

# BOARD OF DIRECTORS

**Sharon L. Hanson**  
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Anthony M. Iacono  
Dietrich Jehle, M.D.

Jody L. Lomeo  
Thomas P. Malecki  
Frank B. Mesiah  
Kevin Prantikoff, M.D.  
Joseph A. Zizzi, Sr., M.D.

~ Regular Meeting ~



## ERIE COUNTY MEDICAL CENTER CORPORATION

**Tuesday, July 12, 2011**

**4:30 P.M.**

**Staff Dining Room, 2nd Floor - ECMCC**

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

ERIE COUNTY MEDICAL CENTER CORPORATION  
 AGENDA FOR THE  
 JULY 2011 REGULAR MEETING OF THE  
 BOARD OF DIRECTORS  
 TUESDAY, JULY 12, 2011

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# Minutes from the



## Previous Meeting

ERIE COUNTY MEDICAL CENTER CORPORATION  
MINUTES OF THE MARCH REGULAR MEETING  
OF THE BOARD OF DIRECTORS

TUESDAY, JUNE 7, 2011

ECMCC STAFF DINING ROOM

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Voting Board Members Present or Attending by Conference Telephone:	Bishop Michael A. Badger Douglas H. Baker Richard F. Brox Ronald A. Chapin K. Kent Chevli, M.D. Kevin E. Cichocki, D.C.	Sharon L. Hanson, Chair Kevin M. Hogan, Esq. Anthony M. Iacono Dietrich Jehle, M.D. Michael A. Seaman
Voting Board Member Excused:	Thomas P. Malecki, C.P.A.	Joseph A. Zizzi, Sr., M.D.
Non-Voting Board Representatives Present:	Ronald P. Bennett, Esq. Jody L. Lomeo	Frank B. Mesiah Kevin Pranicoff, M.D.
Also Present:	Mark C. Barabas Donna Brown Richard Cleland Anthony Colucci, III, Esq. Leslie Feidt John R. Fudyma, M.D. Michael H. Hoffert James Kaskie Janet Bulger, CSEA	Ronald J. Krawiec Susan Ksiazek Kathleen O'Hara Thomas Quatroche, Ph.D. Rita Hubbard-Robinson Michael Sammarco Nathan Sull, RN Gaen Hooley, BS, RN

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**I. CALL TO ORDER**

Chair Sharon L. Hanson called the meeting to order at 4:35 P.M.

**II. APPROVAL OF MINUTES OF THE MAY 3, 2011 BOARD OF DIRECTORS REGULAR MEETING**

Moved by Anthony Iacono and seconded by Kevin Cichocki to approve the minutes of the May 3, 2011 Board of Directors Regular meeting as presented.

**Motion approved unanimously.**

**III. APPROVAL OF MINUTES OF THE APRIL 27, 2011 BOARD OF DIRECTORS SPECIAL MEETING**

Moved by Anthony M. Iacono and seconded by Michael A. Seaman to approve the minutes of the April 27, 2011 Board of Directors Special meeting as presented.

**Motion approved unanimously.**

**IV. ACTION ITEMS**

**A. Resolution Authorizing Abolition of Positions.**

Moved by Anthony Iacono and seconded by Douglas H. Baker.

**Motion approved unanimously.** Copy of resolution attached.

**B. Resolution Approving the Recommendations of the Performance Improvement Committee Concerning Medical/Dental Staff Credentials, Resignations, Appointments and Re-Appointments of May 3, 2011.**

Moved by Michael A. Seaman and seconded by Douglas H. Baker.

**Motion approved unanimously.** Copy of resolution is attached.

**V. BOARD COMMITTEE REPORTS**

Moved by Douglas H. Baker and seconded by Michael A. Seaman 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.**

**VI. REPORTS OF CORPORATION'S MANAGEMENT**

- A. Chief Executive Officer:
- B. President & Chief Operating Officer:
- C. Chief Financial Officer:
- D. Sr. Vice President of Operations:
- E. Sr. Vice President of Operations:
- F. Chief Medical Officer Report:
- G. Associate Medical Director Report:
- H. Senior Vice President of Nursing:
- I. Vice President of Human Resources:
- J. Chief Information Officer:
- K. Sr. Vice President of Marketing & Planning:
- L. Executive Director, ECMC Lifeline Foundation:

1) Chief Executive Officer: Jody L. Lomeo

- 2011 Update/Budget – We have are beginning to see a change in the financial trends. Preliminary numbers for May are looking strong.
- We have seen progress in our collaboration with Kaleida on the Deloitte study. As strategies are being put together, we are beginning to see real savings. Mr. Lomeo is pleased with the team and the commitment of both organizations as we continue to push forward.
- Mr. Lomeo publicly acknowledged the finance teams of ECMC and Kaleida who have worked hard to put together the financial model which will govern a consolidated transplant program. Dr. Brian Murray, Program Director for the Transplant Program, will be naming the Medical and Surgical Directors. The decision is being made in concert with Kaleida and UB.

2) Chief Financial Officer: Michael Sammarco

A summary of the financial results through April 30, 2011 and a Quarterly Financial Statement and projected statement of Yearly Cash Flows are attached in the Board Book for review.

Moved by Douglas H. Baker and seconded by Kevin Cichocki to receive and file the April 30, 2011 reports as presented by the Corporation's Management.

**VIII. RECESS TO EXECUTIVE SESSION - MATTERS MADE CONFIDENTIAL BY LAW**

Moved by Bishop Michael A. Badger and seconded by Richard Brox to enter into Executive Session at 5:00 P.M. to consider matters made confidential by law, including certain compliance-related matters, strategic investments and business plans.

**Motion approved unanimously.**

**IX. RECONVENE IN OPEN SESSION**

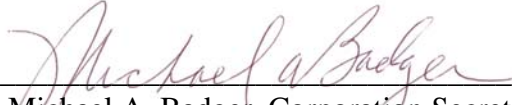
Moved by Kevin M. Cichocki and seconded by Bishop Michael A. Badger. to reconvene in Open Session at 6:15 P.M.

**Motion approved unanimously.**

ERIE COUNTY MEDICAL CENTER CORPORATION

**X. ADJOURNMENT**

Moved by Kevin M. Cichocki and seconded by Richard F. Brox to adjourn the Board of Directors meeting at 6:16 P.M.



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Bishop Michael A. Badger, Corporation Secretary

**A Resolution of the Board of Directors Authorizing  
the Corporation to Abolish Positions**

Approved: June 7, 2011

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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

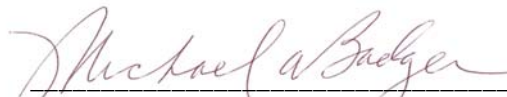
WHEREAS, the Chief Executive Officer have recommends that it is in the best interests of the Corporation that the positions indicated below be abolished.

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

1. Based upon the review and recommendation of the Chief Executive Officer, the following positions are abolished:

Laboratory Technologist	Position # 51008800
Supervisor of Rehabilitation Medicine	Position # 10193
Senior Clerk Typist	Position # 126054
Clinical Psychologist	Position # 51001502
Rehabilitation Clinical Social Worker	Position # 51006490

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 Badger  
Corporation Secretary



**CREDENTIALS COMMITTEE MEETING**  
**May 3, 2011**

**Committee Members Present:**

Robert J. Schuder, MD, Chairman (conf call)  
Nancy C. Ebling, DO  
Richard E. Hall, DDS PhD MD FACS  
Gregg I. Feld, MD  
Dietrich V. Jehle, MD (ex officio)

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

Jeanne Downey  
Susan Ksiazek, R.Ph.  
Emilie Kreppel  
Elizabeth O'Connor

**Members Not Present (Excused \*):**

Timothy G. DeZastro, MD \*  
Joseph M. Kowalski, MD (ex officio) \*  
Andrew J. Stansberry, RPA-C \*  
David G. Ellis, MD (ex officio) \*  
Brian M. Murray, MD (ex officio) \*  
Philip D. Williams, DDS \*

**CALL TO ORDER**

The meeting was called to order at 3 PM by Dr. Robert J. Schuder. The proceedings from the previous meeting of April 5, 2011 were reviewed and accepted.

**RESIGNATIONS**

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

- A. Deceased
- B. Application Withdrawn
- C. Resignations
 

Sarah A. Devlin, RPA-C	Orthopaedic Surgery	
Philip T. Kuruvilla, MD	Rehabilitation Medicine	as of 04/06/2011
Benjamin G. Rueda, MD	Internal Medicine	as of 04/12/2011
Christopher M. Jacobus, MD	Internal Medicine	as of 04/13/2011
Su Zhan, MD, PhD	Rehabilitation Medicine	as of 04/14/2011

**CHANGE IN STAFF CATEGORY**

<b>Family Medicine</b> Thihalolipavan Sayalolipavan, MD	<b>From</b> Courtesy, <i>Refer &amp; Follow</i> <b>To</b> Active Staff
<b>Internal Medicine</b> Michael R. Cellino, MD Rodolfo L. Villacorta, MD	<b>From</b> Courtesy, <i>Refer &amp; Follow</i> <b>To</b> Associate Staff <b>From</b> Associate Staff <b>To</b> Courtesy, <i>Refer &amp; Follow</i>
<b>Urology</b> Richard N. Gilbert, MD	<b>From</b> Courtesy, <i>Refer &amp; Follow</i> <b>To</b> Associate Staff

**PRIVILEGE ADDITION/REVISION**

**Dentistry**

Scott M. Goldman, DMD

Active Staff

- Implants: Restoration\*

*\*Newly delineated privilege on Dentistry privilege form. Upon discussion with the Chief of Service,*

*this privilege is*

*now separated out from the under the privilege category of Prosthodontics. FPPE will therefore be waived as an*

*existing skill for all dentist currently privileged in Prosthodontics.*

**Internal Medicine**

Daniel S. Brockman, DO

Active Staff

- Placement and Interpretation PA Catheters

Dhiren K. Shah, MD

Active Staff

- Radiation Oncology Consultation (Board Certified Radiation Oncologists Only)\*

*\*This represents a change in department assignment for an existing privilege; FPPE is waived.*

**OVERALL ACTION REQUIRED**

**PRIVILEGE WITHDRAWAL**

**Family Medicine**

Mohammed Mohiuddin, MD

Active Staff

-Cyst Excision

-First Assist at Major Surgery

-I&D Thrombosed External Hemorrhoid

-Infant Circumcision (15)

**OVERALL ACTION REQUIRED**

**APPOINTMENTS AND REAPPOINTMENTS**

A. Initial Appointment Review (3)

B. Reappointment Review (39)

Three initial appointments and thirty-nine 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**

The following applicants are endorsed by the Credentials Committee for initial provisional appointment to the Medical-Dental Staff:

**Internal Medicine**

Mohan Madhusudanan, MD

Active Staff

Todd A. Thomas, RPA-C  
Assistant)

Allied Health Professional (Physician

*Supervising MD: Nimit Kothari, MD*

**Family Medicine**

Henry E. Moscicki, FNP  
Practitioner)

Allied Health Professional (Nurse

Collaborating MD: David Eubanks, MD

**OVERALL ACTION  
REQUIRED**

**REAPPOINTMENT APPLICATIONS**

**Anesthesiology**

Michelle C. Raczka, MD

Active Staff

**Cardiothoracic Surgery**

Janerio Aldridge, MD, FACS

Associate Staff\*

*\*The recommendation of the Credentials Committee is to initiate the process for medical leave as outlined in the Credentials Procedures.*

Ian M. Brown, RPA-C  
Assistant)

Allied Health Professional (Physician

Supervising MD: Hasmat Ashraf, MD

**Dentistry**

Stuart L. Fischman, DMD

Courtesy, Refer & Follow

Scott M. Goldman, DMD

Active Staff

**Emergency Medicine**

Kerry P. Cassel, MD

Active Staff

Brian M. Clemency, DO

Active Staff

Kevin R. McGee, DO

Active Staff

Heidi N. Suffoletto, MD

Active Staff

**Family Medicine**

Maureen F. Finney, RPA-C  
Assistant)

Allied Health Professional (Physician

Supervising MD: Rangit Singh, MD

Thihalolipavan Sayalolipavan, MD

Active Staff

**Internal Medicine**

Michelle A. Bielinski, RPA-C  
Assistant)

Allied Health Professional (Physician

Supervising MD: David Milling, MD

ERIE COUNTY MEDICAL CENTER CORPORATION

Michael R. Cellino, MD	Associate Staff
Joseph C. DiPirro, PhD	Courtesy, <i>Refer &amp; Follow</i>
John R. Fudyma, MD	Active Staff
Patricia A. Geiger, ANP Practitioner)	Allied Health Professional (Nurse

*Collaborating MD: John Corbelli, MD*

Robert F. Glover, MD	Active Staff
Vijay S. Iyer, MD	Active Staff
Brian M. Murray, MD	Active Staff
Ognian A. Pomakov, MD	Active Staff
Zerline Tiu-Snyderman, MD	Courtesy, <i>Refer &amp; Follow</i>
Rodolfo L. Villacorta, MD	Courtesy, <i>Refer &amp; Follow</i>
Thomas G. White, MD	Associate Staff

**Neurology**

Nicholas J. Silvestri, MD	Active Staff
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**Neurosurgery**

Michael K. Landi, MD	Courtesy, <i>Refer &amp; Follow</i>
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**Ophthalmology**

Daniel P. Schaefer, MD	Active Staff
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**Oral & Maxillofacial Surgery**

Amy R. Bryan, DDS	Active Staff
William L. Cecere, III, DDS, MD	Active Staff
Richard E. Hall, DDS, MD, PhD	Active Staff

**Orthopaedic Surgery**

Sara K. Dann, RPA-C Assistant)	Allied Health Professional (Physician
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*Supervising MD: Geoffrey Bernas, MD*

Marc S. Fineberg, MD	Active Staff
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**Radiology**

Timothy G. DeZastro, MD	Active Staff
Vivian C. Tan, MD	Active Staff
Harold Tanenbaum, MD	Active Staff
Stephen R. Rudin, PhD Safety)	Allied Health Professional (Radiation

*Qualified Scientist*

**Radiology, Teleradiology**

Marissa A. Camrud, MD	Active Staff
Melvyn A. Feliciano, MD	Active Staff
Laura A. Hotchkiss, MD	Active Staff
Joe E. Parkey, MD	Active Staff

**Rehabilitation Medicine**

James J. Czynry, MD	Active Staff
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**OVERALL ACTION  
REQUIRED**

***TRIPLE REAPPOINTMENT APPLICATIONS***

**Emergency Medicine, Cardiothoracic Surgery, and Internal Medicine**

Todd Roland, RPA-C	Allied Health Professional (Physician Assistant)
<i>Emergency Medicine:</i>	<u><i>Supervising MD: David Ellis, MD</i></u>
<i>Cardiothoracic Surgery:</i>	<u><i>Supervising MD: Stephen Downing, MD</i></u>
<i>Internal Medicine:*</i>	<u><i>Supervising MD: Nancy Ebling, DO</i></u>

*\*One requested privilege has been referred back for clarification as applies to supervising physician*

**OVERALL ACTION  
REQUIRED**

***PROVISIONAL APPOINTMENT REVIEW, RECOMMENDED***

As required by the bylaws, the Credentials Committee and the respective Chiefs of Service are reviewing Provisional Staff members for movement to the PERMANENT STAFF. Candidates shall be presented to the Medical Executive Committee. Approval of this action will allow initiation of the regular reappointment review to be conducted every two years.

Any individual not recommended to PERMANENT appointment by the Chief of Service shall require specific written documentation of deficiencies with a recommendation to the Executive Committee for the revocation and termination of clinical privileges based on standards imposed by Part Three of the Credentialing Procedure Manual. Members not recommended, if any, are presented to the Executive Committee sessions for discussion and action.

The following members of the Provisional Staff from the 2010 period are presented for movement to the Permanent Staff in 2011 on the date indicated. Notification is sent to the Chief of Service at least 60 days prior to expiration of the provisional period.

**May 2011 Provisional to Permanent Staff**

**Family Medicine  
Period Expires**

Dreyer, Janet, M., ANP	Allied Health Professional (Nurse Practitioner)
05/04/2011	

**Provisional**

ERIE COUNTY MEDICAL CENTER CORPORATION  
Collaborating MD: David Eubanks, MD

**Internal Medicine**

Thompson, Sara, G., MD     Active Staff  
05/04/2011

**Orthopaedic Surgery**

Inhelder, Miriam, G., RPA-C Allied Health Professional (Physician Assistant)  
05/04/2011

Supervising MD: Marc Fineberg, MD

**Radiology**

Morrell, Joseph, MD MPH     Active Staff  
05/04/2011

**OVERALL ACTION  
REQUIRED**

***AUTOMATIC MEMBERSHIP CONCLUSION, RECOMMENDED***

**MEMBERSHIP REAPPOINTMENT NON-RECOMMENDATION**

The dossier of the following member remains incomplete as of 5/3/2011 to three or more requests for reappointment applications, information, privilege requests and/or credentials, or Chief of Service review are slated for membership conclusion and will automatically not be reappointed at the end of their current appointment period. Insufficient time remains for administrative processing.

**The motion will be presented to the next Medical Executive Committee on 5/23/2011 for subsequent notification / action by the Board of Directors at its next meeting in June 2011.**

The Medical Directors and Chiefs of Service have already been previously informed of this pending action before the Medical Executive Committee meeting and have been asked to encourage a response.

Clinical and admitting privileges and membership shall conclude at the end of the current appointment period. This action is considered a voluntary resignation will not be reportable to the National Practitioner Data Bank. A new application will be required for new Medical Staff membership.

**Internal Medicine**

DeRosas, Andrea, L., MD     Courtesy, Refer & Follow     07/01/2011

***Planned Credentials Committee Meeting: May 3, 2011***

***Planned MEC Action Date: May 23, 2011***

***Last Possible Board Confirmation by: June 7, 2011***

***Next Board Meeting: July 12, 2011 too late***

**OVERALL ACTION  
REQUIRED**

***FUTURE MEMBERSHIP CONCLUSION, PLANNED***

The following members may have not responded as of 5/3/2011 to requests for reappointment applications, information, privilege requests and/or credentials, are slated for potential future membership conclusion.

Requests for reappointment applications are distributed to applicants six months before the end of their current appointment period to allow time for return of the application and processing. After three requests for return and no response, little time is left for processing, submission to the Chief of Service, submission to the Credentials Committee, submission to the Medical Executive Committee and then Board of Directors, each of which takes a month. **The**

**members below must be ready at the latest for the June 2011 Credentials Committee meeting to allow time for approval by the Board before reappointment expiration.**

The Medical Directors and Chiefs of Service will be informed of this pending action before the Medical Executive Committee meeting and have been asked to encourage a response. The planned membership conclusion letters will be sent from the Medical Director and Officers to the member with copies to the respective Chiefs of Service regretting the need for conclusion and with thanks for service to ECMCC.

<b>Anesthesiology</b>	Golubski, Daniel, P., CRNA	Allied Health Professional	08/01/2011
<b>Ophthalmology</b>	Crofts, John, W., MD	Active Staff	08/01/2011
<b>Psychiatry</b>	Deakin, Christopher, M., MD	Courtesy, Refer & Follow	08/01/2011

*Planned Credentials Committee Meeting: June 7, 2011*  
*Planned MEC Action date: June 27, 2011*  
*Last possible Board confirmation by: July 12, 2011*  
*Next Board Meeting: August 2, 2011 too late*

**PRESENTED FOR INFORMATION ONLY**

***OLD BUSINESS***

**Clinical Department Privilege Forms**

Proposed revisions to the following forms have been received: Psychiatry, ED, Family Medicine, Anesthesiology. Harmonization of these forms with Kaleida part of the strategic plan under Great Lakes Health. Dialogue with the Department of Internal Medicine continues regarding privilege form harmonization and revision, individual subspecialty forms, discussion of core and clustered privileges, and mid-level privilege addition.

**Neurology**

A contract with Dr. Gregory Sambuchi for EEG reading services has been signed, with privileges effective 4/15/2011. A request has been made for IT to conclude the remote access for the four Kaleida physicians who provided this service under temporary privileges, which expired 4/22/1

**Onboarding Communication Tool**

With the increased volume of new recruits and practice growth, a communication tool has been developed to ensure proactive customer service is provided to our new practitioners.

**Credentialing Software Transition at Kaleida & ECMCC**

ERIE COUNTY MEDICAL CENTER CORPORATION

Collaboration between Kaleida and the ECMC Medical Staff Offices continues, punctuated by weekly team conference calls with our IntelliSoft project manager. The offices are working together to ensure that the data from our existing systems is crossing over seamlessly and that necessary adjustments are made to our operations to improve efficiencies. The project timeline is on track with training and software implementation tentatively set for mid-June.

**Dermatology Privileges**

No update since last report; will defer until further information becomes available.

**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.

**INFORMATION ONLY**

***NEW BUSINESS***

**Mid Level Cardiothoracic Privileges**

A discussion ensued regarding the appropriate FPPE review for midlevel practitioners transitioned from the Department of Surgery to the Cardiothoracic Surgery. It was decided that analogous privileges will not require FPPE.

**Urology**

A request for consideration of mid-level radiation oncology assessment privileges by a local Urology practice seeking staff membership was received by the Medical-Dental Staff Office. After further review, the group will defer their request until a later time. The committee discussed future privilege placement. Currently, physician radiation oncology consultation privileges are offered in the Department of Internal Medicine to Board Certified Radiation Oncologists; likely the same department will hold the mid-level privilege.

**New Plastic and Reconstructive Surgery Department**

A draft of a potential privilege delineation form for the new Plastic and Reconstructive Surgery department has been assembled with help of the Credentials Committee. The content of the draft will be discussed with the corresponding department stakeholders, the Chief Medical Officer, Credentials Committee, the Director, Medical Staff Quality and Education and individuals interested in participating. A copy will be forwarded to the Chief of Service of the new department for preliminary review.

**OVERALL ACTION REQUIRED**

***OTHER BUSINESS***

**FPPE-OPPE Report**

FPPEs were successfully completed in the following departments:

- Family Medicine (1 MD, 1 ANP)
- Internal Medicine (1 MD)
- Internal Medicine, Exigence (1 MD, 1 ANP)
- Neurology (1 MD)
- Surgery (2 MDs)

OPPEs were completed for the Department of Emergency Medicine (20 MDs, 5 DOs and 16 AHPs).

In the Department of Family Medicine, the OPPEs for the Family Choice mid-levels have been completed (22 AHPs)



ERIE COUNTY MEDICAL CENTER CORPORATION

OPPEs have been completed for the Department of Neurosurgery for 3 Doctors and 2 Allied Health Professionals. One neurosurgeon has yet to return the requested paperwork to close his OPPE. The department Chief of Service has spoken with this physician to remediate.

OPPEs have begun for the departments of Orthopaedic Surgery and Family Medicine. OPPE for the Chemical Dependency department will begin after feedback regarding measures has been received of the Associate Chief of Service and our IT support staff.

OPPE measures will be identified for the department of Neurology with the help of the Chief of Service and Stroke program coordinator. Once the measures are finalized, OPPE will begin for the department of Neurology.

**Data Portal Resources**

A resource for the maintenance of the Crimson software product has been implemented. The goal is to provide more robust information to drive performance improvement initiatives and an automated process for OPPE.

**Temporary Privileges for Urgent Patient Care**

The committee engaged in a discussion with the Associate Chief Medical Officer regarding guidelines for the consideration of immediate ad hoc privileges that are requested by physician colleagues not on staff, out-of-state physician consultants, requested during off hours and other situations yet to be defined. The committee agreed to initially seek the advice of the risk management office and revisit the matter at a following meeting.

**PRESENTED FOR INFORMATION ONLY**

***ADJOURNMENT***

With no other business, a motion to adjourn was received and carried. The meeting was adjourned at 4:00 PM.

Respectfully submitted,



Robert J. Schuder, MD,  
Chairman, Credentials Committee

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# Minutes from the



## Buildings & Grounds Committee

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS

MINUTES OF THE BUILDING & GROUNDS COMMITTEE Meeting

JUNE 14, 2011

ECMCC STAFF DINING ROOM

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BOARD MEMBERS PRESENT OR  
ATTENDING BY CONFERENCE  
TELEPHONE:

RICHARD F. BROX, CHAIR

DIETRICH JEHLE, M.D.  
FRANK MESIAH

EXCUSED:

JODY L. LOMELO

JOSEPH A. ZIZZI, SR., M.D.

ALSO PRESENT:

MARK BARABAS

DOUGLAS FLYNN

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**I. CALL TO ORDER**

Richard F. Brox called the meeting to order at 9:41 A.M.

**II. RECEIVE AND FILE FEBRUARY 8, 2011 MINUTES**

Moved by Richard F. Brox and seconded by Frank Mesiah to receive and file the Buildings and Grounds Committee minutes of February 8, 2011 as presented.

**III. UPDATE OF PROJECTS**

Doug Flynn reviewed in detail an update of projects as listed below:

**UPDATE – PENDING CAPITAL INITIATIVES**

**Orthopaedic Center @ Dialysis Bldg MOB Space Concept**

- Alternate concepts for the envisioned stand alone Orthopaedic Center are being considered, including proposed Outpatient Surgery Unit at the 1<sup>st</sup> floor level of the New Dialysis Bldg, and dedicated In-Patient Zones on the 5<sup>th</sup> floor.

**Patient Lift RFP**

- RFP being developed for procurement of Patient Lift systems for both the Dialysis/Transplant and Skilled Nursing Facility Projects, with the eventual intent of standardizing to a single manufacturer via an applicable Board Resolution.

**425 Grider Street Residence Demolition**

- Grider Community Gardens planning for the abatement and demolishing of two existing residences at 425 Grider Street.

**First Floor Roofing Concerns**

- Bidding documents are being developed for an autumn roofing replacement over the 1<sup>st</sup> floor Emergency and Radiology Departments.

## ERIE COUNTY MEDICAL CENTER CORPORATION

### **Skilled Nursing Facility**

- The last of the SNF and Parking Garage subcontracts were received last month. The applicable vetting process is in progress, with recommendations for awards forthcoming in the next two weeks

### **Surgical Light & Gas Boom Replacements @ OR's 3 & 4**

- Bidding Documents are being developed for the replacement of surgical lights and gas booms within Operating Rooms #3 & #4. These and miscellaneous other renovations are planned for this winter (the Trauma Off-Season).

### **Employee Fitness Center Project**

- RFP for the balance of Architectural & Engineering Services are due June 17<sup>th</sup>.

### **ECMCC Guest House**

- Current concept has this initiative looking at two separate family needs, the first an in-house area, immediately available to patient family members in need of refuge. The second being Living Quarters. Committee is currently analyzing 359 Grider Street as primary option for the Living Quarters.

### **Restoration of Defunct Water Main @ Access Bridge**

- On-going negotiations continue between ECMCC and Erie County in regards to the restoration of a defunct 12" water main that runs under the Kensington Ave Access Bridge.

### **MOB Fit-Out @ Dialysis Bldg**

- Efforts continue relative to designing the fit-out of the medical office space above the new Dialysis building. The recent concept of considering inclusion of the Orthopedic Center within this space has added a new wrinkle to this effort.

### **FF&E Mgmt Services @ Dialysis & Transplant Project**

- Documents are being developed the bidding out of "furniture, fixtures, and equipment" [FF&E] for the Dialysis & Transplant Project.

**2009 Capital Projects – Lab Building / Phase 3**

- UEMS / ED Locker Rooms forecasted for completion and occupancy by late June.

**2009 Capital Projects - Surgical Department / Phase 2**

- New Women's Locker Room forecasted for completion and occupancy by late June.

**2009 Capital Projects – Emergency Department / Phase 2**

- 2nd Triage renovation in progress, temp relocation of reception desk being coordinated.

**2009 Capital Projects – Ortho & Rehab / Phase 3**

- Project complete, w/one final global DOH inspection to be scheduled later this week.

**2009 Capital Projects – Radiology**

- Skyview unit was delivered earlier this week, with DOH inspection later this week.

**2010 Capital Projects – Group A (Grd Flr MRI / Data Center)**

- MRI project complete and in use, Data Center Project complete and in the punchlist phase.

**2010 Capital Projects – Group C (Bulk O2, Carpenter Shop, Firestopping)**

- Interstitial Firestopping project complete, Carpenter Shop move-in process in progress.

**2010 Capital Projects – Dialysis / Transplant**

- Ext stud framing/boarding in progress @ new bldg, @ 2nd Flr Rooftop Mechanical Room and ext duct enclosures in full swing. Phase occupancy of 10/5 complete, 10/2 completion forecasted for late July, 10/1 completion forecasted for mid September.

**2010 Statement of Conditions / Plans For Improvements**

- Ground floor sprinkler work in progress.

**Modifications @ Human Resources**

- Reception and Staff areas work complete, including multiple aesthetic upgrades and reconfiguration of working spaces throughout.

