one organ donation can save the lives of 78 different people. Mark Laftavi, MD, FASC, ECMC Surgical Director of the transplant program at the Center for Transplantation and Kidney Care is interviewed.

Community and Government Relations

Lifeline Foundation Mobile Mammography Unit has screened over 1,500 women
Working with HANYS on potential nurse staffing legislation

CLINCAL DEPARTMENT UPDATES

Surgical Services

- OR volume January to June up 200 cases (3%) main service driver increases from Orthopedics and plastic reconstructive.
- Consolidation of Angiography suite and cardiac catheterization lab to improve patient experience and streamline services
- The two new OR suites and ambulatory center targeted to open January 1 is on construction target.

Oncology

- Visit volume 2013 YTD 3957
  2012 YTD 2661 increase of 936 visits up 35%
- New Clinical Nurse Manager in department, RN interviews continue
- Recruitment of full time physician in process – interviews pending
- Joint Commission – working with Pharmacy to update standing orders
- Billing agency hired to complete backlog of billing, interview process continues for biller/coder
- New building space progressing, tentative move January 1, 2014

Head and Neck / Plastic and Reconstructive Surgery

- Visit Volume 2013 YTD 2103
  2012 YTD 2082 up 21 visits
- New NP hired for department, Start date September 30th
- New Provider part time tentative Fall 2013 One day clinic, one day procedures
- Speech Patholigist now allocated three days per week to department
- Application process for a Plastic Surgery residency program at ECMCC continues, targeting 2014 for submission. Dr. Loree well involved with process.
- Department continues to move forward with move tentative January 2014

Other Clinical

Anesthesiology contacts completed with physicians and staff
Contracts in negotiations with UB Department of Surgery and Orthopedics

Executive Director, ECMC Lifeline Foundation

Lifeline FOUNDATION
HEROES
5K RUN AND HEALTHWALK

September 28, 2013 Delaware Park

Gold • $7500 - 1 SOLD

- Category Exclusivity
- Company Name/Logo Prominently Placed on Event Shirts, Print Materials, Website & Related Media
- Prominent Signage Throughout Venue Including Main Stage, Registration, Course, & Race Start and Finish Lines
- Option to Staff Complimentary 10 x 10 Tent, Table & Chairs to Promote Company Services or Sampling
- Option to Provide Handouts/Giveaways to All Participants in Runner Packets
- 25 Complimentary Race/Chase/Walk Entries

Silver • $5000

- Company Name/Logo on Event Shirts, Print Materials & Website
- Signage Throughout Venue & On Course
- Option to Staff Complimentary 10x10 Tent, Table & Chairs to Promote Company Services or Sampling
- Option to Provide Handouts/Giveaways to All Participants in Runner Packets
- 15 Complimentary Race /Chase/Walk Entries

Bronze • $2500

- Company Name/Logo on Event Shirts & Website
- Signage at the Event
- Option to Staff Complimentary 10x10 Tent, Table & Chairs to Promote Company Services or Sampling
- Option to Provide Handouts/Giveaways to All Participants in Runner Packets
- 10 Complimentary Race /Chase/Walk Entries

Breakfast Sponsor • $1000

- Company Name/Logo on Event Shirts & Website
- Signage at the Event in Breakfast Tent in Race Registration Area
- Option to Staff Complimentary 10x10 Tent, Table & Chairs to Promote Company Services or Sampling
- Option to Provide Handouts/Giveaways to All Participants in Runner Packets
- 5 Complimentary Race /Chase/Walk Entries

Water Station Sponsor $500

Company Name/Logo Listed on Signage at All Water Stations

Company Name listed on Website

2 Complimentary Race /Chase/Walk Entries

Health Exhibitor $500 $250(sponsor provides own tent)

Complimentary 10x10 Tent, Table & Chairs to Offer Services or Sampling to event participants and park guests. (estimated crowd 1,000 including park users)

Company and services offered listed on Website

2 Complimentary Race /Chase/Walk Entries

Hero Sign Sponsor $150

Sponsor Signage Honoring WNY First Responders including Firefighting & Law Enforcement Professionals & Volunteers, Emergency Medical Service Providers, ECMC Physicians, Nurses & Healthcare Providers.

