

BOARD OF DIRECTORS

Kevin M. Hogan, Esq.
Chairperson

Sharon L. Hanson
Vice Chair

Bishop Michael A. Badger
Secretary

Richard F. Brox
Vice Chair

Michael A. Seaman
Vice Chair

Kevin E. Cichocki, D.C.
Treasurer

Douglas H. Baker
Ronald P. Bennett, Esq.
Ronald A. Chapin
K. Kent Chevli, M.D.

Michael H. Hoffert
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 31, 2012

4:00 P.M.
Staff Dining Room, 2nd Floor - ECMCC

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



Mission

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

Vision

ECMC WILL BE A LEADER IN AND RECOGNIZED FOR:

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

The difference between
healthcare and true care™





Core Values

ACCESS

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

EXCELLENCE

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

DIVERSITY

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

FULFILLING POTENTIAL

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

DIGNITY

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

PRIVACY

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

FAIRNESS and INTEGRITY

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

COMMUNITY

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

COLLABORATION

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

COMPASSION

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

STEWARDSHIP

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

The difference between
healthcare and true care™



AGENDA FOR THE
REGULAR MEETING OF THE BOARD OF DIRECTORS
ERIE COUNTY MEDICAL CENTER CORPORATION

TUESDAY, JULY 31, 2012

		<u>PAGES</u>
I.	CALL TO ORDER: KEVIN M. HOGAN, ESQ., CHAIR	
II.	APPROVAL OF MINUTES OF JUNE 26, 2012 REGULAR MEETING OF THE BOARD OF DIRECTORS	5-19
III.	RESOLUTIONS MAY BE DISTRIBUTED TO THE BOARD OF DIRECTORS DURING THE MEETING ON JULY 31, 2012.	
IV.	REPORTS FROM STANDING COMMITTEES OF THE BOARD:	
	EXECUTIVE COMMITTEE: KEVIN M. HOGAN, ESQ. CHAIR	----
	FINANCE COMMITTEE: MICHAEL A. SEAMAN	21-23
	HUMAN RESOURCES COMMITTEE: BISHOP MICHAEL BADGER	24-27
	MWBE/MBE SUBCOMMITTEE: SHARON L. HANSON	28-42
	QI PATIENT SAFETY COMMITTEE: MICHAEL A. SEAMAN	----
V.	REPORTS FROM SENIOR MANAGERS OF THE CORPORATION:	
	A. CHIEF EXECUTIVE OFFICER	44-48
	B. PRESIDENT & CHIEF OPERATING OFFICER	49-63
	C. CHIEF FINANCIAL OFFICER	64-71
	D. SR. VICE PRESIDENT OF OPERATIONS- RICHARD CLELAND	72-75
	E. SR. VICE PRESIDENT OF OPERATIONS – RONALD KRAWIEC	76-79
	F. CHIEF MEDICAL OFFICER	80-89
	G. ASSOCIATE MEDICAL DIRECTOR	----
	H. SENIOR VICE PRESIDENT OF NURSING	90-93
	I. VICE PRESIDENT OF HUMAN RESOURCES	94-97
	J. CHIEF INFORMATION OFFICER	98-104
	K. SR. VICE PRESIDENT OF MARKETING & PLANNING	105-107
	L. EXECUTIVE DIRECTOR, ECMCC LIFELINE FOUNDATION	108-109
VI.	REPORT OF THE MEDICAL/DENTAL STAFF JUNE 25, 2012	112-119
VII.	OLD BUSINESS	
VIII.	NEW BUSINESS	
IX.	INFORMATIONAL ITEMS	120-131
X.	PRESENTATIONS	
XI.	EXECUTIVE SESSION	
XII.	ADJOURN	

Minutes from the



Previous Meeting

ERIE COUNTY MEDICAL CENTER CORPORATION

MINUTES OF THE REGULAR MEETING
OF THE BOARD OF DIRECTORS

TUESDAY, JUNE 26, 2012

ECMCC STAFF DINING ROOM

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

I. CALL TO ORDER

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

Mr. Hogan reflected on the tragedy that took place at ECMC on June 13, 2012. He is grateful to the management team and the many employees who pulled together in a professional and compassionate manner during such a difficult time for the ECMC family.

II. APPROVAL OF MINUTES OF THE MAY 29, 2012 REGULAR MEETING OF THE BOARD OF DIRECTORS.

Moved by Douglas H. Baker and seconded Anthony Iacono to approve the minutes of the May 29, 2012 regular meeting of the Board of Directors as presented.

Motion approved unanimously.

III. ACTION ITEMS

A. Approval of Medical/Dental Staff Credentials, Resignations, Appointments and Re-appointments of June 5, 2012

Moved by Sharon L. Hanson, and seconded by Anthony Iacono.

Motion approved unanimously. Copy of resolution is attached

IV. BOARD COMMITTEE REPORTS

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

Motion approved unanimously.

V. QI/PATIENT SAFETY COMMITTEE SUMMARY

Dr. Brian Murray provided a summary of the June 12, 2012 Board Quality Improvement Patient Safety Committee meeting by highlighting three of the presentations.

1. **Transplantation and Kidney Care Center of Excellence** – Data regarding the renal, inpatient and outpatient dialysis and the vascular access center was presented. Data shows a significant increase in dialysis treatments nearly doubling from 2010 to the current month showing an excellent level of use for the new center. All former Kaleida patients desiring transfer to the new center have been accommodated and many new community patients have enrolled indicating a strong community reputation with an excellent level of patient and physician satisfaction. Safety data regarding hemodialysis adequacy and anemia management shows excellent improvement. Of note, average dialysis drug costs per treatment have been significantly reduced by nearly \$45.00 per treatment totaling an annualized savings in 2012 of \$395,000.

2. **Case Management and Readmissions Team** – An update on these crucial programs at ECMC indicates that efficiencies in throughput, particularly for ALC patients, have been realized by establishing partnerships with Independent Health and HealthNow, as well as others, to improve patient flow. A “transition liaison” has been established to arrange for referrals, pre-approval for MRI/CT and guide selecting/changing primary medical doctor. Particularly impressive is ECMC's 30-day readmission rate showing ECMC well below the national and local average, particularly with Congestive Heart Failure patients.

3. **Exigence Hospitalist Service** – Exigence currently provides services as the inpatient hospitalist service in the MICU and internal medicine, the Skilled Nursing Facility, support to cardiology, stroke, neurosurgery and ENT and acute geriatrics as well as rehabilitation medicine. Exigence is directly involved with quality programs including reduced readmissions, improved throughput, appropriate LOS and continuity of care. The staff is trained in effective patient communication using the “AIDET” communication tool and focus on personalized, family-centered care.

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**

- A Strategic Retreat will be scheduled in the next 3 or 4 months to look to further collaborations to reduce cost and grow revenue.
- A HEAL grant was awarded for the Behavioral Health consolidation between ECMC and Kaleida. Groundbreaking is scheduled to begin Fall 2012 and construction is scheduled for completion by March 2012.

Mr. Brox noted that that a deal was negotiated with the DOT to replace the water lines with the bridge reconstruction which will ultimately save ECMC approximately \$300,000 by coordinating with the DOT.

2) Chief Financial Officer: Michael Sammarco

A summary given by Jody Lomeo of the financial results through May 31, 2012 and a Quarterly Financial Statement and projected statement of Yearly Cash Flows are attached in the Board Book for review.

Moved by Michael A. Seaman and seconded by Douglas H. Baker to receive and file the May 31, 2012 reports as presented by the Corporation's Management.

The motion was approved unanimously.

VII. RECESS TO EXECUTIVE SESSION – MATTERS MADE CONFIDENTIAL BY LAW

Moved by Bishop Michael A. Badger and seconded by Richard F. 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.

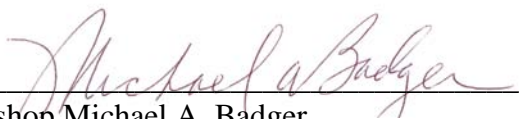
VIII. RECONVENE IN OPEN SESSION

Moved Ronald Chapin and seconded by Douglas H. Baker to reconvene in Open Session 6:10 P.M.

Motion approved unanimously.

IX. ADJOURNMENT

Moved by Frank Mesiah and seconded by Richard F. Brox to adjourn the Board of Directors meeting at 6:10 P.M.



Bishop Michael A. Badger
Corporation Secretary

CREDENTIALS COMMITTEE MEETING
June 5, 2012

Committee Members Present:

Robert J. Schuder, MD, Chairman	Yogesh D. Bakhai, MD (ex officio)
Timothy G. DeZastro, MD	David G. Ellis, MD (ex officio)
Gregg I. Feld, MD	Brian M. Murray, MD (ex officio)
Richard E. Hall, DDS PhD MD FA	Philip D. Williams, DDS
Andrew J. Stansberry, RPA-C	

Medical-Dental Staff Office and Administrative Members Present:

Jeanne Downey, Appointment Specialist Specialist	Emilie Kreppel, Practice Evaluation Specialist
Susan Ksiazek, R.Ph., Director of Medical Staff Specialist	Elizabeth O'Connor, Reappointment Specialist
Quality and Education	

Members Not Present (Excused *):

Dietrich V. Jehle, MD (ex officio) *	Joseph M. Kowalski, MD (ex officio) *
--------------------------------------	---------------------------------------

Guests: William J. Flynn, Jr., MD (conference call)

CALL TO ORDER

The meeting was called to order at 3 PM by Dr. Robert J. Schuder. The proceedings from the previous meeting of May 1, 2012 were reviewed and accepted.

RESIGNATIONS

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

- A. Deceased – John P. Naughton, MD
- B. Applications Withdrawn – None
- C. Resignations:

Randall J. Loftus, MD	Radiology	as of May 23, 2012
Frank L. Mascaro, MD	Radiology	as of May 23, 2012
Robert E. Lutnick, MD	Radiology	as of May 23, 2012
Aurea DeSouza, MD	Radiology	as of May 23, 2012
Shahir Aiad, MD	Radiology	as of May 23, 2012

CHANGE IN STAFF CATEGORY

Neurology	
Nicholas J. Silvestri, MD	Active Staff to Courtesy Staff, <i>Refer and Follow</i>

DEPARTMENT AND PRIVILEGE ADDITION

Oral and Maxillofacial Surgery

Basel Sharaf, MD

Active Staff

- Additional Dual Department membership in **Plastic & Reconstructive Surgery** with additional Breast Plastic & Reconstructive privileges

PRIVILEGE ADDITION/REVISION

Anesthesiology

Nicole M. Gawron, DO

- Cardiac Surgery
- Transtracheal Jet Ventilation
- Hypothermia Anesthesia
- TransEsophageal Echocardiography

Internal Medicine

Sergio J. Anillo, MD *Waive FPPE; privilege is an extension of existing privileges*

- Monitor Cranial Pressure

Daniel S. Brockman, DO *Waive FPPE; privilege is an extension of existing privileges and current training*

- Calibration and Interpretation Hemodynamic Monitoring Systems

Ravi K. Desai, MD *Waive FPPE; privilege is an extension of existing privileges*

- Consultation – Sleep Medicine

DeMaris A. Wilson, ANP

Collaborating MD: Dr. Yahya Hashmi

- Moderate Sedation

FPPE met with completion of training course and signed attestation

Orthopaedic Surgery

Sridhar R. Rachala, MD *Discuss with COS: if documented ECMC residency skills, waive FPPE*

- Spinal fusion cervical region, thoracic, lumbosacral
- Spinal fusion with removal of intervertebral disc
- Spinal fusion for scoliosis, Harrington Rod technique, Halo technique
- Scapulopexy
- Turnbuckle jacket for scoliosis
- “Halo” type fixation and cast
- Nerve Blocks:
 - Lumbar
 - Sacral
 - Coccygeal
 - Cervical
 - Sciatic

Psychiatry

Belito J. Arana, MD

FPPE waived; DEA registration designation

- Suboxone Treatment

Surgery

Michael S. Chopko, MD *Discuss with COS: if documented ECMC residency skills, waive FPPE*

- Colorectal Surgery
- Setup and Management of Rapid Infusion Pump
- Setup and Management Cell Save System
- Hand Surgery – Major-major reconstructive, tendon, nerves, grafts, bone grafts, island pedicle flap, etc.
- P&R Surgery – Pedicle flaps
- P&R Surgery – Contiguous flaps
- Ambulatory Surgery Units – Colorectal Surgery

APPOINTMENTS AND REAPPOINTMENTS

- A. Initial Appointment Review (8)
- B. Reappointment Review (39)

Eight initial appointment 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

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

Anesthesiology

Anna Kwaizer, CRNA Allied Health Professional, Nurse Anesthetist

Family Medicine

Jennifer L. Boyce, FNP Allied Health Professional, Nurse Practitioner

Collaborating MD: Dr. Richard Blondell

Calogero Ippolito, MD Active Staff

Isla S. Marrero, WNP Allied Health Professional, Nurse Practitioner

Collaborating MD: Dr. Richard Blondell

Kara A. Woods, RPA-C Allied Health Professional, Physician Assistant

Supervising MD: Dr. Stephen Evans

Internal Medicine

Nauman Tahir, MD Active Staff

Radiology

Charles S. Tirone, MD Active Staff

Urology

John M. Rutkowski, MD Associate Staff

**FOR OVERALL
ACTION**

REAPPOINTMENT APPLICATIONS, RECOMMENDED

B. **Reappointment Review (39)**

Anesthesiology

Charles W. Everett, MD Active Staff

Nicole M. Gawron, DO Active Staff

David P. Myers, MD Active Staff

Scott D. Klenk, CRNA Allied Health Professional, Nurse Anesthetist

Richard L. Skomra, CRNA Allied Health Professional, Nurse Anesthetist

Dentistry

Philip D. Williams, DDS Active Staff

Family Medicine

Antonia J. Redhead, MD Active Staff

Nancy C. Prospero, FNP Allied Health Professional, Nurse Practitioner

Collaborating MD: Dr. Antonia Redhead

Internal Medicine

Sergio J. Anillo, MD Active Staff

Daniel S. Brockman, DO Active Staff

Ravi K. Desai, MD Active Staff

James K. Farry, MD Active Staff

Subrato Ghosh, MD Associate Staff

Justine A. Krawczyk, MD Active Staff

Michael R. Kuettel, MD Associate Staff

Nelda S. Lawler, MD Active Staff

Timothy McDaniel, MD Active Staff

Prashant Pendyala, MD Active Staff

ERIE COUNTY MEDICAL CENTER CORPORATION

Jenia Sherif, MD	Active Staff
Tracy L. Lis, ANP	Allied Health Professional, Nurse Practitioner
Collaborating MD: Dr. Daniel Brockman	
Neurology	
Refat Assad, DO	Active Staff
Obstetrics & Gynecology	
Lata Santhakumar, MD	Active Staff
Ophthalmology	
Sandra M. Sieminski, MD	Active Staff
Orthopaedic Surgery	
Sridhar R. Rachala, MBBS	Active Staff
Psychiatry	
Belito J. Arana, MD	Active Staff
Michael R. Cummings, MD	Active Staff
Michael J. Lynch, MD	Courtesy Staff, <i>Refer and Follow</i>
Cynthia A. Pristach, MD	Active Staff
Hong Yu, MD	Active Staff
Radiology - Teleradiology	
Rachel H. Braunstein, MD	Active Staff
Jeffrey A. Jednacz, MD	Active Staff
Liat J. Kaplan, MD	Active Staff
Guy W. Ross, MD	Active Staff
Kan Ying, MD	Active Staff
Rehabilitation Medicine – Chiropractic	
Lisa A. DeMarco, DC	Allied Health Professional, Chiropractor
Kenneth F. Munroe, DC	Allied Health Professional. Chiropractor
Surgery	
Michael S. Chopko, MD	Active Staff
Don W.D. Collure, MD	Courtesy Staff, <i>Refer and Follow</i>
Urology	
Valerie L. Burkhard, MD	Active Staff

FOR OVERALL ACTION

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 2011 period are presented for movement to the Permanent Staff in 2012 on the date indicated. Notification is sent to the Chief of Service at least 60 days prior to expiration of the provisional period.

June 2012 Provisional to Permanent Staff Expires

Provisional Period

Family Medicine

ERIE COUNTY MEDICAL CENTER CORPORATION		
Moscicki, Henry, E., FNP	Allied Health Professional	06/06/2012

Collaborating MD: Dr. David R. Eubanks

Internal Medicine

Madhusudanan, Mohan, MD	Active Staff	06/06/2012
Thomas, Todd, A., RPA-C	Allied Health Professional	06/06/2012

Supervising MD: Dr. Nimit Kothari

FOR OVERALL ACTION

AUTOMATIC MEMBERSHIP CONCLUSION, RECOMMENDED

Expiring September 2012	Last Board Approval
Date	

Ophthalmology

Montesanti, David, P., MD	Associate Staff	09/01/2010
---------------------------	-----------------	------------

Reappointment Expiration Date:

September 1, 2012

Planned Credentials Committee

Meeting: June 5, 2012

Planned MEC Action date:

June 25, 2012

Planned Board confirmation by:

June 26,, 2012

Last possible Board confirmation by:

August 28, 2012

FOR OVERALL ACTION

FUTURE MEMBERSHIP CONCLUSION, UNDER CONSIDERATION

Expiring in October 2012	For information Only	Last Board Approval Date
---------------------------------	-----------------------------	---------------------------------

Dentistry

Capuana, Joseph, A., DDS	Courtesy Staff R&F	10/01/2010
Miller, Raymond, G., DDS	Active Staff	10/01/2010

Family Medicine

Galbo, Sharon, M., FNP	Allied Health Professional	10/01/2010
------------------------	----------------------------	------------

Collaborating Physician: Dr. Antonia Redhead

Nowak, Julianne, NP	Allied Health Professional	10/01/2010
---------------------	----------------------------	------------

Collaborating Physician: Dr. David R. Eubanks

Internal Medicine

Makdissi, Regina, MD	Active Staff	10/01/2010
Zizzi Jr., Joseph, A., MD	Active Staff	10/01/2010

Oral and Maxillofacial Surgery

Engl, Robert, A., DMD	Courtesy Staff R&F	10/01/2010
Flihan, Donald, Anthony, DDS MD	Courtesy Staff R&F	10/01/2010
Frawley, Thomas, K., DDS	Associate Staff	10/01/2010

ERIE COUNTY MEDICAL CENTER CORPORATION

Radiology

Naples, Nicholas, DO

Courtesy Staff R&F
10/01/2010

Surgery

Bhangoo, Kulwant, S., MD

Associate Staff
10/01/2010

Hassett, James, M., MD

Active Staff
10/01/2010

Urology

DeBerry, John, L., MD

Active Staff
10/01/2010

Swiantek, Philip, A., MD

Active Staff
10/01/2010

Reappointment Expiration Date: October 1, 2012
Planned Credentials Committee Meeting: July 3, 2012
Planned MEC Action date: July 23, 2012
Planned Board confirmation by: July 24, 2012
Last possible Board confirmation by: September 25, 2012

FOR INFORMATION ONLY

OLD BUSINESS

Initial Appointment and Re-Appointment Letter Templates

Letter templates were submitted to the committee for review and endorsement. The scheduling of the initial re-appointment date for new members will be coordinated between the Medical-Dental Staff Office appointment and re-appointment specialists. The committee extended its thanks to the staff office specialists for refining and clarifying the communications issued to the Medical-Dental Staff members and for their continued efforts to improve efficiencies with existing resources.

Hyperbaric Oxygen Therapy Privileges – Podiatry Request

In previous meetings, it was shared with the Credentials Committee that the clinical and administrative leadership of the Wound Care Center was reviewing the issue of podiatrists delivering this treatment modality for wounds ankle and below. The current Podiatry division privilege form within the Department of Orthopaedic Surgery offers wound care privileges to credentialed podiatrists, but not hyperbaric oxygen therapy. The Credentials Committee was presented a summary of local, state and national benchmark comparisons as well as regulatory and certification standards. There is a precedent in NYS for podiatrists to deliver this treatment modality ankle and below. Though podiatry is currently housed within the Department of Orthopaedics, it was suggested that a preferable approach would be to define the privilege within the Department of Surgery to better afford ongoing oversight and competency assessment. The Surgery Chief of Service concurred, as the privilege already exists on the Surgery form and the Medical Director of the Wound Care Center is a member of the Surgery Department. A copy of the individual delineation is attached below, as well as a corresponding update (underlined) to the credentialing criteria:

GENERAL SURGERY - Podiatry

PODIATRY LEVEL I-A PROCEDURAL PRIVILEGES <i>Podiatrists must be Board Certified or Board Qualified, residency trained, in the American Board of Podiatric Surgery.</i>	Podiatrist Request	Recommend		If Yes, indicate any requirements; If No, provide details. See p. 4
		YES	NO	
AMBULATORY WOUND CARE – HBO Therapy Privileges (Additional Wound Care privileges may be selected on the ORTHOPAEDIC SURGERY – Podiatric privilege request form) <i>Procedures which primarily involve wound care. May be done under local anesthesia and occasionally involve application of temporary skin coverage or application of agents to expedite wound healing. May be performed by a properly credentialed Podiatrist.</i>				
Hyperbaric Oxygen Therapy (see credentialing criteria below)				

Medical Staff Office use: Verify initial completion the UHMS approved Introduction to Hyperbaric Medicine Course.
 Course completed date: _____

HYPERBARIC OXYGEN THERAPY Credentialing Criteria

1. The ~~physician~~ applicant (licensed physician (allopathic or osteopathic) or podiatrist) shall document successful completion of a 40-hour Undersea and Hyperbaric Medical Society (UHMS) approved Introduction to Hyperbaric Medicine Course.
2. The ~~physician~~ applicant (licensed physician (allopathic or osteopathic) or podiatrist) should seek and gain continuing experience and knowledge through diligent practice, appropriate consultation, and ongoing medical education (a minimum of 12 hours of continuing Hyperbaric Oxygen Therapy education every two years.

Adopted Medical Executive Committee

1/4/2011, 6/25/2012

HBO Credentialing Criteria: Continuing Education

The criteria specified above require a minimum of 12 hours of continuing Hyperbaric Oxygen Therapy education every two years. The Medical-Dental Staff Office has reached out to the Wound Care Center management, Diversified Clinical Services, to assist with ensuring that all privileged providers meet the requirement and that the documentation is submitted at re-appointment.

Plastic & Reconstructive Surgery

A new application packet was submitted by Nestor R. Rigual, MD. His application was deferred in November of 2011 due to the need to clarify liability insurance coverage. At the time of the meeting, ECMCC was awaiting written confirmation from Roswell Park of his medical liability insurance coverage for clinical activity on our campus.

The Chief of Service for Plastic and Reconstructive Surgery has requested a clustering of the privileges listed in the Breast – Plastic and Reconstructive Surgery Procedural Level 2 Section. Sentinel Node biopsy is also added. The section division will clarify privilege offerings for applicants. The proposed revision is indicated below and is recommended to the Medical Executive Committee for approval:

Enter " ✓ " in Physician Request Column

BREAST PLASTIC and RECONSTRUCTIVE SURGERY PROCEDURAL Level 2 CORE PRIVILEGES Submit Documentation	Physician Request	Recommend		Special Requirements
		YES	NO	
Care and treatment of diseases of the skin, lymphatics, soft tissue and breast including excision, biopsy of skin and subcutaneous lesions, lymph nodal dissections, mastectomy – partial or complete (all types). Sentinel node biopsy, axilla for breast cancer.				50 patients total with plastic surgery procedures over the past two years.

<p>Placement of tissue expander and permanent implant, mammopexy, excision neoplasms and lesions of the trunk, and extremities, amputations (all types), hernias and abdominal wall excision and repair (all types). Rhinoplasty, traumatic reconstruction, rhytidectomy, blepharoplasty. Also included are skin flaps and grafts, myocutaneous and compound flaps, bone grafts, hand and cosmetic surgery, hair transplants, tattooing, subcutaneous injection. External ear, complex facial lacerations, facial fractures: - frontal sinus, - naso, -nasoethmoid, -LeFort I-III, -malar, -orbital blow-out, -mandibular (closed and open) thyroplasty (Isshiki), facial sling, temporalis/masseter transfer, gold weight eyelid insertion, canthopexy, -plasty, eyelid tumors, oro-antral fistula repair, choanal atresia repair, etc.</p> <p>All procedures include vascular and reconstructive procedures directly associated with the procedure / disease process.</p>				
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--	--

Cardiology Coverage by Hospitalist Midlevels

Since the last meeting, there has been some progress made with regard to liability insurance coverage and designation of supervising/collaborating cardiologists. The committee will await further information from the contracted service and the Risk Management Department.

Liability insurance coverage for two of the cardiothoracic midlevels was clarified. Updated face sheets were obtained and forwarded to Risk Management for review and approval.

Radiation Physicists

It has been determined that there is no regulatory or accrediting requirement for the radiation physicists to be members of the medical-dental staff. The Director of Radiology/Imaging will reach out to the two parties and offer the option to resign in good standing or let their memberships conclude at their next re-appointment cycle. Dues will therefore be waived for both practitioners.

Physician Board Certification

The committee discussed appropriate steps when a staff member fails to attain initial or maintain specialty board certification. The Medical-Dental Staff Bylaws afford an initial 4 year eligibility period to achieve initial board certification, but only infers, not clearly delineates the course of action if the member does not achieve board certification within that time frame. The bylaws are also silent on next steps if a member allows board certification to lapse. Though the Credentials Procedures Manual states that it is the responsibility of a member to maintain board certification, it too is silent on the course of action if such board certification expires.