**Greeters Station @ Main Lobby**

- New information desk replaces its predecessor in a new location, creating a more open and inviting experience.

**GPS Clock Installations**

- Phase 2 of an intended 3 phase initiative is complete.

**Behavioral Health Office Creation**

- Additional office spaces completed @ 11<sup>th</sup> floor.

**Looping Hazard Abatement @ 11 Zone 3 & 4**

- Phased Patient Room renovations completed. A multiple month effort to replace “loop-able” patient shower fixtures and general maintenance and aesthetic upgrades within the occupied zones.

**Dr. Loree Group @ Main Bldg / Ground Floor**

- Dr. Loree cohabitating within the Ground Floor Rehab area. Permanent and expanded accommodations being planned above the new Dialysis building.

**Dr. Sperry @ DKMiller / 1st Floor**

- Dr. Sperry cohabitating at the 1<sup>st</sup> floor of the DKMiller building until permanent and expanded accommodations are available above the new Dialysis building.



**SIGNAGE & WAYFINDING**

**Signage & Wayfinding Project**

- ECMCC is set to begin discussions with AB Design, the successful Signage & Wayfinding design consultant who shall be developing a set of bidding documents for a pending bid package.
  - 1st Design Meeting Set for next Tuesday June 21
  - Will be working with the Martin Group (Branding Consultant) to ensure conforming and complementing initiatives
  - Will be seeking the input of the ECMCC Patient Experience Committee to ensure patient related concerns are covered.

**IV. PARKING STUDY**

Clark Patterson Lee completed their parking and site survey which provided several options for campus parking. Doug Flynn also distributed a handout which gives an overview of the parking project in detail.

**V. WAYFINDING**

The first design meeting with AB Design is scheduled for June 21<sup>st</sup>. The Martin Group and Patience Experience Committee will be included in the process for complementing initiatives and that patient related concerns are covered.

**VI. OTHER**

Mr. Lomeo suggested Board members have the opportunity to tour the Dialysis/Transplant project at the next Board meeting on July 12, 2011.

**VII. ADJOURNMENT**

Moved by Frank Mesiah and seconded by Dietrich Jehle, MD to adjourn the Board of Directors Building and Grounds Committee meeting at 11:00 a.m.



# Minutes from the



## Finance Committee

ERIE COUNTY MEDICAL CENTER CORPORATION  
BOARD OF DIRECTORS  
MINUTES OF THE FINANCE COMMITTEE MEETING  
MAY 18, 2011

ECMCC BOARD OF DIRECTORS CONFERENCE ROOM

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VOTING BOARD MEMBERS PRESENT OR ATTENDING BY CONFERENCE TELEPHONE:	KEVIN E. CICHOCKI, CHAIR KEVIN M. HOGAN, ESQ RICHARD F. BROX	MICHAEL A. SEAMAN DIETRICH JEHLE, MD
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VOTING BOARD MEMBERS EXCUSED:	DOUGLAS H. BAKER
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ALSO PRESENT:	JODY L. LOMELO MARK R. BARABAS ANTHONY J. COLUCCI, III MICHAEL SAMMARCO	JOHN EICHNER RICHARD CLELAND KENNETH RICHMOND RONALD KRAWIEC THOMAS MALECKI
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**I. CALL TO ORDER**

The meeting was called to order at 7:30 A.M., by Chairman Kevin Cichocki.

**II. RECEIVE AND FILE MINUTES**

Motion was made by Dr. Cichocki and unanimously approved to accept the minutes of the Finance Committee meeting of May 2, 2011.

**III. APRIL 2011 FINANCIAL SUMMARY**

Michael Sammarco provided a summary of the financial results through April 30, 2011, which addressed volume, income statement activity and key financial indicators.

The hospital experienced an operating loss in the month of April, due to low volume. Revenue was down by \$2.5 million and expenses were at budget.

For the month, total discharges were 110 below budget, and 5 below the prior year. Year-to-date discharges were 350 below budget and 130 below the prior year. Acute discharges for the month were 44 more than prior year, and 40 below budget. Observation cases were at 138 for the month and 553 year-to-date.

Average daily census was 317, compared to 335 budgeted. Average length of stay was 6.1 for the month, 5.7 budgeted and 6.1 for prior year. Non-Medicare case mix was at 2.17, and Medicare case mix was 2.01.

Inpatient surgical cases were 22 over budget and 61 over prior year. Year-to-date we were 86 below budget, up 15 cases over the prior year. Outpatient surgical cases were up by 10 for the month, and 55 from the prior year. Year-to-date we were 69 over budget, and 168 over the prior year. Emergency Department visits were up 2.8% over prior year, and 0.2% under budget.

## ERIE COUNTY MEDICAL CENTER CORPORATION

Hospital FTEs were 18 below budget at 2,399 for the month and 27 more than the prior year. The Home FTEs were at 417 for the month, compared to 424 budgeted.

Hospital revenue was under budget by \$2.4 million, or 8.0%, due to a decrease in volume. Expenses were \$400,000 over budget, primarily due to increased salaries (overtime) higher FTEs and physician fees. The cost of supplies was down by \$400,000 for the month, due in part to the Great Lakes Supply Chain project, as well as inhouse cost saving initiatives.

The operating losses for the month were at \$947,000 for the Hospital and \$483,000 for the Home, compared to a \$1.1 million budgeted surplus and a \$1.4 million loss for the prior year.

Days cash on-hand was at 143.7, and days in Accounts Receivable were at 44.7.

#### **IV. PROJECT FINANCING UPDATE:**

Mike Sammarco presented financing options for the campus expansion. He presented the committee with two different funding option scenarios for discussion. Upon discussion, **motion was made by Chairman Cichocki** to recommend to the Board of Directors adoption of a new resolution for campus expansion financing. Motion approved by Dr. Dietrich Jehle and seconded by Richard Brox. **It was further recommended** that the Board of Directors approve a meeting between ECMCC and the Erie County Fiscal Stability Authority regarding the selling of bonds on behalf of ECMCC. Motion approved by Michael Seaman and seconded by Kevin Hogan.

#### **V. ADJOURNMENT**

The meeting was adjourned at 9:10 AM by Chairman Cichocki.

# Minutes from the



## MBE/WBE Sub-Committee

ERIE COUNTY MEDICAL CENTER CORPORATION  
BOARD OF DIRECTORS  
MINUTES OF THE MBE/WBE SUB-COMMITTEE MEETING OF THE  
BOARD OF DIRECTORS

THURSDAY, JUNE 30, 2011

BOARD OF DIRECTORS CONFERENCE ROOM

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COMMITTEE MEMBERS PRESENT: SHARON L. HANSON, CHAIR  
BISHOP MICHAEL A. BADGER  
RICHARD F. BROX  
DONNA M. BROWN  
DOUG FLYNN  
JODY L. LOMELO  
FRANK B. MESIAH  
KATIE LISANDRELLI (COLUCCI & GALLAHER, P.C.)  
KATHLEEN O'HARA  
THOMAS QUATROCHE  
RITA HUBBARD-ROBINSON  
MARK C. BARABAS

COMMITTEE MEMBERS EXCUSED: MICHAEL HOFFERT

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**I. CALL TO ORDER:**

Sharon L. Hanson called the MSBE/WBE Sub-Committee meeting to order at 8:35 a.m.

**II. APPROVAL OF JANUARY 25, 2011 MINUTES:**

Moved by Frank B. Mesiah and seconded by Richard F. Brox to receive and file the MBE/WBE Committee minutes of January 25, 2011.

**Motion Approved Unanimously.**

**III. STATUS OF 2010 MWBE LEGISLATION AND COMPLIANCE PROGRAM:**

- ECMCC is required to submit a goal plan to the state within 60 days after Guidelines are issued by the Governor's Office (expected late summer or early fall).
- Legislation requires quarterly contract reporting to the Division of MWBE Development (includes purchases of service/supplies as well as construction contracts).

**IV. STATUS OF SUB-CONTRACTORS MBE/WBE COMMITMENT AND INVOLVEMENT:**

Doug Flynn reviewed in detail the status of the "Sub-Contractors MBE/WBE Commitment and Involvement."

ERIE COUNTY MEDICAL CENTER CORPORATION

Contracted Construction - Committed MBE / WBE Involvement							
Scope of Work	C #	Subcontractor	Original Contract Value	Committed			
				MBE %	WBE %	MBE \$	WBE \$
<b>2009 Capital Project Group</b>							
Gen1 Constr	101	Concept Constr	\$ 2,792,000	30.37%	6.32%	\$ 848,000	\$ 176,579
Painting	102	IC Constr Services	\$ 134,000	10.00%	2.00%	\$ 13,400	\$ 2,680
Flooring	103	Heritage	\$ 399,350	10.00%	2.00%	\$ 39,935	\$ 7,987
Millwork	104	Conley Casework	\$ 343,000	10.20%	2.04%	\$ 35,000	\$ 7,000
HVAC	105	Parise Mechanical	\$ 1,487,000	10.09%	3.06%	\$ 150,000	\$ 45,500
Plumbing	106	Mollenberg Betz	\$ 729,860	10.30%	2.11%	\$ 75,200	\$ 15,400
Electrical	107	IPL Electrical	\$ 1,389,000	10.00%	2.00%	\$ 138,900	\$ 27,800
Fire Protection	108	Allied F/P [Walver Granted]	\$ 382,900	N/A	N/A	N/A	N/A
<b>Subtotal - Original Contract Values</b>			<b>\$ 7,657,110</b>	<b>16.98%</b>	<b>3.70%</b>	<b>\$ 1,300,435</b>	<b>\$ 282,946</b>
<b>Group A: Ground Floor MRI, Hyperbaric Wound Care, and Data Center</b>							
Gen1 Constr	201	RW Construction	\$ 1,250,000	10.00%	2.00%	\$ 125,000	\$ 25,000
HVAC	202	MLP Plumbing & Mechanical	\$ 502,950	10.00%	2.00%	\$ 50,295	\$ 10,059
Plumbing	203	LC Mechanical	\$ 187,000	10.00%	2.00%	\$ 18,700	\$ 3,740
Electrical	204	Tunney Electric	\$ 339,300	10.00%	2.00%	\$ 33,930	\$ 6,786
Fire Protect	205	Allied Fire Protection	\$ 35,155	N/A	N/A	N/A	N/A
<b>Subtotal - Original Contract Values</b>			<b>\$ 2,314,405</b>	<b>9.85%</b>	<b>1.97%</b>	<b>\$ 227,925</b>	<b>\$ 45,585</b>
<b>Group B: 11 Zone 2, 8 Zone 2, 6 Zone 2, Dr. Bernstein Clinic</b>							
Gen1 Constr	211	RW Construction	\$ 927,000	10.00%	2.00%	\$ 92,700	\$ 18,540
HVAC	212	JWDanforth	\$ 287,000	10.45%	2.68%	\$ 29,992	\$ 7,692
Plumbing	213	Jim Ando Plumbing	\$ 149,971	10.00%	2.00%	\$ 14,997	\$ 2,999
Electrical	214	CIR Electric	\$ 587,900	10.00%	2.00%	\$ 58,790	\$ 11,758
Fire Protect	215	Allied Fire Protection	\$ 98,600	N/A	N/A	N/A	N/A
Abatement	216	Aria Contracting	\$ 71,350	N/A	N/A	N/A	N/A
<b>Subtotal - Original Contract Values</b>			<b>\$ 2,121,821</b>	<b>9.26%</b>	<b>1.93%</b>	<b>\$ 196,479</b>	<b>\$ 40,389</b>
<b>Group C: Bulk Oxygen, Interstitial Fire Stopping, Carpenter's Shop</b>							
<b>Bulk Oxygen</b>							
Gen1 Constr	311	Picone Construction	\$ 239,515	26.80%	2.90%	\$ 64,190	\$ 6,946
<b>Interstitial Fire Stopping</b>							
Gen1 Constr	411	Firestop Solutions	\$ 423,000	53.00%	2.00%	\$ 224,190	\$ 8,460
<b>Carpenter's Shop Replacement</b>							
Gen1 Constr	511	Picone Construction	\$ 912,485	14.80%	10.60%	\$ 135,048	\$ 96,723
HVAC	512	WR Roberson	\$ 208,000	10.00%	2.00%	\$ 20,800	\$ 4,160
Plumbing	513	DV Brown	\$ 86,300	N/A	N/A	N/A	N/A
Electrical	514	CIR Electric	\$ 301,800	10.00%	2.00%	\$ 30,180	\$ 6,036
Fire Protect	515	Allied Fire Protection	\$ 47,800	N/A	N/A	N/A	N/A
<b>Subtotal - Original Contract Values</b>			<b>\$ 2,218,900</b>	<b>21.38%</b>	<b>5.51%</b>	<b>\$ 474,408</b>	<b>\$ 122,325</b>

ERIE COUNTY MEDICAL CENTER CORPORATION

Contracted Construction - Committed MBE / WBE Involvement							
Scope of Work	C #	Subcontractor	Original Contract Value	Committed			
				MBE %	WBE %	MBE \$	WBE \$
<b>Kidney Care COE Building, Axial Corridor, Utility, 10th floor</b>							
Site Work	601	Pinto Construction	\$ 1,493,392	11.70%	2.70%	\$ 174,727	\$ 40,322
Concrete Foun.	602	Manning Squire Henning	\$ 500,000	18.00%	16.00%	\$ 90,000	\$ 80,000
Concrete Flat.	603	Concept Construction	\$ 999,000	10.00%	2.60%	\$ 99,900	\$ 25,974
Gen'l Constr	604	Picone Construction	\$ 1,994,485	20.25%	2.06%	\$ 403,883	\$ 41,086
Masonry	605	GDH Construction	\$ 839,000	15.43%	2.25%	\$ 129,458	\$ 18,878
Struc Steel	606	Buffalo Structural Steel	\$ 2,199,700	31.00%	5.50%	\$ 681,907	\$ 120,984
Roofing	607	Grove Roofing	\$ 642,200	10.12%	2.02%	\$ 64,991	\$ 12,972
Misc Metal Fab.	608	Alp Steel	\$ 1,170,000	40.50%	20.50%	\$ 473,850	\$ 239,850
Drywall	609	Rochester Davis Fetch	\$ 2,750,600	10.17%	2.18%	\$ 279,736	\$ 59,963
Millwork	610	Forest Materials	\$ 809,000	12.00%	4.00%	\$ 97,080	\$ 32,360
Doors & Frames	611	Empire [Waiver Granted]	\$ 248,860	N/A	N/A	N/A	N/A
Entrances	612	Sterling Glass	\$ 3,048,000	10.00%	2.00%	\$ 304,800	\$ 60,960
Ceramic Tile	613	Despirt Mosaic & Marble	\$ 225,250	10.21%	2.21%	\$ 22,998	\$ 4,978
Flooring	614	Heritage	\$ 405,995	10.00%	2.00%	\$ 40,600	\$ 8,120
Painting	615	RW Painting	\$ 76,000	10.00%	0.00%	\$ 7,600	\$ -
HVAC	616	JW Danforth	\$ 7,462,000	11.00%	2.27%	\$ 820,820	\$ 169,387
Plumbing	617	MLP Plumbing & Mechanical	\$ 2,301,500	10.00%	2.00%	\$ 230,150	\$ 46,030
Fire Protect	618	Davis Ulmer	\$ 568,000	11.26%	2.37%	\$ 63,957	\$ 13,462
Electrical	619	Ferguson Electric	\$ 7,158,000	12.57%	6.56%	\$ 899,761	\$ 469,565
Abatement	620	Aria Contracting	\$ 87,300	N/A	N/A	N/A	N/A
Dismantling	621	Apollo Dismantling	\$ 183,109	27.00%	8.00%	\$ 49,439	\$ 14,649
<b>Subtotal - Original Contract Values</b>			<b>\$ 35,161,391</b>	<b>14.04%</b>	<b>4.15%</b>	<b>\$ 4,935,656</b>	<b>\$ 1,459,539</b>

ERIE COUNTY MEDICAL CENTER CORPORATION

Contracted Construction - Committed MBE / WBE Involvement							
Scope of Work	C #	Subcontractor	Original Contract Value	Committed			
				MBE %	WBE %	MBE \$	WBE \$
<b>Long Term Care Facility &amp; Parking Garage</b>							
Site Work	701	Zoladz	\$ 2,874,411	10.00%	2.00%	\$ 287,441	\$ 57,488
Concrete Foun.	702	Concept Construction	\$ 1,568,000	10.84%	58.42%	\$ 170,000	\$ 916,050
Gen'l Constr	703	Telco Construction	\$ 2,739,000	10.22%	2.37%	\$ 280,000	\$ 65,000
Masonry	704	Thomas Johnson	\$ 4,552,000	10.11%	2.20%	\$ 460,000	\$ 100,000
Structural Steel	705	Amthor Steel	\$ 5,775,000	TBD	TBD	TBD	TBD
Walls & Ceilings	706	Gypsum Systems	\$ 12,880,200	10.00%	2.00%	\$ 1,288,020	\$ 257,604
Roofing	707	Jameson Roofing	\$ 848,955	10.01%	2.00%	\$ 85,000	\$ 17,000
Entrs/Window	708	RE Krug	\$ 2,690,000	TBD	TBD	TBD	TBD
Paint / Wallcov.	709	Alba Painting	\$ 594,000	10.44%	2.19%	\$ 62,000	\$ 13,000
Millwork	710	Conley Caseworks	\$ 955,950	10.00%	2.00%	\$ 95,595	\$ 19,119
Tile	711	DeSpirt Mosaic	\$ 979,500	10.21%	2.04%	\$ 100,000	\$ 20,000
Flooring/Carpet	712	Heritage Contract Flooring	\$ 1,624,000	10.00%	2.00%	\$ 162,400	\$ 32,480
Elevators	714	Otis Elevator [Partial Waiver Granted]	\$ 688,000	0.49%	0.12%	\$ 3,402	\$ 800
Metal Fabs.	715	Alp Steel	\$ 597,000	22.65%	2.01%	\$ 135,200	\$ 12,000
Concrete Flat.	716	Huber Construction	\$ 1,769,000	10.18%	67.83%	\$ 180,000	\$ 1,200,000
Food Service	720	Main-Ford [Partial Waiver Granted]	\$ 1,750,000	0.46%	2.43%	\$ 8,095	\$ 42,483
Fire Protection	721	Allied Fire [Partial Waiver Granted]	\$ 879,700	0.00%	2.05%	\$ -	\$ 18,000
Plumbing	722	MLP Plumbing & Mechanical	\$ 6,294,000	10.00%	2.00%	\$ 629,400	\$ 125,880
HVAC	723	Quackenbush Co., Inc.	\$ 11,447,000	10.00%	2.00%	\$ 1,144,700	\$ 228,940
Electrical	726	Frey Electric	\$ 8,770,000	10.00%	2.00%	\$ 877,000	\$ 175,400
Site Electrical	727	Industrial Power & Light	\$ 171,500	12.24%	4.90%	\$ 21,000	\$ 8,400
Landscaping	730	Scott Lawn Yard	\$ 170,000	11.76%	4.71%	\$ 20,000	\$ 8,000
Site/Utilities	750	Anastasi	\$ 1,396,000	10.10%	4.03%	\$ 141,000	\$ 56,265
Conc Found/Flat	751	Kirst Construction	\$ 929,800	23.16%	6.35%	\$ 215,345	\$ 59,000
Gen'l Constr	752	Rodems [Partial Waiver Requested]	\$ 736,000	10.25%	1.86%	\$ 75,470	\$ 13,690
Precast Concrete	753	Internat'l Precast [Partial Waiver Granted]	\$ 2,795,000	37.60%	0.00%	\$ 1,050,920	\$ -
Fire Protection	754	Davis-Ulmer [Under \$100,000]	\$ 36,000	N/A	N/A	N/A	N/A
Plumbing	755	Mollenberg-Betz	\$ 186,860	10.03%	3.64%	\$ 18,750	\$ 6,800
HVAC	756	WC Roberson [Under \$100,000]	\$ 96,400	N/A	N/A	N/A	N/A
Electrical	757	CIR Electrical	\$ 624,900	10.00%	2.00%	\$ 62,490	\$ 12,498
Subtotal - Values Confirmed to Date			\$ 66,158,176	9.86%	5.24%	\$ 6,522,308	\$ 3,465,897
Subtotal - Original Contract Values			\$ 77,418,176				
<b>Total Capital Projects To Date</b>							
Grand Totals - Original Construction Value			\$ 115,631,803	11.81%	4.68%	\$ 13,657,210	\$ 5,417,282
<b>Business Utilization - Program Goals</b>				MBE %	WBE %	MBE \$	WBE \$
				10.00%	2.00%	\$ 11,563,180	\$ 2,312,636
<b>Business Utilization - Committed to Date</b>				11.81%	4.68%	\$ 13,657,210	\$ 5,417,282
<b>Business Utilization Goals Exceeded by:</b>				18.11%	134.25%	\$ 2,094,030	\$ 3,104,645



ERIE COUNTY MEDICAL CENTER CORPORATION



ECMCC Capital Projects - Participating Minority & Women Business Enterprises

Minority Business Enterprises	Involvement	Women Business Enterprises	Involvement
American Indian Builders & Suppliers, Inc.	Supply	A&B Heritage, Inc.	Contracting
American Rated Cable & Communications, Inc.	Contracting	ABR Wholesale, Inc.	Supply
Apex Enterprises LLC	Contracting	American Indian Builders & Suppliers, Inc.	Supply
Apex Enterprises LLC	Supply	Apex Enterprises, LLC	Supply
Carney Electrical & Industrial Supplies	Supply	Armor Fence Company of WNY, Inc.	Contracting
CEM, Inc.	Contracting	AT&A Trucking Corp.	Supply
Clean Water Mechanical	Contracting	B.Pariso Transport, Inc.	Service
Eaton Associates, Inc.	Supply	Bison Contracting & Builders Supply Corp.	Supply
Eaton Associates, Inc.	Contracting	Buff Tube & Core Ltd	Supply
G&J Contracting, Inc.	Contracting	Buffalo Concrete Accessories, Inc.	Supply
I.C. Construction Services, Inc.	Contracting	City Electric Company, Inc.	Supply
Iroquois Bar Corp.	Contracting	Color Tech Painting Contractors, Inc.	Contracting
Iroquois Bar Corp.	Supply	Commercial Material Services, Inc.	Supply
McClendon Asphalt Paving	Service	Deborah A. Naybor Land Surveying, PC	Contracting
MGM Insulation, Inc.	Contracting	Eastwood Industries, Inc.	Contracting
OCM Construction, Inc.	Contracting	Engasser Construction Corp.	Contracting
Rand & Jones Enterprises Company, Inc.	Supply	Grandview Construction, Inc.	Supply
Rayford Enterprises, Inc.	Supply	High Temp Fabrication, Inc.	Supply
Red Jacket Enterprises, Inc.	Contracting	Indoor Air Technologies, Inc.	Contracting
Red Jacket Enterprises, Inc.	Supply	Interstate Steel Sales, Inc.	Supply
S&W Contracting of WNY, Inc.	Contracting	Kraftwerks, Inc.	Contracting
Seneca Steel Erectors, Inc.	Contracting	Mallare Enterprises, Inc.	Service
Shades of Color Painting	Contracting	Merk Blasting Services, Inc.	Contracting
Shandraws Pro Painting, Inc.	Contracting	Mid City Office Equipment, Inc.	Supply
SILCO, Inc.	Contracting	MS Unlimited, Inc.	Supply
Simmons Flooring & Remodeling	Contracting	Rainbow Steel Sales Corp.	Supply
Strock Contracting, Inc.	Contracting	Rand & Jones Enterprises Company, Inc.	Supply
Sure Window Company	Supply	RP Mechanical	Supply
Suttles Electrical Construction Corp.	Contracting	Shades of Color Painting	Contracting
Suttles Electrical Construction Corp.	Supply	Shell Fab & Design	Supply
The Outsource Center LLC	Supply	Standard Slinger Service LLC	Contracting
		Susquehanna Sheet Metal Erection Service, Inc.	Contracting
		Sweet Home Associates, Inc.	Contracting
		Tiede-Zoeller Tile Corp.	Contracting
		Upstate Steel, Inc.	Supply
		WBE Walls & Ceilings, Inc.	Contracting
		Weydman Electrical, Inc.	Contracting
		Weydman Electrical, Inc.	Supply
		WYCO Mechanical, LLC	Contracting

V. EMPLOYMENT OF AN ECMCC MBE/WBE COMPLIANCE MONITOR

Kathy O'Hara distributed to the committee a job description for the "**Minority and Women Owned Business Enterprise Compliance Coordinator.**" This is a Civil Service Open Competitive position. The expectations of this position were discussed in detail.

Bishop Michael A. Bader, Michael Hoffert, Frank Mesiah, Doug Flynn and Kathleen O'Hara will be involved in the initial interviewing process. Mr. Lomeo and Sharon L. Hanson will be involved in the final interviews. Initial interviews will be conducted in July and the goal is to have the applicant on board by September 1<sup>st</sup> 2011.

VI. ADJOURN:

Moved by Bishop Michael A. Badger and seconded by Richard F. Brox to adjourn the MBE/WBE Sub-Committee meeting at 9:25 a.m.



# Chief Executive Officer



# President & Chief Operating Officer

ERIE COUNTY MEDICAL CENTER CORPORATION

REPORT TO THE BOARD OF DIRECTORS  
MARK C. BARABAS, PRESIDENT AND CHIEF OPERATIONS OFFICER  
JULY 12, 2011

**TRANSPLANT CONSOLIDATION**

As we continue to execute the action steps required to consolidate the transplant programs of Kaleida and ECMC on our campus, I am attaching several documents which will give you an indication of our progress to date. The first document is our review of progress chronologically dated 6-30-11. This document will demonstrate that we have completed multiple complex action items including the completion of the financial hold-harmless agreement with Kaleida and the appointment of Drs. Pankewycz and Laftavi as the interim Medical and Surgical Directors. The next document attached is our spreadsheet tracking tool used to track our spend under the HEAL 11 grant based on the conditions of the grant. You can see by reviewing this document that through June 30<sup>th</sup> we will have spent all but \$270,000 of the grant. Other good news related to this project is the receipt of \$3.7 million of HEAL monies previously billed during the month of June. Our work group will continue to drive the process to completion this fall. We are scheduled to occupy additional space on the tenth floor in the beginning of August.

**DIALYSIS CONSOLIDATION**

This program is on schedule as is the building (pictures enclosed). At the time of writing this report, the ECMC Dialysis Center is running 85 patients with a waiting list of 15 patients from Buffalo General. The Buffalo General Dialysis Center is running approximately 60 patients, which is down from a census of over 100 before they started to de-escalate services. We expect by the end of the year that the remaining patients from Buffalo General will be transferred to ECMC and that when our new unit opens it will have a census of approximately 130 patients.

**AMERICAN COLLEGE OF HEALTHCARE EXECUTIVES REGENT FOR WESTERN NEW YORK  
– EMPIRE AREA**

Enclosed is a letter I received from the American College of Healthcare Executives appointing me as Interim Regent for Western New York – Empire Area of that organization.

ERIE COUNTY MEDICAL CENTER CORPORATION

I am honored to have been asked to serve ACHE in this leadership capacity where I am replacing a regent who recently retired. The local chapter of our organization provides continuing medical education programs for healthcare executives and journal club discussion groups for young careerists in the healthcare field. I'm pleased to have this opportunity to serve.