You select the hero you wish to honor with signage at the post race party for everyone to see.

For more information contact Stacy Roeder at sroeder@ecmc.edu or call 898-5800.
All checks are payable to ECMC Lifeline Foundation.

Lifeline FOUNDATION
ecmclifeline.org

Heroes 5K Run, Chase & Healthwalk
Sponsorship Commitment

Company Name_____
As it should appear in advertising & signage

Contact Name_____ Title _____

Address _____

_____

City_____ State_____ Zip_____

Phone _____ Fax _____ Email _____

Signature_____
My signature indicates authorization to make this commitment on behalf of my company

☐ **GOLD SPONSOR**	**$ 7,500**
☐ **SILVER SPONSOR**	**$ 5,000**
☐ **BRONZE SPONSOR**	**$ 2,500**
☐ **BREAKFAST SPONSOR**	**$ 1,000**
☐ ***YES, I will be using my complimentary 10x10 tent***	
Deadline for Tent Reservation is September 13, 2013	
☐ **WATER STATION SPONSOR**	**$ 500**
☐ **HEALTH WALK EXHIBITOR**	**$ 500**
☐ **I WILL PROVIDE MY OWN TENT**	**$ 250**
☐ **HERO SIGN SPONSOR**	**$ 150**

My Hero Is:_____

☐ **Payment enclosed (Please make check payable to ECMC Lifeline Foundation)**
☐ **Invoice at above address**
☐ **Invoice other**_____
☐ **Contact us at 716-898-5800 to charge by phone**

For questions or to customize your package please call
Susan Gonzalez or Stacy Roeder at 716-898-5800

Thank-you for your support. *The ECMC Lifeline Foundation is a 501(c)(3) not-for-profit corporation*
NYS Charity Registry # 05-65-69 *Federal Tax ID # 22-3283946*

"Supporting the Lifesaving Medical Services of ECMC"

ECMC Lifeline Foundation 462 Grider Street G1 Buffalo, NY 14215

NEW BUSINESS

OLD BUSINESS

Medical-Dental Executive Committee

MEDICAL EXECUTIVE COMMITTEE MEETING
MONDAY, JULY 22, 2013 AT 11:30 A.M.

Attendance (Voting Members):

D. Amsterdam, PhD	T. DeZastro, MD	K. Pranikoff, MD
Y. Bakhai, MD	N. Ebling, DO	R. Schuder, MD
V. Barnabei, MD	R. Ferguson, MD	P. Stegemann, MD
W. Belles, MD	W. Flynn, MD	R. Venuto, MD
G. Bennett, MD	C. Gogan, DDS	
M. Chopko, MD	R. Hall, MD, DDS, PhD	
S. Cloud, DO	J. Izzo, Md	
N. Dashkoff, MD	J. Kowalski, MD	
H. Davis, MD	M. LiVecchi, MD	
R. Desai, MD	M. Manka, MD	

Attendance (Non-Voting Members):

A. Stansberry, RPA-C	R. Gerwitz	
B. Murray, MD	C. Ludlow	
J. Fudyma, MD	A. Victor-Lazarus, RN	
S. Ksiazak	M. Sammarco	
K. Ziemianski, RN	N. Mund	
L. Feidt		

Excused:

M. Azadfard, MD	J. Woytash, MD	
M. Jajkowski, MD		
T. Loree, MD		
K. Malik, MD		
M. Panesar, MD		
J. Reidy, MD		

Absent:

None		

I. CALL TO ORDER

A. Dr. Richard Hall, President, called the meeting to order at 11:40 a.m.

II. MEDICAL STAFF PRESIDENT'S REPORT –R. Hall, MD

A. The Seriously Delinquent Records report was included as part of Dr. Hall's report. Please review carefully and address with your staff.

III. PATIENT EXPERIENCE PRESENTATION – JOHN FUDYMA, MD

A. PRESENTATION – Dr. Fudyma provided a presentation on the new patient experience plan and ways nursing is changing how they deliver care. The newly employed patient advocates have been deployed on the medical surgical units to assist with real time service recovery and it was suggested to have them attend a future Medical Executive Committee meeting to be introduced to the Chiefs of Service.