The committee entertained recommending to the Medical Executive Committee that the matter be addressed with a directive for the bylaws committee to develop clear guidelines and mechanism for enforcement, fair hearing and/or appeal. After discussing the subtle nuances that each situation may present, and that there is already a waiver provision in the existing bylaws, it was thought better to recommend a revision to the Credentials Procedure Manual.

Full consensus of the committee could not be achieved as to whether failure to obtain initial board certification should be handled differently than not maintaining board certification after it is achieved. The committee agreed to initiate the dialogue with the Medical Executive Committee with a recommendation to amend the appropriate section of the Credentials Procedure Manual to afford a staff member failing to achieve initial or maintain current his board certification a **one time 4 year grace period** to remediate. A written notification signed by the credentials chair and medical-dental staff president, would be issued detailing the expectation for remediation within the 4 year time frame. If board (re)certification is not achieved within that four year interval, the member

ERIE COUNTY MEDICAL CENTER CORPORATION

could seek a waiver from the Medical Executive Committee and Board of Directors as outlined in the bylaws. Each waiver request would be assessed on a case by case basis.

Privilege Form Revision- Radiology

The committee received the final draft of the Radiology privilege form and recommends it for approval by the Medical Executive Committee and Board of Directors. The form is attached.

Privilege Form Revision- Oral Maxillofacial Surgery

The final draft of the Oral and Maxillofacial Surgery privilege forms were reviewed by the committee and are recommended to the Medical Executive Committee and Board of Directors. The form is attached.

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 attached.

**OVERALL ACTION
REQUIRED**

NEW BUSINESS

RNFAs (Registered Nurse First Assistants)

At last month's Joint Commission Steering Committee meeting, the question of whether new standards require RNFAs to be credentialed along with other advanced practice nurse members of the medical-dental staff (i.e. CRNA, NPs) was posed. At present, RNFAs are managed through the Department of Nursing and they do not write any orders. It was requested that before any procedural changes are made, the Patient Safety Office forward the actual requirement to the Credentials Committee for review and assessment.

DEA requirements for Teleradiologists

DEA certification for Teleradiologists is not required for initial appointment or reappointments based on the remote scope of their practice. The Chief and Associate Chief of Radiology agreed that it be maintained as a requirement for in-house radiologists given their direct patient contact.

Open Issues (Correspondence) Tracking

Open issues reviewed and noted.

OVERALL ACTION REQUIRED

NEW BUSINESS

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

FPPE (Focused Professional Practice Evaluation)

- Cardiothoracic Surgery (1 MD, 2 RPA-Cs)
- Internal Medicine (1 MD)
- Internal Medicine, Exigence (1 ANP, 1 RPA-C)

OPPE (Ongoing Professional Practice Evaluation)

- Orthopaedic Surgery OPPEs were successfully completed for 5 DPMs, 1 DO, 1 MBBS, 26 MDs, 11 RPA-Cs. No documentation was provided by 2 MDs (multiple documented attempts made).
- Anesthesiology OPPEs are complete with the exception of 3 providers. The Chief of Service is expected to sign off next week.

ERIE COUNTY MEDICAL CENTER CORPORATION

- Surgery OPPE is in process and close to complete. It is anticipated the will be presented at the July Credentials Committee meeting.
- The department of Psychiatry is near completion with 3 practitioners outstanding and a request for data for internal data pending.
- Neurology has been initiated. Mailings have been sent and data from the department is expected shortly.
- The department of Pathology OPPE has been initiated.

The revisions to the ECMCC Professional Practice Evaluation Policy and Procedure (changes highlighted) proposed at the last Credentials Committee meeting are attached for information.

The ongoing challenge of the OPPE process for no volume practitioners was again discussed. The Committee supported the review of this issue at the June Chiefs of Service meeting.

PRESENTED FOR INFORMATION

ADJOURNMENT

With no other business, a motion to adjourn was received and carried. The meeting was adjourned at 4:30 PM.

Respectfully submitted,



Robert J. Schuder, MD,
Chairman, Credentials Committee



Executive Committee

Minutes from the



Finance Committee

ERIE COUNTY MEDICAL CENTER CORPORATION
 BOARD OF DIRECTORS
 MINUTES OF THE FINANCE COMMITTEE MEETING
 JUNE 19, 2012

ECMCC BOARD OF DIRECTORS CONFERENCE ROOM

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

I. CALL TO ORDER

The meeting was called to order at 8:30 A.M., by Michael A. Seaman, Chair.

II. RECEIVE AND FILE MINUTES

Motion was made and accepted to approve the minutes of the Finance Committee meeting of May 22, 2012.

III. MAY, 2012 FINANCIAL STATEMENT REVIEW

Michael Sammarco provided a summary of the financial results for May, 2012, which addressed volume, income statement activity and key financial indicators.

Total discharges were over budget by 48 for the month of May. Year-to-date discharges were over budget by 192, and 386 over the prior year, due primarily to Acute Care, Chemical Dependency, Psychiatry and Rehabilitation Medicine. Acute discharges in May were meeting or exceeding expectations, primarily due to the Head & Neck and Orthopaedic Services.

Observation cases were 155 for the month, and the average daily census was 335. Average length of stay was 5.8 for May compared to a budget of 6.0 and 6.2 year-to-date. Non-Medicare case mix was 2.36 for the month compared to a budget of 2.02, and Medicare case mix was 1.73 compared to a budget of 2.10 for the same period.

ERIE COUNTY MEDICAL CENTER CORPORATION

Inpatient surgical cases were over budget by 20 for the month, 71 over budget year-to-date, and 199 over the prior year. Outpatient surgical cases were over budget by 5 for the month, 190 under budget year-to-date, and 105 less than the prior year.

Emergency Department visits were under budget for the month by 125, under budget for the year by 470, but 1,603 visits, or 6.5%, over the prior year.

Hospital FTEs were 2,451 for the month, compared to a budget of 2,426, and 2,397 year-to-date. Home FTEs were 324 for the month, compared to a budget of 319 and 343 year-to-date.

Net patient service revenue for the Hospital was \$1.4 million or 4.5% over budget primarily driven by inpatient activity in the Head & Neck and Orthopaedic services. Hospital expenses were over budget by \$1.0 million, or 2.8%, due to an increase in surgical supplies and purchased services.

The consolidated, year-to-date operating loss was \$4.3 million compared to a budgeted loss of \$3.1 million and a prior year loss of \$9.1 million.

Days operating cash on hand was 33.2 in April and 27.1 in May. Days in accounts receivable were 37.1 in May, compared to a budget of 40.0.

IV. MANAGED CARE UPDATE:

Mr. Sammarco reported that initial negotiation meetings have been held with Blue Cross, Independent Health, and Univera. Meetings are planned internally to prepare counter offers in expectation of proposals from all three providers.

V. ADJOURNMENT:

The meeting was adjourned at 9:15 a.m. by Michael Seaman, Chair.

Minutes from the



Human Resources Committee

ERIE COUNTY MEDICAL CENTER CORPORATION
BOARD OF DIRECTORS
MINUTES OF THE HUMAN RESOURCES COMMITTEE MEETING

TUESDAY, JULY 17, 2012
ECMCC STAFF DINING ROOM

VOTING BOARD MEMBERS
PRESENT OR ATTENDING BY
CONFERENCE TELEPHONE:

FRANK MESIAH ACTING CHAIR
MICHAEL HOFFERT

JODY L. LOME0

BOARD MEMBERS EXCUSED:

KATHLEEN O'HARA
CARLA CLARKE
NANCY TUCKER
MARY GANGL

SLADJANA ABRAMOVIC
MARK BARABAS
KAREN HORLACHER

ALSO PRESENT:

I. CALL TO ORDER

Acting Chair, Frank Mesiah, called the meeting to order at 9:30 a.m.

II. RECEIVE & FILE

Moved by Frank Mesiah, and seconded by Michael Hoffert to receive the Human Resources Committee minutes of the May 8, 2012 meeting.

III. CSEA NEGOTIATIONS

Motion to go into executive session to discuss. Kathleen explained the key points from the recent negotiation.

IV. NYSNA NEGOTIATIONS

ECMCC would like negotiations to start in September. ECMCC and Erie County will attempt to meet with NYSNA once a week. David Palmer, Commissioner of Labor Relations for Erie County, is initially available only once per week due to other negotiating commitments. NYSNA, however, would like to meet twice a week if possible.

V. WELLNESS

Nancy Tucker stated that we are offering Wellness Wednesday packets. Fitness retreats are scheduled: one at Holiday Valley and two at Beaver Hollow Conference Center.

VI. PAYROLL

Benefit accruals are now available on pay stubbs.

Nancy Tucker reported that there are problems with increments for unionized employees. The KRONOS system had some issues the week in which increments were being calculated and entered into the system. Some people will not receive their increments in the next pay period, but they will be reflected in the following paychecks. Nancy mentioned that there are on-going support issues with KRONOS. Jody Lomeo will set up a KRONOS meeting. Kathleen also stated that there will be a meeting with IT & Payroll to address some KRONOS concerns.

ERIE COUNTY MEDICAL CENTER CORPORATION

VII. TRAINING

Workplace Violence Training: Personnel can now complete training on-line in Meworxx. HR and Purchasing are currently in the process of interviewing vendors for the Workplace Violence training program. Trainings will focus on how to avoid violent behavior and will also provide staff with the tools on how to identify signs of someone showing violent behavior.

Assistant District Attorney Parisi presented a seminar for staff on the distinctions between Criminal Assault and Harassment.

VIII. WORKERS COMPENSATION

The 2nd quarter of 2012 is higher compared to year 2011. Recurring injuries are mainly sprains and fractures. Michael Hoffert suggested that we should implement a Zero Lift policy. Kathleen explained that it is very expensive to put that policy in place and requires a comprehensive long term purchasing plan.

IX. ERIE COUNTY HOME

Kathleen stated that currently there is lot of uncertainty because people are not sure who is going where and what will happen to them. Representatives have been meeting with the 3 unions regarding all aspects of the transition to the new facility, including staffing, organizational structure, and necessary contractual changes. Around 500 position postings should be posted in August. Currently, ECMCC is revising job positions and eliminating certain titles. Positions will be assigned based on seniority. ECMCC is waiting for Erie County Personnel to send a list with those staff who are grandfathered into new titles, if any. Michael Hoffert mentioned the tension between the Hospital SNF and Home and asked what we are doing to make the transition easier for everyone. ECH and SNF staff are engaged in personnel exchanges to familiarize staff with each facilities' staff, policies and procedures. By December 2012, we should know the problems that we need to focus on in anticipation of the February 2013 transition date. Richard Cleland is in the process of hiring a vendor to do trainings.

X. NURSING TURNOVER RATES

Turnover rates are higher than usual. Nancy mentioned that CSEA members are retiring despite the open contract and their concern with possible retiree health changes. She is meeting with 3-5 retirees daily. Main reasons for these turnover results are retirements and relocations.

June Hires - 6 FTES and 2 Per Diems, 2 FTES and 2 Per Diems in Med/Surg, 2 FTEs in Behavioral Health, 1 FTE in Critical Care and 1 FTE ED.
62.5 FTES and 2 Per Diems hired YTD. (2 LPN FTES hired, 1 FTE in Hemo and 1 FTE in Med/Surg. 21 LPN FTES hired YTD.)

June Losses – 4 FTES, 1 FTE in Med/Surg (resign in lieu of term.), 1 FTE in PACU (retire), 1 FTE in OR (retire) and 1 FTE in Critical Care (resign).

ERIE COUNTY MEDICAL CENTER CORPORATION

Turnover Rate .53% (.26% without retirees)

Quit Rate .53% (.26% without retirees)

Turnover Rate YTD 3.48% (2.38% without retirees) 3.72% 2011

Quit Rate YTD 2.91% (1.77% without retirees) 2.71% 2011

July Hires – 9 FTES, 1 FTE in Med/Surg, 4.5 FTES in Behavioral Health, 2.5 FTES in Critical Care and 1 in FTE Hemo.

71.5 FTES and 2 Per Diems hired YTD. (1 LPN FTE hired in Behavioral Health. 22 LPN FTES hired YTD).

XI. RETIREE RECEPTION

Administration and management of ECMCC hosted a retirement dessert reception on Friday, June 22, 2012 in the Staff Dining Room.

XII. INFORMATION/ OTHER

Fitness Center: The fitness center should be open by the end of August 2012. Registration for membership will start Thursday, July 19, 2012. Equipment has not arrived yet, but it should be in by the week of 7.27.2012. Some equipment funding is expected from LAHMF. There are cameras for security and panic buttons.

Family Justice Center (Domestic Violence Meeting): Nancy reported that there will be a brainstorming meeting on July 30, 2012 with Mary Travers Murphy from family justice center. The meeting will focus on how to detect violent behavior and what to do and not do if someone is in that type of the situation. Addressing the after math. We have the domestic violence posters posted throughout the hospital from the family justice center.

XIII. ADJOURNMENT

Moved by Michael Hoffert to adjourn the Human Resources Committee meeting at 10:40am.

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

TUESDAY, JUNE 12, 2012 – 12:00 P.M.

BOARD OF DIRECTORS CONFERENCE ROOM

COMMITTEE MEMBERS PRESENT: SHARON L. HANSON, CHAIR
RICHARD F. BROX
DONNA M. BROWN
KATIE LISANDRELLI (COLUCCI & GALLAHER, P.C.)
FRANK MESIAH
MIKE HOFFERT
DOUG FLYNN
MARK C. BARABAS
SUSAN DZWILUSKI
JOHN EICHNER
JANIQUE S. CURRY
JODY L. LOMEO
COMMITTEE MEMBERS EXCUSED: THOMAS QUATROCHE

I. CALL TO ORDER:

Sharon L. Hanson called the MBE/WBE Sub-Committee meeting to order at 12:08 pm.

II. OVERVIEW OF 2012 MWBE MASTER GOAL PLAN UPDATE:

- Goal Plan Update for 2012 was shared with the committee. Plan was approved by the State on May 21st, 2012.
- Our plan reflected an increase from our original 6-8% and increased that to 20% after Jody's conversation with Alphonso David from the Governors Office.
- All State Agencies and Authorities have submitted a plan showing 20% as per the Governor's Mandate.
- Construction numbers for ECMCC reflect 10% for Minority and 10% Women, Professional Related Services are 10% Minority and 10% Women, and Non-Related Construction Services are 12% Minority and 8% Women.
- Overall goals with all included are 10.2% for Minority and 9.8% for Women.
- Update also included an exclusion list which has to be approved by the State however we excluded a lot of our current contracts in areas of IT, Med-Surg and Medical Equipment. Eventually as we find more MWBE vendors to provide supplies and services for us we will remove them from the exclusion list and include them in order to build up our spend and drive up the number on our goal of 20%.
- Consulting has a rather large line that has been excluded as well however in working with some of our current consultants (i.e. Karen Maricle and Marie

ERIE COUNTY MEDICAL CENTER CORPORATION

Johnson- Director of Rehab) to become MWBE Certified in order to increase that number in our reporting as well.

- The rest of the update to our Goal Plan included our outreach strategy and we submitted a list of all of the client meetings, seminars, workshops, ESDC meetings, radio promotions and interviews in addition to other internal strategy sessions conducted to meet our 20% goal (i.e.- Governors State of State Address [Bflo & Albany], NYS MWBE Lobby Day, NYS Association of Black &, State of the County & City Address, presentations to Erie County Legislature, Women History Month Celebration @ ECMC, Canisius College Women's Business Center, Management Council, MWBE Day in Buffalo hosted by Assemblywoman Crystal Peoples-Stokes, BMHA Housing Compliance Officer, Upstate NY Regional Minority Purchasing Council, Black Chamber of Commerce, ECIDA, Erie County EEO Commissioner, City of Rochester City Council President, National Action Network Presentation – 2 sessions of NYS Business Owners, SBA Matchmaker Event & Luncheon, SBDC – Minority Contractor Readiness Training Program [6 week course], sponsor of OSHA Training Course in conjunction with DASNY, UB Partners Day, and many others).
- Conversation ensued about the Fast Track applications and we are still waiting for approval from ESDC to move forward and have the City of Buffalo/County of Erie Joint application approved as a recognized certification for fast track.
- Talk of the MWBE One Day Certification were made during MWBE Lobby Day in Albany – however a further clarification was made that the process would be completed in one day for business owners who already had their applications in process and were missing just a few components.
- Calculations according to the State's methods for adding our numbers together presents a more feasible way for us to reach our goals. The calculation whether it is 13% and 7% or 10% and 10% or any other variation is not an issue for the State – the main objective is for agencies to meet the 20%.

III.OVERVIEW OF DRAFT MWBE POLICY:

- Katie shared with the Committee a Draft of the MWBE Policy (See Attachment A) for review and comment. The Policy is meant to enhance our ability and other efforts we are making in order to meet our goal of 20%.
- Sharon suggested that in the Policy (which will be a long standing document) we should add in some of the language regarding good faith efforts (specifically from the NYS Regulations). Katie will take some of our good faith efforts we are already engaged in and add some of the language from the State Policy to be inclusive of the ECMCC policy.
- Frank Mesiah suggested that we also do some advertising for bids and other opportunities in the ethnic newspapers, in addition to me appearing on his radio show that he hosts on WUFO every other Wednesday. He also suggested reaching out to Women's Groups, Ministers & Clergy.
- Mike Hoffert suggested that we also add some information in the employee magazine The Pulse as a method to identify vendors they may know of as well.

ERIE COUNTY MEDICAL CENTER CORPORATION

- Additionally, a letter signed by Jody is being sent to all of the current and past vendors asking them to identify their status as an MWBE (if they qualify), contact our office and begin the paperwork for certification with the State.
- A document was created to use during meetings with contractors and during presentations describing the benefits of certifying with NYS and how that certification will benefit the firm and ECMC (See Attachment B).
- Our goals are currently being met in large part due to the Construction we have going on. Keeping in mind that this will not exist forever some of the concepts
- Direct Procurements for goods and services is often a difficult place to meet goals so one of the strategies the State encourages and we have included in the draft policy is to utilize “**joint ventures and teaming agreements**”. We can provide a list of MWBE vendors in the bidding documents (who are in a sense pre-qualified) and encourage those submitting proposals to utilize companies from the lists to help meet the 20% goal we are looking for that may not necessarily qualify under normal circumstances in a direct procurement.
- One of the other policy’s that should be adopted is a no-waiver policy across the board on all bids.
- Diversity Questionnaire (See Attachment C) that is being used already by several State Agencies already to identify their suppliers, what their workforce make up is, do they have an internal MWBE supplier program in place etc). We are allowed to take Diversity practices into consideration from other companies as a consideration when we award contracts. Once the Draft is completed Katie suggested that it can be included with every RFP issued.
- The policy will also address the issue of department heads ordering supplies and purchases on their own and we will channel all of that effort through purchasing to keep a better track on the money being spent by department directors.

IV. STATUS OF IMPROVEMENTS TO ECMC WEBSITE:

- A listing of all the future projects should be put together in a document so that we can include that on our website so we will work with Doug and Ciminelli to come up with a list for the public that can be distributed at meetings and events where future opportunities are discussed.
- All bids will be listed on our website and for now they are on the NYS Contract Reporter where we will continue to list them as well. Bids on the Contract Reporter are required to stay up for 21 days so we have ample advertising of what we are doing.
- Once the MWBE Policy is finalized we will also list that on our website.

V. OTHER/COMMENTS

- Next reporting for Quarter 1 is due to the State on July 16th. The Finance Team has been updated on the new reporting procedures and we will use that.
- After the Statewide report on all agencies and authorities is given to the Governor on last years numbers – he will then receive a report every quarter from all of the agencies and authorities.

ERIE COUNTY MEDICAL CENTER CORPORATION

- Sharon would like a report on the actual number of Minority/Women who are involved in the actual construction we have going on right now and that information can be obtained from Ciminelli on the Laborforce Utilization.
- Frank Mesiah suggested we do a field audit on site at some point to compare the numbers.

VI. ADJOURN

- Moved by Mike Hoffert and seconded by Donna Brown to adjourn the MBE/WBE Sub-Committee meeting at 1:15pm.



ERIE COUNTY MEDICAL CENTER CORPORATION
MINORITY AND WOMEN-OWNED BUSINESS UTILIZATION POLICY

I. STATEMENT OF PURPOSE AND SCOPE

A. **Authority.**

1. Executive Law Article 15A
2. 5 NYCRR Part 140
3. Economic Development Law Article 4-C
4. Public Authorities Law Articles 9 and 10-C
5. State Finance Law Articles 9 and 11
6. General Municipal Law, Article 5-A
7. Public Health Law Article 28

B. **Purpose.**

This Policy sets forth guidelines to assist Erie County Medical Center Corporation (“ECMCC”) in the procurement of materials, supplies, equipment and services from New York State certified minority- or women-owned businesses (“MWBEs”). Specifically, it outlines steps that ECMCC will employ to increase opportunities for MWBEs to conduct business with ECMCC and to comply with the requirements set forth in New York State Executive Law Article 15-A and 5 NYCRR Part 140 *et seq.*

C. **Scope.**

This Policy applies to all procurement contracts exceeding \$25,000 for labor, services, supplies, equipment, or materials; contracts exceeding \$100,000 for the acquisition, construction, demolition, replacement, major repair or renovation of real property and improvements, and revenue contracts as defined in State Finance Law Section 139-j (“State Contracts”). With respect to procurement of services and commodities, ECMCC shall consider the reasonably expected aggregate amount of all purchases of the same commodities or services to be made within a twelve (12) month period commencing on the date of purchase when determining whether the procurement is a State Contract. Aggregate purchases of the same commodities or services within a twelve (12) month period are deemed a single transaction.

II. ECMCC GOAL PLAN (5 NYCRR 141.2)

A. **MWBE Goal Plan.**

Annually, ECMCC shall submit to the director of the NYS Department of Economic Development, Division of Minority and Women's Business Development (the "Director"), a Goal Plan setting forth the agency-specific percentage of ECMCC expenditures targeted for the participation of MWBEs in the following State Contract categories:

1. Construction;
2. Commodities;
3. Construction related professional services; and
4. Non-construction related professional and non-professional services.

B. Twenty Percent (20%) Goal.

ECMCC is committed to achieving an overall MWBE utilization percentage of twenty percent (20%) of ECMCC's Agency Budget, as set forth in the MWBE Goal Plan.

C. Exempt and Excluded Expenditures.

The MWBE Goal Plan includes a list of "Exempt" and "Excluded" expenditures, which expenditures are not included in ECMCC's Agency Budget. State Contracts for expenditures that are Exempt or Excluded shall not be subject to this Policy.

D. Goals Included in IFBs and RFPs.

Each invitation for bid ("IFB"), request for proposal ("RFP"), request for qualification ("RFQ"), or proposed contract (where the contract is exempt from competition requirements set forth in General Municipal Law Section 103) that is expected to result in a State Contract shall set forth the MWBE utilization goal for the State Contract. Individual goals may be set for each State Contract, taking into consideration the factors set forth in 5 NYCRR 141.2(e). ECMCC will not consider requests for total or partial waiver of MWBE utilization goals, and reserves the right to reject any bid proposal that fails to comply with ECMCC's MWBE utilization requirements.

III. MWBE UTILIZATION (5 NYCRR 142.4)

A. MWBE Utilization Plan.

With respect to procurements that are anticipated to result in the execution of a State Contract, ECMCC shall provide a form of Utilization Plan (Exhibit B) to potential contractor with any IFB, RFP, RFQ, or proposed contract (where the contract is exempt from competition requirements set forth in General Municipal Law Section 103).

B. Joint Ventures and Teaming Agreements.

Where a State Contract does not afford opportunities for subcontracting or subconsulting, potential contractors shall be encouraged to enter into joint ventures and teaming agreements with MWBEs.

1. Joint Venture. A contractual agreement joining together two or more business enterprises, one of which is a certified MWBE, for the purpose of performing on a State Contract. The MWBE must provide a percentage of value added services representing an equitable interest in the joint venture. All parties to the joint venture must agree to share in the profits and losses of the business endeavor according to their percentage of equitable interest.
2. Teaming Agreement. A utilization plan arrangement between two or more business enterprises, one of which is a certified MWBE, to perform on a specific State Contract if awarded to the team. The team itself may be a joint venture, or one of the team members may be designated to act as the prime contractor, and the other member(s) designated to act as subcontractors.
3. Information Required. In the event that a contractor responding to a solicitation is a joint venture, teaming agreement, or other similar arrangement that includes a certified MWBE, such a contractor must submit the MWBEs identifying information, including federal identification number and copy of certification, as well as a copy of the joint venture or teaming agreement.

IV. ECMCC'S GOOD FAITH EFFORTS (5 NYCRR 141.6)

For all procurements exceeding the thresholds indicated above, ECMCC shall employ a good faith effort that includes, but is not limited to, the following strategies:

A. **Notice of Solicitation.**

1. NYS Contract Reporter. With respect to all procurements expected to result in a State Contract, an advertisement shall be placed in the New York State Contract Reporter.
2. Direct Solicitation of MWBEs. Notice of the solicitation (by email or letter) shall be sent by Purchasing directly to certified MWBEs that have been identified by the MWBE Compliance Coordinator as MWBE vendors qualified to provide the service or commodity.
3. Other Media. Advertisements will also be placed in minority and women-focused media as appropriate.