**Great Lakes Health Transplant Center  
Review of Progress as of 6/30/11**

July / August 2009	<ul style="list-style-type: none"> <li>○ Joint HEAL 11 Grant Application written by representatives from BGH and ECMC.</li> <li>○ Application submitted.</li> </ul>
September 2009	<ul style="list-style-type: none"> <li>○ Formation of Great Lakes Task Force on Transplant Consolidation.</li> <li>○ First meeting of Task Force occurred 9/14/09, Transition.</li> <li>○ Received notice of HEAL 11 Grant award for the Consolidation of Transplant Services – \$7.5 million, 9/24/09.</li> </ul>
October 2009	<ul style="list-style-type: none"> <li>○ Joint churette with architects occurred on 10/22/09.</li> <li>○ Second meeting of Task Force occurred on 10/26/09.</li> <li>○ Documents/drawings prepared for CON – review of vision “World Class” Transplant Center.</li> </ul>
November 2009	<ul style="list-style-type: none"> <li>○ Submission of Certificate of Need application to the Department of Health.</li> <li>○ Distribution of RFP for Transplant Consolidation consultant.</li> <li>○ Coordination of interviews with three transplant consulting companies</li> <li>○ Numerous concept design meetings with architects.</li> </ul>
December 2009	<ul style="list-style-type: none"> <li>○ Third meeting of Task Force occurred on 12/15/09.</li> <li>○ Interviews conducted with three consulting companies; Transplant Management Group (TMG) was selected by unanimous vote among task force members.</li> <li>○ Numerous floor plan design meetings with architects held on 12/9/09.</li> </ul>
January 2010	<ul style="list-style-type: none"> <li>○ Negotiations with TMG consulting company, contract adjustments.</li> <li>○ Numerous floor plan design meetings with architects held on 1/7/10 at ECMC and BGH, in anticipation of CON approval.</li> <li>○ Letter sent to Department of Health requesting addendum to HEAL 11 Grant contract reflecting change from 36-station dialysis unit to 24-station dialysis unit on Grider Street campus to match the CON.</li> </ul>
February 2010	<ul style="list-style-type: none"> <li>○ Fourth meeting of Task Force scheduled to occur on 2/22/10.</li> <li>○ Final sign-off of floor plan design drawings scheduled to occur.</li> <li>○ Weekly detailed design meetings with architects scheduled from 2/12/10 through 3/19/10.</li> <li>○ Contract through both legal departments – sent to consultant when completed.</li> <li>○ CON questions answered at DOH.</li> <li>○ Site visits to be scheduled.</li> <li>○ Letter to Dr. Daines.</li> </ul>

<p>March 2010</p>	<ul style="list-style-type: none"> <li>○ Discussion with Director of HEAL 11 Implementation Team regarding the number of dialysis stations in the Grant (36) vs. the number in the CON.</li> <li>○ TMG Consultant contract completed/signed.</li> <li>○ SHRPC – Planning Council, 3/18/10; in Albany, answered several questions on project scope prior to an affirmative vote; recommended to SHRPC Board with condition of an executed HEAL 11 Grant contract acceptable to the DOH.</li> <li>○ Reached agreement with Kaleida representatives about the transfer of 12 dialysis stations from BGH to ECMC to align the number of stations with HEAL 11.</li> </ul>
<p>April 2010</p>	<ul style="list-style-type: none"> <li>○ Consulted with HEAL 11 Director on how to proceed with HEAL 11 contract related to the number of dialysis stations and how to protect the qualification for HEAL 11 funds. Contract sent to HEAL.</li> <li>○ SHRPC – Board voted to approve CON for creation of Renal and Transplant Center on 4/8/10.</li> <li>○ On-site visits to ECMC and BGH scheduled to occur on May 18, 2010.</li> </ul>
<p>May 2010</p>	<ul style="list-style-type: none"> <li>○ Kaleida to file CON for transfer of 12 dialysis stations to ECMC.</li> <li>○ Fifth meeting of Task Force scheduled to occur on May 18, 2010 at 4:30 pm.</li> <li>○ Data requested by TMG Consulting firm being collated and submitted by representatives at ECMC and BGH by 5/18/10 – walk through completed</li> <li>○ Call to HEAL II and DOH to clarify action steps – ECMC to file administrative CON to accept 12 dialysis stations from Kaleida.</li> <li>○ Architects expand dialysis footprint from 19,538 sq. ft. to 25,871 sq. ft. to accommodate 36 patients.</li> </ul>
<p>June 2010</p>	<ul style="list-style-type: none"> <li>○ TMG on-site consulting engagement begins; interviews on June 7-9, 2010.</li> <li>○ Dr. Dayton to lead NYC, NJ physician site visits.</li> <li>○ Sites and visitation teams selected.</li> <li>○ ECMC CON for the acceptance of 12 dialysis stations from Kaleida to be filed.</li> <li>○ Draft of HEAL II Appendix X developed; coordination of project time lines.</li> <li>○ Original CON contingencies satisfied (DOH letter).</li> <li>○ Kaleida CON filed for transfer of 12 dialysis stations to ECMC.</li> <li>○ RWJ site visit completed.</li> <li>○ Beginning of joint labor meetings.</li> </ul>



July 2010	<ul style="list-style-type: none"> <li>○ Fully executed HEAL 11 grant contract received (quarterly reporting).</li> <li>○ First HEAL 11 grant disbursement received (\$70K).</li> <li>○ NY Presbyterian site visit completed.</li> <li>○ Demolition on schedule.</li> <li>○ Code of Conduct drafted.</li> <li>○ Request from BG to expedite Dialysis and Transplant moves; plan being developed.</li> <li>○ Preliminary discussion about physician contracts.</li> <li>○ Answered CON questions from DOH.</li> <li>○ Received additional CON questions in writing and verbally from DOH re. additional 12 stations.</li> <li>○ Appendix X submitted to HEAL 11.</li> </ul>
August/ September 2010	<ul style="list-style-type: none"> <li>○ Preliminary report from consultants, TMG, final report due.</li> <li>○ Initiate bid process after administrative CON approved for 12 additional stations.</li> <li>○ Project bids developed, to be sent out 9/1/10.</li> <li>○ Serious discussions with Labor must commence.</li> <li>○ Meet with BG reps re. advanced movement of dialysis and transplant plan.</li> <li>○ Code of Ethics introduced to all Committee members and signed.</li> <li>○ Begin physician consultant visits.</li> </ul>
October 2010	<ul style="list-style-type: none"> <li>○ Execute plan to increase dialysis capacity in order to accommodate BG. patients beginning in October; BG plan developed but not approved by DOH for transfer of dialysis patients.</li> <li>○ Anticipate approval on Appendix X – HEAL 11.</li> <li>○ Award bids.</li> <li>○ Significant discussions about program structure, physician leadership, administrative leadership and Advisory Board model.</li> <li>○ Grace period concept for BG employees who take a job at ECMC managed up through H.R.</li> </ul>
November 2010	<ul style="list-style-type: none"> <li>○ ECMC newly created dialysis capacity is filling rapidly; no DOH approval for transfer of patients related to BG plan.</li> <li>○ Site preparation continues; multiple calls to DOH re. permission to start.</li> <li>○ Provided update to PSC and GL leadership.</li> <li>○ Directed by GL leadership to expedite the process for appointing an interim program director of Transplant. Committee agreement.</li> <li>○ Letter of Support sent by ECMC on behalf of BG Dialysis Closure Plan.</li> </ul>
December 2010	<ul style="list-style-type: none"> <li>○ Groundbreaking when demolition is completed and final CON approval from DOH is received.</li> <li>○ Determine advanced move of Transplant.</li> <li>○ Begin business planning – work group TBD.</li> </ul>

January 2011	<ul style="list-style-type: none"> <li>○ DOH Approval obtained for transfer of 12 Dialysis stations from BG to ECMC.</li> <li>○ Notification from DOH that HEAL II funds must be spent and billed by 8/15/11 or be at risk. Tracking system developed.</li> <li>○ BG received DOH approval for Dialysis Closure Plan; BG notified patients of closure; ECMC accepting patients to capacity; waiting list developed.</li> <li>○ Physician Consultants Report dismissed by co-chairs,</li> <li>○ Significant discussion of structure and financial model with legal and H.R reps attending.</li> </ul>
February 2011	<ul style="list-style-type: none"> <li>○ HEAL II Tracking \$2 million spent.</li> <li>○ Review of Work Plan “Timetable for Transplant Consolidation” edits. Patients to move September/October 2011.</li> <li>○ Dialysis census at BG 75; at ECMC 80.</li> <li>○ Finance working on Hold Harmless model. Structure JV or employment not determined.</li> <li>○ Dr. Dayton and Mark Barabas to schedule meetings with employees.</li> </ul>
March 2011	<ul style="list-style-type: none"> <li>○ Dr. Murray appointed Interim Program Director.</li> <li>○ Work Plan reviewed.</li> <li>○ Dr. Murray meets with physicians individually.</li> <li>○ ECMC service line model chosen.</li> <li>○ Employee meetings put on hold.</li> </ul>
April 2011	<ul style="list-style-type: none"> <li>○ Executive Dimensions hired as recruitment firm to hire Vice President of Transplant Services.</li> <li>○ Meetings with employees put on hold until financial hold-harmless finalized.</li> <li>○ Action Item Timeline and Business Plan drafted.</li> <li>○ Review of physician contracts with chairs.</li> </ul>
May 2011	<ul style="list-style-type: none"> <li>○ 10z5 completed on time; transplant office area occupied.</li> <li>○ HEAL 11 spend near \$6 million.</li> <li>○ OR capacity reviewed.</li> <li>○ Financial Hold-Harmless ECMC / Kaleida completed.</li> <li>○ Transplant coordinators pay grade and job descriptions revised.</li> </ul>
June 2011	<ul style="list-style-type: none"> <li>○ Developed Transplant Staffing plan.</li> <li>○ Appointed Drs. Pankewycz and Laftavi interim Medical and Surgical Directors.</li> <li>○ Meetings with employees delayed due to union negotiations at Kaleida.</li> <li>○ Reviewed candidates for Vice President position with Executive Dimensions.</li> </ul>

**HEAL NY Grant Budget Timelines**

Attachment #4

<b>PROJECTED</b>	<b>Budget</b>	<b>3rd 2010</b>	<b>4th 2010</b>	<b>1st 2011</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Total</b>	<b>Remaining</b>
New Construction	\$ 2,970,000		\$ 419,617	\$ 2,873,403	\$ 1,259,370			\$ 3,293,020	\$ -
Equipment	\$ 1,100,000	\$ 124,449			\$ 1,068,781			\$ 1,383,819	\$ -
Renovation	\$ 2,200,000			\$ 2,047,286				\$ 3,116,067	\$ -
Design	\$ 554,400	\$ 554,400						\$ 554,400	\$ -
Engineering	\$ 92,400				\$ 92,400			\$ 92,400	\$ -
Legal	\$ 92,400				\$ 126,000			\$ 128,000	\$ -
Management	\$ 92,400				\$ 33,235			\$ 99,705	\$ -
Other (EMR)	\$ 330,000		\$ 7,500	\$ 29,048	\$ 66,470			\$ 36,548	\$ 293,452
Medical Records	\$ 55,000							\$ -	\$ 55,000
	\$ 7,486,600	\$ 686,349	\$ 483,900	\$ 5,205,559	\$ 2,328,151	\$ -	\$ -	\$ 8,703,959	\$ 348,452

<b>ACTUAL</b>	<b>Budget</b>	<b>3rd 2010</b>	<b>4th 2010</b>	<b>1st 2011</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Total</b>	<b>Remaining</b>
New Construction	\$ 2,970,000		\$ 419,617	\$ 1,585,930	\$ 467,169	\$ 497,284		\$ 2,970,000	\$ -
Equipment	\$ 1,100,000	\$ 124,449			\$ 62,450	\$ 689,858	\$ 300,000	\$ 1,176,757	\$ -
Renovation	\$ 2,200,000			\$ 1,863,540	\$ 336,460			\$ 2,200,000	\$ -
Design	\$ 554,400	\$ 554,400						\$ 554,400	\$ -
Engineering	\$ 92,400							\$ 92,400	\$ -
Legal	\$ 92,400							\$ 92,400	\$ -
Management	\$ 92,400							\$ 92,400	\$ -
Other (EMR)	\$ 330,000		\$ 7,500	\$ 29,048		\$ 67,101		\$ 114,349	\$ 215,651
Medical Records	\$ 55,000							\$ -	\$ 55,000
	\$ 7,486,600	\$ 686,349	\$ 483,900	\$ 3,702,135	\$ 866,079	\$ 1,254,243	\$ 300,000	\$ 7,292,706	\$ 270,651

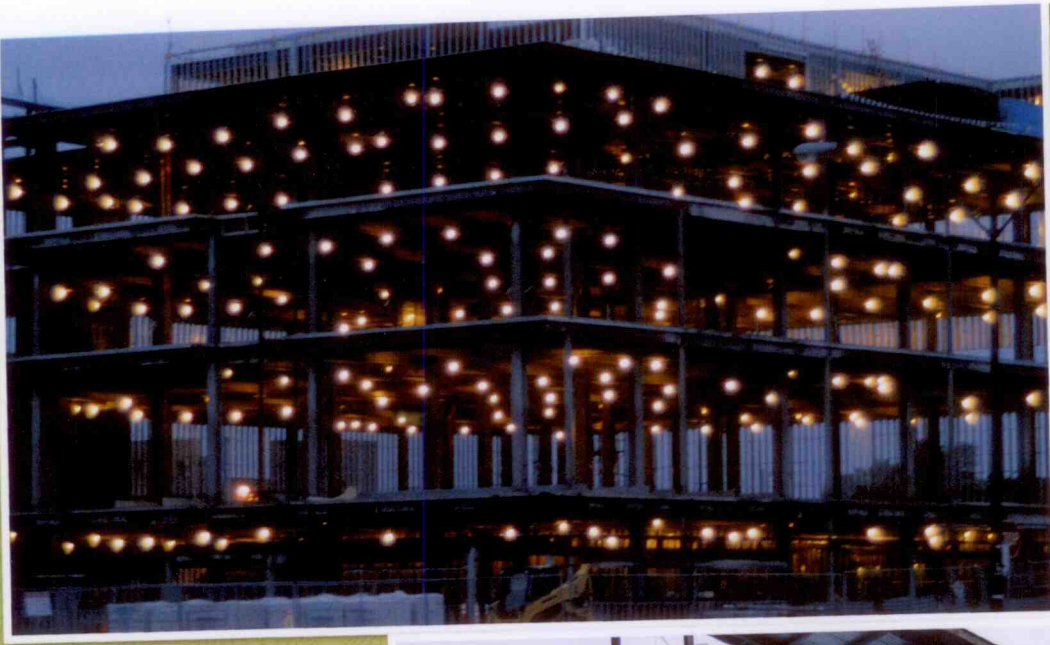
**Barabas, Mark**

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**From:** Thanki, Pamela  
**Sent:** Friday, June 17, 2011 7:07 AM  
**To:** Eichner, John; Sammarco, Michael; Huefner, Paul; Barabas, Mark; Pelley, William  
**Subject:** Good news - HEAL grant monies of \$3.7 million to be received on Mon June 20th.

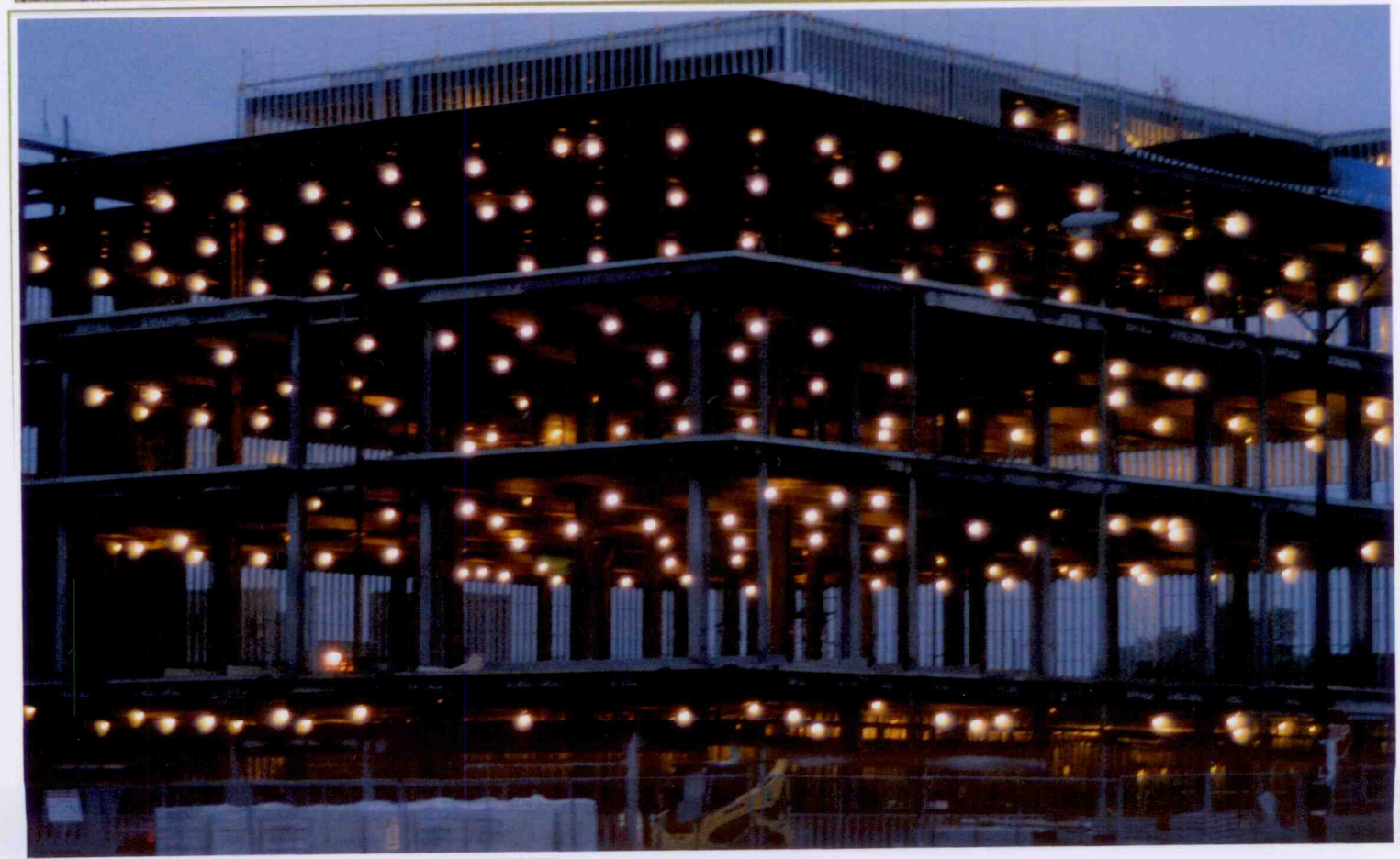
*Pamela Thanki  
Senior Healthcare Financial Analyst  
Finance Dept - G73  
pthanki@ecmc.edu  
Phone (716) 898-5701  
Fax (716) 898-3704*

6/20/2011



Regional  
Center of Excellence  
Transplantation and  
Kidney Care  
June 5, 2011







**Thomas C. Dolan, PhD, FACHE, CAE**  
President and Chief Executive Officer

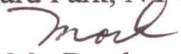


**American College of  
Healthcare Executives**  
*for leaders who care®*

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tdolan@ache.org

June 13, 2011

**Mark C. Barabas, FACHE**  
181 Stonehenge Dr  
Orchard Park, NY 14127-2846

  
Dear ~~Mr. Barabas~~:

This is formal notice that you were appointed as interim Regent for New York – Empire Area. Your term is effective immediately, and will run until the close of the March 2012 Council of Regents Meeting, to be held during the Congress on Healthcare Leadership.

On behalf of the Officers, Governors, and headquarters staff, I congratulate you on your appointment. We appreciate your willingness to serve ACHE in this leadership capacity. Please do not hesitate to contact our staff for any assistance you may need in the fulfillment of your role as Regent.

Sincerely,



Thomas C. Dolan, PhD, FACHE, CAE  
President and Chief Executive Officer

TCD: vl

Cc: James Y. Lee, FACHE – Governor assigned to District One  
John J. Lynch III, FACHE – Governor assigned to District One  
Mary Ann Brown, FACHE – Regent for New York – Metropolitan New York  
James W. Connolly, FACHE – Regent for New York –  
Hudson Valley/Adirondack Area  
Warren S. Marcus, PhD – President, Healthcare Executive Forum, Inc. Chapter





# Chief Financial Officer



**ERIE COUNTY MEDICAL CENTER  
CORPORATION**

**Internal Financial Reports  
For the month ended May 31, 2011**

Prepared by ECMCC Finance

**Erie County Medical Center Corporation**  
**Financial Dashboard**  
**May 31, 2011**

**STATEMENT OF OPERATIONS:**

	<u>Month</u>	<u>YTD</u>	<u>YTD Budget</u>
Net patient service revenue	\$ 31,113	\$ 146,784	\$ 160,178
Other	7,086	32,769	29,404
Total revenue	<u>38,199</u>	<u>179,553</u>	<u>189,582</u>
Salary and benefits	21,044	106,525	104,519
Physician fees	3,558	18,114	16,399
Purchased Services	2,641	12,973	13,821
Supplies and other	6,925	33,600	33,795
Depreciation and amortization	1,238	6,192	6,149
Interest	449	2,218	2,219
Bad Debt expense, net of recoveries	1,878	9,031	9,654
Total expenses	<u>37,733</u>	<u>188,653</u>	<u>186,556</u>
Operating Income (Loss)	466	(9,100)	3,026
Non-operating gains (losses)	84	3,490	1,168
Change in net assets	<u>\$ 550</u>	<u>\$ (5,610)</u>	<u>\$ 4,194</u>
Operating Margin	<u>1.2%</u>	<u>-5.1%</u>	<u>1.6%</u>

**CASH FLOW SUMMARY:**

	<u>Month</u>	<u>YTD</u>
Net Cash Provided by (Used in) Operating Activities	\$ (124)	\$ 7,742
Net Cash Provided by (Used in) Investing Activities	1,635	(12,686)
Net Cash Provided by (Used in) Financing Activities	<u>521</u>	<u>829</u>
Increase/(decrease) in cash and cash equivalents	2,032	(4,115)
Cash and cash equivalents - beginning	<u>8,993</u>	<u>15,140</u>
Cash and cash equivalents - ending	<u>\$ 11,025</u>	<u>\$ 11,025</u>

**BALANCE SHEET:**

<u>Assets:</u>	
Cash & short-term investments	\$ 51,876
Patient receivables	44,287
Assets whose use is limited	130,149
Other assets	<u>193,273</u>
	<u>\$ 419,585</u>
<u>Liabilities &amp; Net Assets:</u>	
Accounts payable & accrued expenses	\$ 102,126
Estimate self insurance reserves	42,701
Other liabilities	83,104
Long-term Debt (including short-term borrowings)	97,150
Net assets	<u>94,504</u>
	<u>\$ 419,585</u>
Current ratio (target > 1.5)	1.5
Debt to capitalization (target <60%)	85.3%

**KEY STATISTICS:**

	<u>Month</u>	<u>YTD</u>	<u>YTD Budget</u>
<u>Discharges:</u>			
- Acute	1,047	4,943	5,074
- Behavioral health, medical and alcohol rehab	259	1,297	1,514
<u>Patient days:</u>			
- Acute	6,331	29,719	29,718
- Behavioral health, medical and alcohol rehab	4,009	19,686	22,234
<u>Average Daily Census:</u>			
Hospital	334	327	344
Hospital-based SNF	131	131	131
Erie County Home	436	457	484
<u>Average length of stay, acute</u>			
MS DRG - CMI	6.0	6.0	5.9
APR DRG - SIW	1.36	1.47	1.54
	1.67	1.71	1.76
Emergency room visits, including admissions	5,478	25,068	25,000
Ambulatory surgeries	765	3,396	3,199
Days in patient receivables	45.6		

## Erie County Medical Center Corporation

### Balance Sheet May 31, 2011 and December 31, 2010

(Dollars in Thousands)

	May 31, 2011	Audited December 31, 2010	Change from Prior Year End
<b>ASSETS</b>			
Current assets:			
Cash and cash equivalents	\$ 11,025	\$ 15,140	\$ (4,115)
Investments	40,851	72,658	(31,807)
Patient receivables, net	44,287	40,951	3,336
Prepaid expenses, inventories and other receivables	64,206	54,407	9,799
<b>Total Current Assets</b>	<b>160,369</b>	<b>183,156</b>	<b>(22,787)</b>
Assets Whose Use is Limited:			
Designated under Self-Insurance Programs	46,226	42,500	3,726
Designated under Debt Agreements	10,860	10,294	566
Designated by Board	50,860	48,829	2,031
Restricted	22,203	21,849	354
	130,149	123,472	6,677
Property and equipment, net	125,223	95,730	29,493
Deferred financing costs	2,399	2,442	(43)
Other assets	1,445	1,345	100
<b>Total Assets</b>	<b>\$ 419,585</b>	<b>\$ 406,145</b>	<b>\$ 13,440</b>
<b>LIABILITIES AND NET ASSETS</b>			
Current Liabilities:			
Current portion of long-term debt	\$ 2,250	\$ 2,250	\$ -
Accounts payable	33,825	24,563	9,262
Accrued salaries and benefits	17,183	15,714	1,469
Other accrued expenses	29,233	32,197	(2,964)
Estimated third party payer settlements	21,885	23,077	(1,192)
<b>Total Current Liabilities</b>	<b>104,376</b>	<b>97,801</b>	<b>6,575</b>
Long-term debt	94,900	94,900	-
Estimated Self Insurance Reserves	42,701	38,850	3,851
Other liabilities	83,104	74,979	8,125
<b>Total Liabilities</b>	<b>325,081</b>	<b>306,530</b>	<b>18,551</b>
<b>Net assets</b>			
Unrestricted net assets	47,149	52,260	(5,111)
Temporarily restricted net assets	47,355	47,355	0
<b>Total Net Assets</b>	<b>94,504</b>	<b>99,615</b>	<b>(5,111)</b>
<b>Total Liabilities and Net Assets</b>	<b>\$ 419,585</b>	<b>\$ 406,145</b>	<b>\$ 13,440</b>

## Erie County Medical Center Corporation

### Statement of Operations

For the month ended May 31, 2011

(Dollars in Thousands)

	Actual	Budget	Variance	Prior Year
<b>Operating Revenue:</b>				
Patient Revenue				
Inpatient Services	\$ 40,941	\$ 42,256	\$ (1,315)	\$ 41,691
Outpatient Services	22,361	22,686	(325)	20,627
	63,302	64,942	(1,640)	62,318
Gross Patient Revenue				
Less:				
Contractual Allowances	(31,349)	(32,039)	690	(30,664)
Charity Care	(840)	(806)	(34)	(581)
	(32,189)	(32,845)	656	(31,245)
Total Contractual Allowances & Charity Care				
Net Patient Revenue	31,113	32,097	(984)	31,073
Other Operating Revenue	7,086	5,881	1,205	4,744
	38,199	37,978	221	35,817
<b>Total Operating Revenue</b>				
<b>Operating Expenses:</b>				
Salaries / Wages / Contract Labor	12,468	12,877	409	12,446
Employee Benefits	8,576	8,573	(3)	7,895
Physician Fees	3,558	3,301	(257)	3,341
Purchased Services	2,641	2,837	196	2,650
Supplies	5,023	5,002	(21)	4,213
Other Expenses	700	645	(55)	702
Utilities	603	689	86	344
Insurance	599	601	2	465
Depreciation & Amortization	1,238	1,230	(8)	1,164
Interest	449	456	7	465
Provision for Bad Debts	1,878	1,935	57	1,828
	37,733	38,146	413	35,513
<b>Total Operating Expenses</b>				
<b>Income (Loss) from Operations</b>	<b>466</b>	<b>(168)</b>	<b>634</b>	<b>304</b>
Non Operating Gains (Losses)				
Interest and Dividends	505	-	505	323
Unrealized Gains (Losses)	(421)	234	(655)	(2,096)
Investment Income (Loss)	-	-	-	-
	84	234	(150)	(1,773)
Non Operating Gains (Losses), Net				
<b>Excess of (Deficiency) of Revenue Over Expenses</b>	<b>\$ 550</b>	<b>\$ 66</b>	<b>\$ 484</b>	<b>\$ (1,469)</b>

## Erie County Medical Center Corporation

### Statement of Operations

For the five months ended May 31, 2011

*(Dollars in Thousands)*

	Actual	Budget	Variance	Prior Year
<b>Operating Revenue:</b>				
Patient Revenue				
Inpatient Services	\$ 195,102	\$ 205,195	\$ (10,093)	\$ 205,572
Outpatient Services	109,902	109,746	156	103,877
Gross Patient Revenue	305,004	314,941	(9,937)	309,449
Less:				
Contractual Allowances	(153,480)	(150,945)	(2,535)	(155,698)
Charity Care	(4,740)	(3,818)	(922)	(3,347)
Total Contractual Allowances & Charity Care	(158,220)	(154,763)	(3,457)	(159,045)
Net Patient Revenue	146,784	160,178	(13,394)	150,404
Other Operating Revenue	32,769	29,404	3,365	23,194
<b>Total Operating Revenue</b>	<b>179,553</b>	<b>189,582</b>	<b>(10,029)</b>	<b>173,598</b>
<b>Operating Expenses:</b>				
Salaries / Wages / Contract Labor	64,326	62,761	(1,565)	60,793
Employee Benefits	42,199	41,758	(441)	39,131
Physician Fees	18,114	16,399	(1,715)	17,092
Purchased Services	12,973	13,821	848	13,777
Supplies	23,774	24,365	591	22,882
Other Expenses	3,484	3,145	(339)	3,178
Utilities	3,335	3,357	22	3,274
Insurance	3,007	2,928	(79)	2,042
Depreciation & Amortization	6,192	6,149	(43)	5,822
Interest	2,218	2,219	1	2,266
Provision for Bad Debts	9,031	9,654	623	9,058
<b>Total Operating Expenses</b>	<b>188,653</b>	<b>186,556</b>	<b>(2,097)</b>	<b>179,315</b>
<b>Income (Loss) from Operations</b>	<b>(9,100)</b>	<b>3,026</b>	<b>(12,126)</b>	<b>(5,717)</b>
Non Operating Gains (Losses)				
Interest and Dividends	1,746	-	1,746	1,409
Unrealized Gains (Losses)	1,744	934	810	390
Non Operating Gains (Losses), Net	3,490	934	2,556	1,799
<b>Excess of (Deficiency) of Revenue Over Expenses</b>	<b>\$ (5,610)</b>	<b>\$ 3,960</b>	<b>\$ (9,570)</b>	<b>\$ (3,918)</b>

