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~ Regular Meeting ~



ERIE COUNTY MEDICAL CENTER CORPORATION

Tuesday, July 30, 2013

4:30 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
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AGENDA

REGULAR MEETING OF THE BOARD OF DIRECTORS ERIE COUNTY MEDICAL CENTER CORPORATION TUESDAY, JULY 30, 2013

- I. CALL TO ORDER: KEVIN M. HOGAN, ESQ., CHAIR
- II. RESOLUTIONS MAY BE DISTRIBUTED TO THE BOARD OF DIRECTORS DURING THE MEETING ON JULY 30, 2013
- III. REPORTS FROM STANDING COMMITTEES OF THE BOARD:
 - EXECUTIVE COMMITTEE: KEVIN M. HOGAN, ESQ. ----
 - AUDIT COMMITTEE DOUGLAS H. BAKER 9-10
 - FINANCE COMMITTEE: MICHAEL A. SEAMAN 6-8
 - HUMAN RESOURCES COMMITTEE: BISHOP MICHAEL A. BADGER 11-13
 - MBE/MWBE COMMITTEE: SHARON L. HANSON 14-16
 - QI PATIENT SAFETY COMMITTEE: MICHAEL A. SEAMAN
- IV. REPORTS FROM SENIOR MANAGERS OF THE CORPORATION:
 - A. CHIEF EXECUTIVE OFFICER 18-22
 - B. CHIEF OPERATING OFFICER 23-27
 - C. CHIEF FINANCIAL OFFICER 28-35
 - D. CHIEF SAFETY OFFICER ----
 - E. SR. VICE PRESIDENT OF OPERATIONS – RONALD KRAWIEC 36-38
 - F. CHIEF MEDICAL OFFICER 39-44
 - G. SENIOR VICE PRESIDENT OF NURSING 44-46
 - H. VICE PRESIDENT OF HUMAN RESOURCES 47-49
 - I. CHIEF INFORMATION OFFICER 50-52
 - J. SR. VICE PRESIDENT OF MARKETING & PLANNING 53-55
 - K. EXECUTIVE DIRECTOR, ECMCC LIFELINE FOUNDATION 56-60
- V. REPORT OF THE MEDICAL/DENTAL STAFF: JUNE 24, 2013 63-70
JULY 22, 2013 71
- VI. OLD BUSINESS
- VII. NEW BUSINESS
- VIII. INFORMATIONAL ITEMS 72-82
- IX. PRESENTATIONS
- X. EXECUTIVE SESSION
- XI. ADJOURN



Executive Committee

Minutes from the



Finance Committee

BOARD OF DIRECTORS
MINUTES OF THE FINANCE COMMITTEE MEETING
MAY 21, 2013

ECMCC BOARD OF DIRECTORS CONFERENCE ROOM

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

I. CALL TO ORDER

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

II. RECEIVE AND FILE MINUTES

Motion was made and accepted to approve the minutes of the Finance Committee meeting of April 23, 2013.

III. APRIL 2013 FINANCIAL STATEMENT REVIEW

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

Total discharges were under budget by 80 for the month of April. Year-to-date discharges were under budget by 235, and 27 ahead of the prior year. Acute discharges were under budget by 80 for the month, under budget by 179 year-to-date, and 3 under the prior year.

Observation cases were 168 for the month. The average daily census was 331, compared to a budget of 354 and 327 the prior year. Average length of stay was 6.3 for April, compared to a budget of 6.0 and 6.0 the prior year. Non-Medicare case mix was 1.88 for the month compared to a budget of 2.04, and Medicare case mix was 2.02, compared to a budget of 1.80.

Inpatient surgical cases were 24 under budget for the month, 22 under budget year-to-date and 38 over the prior year. Outpatient surgical cases were over budget by 9 for the month, under budget by 238 year-to-date, and 47 less than the prior year. Emergency Department visits were under budget for the month by 337, and 61 less than the prior year.

Hospital FTEs were 2,358 for the month, compared to a budget of 2,307. Terrace View FTEs were 423 for the month, compared to a budget of 440.

The Hospital had an operating loss for the month of \$601,000, compared to a budgeted loss of \$123,000 and a loss of \$1 million the prior year. Terrace View had an operating loss of \$298,000, compared to a \$433,000 loss for the month of March.