B. **Documentation of Good Faith Efforts.**

ECMCC shall document its Good Faith Efforts by including in the procurement record: (1) documentation showing MWBE vendors, organizations and associations that were solicited and/or copies of advertisements placed in general circulation media, trade association, publications and/or minority-focused media, and (2) all bids, quotes, proposals or other responses received from MWBE vendors.

V. CONTRACTOR'S GOOD FAITH EFFORTS (5 NYCRR 142.8).

A. **Good Faith Effort for State Contracts with Subcontracting Opportunities.**

Almost always in construction contracts, occasionally in service contracts and less often in commodity contracts, subcontracting opportunities may be part of the State Contract. When a subcontracting opportunity exists, ECMCC shall ensure that prime vendors employ a good faith effort to utilize MWBE subcontractors as required under. In determining whether a Contractor has made good faith efforts to to utilize MWBE subcontractors, ECMCC shall consider the factors set forth in 5 NYCRR 142.8. Contractors shall, at a minimum:

- (1) Solicit certified MWBEs and provide copies of solicitations and responses thereto upon ECMCC's request;
- (2) Advertise for participation of MWBEs in in appropriate general circulation, trade and minority- or women-oriented publications, and provide copies of the listing(s) and date(s) of the publication to ECMCC upon request; and
- (3) Undertake steps to reasonably structure the contract scope of work for the purpose of subcontracting with, or obtaining supplies from, certified MWBEs.

B. **Contractor Reporting.**

The State Contract shall require contractor to submit MWBE Utilization Reports (Exhibit C) throughout the term of the Contract.

C. **Non-Compliance.**

Contractors who fail to comply with the utilization percentages set forth in their approved Utilization Plan shall be subject disqualification, liquidated damages, termination of the State Contract, or other enforcement as set forth in the Contract.

VI. DISCRETIONARY PROCUREMENTS.

A. **Discretionary Procurements Generally.**

Consistent with New York State Finance Law Section 163, where commodities or services are available from certified MWBEs, procurements may be made by ECMCC in amounts not exceeding \$200,000 without competitive bidding, after approval by resolution of the Board of Directors. ECMCC must document in the procurement record support for both the reasonableness of the price and the selection of the MWBE vendor. Advertising requirements under NYS Economic Development Law still apply.

B. **Solicitation of Quotes (Mini-Bid).**

When making a Discretionary Procurement, ECMCC should solicit quotes from multiple MWBE vendors (“Mini-Bid”). Generally, the Discretionary Procurement should be awarded to the responsible MWBE vendor submitting the lowest price.

C. Negotiation of Procurement Price.

When an MWBE submits a quote for a commodity or service in a Discretionary Procurement (not exceeding \$200,000) and the quote is deemed high, ECMCC should engage in direct negotiation with the MWBE vendor in an attempt to reach reasonableness of price. This step is not permitted for a competitive procurement.

D. Reasonableness of Price.

Generally, reasonableness of price can be determined by: (1) Comparing the quoted price with the price for the same or similar services within the last six months; (2) Comparing the price with other quoted prices; (3) Comparing the quoted price with prices in various procurement publications; (4) Reviewing the type of work that was previously accepted by ECMCC at a similar price; or (5) Comparing the price of the product with the current market value of the same product.

E. Justification for the Selection of MWBE Vendor.

Justification for the Selection of Vendor may be supported by: (1) demonstrating reasonableness of cost; (2) showing enhanced or best value provided by the vendor; (3) (if applicable) noting the vendor is a NYS small business; and (4) identifying the vendor as an MWBE (this cannot be the sole justification).

VI. CONSIDERATION OF DIVERSITY PRACTICES

A. Generally.

ECMCC may consider potential contractors’ “Diversity Practices” in awarding State Contracts that are not subject to formal competitive bidding, and are awarded on the basis of best value, including, but not limited to, contracts for services that are awarded through an RFP process. With respect to such Contract, prior to issuing the RFP, ECMCC shall determine whether it is practical, feasible and appropriate to include Diversity Practices in the evaluation. If ECMCC makes a determination that the evaluation of Diversity Practices is not practicable, feasible, or appropriate for service contracts, such determination shall be supported in writing in the procurement record.

B. Diversity Practices.

A contractor's “diversity practices” are its past, present, and prospective practices and policies with respect to: (a) utilizing certified MWBEs in contracts awarded by State agencies, other public entities or private sector companies, as subcontractors and suppliers; and (b) entering into partnerships, joint ventures or

other similar arrangements with certified MWBEs as defined in this part or other applicable federal, state, or local statutes or regulations, or certified by the certifying entities recognized by the division governing an entity's utilization of minority or women-owned business enterprises, and (c) any other information requested by that demonstrates the contractor's commitment to a policy of diversity practices related to MWBEs.

C. Determination of Practicality or Feasibility.

A determination by ECMCC as to whether it is practical, feasible and appropriate to assess the diversity practices of all prime contractors making such submissions shall include consideration of the: (1) nature of the labor, services, supplies, equipment and materials being procured; (2) method of procurement undertaken to make the award; (3) certified MWBE utilization plans required by ECMCC; and (4) availability of certified MWBEs in the region in which the contract is to be performed.

D. Diversity Practice Submissions.

Where ECMCC determines with respect to a particular State Contract that Diversity Practices will be considered in awarding the Contract, ECMCC shall require all potential contractors to complete and submit a Diversity Questionnaire (Exhibit D) and shall consider the potential contractors' Diversity Practices as a factor in making a determination regarding contract award.



The Culture of Care

ERIE COUNTY MEDICAL CENTER CORPORATION
DIVERSITY QUESTIONNAIRE

I. Company Demographic Profile

Job Categories	Number of Employees (report employees in only one category)														Overall Totals	
	Race/Ethnicity															
	Hispanic or Latino		Non-Hispanic or Latino													
	Male	Female	Male						Female							
White			Black or African-American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or More Races	White	Black or African-American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or More Races			
Executive/ Senior Level Officials and Managers																
First / Mid-Level Officials and Managers																
Professionals																
Technicians																
Sales Workers																
Administrative Support Workers																
Craft Workers																
Operatives																
Laborers and Helpers																
Service Workers																
Total																

(NOTE: proposers can also attach Employer Information Reports EEO-1 for the last 3 years)

II. MWBE Certification Status

1. Is your company certified as a Minority and/or Woman-owned business enterprise with the New York State Department of Economic Development (“MWBE”)? If yes, please provide a copy of your certification.

1. If no, please list all other jurisdictions and/or certifying bodies that have deemed your company Minority and/or Woman-owned. Also, please provide a copy of each certification.

3. If your company has applied for, but has not, as of the issuance of the RFP, been certified as a Minority or Women-owned business enterprise by the New York State Department of Economic Development, you must submit proof of a pending application, including the filing date.

III. Demographic Profile of Staff Assigned to the ECMCC's Engagements

Demographic Profile of Staff Assigned to the Authority's Engagements Job Categories	Number of Employees (report employees in only one category)														Overall Totals		
	Race/Ethnicity																
	Hispanic or Latino		Male						Non-Hispanic or Latino							Female	
	Male	Female	White	Black or African-American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or More Races	White	Black or African-American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or More Races			
Executive/ Senior Level Officials and Managers																	
First / Mid-Level Officials and Managers																	
Professionals																	
Technicians																	
Sales Workers																	
Administrative Support Workers																	
Craft Workers																	
Operatives																	
Laborers and Helpers																	
Service Workers																	
Total																	

IV. EEO Firm Activity

1. Is your company's CEO and/or Chief Procurement Officer ("CPO") committed to and engaged in the process of diversity business development?
If yes, please attach a signed statement from your CEO or CPO.
2. Please provide a copy of your company's equal opportunity and affirmative action policy.

V. MWBE Business Activity. Please Submit the following:

1. The percentage of your company's gross revenues involving the use of MWBE subcontractors for servicing clients and/or manufacturing products and/or performing on contracts in the contractor's prior year of business activity.
2. The percentage of your company's gross revenues involving the use of joint ventures, partnerships, or other similar arrangements with certified MWBEs in the contractor's prior year of business activity.
3. The percentage of your company's gross revenues involving the use of government or private sector contracts that had certified MWBE utilization requirements.
4. The percentage of your company's gross revenues that the contractor paid to certified MWBE subcontractors and paid to certified MWBE joint ventures, partnerships, or other similar arrangements.
5. The percentage of your company's overhead expenses for the prior year of business activity that were certified MWBE expenditures.

6. Any training or mentoring programs provided for MWBEs by your company. Any such programs shall be described and attached as an exhibit.
7. Any financial assistance provided to certified MWBEs by such contractor. Any such programs shall be described and attached as an exhibit.
8. Any supplier and subcontractor diversity goals involved in your company's procurements. Provide examples of any such goals.
9. The established goals, if any, for certified MWBE suppliers or a total purchasing budget allocated to certified MWBE suppliers by your company. Provide a copy or policy or statement of any such established goals.
10. Any other information that demonstrates your company's commitment to diversity practices, or information explaining why your company should be exempt from an assessment of diversity practices.

DRAFT



The Culture of Care

Executive Law 15-A of the New York State Executive Law was signed into law on July 19, 1988. Under this statute, State Agencies are charged with establishing employment and business participation goals for minorities and women. These laws were enacted to promote equality of economic opportunity for minority group members and women and to eradicate barriers that have unreasonably impeded access by MWBE's to State contracting activities. ECMCC is classified as a Public Benefit Corporation thus making us subject to Governor Cuomo's mandate of 20% participation from Minority & Women Business Enterprises (MWBE) as an Authority of the State.

BENEFITS OF CERTIFICATION

Erie County Medical Center

- Ensure Accountability & Fairness
- Build a Diverse & Competitive Business Climate
- Community Outreach, Education
- Connect MWBE Firms with Opportunity
- Help ECMC meet 20% Participation Goal
- Increased Commitment to Support Local Business

MWBE Business Owner

- Eligible for State Contracting Opportunities
- Increase Business Revenue
- Create & Sustain Employee Base
- Advertise your Business across NYS
- Free Technical Assistance & Training
- Increased Economic Opportunities w/ ECMC

STEPS FOR CERTIFICATION

Empire State Development - Division of Minority & Women Development
<http://www.esd.ny.gov/MWBE.html>

WHO SHOULD I CALL? ECMC MWBE Compliance Office:

Janique S. Curry
716-898-4947
jcurry1@ecmc.edu

ECMC Purchasing Office:

Michael Roberts
716-898-3235
purchasing@ecmc.edu



ECMCC Management Team



Chief Executive Officer

ERIE COUNTY MEDICAL CENTER CORPORATION

REPORT TO THE BOARD OF DIRECTORS
JODY L. LOMELO, CHIEF EXECUTIVE OFFICER
JULY 31, 2012

Hope everyone is enjoying their summer. The summer season is flying by as we approach the month of August.

I would like to express my appreciation and my heartfelt thank you to our staff, nurses, physicians and employees for their support and dedication following the tragedy of June 13th. I am proud of how our team and the ECMC family responded and cannot be more impressed with the overall dedication they have towards patient care. As always, our thoughts and prayers remain with Jackie and her family.

HOSPITAL OPERATIONS

We are disappointed at the results of June as we have seen decreases in our volumes across the board. As Mike has detailed for you, we have underperformed in certain areas and are in the process of reviewing the data as why volumes decreased in June. In response, the management team is focused not only by increasing revenue but also cost containment and expense reductions. The Executive Management team is planning a midyear retreat to review the budget and implement any changes necessary to ensure a positive operating bottom line for 2012.

ERIE COUNTY

We will continue to work with County Executive Polancarz on a solution to mitigate the multimillion dollar IGT overage that the County faces in 2012 and 2013 for indigent care at ECMC. We have met several times and I have given our commitment that ECMC will have little or no negative impact to the Erie County budget for 2012 or 2013. I am confident that we can craft an agreement that will have little or if any impact on hospital operations as well. As the board has directed and has proven, we will always do what is in the best interest of not only ECMC but the community as a whole. We obviously cannot control the media or how others have portrayed this issue, but we have said on several occasions that if there is an issue with the Erie County budget, it will not be due to ECMC.

I am pleased to announce that Erie County, ECMC and CSEA have entered into a tentative agreement for a new contract. I am pleased with our involvement with in the negotiations as well as the outcome. I am hopeful that the CSEA members will vote to approve this contract as they deserve a new contract that reflects the realities of today. I will keep you posted as to when CSEA will be voting on the contract as well as the results.

PHYSICIAN RECRUITMENT/PRIMARY CARE

As we have discussed in the past, we have had success in recruiting new primary care physicians and have placed them strategically throughout the community. We now have a presence in Hamburg and Orchard Park with two very robust practices and we continue to have dialogue with other physicians in the community. We have also seen an increase in volume from Dr. Howard Sperry not only with our employees but others who have utilized his service.

GREAT LAKES HEALTH

We continue to work with our partners at Kaleida to coordinate cardiovascular services with the GVI for the ECMC campus. Our teams meet bi-weekly and are on pace to formulate a plan that will provide services to our patients on the ECMC campus utilizing the excellence of the GVI. I commend our physicians and all involved who have been open to a new model that will not only take care of the patients on Grider Street, but also provide increased quality of care to our patients.

We are again thankful to the State of New York for believing in our consolidated plan for Behavioral Health services on the ECMC campus with Kaleida. Our HEAL grant of \$15 million dollars is proof positive that the consolidation between these two organizations is working and clearly being noticed. The teams of ECMC and Kaleida are working together to build the program and begin the transition of Behavioral Health services from the Buffalo General campus to the ECMC campus.

ECMC LIFELINE FOUNDATION (MAMMOGRAPHY BUS AND FITNESS CENTER)

We are pleased and proud to have participated with our friends at the Buffalo Sabres Alumni Foundation and the First Niagara Foundation in a press conference to unveil the mobile mammography bus. If you have not seen the bus, I encourage you to see it. It is absolutely a phenomenal project. The ECMC Lifeline Foundation has stepped up with the other two organizations to deliver care to a segment of our population who may otherwise not have been screened. I could not be happier with this collaboration and I want to extend my sincere appreciation and thanks to Western New York Breast

Health for their willingness to participate and care for the never served. The bus has already been to the Juneteenth Festival as well as the Hispanic Festival and the witness project has over 300 screenings scheduled. The bus will also be at the Erie County Fair. If you have any organizations that you think might like the bus at their event, please us know.

Within the next few weeks the ECMC Employee Fitness Center will be open. Please take moment to visit the center as it is first class and one more step towards delivering value back to our employees. Thank you to our medical staff and Lifeline Foundation who believed in the idea that our health campus needed to provide a facility for the members of our ECMC family. I encourage everyone to sign up for the Fitness Center as it is available to the ECMC family.

These are two primary examples of how the dollars we raise have major impact on the people we serve as well as with the people we work with.

LONG TERM CARE/ TRANSPLANT UPDATE

The Long Term Care Center is moving quickly and is closer to completion each and every day. The facility is spectacular and hopefully each of you has taken advantage of the tours that have been set up. Rich Cleland and his team are doing wonderful work and the campus is changing before our eyes. We continue to be on schedule for completion and the residents remain excited about the move to the ECMC Health Campus.

We are also pleased at how the Transplant Center has been progressing. We are on pace for 100 transplants in 2012 which is a significant increase from past years. A special recognition to all involved in transplant as they create a world class transplant center in Western New York by providing exceptional care and customer service to our patients..

PARKING

As you can see and have been affected by, we are in the process of redoing all of our parking lots on the campus. There is no easy way of doing this that would eliminate any issues for our employees and patients. We have attempted to keep the inconvenience to all involved to a minimum, as we keep our eye on the end game: A world class ECMC Health Campus. As you know, the entire campus has gone through a major transition and parking is part of that. Our new ramp is up and we believe that all parking lots will be done prior to the end of fall. As I have told many people, we cannot let perfect be the enemy

of progress and we have to accept some inconvenience in order to make major leaps forward on the campus. Thank you all for your patience and understanding.

I appreciate all your support and guidance as we continue to grow. Thank you.

Jody L. Lomeo



President & Chief Operating Officer

ERIE COUNTY MEDICAL CENTER CORPORATION

REPORT TO THE BOARD OF DIRECTORS MARK C. BARABAS, PRESIDENT AND CHIEF OPERATING OFFICER JULY 31, 2012

PARKING PROJECT

As our parking project nears the end of the first phase, the following changes should be noted;

- Effective July 16th 2012
 - D Lot has reopened providing a net increase in parking spaces.
 - C Lot is now closed for the next phase of construction.
 - Dialysis patient parking designated in the new D lot.
 - Orthopaedic patient parking designated in B lot.

- Effective July 23rd 2012
 - The doctors lot will close with physicians be assigned to the parking deck.
 - Valet parking begins at main entrance.
 - Transportation vans and patient discharge shifted from the front of the hospital to the side entrance in the former doctors' lot.

Please see attached maps to identify areas designated.

CARDIOVASCULAR COORDINATION OF SERVICES

Task forces have been assigned to discuss the coordination of Cardiovascular Services with Kaleida. The groups have been assigned to come up with a business and clinical model which coordinates the provision of services on the ECMC campus in collaboration with the Gates Vascular Institute. For discussion purposes, our initial Array of Services is attached to this report.

MEDICAL OFFICE BUILD OUT PLAN

We are nearing completion of the plan identifying both the Article 28 and the Non-Article 28 (rental space) that will occupy the second and third levels of the Medical Office Building.

The plan calls for the following services to be relocated on the second floor;

- Head & Neck/Plastic Reconstructive Surgery Clinic
- Medical Oncology Clinic
- Sperry Primary Care

All are Article 28 space (CON Required)

On the third floor of the Medical Office Building the following services are designated and have verbally committed to take rental space;

- Academic Medical Services from the University of Buffalo, Internal Medicine, Endocrinology and Nephrology
- Niagara Frontier Cardiology
- Cardiothoracic Surgery
- University Urology Practice Plan

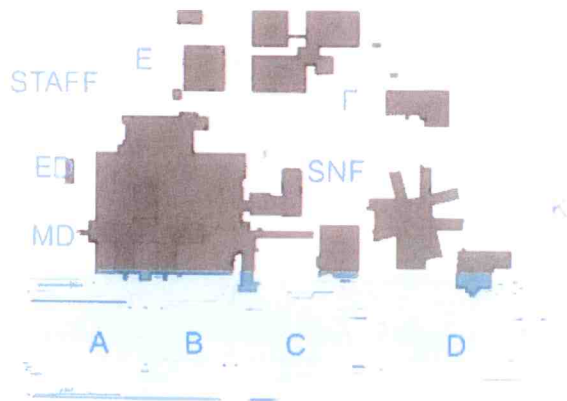
It is estimated that the cost of the build out plus the cost of furnishings for the Article 28 space is approximately \$4.6 million. Projected rental income is \$500K annually.

CV Integration
Array of Services

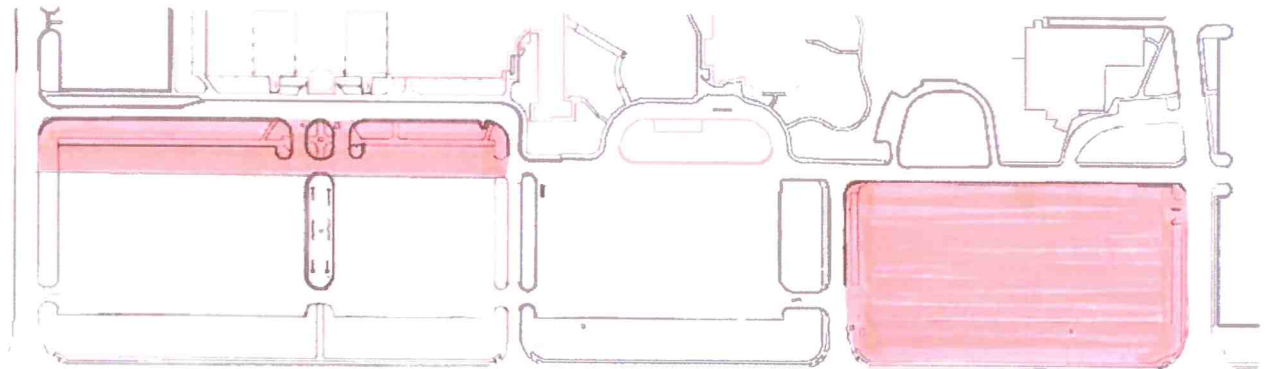
Service	Pharmacy Plan/Model
1. CV Surgery Emergent Elective	
2. Perfusion Services ECMO Cell Saver Trauma Dry Set Up? Process?	

<p>3. Cardiac Cath/Chest Pain Accreditation PCI/24/7 - ER Services Diagnostic Cath OBS Service</p>	
<p>4. Cardiac Consultation and Management for CV and Cath Inpatient Outpatient</p>	
<p>5. EP Services Inpatient Outpatient</p>	
<p>6. Clinics Cardiac Pacemaker</p>	
<p>7. Non-Invasive Cardiac Lab -Services</p>	
<p>8. Inpatient Cardiology Services -Inpatient Consultants -Transfer to Higher Level of Care</p>	

Circulation: *Grider Street Frontage (Existing)*



Grider Street



PHASE I / MAIN DRIVE RELOCATION – PART 1 OF 2

05/07/12 THROUGH 07/13/12

- LOST MONTHLY EMPLOYEES 80 (+/-)
- PATIENT / VISITOR SPACES 47 (+/-)
- LOST PAID PARKING SPACES @ LOT A/B 127 (-)

PHASE I / RECONSTRUCTION PARKING LOT D

05/07/12 THROUGH 07/13/12

- LOST PARKING SPACES @ LOT D 242
- LOST PAID PARKING SPACES @ LOT A/B 127
- GAINED PARKING @ NEW RAMP 374

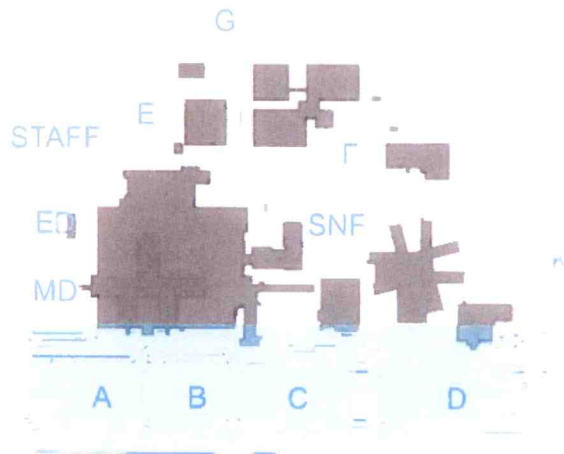
TOTAL PHASE I PARKING DIFFERENTIAL 5 (+)

Circulation: *Grider Street Frontage (Existing)*

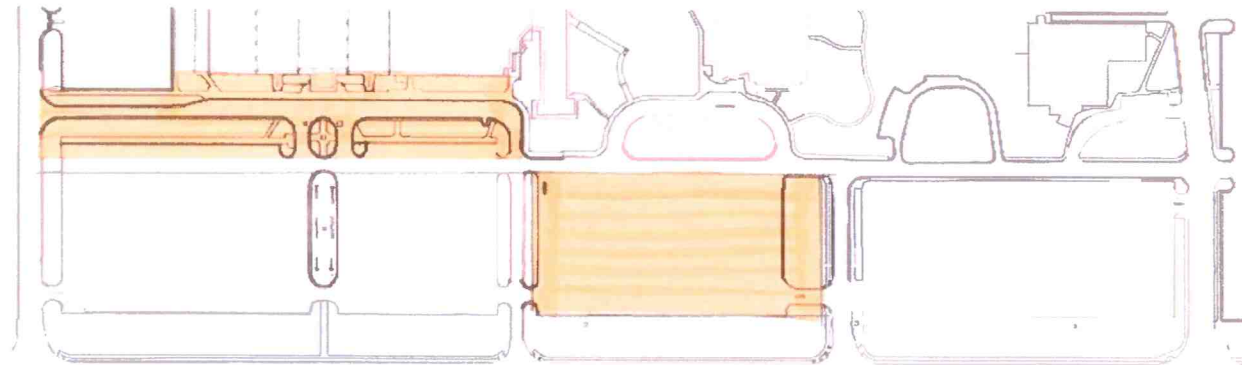
PHASE 2 / MAIN DRIVE RELOCATION – PART 2 OF 2