**Erie County Medical Center Corporation**

**Statement of Changes in Net Assets  
For the month and five months ended May 31, 2011**

*(Dollars in Thousands)*

	<u>Month</u>	<u>Year-to-Date</u>
<b><u>UNRESTRICTED NET ASSETS</u></b>		
Excess (Deficiency) of Revenue Over Expenses	\$ 550	\$ (5,610)
Other Transfers, Net	(231)	(330)
Contributions for Capital Acquisitions	521	829
Net Assets Released from Restrictions for Capital Acquisition	<u>-</u>	<u>-</u>
Change in Unrestricted Net Assets	<u>840</u>	<u>(5,111)</u>
<b><u>TEMPORARILY RESTRICTED NET ASSETS</u></b>		
Contributions, Bequests, and Grants	-	-
Net Assets Released from Restrictions for Operations	-	-
Net Assets Released from Restrictions for Capital Acquisition	<u>-</u>	<u>-</u>
Change in Temporarily Restricted Net Assets	<u>-</u>	<u>-</u>
Change in Total Net Assets	<u>840</u>	<u>(5,111)</u>
Net Assets, Beginning of Period	<u>93,664</u>	<u>99,615</u>
<b>NET ASSETS, End of Period</b>	<b><u><u>\$ 94,504</u></u></b>	<b><u><u>\$ 94,504</u></u></b>

## Erie County Medical Center Corporation

### Statement of Cash Flows

For the month and five months ended May 31, 2011

*(Dollars in Thousands)*

	Month	Year-to-Date
<b><u>CASH FLOWS FROM OPERATING ACTIVITIES</u></b>		
Changes in net assets	\$ 840	\$ (5,111)
Adjustments to Reconcile Changes in Net Assets to Net Cash Provided by (Used in) Operating Activities:		
Depreciation and Amortization	1,238	6,192
Provision for Bad Debt Expense	1,878	9,031
Net Change in Unrealized Gains on Investments	(421)	1,744
Transfer to component unit - Grider Initiative	231	330
Capital contribution - Erie County	(521)	(829)
<u>Changes in Operating Assets and Liabilities:</u>		
Patient receivables	(2,268)	(12,367)
Prepaid expenses, inventories and other receivables	(1,600)	(9,799)
Accounts payable	(621)	9,262
Accrued salaries and benefits	358	1,469
Estimated third party payer settlements	91	(1,192)
Other accrued expenses	(1,831)	(2,964)
Self Insurance reserves	772	3,851
Other liabilities	1,730	8,125
	(124)	7,742
Net Cash Provided by (Used in) Operating Activities	(124)	7,742
<b><u>CASH FLOWS FROM INVESTING ACTIVITIES</u></b>		
Additions to Property and Equipment, Net		
Campus expansion	(4,204)	(22,503)
Routine capital	(4,301)	(13,139)
Decrease (Increase) in assets whose use is limited	657	(6,677)
Purchases of Investments, Net	9,714	30,063
Investment in component unit - Grider St. Initiative	(231)	(330)
Change in Other Assets	-	(100)
	1,635	(12,686)
Net Cash Provided by (Used in) Investing Activities	1,635	(12,686)
<b><u>CASH FLOWS FROM FINANCING ACTIVITIES</u></b>		
Capital contributions	521	829
Principal Payments on Debt and Capital Lease Obligations	-	-
	521	829
Net Cash Provided by (Used in) Financing Activities	521	829
Increase (Decrease) in Cash and Cash Equivalents	2,032	(4,115)
Cash and Cash Equivalents, Beginning of Period	8,993	15,140
Cash and Cash Equivalents, End of Period	\$ 11,025	\$ 11,025



# Erie County Medical Center Corporation

## Statistical and Ratio Summary

	<i>Current Year</i> Five months ended May 31, 2011	<i>Prior Year</i> December 31, 2010	<b>ECMCC</b> 3 Year Avg. 2008 - 2010
<b><u>Liquidity Ratios:</u></b>			
Current Ratio	1.5	1.9	2.1
Days in Patient A/R - Net of Advances	45.6	41.2	42.1
Days Expenses in Current Liabilities	85.3	84.8	79.9
Days Operating Cash Available	139.9	156.2	161.1
Cash to Debt	176.2%	184.4%	175.4%
<b><u>Capital Ratios:</u></b>			
Long Term Debt to Fixed Assets	75.8%	99.1%	122.8%
Assets Financed by Liabilities	77.5%	75.5%	73.1%
EBIDA Debt Service Coverage	-0.2	2.8	2.2
Capital Expense	2.4%	1.8%	1.9%
Debt to Capitalization	85.3%	65.0%	55.6%
Average Age of Plant	16.9	22.2	22.6
Debt Service as % of NPSR	2.1%	2.1%	2.1%
Capital as a % of Depreciation	363.4%	229.5%	142.7%
<b><u>Profitability Ratios:</u></b>			
Operating Margin	-5.1%	0.5%	-0.5%
Net Profit Margin	-3.8%	0.8%	-0.5%
Return on Total Assets	-3.2%	0.7%	0.3%
Return on Equity	-14.2%	2.9%	0.4%
<b><u>Productivity and Cost Ratios:</u></b>			
Total Asset Turnover	1.0	1.1	1.1
Total Operating Revenue per FTE	\$159,131	\$151,244	\$ 144,557
Personnel Costs as % of Total Revenue	59.3%	53.6%	54.6%

## Erie County Medical Center Corporation

### Key Statistics

Period Ended May 31, 2011

Current Period				Year to Date			
Actual	Budget	% to Budget	Prior Year	Actual	Budget	% to Budget	Prior Year
				Discharges:			
1,047	1,004	4.3%	935	4,943	5,074	-2.6%	4,839
207	214	-3.3%	198	986	1,107	-10.9%	1,044
23	37	-37.8%	39	139	179	-22.3%	178
29	48	-39.6%	47	172	228	-24.6%	223
1,306	1,303	0.2%	1,219	6,240	6,588	-5.3%	6,284
				Patient Days:			
6,331	6,131	3.3%	5,936	29,719	29,718	0.0%	29,730
2,675	2,830	-5.5%	2,829	12,908	13,594	-5.0%	13,609
740	827	-10.5%	950	3,536	4,112	-14.0%	4,101
594	935	-36.5%	883	3,242	4,528	-28.4%	4,448
10,340	10,723	-3.6%	10,598	49,405	51,952	-4.9%	51,888
				Average Daily Census:			
204	198	3.3%	191	197	197	0.0%	197
86	91	-5.5%	91	85	90	-5.0%	90
24	27	-10.5%	31	23	27	-14.0%	27
19	30	-36.5%	28	21	30	-28.4%	29
334	346	-3.6%	342	327	344	-4.9%	344
				Average Length of Stay:			
6.0	6.1	-1.0%	6.3	6.0	5.9	2.7%	6.1
12.9	13.2	-2.3%	14.3	13.1	12.3	6.6%	13.0
32.2	22.4	43.9%	24.4	25.4	23.0	10.7%	23.0
20.5	19.5	5.2%	18.8	18.8	19.9	-5.1%	19.9
7.9	8.2	-3.8%	8.7	7.9	7.9	0.4%	8.3
				Average Acute Length of Stay			
4,061	3,976	2.1%	4,105	19,811	19,730	0.4%	19,892
131	128	2.1%	132	131	131	0.4%	132
				Occupancy:			
60.6%	62.9%	-3.6%	62.2%	59.5%	62.6%	-4.9%	62.5%
78.7%	79.9%	-1.5%	79.0%	77.2%	79.5%	-2.9%	76.4%
80.2%	84.0%	-4.5%	83.0%	78.7%	83.5%	-5.8%	79.4%
				Case Mix Index:			
1.36	1.54	-11.8%	1.48	1.47	1.54	-4.2%	1.48
1.67	1.76	-5.4%	1.66	1.71	1.76	-2.9%	1.66
141	190	-25.8%	177	694	771	-10.0%	720
417	418	-33.7%	370	1,869	1,956	-4.4%	1,807
625	637	20.1%	617	3,256	3,199	1.8%	3,080
28,059	28,064	0.0%	26,258	142,350	139,587	2.0%	136,896
5,478	5,373	2.0%	5,131	25,068	25,000	0.3%	24,182
41.2	45.0	-8.4%	43.0	41.2	45.0	-8.4%	43.0
6.3%	6.4%	-1.8%	6.3%	6.5%	6.4%	0.9%	6.4%
2,321	2,417	-3.9%	2,335	2,397	2,417	-0.8%	2,374
3.11	3.18	-2.2%	3.16	3.21	3.18	0.8%	3.18
\$ 12,527	\$ 12,920	-3.0%	\$ 13,537	\$ 12,048	\$ 12,775	-5.7%	\$ 12,603
\$ 14,847	\$ 15,150	-2.0%	\$ 15,285	\$ 15,212	\$ 14,651	3.8%	\$ 14,785
<b>Erie County Home:</b>							
13,501	14,998	-10.0%	15,432	69,029	73,119	-5.6%	77,422
436	500	-12.9%	498	457	484	-5.6%	513
74.3%	85.3%	-12.9%	84.9%	78.0%	82.6%	-5.6%	87.5%
387	424	-8.7%	452	419	424	-1.1%	472



**Sr. Vice President of  
Operations  
- Richard Cleland -**

ERIE COUNTY MEDICAL CENTER CORPORATION

REPORT TO THE BOARD OF DIRECTORS  
RICHARD C. CLELAND, MPA, FACHE, NHA  
SENIOR VICE PRESIDENT OPERATIONS  
JULY 12, 2011

**LONG TERM CARE-ERIE COUNTY HOME/ECMC SNF:**

Erie County Home has completed the downsizing of 160 beds and is currently looking to close down unit R by July 1, 2011. There are 13 beds remaining on unit R;

Construction of the new nursing home started on June 13, 2011. Our completion date has been estimated to be 12/21/12;

Judith Hutson-Administrator of the Skilled Nursing Facility has announced her retirement effective July 31, 2011. A search for her replacement has begun;

**BEHAVIORAL HEALTH (PSYCHIATRY, CHEMICAL DEPENDENCY, CPEP, CD OUTPATIENT CLINIC):**

The Behavioral Health Steering Committee has continued to meet bi-weekly and bring about great improvement to the overall programs and services that we provide.

Mike Zuber, Vice President of Behavioral Health started June 13, 2011. Mike has recently retired from his position as Executive Director of Rochester Psychiatric Center.

Meeting with Office of Mental Health (OMH) on June 22, 2011 to discuss tentative plans to move the Extended Observation Beds (EOB) out of CPEP and up to 4 zones 3. This will require approval from OMH. ECMC is requesting direction and an expedited approval process.

We are looking to partner with an outside company on a Behavioral Health Urgent Center. This would be part of ECMC's Emergency Room Services. The Urgent Center would be utilized to reduce CPEP congestion, handle lower level behavioral health needs (medication changes, anxiety etc.), avoid readmissions and used for discharge planning follow-up;

We are implementing a Psychiatric Rapid Response initiative. This will help reduce/eliminate the level of security on the inpatient behavioral health units. In addition, o increase the therapeutic value of the program.

**REHABILITATION SERVICES:**

Outpatient budget volumes exceeding budget by 5%;

Implemented collection of both self-pay and poverty level patients in May;

Reorganization of the rehabilitation services department was rolled out in early June. The change resulted in the introduction of Product Line Management Model. This new model

## ERIE COUNTY MEDICAL CENTER CORPORATION

collapses the department of nursing and rehabilitation services into one comprehensive integrated delivery service. Dawn Walters was appointed Vice President of Nursing and Rehabilitation Services. Dawn will oversee the inpatient services. Mike Abrams-Supervisor of Physical Therapy will oversee the therapy component and report directly to Dawn. Barb Rosen will only oversee the Outpatient Rehabilitation Services areas (See attached organizational chart).

### **HYPERBARIC/WOUND CENTER (HWC):**

DURING THE MONTH OF MAY, CENTER HAD 142 ACTIVE PATIENTS

- 44 NEW PATIENTS;
- 372 ENCOUNTERS;
- 106 HYPERBARIC TREATMENTS;
- 90% PATIENT SATISFACTION RATING;

NEED FOR FULL DAY PHYSICIAN COVERAGE DUE TO PATIENT VOLUME

SAL-SAL will be appearing on AM Buffalo and will be promoting ECMC's Hyperbaric/Wound Center on June 29, 2011;

ECMC is working with Oakwood Nursing Home and Diversified Clinical Services on a wound center model/collaboration in Williamsville (currently under assessment).

### **TRANSITIONAL CARE UNIT (TCU):**

ECMCC submitted a Solicitation of Interest (SOI) application to the New York State Department. This SOI is for a (22) bed Transitional Care Unit (TCU). This TCU would specialize in capturing a high percentage of Medicare revenue and at the same time help the hospital reduce LOS. The application was submitted November 4, 2010.

ECMC's TCU application did get approved on the first review by the DOH and is heading to the Council for approval. We should hear shortly on the status. If we are successful we are looking at an early summer 2012 start-up.

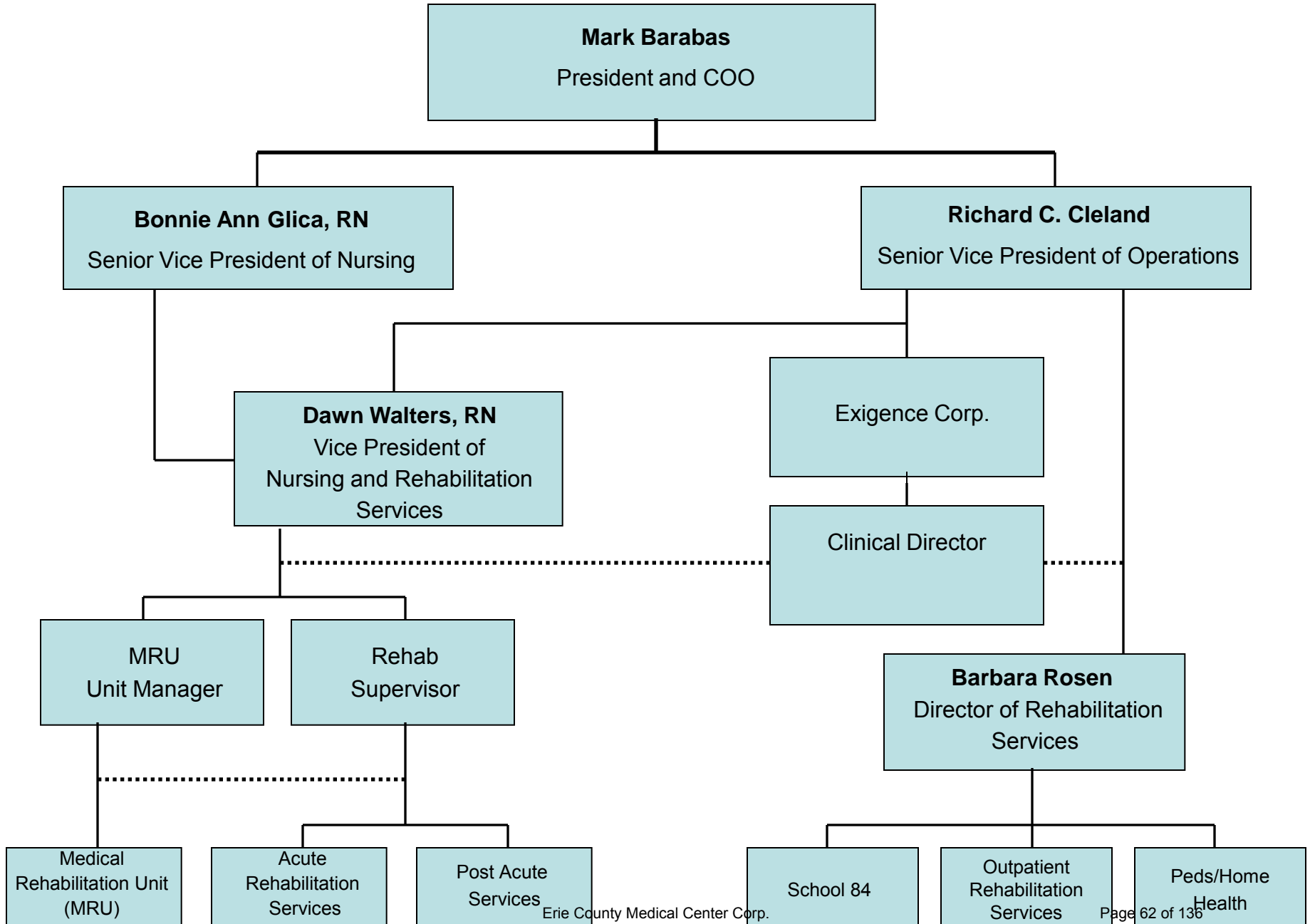
### **SECURITY/POLICE:**

Our second K-9 Units which consists of Officer Hoerner and CJ continues training and recently passed the New York State Canine Certification School. CJ should be in site in the next 30 days.

### **FOOD AND NUTRITIONAL SERVICES:**

Provided all food and nutrition for ECMC runners and walkers at the June 9, 2011 "Chase Corporate Challenge".

# MEDICAL REHABILITATION SERVICES





**Sr. Vice President of  
Operations  
- Ronald Krawiec -**

Erie County Medical Center Corporation  
Report to the Board of Directors  
Ronald J. Krawiec, Senior Vice President of Operations  
July 12, 2011

**PHARMACEUTICAL SERVICES – RANDY GERWITZ**

The Department of Pharmaceutical Services (DPS) is pleased to report a 30.9% reduction in overtime expense year to date versus 2010.

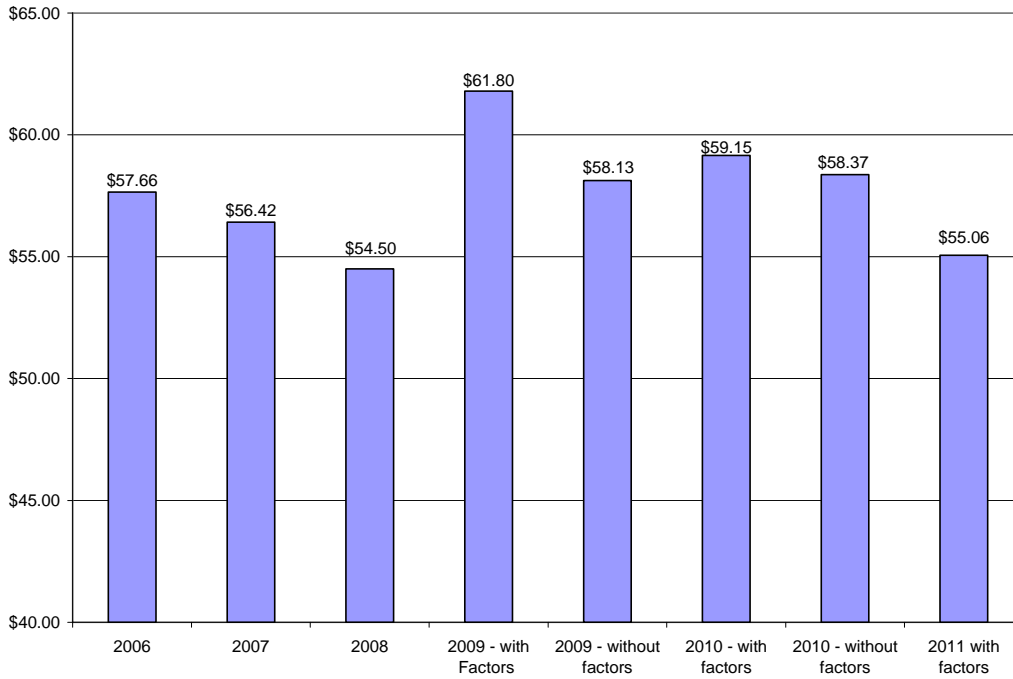
The DPS agreed to take over the purchasing and distribution of saline flush syringes effective June 1<sup>st</sup>. This transition allows for purchasing under a more favorable agreement and affords ECMC approximately \$20,000 in savings annually. The additional workload and cost was absorbed without additional personnel costs or budget adjustments.

A systems change was recently completed which allows point of administration billing for most pharmaceuticals. This move improves departmental efficiency and minimizes corporate compliance risks by ensuring that drugs which are not documented as administered to the patient will not be billed to the patient.

Medication costs continue to trend favorably compared to past years as displayed in the graph below with total costs, including clotting factors, running similar to 2008. The clotting factors were taken over by the DPS in 2009 and have added on average roughly 7% to the drug spend annually. Through the month of May, Pharmacy was 7.6% (\$326,517) under budget for drugs and 5% (\$302,238) under budget overall.



**Average Cost of Medications per Patient Day of Care by Year  
Through May 2011**



**SUPPORT SERVICES – JUAN SANTIAGO**

Daily staffing shortages have hampered the success of our cleanliness program. In the past these shortfalls were covered utilizing overtime. To counteract this, we have hired 6 part time positions for a dedicated weekly floor care team. Another (10) RPT have been approved to replace non-productive sick time and workers’ compensation vacancies. This should provide an immediate impact on the cleanliness of the hospital while maintaining the 70% reduction in overtime we have achieved the past three months. Our weekend assignments and priorities have been changed to recognize reductions in staffing.

A floor care committee consisting of environmental and nursing leadership has been formed to improve communication and better coordinate the scheduling of access to strip and wax patient rooms. Each patient room floor was rated and prioritized as to need. In the past few weeks, the daily cooperation of this team has resulted in a marked improvement in finishing these floors during our highest census period. It will continue until all the patient rooms are completed.

The new cleanliness Employee Rewards Program has been approved. This program will create a level of competition between patient care areas for the cleanest unit of the month with rewards going to employees on the unit. Joe Cirillo is developing the marketing campaign for program. Environmental staff is also being retrained in customer service.

## **LABORATORY – JOSEPH KABACINSKI**

### Regulatory

The Blood Bank successfully completed the American Association of Blood Banks (AABB) accreditation survey conducted on May 31 and June 1, 2011. An exit conference was held upon completion of the inspection and survey on June 1, and the AABB surveyor was very complimentary of our staff and procedures. We anticipate AABB reaccreditation for another two-year period from July 1, 2011 through June 30, 2013.

The New York State Department of Health renewed our lab permit for the fiscal year from July 1, 2011 through June 30, 2012 based on our recently submitted annual New York State laboratory permit renewal application. New York State lab and proficiency test fees assessed to ECMCC for the period from July 1, 2011 through June 30, 2012 total \$68,270.

### Clinical

Installation of two new Sysmex cell counters and an upgraded slide maker-stainer will begin on Tuesday, July 5. Our Chief Hematologist has attended off-site training for using the new analyzers. Validation studies, instrument interface testing and tech training will occur in July.

Another UNYTS Blood Drive was held Thursday, June 16. The drive was very successful and 56 donors presented.

## **IMAGING – ERIC GREGOR**

A detail review of the professional component of imaging billing and accounts receivable is being conducted with the cooperation of Saturn Radiology and their accountant. The goal of this review is to increase our collections by improved coding, reduced denials, reconciliation of systems, and requiring improved billing services and appropriate monitoring.

### Arrival of New Equipment

*SkyView* - is a unit that is primarily used for maxillary facial issues. It uses CT technology with much lower ionizing radiation to the patient. SkyView has passed DOH inspection and applications training for the techs occurred a couple weeks ago. We have a limited number of technologists trained at this time and continue expanding the training to the rest of our staff.

*Ultrasound* - Three new Philips' X-MATRIX iU22 Ultrasound Systems with their patented X6-1 probes have arrived. Training for sonographers on the new equipment will take place in early July. The X6-1 is the only probe that can scan in two planes at the same time. This allows both the sonographer and the doctor to view the pathology in both

planes that previously could not be seen using a conventional 2D probe. The units will be in service on July 5<sup>th</sup>.

*Dexa Scan* - Bone Mineral Density Unit has been installed and is a technological upgrade to our previous unit. This state of the art equipment was purchased through a federal grant.

*Mammography* - We have completed three Breast Screening events in June in conjunction with Cancer Services and the Witness Project programs. All events were very successful. We were able to screen approximately 60 women within 3 days. Patients with concerns will be followed up by Dr. Lindfield. Multiple women were diagnosed with cancer and are having follow up services at ECMC.

*MRI* - The new equipment started May 2<sup>nd</sup> and we experienced our busiest month. Our June outpatient volume will surpass May as daily business continues to grow. We continue to cross-train our CT technologist in MRI.

## **AMBULATORY SERVICES – KATRINA KARAS**

Immunodeficiency clinic successfully implemented the e-prescribing initiative through Western NY Healthylink in mid-June. The providers in this department will be using this solution for e-prescribing until they implement Allscripts EMR in 2012. Some providers at Cleve-Hill Family Health Center also successfully implemented e-prescribing this month. The implementation of e-prescribing will allow ECMC to receive incentive payments on claims submitted for Medicare patients through the end of the year.

The Ryan White grant application was submitted to the Federal government on June 30. This grant provided over \$700,000 in funding to the immunodeficiency clinic annually since 2007. If awarded the grant in 2012, ECMC would anticipate a similar level of funding annually until 2017. Federal Budget cuts are of concern and could jeopardize funding but we are confident in the quality of the program and grant application. Grant award notification is expected in December.

Erie County

# Cancer Services Program



Your partner for cancer screening, support and information

[www.cspwny.org](http://www.cspwny.org)

Eric Gregor  
Director of Imaging Services  
Erie County Medical Center  
462 Grider Street  
Buffalo, NY 14215

June 20, 2011

Dear Eric:

I would like to express my sincere appreciation for the exceptional Mammogram Screening Day held on June 18 at ECMC. Our Cancer Services Program has sponsored several of these events across Erie County in the past year and I can say without reservation that this was one of the best.

Your staff was organized, caring, and highly competent in meeting the needs of twenty underserved women who were able to access cancer screening services that day. Many of the women expressed their thanks, not only for the availability of services, but for the kindness and respect shown to them by all at ECMC. I would particularly like to commend Debbie Clark, Kelly Whelan, Melanie Scholl, and Sheila Pace for exemplary patient service.

It was a pleasure for us to work with you in hosting and planning the event and appreciate your attention to maintaining effective communications through all the departments. Marketing efforts from Joe Cirillo and Rita Hubbard-Robinson were instrumental in reaching the diverse population of women that attended from across Erie County. I am only sorry I can't individually acknowledge all the people who contributed to the day's success.

We would be very pleased to collaborate with you for future events!

Thanks again,

A handwritten signature in black ink that reads "Michelle Wysocki".

Michelle Wysocki  
Program Director

cc: Joseph Cirillo  
Rita Hubbard-Robinson  
Jody Lomeo



# Chief Medical Officer

**ERIE COUNTY MEDICAL CENTER CORPORATION**

**REPORT TO MEDICAL EXECUTIVE COMMITTEE  
BRIAN M. MURRAY, MD, CHIEF MEDICAL OFFICER  
JUNE 2011**

**UNIVERSITY AFFAIRS**

New York State legislature this week approved proposed serial tuition increases for the University at Buffalo . In addition by authorizing capital funding from the Governor’s NYSUNY 2020 Challenge Grant program and other sources, this legislation also allows UB to move forward with its plans to relocate the School of Medicine and Biomedical Sciences in downtown Buffalo, where UB medical education, research, and clinical care will be aligned more effectively with regional hospitals and research partners.

**PROFESSIONAL STEERING COMMITTEE**

The Professional Steering Committee did not meet this month. The next scheduled meeting will be in August as the group is meeting every 3 months.

**MEDICAL STAFF AFFAIRS**

See separate report by Sue Ksiazek for full details.

**CLINICAL ISSUES**

**MEDICINE C**

Because of changes in assignment of residents, the Medicine C cardiology service will no longer be staffed by medical residents as Monday June 27<sup>th</sup> . Admissions to this service will be confined to patients with clearcut significant cardiac problems and coverage provided during the day by cardiology extenders and at night by Exigence ICU midlevels. (see attached memo).