B. PHYSICIAN ADVISORY COMMITTEE FOR CLINICAL INFORMATICS – This committee has been formulated and has begun meeting. An overview of the newly formed committee was distributed for review and the plan for informatics for the current year pertaining specifically to the requirements of Meaningful Use.

IV. CEO/COO/CFO BRIEFING

A. CEO REPORT - Jody Lomeo

1. No report.

B. COO REPORT – Richard Cleland, COO

a. No report.

C. CFO REPORT – Consolidated loss of $66,000 for the month of June is reported. Volumes were good with discharges over budget. Surgeries are also hitting targeted goals. LOS numbers are a bit high and Medicare case mix index is lower than expected partially due to cardiac cases moving to the GVI with the recent program merger. Year to date a consolidated loss of $5.6 million is reported. The Board will continue to monitor the loss and it is hoped it will turn around by year's end.

V. CHIEF MEDICAL OFFICER REPORT – B. Murray, M.D.

A. PROFESSIONAL STEERING COMMITTEE- Next meeting will be in September. No report.

B. UTILIZATION REVIEW

April	May	June	YTD vs. 2013 Budget	
Discharges	874	989	921	-5.2%
Observation	168	178	191	+40.6%
LOS	6.8	6.0	6.9	+10.9%
ALC Days	397	373	386	-13.7%
CMI	1.93	1.71	1.80	-11.2%
Surgical Cases	834	966	870	-6.2%
Readmissions (30d)	NA	NA		

June activity consistent with recent volume trends. Not quite able to live up to budget expectations. Terrace View patient days in line with budget; patient mix for specialty services lower than expected.

Acute LOS just under 7 for June. Compared to last year, YTD acute LOS is running half a day longer.

Inpatient surgeries strong for month - about one surgery more per day than expected; outpatient volume missed target by same one surgery per day.

A major concern is the fact that CMI is running over 10% below last year's level.

C. CLINICAL ISSUES

1. CARDIAC SERVICES TRANSITION

The transition of Cardiothoracic, Interventional Cardiology and Cardiac Electrophysiology services to the Gates Vascular Institute is now complete.
We continue to have diagnostic cardiac catheterization services and also have the capacity to implant pacemakers and defibrillators in the Operating Room and continue to maintain an inpatient cardiology consultative, and a comprehensive noninvasive cardiology diagnostic service.. The hospital has concluded a contract with Buffalo Cardiology and Pulmonary Associates to provide these services.
As a result the following administrative positions will be filled by the following individuals:

- Chief of Cardiothoracic Surgery: Dr Mark Jajkowski
- Chief of Clinical Cardiology Services: Dr Joseph Zizzi Jr
- Chief of Noninvasive Cardiology Services: Dr. Robert Gatewood
- Chief Of Nuclear Cardiology: Dr Michael D'Angelo

2. NEW YORK STATE PRESCRIPTION MONITORING PROGRA

Access to the Prescription Monitoring Program Registry – Unlicensed Professionals

The NYS Department of Health's Health Commerce System (HCS) allows access to important applications such as the Prescription Monitoring Program (PMP) Registry. Effective August 27, 2013, all prescribers will

be required to consult the PMP before prescribing a controlled substance. For more information regarding the PMP please visit the Bureau of Narcotic Enforcement's website at www.nyhealth.gov/professionals/narcotic.
Licensed prescribers that have a Health Commerce System account automatically have access to the PMP application. Effective August 27, 2013, prescribers will be able to give a licensed professional or an unlicensed professional permission to access the PMP Application on their behalf. The designee, if unlicensed, will need to work with the HCS coordinator from their facility or medical practice to establish their own HCS account. Practitioners may choose to designate the same individual(s) put in the role to order NYS Official Prescriptions. Please note: Only one HCS account per person is necessary to access all HCS applications.
Possible designees may be: Medical Residents, Limited Permit Physicians, Medical Assistants, and Administrative Staff. Please click on the link below for instructions to request a Health Commerce System User account for an unlicensed professional:
http://www.health.ny.gov/professionals/narcotic/docs/hcs_unlicensed_professionals.pdf
If you are experiencing difficulty applying for a HCS account for an unlicensed professional, please contact the Commerce Account Management Unit at 1-866-529-1890, Option 2.