The consolidated operating loss for the month was \$899,000 compared to a loss of \$1.5 million the prior year, and a budgeted loss of \$147,000. The consolidated year-to-date operating loss was \$5.7 million.

Days operating cash on-hand was 36.0, obligated cash was \$111.4 million, and days in accounts receivable were 41.8 for the month.

IV. CASH FLOW PROJECTIONS:

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

V. ADJOURNMENT:

The meeting was adjourned at 9:05 a.m. by Michael Seaman, Chair.

Minutes from the



Audit Committee

ERIE COUNTY MEDICAL CENTER CORPORATION

Board of Directors
Minutes of the Audit Committee Meeting

Friday, March 22, 2013

ECMCC Board of Directors Conference Room

Voting Board Members Present or Attending by Conference Telephone:	Douglas H. Baker, Chair Bishop Michael A. Badger Frank B. Mesiah	
Voting Board Members Excused:	Anthony M. Iacono	
Invited Guests:	Alan Gracie Christopher Eckert Ryan Grady	Freed, Maxick, CPAs, PC
Also Present:	Thomas Malecki Jody Lomeo Richard Cleland Ronald Krawiec	Michael Sammarco John Eichner Paul Huefner

I. Call to Order

Chairman Douglas Baker called the Audit Committee meeting to order at 8:34 a.m.

II. Receive and File Minutes

Motion was made and accepted to approve the minutes of the Audit Committee meeting of May 10, 2012.

III. Draft 2012 Audited Financial Statement Review

Auditors, Alan Gracie, Christopher Eckert and Ryan Grady of Freed, Maxick CPAs, PC presented draft audited financial statements for the year ended December 31, 2012. The report summarized certain matters required by professional standards which were thoroughly reviewed, including: discussion of the audit scope, status of audit and key deliverables, significant audit matters and findings, and required communications pursuant to AICPA professional standards.

Ryan Grady stated that ECMC received the highest level opinion that could be provided by Freed, Maxick. There were also no significant deficiencies or audit adjustments.

Motion was made and accepted to recommend to the full Board approval of the 2012 audited financial statements, and the recording and filing of the auditor's report.

IV. Adjournment:

The meeting was adjourned at 9:25 AM by Chairman Baker.

Minutes from the



Human Resources Committee

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS

MINUTES OF THE HUMAN RESOURCES COMMITTEE MEETING

TUESDAY, JULY 9, 2013

ECMCC STAFF DINING ROOM

VOTING BOARD MEMBERS PRESENT OR ATTENDING BY CONFERENCE TELEPHONE:	BISHOP MICHAEL BADGER, CHAIR MICHAEL HOFFERT	FRANK MESIAH JODY LOMEO RICHARD BROX
BOARD MEMBERS EXCUSED:	JOSEPH ZIZZI, SR., M.D.	
ALSO PRESENT:	KATHLEEN O'HARA CARLA DICANIO-CLARKE BELLA MENDOLA NANCY TUCKER	BEN LEONARD KAREN HORLACHER NANCY CURRY JENNIFER CRONKHITE JEANNINE BROWN MILLER

I. CALL TO ORDER

Chair Bishop Michael Badger called the meeting to order at 9:35 a.m.

II. RECEIVE & FILE

Moved by Frank Mesiah and seconded by Michael Hoffert to receive the Human Resources Committee minutes of the March 13, 2013 meeting.

III. NYSNA NEGOTIATIONS

Next negotiations date is July 23, 2013. Carla DiCanio-Clarke reported that the goal is to finish minute points and then wages, health insurance, and overtime/comp time are left to discuss.

IV. WELLNESS/BENEFITS

Nancy Tucker reported that due the CSEA contract change, there was significant movement with regards to health insurance. Many employees moved to the Value plan or went to single coverage. 28 ECMCC employees attended ECMC Day at the Biggest Loser Resort at Beaver Hollow for a day of fitness and wellness activities. Pension statements will be distributed in the near future to employees.

V. TERRACE VIEW REPORT

Jeannine Brown Miller has been hired as a consultant to Terrace View to assist in problem analysis and determining goals to handle problems to resolve current issues. Ms. Miller described her plan which is to speak with employees to see how they view their work life. Formal plans will be created including a mission statement and timeline to reach goals. Items to work on include; Communication, Team Building, Respect, Conflict Resolution, Leadership Coaching, Work Processes and Role Clarification. Improvement in morale is the expected outcome and Nancy Curry reported that there are positive changes happening presently at Terrace View.