**UTILIZATION REVIEW**

Discharges	811	869	870
Observation	95	139	129
LOS	6.1	5.8	6.5
CMI	1.97	2.06	2.15
Surgical Cases	710	813	807
Readmissions (30d)	15.9%	10.9%	

**VALUE-BASED PURCHASING**

The measurement period for the CMS Value Based Purchasing initiative begins July 1<sup>st</sup>. Hospital reimbursements for 2013 will be adjusted based on each institution's performance on specific quality and patient experience metrics. Under the program CMS will withhold 1% of Medicare inpatient base DRG payments (increasing incrementally to 2% by 2017) and a percentage of withhold will be reimbursed based on that hospital's performance on a number of clinical and patient experience-based performance measures.

The specific measures include:

<b>Acute Myocardial Infarction</b>	
AMI-2	Aspirin Prescribed at Discharge
AMI-7a	Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival
AMI-8a	Primary Percutaneous Coronary Intervention (PCI) Received Within 90 Minutes of Hospital Arrival
<b>Heart Failure</b>	
HF-1	Discharge Instructions
HF-2	Evaluation of Left Ventricular Systolic (LVS) Function
HF-3	ACE Inhibitor or ARB for LVS Dysfunction
<b>Pneumonia</b>	
PN-2	Pneumococcal Vaccination
PN-3b	Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital
PN-6	Initial Antibiotic Selection for CAP in Immunocompetent Patient
PN-7	Influenza Vaccination
<b>Surgeries (as measured by Surgical Care Improvement (SCIP) measures)</b>	
SCIP-Card-2	Surgery Patients on a Beta Blocker Prior to Arrival That Received a Beta Blocker During the Perioperative Period
SCIP-VTE-1	Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered
SCIP-VTE-2	Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery
<b>Healthcare-Associated Infections (as measured by SCIP measures)</b>	
SCIP-Inf-1	Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision
SCIP-Inf-2	Prophylactic Antibiotic Selection for Surgical Patients
SCIP-Inf-3	Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time
SCIP-Inf-4	Cardiac Surgery Patients with Controlled 6 AM Postoperative Serum Glucose

*Patient Experience of Care Domain – Measures*

Federal Register page 2,471

<b>Patient Satisfaction Survey</b>	
HCAHPS	<p>Eight Dimensions (using the most positive responses, “top box” responses for each question used within the HCAHPS dimension):</p> <ul style="list-style-type: none"> <li>• Communication with Nurses</li> <li>• Communication with Doctors</li> <li>• Responsiveness of Hospital Staff</li> <li>• Pain Management</li> <li>• Communication About Medicines</li> <li>• Cleanliness and Quietness of Hospital Environment</li> <li>• Discharge Information</li> <li>• Overall Rating of Hospital</li> </ul>

Attached you will find a dashboard of ECMC's performance with regards to the patient experience measures which will be discussed at the meeting. We are working on a similar dashboard for the quality measures.





# Associate Medical Director

ERIE COUNTY MEDICAL CENTER CORPORATION

**REPORT TO BOARD OF DIRECTORS**  
**DIETRICH JEHL, MD, ASSOCIATE MEDICAL DIRECTOR**  
**JUNE 27, 2011**

**CLINICAL ISSUES**

*Transfer Center*

We plan to have the initial phase of transfers from outlying hospitals and direct admits by ECMC physicians rolled out in the beginning of July 2011. The goals are to have a receiving physician smoothly set up a three-way conference call with the referring physician for in-patient hospital to hospital transfers and make it easier for primary physicians to direct admit their patients. The Med E service will be directly involved in the acceptance of medical patients from outlying hospitals and there will be vary levels of involvement for the surgical/surgical subspecialty patients.

**CLINICAL INFORMATICS**

*Scheduling*

There are major issues in coordination of scheduling that are being worked on. The future addition of in-room LCD TVs may allow for applications such as in-room medical teaching videos, dietary menu ordering, contemporaneous patient satisfaction surveys, in addition to in-room schedules and other pertinent patient information. We are looking at what would be involved in buying out our existing television contract.

*Remote Desktop with iPad 2 Tablet Computers*

We are evaluating a remote desktop concept for accessing base computers with iPad 2 tablets. This could be used for bedside rounding and CPOE. Some alternatives to the iPad that may be more durable will also be evaluated. Several programs to access base systems are being trialed.

**PATIENT SATISFACTION**

*Hospital Cleanliness*

Floor surveys with housekeeping staff and administrative staff are ongoing. Additional resources to the floor buffing/waxing program have recently been put into place.

*Way-finding*

The way-finding initiative is in the first stages - better signage and possibly kiosks.

**PERFORMANCE IMPROVEMENT**

The Board PI meeting has been restructured to incorporate hospital QI so that all clinical and support departments report twice annually to this body. A summary of the June 14<sup>th</sup> Board PI meeting will be provided in executive session during the QI part of the meeting. We will also present issues identified through Quantros and the HOT Team.



# Senior Vice President of Nursing

ERIE COUNTY MEDICAL CENTER CORPORATION  
NURSING SERVICES  
REPORT TO THE BOARD OF MANAGERS  
July , 2011

Submitted by Bonnie Ann Glica, RN, MS  
Senior Vice President of Nursing

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WNY CENTER FOR NURSING WORKFORCE AND QUALITY GRANT – END OF YEAR ONE REPORT

ECMC had partnered with the UB School of Nursing, Kaleida Health, the Catholic Health System of Buffalo and Roswell Park Cancer Institute to form the WNY Nursing Workforce Collaborative: A Community Partnership to Address Critical Nursing Workforce and Quality of Care Issues with the assistance of The John R. Oishei Foundation. Attached is the year end progress report that outlines accomplishments and second year plans (Attachment).

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NURSE RESIDENCY PROGRAM GRADUATES FIRST CLASS

On June 15, 2011, the first Nurse Residency Consortium graduated with a celebration held at Kaleida's Millard Fillmore Gates Hospital honoring all participants, curriculum instructors and hospital Nursing leadership who had partaken in the program development. ECMC's had 15 graduates whose assignments ranged from Medical-Surgical to Intensive Care Units. With the assistance of The John R. Oishei Foundation, ECMC Department of Nursing had partnered with Kaleida Health, the Catholic Health System of Buffalo and Roswell Park Cancer Institute to formulate a Nurse Residency program to support our new graduate nurses with an individualized orientation program designed to provide for a successful assimilation into nursing practice. As many new graduates feel unprepared for the demands of practice and struggle with mastery of clinical skills, time management, development of clinical judgment, and the need to manage a heavier patient care load, the new consortium programming focused on providing intensive clinical didactic and "hands-on" courses that allowed for advanced clinical discussions, teambuilding, mentoring, the provision of individualized feedback. Special recognition of this achievement is extended to Lynn Whitehead RN – Clinical Teacher and Cam Schmidt – Clinical Teacher who served as ECMC's representatives to the consortium and provided for curriculum development.

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ECMC RECEIVES SPECIAL RECOGNITION FOR HEART FAILURE OUTCOMES

The American Heart Association has recognized ECMC with a Gold Performance Achievement Award for achieving a consecutive 12 month interval of 85% or higher adherence to all *Get With The Guidelines* Heart Failure Achievement indicators to improve quality of patient care and outcomes. Special recognition for this achievement is extended to the Equity Quality Improvement Collaborative team members who were instrumental in redefining the care provided to ECMC heart failure patients and to the members of the Robert Wood Johnson Heart Failure Reducing Readmission Team which includes: Karen Ziemianski, RN, MS – ADON (Project Leader), Beth Moses RN – Unit Manger 12 Zone 2, Dr. Art Orlick, Dr. Izzo, Sandy Beauchamp RN – Case Manager, Donna Carr, RN – Patient Safety Department. Michelle Mooney, RN – 12 Zone 2, and Rhonda Ahlheim RN – Unit Manager Ambulatory Services.

June 15, 2011

Mr. Paul Hogan  
Executive Director  
The John R. Oishei Foundation  
One HSBC Center, Suite 3650  
Buffalo, NY 14203-2805

RE: Grant progress report

Dear Paul:

I am pleased to provide The John R. Oishei Foundation with the following progress report and 2<sup>nd</sup> year plans for our project "WNY Nursing Workforce Collaborative: A Community Partnership to Address Critical Nursing Workforce and Quality of Care Issues." This collaboration among the nursing leaders of UB School of Nursing, the Catholic Health System of Buffalo, Erie County Medical Center, Kaleida Health, and Roswell Park Cancer Institute has accomplished Year 1 grant goals and is positioned well to accomplish the remaining start-up goals for which we were funded. Our progress by project aim is as follows.

#### Progress Toward Achievement of Grant Objectives

**Objective 1: Formally establish the WNY Nursing Workforce Collaborative (renamed the WNY Center for Nursing Workforce and Quality)**

Because start-up funding was less than anticipated, the scope of this objective was scaled back to focus on a sustainable governance and operations model/memorandum of understanding (MOU) as well as reaching out to potential partners among rural hospitals and schools of nursing. A memorandum of understanding for governance and operations has been developed and is currently in the sign-off process with Chief Executive Officers and Chief Nursing Officers of the five original members of the Center. This agreement addresses membership levels and requirements, Center leadership, decision making, maintenance and use of the Center database, and Center sustainability.

Full members of the Center include the five original members named above. The VA Medical Center and Niagara University are associate members. All hospitals in the eight-county WNY

region were invited to participate in the Center. Formal presentations were given to Niagara Falls Memorial Hospital and Mt. St. Mary's Hospital. In addition, Eastern Niagara Health System and Medina Hospital have expressed interest. D'Youville College School of Nursing and Daemen College School of Nursing have agreed to participate. A newsletter describing the purpose and progress of the Center has been sent to all chief nursing officers in WNY.

**Objective 2: Develop a WNY Nursing Workforce Statistics and Quality of Care Evaluation Center**

The major emphasis during the first year of our Oishei funding was to develop a Center database. Data must be collected and shared across all the hospitals and health care systems of WNY in order for the Center to examine the impact of regional nursing workforce statistics and quality of care innovations on patient outcomes.

The project has been provided space to house the WNY Center for Nursing Workforce and Quality within the UB/NYS Center of Excellence in Bioinformatics (COE) by the Executive Director, Dr. Bruce Holm. During the first year, the UB Center for Computational Research (CCR) set up a data warehouse and will implement a web-based portal to provide data collection in mid-June 2011 and statistical analysis tools to be used by members of the Center. Two nurse scientists from the UB School of Nursing, Drs. Sung-Heui Bae and Carol Brewer, who study nursing workforce issues and quality of care, are working closely with the CCR staff to create and test the program.

Each full member hospital agreed to utilize the National Database of Nursing Quality Indicators (NDNQI) and to appoint currently employed data managers, whose responsibilities are to coordinate the NDNQI data collection procedures, to work with the Dr. Bae and the CCR to create the WNY database. The start-up project funded a half day training session for all data managers at the CCR. The presentations described the purposes of and plans for the project, data managers' responsibilities, concrete definitions of all key variables and other important terms, and specific instructions for managing a variety of contingencies in coordinating data collection.

Before data collection was implemented, the Institutional Review Boards of each participating hospital and University at Buffalo approved the project. Table 1 presents the quality indicators collected. Currently data of 2010 Quarter 4 (October, November, December) were collected from Roswell Park Cancer Institute, Kaleida Health, and Catholic Health System. The CNO of the Erie Country Medical Center is working on internal processes to provide the data collection.

The steering committee developed a data use agreement in which the purpose of the limited data set is described as follows: to calculate level of selected nursing quality indicators and report this information for internal quality improvement purposes and academic publication. This limited data cannot be used for any marketing purposes covered by the entities. Currently, the steering committee is discussing reports to be generated from the database. We are expecting to generate our first report in July 2011.

Table 1. Nursing quality indicators to be collected for the Center database.

Nursing quality indicators	Nurse safety outcomes	Organizational variables
Nurse staffing skill mix	Needlesticks	Hospital size
Nursing hours per patient day	Back injuries	Teaching status
Nurse turnover		Unit size
Nurse education		Unit type
Nurse unit tenure		Patient day
Nurse age		Case mix
Nurse gender		TCAB Status
RN work environment scale		DEU status
RN job satisfaction (overall satisfaction)		
Fall/injury rates		
Pressure ulcer		
Ventilator-associated pneumonia		
Central line-associated blood		
Physical restraint prevalence		

**Objective 3: Establish the process to test innovations by conducting a pilot research study**

Although this objective will be addressed mainly in Year 2 of funding, a foundation has been developed. "Use of the Center Database for Research" has been detailed in the Governance and Operations MOU. In addition, Drs. Bae and Brewer are formulating a pilot study designed to extend best nursing practices from exemplar hospital units to other hospital units.

Plans for Year 2 of Oishei Funding

**Objective 1: Formally establish the WNY Nursing Workforce Collaborative (renamed the WNY Center for Nursing Workforce and Quality)**

- Complete review and sign-off of Governance and Operations MOU
- Continue to reach out to and involve hospitals and schools of nursing in the WNY region as full or associate members

- Elect Center leadership
- Implement plan for sustainability after grant funding
- Explore opportunities with the new Institute for Healthcare Informatics with Dr. Russell Bessette, Director

Objective 2: Develop a WNY Nursing Workforce Statistics and Quality of Care Evaluation Center

- Continue development of the Center database for de-identified data
- Develop web-based portal authentication allowing secure access for full members
- Complete signed data use agreements for all full members
- Collect nursing quality data on a quarterly basis
- Generate summary reports as appropriate beginning in July 2011
- Hold a WNY conference to share best nursing practices in Spring 2012

Objective 3: Establish the process to test innovations by conducting a pilot research study.

- Design and conduct pilot study
- Modify Center procedures as needed
- Begin development of an application for national funding based on pilot study findings

On behalf of the five partners of the WNY Center for Nursing Workforce and Quality (formerly known as the WNY Nursing Workforce Collaborative), I want to thank the Oishei Foundation for their generous support of \$100,000 for this project that we believe is critical to the quality of health care in our community in the future.

Although I am retiring from the UB School of Nursing deanship effective August 1, 2011, it is my intention to work with the elected Center leadership (Maureen Kelly, Chief Nursing Officer, Roswell Park Cancer Institute and Dr. Sung-Heui Bae, UB School of Nursing) to complete this funded start-up project over the next year.

Sincerely,

*Jean K. Brown*

Jean K. Brown, PhD, RN, FAAN  
 Dean and Professor in Nursing, Nutrition, and Rehabilitation Science  
 University at Buffalo School of Nursing

Xc: Tom Honan  
 Mary Ellen Bakowski  
 Center for Nursing Workforce and Quality members



# HF

HEART FAILURE

## PERFORMANCE ACHIEVEMENT



**American Heart Association** | **American Stroke Association**

The American Heart Association proudly recognizes

### **ERIE COUNTY MEDICAL CENTER**

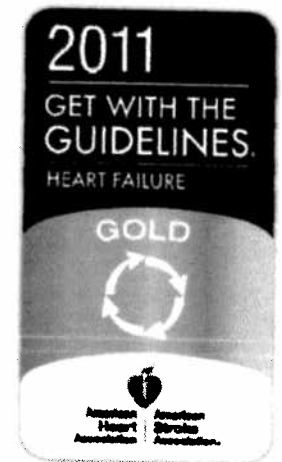
On this date, April 20, 2011 as a  
**Get With The Guidelines – Heart Failure**  
Gold Performance Achievement Award Hospital  
Recognition valid from April 2011 to April 2012

Nancy Brown  
Chief Executive Officer,  
American Heart Association

Lee H. Schwamm, MD, FAHA  
Chairperson Get With The Guidelines<sup>3</sup>  
Steering Committee

Ralph L. Sacco, MD, FAHA  
2010-2011 President,  
American Heart Association

The American Heart Association and American Stroke Association recognize this hospital for achieving consecutive 12 month intervals of 85% or higher adherence to all Get With The Guidelines<sup>3</sup> Heart Failure Performance Achievement indicators to improve quality of patient care and outcomes.





# Vice President of Human Resources

**Erie County Medical Center Corporation  
Board of Directors  
Human Resources Department  
June 12, 2011**

**I. Erie County Home Turnover Rates – May 2011**

Institutional Aide/CNA	15%
LPN	08%
RN	19% (not including per diem RNs, or RNs who are not involved in direct patient care positions, e.g., In-service, Sr. Management).

**II Nursing Turnover Report**

May Hires - 6.5 FTES: 3.5 FTES in Med/Surg, 3 FTES in Behavioral Health, 36.5 FTES hired YTD. (4 LPN FTES hired: 2 FTES in Med/Surg, 2 FTES in Behavioral Health) 19 LPN FTES hired YTD.

May Losses – 9.5 FTES: 3.5 in FTES Med/Surg (.5 FTE term, 2 FTEs resign, 1 FTE remove), 1 FTE in Radiology resign, 2 FTES in Behavioral Health (both retired), 1 FTE in ED resign, 1 FTE in OR resign & 1 FTE in HIM resign.

Turnover Rate 1.27%

Quit Rate .93%

Turnover Rate YTD 2.92% (1.98% without retirees) 3.75% 2010

Quit Rate YTD 2.18% (1.25% without retirees) 2.94% 2010

June Hires – 12 FTES: 6.5 FTES in Med/Surg, 2 FTEs in Critical Care, 3.5 in FTES in Behavioral Health. 48.5 FTES hired YTD. (3.5 LPN FTES hired: 1 FTE in Med/Surg & 2.5 FTEs in Behavioral Health) 21.5 FTES hired YTD.

**III. Employee Turnover (ECMCC Only)**

April 2011 - 1.65%

May 2011 - 1.46%

June 2011 - 1.60%

Second Quarter 1.57%

**IV. Benefits**

1. The health insurance dependent certification audit is in the final stages. This is being conducted by the Labor Management Healthcare Fund. Employees are required to submit documentation verifying relationships. Dependents whose relationships have not been verified will be removed from health insurance coverage effective 8/31/11.

2. The Go Live Transition date for the implementation of the Payroll/HRIS System is 12/18/11.

3. Benefit Fairs are scheduled at ECMC on 10/16/11 and at the EC Home on 10/13/11. Both events will be held from 6 am to 4 pm.

4. ECMCC has the highest Wellness activities participation numbers of any employer group within the Labor Management Healthcare Fund. Approximately 8 employees recently participated in a LMHF and BCBS-sponsored wellness retreat focusing on nutrition, exercise and stress-management.

**V. Retiree Reception**

ECMCC hosted a Retiree Reception for Hospital retirees in the Staff Dining Room on June 20, 2011 from 1:00 pm to 3:00 pm to recognize as approximately 10 retirees.

**VI. Family Medical Leave Certifications - 1st Quarter**

<b>Erie County Home</b>	
<b>Total FMLA</b>	<b>97</b>
<b>Certifications</b>	
Intermittent for Self	52
Intermittent for Family	26
Defined for Self	10
Defined for Family	4
Pregnancy/New Born Care	6
Worker's Comp Related	9
Denials	5
Hours of FMLA Time PP 9	664

**ECMCC**

<b>NUMBER OF EMPLOYEES PER REASON</b>	
Count of Time or Denial reason	
Time or Denial reason	Total
Define	81
define, then intermittent	5
intermittent	243
Intermittent, then define	6
Grand Total	335

**VII. Workers Compensation**

	<b>Total Incidents Reported</b>	<b>Employees Lost Time</b>	<b>Days Away From Work</b>	<b>RTW/ Modified Duty</b>
April	56	8	15	15
May	73	15	105	8
June				
2 <sup>nd</sup> QTR	129	23	120	23

**VIII. Training**

Carla DiCanio Clarke presented a training session on “Reasonable Suspicion Testing” at Management Council in April.

Customer Service training begins this month. It is being conducted by Palladian EAP. The goal is to have all employees complete the customer service training modules by December 2012. The workshops are listed below, there are two sessions each day- Session A: 10:30-12PM; Session B: 1:30-3PM:

Thursday, July 7<sup>th</sup>, 2011

**Communication** - Improving your communication skills at work can improve Customer Service and reduce your workplace stress.

Topics will include: Improved Listening; Proper Use of Language; Improving written communication.

Thursday, July 14<sup>th</sup>, 2011

**Professional Manner and Improved Customer Service.**

Topics to include: Body Language; Phone Etiquette; Peer Relationships; Cell Phone and Social Media Use; Tone & Inflection; Assisting the Wandering Customer.



# Chief Information Officer



## HEALTH INFORMATION SYSTEM/TECHNOLOGY June 2011

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

**Krono's Workforce HR and Workforce Payroll System.** IT is collaborating with the Human Resource and Payroll Departments to implement the new ECMC Human Resource and Payroll Software. This includes transitioning the current employee data within the Erie County SAP system to the new platform, analyzing various interface requirements and redefining workflow. Completed tasks include setup and configuration of the system hardware and software.

**Centralized Scheduling Initiative.** IT is working with an interdisciplinary team to develop the methodology to utilize ECMC Meditech centralized scheduling system throughout its inpatient services. The goal is to reduce the inpatient length of stay and increase throughput by implementing necessary communication and coordination technologies as well as revising current workflows. A detailed project plan including timeline and recommendation will be forthcoming.

**Internet Connection Upgrade.** ECMC has migrated from an older, higher cost Internet Service Provider to a new, lower-cost carrier. This initiative will bundle our internet service and other data networking services with this single carrier (Fibertech) in order to realize volume savings. This initiative, combined with our elimination of a redundant service through SUNYAB, will save the hospital over \$1700/month on Internet service charges.

**Great Lakes Credentialing Software Selection.** ECMC Information Technology Department along with the Medical Dental Staff continues to collaborate with the Kaleida Health Organization to implement a centralized credentialing solution. The Proof of Concept has been accepted by both Kaleida and ECMC's Medical Staff Offices. The data from both the ECMC Cactus system and Kaleida's Echo system has been successfully converted and loaded into the new IntelliSoft system. The data is currently under review and IntelliSoft has agreed to convert and help resolve any data issues that may be identified in the review process. We have reviewed the WebView product and are identifying how it may be used for various solutions at both Kaleida and ECMC. Project go live date is slated for mid August.

**Long Term Care Electronic Medical Record and Billing Solution.** Continue to work with Rich Cleland and Mark Barabas on the Meditech vendor proposal negotiation to ensure an optimal solution and price structure for ECMC. We are in the process of scheduling a site visit to a facility utilizing Meditech's Long Term Care Solution is pending. Anticipated project start date is proposed for January of 2012.

**Outpatient Dialysis Electronic Medical Record (EMR) and Practice Management Solution.** Working with clinical and revenue cycle representatives, reviewing vendor responses for the Outpatient Dialysis EMR and Practice Management Solution. The goal is to have a final vendor selection by July month end.

### **Clinical Informatics and American Recovery and Reinvestment Act (ARRA) – Meaningful Use.**

*Ambulatory Electronic Health Record (EHR) - Clevehill Family Practice* – The team is in the final configuration build and testing phase of the Clevehill EHR implementation. End user training is scheduled to begin on July 11<sup>th</sup>. This will include physicians, clinicians and business office support staff. Go live is scheduled for August 2<sup>nd</sup>.

*Computer Provider Order Entry* –Meaningful Use Stage 1 requires the organization be 30% automated by 2011 and 100% automated by 2015. ECMC recognizes that this is physician driven initiative. Because of this, the organization has named Dr. Novak as the physician champion for the medical/surgical physician areas and Dr. Manka as the ED physician champion. We are very honored and excited to have both physicians join our team. With the assistance of Laboratory and Radiology Services much progress has been made with the re-design of the current order entry system. Next steps include the pharmacy database build and the official kick off the physician committee. Detailed reports are represented at the Clinical Informatics Steering Committee.

We have finalized the ARRA Stage 1 score card illustrating ECMC status with each objective and have presented it to the Clinical Informatics Steering Committee. Will forward to Executive Management once approved.





# **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**  
**July 12, 2011**

**Marketing**

Various other targeted new service-line marketing for new primary care practice and Plastics and Reconstructive Surgery Department  
Plan developed for marketing of new Regional Center of Excellence in Transplantation and Kidney care  
New ECMC Re-branding “True Care” campaign on air with new radio and TV commercials  
- Next phase running of prominent ECMC patients on short :15 TV commercials and in print  
Ground Breaking for New Long Term Care Facility to be held July 14<sup>th</sup>

**Planning and Business Development**

Assisting with orthopedic floor initiatives and developing new clinical pathway  
Coordinating Accelero Orthopedic margin initiative, initiatives underway with \$750,000 savings opportunity  
Orthopedic and Bone Health Center progressing, physician planning sessions completed. Proforma completed and new designs underway  
Coordinating planning for Great Lakes Health Strategic and Community Planning Committee meetings  
Working with Professional Steering Committee and assisting all subcommittees  
Managing CON processes  
Developing primary care strategy and have had multiple confidentiality agreements signed  
Dr. Howard Sperry has had over 350 visits and patients have received 198 tests

**Media Report**

- **Buffalo Business First; The Buffalo News; WGRZ-TV, Channel 2; WIVB-TV, Channel 4; WKBW-TV, Channel 7; WNLO-TV, Channel 23; Time Warner Cable TV, YNN; Twitter USA: Plans for ECMC nursing home is coming together.** Erie County’s state board has agreed to borrow \$98 million to help Erie County Medical Center build a nursing facility at its Grider Street campus .
- **The Buffalo News: (Editorial) ECMC moving forward with the building of a Skilled Nursing Facility.** One of the keys to the plan’s attractiveness is the ability of the county control board to borrow \$98 million on the hospital’s behalf.
- **The Buffalo News; WGRZ-TV, Channel 2; WIVB-TV, Channel 4; WKBW-TV, Channel 7, Time Warner Cable TV, YNN; West Seneca Bee: Buffalo Police Officer Gary Sengbusch, injured in an auto accident earlier this year participated in a news conference at ECMC just prior to his discharge on Friday, June 17, 2011.** Sengbusch says that he feels fortunate that he was rushed to ECMC, Western New York’s highly regarded regional trauma center. In his words, “the best hospital in Western New York“. He also thanked the doctors, nurses, therapists, and CEO Jody Lomeo for their assistance during almost every interview.
- **Buffalo Business First: Erie County Medical Center Corp. received the Get with the Guidelines Heart Failure Gold Quality Achievement Award from the American Heart Association.**
- **Sphere Quarterly Publication: Erie County Medical Center, UB and the Departments of Anesthesiology.**

**Community and Government Relations**

Advocated with Legislature to pass Declaration of Need for new Long Term Care Facility  
Farmer’s Market started and received \$5,000 grant  
Summer Youth Program starting in July with 80 participants



# **Executive Director, ECMC Lifeline Foundation**

ECMC Lifeline Foundation Report  
Submitted by Thomas Quatroche, Jr., Ph.D.  
Interim Executive Director  
June 12, 2011

**Key Events**

- Tournament of Life Golf Classic 2011
  - Save the Date
    - **August 15, 2011** at the Park Country Club
  - Michael Seaman, Event Chair
  - Buffalo Hospital Supply secured as returning Presenting Sponsor
  - Secured Sponsors to date - \$57,250
  - This year's tournament will consist of a morning and afternoon flight
  - Invitations in production and expected to be mailed early July
  
- WNY Runs for Heroes 5K Race & Health Walk
  - Save the Date
    - **Saturday, October 15, 2011** at Parkside Lodge/Delaware Park
  - Robert Holliday, AT&T, Event Chair
  - Secured Sponsors to date - \$2,700
  - On-line registrations site – Active.com

**Campaign to Support Regional Center of Excellence for Transplantation and Kidney Care**

Ongoing planning/strategy meetings with Campaign Chair, Jonathan Dandes  
Eric Mower to design internal communications plan

**Employee Campaign**

In development phase. ECMC Human Resources to release to employees in early September along with the United Way campaign

**Other**

2010 Audit in process and near completion. Executive Committee has approved draft report for Board approval  
Search Committee for Executive Director vacancy to make recommendation to Executive Committee in July  
ECMC Lifeline Foundation chosen as beneficiary of Professional Firefighters Annual Golf Tournament scheduled for September 2011

**NEW  
BUSINESS**

**OLD  
BUSINESS**



# Medical-Dental Executive Committee

**MEDICAL EXECUTIVE COMMITTEE MEETING  
 MONDAY, MAY 23, 2011 AT 11:30 A.M.**

**Attendance (Voting Members):**

D. Amsterdam, PhD	R. Ferguson, MD	R. Venuto, MD
Y. Bakhai, MD	W. Flynn, MD	J. Woytash, MD, DDS
G. Bennett, MD	C. Gogan, DDS	
A. Chauncey, PA	J. Kowalski, MD	
S. Cloud, DO	K. Malik, MD	
N. Dashkoff, MD	R. Makdissi, MD	
H. Davis, MD	M. Manka, MD	
R. Desai, MD	K. Pranikoff, MD	
S. Downing, MD	F. Qureshi, MD	
N. Ebling, DO	R. Schuder, MD	

**Attendance (Non-Voting Members):**

B. Murray, MD	L. Feidt	W. Gajewski
D. Ellis, MD	C. Ludlow	C. Gazda, RN
B. Glica, RN	M. Sammarco	
D. Jehle, MD	A. Victor-Lazarus, RN	
J. Lomeo	Rich Cleland	
M. Barabas	Ron Krawiec	

**Excused:**

J. Reidy, MD	J. Izzo, MD	M. Cain, MD (University)
S. Ksiazek	R. Hall, MD, DDS	
A. Arroyo, MD	T. DeZastro, MD	
W. Belles, MD	J. Lukan	

**Absent:**


**I. CALL TO ORDER**

- A. Brian Murray, MD, in Dr. Kowalski's absence, called the meeting to order at 11:40 a.m. noting a quorum present. Dr. Kowalski joined the meeting shortly thereafter.