How a Practitioner gives a designee access to the PMP Application:
1. Designee obtains a HCS account user ID – A HCS Director/coordinator or licensed practitioner may assist
2. Once a designee's HCS account is established, the practitioner logs into the HCS with their own user ID and password
3. Practitioner opens the PMP application (large button in the middle of the page)
4. Once in the PMP application, click on the Designation tab at the top of the screen.
5. Practitioner enters the HCS user ID of the designee
6. Click "search" and then "designate"

Currently, designees cannot perform patient searches. However, we encourage staff that will be designees to apply for their HCS account now and for practitioners to complete the designation process.

Hospital Outpatient, ASCs to Get Payment Increase from Medicare
Hospital outpatient payments from Medicare would increase 1.8 percent in calendar year 2014, under proposed regs released last week by CMS.

Ambulatory Surgery Center rates would increase 0.9 percent.

One of the more significant changes involves payments for emergency department and clinic visits. Currently, there are five levels of codes for clinic visits and for each of the ED visits (24 hour and non?24 hour). CMS proposes to replace these levels with three new Level II HCPCS (Healthcare Common Procedure Coding System) codes. The proposal creates a single HCPCS visit level for each unique type of outpatient visit—one for clinic, one Type A ED visit, and one Type B ED visit—and decreases the number of codes from 20 to 3. CMS believes by removing the five visit levels, it will reduce the administrative burden, create incentives to use resources more efficiently, and discourage overuse and up charging.

CMS Proposes Numerous Changes to Physician Payment Rules
CMS is proposing numerous changes to the physician payment rules in the next two years through proposed regulations it released last week. For example, In last year's final rule, CMS emphasized primary care by paying separately for care management services provided during the transition of a patient from the treating physician in the hospital to the primary physician in the community. For CY2015, CMS has increased its efforts and has proposed to separate payment for non-face-to-face care management services and face-to-face evaluation and management visits for beneficiaries with multiple chronic conditions. CMS has defined the proposed scope and standards for the complex chronic care management services that would be eligible for separate payments, and has also created proposed G-codes that would be used to bill for the services

VI. ASSOCIATE MEDICAL DIRECTOR REPORT – John Fudyma, MD

A. Presentation provided.

VII. DIRECTOR OF PHYSICIAN QUALITY AND ED. – S. Ksiazek

A. No report.

VIII. LIFELINE FOUNDATION – Susan Gonzalez

A. Written report provided pertaining to the upcoming golf tournament and sponsorships available. Please support the August event.

IX. CONSENT CALENDAR

	MEETING MINUTES/MOTIONS	ACTION ITEMS
A.	**MINUTES OF THE Previous MEC Meeting: June 24, 2013**	Received and Filed
B.	**CREDENTIALS COMMITTEE: Minutes of July 2, 2013**	Received and Filed
	- Resignations	Reviewed and Approved
	- Appointments	Reviewed and Approved

	MEETING MINUTES/MOTIONS	ACTION ITEMS
	- Reappointments	Reviewed and Approved
	- Dual Reappointment Applications	Reviewed and Approved
	- Provisional to Permanent Appointments	Reviewed and Approved
	• First Assist Privilege Form	Reviewed and Approved
C.	HIM Committee: Minutes of June 27, 2013	Received and Filed
	1. Discharge Planning Acknowledgement Form	Reviewed and Approved
	2. Patient Health Questionnaire – with revisions presented	Reviewed and Approved
	3. Pectus Excavatum General Floor Order Set	Reviewed and Approved
	4. Pectus Excavatum Post Operative Order Set	Reviewed and Approved
	5. Pectus Excavatum – Day of Discharge Floor Orders	Reviewed and Approved
	6. Pectus Excavatum Correction Discharge Instructions	Reviewed and Approved
	7. Physician Dischrage Order Form Discharge Instructions	Reviewed and Approved
D.	Transfusion Committee – Minutes of June 6, 2013	Received and Filed
E.	OR Committee – Minutes of May 21, 2013	Received and Filed
F.	Clinical Informatics Committee – Minutes of June 24, 2013	Received and Filed

IX. CONSENT CALENDAR, CONTINUED

A. MOTION: Approve all items presented in the consent calendar for review and approval excluding the approval of the extracted item under the Credentials Committee.