07/14/12 THROUGH 09/07/12

- NO CHANGE IN PARKING 0



Grider Street



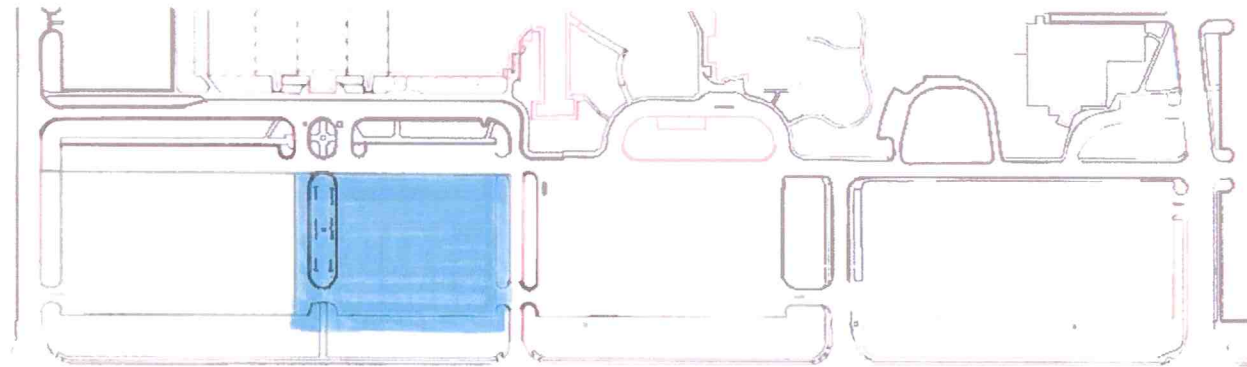
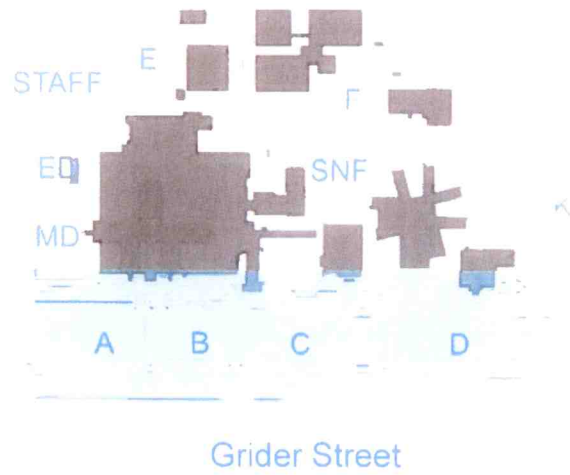
PHASE 2 / RECONSTRUCTION PARKING LOT C

07/14/12 THROUGH 09/07/12

- LOST PAID PARKING SPACES @ LOT AB 127 (-)
- LOST PARKING SPACES @ LOT C 253 (-)
- GAINED SPACES @ NEW LOT D 100 (+)
- GAINED PARKING @ NEW RAMP 374 (+)

TOTAL PHASE 2 PARKING DIFFERENTIAL 94 (+)

Circulation: *Grider Street Frontage (Existing)*



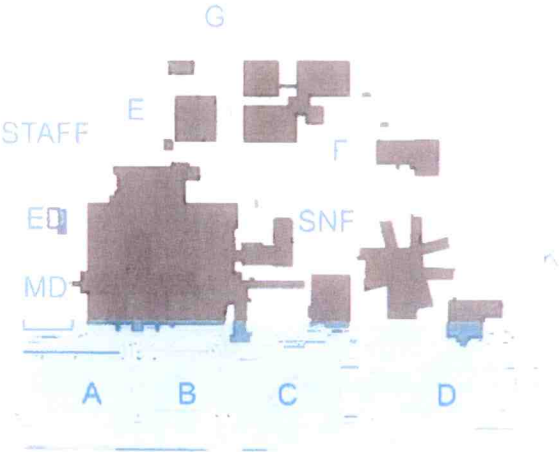
PHASE 3 / RECONSTRUCTION PARKING LOT B

09/08/12 THROUGH 10/26/12

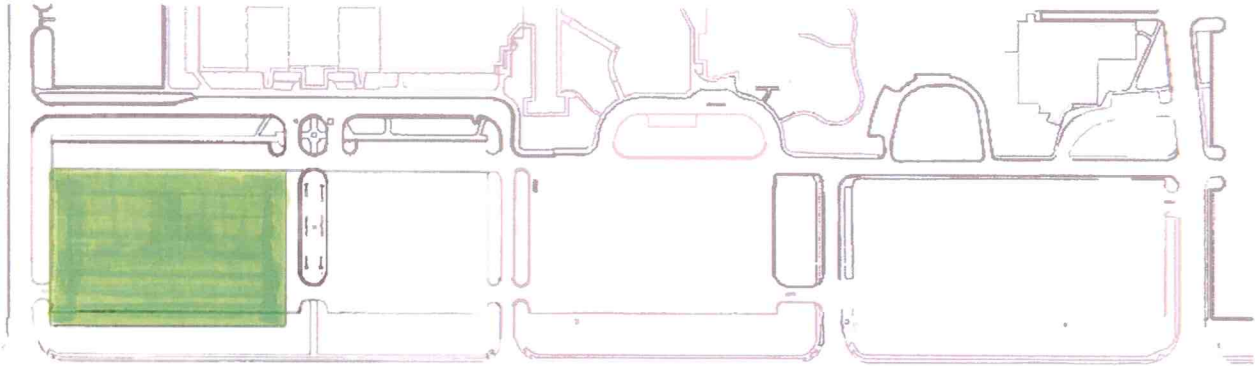
- LOST PAID PARKING SPACES @ LOT A/B 220 (-)
- GAINED SPACES @ NEW LOT C..... 14 (+)
- GAINED SPACES @ NEW LOT D..... 100 (+)
- GAINED PARKING @ NEW RAMP 374 (+)

TOTAL PHASE 3 PARKING DIFFERENTIAL 268 (+)

Circulation: *Grider Street Frontage (Existing)*



Grider Street

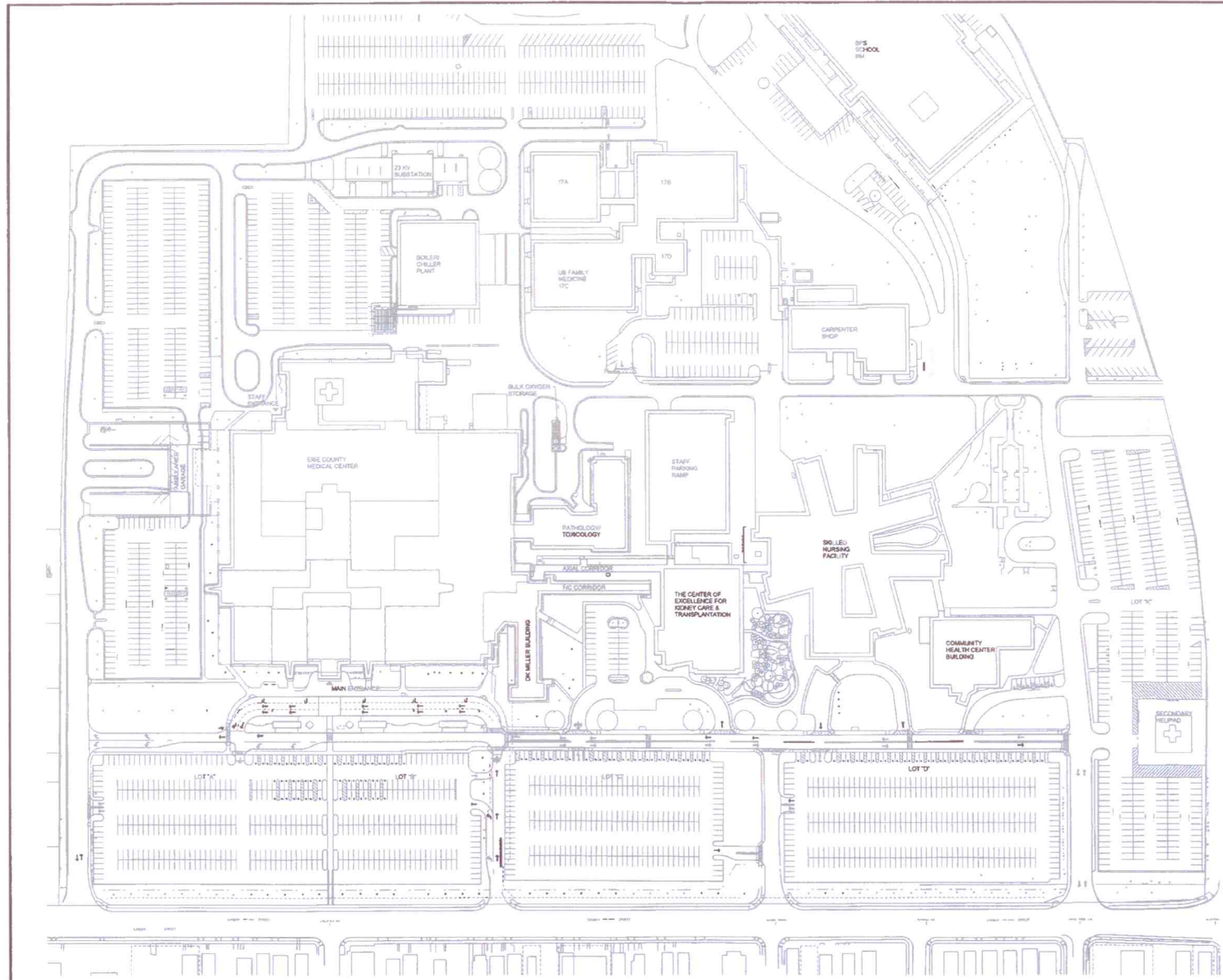


PHASE 4 / RECONSTRUCTION PARKING LOT A

10/27/12 THROUGH 12/07/12

- LOST PAID PARKING SPACES @ LOT A/B 277 (-)
- GAINED SPACES @ NEW LOT C 14 (+)
- GAINED SPACES @ NEW LOT D 100 (+)
- GAINED PARKING @ NEW RAMP 374 (+)

TOTAL PHASE 4 PARKING DIFFERENTIAL 211 (+)



Future Site Plan
SCALE: 1/8"=1'-0"

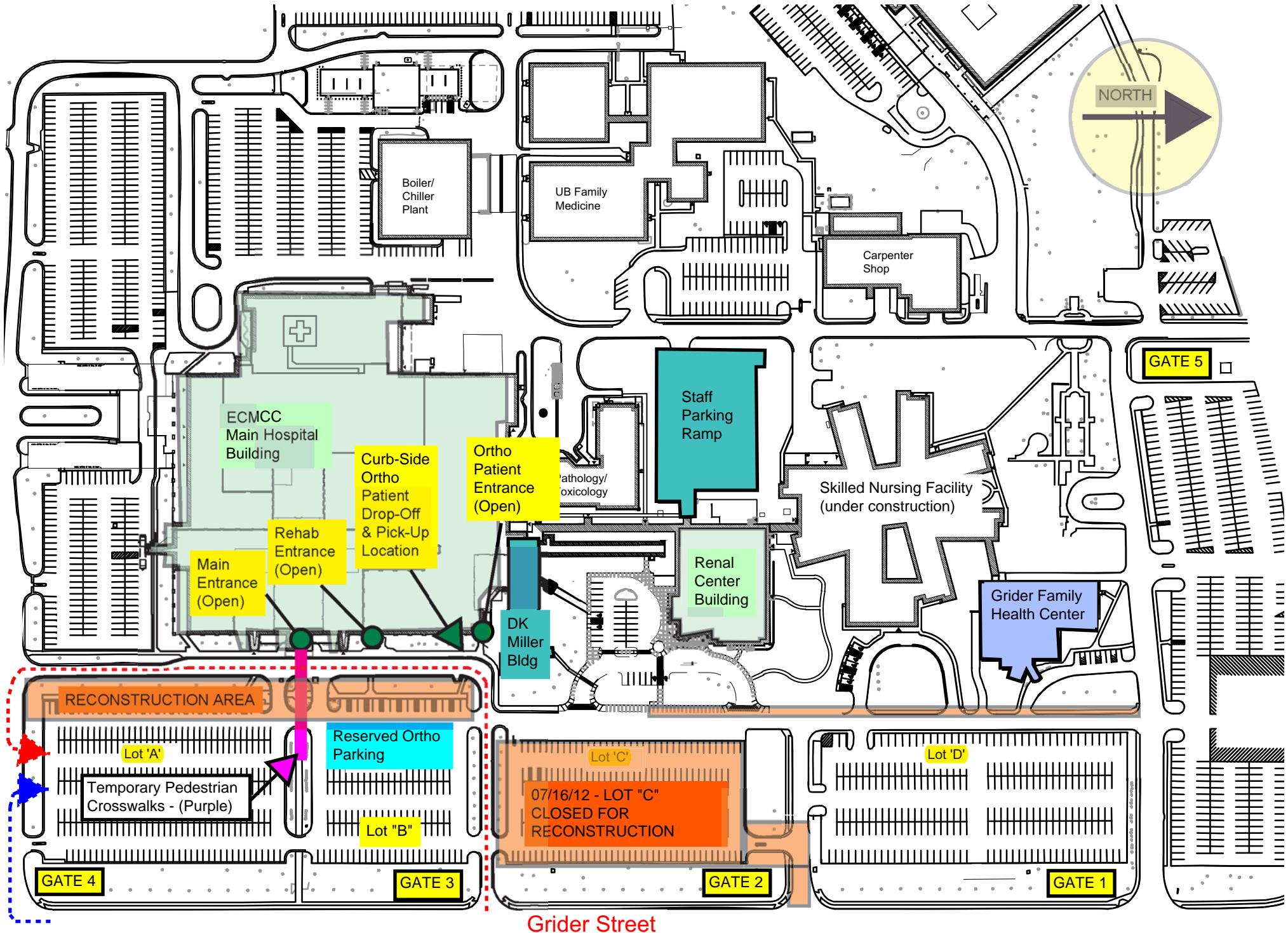
KIDENEY ARCHITECTS
 300 John James Audubon Parkway
 Buffalo, New York 14228
 716.836.9700 Fax 716.836.9783
 ARCHITECTS, PLANNERS
 INTERIOR & LANDSCAPE DESIGN

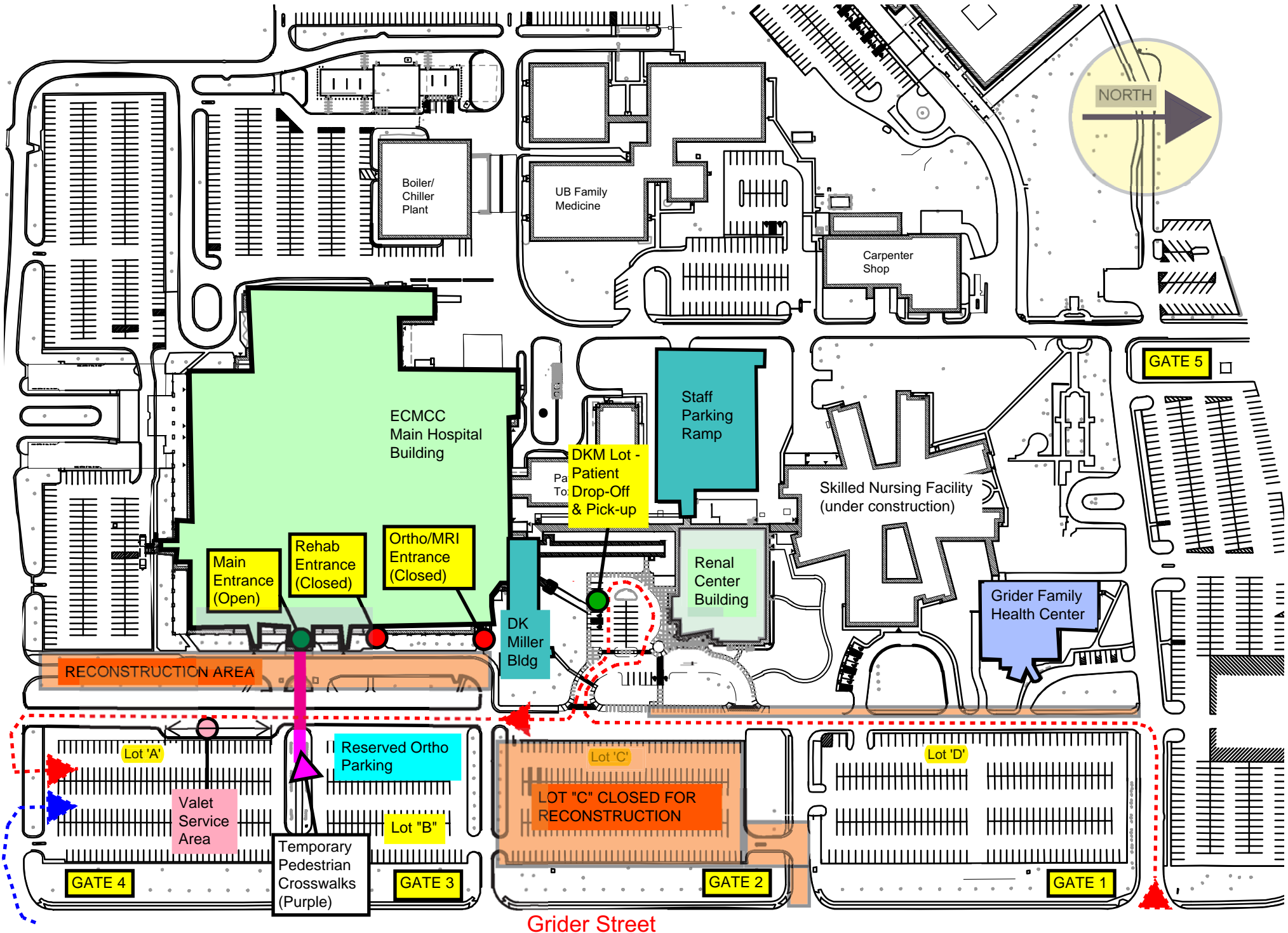
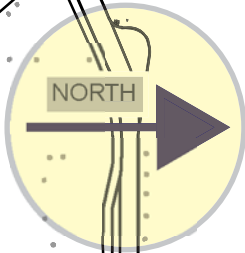
E C M C
 ERIE COUNTY
 MEDICAL
 CORPORATION
 400 NORTH STREET BUFFALO, NEW YORK 14202
 DIALYSIS MEDICAL OFFICE
 BUILDING BUILD OUT

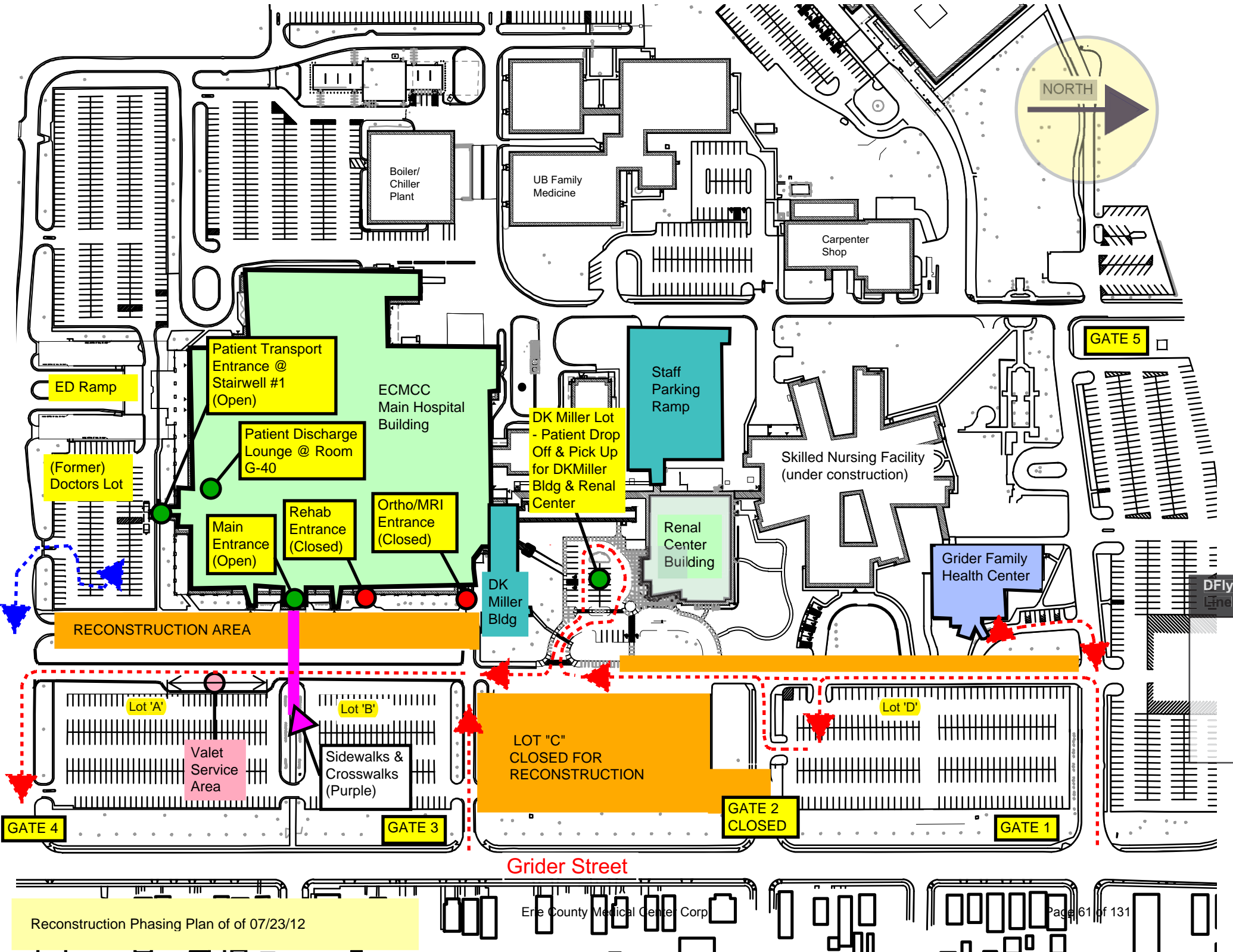
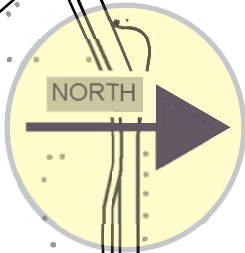
Future Site Plan

1" = 80'-0"	
DATE	03/07/2012
SCALE	1/8" = 1'-0"

A100







Boiler/
Chiller
Plant

UB Family
Medicine

Carpenter
Shop

GATE 5

ED Ramp

Patient Transport
Entrance @
Stairwell #1
(Open)

ECMCC
Main Hospital
Building

DK Miller Lot
- Patient Drop
Off & Pick Up
for DK Miller
Bldg & Renal
Center

Staff Parking
Ramp

Skilled Nursing Facility
(under construction)

(Former)
Doctors Lot

Patient Discharge
Lounge @ Room
G-40

Main
Entrance
(Open)

Rehab
Entrance
(Closed)

Ortho/MRI
Entrance
(Closed)

DK
Miller
Bldg

Renal
Center
Building

Grider Family
Health Center

RECONSTRUCTION AREA

Lot 'A'

Lot 'B'

Valet
Service
Area

Sidewalks &
Crosswalks
(Purple)

LOT "C"
CLOSED FOR
RECONSTRUCTION

Lot 'D'