**II. MEDICAL STAFF PRESIDENT'S REPORT – J. Kowalski, MD**

- A. The Seriously Delinquent Records report was included as part of Dr. Kowalski's report. Dr. Kowalski reminded the group to answer all documentation queries.



### **III. CEO/COO/CFO BRIEFING**

- (1) **CEO REPORT - Jody Lomeo**
  - A. **Report deferred to Mr. Barabas.**
  
- (2) **PROJECT UPDATES – Mark Barabas, CO**
  - A. **Transplant Project** – Production is running on time. The remodel on the tenth floor is taking shape and should be occupied in the coming weeks.
  - B. **Dr. Sparry, Primary Health Practice** – Dr. Sparry, new primary practice for ECMC, has been meeting with sub-specialties to gain appropriate patient referrals. Please reach out to Dr. Sparry if you would like to partner with the practice.
  - C. **MRI Unit Open** – The new MRI unit opened last week and had a good week of volume.
  - D. **Volumes** – Volumes are a bit better this month compared to last month. Surgeries and ED visits are up over last month. Currently operating 400 beds down from 430 to adjust to the volume. CPEP visits are down.
  
- (3) **FINANCIAL REPORT – Mr. Sammarco, CFO**
  - A. **April 2011 Financials** – The first quarter resulted a disappointing performance quarter though April shows some improvement. Case Mix Index has improved slightly. Total loss for April, hospital and Home combined, was \$1.4 million. Expenses are starting to respond and are under more control. Total loss for the year is just under \$9.5 million for hospital and Home combined. It is anticipated that this number will continue to improve throughout the year as expenses correct and volumes improve.

### **IV. CHIEF MEDICAL OFFICER REPORT – B. Murray, M.D.**

#### **UNIVERSITY AFFAIRS**

Internal Medicine Residency Review Committee has recommended continued accreditation for the UB Department of Medicine Residency program with a cycle length of 1 year.

Dr. Sitrin will be stepping down as Division Chief of Gastroenterology and the Department of Medicine has launched a search for his replacement.

Dr. Ani Sinha will be officially installed as the inaugural Ralph and Rita Behling Professor and Chair of the Department of Dermatology on May 23<sup>rd</sup> at 4pm.

John Tomaszewski, currently interim Chair of Pathology and Anatomical Sciences at the University of Pennsylvania, has agreed to accept the position of Chair of Pathology at the University at Buffalo and will arrive in September. His particular areas of interest include diagnostic pathology and renal and transplant pathology.

## PROFESSIONAL STEERING COMMITTEE

The Professional Steering Committee met on May 9<sup>th</sup>. A verbal report of the meeting was provided which included the change in meeting schedule to quarterly from monthly.

## MEDICAL STAFF AFFAIRS

See separate report by Sue Ksiazek for full details.

## CLINICAL ISSUES

UTILIZATION REVIEW	February	March	April
Discharges	811	869	870
Observation	95	139	129
LOS	6.1	5.8	6.5
CMI	1.97	2.06	2.15
Surgical Cases	710	813	807
Readmissions (30d)	15.9%	10.9%	

## MEDICATION RECONCILIATION

Meeting was held of the Task Force on 5/9/11.

1. Dr First is running a random selection of 100 ECMC patients to see what medications are identified.
2. Demonstration of system to Task Force is planned for mid-June
3. Initial implementation is planned for September 2011 in Behavioral Health.
4. ED will follow in January 2012 (combined with CPOE).

## CLINICAL INFORMATICS

Minutes of the meeting of 5/5/11 were distributed and reviewed. The CPOE and electronic medication reconciliation project status was provided.

## V. ASSOCIATE MEDICAL DIRECTOR REPORT - Dietrich Jehle, M.D.

### CLINICAL ISSUES

#### Transfer Center

We are developing a “virtual space” with conference calling that can be utilized by both clerical and nursing staff to manage a transfer center. The goals are to have a receiving physician smoothly set up a three-way conference call with the referring physician for transfers and make it easier for primary physicians to direct admit their patients. We plan to have the initial phase of transfers from outlying hospitals and direct admits by ECMC physicians rolled out in July 2011. Work on transfer center acceptance of patients for outpatient visits and specialty referrals to follow.

## **CLINICAL INFORMATICS**

### Scheduling

There are major issues in coordination of scheduling that are being worked on. The goal would be to have a real time schedule readily available in the patients’ rooms, nurses’ stations and the scheduling sites. We are reviewing the capabilities of the Meditech 5.6 scheduler in conjunction with smart boards. The future addition of in-room LCD TVs may allow for applications such as in-room medical teaching videos, dietary menu ordering, contemporaneous patient satisfaction surveys, in addition to in-room schedules and other pertinent patient information. Smart tracking boards similar to what is present in the ED are being evaluated for additional areas of the hospital.

### Remote Desktop with iPad 2 Tablet Computers

We are evaluating a remote desktop concept for accessing base computers with iPad 2 tablets. This could be used for bedside rounding and CPOE. Some alternatives to the iPad that may be more durable will also be evaluated. Uploading information from Meditech works well; however, pulling up radiology files (not reports) is slow on the tablets.

## **PATIENT SATISFACTION**

### Hospital Cleanliness

Floor surveys with housekeeping staff, nursing and administrative staff are ongoing. Improvement in picking up garbage noted this last month. Need to devote additional resources to the floor buffing/waxing program.

## **PERFORMANCE IMPROVEMENT**

The Board PI meeting has been restructured to incorporate hospital QI so that all clinical and support departments report twice annually to this body. A summary of the May 10<sup>th</sup> Board PI meeting will be provided in executive session during the QI part of the meeting. We will also present issues identified through Quantros and the HOT Team.

## **VI. DIRECTOR OF PHYSICIAN QUALITY AND ED. – S. Ksiazek**

- A. Written report provided.

**VII. LIFELINE FOUNDATION – Thomas Quatroche**

- A. Springfest was a tremendous success raising nearly \$350,000. Mr. Quatroche thanked everyone for their support.
- B. Golf Outing, August 15 – an additional morning flight has been added to allow for greater participation.
- C. 5K Event – October event is planned.
- D. Executive Director search is underway and it is expected to commence within a month or so.

**VIII. CONSENT CALENDAR**

	MEETING MINUTES/MOTIONS	ACTION ITEMS
A.	MINUTES OF THE Previous MEC Meeting: April 25, 2011	Received and Filed
B.	CREDENTIALS COMMITTEE: Minutes of May 3, 2011	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
C.	HIM Committee – Minutes of Meeting April 28, 2011	Received and Filed
	1. Critical Care Insulin Infusion Protocol*	Reviewed and Approved
	2. Trauma ICU Physician Admission Orders	Reviewed and Approved
	3. Daily TICU Orders	Reviewed and Approved
	4. MRI Inpatient History and Screening Form*	Reviewed and Approved
	5. MRI Outpatient History and Screening Form*	Reviewed and Approved
	6. Wound Care Outpatient Physician Progress/Procedure Note	Reviewed and Approved
	7. Wound Care Outpatient Physician Orders/Patient Instructions	Reviewed and Approved
	8. Wound Care Outpatient Physician Orders	Reviewed and Approved
	9. General Orthopaedic Surgery Discharge Instructions	Reviewed and Approved
	10. Total Shoulder Replacement Discharge Instructions	Reviewed and Approved
	11. Elbow Replacement Discharge Instructions	Reviewed and Approved
	12. Anticoagulation Medication Flow Sheet	Reviewed and Approved
	13. Composite Resection with Free Flap Reconstruction Transfer Orders	Reviewed and Approved
	14. Composite Resection with Free Flap Post Operative Orders	Reviewed and Approved
	15. Composite Resection with Free Flap Reconstructive Post Operative Day 1 Orders	Reviewed and Approved
	16. Composite Resection with Free Flap Reconstruction Post Op Day 2 Orders	Reviewed and Approved
	17. Composite Resection with Free Flap Reconstruction Post Op Day 3 Orders	Reviewed and Approved
	18. Composite Resection with Free Flap Reconstruction Post Op Day 4 Orders	Reviewed and Approved
	19. Head and Neck/Plastics Ambulatory Surgery Post Operative Orders	Reviewed and Approved
	20. Thyroid Lobectomy Post Operative Orders	Reviewed and Approved
	21. Thyroid Lobectomy Post Operative Day 1 Discharge Orders	Reviewed and Approved
	22. Neck Dissection Post Operative Orders	Reviewed and Approved

	23. Neck Dissection Post Operative Day 1 Orders	Reviewed and Approved
	24. Total Thyroidectomy Post Operative Orders	Reviewed and Approved
	25. Total Thyroidectomy Post Operative Day 1 Discharge Orders	Reviewed and Approved
	26. Tram/DiEP Free Flap Breast Reconstruction Post Operative Orders	Reviewed and Approved
	27. Tram/DiEP Free Flap Breast Reconstruction Post Operative Day 1 Orders	Reviewed and Approved
	28. Tram/DiEP Free Flap Breast Reconstruction Post Operative Day 2 Orders	Reviewed and Approved
	29. Tram/DiEP Free Flap Breast Reconstruction Post Operative Day 3 Orders	Reviewed and Approved
	30. Tram/DiEP Free Flap Breast Reconstruction Discharge Orders	Reviewed and Approved

- A. MOTION:** Approve all items presented in the consent calendar for review and approval. Noted changes to select forms as noted by the H.I.M. Committee Minutes – all items approved with noted changes.

**MOTION UNANIMOUSLY APPROVED.**

**B. NEW BUSINESS**

1. **Selection of Lab Corporation of America** – Reviewed and approved selection of Lab Corporation of America (LCA) as primary laboratory vendor and U.S. Labs: Flow cytometry and cytogenetic. On occasion, local laboratories may be selected based upon test menu and/or rapidity of response. **MOTION to approve as presented.**

**MOTION UNANIMOUSLY APPROVED.**

**IX. OLD BUSINESS**

NONE

**X. NEW BUSINESS**

NONE

**XI. ADJOURNMENT**

There being no further business, a motion was made, seconded and unanimously approved to adjourn the meeting at 12:15 p.m.

Respectfully submitted,



Timothy DeZastro, M.D., Secretary  
ECMCC, Medical/Dental Staff

# Reading Material



**From the  
Chief Executive Officer**

# BuffaloNews.com



The new nursing home, estimated to cost \$103 million, will connect to the main hospital through a corridor so nursing home residents can walk or be wheeled into ECMC instead of being transported there in an ambulance.

Harry Scull Jr. / News file photo

## ECMC eyes loan for new county home in city

By **Matthew Spina**

Published: June 13, 2011, 6:29 PM

4 Comments

[Tweet](#)

Updated: June 13, 2011, 11:24 PM

Erie County's state control board has agreed to borrow \$98 million to help Erie County Medical Center build a nursing facility at its Grider Street campus so it can close the Erie County Home in Alden and finance other construction around the hospital.

ECMC executives find the home expensive to run because it's outdated and far from the base in Buffalo. It also is far from the families of the vast majority of its residents.

The medical center corporation spends about \$900,000 a year transporting residents of the county home to the hospital for more serious medical care, said Anthony J. Colucci III, ECMC's lead attorney in arranging the loan through the control board.

A corridor will connect the new nursing home, estimated to cost \$103 million, to the main hospital so nursing home residents can walk or be wheeled into ECMC instead of being transported there in an ambulance, Colucci said.

County government has agreed to contribute \$11.5 million to the project, under a separate pact requiring that construction begin by next June.

Meanwhile, the medical center corporation had intended to cover the hospital's total \$160 million expansion, which includes a center for transplantation and kidney care and adjacent medical offices, by borrowing money and dipping into cash on hand.

In a deal hatched in recent days and kept under wraps until Monday, the county's Fiscal Stability Authority will borrow \$98 million for the project on ECMC's behalf.

With the control board's high credit rating, it can borrow at an interest rate around 3.2 percent, rather than the approximately 7 percent the medical center was expecting to arrange on its own, a bond underwriter for the control board said Monday.

The lower rate will mean the medical center corporation can repay the loan in 15 years rather than 30. Colucci said the repayment savings will reach \$118 million.

A majority of control board directors agreed Monday to sell bonds for ECMC as they also borrow \$25 million this year for Erie County infrastructure projects and refinance \$28 million in Erie County bonds sold in 2004, saving about \$1 million by taking advantage of today's lower rates.

"This typifies what the authority can do at the outer limits if we are creative and work together," said control board Chairman Daniel C. Oliverio, one of four who voted to approve the deal.

One member, Mark R. Walling, abstained because, he said, the control board's staff should first go through the ECMC Corp.'s most recent audit and its five-year financial outlook to determine whether it is a solid borrower. "Sometimes when something appears too good to be true, it is, in fact, too good to be true," he said.

The loan for ECMC would activate a series of moves because the hospital is not among the county-government entities whose finances the control board monitors. The ECMC Corp. is a state public-benefit corporation with its own directors, but it is linked to county government in many ways.

When the control board obtains proceeds from the loan, it will actually give the money to county government, which will in turn give the money to the medical center, a bond lawyer told the control board Monday. The repayments will flow in reverse back to bondholders.

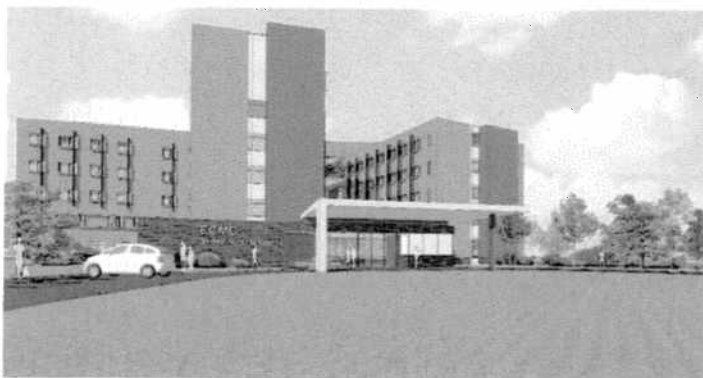
A majority of Erie County lawmakers will also have to go along, by approving the "declaration of need" that allows the control board to borrow money for the county's road and bridge repairs and other undertakings. County Budget Director Gregory G. Gach said the arrangement will be presented to lawmakers at an upcoming Finance and Management Committee meeting to prepare for a vote at the end of June.

County Executive Chris Collins and ECMC's chief executive, Jody Lomeo, called a news conference late Monday to join Oliverio in praising the deal.

"I am pleased my administration can facilitate this transaction, and I want to thank the leadership of the Stability Authority for using its borrowing ability to benefit the community," Collins said.



# BuffaloNews.com



Architect's rendering shows the new county home proposed for ECMC's Grider Street campus.

Editorial

## ECMC moving forward

Published: June 19, 2011, 12:03 PM

0 Comments

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Updated: June 19, 2011, 12:03 PM

Even in hard times, it can pay to make big decisions. So it is with Erie County Medical Center's plan to build a modern nursing facility at its Grider Street campus and to close the Erie County Home in Alden. It's an expensive proposition, but with it, ECMC can better serve residents while eliminating nearly \$1 million a year in transportation costs.

One of the keys to the plan's attractiveness is the ability of the county control board to borrow \$98 million on the hospital's behalf. Because of its high credit rating, the board can borrow the money at 3.2 percent, less than half the 7 percent ECMC was expecting to pay. With that, the hospital can repay the loan in 15 years instead of 30, saving the county tens of millions of dollars in interest.

The need for a new home is plain. The county home in Alden, originally built in the 1920s, is outdated and expensive to operate. What is more, because the county home is far from the hospital, about \$900,000 a year is spent transporting residents to ECMC for more serious medical care. That distance is also a burden on families of the residents, most of whom live far from the current facility.

The proposal calls for the new nursing facility to be connected by a corridor to the hospital, thus eliminating transportation costs. Moreover, it will provide an up-to-date environment for residents. Erie County has also committed to contribute \$11.5 million to the project.

The new county home project is part of a larger, \$160 million expansion of the ECMC

Erie County Medical Center Corp.

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campus that will also include a center for transplantation and kidney care and adjacent medical offices.

ECMC is quickly moving ahead as part of its association with Great Lakes Health, the superstructure corporation created three years ago to coordinate the work of ECMC and Kaleida Health. With that arrangement and the leadership of the hospital's chief executive, Jody Lomeo, ECMC has become a more powerful and focused organization.

It's always stressful to take on new debt, especially in a time of economic weakness, but this program appears to be both necessary and well-conceived. Erie County Executive Chris Collins supports the plan, which will also need the approval of the County Legislature. It will have to authorize a "declaration of need" that will allow the control board to borrow the money. We expect lawmakers to examine the plan closely and hope, barring any unforeseen problems, it will be approved quickly.

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## Comments

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# BuffaloNews.com



## Striving to again be a full-fledged cop

By **Lou Michel**

Published: June 13, 2011, 11:11 PM

0 Comments

[Tweet](#)

Updated: June 14, 2011, 4:36 PM

His steps may be halting, but later this week, Buffalo Police Officer Gary D. Sengbusch will walk away from Erie County Medical Center determined to one day return to active duty.

Less than four months ago, that would have seemed unimaginable.

An alleged drunken driver nearly killed him in an off-duty crash as Sengbusch was headed to meet his girlfriend after working a security job, to help earn money to buy her an engagement ring and put together a down payment on a house.

Sengbusch, 30, says he feels fortunate that he was rushed to ECMC, Western New York's highly regarded regional trauma center.

"I did some hard time in the intensive-care unit. I had a torn aorta, they removed my spleen, my left hip was shattered," Sengbusch said Monday, speaking to the media for the first time since the accident in the early morning of Feb. 25.

He also suffered a stroke that temporarily paralyzed his left side, but movement has

returned to his left leg, and he can now walk with the help of a cane. He hopes his brain will continue to heal so that he can reclaim movement in his left arm.

And by the end of the summer, he says, his goal is to walk without a cane.

Even with his challenges, there's no doubt about his gratitude.

"I'm just happy they took me to the best hospital in Buffalo because [otherwise] I'd probably be 6 feet under."

Sengbusch goes to his parents' West Seneca home Friday afternoon for what he hopes is an abbreviated stay before returning to his Elmwood Village apartment.

But before he goes to his boyhood home, he and his loved ones will make a stop at Our Lady of Victory Basilica in Lackawanna to offer a special prayer of thanks to the Venerable Father Nelson H. Baker, who in their minds is already a saint.

Judy Sengbusch, the officer's mother, is convinced her son is alive because of the power of prayer, and particularly intercessions made to Father Baker, whose case for sainthood is pending in the Catholic Church.

"A police officer came up to me after Gary was injured and asked what he could do. I said, 'Bring me Father Baker,'" Sengbusch's mother recalled of the emotional moments after she arrived at ECMC following the crash. "He said, 'I can do that.' He brought me a piece of cloth that Father Baker had once worn, and a relative brought me a cross that had belonged to Father Baker."

Fishing through her purse outside her son's eighth-floor hospital room, she pulled out an ornate cross and explained that she has carried it since the incident.

She and her family members also wear holy medals honoring Father Baker.

There is no disputing that Sengbusch's continuing recovery is amazing.

"Gary is a phenom," said Dr. Mary Welch, his rehabilitation physician, who added that the support of his family and colleagues has also been crucial. "I didn't expect him to make the gains that he has made here. He's very strong."

But will Sengbusch, a decorated three-year police veteran of the Ferry-Fillmore District, return to police work?

"I think in some capacity, not what he was doing, but maybe at a desk," Welch said.

Sengbusch says he knows that he has a long recovery ahead but believes that one day he will again return to patrol.

"So chasing guys and hopping fences is out of the question for now," he said, but he is quick to add that police work is his passion -- arresting criminals and helping improve the Police Department's image.

Lt. Mark Michalek, his supervisor, and one of several people who visit Sengbusch on a regular basis, watched Monday as his officer took steps with the help of a cane and a

therapist.

"I'm ecstatic to see him making progress. There's no doubt in my mind he will return to police work," Michalek said.

Police Commissioner Daniel Derenda is also among those in Sengbusch's corner.

"I understand he is working very hard, and we hope and pray he'll be back on duty in the very near future," Derenda said, adding that it is horrible what happened to the young officer. "He was doing nothing wrong; then this."

Sengbusch says he has no recollection of the crash but remembers everything up to that point.

Working security at a Main Street nightspot, he recalls, he was told he could leave early because it was a slow night. He called his girlfriend, Julie A. Bradigan, and headed to the Elmwood Avenue bar where she works.

"I was going south on Main Street, and I normally make a right onto West Ferry Street, but decided to go to West Utica Street and make a right, so that I could turn onto Elmwood and pull up in front of where Julie works," Sengbusch says. "I never made it past Ferry."

Anthony Thompson, 22, of Buffalo, was driving his luxury sport utility vehicle east on West Ferry and did not stop for a red light at Main Street, police said. At 2:15 a.m. Feb. 25, Thompson's vehicle slammed into Sengbusch's 2010 Nissan Rogue.

Twenty-year-old Honey Ransom, one of Thompson's passengers, died, and three others were seriously injured. Thompson's blood-alcohol level was twice the state's legal limit, according to police.

Sengbusch said that he often thinks about the "what ifs" from that night.

"If I had stayed at work a minute longer or made a right-hand turn onto West Ferry. ... There are so many intangibles," he said. "You can drive yourself crazy."

To the firefighters who removed him from his crumpled vehicle so quickly, Sengbusch offered praise. And he says that knowing that a woman lost her life in the crash has provided him with perspective. "It makes you feel fortunate," he said, "just to wake up in a hospital."

Sengbusch said he would not pass judgment on Johnson.

"He's going to have his day in court. I'll let the justice system take its course," he said. "As a police officer, you have to believe in the justice system."

But to those who would drink and drive under the influence, he offers a perspective from both his hospital room and as an officer who has been to the scene of drunken-driving crashes.

"It only takes a few minutes and a few dollars to call a cab or call a friend or flag down a police officer," said Sengbusch, who more than once has given a drunk a ride home.

"The flip side is you hurt someone, put them in the hospital or maybe kill somebody and find yourself in jail."

The crash also had other consequences for Sengbusch.

With only three years on the police force, he used up his sick time in April and was without a paycheck until police union officials found an old insurance policy that the city still had in place, qualifying Sengbusch for a modest weekly check.

But he will need more financial assistance in the months of rehabilitation still facing him. To that end, a fundraiser is planned for June 30 at Coca-Cola Field.

The festivities start at 5 p.m. and continue to 7, just before a Buffalo Bisons baseball game begins. Sengbusch will receive proceeds from what's hoped to be the sale of about 12,000 tickets for \$10 apiece, a raffle and a 50-50 drawing. Information on the event and how to purchase tickets can be found online at [teamgary.org](http://teamgary.org).

Sengbusch says he plans to attend the event and toss out the ceremonial first ball.

But before he does that, he said, he will be expressing gratitude to everyone who has gone to bat for him. "There's a lot of thanks to offer," he said, "a lot of hands to shake and a lot of babies to kiss."

To his fellow police officers, he feels a special indebtedness:

"They make you feel like you're in the best fraternity in the world."

[lmichel@buffnews.com](mailto:lmichel@buffnews.com)

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## Comments

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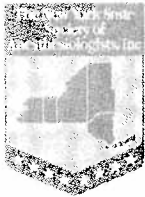
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# SPHERE

Quarterly Publication



NYSSA The New York State Society of Anesthesiologists, Inc.



## Erie County Medical Center, UB, and the Departments of Anesthesiology

SCOTT N. PLOTKIN, M.D., AND PHILIP NYHUIS

In the first decade of the 20th century, the citizens of Buffalo suffered devastating epidemics of scarlet fever, smallpox, and tuberculosis. Some 3,000 cases of scarlet fever were reported in 1909 and in the following year 561 lives were claimed by tuberculosis. The origins of the Erie County Medical Center (ECMC) began during this period, when Buffalo's Municipal Hospital was founded on East Ferry Street to provide medical treatment to the city's smallpox patients. During the following decade, the continuing spread of these infectious diseases, particularly the growing surge of tuberculosis, created overcrowded wards and prompted the city to build a new medical facility, the Buffalo City Hospital, on Grider Street, the current location of ECMC.

By 1918, the City Hospital had become one of the few institutions in the world treating virtually every known type of medical problem and had joined the foremost teaching facilities in the country, providing training for physicians, dentists, nurses, and dietitians. Five years later, the hospital opened a building devoted to treating communicable diseases and named it for Dr. Ernest Wende, the health commissioner and professor of dermatology at the University of Buffalo. In 1939, the entire



Erie County Medical Center Corp.

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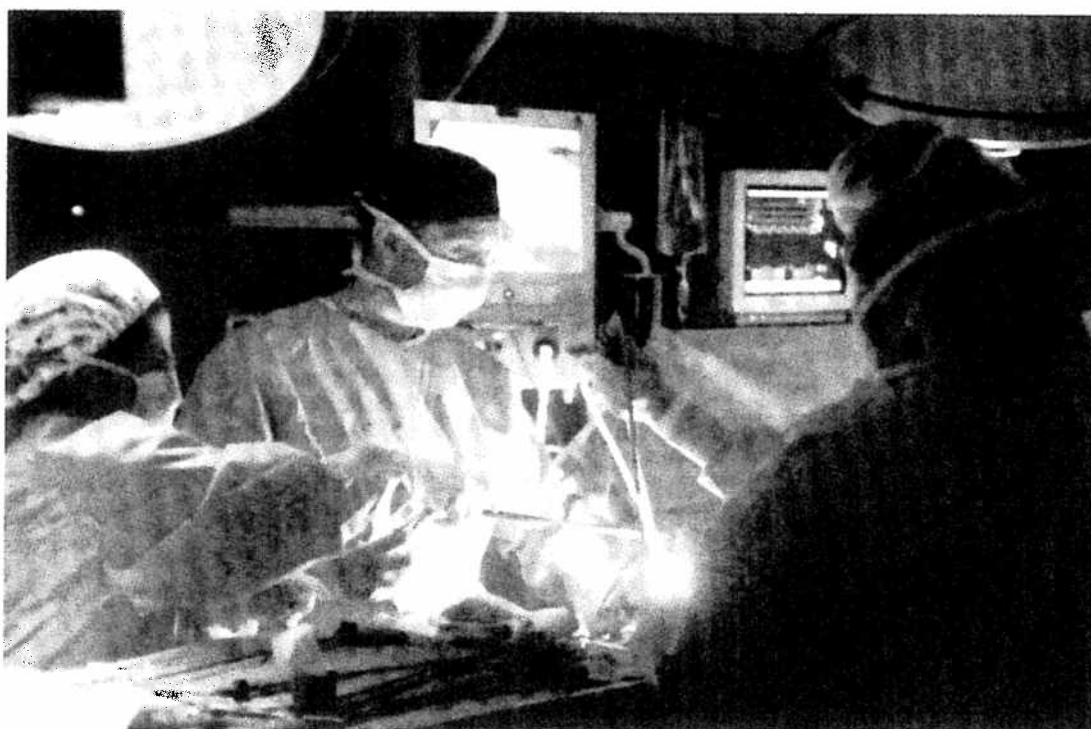
Dr. Nicole Gawron and Dr. David Shapiro with a patient



hospital was renamed to honor Dr. Edward J. Meyer, a co-founder of the hospital and member of its first board of managers.

The present hospital was built on the same site in 1978 and renamed the Erie County Medical Center to reflect its importance to the larger community and its growing national reputation as a center of clinical expertise and professional training. That same year, Dr. John Border founded the Trauma Center at ECMC, eventually working out of just one room with two trauma surgeons, Dr. Roger Seibel and Dr. John LaDuca. Dr. Border, who graduated from Harvard Medical School in 1956, introduced many innovative methods in trauma care, particularly in orthopaedic trauma, that later became accepted practices throughout the nation. While traveling in Europe, Dr. Border had observed the success of aggressive resuscitation and the immediate setting of fractures in trauma patients, methods of care that were then virtually unknown in the U.S. He also recognized the danger inherent in the physical stress suffered from severe multiple trauma and led a University at Buffalo research team that discovered the benefits of treating patients with a protein and glucose therapy. The treatment enabled injured bodies to repair damaged tissue and prevent post-traumatic shutdown of vital organs.