MOTION UNANIMOUSLY APPROVED.

EXTRACTION (Credentials Committee):

MOTION: Ruth Schap, ANP – Resignation is rescinded. Accept change of department from Internal Medicine to Family Medicine.

MOTION UNANIMOUSLYL APPROVED.

FIRST ASSIST PRIVILEGE FORM – Credentials Committee presents a credentials form for use for a First Assist.

MOTION: Approval of the newly revised First Assist credentials form as presented.

MOTION UNANIMOUSLY APPROVED.

X. OLD BUSINESS

A. None

XI. NEW BUSINESS

A. **MOTION:** Accept resignation of Stephen Downing, MD, Chief of Service, Cardiothoracic Surgery, effective June 30, 2013.

MOTION UNANIMOUSLY APPROVED.

B. **MOTION:** Accept appointment of Mark Jajkowski, MD, Chief of Service, Thoracic Surgery, effective July 1, 2013.

MOTION UNANIMOUSLY APPROVED.

XII. ADJOURNMENT

There being no further business, a motion was made to adjourn to Executive Session, seconded and unanimously approved to adjourn the regular session of the Medical Executive Committee meeting at 12:20 p.m.

Respectfully submitted,

Khalid Malik, M.D., Secretary
ECMCC, Medical/Dental Staff

Reading Material

From the Chief Executive Officer

>> BY THE NUMBERS

ECMC Mobile Mammography: By the numbers

A year after launching its Mobile Mammography Coach program, Erie County Medical Center Corp. reported annual results.

1,410: Mammography screenings performed on underserved women in Western New York over 105 days

110: Total women flagged for more specific secondary exams

2: Number of positive results found

$750,000: Funding provided by First Niagara Foundation, Buffalo Sabres Alumni Association and ECMC Lifeline Foundation

24.5: Rate of breast cancer death in 2011 per 100,000 WNY women

75%: Survival rate for breast cancer among African-American women

89%: Survival rate for breast cancer for white women

The Mobile Mammography Coach visited inner-city churches, community centers, health-care facilities and public events. It has partnerships and collaborated with local physician groups to be part of a system of care in patient-centered medical homes.

Operated from the practice of Dr. Vivian Lindfield in Amherst, the program deployed two digital mammography units to reach underserved women in the region.

SOURCE: ECMC, SUSAN G. KOMEN FOR THE CURE

Mobile Mammogram Coach Exams Exceed Expectations

ECMC Foundation, Sabres and First Niagara bring crucial exams to women

More than 1,400 Western New York women, most of whom probably would not have otherwise received breast cancer screenings, had mammograms in the first year of the Mobile Mammography Coach's effort to save lives.

Sponsored by Erie County Medical Center, First Niagara Financial Corp. and the Buffalo Sabres Alumni, the coach deployed two digital mammography units to underserved and under-tested women across Western New York and was dedicated one year ago (July 18 2012).

The service, staffed and operated out of the practice of Vivian L. Lindfield, M.D., in Amherst, completed an average of 13.48 mammograms per day over 105 days. Out of 1,410 exams, 110 women were flagged for more specific secondary exams, and overall, the tests found two positive results.

"This project was always about making a real impact on the lives of women and their families through early detection. We could not be more pleased by the number of women screened and, more importantly, who received care," said ECMC CEO Jody L. Lomeo. "This a great example of the power of collaboration in our community and I thank the Buffalo Sabres Alumni, First Niagara, and the board of the ECMC Lifeline Foundation for believing in something greater for the prevention of breast cancer in our community. "

With a combined $750,000 contribution from First Niagara and the Buffalo Sabres Alumni Association, ECMC managed the Mobile Mammography Coach. The Erie County Medical Center Lifeline Foundation, which contributed to its operation, owns the mobile mammography coach.

"First Niagara is committed to collaborating with our community partners to make a difference in Western New York," said Elizabeth Gurney, executive director of the First Niagara Foundation. "Our contribution to fund the Mobile Mammography Coach is helping to save lives and enhance access to cancer care for the underserved. This successful partnership with ECMC and the Sabres Alumni enables First Niagara to help women in our community who might never be screened."