VI. RECRUITMENT ACTIVITIES

James Kawalec is the new Recruiting Coordinator in Human Resources.

VII. CONSOLIDATION OF SERVICES

Kathleen O'Hara reported that discussions are ongoing with Kaleida Health regarding Laboratory medicine consolidations.

ERIE COUNTY MEDICAL CENTER CORPORATION

VIII. WORKERS COMPENSATION REPORT

The workers compensation report was distributed.

IX. EMPLOYEE TURNOVER REPORT

The employee turnover report was distributed. Turnover for the hospital is 8% and stable.

X. NURSING TURNOVER REPORT

April Hires – 13.5 FTES & 3 PT, 11.5 FTES Med/Surg, 2 FTES Behavioral Health

YTD = 28 FTES & 5 PT hired

(3.0 LPN FTE hired Med/Surg, 9.5 LPN FTES hired YTD)

April Losses – 2.5 FTES – 1 FTE Utilization Review, 1 Critical Care, 1 Clinic. 3.0 resigned

YTD = 22 FTES

Turnover Rate .33% (.60% without retirees)

Quit Rate .33% (.33% without retirees)

Turnover Rate YTD 2.9% (2.54% without retirees)

Quit Rate YTD 2.9% (2.54% without retirees)

May Hires – 6 FTES & 1 PT, 5 FTES Med/Surg, 1 FTE Behavioral Health.

YTD = 34 FTES & 6 PT hired

(2.5 LPN FTE hired. 2 Med/Surg, .5 Behavioral Health 12 FTES hired YTD)

May Losses – 6.5 FTES – 4.5 Med/Surg, 1.0 Behavioral Health, 1.0 Dialysis. 6.5 resigned

YTD = 28.5 FTES

Turnover Rate .8% (.60% without retirees)

Quit Rate .8% (.33% without retirees)

Turnover Rate YTD 3.8% (3.40% without retirees)

Quit Rate YTD 3.8% (3.40% without retirees)

June Hires – 12.5 FTES & 4 PT 12.5 FTES Med/Surg .5 FTE Behavioral Health.

YTD = 46.5 FTES & 10 PT hired

(2.5 LPN FTE hired. 2.5 Med/Surg 14.5 FTES hired YTD)

June Losses – 6 FTES – 2 Med/Surg, 3 ED, 1 Behavioral Health 6.0 resigned

YTD – 34.5 FTES

Turnover Rate .80% (.60% without retirees)

Quit Rate .80% (.33% without retirees)

Turnover Rate YTD 4.6% (4.20% without retirees)

Quit Rate YTD 4.4% (4.08% without retirees)

XI. WORKPLACE VIOLENCE/DOMESTIC VIOLENCE

Carla DiCanio-Clarke explained that the clothesline project was on display during the week of July 10th.

Participants were able to design T-shirts in honor of those affected by Domestic Violence.

The Theater for Change put on a performance that addressed the impact of domestic violence in the workplace. During the Question and Answer sessions the actors stayed in character.

On September 17, 2013 trainers from New York State will be at ECMC to educate participants on Domestic Violence in the Workplace.

XII. NEW INFORMATION

Richard Brox asked about the progress of ECMCC becoming its own civil service administrator. Kathleen O'Hara reported that the civil service rules are near finalization and will be presented to the State and the personnel administrator will be on board in August.

XII. ADJOURNMENT

Moved by Bishop Michael Badger to adjourn the Human Resources committee a 10:25am. Motion seconded by Michael Hoffert.

Minutes from the



MBE/WBE Sub-Committee

MWBE SUB-COMMITTEE

JUNE 10, 2013

MINUTES

MEETING OPENED – 9:07AM

ATTENDANCE: SHARON HANSON, KATHY O’HARA, DOUG FLYNN, JOHN EICHNER, DONNA BROWN, KATHYRN LISANDRELLI, FRANK MESIAH, MIKE HOFFERT, MIKE ROBERTS, DOUG FLYNN, JOHN EICHNER, RICHARD BROX, RITA HUBBARD ROBINSON JANIQUE CURRY