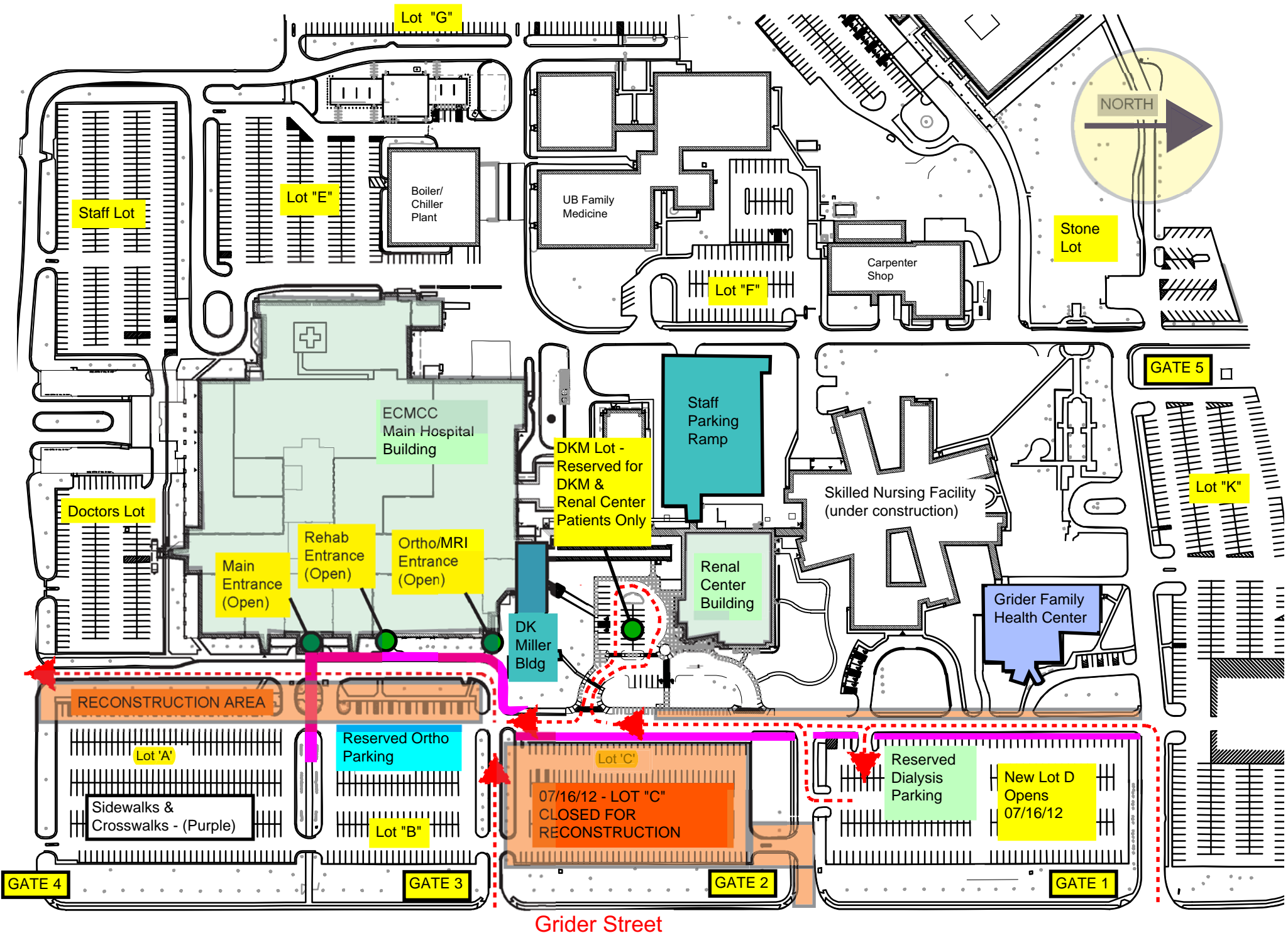
GATE 4

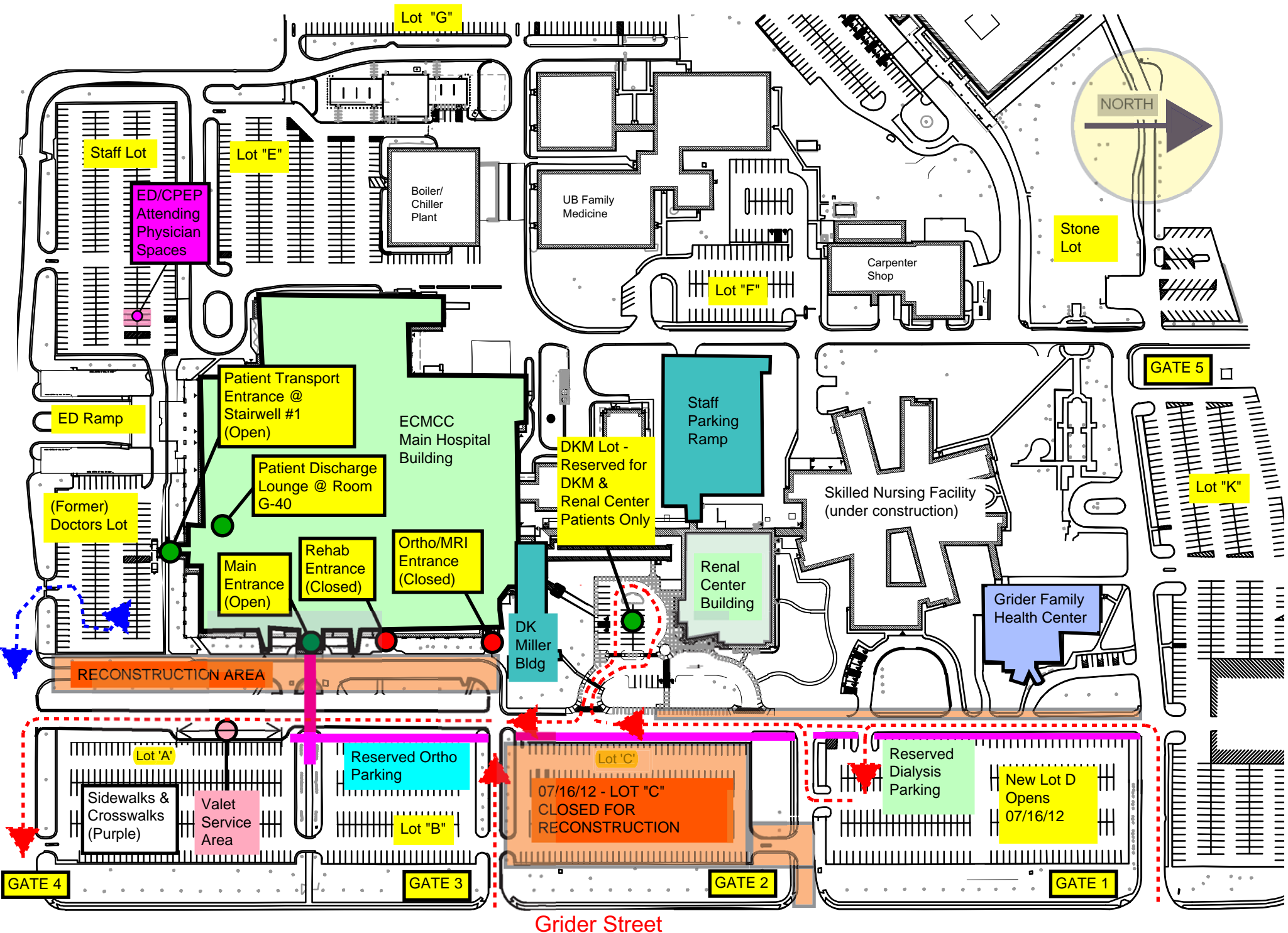
GATE 3

GATE 2
CLOSED

GATE 1

Grider Street







Chief Financial Officer



**ERIE COUNTY MEDICAL CENTER
CORPORATION**

Internal Financial Reports
For the month ended June 30, 2012

Prepared by ECMCC Finance

Erie County Medical Center Corporation

Balance Sheet

June 30, 2012 and December 31, 2011

(Dollars in Thousands)

	June 30, 2012	Audited December 31, 2011	Change from Prior Year End
ASSETS			
Current assets:			
Cash and cash equivalents	\$ 28,301	\$ 38,222	\$ (9,921)
Investments	13,371	46,306	(32,935)
Patient receivables, net	35,633	39,217	(3,584)
Prepaid expenses, inventories and other receivables	49,972	57,500	(7,528)
Total Current Assets	127,277	181,245	(53,968)
Assets Whose Use is Limited:			
Designated under self-insurance programs	86,580	79,426	7,154
Designated by Board	25,000	25,000	0
Restricted under debt agreements	60,998	93,412	(32,414)
Restricted	29,695	23,354	6,341
	<u>202,273</u>	<u>221,192</u>	<u>(18,919)</u>
Property and equipment, net	216,528	163,015	53,513
Deferred financing costs	3,170	3,233	(63)
Other assets	4,061	1,873	2,188
Total Assets	\$ 553,309	\$ 570,558	\$ (17,249)
LIABILITIES AND NET ASSETS			
Current Liabilities:			
Current portion of long-term debt	\$ 5,473	\$ 4,249	\$ 1,224
Accounts payable	36,361	39,138	(2,777)
Accrued salaries and benefits	16,755	17,908	(1,153)
Other accrued expenses	36,471	59,398	(22,927)
Estimated third party payer settlements	26,644	28,211	(1,567)
Total Current Liabilities	121,704	148,904	(27,200)
Long-term debt	185,076	187,290	(2,214)
Estimated self-insurance reserves	53,303	47,700	5,603
Other liabilities	95,376	88,566	6,810
Total Liabilities	455,459	472,460	(17,001)
Net Assets			
Unrestricted net assets	87,000	87,248	(248)
Restricted net assets	10,850	10,850	0
Total Net Assets	97,850	98,098	(248)
Total Liabilities and Net Assets	\$ 553,309	\$ 570,558	\$ (17,249)

Erie County Medical Center Corporation

Statement of Operations

For the month ended June 30, 2012

(Dollars in Thousands)

	Actual	Budget	Variance	Prior Year
Operating Revenue:				
Net Patient Revenue	\$ 31,254	\$ 33,826	\$ (2,572)	\$ 31,767
Less: Provision for bad debts	(1,796)	(2,028)	232	(1,954)
Adjusted net patient revenue	29,458	31,798	(2,340)	29,813
Disproportionate Share/IGT Revenue	4,702	4,702	-	4,550
Other Revenue	1,891	2,118	(227)	2,858
Total Operating Revenue	36,051	38,618	(2,567)	37,221
Operating Expenses:				
Salaries / Wages / Contract Labor	12,598	13,280	682	12,402
Employee Benefits	9,083	8,713	(370)	8,505
Physician Fees	3,892	4,127	235	4,223
Purchased Services	2,924	2,722	(202)	2,587
Supplies	4,985	5,495	510	5,161
Other Expenses	707	698	(9)	740
Utilities	454	589	135	666
Insurance	514	537	23	598
Depreciation & Amortization	1,446	1,467	21	1,238
Interest	433	440	7	442
Total Operating Expenses	37,036	38,068	1,032	36,562
Income (Loss) from Operations	(985)	550	(1,535)	659
Non-operating gains (losses):				
Interest and Dividends	293	-	293	325
Unrealized Gains/(Losses) on Investments	1,540	172	1,368	(908)
Non-operating Gains(Losses), net	1,833	172	1,661	(583)
Excess of (Deficiency) of Revenue Over Expenses	\$ 848	\$ 722	\$ 126	\$ (935)

Erie County Medical Center Corporation

Statement of Operations

For the six months ended June 30, 2012

(Dollars in Thousands)

	Actual	Budget	Variance	Prior Year
Operating Revenue:				
Net Patient Revenue	\$ 190,052	\$ 192,772	\$ (2,720)	\$ 178,551
Less: Provision for bad debts	(11,214)	(12,157)	943	(10,985)
Adjusted net patient revenue	178,838	180,615	(1,777)	167,566
Disproportionate Share/IGT Revenue	28,212	28,212	-	23,801
Other Revenue	11,040	12,707	(1,667)	16,376
Total Operating Revenue	218,090	221,534	(3,444)	207,743
Operating Expenses:				
Salaries / Wages / Contract Labor	77,181	78,164	983	75,366
Employee Benefits	52,244	51,420	(824)	50,742
Physician Fees	24,998	24,673	(325)	23,660
Purchased Services	16,298	16,267	(31)	15,560
Supplies	31,753	30,894	(859)	28,935
Other Expenses	3,815	4,152	337	4,223
Utilities	2,772	3,865	1,093	4,001
Insurance	3,084	3,220	136	3,605
Depreciation & Amortization	8,688	8,804	116	7,431
Interest	2,625	2,638	13	2,661
Total Operating Expenses	223,458	224,097	639	216,184
Income (Loss) from Operations	(5,368)	(2,563)	(2,805)	(8,441)
Non-operating Gains (Losses)				
Interest and Dividends	2,106	-	2,106	2,072
Unrealized Gains/(Losses) on Investments	3,418	1,031	2,387	834
Non Operating Gains (Losses), net	5,524	1,031	4,493	2,906
Excess of (Deficiency) of Revenue Over Expenses	\$ 156	\$ (1,532)	\$ 1,688	\$ (6,546)

Erie County Medical Center Corporation

<p>Statement of Changes in Net Assets For the month and six months ended June 30, 2012</p>

(Dollars in Thousands)

	Month	Year-to-Date
<u>UNRESTRICTED NET ASSETS</u>		
Excess (Deficiency) of Revenue Over Expenses	\$ 848	\$ 156
Other Transfers, Net	(74)	(404)
Contributions for Capital Acquisitions	-	-
Net Assets Released from Restrictions for Capital Acquisition	-	-
	774	(248)
Change in Unrestricted Net Assets		
<u>TEMPORARILY RESTRICTED NET ASSETS</u>		
Contributions, Bequests, and Grants	-	-
Net Assets Released from Restrictions for Operations	-	-
Net Assets Released from Restrictions for Capital Acquisition	-	-
	-	-
Change in Temporarily Restricted Net Assets		
Change in Total Net Assets	774	(248)
Net Assets, Beginning of Period	97,076	98,098
NET ASSETS, End of Period	\$ 97,850	\$ 97,850

Erie County Medical Center Corporation

Statement of Cash Flows

For the month and six months ended June 30, 2012

(Dollars in Thousands)

	<u>Month</u>	<u>Year-to-Date</u>
<u>CASH FLOWS FROM OPERATING ACTIVITIES</u>		
Change in net assets	\$ 774	\$ (248)
Adjustments to Reconcile Changes in Net Assets to Net Cash Provided by (Used in) Operating Activities:		
Depreciation and amortization	1,446	8,688
Provision for bad debt expense	1,796	11,214
Net Change in unrealized (gains) losses on Investments	(1,540)	(3,418)
Transfer to component unit - Grider Initiative, Inc.	74	404
Capital contribution to/from Erie County	-	-
<u>Changes in Operating Assets and Liabilities:</u>		
Patient receivables	1,377	(7,630)
Prepaid expenses, inventories and other receivables	11,871	7,528
Accounts payable	(5,756)	(2,777)
Accrued salaries and benefits	372	(1,153)
Estimated third party payer settlements	(147)	(1,567)
Other accrued expenses	6	(22,927)
Self Insurance reserves	933	5,603
Other liabilities	1,135	6,810
Net Cash Provided by (Used in) Operating Activities	<u>12,341</u>	<u>527</u>
<u>CASH FLOWS FROM INVESTING ACTIVITIES</u>		
Additions to Property and Equipment, net		
Campus expansion	(7,953)	(56,095)
Routine capital	(1,077)	(6,043)
Decrease (increase) in assets whose use is limited	4,212	18,919
Purchases (sales) of investments, net	5,448	36,353
Investment in component unit - Grider Initiative, Inc.	(74)	(404)
Change in other assets	<u>(130)</u>	<u>(2,188)</u>
Net Cash Provided by (Used in) Investing Activities	<u>426</u>	<u>(9,458)</u>
<u>CASH FLOWS FROM FINANCING ACTIVITIES</u>		
Principal payments on long-term debt	(45)	(990)
Capital contribution to/from Erie County	<u>-</u>	<u>-</u>
Net Cash Provided by (Used in) Financing Activities	<u>(45)</u>	<u>(990)</u>
Increase (Decrease) in Cash and Cash Equivalents	12,722	(9,921)
Cash and Cash Equivalents, Beginning of Period	<u>15,579</u>	<u>38,222</u>
Cash and Cash Equivalents, End of Period	<u>\$ 28,301</u>	<u>\$ 28,301</u>

Erie County Medical Center Corporation

Key Statistics

Period Ended June 30, 2012

Current Period

Actual	Budget	% to Budget	Prior Year
892	985	-9.4%	944
120	102	17.6%	100
29	27	7.4%	25
199	201	-1.0%	202
42	54	-22.2%	36
1,282	1,369	-6.4%	1,307

5,390	5,892	-8.5%	5,886
403	427	-5.6%	321
515	501	2.8%	555
2,709	2,735	-1.0%	2,549
788	1,368	-42.4%	802
9,805	10,923	-10.2%	10,113

180	196	-8.5%	196
13	14	-5.6%	11
17	17	2.8%	19
90	91	-1.0%	85
26	46	-42.4%	27
327	364	-10.2%	337

6.0	6.0	1.0%	6.2
3.4	4.2	-19.8%	3.2
17.8	18.6	-4.3%	22.2
13.6	13.6	0.0%	12.6
18.8	25.3	-25.9%	22.3
7.6	8.0	-4.1%	7.7

4,033	3,481	15.9%	3,978
134	116	15.9%	133

59.4%	66.2%	-10.2%	61.3%
76.2%	87.1%	-12.5%	82.4%
79.5%	87.1%	-8.7%	84.1%

1.64	1.88	-12.9%	1.84
2.02	2.14	-5.7%	2.10

149	135	10.4%	114
408	423	-3.5%	404
615	735	-16.3%	705

28,881	31,681	-8.8%	29,808
5,402	5,668	-4.7%	5,228

34.1	40.0	-14.8%	47.1
6.0%	6.1%	-2.0%	6.4%

2,415	2,478	-2.6%	2,381
3.11	3.13	-0.5%	3.03

\$ 12,609	\$ 13,160	-4.2%	\$ 12,381
\$ 15,173	\$ 15,222	-0.3%	\$ 14,689

Erie County Home:

9,676	9,996	-3.2%	12,955
323	333	-3.2%	432
55.0%	56.9%	-3.2%	73.7%
323	331	-2.6%	386

Year to Date

Actual	Budget	% to Budget	Prior Year
5,564	5,578	-0.3%	5,352
757	649	16.6%	637
158	187	-15.5%	197
1,202	1,182	1.7%	1,188
229	209	9.6%	175
7,910	7,805	1.3%	7,549

Discharges:

Acute	5,564	5,578	-0.3%	5,352
CD - Detox	757	649	16.6%	637
CD - Rehab	158	187	-15.5%	197
Psych	1,202	1,182	1.7%	1,188
Rehab	229	209	9.6%	175
Total Discharges	7,910	7,805	1.3%	7,549

Patient Days:

Acute	34,318	33,365	2.9%	33,770
CD - Detox	2,414	2,720	-11.3%	2,174
CD - Rehab	3,090	3,506	-11.9%	3,841
Psych	16,259	16,085	1.1%	15,448
Rehab	4,774	5,275	-9.5%	4,282
Total Days	60,855	60,951	-0.2%	59,515

Average Daily Census:

Acute	189	183	2.9%	187
CD - Detox	13	15	-11.3%	12
CD - Rehab	17	19	-11.9%	21
Psych	89	88	1.1%	85
Rehab	26	29	-9.5%	24
Total ADC	334	335	-0.2%	329

Average Length of Stay:

Acute	6.2	6.0	3.1%	6.3
CD - Detox	3.2	4.2	-23.9%	3.4
CD - Rehab	19.6	18.7	4.3%	19.5
Psych	13.5	13.6	-0.6%	13.0
Rehab	20.8	25.2	-17.4%	24.5
Average Length of Stay	7.7	7.8	-1.5%	7.9

SNF Days	24,399	22,593	8.0%	23,791
SNF ADC	134	124	8.0%	131

Occupancy:

% of acute licensed beds	62.7%	60.9%	2.9%	59.8%
% of acute available beds	82.4%	80.1%	2.9%	76.3%
% of acute staffed beds	84.0%	80.1%	4.9%	79.6%

Case Mix Index:

Medicare	1.74	1.92	-9.2%	1.88
Non-Medicare	2.15	2.16	-0.5%	2.11
Observation Visits	797	891	-10.5%	755
Inpatient Surgeries	2,476	2,420	2.3%	2,273
Outpatient Surgeries	3,766	4,076	-7.6%	3,961

Outpatient Visits	174,073	184,456	-5.6%	173,861
Emergency Visits Including Admits	31,712	32,448	-2.3%	29,935

Days in A/R	34.1	40.0	-14.8%	47.1
Bad Debt as a % of Net Revenue	6.1%	6.5%	-5.8%	6.5%

FTE's	2,383	2,404	-0.9%	2,393
FTE's per adjusted occupied bed	3.10	3.15	-1.7%	3.18

Net Revenue per Adjusted Discharge	\$ 12,720	\$ 12,857	-1.1%	\$ 12,103
Cost per Adjusted Discharge	\$ 15,301	\$ 15,441	-0.9%	\$ 15,116

Patient Days	63,036	62,978	0.1%	81,983
Average Daily Census	346	346	0.1%	453
Occupancy - % of licensed beds	59.1%	59.0%	0.1%	77.3%
FTE's	343	332	3.4%	407



**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 2012

LONG TERM CARE-ERIE COUNTY HOME/ECMC SNF:

Construction of the new nursing home is going very well. We are looking at an end of December 2012 completion with a “tentative” move in date by February 1, 2013;

The Long Term Care Steering Committee is overseeing, planning and carrying out:

- Remaining downsizing initiative (currently we are down to 329 beds at the Erie County Home and total bed census of 464);
- The new care delivery model (person-centered care);
- Operational components (labor, new positions, policy & procedures etc.);
- The move of 390 patients into the new facility;
- Impact negotiation session (AFSCME, CSEA, NYSNA) follow-up items;
- Appropriate exit (clear out and clean up) of the EC Home;
- Implementation of EMR and integration of the nursing home on ECMC Campus;
- FFE & technology initiatives;

New LTC Facility tours for employees started in July. This will expand in frequency as we move close to our February 1, 2013 opening.

An LTC Facility Naming Committee is currently in the development stages. Tom Q. is looking to create an interdisciplinary group to develop a process and selection criteria for the new LTC facility. NYS DOH is requiring this be completed by September 1, 2012.

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

The Behavioral Health Steering Committee has continued to meet monthly and bring about great improvement to the overall programs and services that we provide. We just completed our annual OMH Inpatient survey (Adult and Adolescent) in May. Based on OMH exit we probably had our best survey in several years;

Renovation to relocate the CPEP-EOB beds to the 4th floor started in April. The unit will be open by the end of August;

The renovation of the CPEP Fast Track Triage started in April. This should be up and operational by end of August;

The relocation of the EOB beds to the 4th floor and the Fast Track Triage will add about 4,500 square feet to CPEP (almost doubling the current size);

ECMC/Kaleida has learned that we did get the HEAL-21 Grant for \$15 million to consolidate programs and services here at ECMC to create the Behavioral Health Center of Excellence (\$25 million has been requested). Official notification received in June. We are

ERIE COUNTY MEDICAL CENTER CORPORATION

planning to submit CON to DOH and PAR to OMH in early August. We have had numerous meetings with representatives of regional and statewide representatives of DOH, OMH and OASAS to insure speedy review and approval so we can remain on the HEAL schedule.

The chemical dependency outpatient clinics are in process of implementing recommendations outlined in the Redesign Committee's report. This is including modifying all patient admission, registration and billing systems. This modification includes converting to an electronic system similar to the hospital. This will increase productivity and reduce inefficient paper process.

REHABILITATION SERVICES:

Dr. Mark Livecchi has been appointed Clinical Director of Rehabilitation Services. Started date in July 1, 2012;

Outpatient clinic has expanded physician hours and schedules to meet patient demands and to insure continuum of care.

HYPERBARIC/WOUND CENTER (HWC):

The center continues to slowly and incrementally grow volumes. We currently are running full day schedules Monday through Friday. A third HBO chamber is on the horizon;

We are planning on holding a Hyperbaric/Wound Symposium in November. More details forthcoming.

TRANSITIONAL CARE UNIT (TCU):

Jennifer Cronkhite, Director of Nursing SNF, has been appointed TCU Project Champion;

Dr. Arthur Orlick has been named as Medical Director of the TCU;

TCU Steering Committee developed and will be meeting twice monthly to insure TCU is up and operational by end of December.

FOOD AND NUTRITIONAL SERVICES:

Steve Foreman has been appointed Head Chef of the operations. Steve comes to us with a vast amount of restaurant experience and is the right person to make the needed changes in the customer menu areas.

Morrison is submitted proposal to extend current agreement (expires in 2014). This proposal will include up to \$2 million dollars of capital investment from Morrison into ECMC operations (cafeteria and food preparation areas). We are currently reviewing proposal and to insure that this will meet ECMC's needs. The proposal calls for a (5) year extension with a (3) year extension.

Long Term Care Facility Tours

ECMC staff members are proud of our
“State-of-the-Art” new Long Term Care (LTC) Facility
and our residents are excited about their new home!

Come see what “Person-Centered Care” is all about.



**Tours of our Long Term Care Facility will be offered weekly each
Wednesday at 10:00 a.m. (beginning July 11th).**

Please contact Michelle Kroupa at 716-898-5273 to schedule an LTC tour.

Tour guidelines and information will be provided prior to each tour.
Please note that tour groups are limited to 10 people.



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

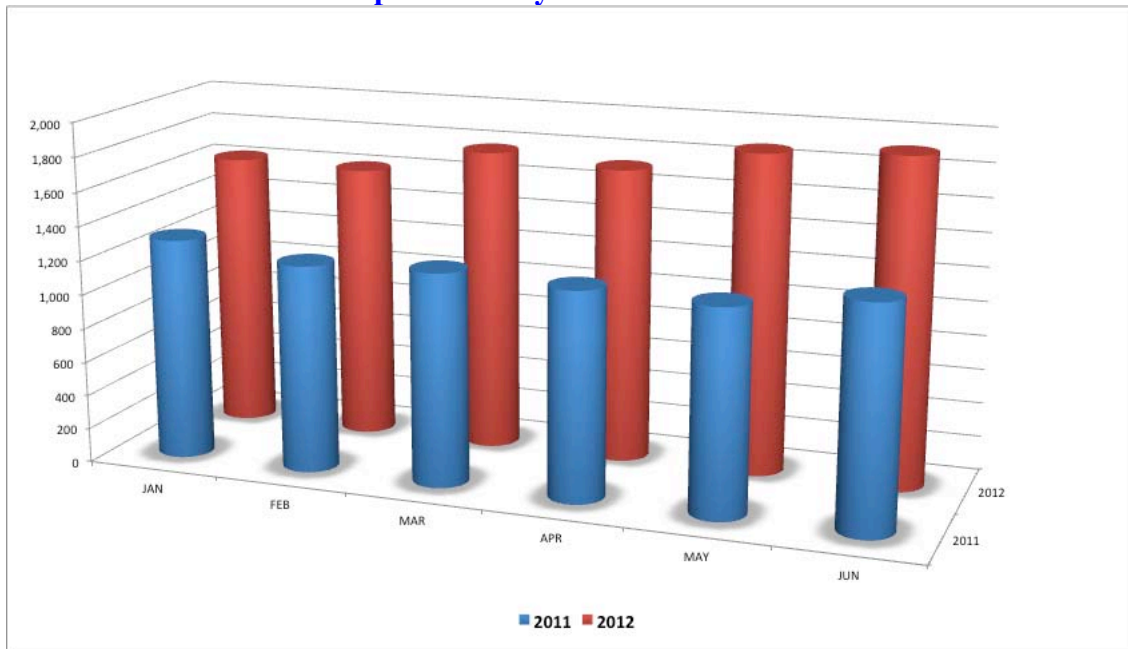
Erie County Medical Center Corporation
Report to the Board of Directors
Ronald J. Krawiec, Senior Vice President of Operations
July 31, 2012

TRANSPLANTATION & KIDNEY CARE CENTER – JOHN HENRY

DIALYSIS

Inpatient dialysis treatments through June 2012 were 1,845 as compared to 1,736 though June 2011 (an increase of 6%). However, total patients declined from 73 patients receiving inpatient dialysis in May to 55 in June with a similar decline in treatments from 304 in May to 261 in June.