Western New York had the highest rate of new breast cancer in Upstate New York, according to a 2010 report. In addition, Upstate New York had a higher breast cancer death rate per 100,000 women in 2011 at 24.5 per year, than nationally, 24; statewide, 23.7; or in New York City, 23.9, according to Susan G Komen For the Cure.

Another partner in the effort is the Buffalo/Niagara Witness Project, which assisted in identifying women in the community in need of screening. The project educates participants on early cancer detection through stories told by breast and cervical cancer survivors in churches and community settings.

All women are welcome to have their annual "screening" mammograms on the mobile mammography coach. Any insurance is accepted and help is offered to find coverage eligibility. New York State requires a prescription for a screening mammogram; should a patient need a health-care provider, assistance will be given to help obtain one.

The mobile mammography coach has visited inner-city churches, community centers, health-care facilities, and public events. It has partnerships and has collaborated with local physician groups to be part of a system of care in patient-centered medical homes.

"We are very proud of the breast cancer prevention and education bus and the work that has been accomplished in the past year," said Cliff Benson, chief development officer of the Buffalo Sabres and president of the Buffalo Sabres Foundation. "This was a significant, challenging project, but the rewards of better health care for this region's women are absolutely worth it. We hope to continue making a difference with the bus in our community for years to come."

There are only a few dozen such buses in use in various regions of the country. One of the first started in 2004 in Western Washington. That program added another in 2008 to keep up with demand.

"The mobile mammography initiative coincides with my mission as a physician specializing in breast health to provide quality care and promote lifelong breast health to all women," said Dr. Lindfield. "It is an opportunity to reach out to women who for a multitude of reasons would not have the benefit of this service."

The bus also furthers ECMC's commitment to the inner-city neighborhoods around its Health Campus. Although the breast cancer incidence rate is 17 percent lower in African-American women than in white women, the mortality rate among black women is 32 percent higher.

Moreover, the survival rate for breast cancer in African American women is 75 percent, compared with 89 percent among white women. Mammography screening reduces breast cancer mortality by 35 percent to 50 percent, according to the American Cancer Society.

Although 70 percent of white and African American women 40 years and older received mammograms in the last two years, only 54 percent of African American women nationwide reported having a mammogram within the past year in accordance with

Two Erie County lawmakers will hold a second summit on violent crime and homicides in Buffalo.

The summit, called by Legislature Chairwoman Betty Jean Grant and Legislator Timothy R. Hogues, both Buffalo Democrats, is scheduled for 5:30 p.m. Wednesday at the Frank E. Merriweather Library, 1324 Jefferson Ave. An earlier session was held on July 17.

"Our youth are dying and I will continue to speak up against policies and practices that help destroy our youth, regardless of the fear tactics that are and will be directed against my family and myself," Grant said in a news release today.

Scheduled panelists at Wednesday's summit include local religious leaders, Cheektowaga Police Chief David Zack, Erie County Medical Center Police Chief Chris Cummings and local youth. Buffalo Mayor Byron W. Brown and officials of the Buffalo Police Department have been invited to attend as well. Summit organizers said they also were invited to the last meeting but declined to attend.

From the Business First
:http://www.bizjournals.com/buffalo/blog/morning_roundup/2013/07/ecmc-downtown-clinic-now-open.html

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ECMC downtown clinic now open

Tracey Drury
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Erie County Medical Center has opened its expanded outpatient substance abuse services clinic downtown.

The 12,000-square-foot clinic, which offers treatment and services for chemical dependent patients, opened in leased space at 1285 Main near Bryant, across the street from its previous location.

The move allows for expanded programs for addiction services. That includes medication-assisted treatment and a comprehensive suboxone program with group counseling, physician visits and individual counseling.

Also new: a Hispanic track of treatment, with a Spanish-speaking counselor and a psychiatric nurse practitioner. In coming months, two Spanish-speaking counselors will be added to the clinic.

Operating with a staff of 19, the facility has 32 clinician rooms, six group rooms and a medical office and is projected to provide for 25,000 patient visits, with an average monthly patient caseload of 340.