As the adult regional trauma center, ECMC cares for approximately 60,000 emergency patients each year and is also the designated emergency preparedness site for Erie County. The medical center is



**A laparoscopic kidney surgery performed in ECMC's Minimally Invasive Surgical Operating Suite.**

designed so that both the suite of Trauma Operating Rooms and the Trauma Intensive Care Unit (TICU) are just steps away from the Emergency Department. The TICU cares for patients during the most critical phase of their injury or illness. It is now officially known as the John R. Border, M.D., Trauma Intensive Care Unit. In 1989, the hospital was also designated a regional burn center where adult burn victims are treated by a specialized burn healthcare team. The burn team was originally established by the late Dr. Seibel, the medical center's former clinical chief of surgery and clinical director of trauma and burn services, who was also recognized by his national colleagues as a leader in trauma care and education. In 2008, ECMC dedicated its Burn Treatment Center to the memory of Dr. Seibel.

In 2006, ECMC ranked first among 50 New York trauma hospitals for trauma survival rates. The hospitals were evaluated and graded in a report released by the New York State Department of Health. Ongoing research in trauma and other clinical areas, in collaboration with the University at Buffalo, has brought national recognition to the medical center, which continues to expand its trauma, emergency, and surgical capabilities. A current \$150 million expansion program includes a transplant and kidney center of excellence; a new orthopaedic facility, including a women's bone health center; and a new skilled nursing facility. As a partner with the Kaleida Health System under the Great Lakes Health System of Western New York, ECMC comprises more than 40 specialty care services and clinical centers of excellence for surgery and emergency, renal, orthopaedic, and cardiac care. ECMC is an affiliate of the University at Buffalo School of Medicine and Biomedical Sciences and a major teaching facility for the university.

### **The University at Buffalo**

The University of Buffalo (UB) was founded as a private, nonsectarian institution in 1846 and the School of Medicine was established as its first division. The first course of medical lectures began in a leased Baptist church the following year; by 1849, the medical school occupied its own handsome new sandstone building on the corner of Main and Virginia streets. Over the last two decades of the 19th century, Dr. Roswell Park arrived from Chicago to become professor of surgery and the university expanded to include the schools of Pharmacy, Law, Dentistry, and Pedagogy.

The College of Arts and Sciences was established in 1915 and throughout the next decade the university began constructing a new campus at the northern edge of the Buffalo city limits at Main and Bailey streets. By the

mid-'20s, a School of Business Administration was established, university enrollment surpassed 3,500 students, and Robert Frost spent a brief period as poet-in-residence. In the 1930s and '40s, the schools of Education, Social Work, and Engineering (now Engineering and Applied Sciences) became part of the university and the School of Nursing left the School of Medicine to become a separate division. The university grew rapidly in the following decades and in the mid-'60s, with more than 10,000 students, it acquired land in the northern suburb of Amherst to build an additional campus.

Meanwhile, the university's status changed from private to public (and the preposition in its name changed from "of" to "at") when it merged with the State University of New York in 1962. The School of Information and Library Science (now Informatics) and the School of Architecture (now Architecture and Planning) were established in the 1960s and during the following decade classes were conducted for the first time on the university's new North Campus. Reflecting its growing international presence and diverse student body, in 1980 UB became the first American university to open a center in the People's Republic of China. In 2006, UB ranked 10th among all American universities in international enrollment.

Today, the university's official name is the State University of New York at Buffalo, more commonly the University at Buffalo or simply UB. As the State University's largest campus, it is often called the flagship of the system and is one of the nation's most distinguished research universities.



Dr. Robert Sands wheels a patient through the pre-operative unit into the OR.

With three campuses — North, South, and Downtown — UB comprises some 29,000 students and offers more than 340 degree programs. As the region's second largest employer, the university has an estimated \$1.5 billion impact on Western New York.

### **The Anesthesiology Departments at UB and ECMC**

Like the University at Buffalo School of Medicine and Biomedical Sciences, its constituent Department of Anesthesiology is one of the oldest in the nation. The origins of the department reach back to 1913 when Dr. John Evans was appointed an instructor in anesthetics. Dr. Evans later became chairman of the Department of Anesthesia and chairman of the board of directors of the International Anesthesia Research Society (IARS). In 1938, the university's anesthesia residency program began and the following year Dr. Paul W. Searles arrived from the Mayo Clinic to become the city's first residency trained anesthesiologist. Dr. Searles, who was appointed chairman of the department in 1941, was later elected the first president of the New York State Society of Anesthesiologists, Inc. (NYSSA). The present department chair is Dr. Mark J. Lema, formerly of Harvard Medical School and currently chair of anesthesiology at Roswell Park Cancer Institute. Dr. Lema has also served as president of the NYSSA and became president of the American Society of Anesthesiologists in 2008.

In 1982, the Erie County Medical Center, Buffalo General Hospital, and Women and Children's Hospital created a single UB residency training program. Today, in lieu of a single university hospital, there are seven separate training sites — including Roswell Park Cancer Institute, the VA Medical Center, Millard Fillmore Gates Circle Hospital, and Millard Fillmore Suburban Hospital, in addition to the above — where anesthesiology residents are exposed to a variety of different anesthetic techniques in the care of cancer, cardiac, trauma, obstetric, and pediatric patients. At ECMC, the present Anesthesia Department began in 2000 when Dr. Roger Kaiser was appointed clinical director and recruited a new cadre of anesthesiologists. When Dr. Kaiser became chief medical officer of ECMC in 2002, Dr. Wendy Kaiser became head of the department. The next director was Dr. Erik Jensen, who served until 2007 when Dr. Howard Davis was appointed as the present clinical chair.

The department currently includes 11 board-certified physicians and one board-eligible physician, 10 certified registered nurse anesthetists (CRNAs), and seven residents who deliver services to 12 operating rooms, one electroconvulsive therapy (ECT) suite, one electrophysiology lab, and one gastrointestinal (GI) lab. Because the medical center

provides care to many seriously ill, injured, and underserved patients in the community, residents work with staff on many complex medical cases, providing an excellent grounding in clinical anesthesiology. In addition to trauma and burn anesthesia, the department maintains a busy open-heart surgery and elective orthopaedics schedule on top of its work with all the other non-pediatric services represented at ECMC.

Of the Anesthesiology Department's 12 physicians, six are specialists in cardiac anesthesiology. These include Dr. Howard Davis, Dr. Charles Everett, Dr. Scott Plotkin, Dr. Masoor Syed, Dr. Andrew Sacks, and Dr. David Shapiro. Dr. Shapiro is also the author of "Anesthesia for the Trauma Patient," a chapter in the book *Decision Making in Anesthesiology* by Bready, Noorily, and Dillman. He is a member of the University at Buffalo Faculty Council and representative of the Anesthesiology Department. Dr. Robert Sands, another department physician, is the vice chair of education for the university's Department of Anesthesiology and a board examiner in anesthesiology. Dr. Elizabeth Mahoney is a Royal College of Physicians educator who trains medical students, residents, and student nurse anesthetists, and Dr. Erik Jensen is chair of the UB Resident Clinical Competency Committee. The other department physicians are Dr. Nicole Gawron, Dr. David Myers, and Dr. Gina Justis. All department physicians are clinical assistant professors or hold associate professorships in anesthesiology at the University at Buffalo.

Last year, 9,200 surgical procedures were performed at the medical center and the surgical patient ratio was 50/50 outpatient to inpatient.



Physicians and staff members confer in the administrative center of the newly renovated ECMC Trauma ICU.

Since ECMC is the adult regional trauma and burn center, the highly acute condition of its patients accounts for this uncommon patient surgical mix. The surgical patient population also includes patients referred from nearby Canada, especially those with head and neck injuries and other specialty trauma cases. With the creation of the new Center of Excellence for Kidney Care and Transplantation on the ECMC campus, all regional kidney transplants will be performed at the medical center as of July 2011. The Department of Anesthesiology is proud to play an important role in the continued expansion of the Erie County Medical Center as a vital, lifesaving resource in the Western New York region. ■

*Dr. Scott Plotkin is the education director for the anesthesiology residents at Erie County Medical Center. He is a delegate to the NYSSA and the ASA. He currently serves as vice chair of the NYSSA Government Liaison Committee.*

*Philip Nyhuis is the author of Niagara: Attracting the World and Buffalo: A Waterfront City Transformed.*

## PGA 64 CME Online

NYSSA members and PGA 64 professional registrants have the opportunity to earn up to 19 *AMA PRA Category 1 credits™* for select courses presented during the 64th PostGraduate Assembly in Anesthesiology.

These CME online credits are being offered at **no cost**.

To access the site, go to [www.nyssa-pga.org](http://www.nyssa-pga.org).

The link is located on the left sidebar.

After selecting a course or courses and adding them to your cart, you will be asked to register using your personal username and password.

If you do not have your username and password, please contact NYSSA headquarters at 212-867-7140 and staff will assist you

# Presentation



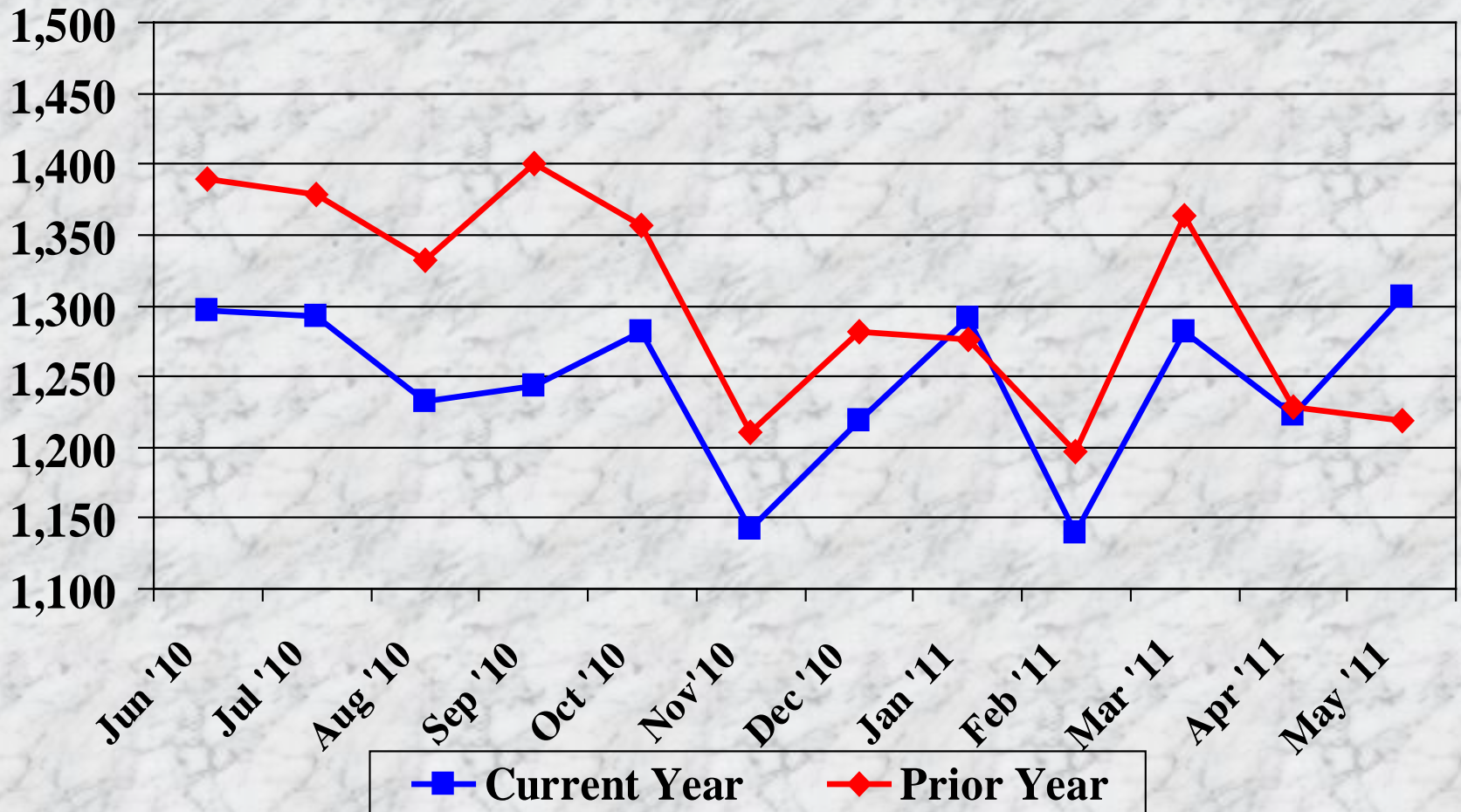
**From the  
Chief Financial Officer**

# **Erie County Medical Center Corporation**

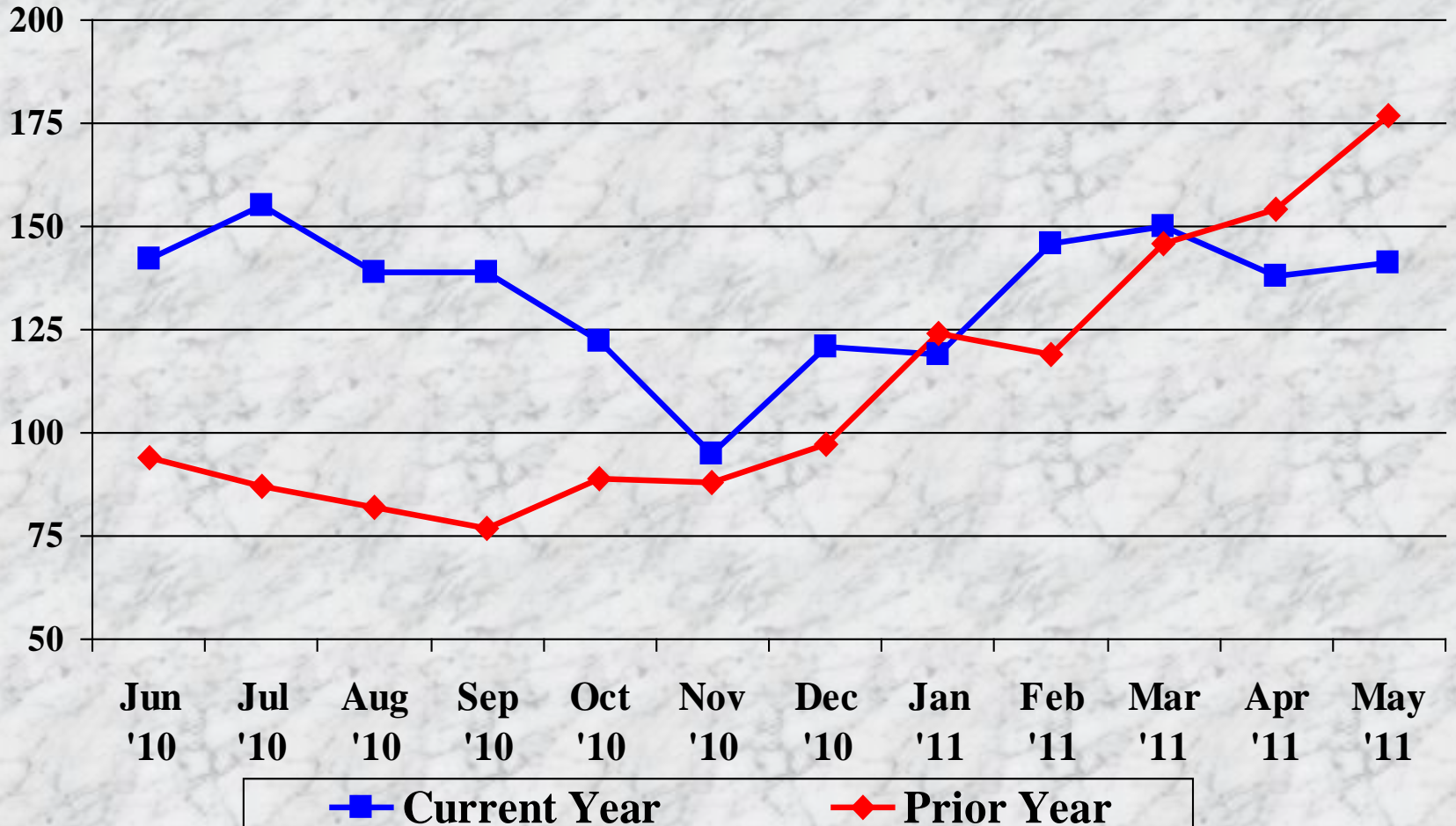
## **Financial Overview May 2011**



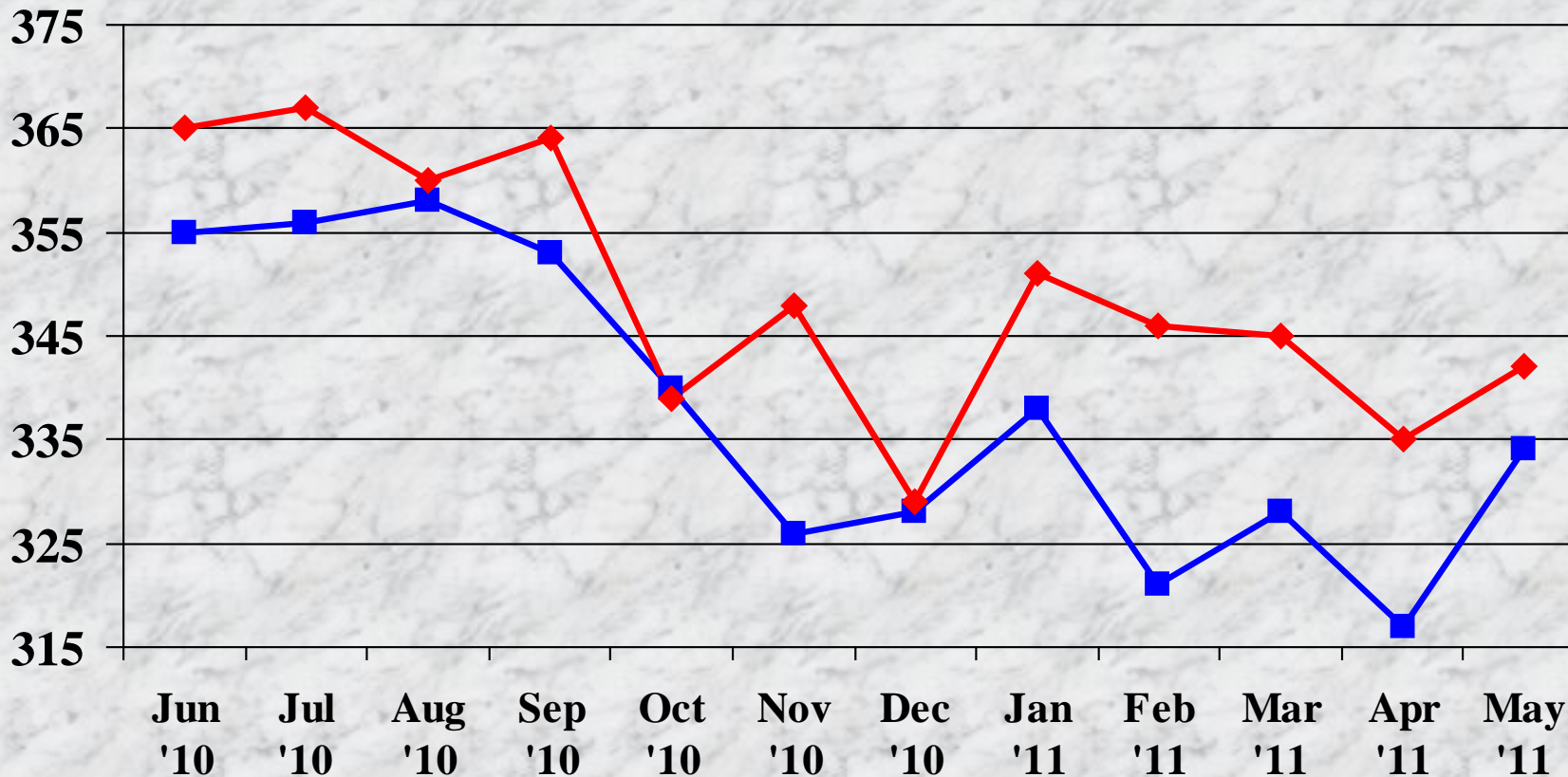
# Total Discharges (excludes SNF)



# Observation Cases

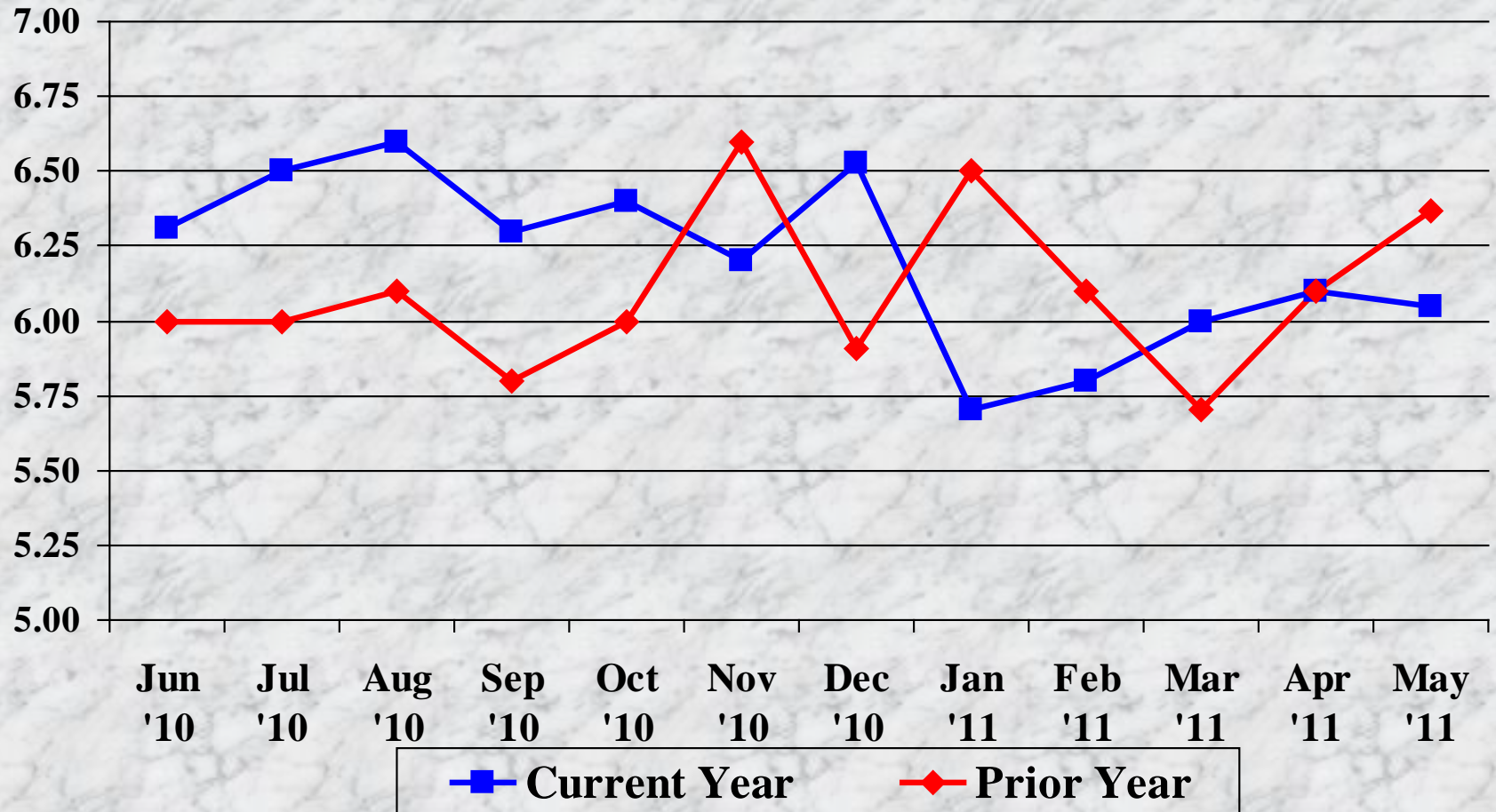


# Average Daily Census (excludes SNF)

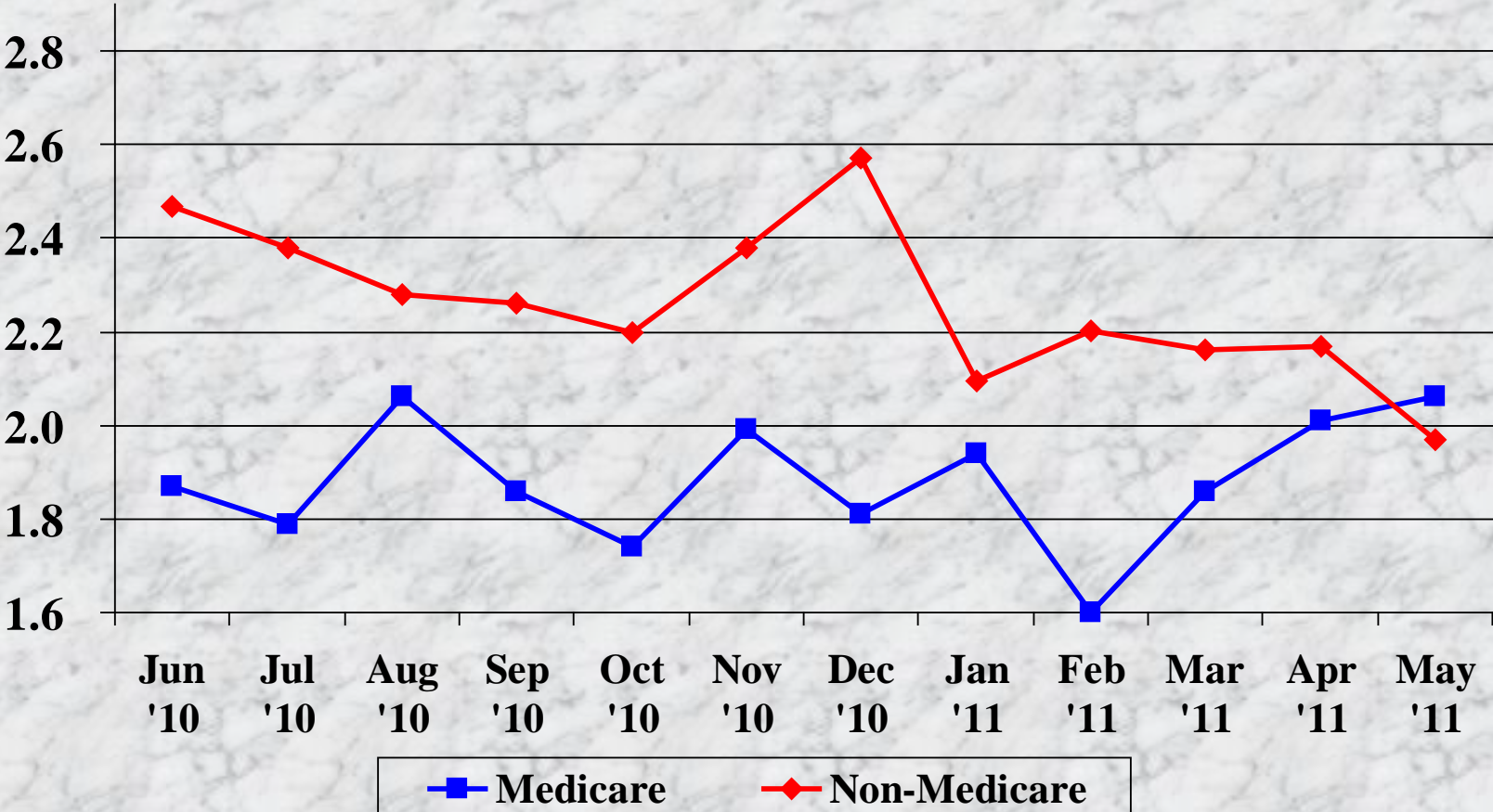


■ Current Year
 ◆ Prior Year

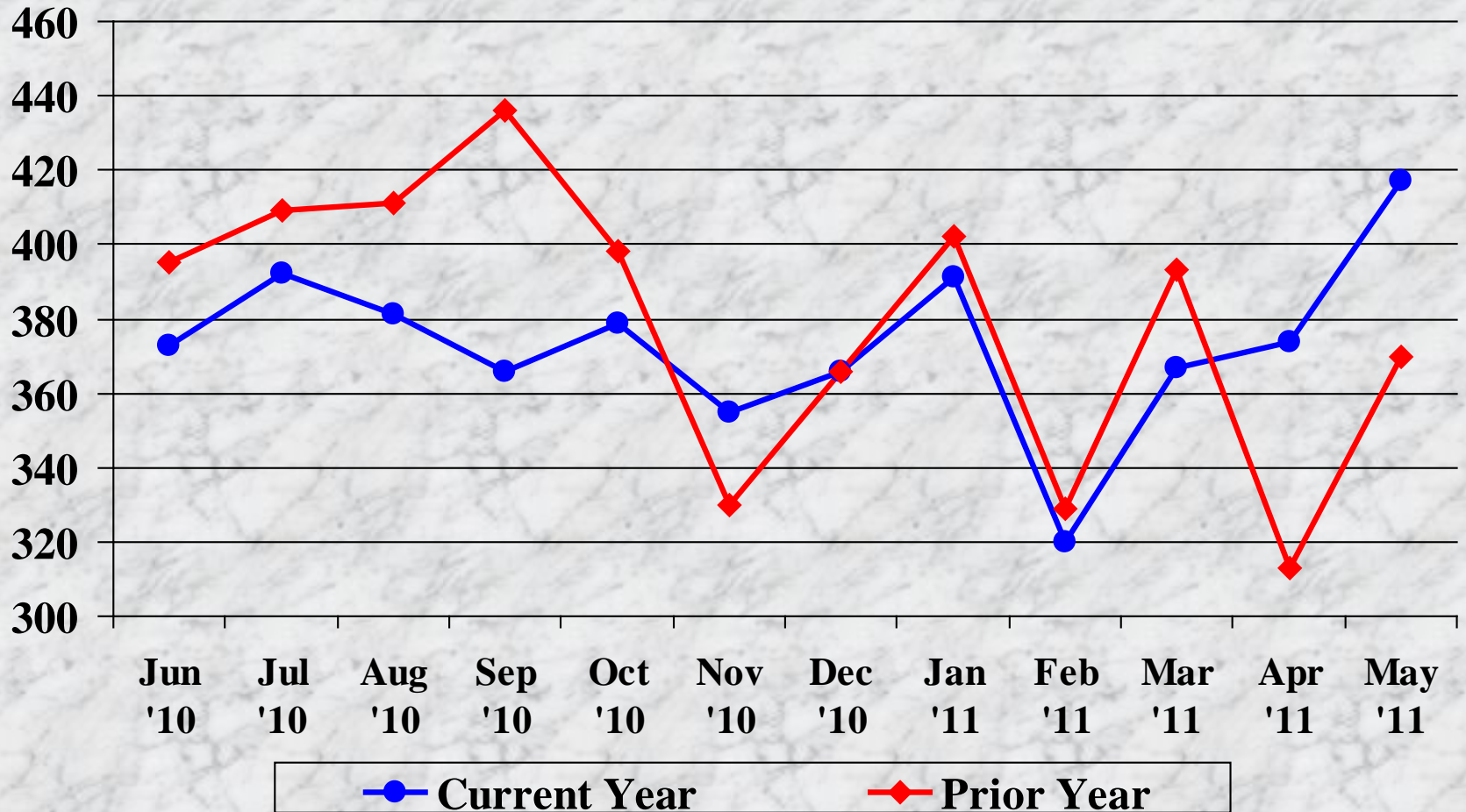
# Average Length of Stay (Acute Care)