Total Outpatient Dialysis Treatments 2011 v. 2012



TRANSPLANTATION

June was a month in which 8 total were performed. One was a pancreas transplant, our second of the year. Although the numbers seem low, the most performed in any NY pancreas program last year was eleven. There were zero pancreas transplants at ECMCC in 2009, one in 2010 and no pancreas transplants in 2011. A target goal of four for 2012 remains realistic and promising for continued growth. We have successfully completed nine living donor transplants 2012 YTD compared to a total of seven in 2011. There are four more scheduled at this time. The shortage of deceased donor organs is affecting our and other programs. UNYTS is doubling efforts to capture potential WNY deceased organ donors. Deceased donors are at a 15 year low, off by more than 50%. We have

met with the UNYTS leadership and offered to help further build not only an ECMC awareness program, but step up as leaders in the community.

All of the new inpatient transplant beds are now all open. Of the 22 operating beds, 4 are multi-acuity and will accommodate direct post-op patients. Final nurse training to handle TICU acuity level post-op patients will conclude in one week.

AMBULATORY SERVICES – PAUL MUENZNER

EMR – the Allscripts EMR project is moving forward under the new leadership of the Project Manager, Bonnie Gifford. The project now entails two implementation streams. The first is the Implementation Augmentation which entails implementing certain program modules to enhance the efficiency and effectiveness of already installed EMRs at Cleve-Hill and Grider Family Health. The second stream is the training of super users, providers and staff in the Internal Medicine Clinic followed by the actual implementation of the EMR.

Patient Appointment Reminder System in being implemented in selected clinics. We utilize the automation software from Tovaco, Inc to contact patients of Cleve-Hill, IMC and HIV clinics to provide next day appointment reminders. Its purpose is to reduce the high no-shows rates resulting in increased number of patients seen per clinic, revenue, and staff utilization.

A centralized appointment scheduling system for ENT, Podiatry, Pulmonology, and Neurosurgery is now fully implemented. Cardiology, Neurology and Orthopaedics will be implemented during the next quarter.

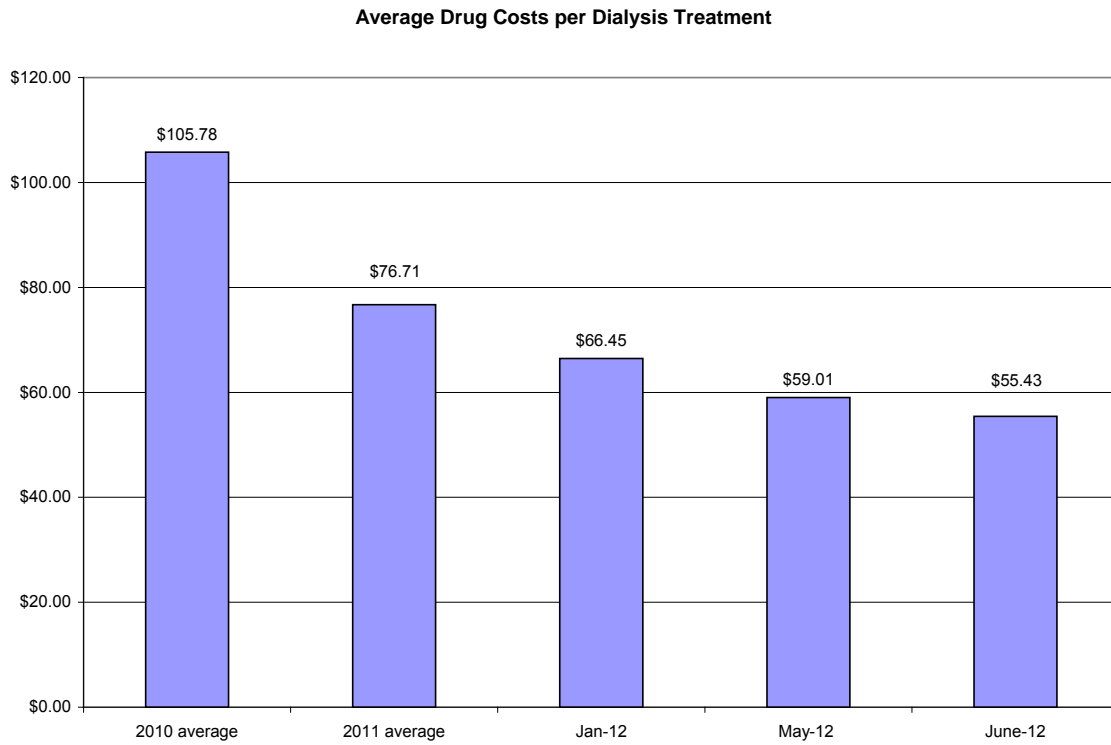
LABORATORY – JOSEPH KABACINSKI

Laboratory testing activity is up significantly in all areas compared with the same period in 2011. These increases are attributed to the transplant program, an uptick in testing for Lab outreach clients, breast and head/neck surgical procedures, and various other clinical demands. We are using Lean Process Design to analyze processes and workflow in the Main Lab areas and we are eliminating steps that do not add value to our processing.

PHARMACEUTICAL SERVICES – RANDY GERWITZ

The Department of Pharmaceutical Services (DPS) was part of the very successful launch of CPOE in the Emergency Department. Many hundreds of man hours were dedicated to this project and for the expansion of CPOE to the hospital. This effort has identified the need for tremendous ongoing maintenance and support of information systems. Particular attention must be paid to the impact of any change within one Meditech module to ensure that there is no negative or unexpected impact to another module.

The collaboration with the outpatient dialysis service continues to be one the DPS' greatest success stories. Since 2010 the average drug cost per dialysis treatment has fallen greater than 40%. June was our least expensive month to date as displayed in the graph below.



Pharmacy is now actively working with the Dialysis team to implement their new information system, MIQS. This system will dramatically change how Pharmacy provides medications to this population, presenting several unique challenges.



Chief Medical Officer

ERIE COUNTY MEDICAL CENTER CORPORATION
REPORT TO MEDICAL EXECUTIVE COMMITTEE
BRIAN M. MURRAY, MD, CHIEF MEDICAL OFFICER
JUNE 2012

UNIVERSITY AFFAIRS

NEW CHIEF OF OBSTETRICS AND GYNECOLOGY

The dean recently announced the appointment of Vanessa M. Barnabei, MD, PhD, as the new Chair of the Department of Gynecology and Obstetrics at the University at Buffalo School of Medicine and Biomedical Sciences. She will also serve as Medical Director of Women's Health Services at Kaleida Health. This appointment will be effective October 1, 2012.

A native of Vineland, New Jersey, Dr. Barnabei received her PhD in Biology and her MD from the University of Virginia. She completed her residency in obstetrics and gynecology (1985-89) at Northwestern University Medical Center in Chicago. She served as an assistant professor (1989-96) and associate professor (1998-2004) in the Department of Obstetrics and Gynecology at George Washington University in Washington, DC.

In 1998, Dr. Barnabei joined the faculty of The Medical College of Wisconsin in Milwaukee, Wisconsin. She currently is the Patrick and Margaret McMahon Endowed Professor of Obstetrics and Gynecology and Director of the Division of General Obstetrics and Gynecology.

Vanessa is an accomplished clinician, clinical investigator, and educator. She has expertise in the care of the midlife woman as well as vulvar disorders. Over the past 23 years, she has been an investigator in many pivotal trials on the effects of hormone therapy on the postmenopausal woman, including the Women's Health Initiative, the HERS trial and the PEPI trial.

NEW EXECUTIVE DIRECTOR OF THE INSTITUTE FOR HEALTHCARE INFORMATICS

The dean also announced the appointment of Peter Winkelstein, MS, MD, MBA, as the new Executive Director of the School's Institute for Healthcare Informatics (IHI). His appointment will be effective July 16, 2012. Dr. Winkelstein possesses the administrative, leadership, financial, and visionary skills needed to fulfill the mission and specific goals of this unique Center.

IHI's mission is to generate new knowledge that improves the health of the Western New York community, New York State, and the nation through the application of advanced healthcare informatics. The IHI, located in the Roosevelt building on the Buffalo Niagara Medical Campus, is a HIPAA compliant computing center in which healthcare data are stored, aggregated, and analyzed using innovative tools.

Specific goals of the IHI are to:

1. House an electronic-based warehouse of clinical data that will serve as a resource for investigators in the Buffalo Translational Consortium to perform clinical research by analyzing large datasets.
2. Host electronic health records (EHR) and house large commercial, regional and statewide databases to create reports, perform comparative analytics and other services.
3. Develop and maintain public-private business partnerships with Dell, CTG, and others, to develop and contribute novel methods in biomedical informatics and healthcare data analytics.
4. Provide core biomedical informatics expertise, analytics, and support to investigators and clients who store data at the IHI in biomedical informatics, data management, research computing, and biostatistics.
5. Position the IHI as a resource for the Clinical and Translational Research Center through our NIH-submitted Clinical and Translational Science Award (CTSA) application, a resource for the national CTSA consortium, and a resource for faculty and students at UB, our hospital partners in our Academic Health Center, and our community.

Dr. Winkelstein is Professor of Pediatrics and currently serves as Chief of the Division of General Pediatrics. He also serves as Chief Medical Informatics Officer for UB/MD and was instrumental in the strategic and operational implementation of UB/MD's electronic medical record systems. Dr. Teresa Quattrin, Chair of the Department of Pediatrics, will make an announcement in the near future regarding governance of the Division of General Pediatrics.

PROFESSIONAL STEERING COMMITTEE

Dr Murray will report on the meeting held June 11th 2012.

MEDICAL STAFF AFFAIRS

Announcement from the Chief Medical Officer, Brian M Murray, MD
Appointment of new Chief of Service and Associate Chief of Service



Mark LiVecchi, MD
Chief of Service— Rehabilitation Medicine

Dr. LiVecchi has joined ECMC and Exigence as the Director of Rehab Medicine. Dr. LiVecchi joins us from Unity Health System where he has served as the Medical Director of the Acute Rehabilitation and Brain Injury Program. He specializes in Neurologic Rehabilitation with a focus on Traumatic Brain Injury and is board certified in Physical Medicine and Rehabilitation and Spinal Cord Injury. Dr. LiVecchi has received numerous honors and awards. We are very pleased to have him as a member of our team.



Mohammadreza Azadfard, MD

Associate Chief—Addiction Medicine

Dr. Azadfard joins the ECMC Medical Staff as our new Associate Chief of Addiction Medicine. Dr. Azadfard formerly served as the medical director of detoxification and rehabilitation at Sheehan Memorial Hospital and is an addiction specialist of Horizon Health Services. He has participated in several clinical studies and has multiple publications. We warmly welcome Dr. Azadfard to our medical team.

CLINICAL ISSUES

UTILIZATION REVIEW	April	May	June	vs. 2011 YTD
Discharges	885	1033	892	up 3.8%
Observation	124	156	135	up 10.4%
LOS	5.7	5.8	6.0	down 2.5%
CMI	1.87	2.04	1.85	down 0.7%
Surgical Cases	789	873	793	up 1.4%
Readmissions (30d)	16.9%	NA		

OTHER

July 9, 2012

CMS: Family Docs to Get 7% Payment Increase; Other Major Changes Announced

CMS issued a proposed rule late Friday that would increase Medicare payments to family physicians by approximately 7 percent and other practitioners providing primary care services between 3 and 5 percent. Also, for the first time, the agency is proposing to explicitly pay for the care required to help a patient transition back to the community following a discharge from a hospital or nursing facility. The proposals calls for CMS to make a separate payment to a patient's community physician or practitioner to coordinate the patient's care in the 30 days following a hospital or skilled nursing facility stay. You have until September 4 to comment. The rule will be finalized by November. A more detailed analysis of the proposals is attached.

PROPOSED POLICY AND PAYMENT CHANGES TO THE MEDICARE PHYSICIAN FEE SCHEDULE FOR CALENDAR YEAR 2013

OVERVIEW

On July 6, 2012, the Centers for Medicare & Medicaid Services (CMS) issued a proposed rule that would update payment policies and payment rates for services furnished under the Medicare Physician Fee Schedule (MPFS) on or after Jan. 1, 2013. The proposed rule also proposes changes to several of the quality reporting initiatives that are associated with MPFS payments – the Physician Quality Reporting System (PQRS), the Electronic Prescribing (eRx) Incentive Program, and the PQRS-EHR Incentive Pilot – as well as changes to the Physician Compare tool on the Medicare.gov website. Finally, the proposed rule includes proposals for implementing the physician value-based payment modifier (Value Modifier) required by the Affordable Care Act that would affect payments to physician groups based on the quality and cost of care they furnish to beneficiaries enrolled in the traditional Medicare Fee-for-Service program.

This fact sheet discusses the proposed changes to payment policies and payment rates for services furnished under the MPFS. Separate fact sheets, also issued today, discuss the proposed changes to the quality reporting programs and the proposals for implementing the Value Modifier.

BACKGROUND

Since 1992, Medicare has paid for the services of physicians, nonphysician practitioners (NPPs), and certain other suppliers under the MPFS, a system that pays for covered physicians' services

furnished to a person with Medicare Part B. Under the MPFS, a relative value is assigned to each of more than 7,000 types of services to capture the amount of work, the direct and indirect (overhead) practice expenses, and the malpractice expenses typically involved in furnishing the service. The higher the number of relative value units (RVUs) assigned to a service, the higher the payment. The RVUs for a particular service are multiplied by a fixed-dollar conversion factor and a geographic adjustment factor to determine the payment amount for each service.

Provisions INCLUDED IN THE CY 2013 MPFS PROPOSED RULE

- **Primary Care and Care Coordination:** In recent years, CMS and HHS have recognized primary care and care coordination as critical components in achieving better care for individuals, better health for populations, and reduced expenditure growth. Accordingly, CMS has prioritized the development and implementation of a series of initiatives designed to ensure accurate payment for, and encourage long-term investment, in primary care and care coordination services.

For CY 2013, CMS is proposing to create a new procedure code to recognize the additional resources required for a community physician to coordinate a patient's care in the 30 days following discharge to the community from an inpatient hospital stay, skilled nursing facility (SNF) stay, and specified outpatient services. Medicare already pays separately for care management services for individuals with an inpatient admission who are discharged to SNF, home health, or hospice. Although Medicare traditionally pays for care management services in conjunction with a face-to-face visit, the proposed new procedure code would establish a separate payment for care management services for the beneficiary that occur outside a face-to-face encounter with the community physician.

CMS believes that recognizing the work of community physicians and practitioners with the proposed new code will ensure better continuity of care for these patients and support the agency's readmission reduction initiatives. This care coordination will become increasingly important as Medicare implements the Readmissions Reduction Program beginning Oct. 1, 2012. This program, which was mandated by the Affordable Care Act, reduces payment to hospitals when they have excess readmissions for certain conditions.

The proposed rule also discusses the possibility of other efforts to bolster care coordination for Medicare beneficiaries, and solicits public comment regarding how the program might recognize and pay for advanced primary care medical home services in the fee-for-service setting.

- Potentially Misvalued Codes: CMS has been engaged in a vigorous effort over the past several years to identify potentially misvalued codes and when codes are found to be misvalued to revise the payment accordingly. Last year, CMS finalized a process for the public to recommend potentially misvalued codes to CMS. In addition to reviewing publicly nominated codes, CMS proposes two new categories of potentially misvalued codes for review: “Harvard-valued” CPT codes with Medicare annual allowed charges of \$10 million or more; and services with stand alone practice expense procedure times.

Within this latter category of codes, CMS proposes to reduce the procedure time assumptions used in developing RVUs for intensity modulated radiation treatment (IMRT) delivery and stereotactic body radiation therapy (SBRT) delivery, which would more accurately pay for these radiation therapy services. These services have been identified as potentially misvalued by CMS and the Medicare Payment Advisory Commission (MedPAC). Sometimes Medicare pays free standing IMRT facilities more than hospitals for treatment and delivery. More broadly, a growing body of academic literature has questioned the validity of procedure time assumptions used in established payment rates under the MPFS. Proposed values are derived from procedure time information that better reflects current practice as reported in publicly available patient education materials.

- Interest Rate Assumptions: CMS is also proposing to improve the accuracy of payment rates to reflect current economic conditions by revising interest rate assumptions used to establish payment for practice expense from 11 percent to a range from 5.5 to 8 percent based on the Small Business Administration maximum interest rates for different categories of loan size (equipment cost) and maturity (equipment useful life).
- Multiple Procedure Payment Reduction Policy: Medicare has a longstanding policy to reduce payment for the second and subsequent surgical procedures performed on the same patient by the same physician or physician group practice on the same day, largely based on presumed efficiencies in the practice expense (PE) and pre- and post-surgical physician work. For CY 2013, CMS is proposing to apply a

multiple procedure payment reduction policy to the technical component of certain cardiovascular and ophthalmology diagnostic services. CMS would make full payment for the highest paid cardiovascular or ophthalmology diagnostic service and reduce the technical component payment for subsequent cardiovascular or ophthalmological diagnostic services furnished by the same physician or group practice to the same patient on the same day by 25 percent.

- DME Face-to-Face: To help combat fraud and reduce improper payments in DME items, CMS is proposing to implement a face-to-face requirement as a condition of payment for certain high-cost DME covered items. This list includes many items that have been historically targets of Medicare fraud as identified by the OIG, MACs, GAO, the HEAT Strike Forces, and our program integrity experts. The requirement is one of the anti-fraud provisions in the Affordable Care Act and is consistent with similar face-to-face requirements for the Medicare home health and Medicaid DME benefit.
- Elimination of Prepayment Medical Review Limitation: Pursuant to the Affordable Care Act, CMS is proposing to remove a limitation placed on contractors to continue complex prepayment medical review if a provider or supplier has failed to reduce its individual error rate.
- Payment for Molecular Pathology Services: CMS is inviting comments on whether newly created molecular pathology CPT codes should be paid under the MPFS or the Clinical Laboratory Fee Schedule (CLFS). If CMS determines that new molecular pathology CPT codes should be paid under the MPFS for CY 2013, CMS proposes that Medicare contractors would price these codes because the price of tests can vary locally and because this would allow more time for CMS to gather information on these codes to price them nationally. CMS is also inviting discussion at the CLFS Annual Public Meeting of the appropriate payment amounts for these new codes as clinical diagnostic laboratory tests under the CLFS. CMS indicated a notice for the Annual Public Meeting (to be held July 16-17, 2012, at CMS headquarters in Baltimore) that it remains uncertain as to whether these services ordinarily require physician work and thus should be paid under the MPFS, or are clinical diagnostic laboratory tests that would be paid under the CLFS.

- Telehealth Services: In the interest of promoting access to important preventive services intended to help people stay healthy by giving them the tools they need to take charge of their own health, CMS is proposing to add a series of preventive services to the list of Medicare telehealth services for CY 2013. These include: annual alcohol misuse screening, brief behavioral counseling for alcohol misuse, annual face-to-face intensive behavioral therapy for cardiovascular disease, annual depression screening, behavioral counseling for obesity, and semi-annual high intensity behavioral counseling to prevent sexually transmitted infections. In addition, CMS is proposing to add alcohol and/or substance abuse assessment and intervention services to the list of Medicare telehealth services for CY 2013.
- Therapy Data Collection: As required by the Middle Class Tax Relief and Jobs Creation Act of 2012, CMS is proposing to implement a claims-based data collection process for therapy services to gather data about patient function and condition. Under the proposal, therapists will be required to include new codes and modifiers on claims for therapy services that will not affect payment, but will convey information about patients' functional limitations at the outset of therapy, periodically throughout therapy, and at discharge from therapy. Information on therapist-established patient goals will also be collected under this proposal. Proposed frequency of reporting is consistent with existing requirements for therapy progress notes. This system is proposed to be implemented on January 1, 2013. After a six-month testing period, CMS proposes not to process any claims that do not contain the required information for dates of service beginning July 1, 2013. The data collected will be used primarily to design a new payment system for therapy services. CMS used comments received on a similar data collection effort that was discussed in the CY 2011 proposed rule in developing this proposed rule.
- Removing Barriers to Midlevel Providers: CMS proposes to revise the conditions of coverage and payment regulations to allow nonphysician practitioners (NPPs) and limited-license physicians to order portable x-ray services within the scope of their Medicare benefit and state scope of practice laws. Currently, CMS regulations limit ordering of portable x-ray

services to a doctor of medicine or osteopathy. In addition, CMS proposes to clarify that “anesthesia and related care” for purposes of the CRNA benefit means services related to anesthesia that are within the state scope of practice for CRNAs in the state in which the services are furnished.

The proposed rule will appear in the July 30, 2012, Federal Register. CMS will accept comments on the proposed rule until Sep. 04, 2012, and will respond to them in a final rule with comment period to be issued on or about Nov. 1, 2012.

For more information, see: www.federalregister.gov/inspection.aspx#special

###



Senior Vice President of Nursing

ERIE COUNTY MEDICAL CENTER CORPORATION

Report to the Board of Directors
Karen Ziemianski, RN, MS
Acting Director of Nursing
Assistant Director of Nursing, Medical/Surgical

July, 2012

Team Stepps

The Department of Nursing attended the "Team Stepps" Program, which is designed to promote a culture of safety, by placing the patient at the center of everyone's focus. *Team Stepps* provides the structure to improve teamwork and communications, through the use of evidence-based tools which may be easily used by all members of the team, from housekeeper to physician.

A 2-day training session to become leads on the project was attended by nursing staff members Lynn Whitehead, Beth Moses, and Lisa Hauss.

MUSE Conference

An international conference was recently held for Meditech users, for the purpose of networking with other users and providing educational sessions on various applications. Nursing Informatics Manager, William Arnold, represented ECMCC at the session.

Meditech Advisory Board Conference

Bill Arnold also attended the June 5th Meditech Board Meeting and conference session, which brought members together to discuss possible improvements to the system's software. Educational sessions were presented, as well as information on future upgrades.

American Association of Critical Care Nurses (AACN)

Cheryl Nicosia, RN, MS, Surgical Nurse Clinician, was voted President-Elect of the Western New York Chapter of the American Association of Critical Care Nurses at its July meeting. Cheryl's term will begin July, 2013.

Also elected to leadership posts in the organization were:

Cameron Schmidt, RN, MS, Critical Care Nurse Educator, as AACN Chairperson for Community Service, and

Melinda Lawley, RN, BSN, Trauma ICU Manager, as Co-Chair of the Educational Programs Committee.

AACN is a nationally-recognized organization which promotes "Best Practices" for critical care nursing, and brings together registered nurses throughout Western New York. More than thirty RNs from ECMCC have come together in the revitalization of the local AACN Chapter.

Stroke Awareness Education

ECMCC's Stroke Coordinator, Paula Quesinberry, RN, participated in the True Bethel Baptist Church Annual Health Fair on July 21st. This year's theme was "Spreading Awareness One Step at a Time." Paula provided information to the public on stroke awareness and prevention.

March of Dimes Award Nomination

Danita J. Edwards, a staff nurse on 12 zone 3 and a recent graduate of the University of Buffalo School of Nursing, has been nominated for the March of Dimes Nurse of the Year Award. If selected, the award will be presented at an event gala on September 23rd. We are keeping our fingers crossed and our hopes up for Danita!

Robert Wood Johnson Program

For the past three years, ECMCC's Department of Nursing has participated in a Robert Wood Johnson Program, labeled "TCAB" or *Transforming Care at the Bedside*. The program promotes improving both patient and employee satisfaction, via initiatives generated by front line staff.

A final meeting of staff involved in this national initiative will be held July 24-26, 2012, and will be attended by nurses Sonja Melvin, Jeremy Hepburn, Pamela Riley, Shawn Ehrig, Siobhan Nolan, Ashley Smolen and Karen Ziemianski.

ECMCC Award Recipient

Michelle Brennan has received 1st Honorable Mention for ECMCC Employee of the Year. Michelle has been with ECMC for 22 years, and does an outstanding job as the Administrative Control Clerk (ACC) on Psychiatry's Unit 11 zones 3 and 4. Michelle is a very dedicated employee who is an asset to the hospital, and is well-deserving of this honor.

Schwartz Rounds

Schwartz Center Rounds offer direct and indirect healthcare providers, from all departments, a regularly scheduled time to openly and honestly discuss social and emotional issues that arise in caring for patients. In contrast to traditional medical rounds, the focus is on the human dimension of medicine. Caregivers

have an opportunity to share their experiences, thoughts and feelings on thought-provoking topics drawn from actual patient cases. The premise is that caregivers are better able to make personal connections with patients and colleagues when they have greater insight into their own responses and feelings.

Dr John Fudyma (physician champion), Lisa Keenan, PhD (facilitator), and Dawn Walters, RN (administrative leader) will be attending a Schwartz Rounds, as invited guests, at Philadelphia's Jefferson Hospital. After the rounds conclude they will receive training from representatives of the Schwartz Center to be able to begin the program at ECMC.