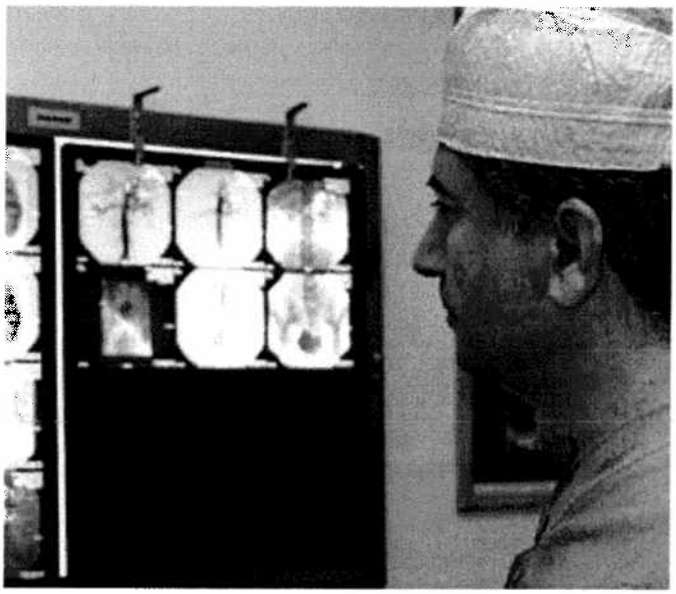
ECMC officials said patient care at the clinic will be coordinated with its emergency department and detoxification and inpatient rehabilitation services as needed. It is also connected electronically with the hospital to offer real-time registration and centralized scheduling.

Tracey Drury covers health/medical, nonprofits and insurance

the meaning of life

when it comes to organ donation let your wishes be known

by Annette Pinder



There is nothing that Dr. Mark Laftavi, ECMC Surgical Director of the transplant program at the Center for Transplantation and Kidney Care, is more passionate about than the value of organ transplantation. That's because his life changed when his nephew was diagnosed with Type 1 diabetes. He watched a family whose lives were turned upside down. He observed the constant blood sugar monitoring and finger pricks. He watched the vigilance required to avoid and handle dangerous hypoglycemic events. Then he watched a miracle occur after 30 years. After receiving a pancreas transplant, diabetic patients were no longer diabetic. Still, it is hard for him to believe that they can live a normal life after so many painful years.

What impressed me most in speaking with Dr. Laftavi is his passion, dedication, and spiritual perspective on life. He told me we are all connected to one another. He said, "If someone is in pain, I ask myself – what can I do to prevent that? We need to help one other, like a family. The impact will mean so much." He explains, "Each one of us is a single brick in a wall. If one brick is defective, the entire wall becomes unstable. If we can't fix that one brick, the whole wall is in jeopardy because it is out of balance and becomes dangerous. Nothing compares to the gift of health and wellbeing. We can be in the best place in the world, but if we are in pain, it is meaningless, because life without quality isn't life worth living."

The truth is, when a person dies there is no need to keep the organs," says Dr. Laftavi. We all have the power to save a mom, a dad, a child. We can bring back lives with transplantation, and it doesn't cost anything.

Some people fear that physicians are anxious for someone to be declared dead to secure their organs. But nothing is farther from the truth. According to Dr. Laftavi, an individual can only be declared dead by an independent neurologist or an intensive care physician following a couple of examinations over eight-hour periods in which the brain is declared dead, and there is no chance of recovery. Often, when this occurs the family will be asked if they are willing to donate the organs of a loved one. But this is a terrible time to ask families to make this type of decision, which is why it is so important to let your decisions be known ahead of time. So talk to your family. Talk to your friends. Let them know your wishes ahead of time. Let them know if you want to give someone else a chance at life.

Just one organ donor can save the lives of 8 people. Over 117,000 people are awaiting transplants, and 10 percent are from New York – 800 are from Western New York. Every 10 minutes another person is added to the waiting list. Every year 6,400 people in the U.S. die while waiting for an organ transplant.

WNY RESOURCE: Mark Laftavi, MD, FASC, is Surgical Director of the transplant program at Erie County Medical Center of Excellence for Transplantation and Kidney Care. Dr. Laftavi has more than 22 years experience in kidney and pancreas transplantation and has performed over 1300 kidney and 350 pancreas transplants. Visit http://www.ecmc.edu/progress/transplant/profiles.asp or call 898-5001.