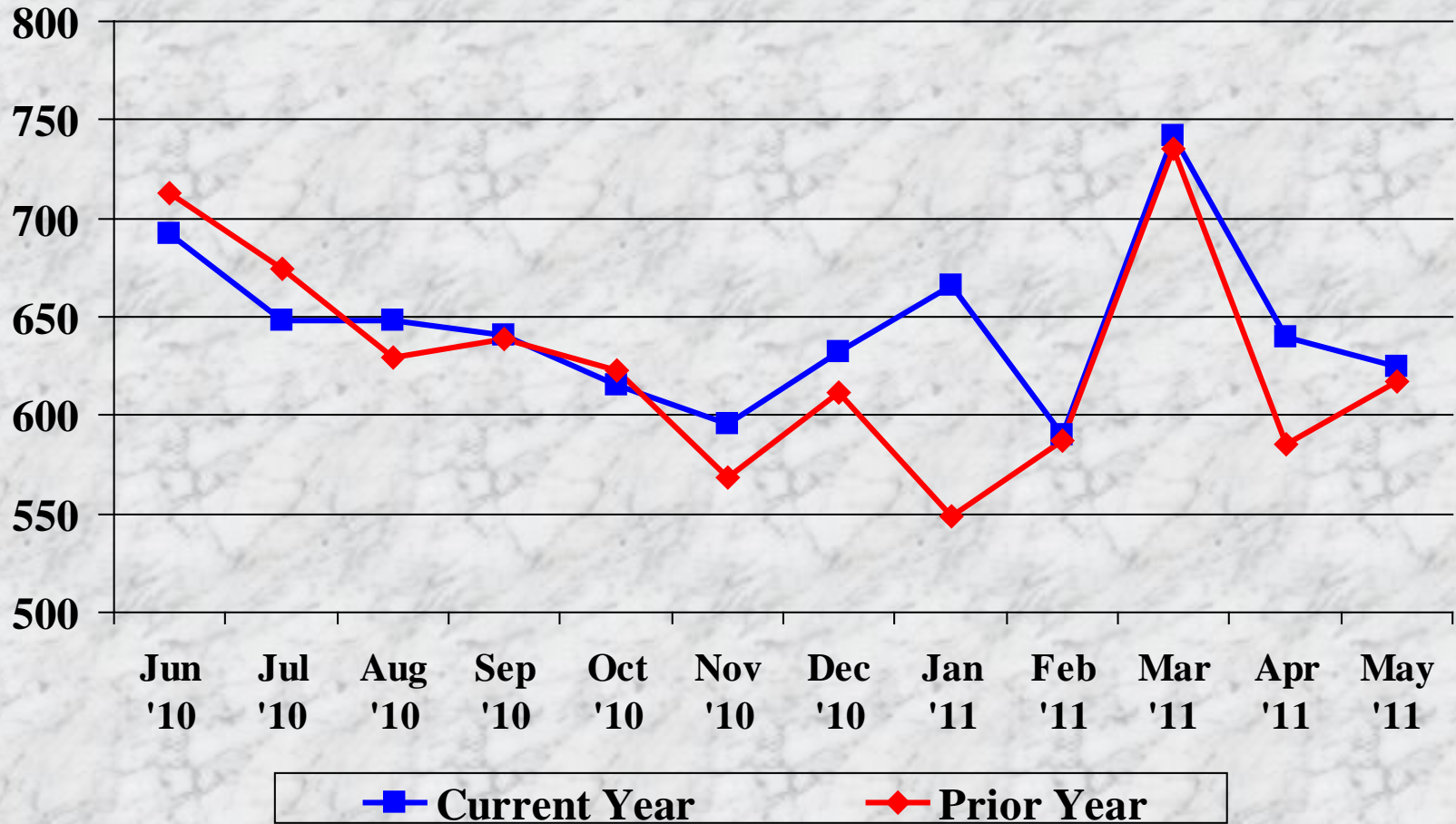
# Case Mix



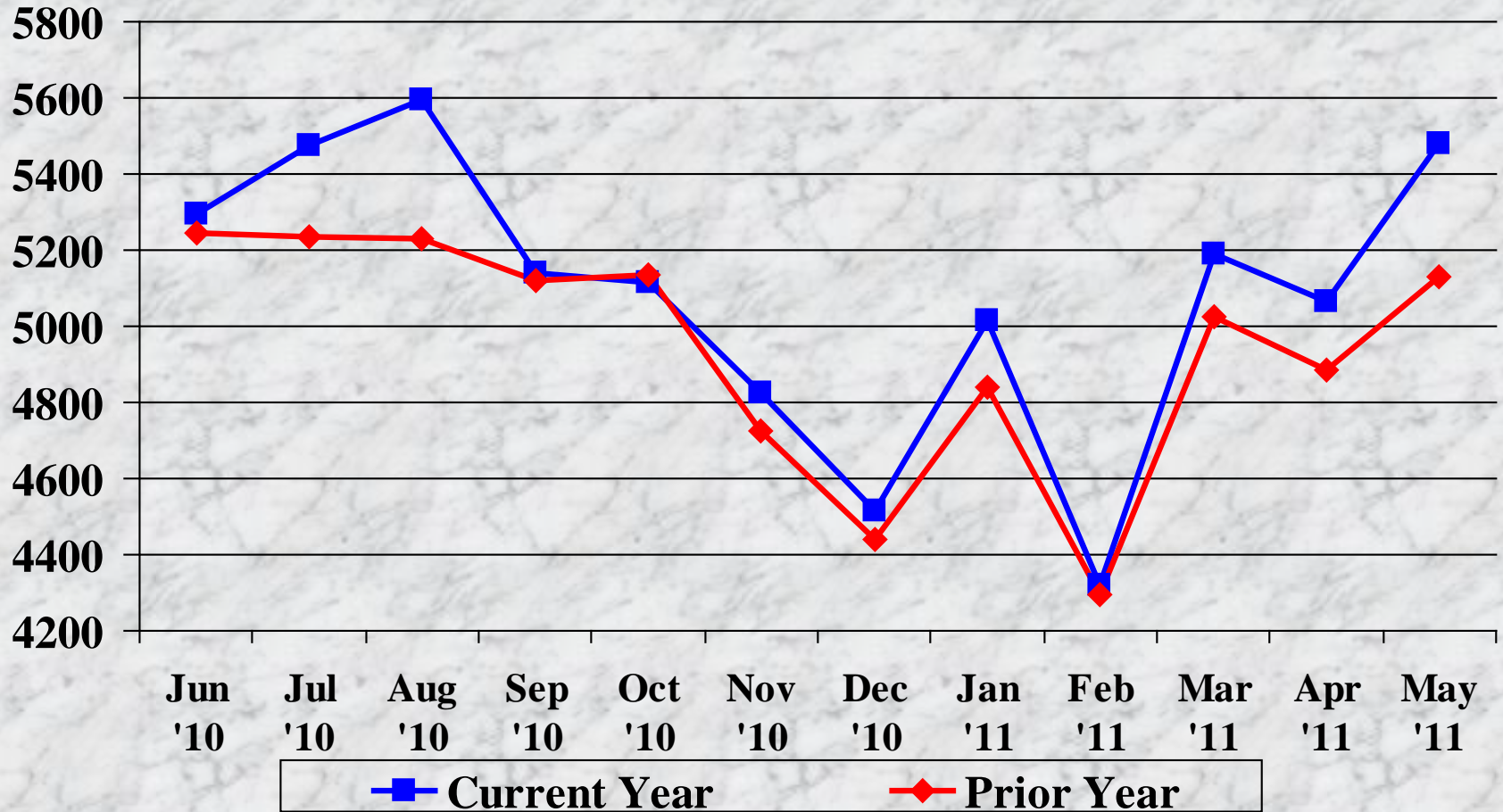
# Inpatient Surgical Cases



# Outpatient Surgical Cases

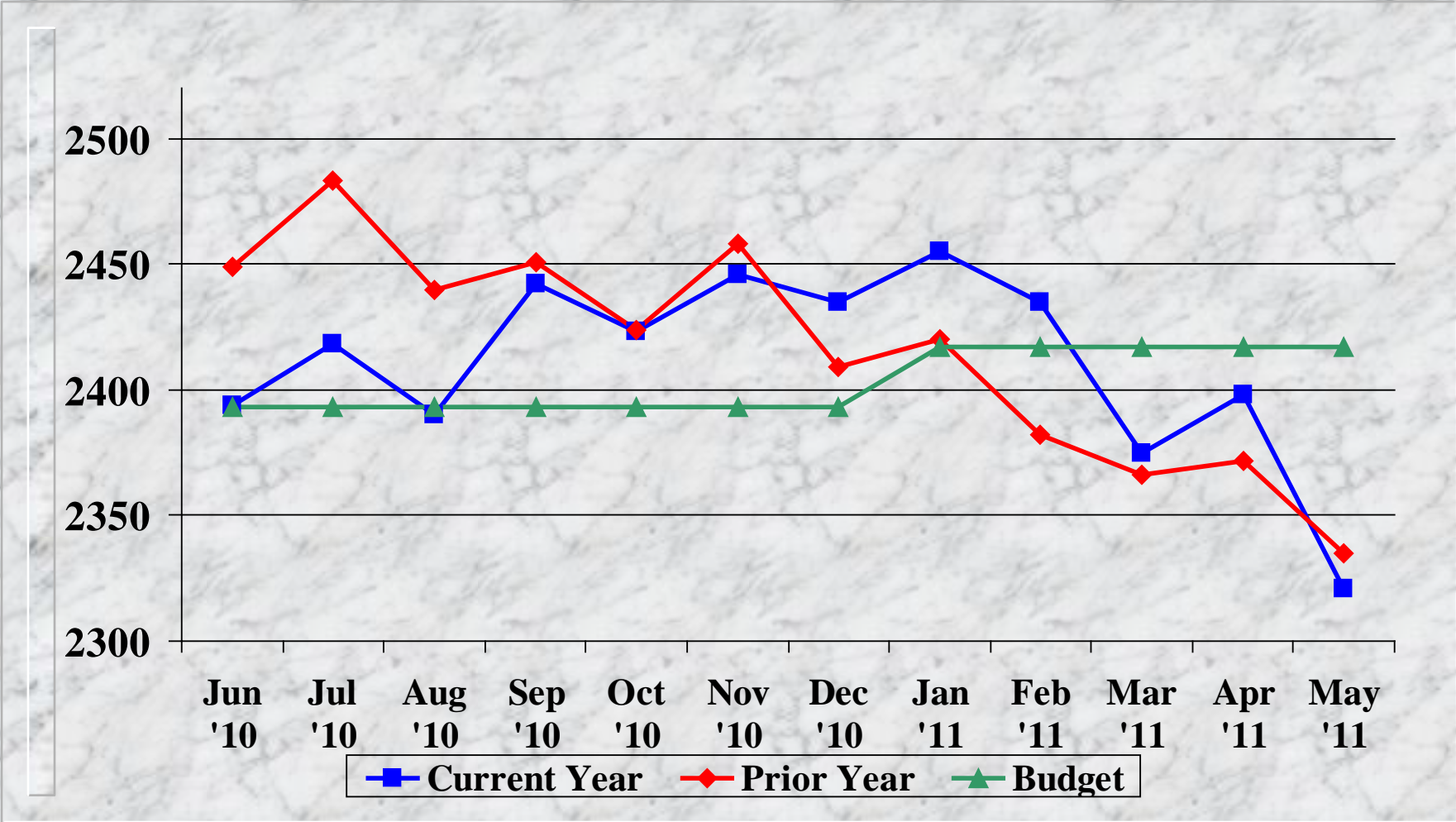


# ER Visits

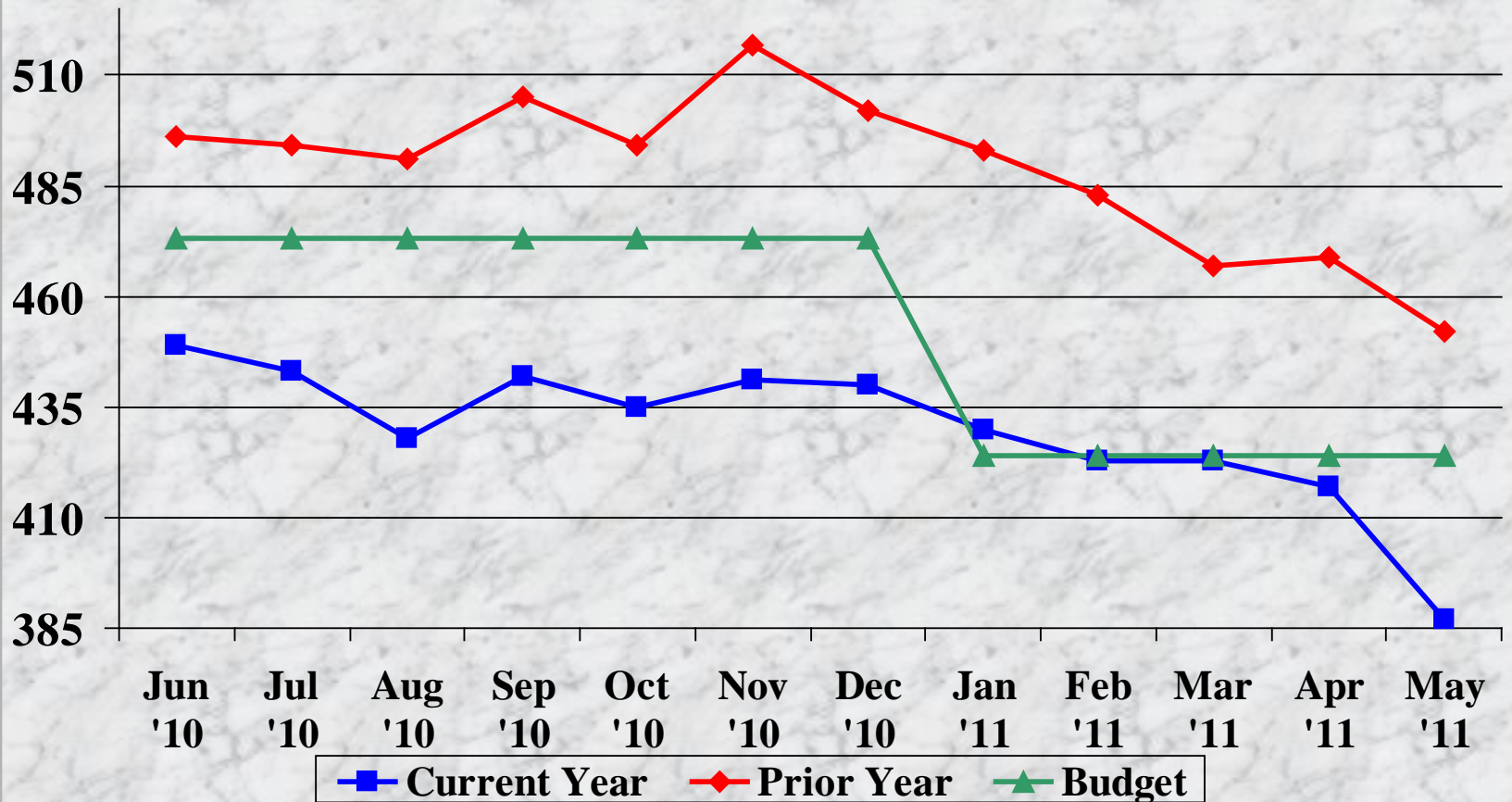




# Hospital FTEs



# Home FTEs



# Month Hospital

*(\$ in Thousands)*

	<u>Actual</u>	<u>Budget</u>	<u>Prior Yr</u>
<b>Net Patient Service Revenue</b>	<b>28,568</b>	<b>29,203</b>	<b>28,035</b>
<b>Other Operating Revenue</b>	<b>6,111</b>	<b>4,906</b>	<b>3,754</b>
<b>Operating Expense</b>	<b>33,858</b>	<b>34,245</b>	<b>31,654</b>
<b>Operating Income (Loss)</b>	<b>821</b>	<b>(136)</b>	<b>135</b>

# Month Home

*(\$ in Thousands)*

	<u>Actual</u>	<u>Budget</u>	<u>Prior Yr</u>
<b>Net Patient Service Revenue</b>	<b>2,545</b>	<b>2,893</b>	<b>3,037</b>
<b>Other Operating Revenue</b>	<b>975</b>	<b>975</b>	<b>990</b>
<b>Operating Expense</b>	<b>3,875</b>	<b>3,901</b>	<b>3,859</b>
<b>Operating Income (Loss)</b>	<b>(355)</b>	<b>(33)</b>	<b>168</b>

# Month Consolidated

*(\$ in Thousands)*

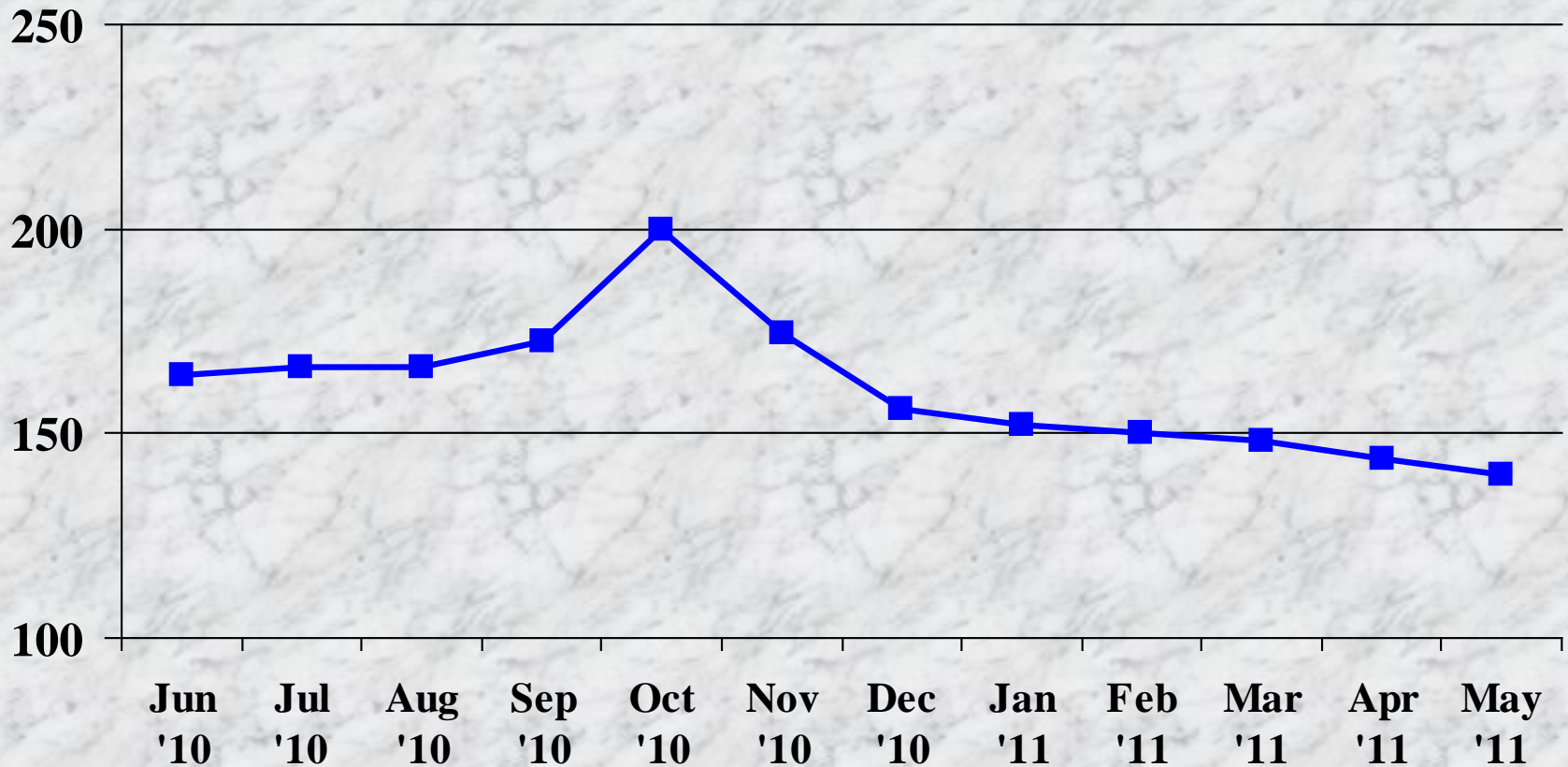
	<u>Actual</u>	<u>Budget</u>	<u>Prior Yr</u>
<b>Net Patient Service Revenue</b>	<b>31,113</b>	<b>32,097</b>	<b>31,073</b>
<b>Other Operating Revenue</b>	<b>7,086</b>	<b>5,881</b>	<b>4,744</b>
<b>Operating Expense</b>	<b>37,733</b>	<b>38,146</b>	<b>35,512</b>
<b>Operating Income (Loss)</b>	<b>466</b>	<b>(168)</b>	<b>305</b>
<b>Non-Operating Revenue</b>	<b>84</b>	<b>234</b>	<b>(1,773)</b>
<b>Excess Revenue Over Expense</b>	<b>550</b>	<b>66</b>	<b>(1,468)</b>

# Year to Date Consolidated

*(\$ in Thousands)*

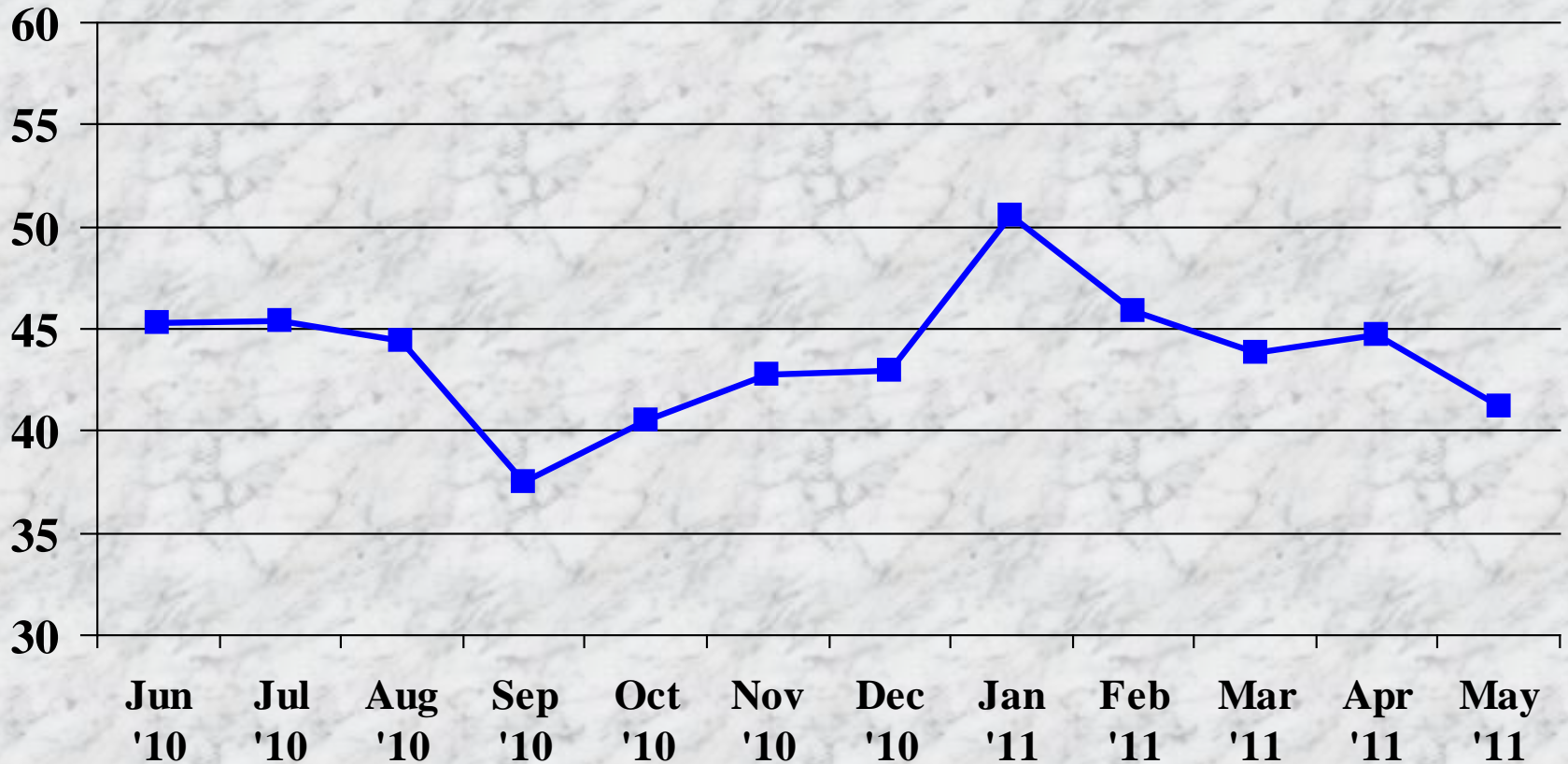
	<u>Actual</u>	<u>Budget</u>	<u>Prior Yr</u>
<b>Net Patient Service Revenue</b>	<b>146,784</b>	<b>160,178</b>	<b>150,403</b>
<b>Other Operating Revenue</b>	<b>32,769</b>	<b>29,404</b>	<b>23,194</b>
<b>Operating Expense</b>	<b>188,653</b>	<b>186,556</b>	<b>179,315</b>
<b>Operating Income (Loss)</b>	<b>(9,100)</b>	<b>3,026</b>	<b>(5,718)</b>
<b>Non-Operating Revenue</b>	<b>3,490</b>	<b>1,168</b>	<b>1,799</b>
<b>Excess Revenue Over Expense</b>	<b>(5,610)</b>	<b>4,194</b>	<b>(3,919)</b>

# Days Operating Cash on Hand



—■— Current Year

# Days in AR (Net)



—■ Last 12 Months