Vice President of Human Resources

ERIE COUNTY MEDICAL CENTER CORPORATION
BOARD OF DIRECTORS
MINUTES OF THE HUMAN RESOURCES COMMITTEE MEETING

TUESDAY, JULY 17, 2012
ECMCC STAFF DINING ROOM

VOTING BOARD MEMBERS
PRESENT OR ATTENDING BY
CONFERENCE TELEPHONE:

FRANK MESSIAH ACTING CHAIR
MICHAEL HOFFERT

JODY L. LOME0

BOARD MEMBERS EXCUSED:

KATHLEEN O'HARA
CARLA CLARKE
NANCY TUCKER
MARY GANGL

SLADJANA ABRAMOVIC
MARK BARABAS
KAREN HORLACHER

ALSO PRESENT:

I. CALL TO ORDER

Acting Chair, Frank Messiah, called the meeting to order at 9:30 a.m.

II. RECEIVE & FILE

Moved by Frank Messiah, and seconded by Michael Hoffert to receive the Human Resources Committee minutes of the May 8, 2012 meeting.

III. CSEA NEGOTIATIONS

Motion to go into executive session to discuss. Kathleen explained the key points from the recent negotiation.

IV. NYSNA NEGOTIATIONS

ECMCC would like negotiations to start in September. ECMCC and Erie County will attempt to meet with NYSNA once a week. David Palmer, Commissioner of Labor Relations for Erie County, is initially available only once per week due to other negotiating commitments. NYSNA, however, would like to meet twice a week if possible.

V. WELLNESS

Nancy Tucker stated that we are offering Wellness Wednesday packets. Fitness retreats are scheduled: one at Holiday Valley and two at Beaver Hollow Conference Center.

VI. PAYROLL

Benefit accruals are now available on pay stubbs.

Nancy Tucker reported that there are problems with increments for unionized employees. The KRONOS system had some issues the week in which increments were being calculated and entered into the system. Some people will not receive their increments in the next pay period, but they will be reflected in the following paychecks. Nancy mentioned that there are on-going support issues with KRONOS. Jody Lomeo will set up a KRONOS meeting. Kathleen also stated that there will be a meeting with IT & Payroll to address some KRONOS concerns.

ERIE COUNTY MEDICAL CENTER CORPORATION

VII. TRAINING

Workplace Violence Training: Personnel can now complete training on-line in Meworxx. HR and Purchasing are currently in the process of interviewing vendors for the Workplace Violence training program. Trainings will focus on how to avoid violent behavior and will also provide staff with the tools on how to identify signs of someone showing violent behavior.

Assistant District Attorney Parisi presented a seminar for staff on the distinctions between Criminal Assault and Harassment.

VIII. WORKERS COMPENSATION

The 2nd quarter of 2012 is higher compared to year 2011. Recurring injuries are mainly sprains and fractures. Michael Hoffert suggested that we should implement a Zero Lift policy. Kathleen explained that it is very expensive to put that policy in place and requires a comprehensive long term purchasing plan.

IX. ERIE COUNTY HOME

Kathleen stated that currently there is lot of uncertainty because people are not sure who is going where and what will happen to them. Representatives have been meeting with the 3 unions regarding all aspects of the transition to the new facility, including staffing, organizational structure, and necessary contractual changes. Around 500 position postings should be posted in August. Currently, ECMCC is revising job positions and eliminating certain titles. Positions will be assigned based on seniority. ECMCC is waiting for Erie County Personnel to send a list with those staff who are grandfathered into new titles, if any. Michael Hoffert mentioned the tension between the Hospital SNF and Home and asked what we are doing to make the transition easier for everyone. ECH and SNF staff are engaged in personnel exchanges to familiarize staff with each facilities' staff, policies and procedures. By December 2012, we should know the problems that we need to focus on in anticipation of the February 2013 transition date. Richard Cleland is in the process of hiring a vendor to do trainings.

X. NURSING TURNOVER RATES

Turnover rates are higher than usual. Nancy mentioned that CSEA members are retiring despite the open contract and their concern with possible retiree health changes. She is meeting with 3-5 retirees daily. Main reasons for these turnover results are retirements and relocations.

June Hires - 6 FTES and 2 Per Diems, 2 FTES and 2 Per Diems in Med/Surg, 2 FTEs in Behavioral Health, 1 FTE in Critical Care and 1 FTE ED.
62.5 FTES and 2 Per Diems hired YTD. (2 LPN FTES hired, 1 FTE in Hemo and 1 FTE in Med/Surg. 21 LPN FTES hired YTD.)

June Losses – 4 FTES, 1 FTE in Med/Surg (resign in lieu of term.), 1 FTE in PACU (retire), 1 FTE in OR (retire) and 1 FTE in Critical Care (resign).

ERIE COUNTY MEDICAL CENTER CORPORATION

Turnover Rate .53% (.26% without retirees)

Quit Rate .53% (.26% without retirees)

Turnover Rate YTD 3.48% (2.38% without retirees) 3.72% 2011

Quit Rate YTD 2.91% (1.77% without retirees) 2.71% 2011

July Hires – 9 FTES, 1 FTE in Med/Surg, 4.5 FTES in Behavioral Health, 2.5 FTES in Critical Care and 1 in FTE Hemo.

71.5 FTES and 2 Per Diems hired YTD. (1 LPN FTE hired in Behavioral Health. 22 LPN FTES hired YTD).

XI. RETIREE RECEPTION

Administration and management of ECMCC hosted a retirement dessert reception on Friday, June 22, 2012 in the Staff Dining Room.

XII. INFORMATION/ OTHER

Fitness Center: The fitness center should be open by the end of August 2012. Registration for membership will start Thursday, July 19, 2012. Equipment has not arrived yet, but it should be in by the week of 7.27.2012. Some equipment funding is expected from LAHMF. There are cameras for security and panic buttons.

Family Justice Center (Domestic Violence Meeting): Nancy reported that there will be a brainstorming meeting on July 30, 2012 with Mary Travers Murphy from family justice center. The meeting will focus on how to detect violent behavior and what to do and not do if someone is in that type of the situation. Addressing the after math. We have the domestic violence posters posted throughout the hospital from the family justice center.

XIII. ADJOURNMENT

Moved by Michael Hoffert to adjourn the Human Resources Committee meeting at 10:40am.



Chief Information Officer



HEALTH INFORMATION SYSTEM/TECHNOLOGY

July 2012

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

Clinical Informatics

ARRA Meaningful Use - Inpatient and Outpatient Report Card. We are focused on monitoring the data collection process and organizational adherence to workflow changes for inpatient MU Stage 1. In addition, the team is in the final stages of testing the capability of submitting immunization registries to NYS and coordinating the HIPAA Security Audit by Pricewaterhouse and Cooper. For the outpatient report card, we are working with the physicians in Clevehill Family Practice and Grider Health with meeting the reporting parameters for Meaningful Use Stage 1. Attached you will find an ECMC Senior Management presentation on the ECMC 2012 Clinical Informatics Plan: Achieve Meaningful Use (MU) Stage 1. Successful compliance of the Meaningful Use Stage 1 will result in additional funding up to 3.6 million dollars. ARRA Meaningful Use Stage 2 requirements for inpatient and outpatient are forthcoming by end of 3rd Qtr 2012. A small committee will be assigned to analyze the impact to the organization. Will present findings and high level project plan upon completion

Long Term Care Electronic Health Record. The organization has invested in the purchase of the Meditech long term care module as a solution for its electronic healthcare record. This is consistent with the inpatient record and will allow a fully integrated and consistent solution for the clinical and business users. A kick off meeting was held to begin preparing of the various phases of the role out. The project will be phased in as follows: billing/financials to begin August 2012 with a completion date of February 2013 followed by the clinical documentation to begin October 2012 with a completion date of June 2013.

IT Infrastructure Enhancements

Campus Wide Cellular Service Coverage Initiative. The need to provide campus wide cellular coverage to patients, visitors and the ECMC workforce members has been identified as a strategic initiative. Today, Verizon has provided a solution to improve cellular coverage to their customers. We are in the process working with AT&T, Verizon, Sprint and T-Mobile to identify solutions that will allow our customers with other carriers to experience uninterrupted services while visiting our campus. We are in the process of performing a vendor neutral site survey of our facility for the cellular vendors listed above. Once completed we will share our findings with the vendors and finalize available options.



ECMC 2012 Clinical Informatics Plan: Achieve Meaningful Use (MU) Stage 1



What Is Meaningful Use (MU) Stage 1

- Medicare and Medicaid Services (CMS) proposed financial incentives for eligible hospitals and providers who meet the definition of meaningful use Electronic Health Record Users.
- **Meaningful EHR users must** demonstrate each of the following:
 - meaningful use of a ***certified EHR***,
 - the ***electronic exchange of health information*** to improve the quality of health care,
 - ***reporting on clinical quality and other measures*** using certified EHR technology,
 - integrated ***decision support***,
 - ***computerized provider order entry***.
- **Impact to ECMC: Compliance to 20 Objectives (15 Required and 5 Optional)**



What is at Stake?

Year	*Medicaid Reimbursement est. (Initial and final)	**Medicare reimbursement est. (Yearly payment)	
2011			
2012	\$1,849,203	\$1,551,746	\$3,400,949
2013	-	\$1,163,809	
2014	-	\$775,873	
2015	\$1,849,203	\$387,936	
	*** \$3,698,406	*** \$3,879,365	
Total Payout		\$7,577,771	

If you do not attest by:	Penalty (est.)
2015	(\$384,613)
2016	(\$806,892)
2017	(\$1,269,443)

*Meaningful Use Reimbursement Estimations – Inpatient Prepared by Andrew Kwiatkowski and Steve Chizuk, 7/2011, Outpatient is pending. Erie County Medical Center Corp. Page 102 of 131



Preparation for MU Stage 1 Attestation

- **Inpatient MU**

- Meditech Upgrade 5.6.21.
- ED Computerized Physician Order Entry
- Successful test transmission of a Continuity of Care Document Record (CCD).
- Role out of workflow and reporting enhancements.
- Final Stages.
 - Execute HIPAA security audit
 - Validate electronic reporting to immunization registries final submission (8/2012).
 - Validation of Reporting Quality Measure in test.

- **Outpatient\Ambulatory MU**

- EHR implementation at Cleve Hill Family Medicine and Grider Family Health Center.
 - Receive Heal 10, Payer EMR
 - PCMH Certification for Clevehill



Next Phase: Preparation for MU Stage 2

- Final requirements for MU Stage 2 forthcoming by August 2012 – *compliance dates TBD*
- Known Objectives/Deliverables
 - Computerized Physician Order Entry Phase 3
 - Automated Patient Discharge Routine/Medication Reconciliation/E-prescribing
 - Patient Portal
 - Upgrade Meditech 5.66.x *September 2013*, Allscripts Upgrade TBD



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 31, 2012

Marketing

“True Care” and “Expansion” marketing campaign for 2012 in market
Service line marketing review underway to begin marketing for specific lines

Planning and Business Development

Operation Room expansion CON filed and initial questions answered
Coordinating Accelero Orthopedic and General Surgery margin initiative
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 and specialty strategy and have had multiple confidentiality agreements signed
Dr. Howard Sperry’s practice has incrementally increased in patient numbers and ancillary business has had significant referrals
Two large Southtown primary care practices underway and seeing approximately 100 patients per week
In discussions with large specialty and primary care practices looking to affiliate with ECMC
ECMC received 15 million HEAL grant for Behavioral Health

Media Report

- **Buffalo News; Buffalo Business First; WKBW- TV, Channel 7; WGRZ-TV, Channel 2; WIVB-TV, Channel 4: Specialized bus will offer breast-cancer screening.** In an effort to reach out to the medically underserved, Erie County Medical Center Lifeline Foundation, First Niagara Financial Group, Inc., and the Buffalo Sabres Alumni Association have banded together to deliver mammography to various Western New York Communities.
- **WGRZ-TV, Channel 2; WIVB-TV, Channel 4: Buffalo surgeon volunteers to go to war.** ECMC’s Dr. Lawrence Bone will treat wounded soldiers in Afghanistan
- **The Buffalo News: County tax hike is a last resort.** While the county faces an estimated \$44 million jolt to cover ECMC’s losses serving the uninsured and under-insured, ECMC says it’s crafting an arrangement with Poloncarz to soften that blow.
- **The Buffalo News: Poloncarz paints gloomy financial outlook.** County Executive Mark Poloncarz says the county faces “some significant issues” due to federally mandated payments for care of the uninsured at ECMC.
- **WKBW-TV, Channel 7: Triple fatal raises concerns about older drivers.** A head-on collision caused by an elderly gentleman and resulting in three deaths brings questions about senior drivers and the risk they pose. ECMC offers evaluations to test the driver’s ability to operate a car.
- **Buffalo Business First; Upstart: Women’s health clinic opens at ECMC.** With 5 exam rooms and a multi-treatment room, the clinic will specialize in obstetrics and gynecology, providing exams, walk-in pregnancy testing and prenatal care.
- **UB School of Medicine and Biomedical Sciences News: ECMC physician receives award from American Society of Hypertension.** Joseph L. Izzo Jr., MD, professor in the Department of Medicine, has been awarded the American Society of Hypertension’s Marvin Moser Clinical Hypertension Award for 2012. The award recognizes a qualified hypertension clinician who is actively involved in teaching for his or her dedication to the treatment and care of hypertensive patients.
- **Buffalo Healthy Living: New collaboration for mental health and drug dependency treatment.** Erie County Medical Center and Kaleida Health will consolidate services for mental health and drug

dependency treatment at a ne Behavioral Health Center of Excellence which will be based on the ECMC campus.

Community and Government Relations

Press Conference held at First Niagara arena to launch the mobile mammography unit
Lifeline Foundation Mobile Mammography Unit screening patients and has 300 women being screened and scheduled to be screened
Meetings held with various community groups regarding mammography bus and events scheduled
Continuing to work with other PBC hospitals on legislation and advocacy efforts



Executive Director, ECMC Lifeline Foundation



ECMC Lifeline Foundation Report For ECMC Medical Executive Committee July 31, 2012

Submitted by
Susan M. Gonzalez, Executive Director

Grant Initiatives

- Lifeline Foundation continues to collaborate with various hospital departments to apply for grants to assist with securing goods and services not currently funded through the hospital budget. Applications completed/awarded since last meeting include:

NYSDOT - grant for wheelchair accessible van - pending

Christopher Reeves Foundation – iPad technology grant for patients **\$8395.00** awarded

Genentech – support for Shanor Memorial Transplant Fund - **\$2000.00** awarded

Patrick Lee Foundation for Behavioral Health - \$3,000,000 letter of intent stage

Wound Care Symposium sponsorships – several submitted - **\$6000** awarded

Renaissance Foundation – Mobile Mammography Bus - \$10,000 pending

Event News

- **Shanor Memorial Golf Tournament – Monday, July 23, 2012 at River Oaks**

The 10th annual tournament will fund the Rick & Genelle Shanor Memorial Transplant Fund will now benefit the Regional Center of Excellence for Transplantation & Kidney Care at ECMC through Lifeline. This fund has benefited the Kaleida Foundation in the past and now Lifeline is pleased to be working on this event with our Physician Transplant Team to provide additional resources for our program.

- **Tournament of Life Golf Classic – Monday, August 13, 2012 at Park Country Club**



Join us for an enjoyable day of golf to benefit ECMC patient care. Golf, sponsorship and underwriting opportunities are available at various levels. Only a few spaces remain for golf. Call for golf and post tournament reception reservations.

- **SAVE THE DATE! WNY Runs for Heroes 5K & Healthwalk**
Saturday, September 29, 2012 Delaware Park

Hospital Contributions

- The ECMC Lifeline Foundation approved the following Hospital grants:
\$1,000 for ECMC Farmers Market as part of the Grider Street Initiative
\$1,000 for comfort cart care supplies for patient benefit

Foundation Business

- The ECMC Lifeline Foundation received the resignation of Board Member Cliff Bergfeld. Cliff and his family are relocating to San Antonio, TX in July.

**NEW
BUSINESS**

**OLD
BUSINESS**



Medical-Dental Executive Committee

**MEDICAL EXECUTIVE COMMITTEE MEETING
MONDAY, JUNE 25, 2012 AT 11:30 A.M.**

Attendance (Voting Members):

D. Amsterdam, PhD	C. Gogan, DDS	J. Woytash, MD, DDS
Y. Bakhai, MD	R. Hall, MD, DDS, PhD	
W. Belles, MD	J. Izzo, MD	
G. Bennett, MD	J. Kowalski, MD	
N. Dashkoff, MD	J. Lukan, MD	
H. Davis, MD	K. Malik, MD	
R. Desai, MD	K. Pranikoff, MD	
T. DeZastro, MD	J. Reidy, MD	
N. Ebling, DO	P. Stegemann, MD	
W. Flynn, MD	R. Venuto, MD	

Attendance (Non-Voting Members):

K. Ziemianski, RN	C. Ludlow, RN	
B. Murray, MD	A. Victor-Lazarus, RN	
J. Lomeo	R. Krawiec	
S. Ksiazek	S. Gonzalez	
M. Barabas	C. Gazda	
R. Gerwitz		

Excused:

A. Arroyo, MD	M. Manka, MD	
A. Chauncey, PA	R. Schuder, MD	
S. Cloud, DO		
S. Downing, MD		
R. Ferguson, MD		
T. Loree, MD		

Absent:

None.		

I. CALL TO ORDER

- A. Dr. Richard Hall, President-Elect, sitting in for Dr. Kowalski, called the meeting to order at 11:40 a.m. 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.

III. UNIVERSITY REPORT – Dean Cain, MD

- A. No report this month. See Chief Medical Officer for University updates.

IV. CEO/COO/CFO BRIEFING

- A. CEO REPORT - Jody Lomeo**
 - a. Mr. Lomeo deferred his report to Executive Session.
- B. PRESIDENT'S REPORT – Mark Barabas, President and COO**
 - a. No report.
- C. FINANCIAL REPORT – Michael Sammarco, CFO**
 - a. **VOLUMES/FINANCIAL REPORT** – Mr. Sammarco was unable to attend the meeting – no report.

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

A. UNIVERSITY AFFAIRS

GMEC

IPRO conducted its Annual Off-Site Compliance Assessment of Working Hours and Conditions of Post-Graduate Trainees at Erie County Medical Center. MDSO has to submit required documentation for review. On 5/29/12 we received notification that no issues were identified.

B. PROFESSIONAL STEERING COMMITTEE

Dr Murray provided a brief report on the meeting held June 11th 2012.

C. MEDICAL STAFF AFFAIRS

Report provided by Sue Ksiazek.

D. CLINICAL ISSUES

UTILIZATION REVIEW	March	April	May	YTD vs.2011
Discharges	999	885	1033	up 5.7%
Observation	136	124	156	down 0.3%
LOS	6.1	5.7	5.8	down 2.4%
CMI	2.10	1.87	2.04	down 0.7%
Surgical Cases	831	789	873	up 3.1%
Readmissions (30d)	11.9%	16.9%		

E. OTHER

PHYSICIAN ORDER ENTRY GO-LIVE IN EMERGENCY DEPARTMENT

The era of physicians entering orders by computer arrived at ECMC with GoLive in the Emergency Department on Tuesday June 19th. The process went very well with few delays in care and a lot of credit must go to the IT department for the extensive preliminary groundwork to ensure the projects success. Additionally, a report was provided and distributed by the IT department.

F. GREAT LAKES HEALTH RECEIVES \$15 MILLION FOR CENTER OF EXCELLENCE FOR BEHAVIORAL HEALTH CARE

Copy of Press Release of June 18, 2012 below received and filed.

BUFFALO, NY – June 18, 2012 – Great Lakes Health today announced that New York’s Health Department approved a \$15 million grant to help Erie County Medical Center and Kaleida Health consolidate mental health and drug dependency treatment in one \$25 million Regional Behavioral Health Center of Excellence (COE) at ECMC.

The new center, announced as a concept Feb. 13, 2012, is a physician-driven collaboration between ECMC and Kaleida. It will create a state-of-the-art, comprehensive psychiatric emergency program and new inpatient facilities to serve mental health patients in the Western New York community.

“The HEAL-NY grant will help us create a Center of Excellence for Behavioral Health on the ECMC Health Campus, create a new and improved facility for the Comprehensive Psychiatric Emergency Program (CPEP), and continue our collaborative relationship for the good of our patients,” said Kaleida President and CEO James R. Kaskie.

“Collaboration creates synergies and synergies get things done.”

“This is another tangible example of leveraging the talents, infrastructure, clinical expertise of both ECMC and Kaleida to benefit our community and the patients we serve,” he added.

The consolidated model will combine the resources of the ECMC and Buffalo General Medical Center behavioral health programs and will create a single, 180-bed inpatient psychiatric program. It will also continue

ECMC's current 22 detoxification beds and 20 inpatient chemical dependency rehabilitation beds.

The plan also calls for continuing ECMC's and Kaleida's Main Street outpatient clinics, along with clinics in Lancaster and North Buffalo. The state's Healthcare Efficiency and Affordability Law-21 [HEAL-NY] funding significantly moves the project forward.

ECMC Corp. and Kaleida Health will fund the remaining \$10 million. The new center, planned to open in March 2014, would expand ECMC's current emergency behavioral health facilities from 6,500 square feet to 16,000 square feet.

"This center provides an opportunity to develop better quality, consolidated programs of emergency, outpatient, and inpatient services with one focus: the patients," said ECMC CEO Jody L. Lomeo. "It will be state-of-the-art, and will deliver the care the mentally ill in our community deserve. That care will improve by having all our collective expert physicians and staff in one place and this is another example of the success of Great Lakes Health."

Mental health care in Western New York, like the rest of the state, is fragmented and costly to the state's Medicaid payment system. In the last 20 years, the Buffalo Psychiatric Center went from 1,200 beds to 160 and the Gowanda Psychiatric and West Seneca Developmental centers closed.

Other inpatient facilities downsized or closed in recent years and while outpatient services exist, there is a lack of coordination among community providers. Psychiatrists are also in short supply throughout the region.

This combination of factors created a crisis for mental health patients and their families in Western New York. Mentally ill and chemically dependent patients in crisis are, many times, forced to find care in crowded hospital emergency rooms, which leads to more costly episodic inpatient care and unsafe conditions for clinical staff.

Dr. Yogesh Bakhai, ECMC Chief of Service of Psychiatry and Dr. Maria Cartagena, medical director, Buffalo General's Department of Inpatient Behavioral Health & Psychiatry, will lead this initiative.

"The region has needed a Center of Excellence in Behavioral Health for years," said Dr. Bakhai. "Not only do we need to expand our facilities to meet the growing demand, we need to bring together the talents of the region to focus on creating a better model for our patients."

"This project is solely about the needs of patients," said Dr. Cartagena. "We recognize that creating exceptional quality care for our patients is not necessarily about a particular location, but about the dedication and expertise of the treatment team."

"As a regional center for psychiatric care, ECMC has the facility and the room to expand our comprehensive services. Additionally, this would allow us to bring the expertise of our physicians and staff together

with ECMC's experienced physicians and staff to create a true collaborative effort. The development of a center of excellence in psychiatry would most definitely improve the quality of care for behavioral health patients for generations to come.”

The integrated model will combine the current outpatient volumes of 44,300 annual visits at ECMC and Kaleida’s 68,829 annual visits with services provided onsite at ECMC and at its community-based locations.

Currently, ECMC has 132 licensed inpatient psychiatric beds with 2,297 discharges in 2011 and 57 inpatient rehabilitation/detoxification beds with 1,621 discharges in 2011. Buffalo General Medical Center has 91 licensed inpatient beds with 2,307 annual discharges.

This consolidation represents the third major initiative of Great Lakes Health System to merge the services of ECMC and Kaleida. The first created the Gates Vascular Institute on the Buffalo Niagara Medical Campus in collaboration with the University at Buffalo and the second being the Regional Center of Excellence for Transplantation & Kidney Care on ECMC’s campus, both HEAL-funded initiatives to restructure and right size the region’s health care.

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

A. Written report received and filed.

VIII. LIFELINE FOUNDATION – Susan Gonzalez

A. Written report received and filed.

IX. CONSENT CALENDAR

MEETING MINUTES/MOTIONS		ACTION ITEMS
A.	MINUTES OF THE Previous MEC Meeting: May 21, 2012	Received and Filed
B.	CREDENTIALS COMMITTEE: Minutes of June 5, 2012	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
	Radiology Privilege Form	Reviewed and Approved
	OMFS Privilege Form	Reviewed and Approved
	Temporary Privilege Report	Reviewed and Approved
	POLICY: Professional Practice Evaluation	Informational
C.	HIM Committee Meeting: - Minutes of May 24, 2012	Received and Filed
	1. Orthopaedic Post Op/Admission Order Set	Reviewed and Approved
	2. Total Hip Replacement: Post Operative Order Set	Reviewed and Approved
	3. Total Knee Replacement: Post Operative Order Set	Reviewed and Approved
	4. Deep Vain Thrombosis Prophylaxis Physician Screen & Intervention Guide	Reviewed and Approved

MEETING MINUTES/MOTIONS		ACTION ITEMS
	5. Physician Discharge Order Form	Reviewed and Approved
	6. Venous Thromboembolism (VTE) Risk Assessment	Reviewed and Approved
	7. CPOE (Electronic Provider Note) – Approved for Pilot Program only	Reviewed and Approved
	8. Telemetry Order Review – Approved for Pilot Program	Reviewed and Approved
	9. Telemetry Authorization Order 2 pages – Approved for Pilot Program	Reviewed and Approved
	10. ECD Information and Consent	Reviewed and Approved
	11. CRRT Flowsheet	Reviewed and Approved
	12. CRRT Replacement Therapy Orders	Reviewed and Approved
D.	P & T COMMITTEE – Minutes of June 6, 2012	Received and Filed
	1. Look-Alike/Sound-Alike – approve	Reviewed and Approved
	2. Adult Antimicrobial Dosing Guidelines	Reviewed and Approved
	3. Paliperidone palmitate extended release – add to Formulary	Reviewed and Approved
	4. Risperidone Extended Release Injection – delete from Formulary	Reviewed and Approved
	5. Ferumoxytyl (Feraheme®) – add to Formulary	Reviewed and Approved
	6. DDVAP tablets – Line Extension – add to Formulary	Reviewed and Approved
	7. Acamprosate (Campral®) 333 mg – add to Formulary	Reviewed and Approved
	8. Buprenorphine and Naloxone (Suboxone®) 2 mg tab and 8 mg tab – add to Formulary	Reviewed and Approved
	9. TI-15 Anticholinergic Bronchodilators – approve revisions	Reviewed and Approved
	10. TI-17 Dose Adjustment Based on Renal Function – approve revision	Reviewed and Approved
	11. IV-03 Med. Admin by RN in CC areas – approve revision	Reviewed and Approved

X. CONSENT CALENDAR, CONTINUED

- A. MOTION:** Approve all items presented in the consent calendar for review and approval.

MOTION UNANIMOUSLY APPROVED.

- B. CREDENTIALS COMMITTEE RECOMMENDATION** – The following change was recommended to address the matter of board certification. Discussion will ensue at the Chief of Service meeting in July for more input. The matter will be brought back to the Credentials Committee for further recommendation.

In the event that the appointee has failed to achieve board certification as outlined in Section 2.2.1.6 of the medical-dental staff bylaws or has failed to maintain such board certification, the appointee will be granted a one time 4 year grace period to remediate. The appointee will be notified of such in writing by the Chair of the Credentials Committee and the President of the Medical-Dental Staff. If the appointee fails to achieve board (re)certification during this time frame, he may apply to the Medical Executive Committee for a waiver as described in Section 2.2.1 of the medical-dental staff bylaws.

MATTER TABLED UNTIL NEXT MONTH.

C. NEW BUSINESS AND ADDITIONAL ITEMS

- a. **MOTION: TICKET TO COURT POLICY** – approve as submitted.

MOTION UNANIMOUSLY APPROVED.

- b. **MOTION: Appointment of Chemical Dependency Associate Chief of Service Mohammadreza Azadfard, MD by Khalid Malik, MD, Chief of Service, Family Medicine.**

MOTION UNANIMOUSLY APPROVED.

- c. **INFORMATIONAL ITEM:** - Cardiopulmonary Resuscitation – Discussed and filed.

XIII. OLD BUSINESS

- A. NONE

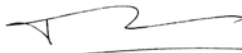
IX. NEW BUSINESS

- A. **CLINICAL RESEARCH STUDY CONCLUSION** – Tabled until next month.
- B. **RADIOLOGY CLINICAL INDICATORS** – Tabled until next month.
- C. **PREPARATION FOR THE ACS CONSULTATIVE VISIT** – Dr. Flynn advised that this is a new process for certification of a trauma center. There is a significant amount of documentation required. Trauma will be contacting various departments seeking completion of documentation and Dr. Flynn respectfully requests information be returned within a 2-week period so there is ample time for review for proper completion.

XV. ADJOURNMENT

There being no further business, a motion was made, seconded and unanimously approved to adjourn the meeting at 12:00 p.m.

Respectfully submitted,



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

Reading Material



**From the
Chief Executive Officer**

From the **Business First**

[:http://www.bizjournals.com/buffalo/news/2012/07/18/specialized-bus-will-offer.html](http://www.bizjournals.com/buffalo/news/2012/07/18/specialized-bus-will-offer.html)

Specialized bus will offer breast-cancer screening

Business First by James Fink, Buffalo Business First Reporter

Date: Wednesday, July 18, 2012, 2:22pm EDT



James Fink

Buffalo Business First Reporter- *Business First*

Email

In an effort to reach out to the medically underserved, three area groups have banded together to underwrite the cost of delivering a specialized service that will mobilize a pair of digital mammography machines into various Western New York communities.

The cancer-screening service, handled by specially-designed bus, is being financed by the **Erie County Medical Center** Lifeline Foundation, **First Niagara Financial Group Inc.**, and the **Buffalo Sabres** Alumni Association. The entities donated \$750,000 to buy and equip the bus.

Western New York Breast Health will manage the bus while Erie County Medical Center Lifeline Foundation will own and maintain the vehicle.

The bus is one of a just a handful in operation around the country and comes at a time when Western New York has one of the highest reported rates of new breast cancer patients among upstate communities. It also has one of the highest rates of breast cancer-related deaths.

Officials said all women are welcome for mammographies on the bus, including those with insurance or those covered by Medicaid or Medicare, as well as the uninsured. Exams will require a prescription, but women without a primary-care physician can obtain a script at the bus. Appointments will be necessary and an 800-number will be established, as will website links.

"This is a great community program that will actually save lives," said Jody Lomeo, ECMC's CEO and Foundation board member. "We hardly finished our presentation when the Sabres alumni and First Niagara said 'yes' and stepped up to fund this. We all know someone touched by breast cancer and we all want to see earlier diagnosis and treatment."

The bus will tour inner-city as well as rural areas of the region. The 45-foot bus will be parked at festivals, health fairs, churches, and community centers to mention a few. ECMC's bus is expected to test more than 1,500 in its first year.

"We say the bus is for the "underserved", it is really for the "never-served"," said John Koelme, First Niagara president and CEO. "We all know that the key to surviving any cancer, but especially breast cancer, is early detection and treatment. What better way to provide this care than by saying, 'You can't get to us?' 'Then we'll come to you.'"

James Fink covers real estate, commercial development and government

-

Buffalo surgeon volunteers to go to war

Dr. Lawrence Bone will treat wounded warriors

Updated: Friday, 20 Jul 2012, 6:28 PM EDT
Published : Friday, 20 Jul 2012, 6:28 PM EDT

- Rich Newberg
- Posted by: Eli George

Advertisement



BUFFALO, N.Y. (WIVB) - Most people would want to run from a war zone. But a Buffalo doctor is choosing to put himself in the middle of the melee.

At age 64, Dr. Lawrence Bone is about to serve in Afghanistan. The renowned orthopedic trauma surgeon at ECMC has joined the Army Reserve.

"My mission is to help wounded warriors," said Dr. Bone.

The surgeon will treat some of the most severely wounded and will try to save their limbs. Why is he electing to put himself in harm's way?

"Because the Army needs me," Dr. Bone said. "Our kids are still getting injured, and if they need me, I'm ready to help."

His son, Christian, had been severely wounded in the War in Iraq while on a mission southwest of Baghdad in 2006. He was driving a humvee when a roadside bomb was detonated. His medical evacuation was recorded on video by an Army buddy. Shrapnel had torn through Christian's arm and shoulder.

Christian explained, "The piece actually went in my bicep, came out my shoulder, hit my head and hit the inner lip of my helmet."

Army surgeons successfully treated Christian, and his father lined up his son's physical therapy in Buffalo. Dr. Bone then made a decision.

"You get an emotional bond to the Army because you've got a child in harm's way. Well, once they get injured, I'm an orthopedic trauma surgeon. I just couldn't not help. At that stage, I felt somebody took care of my son, I really need to take care of somebody else's," said Dr. Bone.

His son worries about the emotional impact the war wounded may have on his father. But Dr. Bone is focusing on his commitment.

"Made a decision to serve your country and that's what you do," Dr. Bone said. "You just go and do it."

The cutoff age for surgeons is supposed to be 56. But the Army Reserve waived that because the need for surgeons is critical.

Christian now works with war veterans who are dealing with psychiatric issues. He is a registered nurse at the V.A. Medical Center in Buffalo.

His father should be arriving in Afghanistan next week.

Copyright WIVB.com

BuffaloNews.com

Tax hike is a last resort

County executive first has to exhaust other ways to balance the budget

Published: July 19, 2012, 2:00 AM

12 Comments

[Tweet](#)

Updated: July 18, 2012, 6:03 PM

The Erie County executive has embarked on a campaign, or so it seems, to convince the public that county government needs a property tax increase. Mark C. Poloncarz cites some extraordinary expenses, chiefly at Erie County Medical Center, as he insists that every known remedy, including a tax hike, remain "on the table." That's government noise for, "let's float this balloon and check my exposure."

We say Poloncarz has more work to do before he tries to raise taxes, if that's his objective.

The county executive should state a clear and compelling case that a tax hike is the best long-term remedy for county finances. Tax increases, as taxpayers know, hardly ever go away. So taxpayers deserve more explanation as to why the county's latest hefty expenses are not short-term aberrations that can be dealt with creatively, rather than through a tax increase they will pay for years to come.

For example, while the county faces an estimated \$44 million jolt to cover ECMC's losses serving the uninsured and under-insured, ECMC says it's crafting an arrangement with Poloncarz to soften that blow. Also to consider: The county's exposure to those payments should narrow after the Affordable Care Act takes hold and ECMC opens its more cost-effective nursing home on Grider Street, supplanting the remote Erie County Home in Alden.

While the county must hire more workers to finally meet more sensible staffing levels the state has ordered for the Correctional Facility in Alden and the Holding Center downtown, a likely byproduct will be, at long last, savings in the overtime wages currently paid out to hundreds of jail deputies and corrections officers. The county executive is absolutely right when he calls out Erie County's all-but-absentee sheriff, Timothy B. Howard, on his chronic failure to address this problem year after costly year.

Poloncarz cites a few other threats to county finances - physical improvements that were not fully budgeted by former County Executive Chris Collins, multimillion-dollar legal settlements agreed to under the Collins watch, and tepid growth in sales tax income and the property values that determine property tax revenue. Indeed, he blames much of the current situation on lapses by Collins, a Republican trying to oust Poloncarz chum Kathy Hochul from her congressional seat.

Poloncarz has reason to grouse that Collins, during his term, exaggerated that he had extricated county government from the hospital business. But Poloncarz also says that were it not for the ECMC payment, the 2012 budget would be ending with a surplus. Further, he still has an \$83 million rainy day fund for those really rainy days.

Erie County has had more than its share of budget disasters over the past few decades. The bottom fell out under County Executives Edward V. Regan, Ed Rutkowski and Joel A. Giambra.

But after Giambra's 2004-05 debacle, Erie County emerged well-positioned. Its higher sales tax rate of 8.75 percent generated hundreds of millions of dollars, happily surrendered in large part by shoppers from Canada evading their own higher sales taxes. Erie County also has a state-appointed control board to throw cold water on unrealistic financial forecasts. Erie has not been among those New York counties going through financial crises of late.

Erie County's property tax rate remains low compared with other New York counties, averaging a little more than \$5 for every \$1,000 of assessed value before the addition of certain charges that vary by town. Some members of the control board have openly fretted about the long-term outlook without the arrival of more money. But remember this: County executives prefer to raise taxes early in their terms, hoping voters forget about that unpleasantness by the time re-election season comes around. Collins did just that with his first budget.

One would hope that Poloncarz has more than this political motivation as he leaves the spectre of a tax increase "on the table." But should Poloncarz propose taking more money from taxpayers, he must first provide a compelling case that it is the only option available to address the government's long-term needs.

Comments

[SORT: NEWEST FIRST | OLDEST FIRST](#)

BuffaloNews.com



County Executive Mark Poloncarz says the county faces "some significant issues" due to federally mandated payments for care of the uninsured at ECMC.

Derek Gee / Buffalo News

Poloncarz paints gloomy financial outlook

County executive says he has not ruled out a tax hike for next year.

By Denise Jewell Gee

Published: July 16, 2012, 1:21 PM

23 Comments

Tweet

Updated: July 16, 2012, 4:13 PM

Federally mandated payments that Erie County must make to help pay for the care of uninsured patients at Erie County Medical Center could be more than \$44 million this year - a scenario County Executive Mark C. Poloncarz worries could significantly impact the county's budget.

Poloncarz this morning detailed a gloomy picture of the county's future finances as lawmakers grapple with unbudgeted expenses that could force them to use money set aside for unexpected costs.

"We do face some significant issues, not only this year, but in the out years that I'm very worried about," Poloncarz told reporters during a morning news conference.

Poloncarz said he is also concerned about the growth of sales tax revenue and property assessments and said he could not rule out the potential for a tax increase in 2013.

"I'm leaving everything on the table," Poloncarz said. "I'm not saying that there is going to be a tax increase, but I think everything has to be left on the table across all portions of county government, including managing the costs that we control."

While the county executive expressed concern about upcoming expenses, the county has spent less money than the revenue it received during the first five months of the year. The concern, however, is that the county could have to dip into a reserve fund to pay for the additional costs. That account had \$83 million in it at the end of 2011, but is a one-time revenue source that could be difficult to replenish.

The potential unbudgeted costs include:

- * Payments the county is required by the federal and state governments to make to cover the cost of caring for poor and underinsured patients at ECMC's hospital and nursing home. Those costs are expected to reach as much as \$44 million to \$51 million this year. The county has budgeted \$16.2 million this year, and has exhausted money that was set aside to cover the difference in recent years.

- * The expense of hiring 15 new deputies and supervisors for the Erie County Holding Center and Correctional Facility by September. Those are the first of 72 new positions the state Commission of Correction has mandated the county to fill to better staff the two jails by 2014. The total cost of the new positions is forecast at \$6 million.

- * Contracts for eight of the county's nine unions - including the largest - have expired. Poloncarz said he wants to reach deals with those union employees by the end of the year, and expects those contracts to include upfront costs. Current proposals by the unions include retroactive pay.

- * Overtime in the Sheriff's Department for jail staff and the cost of bringing on more nurses at the county jails are also expected to be above budget.

Poloncarz also told reporters he was surprised at the number of capital projects that were in the works but were not fully budgeted for when he took office. Those included repairs to address leaking oils tanks on county property, a new boiler room at the Correctional Facility in Alden, replacements of air handling units at the Rath Building and mandated upgrades at the Holding Center, among other projects.

Poloncarz said he was unaware of the magnitude of some of the expenses when he was county comptroller, and blamed former County Executive Chris Collins for not including some of the expenses in the 2012 budget.

"Last year, when I ran for executive, I said the county's financial picture was not as rosy as the prior county executive had stated," Poloncarz said. "In fact, after six months in office, it is clear that the situation is much worse than I expected."

Collins, who is now running for a seat in Congress, countered the county executive's assessment this afternoon, saying in a telephone interview that Poloncarz was setting the stage for the "blame game."

"My focus as county executive was on taxpayers, making tough decisions," Collins said. "And if nothing else, I think this reinforces why I made those tough decisions, and I did say 'no,' and we did put money aside in our rainy day fund."

Collins noted that Poloncarz, as county comptroller, criticized him for setting aside stimulus money into a reserve fund, rather than spending it on capital projects.

"We did put money aside in our rainy day fund that he suggested was improper and should have been spent," Collins said.

Collins also deflected the notion that the county could have better budgeted for the ECMC-related payments this year, noting that the county does not receive official notice of how much it will pay until shortly before the state and federal governments require the payments. He said estimates late last year pegged those payments at about \$16 million this year, with the potential to rise to \$20 million.

Poloncarz in December told legislators that he was concerned about the potential impact of the ECMC-related payments on the county's budget, but did not propose changes to the 2012 spending plan to address those concerns. He has been in discussions since then with hospital officials to work out a plan in which the payments would not impact the county budget.

The county's current projections are based on estimates from ECMC and the state Department of Health, said Budget Director Robert Keating. County officials will not know the exact amounts until later this year.

djgee@buffnews.com

Comments

SORT: NEWEST FIRST

Isnt politics wonderful? Mark was controller and DID NOT KNOW ANYTHING. Here we go again Poloncarz blames Collins, Obama blames Bush, and bend over taxpayer here it comes. Im tired of excuses if these people cannot do the job why do they run even worse why do we elect them so that said now Mark can also blame us.

A LAWRENCE DANNA, WEST SENECA, NY

11/16/2011 11:46:00 AM

It's simple. Republican Chris Collins did not raise taxes, cut staff and reduces costs. Democrat Mark Poloncarz immediately hired staff, restored funding and will now raise taxes.

JOSHUA MEE, HAMBURG, NY

11/16/2011 11:46:00 AM

The 2012 budget process was steered by this current executive, review the story that was published by this same author at the end of last year. All of these additions no doubt are adding to the problem. They simply "moved" money around and now we have shortages. Very politically convenient. <http://www.buffalonews.com/city/communities/erie-county/article663231.ece>

MICHAEL ANTHON, LANCASTER, NY

11/16/2011 11:46:00 AM

Louis, I appreciate your passion. I really do. It's tough because the Bills, for me, are a real passion for me, and losing them to another market would crush me on

WKBW - TV Buffalo, New York

Print this article

Triple Fatal Raises Concerns About Older Drivers

By Ed Reilly

July 10, 2012

GRAND ISLAND N.Y. (WKBW) New York State Police say 87-year old Richard Hildebrand, of Kenmore, caused the triple-fatal accident on a section of the I-190 on Grand Island early Monday morning,

Police say Hildebrand was driving the wrong way on the interstate when he crashed nearly head-on into a car containing 4 young men from Michigan.

Three of the passengers were instantly killed. The 22-year old driver, Burhanur Rahman, is still in critical condition at the Erie County Medical Center (ECMC).

Richard Hildebrand is also in critical condition at ECMC.

The accident has raised questions about senior drivers and the risk they pose.

Local driving experts say age is not a good indicator of a person's ability to operate a car, but it can be affected by other factors such as health and medication.

The AAA of Western New York offers a special program for senior drivers called "Keeping the Keys." Registration and information is available by calling 1-800-836-CLUB (2582).

The Erie County Medical Center offers a driver evaluation program that focuses on a medical evaluation of the older driver. More information is available by calling (716) 898-3000.

The debate over senior drivers prompted new Erie County Clerk Chris Jacobs to issue the following statement:

"A person's chronological age is not an absolute predictor of driving ability, but it does

bear a thoughtful deliberation. Ultimately, what counts on the road is performance. I encourage all motorists to consider taking driver improvement courses to sharpen their skills, learn up-to-date driving techniques and potentially receive a discount on their insurance."

This was printed from Business First

Women's health clinic opens at ECMC

Business First by Tracey Drury, Buffalo Business First Reporter

Date: Tuesday, July 3, 2012, 11:19am EDT

Related:

Health Care

Tracey Drury

Buffalo Business First Reporter- *Business First*
Email

Women and Children's Hospital of Buffalo has opened a new clinic on the campus of Erie County Medical Center , with a focus on women's health.

The new East Side Women's Health Center of Women & Children's Hospital on Grider Street is housed in a separate building from ECMC, formerly home to the Buffalo Community Health Center.

The extension clinic, approved by state officials in late May, will provide prenatal and primary medical care outpatient services. Total project cost was \$252,724.

With five exam rooms and a multi-treatment room, the clinic will specialize in obstetrics and gynecology, providing exams, walk-in pregnancy testing and prenatal care. The site will be staffed by physicians, women's health nurse practitioners and other staff.

It is the third women's health center for Women & Children's, which also operates a center on its main campus and another at DeGraff Memorial Hospital in North Tonawanda.

The clinic shares a building with UB Family Medicine's new Grider Family Health Center.

News and Events

[School News](#)

[Research News](#)

[Student, Faculty and Alumni Highlights](#)

[Upcoming Events](#)

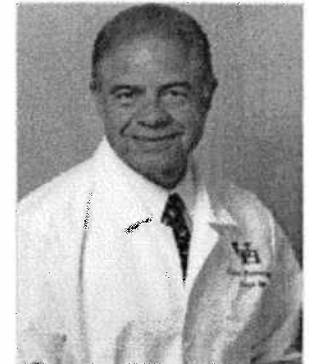
Related Links

- [Buffalo Physician Magazine Archives](#)
- [Medical Student Academic Calendar](#)
- [University Academic Calendar](#)
- [UB Events](#)

Izzo Receives Award from American Society of Hypertension

Published July 3, 2012

Joseph L. Izzo Jr., MD, professor in the Department of Medicine, has been awarded the American Society of Hypertension's Marvin Moser Clinical Hypertension Award for 2012.



Joseph L. Izzo, Jr., MD

The award recognizes a qualified hypertension clinician who is actively involved in teaching for his or her dedication to the treatment and care of hypertensive patients.

Izzo, who is chief of medicine at Erie County Medical Center, specializes in developing hypertension-related diagnostic and treatment devices. He conducts research on hypertension, stress and cardiovascular drug effects and has been a lead or major participant in more than 20 multi-center clinical trials.

Related Links

- [Related Profile: Joseph L. Izzo Jr., MD](#)
- [Department of Medicine Marvin Moser Clinical Hypertension Award](#)

He has also worked with the New York State Department of Health to create hypertension guidelines for various populations and served on expert advisory panels for the Food and Drug Administration, U.S. Pharmacopeia, the National Institutes of Health and the American Heart Association.

A founding member of the American Society of Hypertension, Izzo has been active in its affairs, having served in multiple capacities, including as director and treasurer.

SCHOOL OF MEDICINE AND BIOMEDICAL SCIENCES

- [Contact Information](#)
- [Maps and Directions](#)

JOIN THE SCHOOL

ABOUT THE SCHOOL

- [Our Philosophy](#)
- [Leadership and Administration](#)
- [News and Events](#)
- [Our Move Downtown](#)
- [Erie County Medical Center Corp.](#)

HEALTH CARE

- [UBMD](#)
- [Find a Doctor](#)
- [Hospital Affiliates](#)

RESOURCES BY AUDIENCE

new collaboration for
mental
 health and drug
 dependency treatment

by Annette Pinder

Erie County Medical Center (ECMC) and Kaleida Health (Kaleida) are two entities that comprise the region's Great Lakes Health System (formerly Western New York Health System). The collaboration also includes University at Buffalo and the Center for Hospice and Palliative Care.

Last month Great Lakes Health received a \$15 million grant to create a much-needed Behavioral Health Center of Excellence (COE) that consolidates mental health and drug dependency treatment in one \$25 million center based at ECMC. Kaleida President and CEO James R. Kaskie says, "The Heal-NY grant will make it possible to create a new and improved facility for the Comprehensive Psychiatric Emergency Program (CPEP), which has long been long overdue." Kaskie says, "It is a great example of leveraging talents, infrastructure, and clinical expertise available at ECMC and Buffalo General Medical Center.

The new center will include a 180-bed inpatient psychiatric program, along with ECMC's current 22 detoxification beds and 20 inpatient chemical dependency rehabilitation beds. ECMC and Kaleida outpatient clinics will also continue. In addition to Heal-NY funding, ECMC and Kaleida will fund the remaining \$10 million. Scheduled to open in May 2014, the COE will expand ECMC's existing behavioral health facilities from 6,500 square feet to 16,000 square feet. Jody L. Lomeo, CEO of ECMC says, "The new COE will be state-of-the-art, and will deliver the care the mentally ill in our community deserve."

Up to now, mental health care in our region has been fragmented and costly to the state's Medicaid payment system. In the last 20 years, Buffalo Psychiatric Center went from 1,200 beds to 160 and Gowanda Psychiatric and West Seneca Developmental centers closed. Other downsized or closed facilities have resulted in a lack of coordination among community providers. To make matters worse, psychiatrists are in short supply – a combination that has created a crisis for mental health patients and families. Currently, those in crisis needing services are forced to find care in crowded hospital emergency rooms, which leads to more costly inpatient care and unsafe conditions.


Dr. Yogesh Bakhai, ECMC Chief of Service of Psychiatry and Dr. Maria Cartegena, medical director, Buffalo



General's Department of Inpatient Behavioral Health & Psychiatry, are proud to be leading this initiative. Dr. Bakhai says, "Not only do we need to expand facilities to meet the growing demand, we need to bring together the talents of the region to focus on creating a better model for our patients."

Dr. Cartegena says, "The integrated model will combine the current outpatient volumes of 44,300 annual visits at ECMC and Kaleida's 68,829 annual visits with services provided onsite at ECMC and at its community-based locations." Last year ECMC had 132 licensed inpatient psychiatric beds with 2,297 discharges and 57 inpatient rehabilitation/detoxification beds with 1,621 discharges. Buffalo General Medical Center had 91 licensed inpatient beds with 2,307 annual discharges.

This new consolidation is the third major initiative of Great Lakes Health System to merge services of ECMC and Kaleida. The first created the Gates Vascular Institute on the Buffalo Niagara Medical Campus in collaboration with UB. The second was the Regional Center of Excellence for Transplantation & Kidney Care at ECMC, both HEAL-funded initiatives to restructure and right size the region's health care.



WNY's Oldest and Largest Podiatric Practice

Foot Trouble?
*Turn to Podiatrists Who Will Listen,
 Respond to Your Needs, Resolve Your Problems
 and Use the Latest Technology*

Podiatry Affiliates PC
 Drs. Jeffrey Carrel, David Davidson,
 Kenneth Goldstein
 Edward Fitzpatrick and David Perelstein
Proudly Welcome
 Carl J. Hoeger, DPM
Specializing in Foot Surgery

Five Convenient Locations
 Amherst—Buffalo—Niagara Falls—Derby—Springville
Call Today for An Appointment!
716-839-3930

We Look Forward to Putting Your Feet in Our Hands!