APPROVAL OF DECEMBER 12, 2012 MINUTES

MOVE- FRANK MESIAH

2ND – MIKE ROBERTS

I. OVERVIEW OF 2012:

- 4th Quarter Goal Reporting –
 - Report to NYS (4/15/13) - goal was met for the FY at 20.76%
 - 1st Quarter 2013-2014 report due July 15, 2013
 - LPC Report on Goals & Workforce
 - Project Goals were met and exceeded on LTC, Renal/Dialysis,
 - Parking Site/Construction, Chilled Water Plant, PARCS, O/R
 - New Projects just starting are TCU & Behavioral Health
 - Lengthy discussion on Workforce for construction projects in addition to hospital staffing and workforce internally.
- RFP & Bid Process
 - Bid Process (Pre & Post Routing Sheets, Waiver Requests)
 - RFP for Terraceview is necessary b/c we can never predict the number of staff we will need so the contracted services will take care of that.
 - ECMCC has not submitted any Waiver Requests to the Executive Chamber for Construction.
 - Ethnic Newspaper Advertising
 - We are regularly utilizing the ethnic papers by placing small ads announcing bid opportunities and directing interested parties to ECMC website & Purchasing.
- NYS Contract System
 - Utilization Reports
 - Mandatory Contract Inclusion (Confidential & HIPPA disclosures)
 - The Executive Chamber is requiring that all contracts be put into the NYS Contract System.
 - We are awaiting a response on a list of questions we have sent in that address the confidentiality of contracts, HIPPA disclosures, purchase orders etc.

ERIE COUNTY MEDICAL CENTER CORPORATION

- Presentations/ Events
 - SBA & Canisius Women's Business Center- Selling to the Government 3/14/13
 - MWBE Opportunities Fair 3/28/13
 - Over 100 registered participants attended this event on campus and we had representatives from City of Buffalo (Mayor Brown), BMHA, LP Ciminelli, Erie County EEO & Public Works, True Community Development, R&P Oak Hill, McGuire Development & Mortenson Construction (Minneapolis, MN).
 - Additionally we had resource partners from the SBDC, ECIDA, CASNY, NYS Entrepreneurial Assistance Program, University at Buffalo & the Allstate MWEE Program on site to assist with business development.
 - 2nd Annual Women in Business Celebration- Women's History Month 3/29/13
 - MWBE Presentation to Executive Management Team

II. OLD BUSINESS

- Draft MWBE Policy & Diversity Questionnaire
 - a. Review and comment
 - i. Minor changes were suggested and as soon as we get some clarity from the State on some of the policy issues that we need to include we will have a complete document to present to the Board for approval.

III. NEW BUSINESS

- Review of Purchasing Department
 - An assessment is being conducted right now along with an Executive Management review of the Department. An assessment is being conducted right now along with an Executive Management review of the Department.
 - Once the review is complete we will have the capacity to make some changes to the department that will address some of the additional mandates the State has imposed such as input of all of the contracts into the System, additional training for buyers and other staff on Utilization Reports etc.
- Future Updates (registration for website, standard documents)
 - Working on how to perfect the notification of MWBE Firms for RFP's, Addenda's
 - Once policy is complete that along with MWBE Qrre, FAQ's & other docs can go on our website.
 - MWBE firms will need to register on ECMCC Website (to ensure they receive Addendums & other Updates)

IV. ADJOURN – 10:05AM



ECMCC Management Team



Chief Executive Officer

ERIE COUNTY MEDICAL CENTER CORPORATION

REPORT TO THE BOARD OF DIRECTORS
JODY L. LOMELO, CHIEF EXECUTIVE OFFICER
JULY 30, 2013

I hope everyone is enjoying the summer. It is hard to believe that we are entering the month of August; the summer months are moving swiftly.

HOSPITAL OPERATIONS

We are currently in full summer trauma season and our system continues to be extremely busy. We have seen a continual uptick in volume in the major areas throughout the hospital. As we compare each area to 2012 we see increases, but as we compare it to the budget, we are still lagging behind in our 2013 projections. The Executive Management team is continuing to evaluate the budget and as you know has implemented a 2013 plan that should translate to a break even or operating surplus for 2013. Please find below the financial results and highlights for the month of June.

- Total discharges for the month of June were 51 over June 2012 and 105 discharges over the prior year-to-date.
- Acute discharges were 30 over June 2012 and 15 over the prior year-to-date
- Length of stay rose slightly to 6.6 compared to 6.4 in May.
- Medicare case mix held steady at 1.69 and Non-Medicare case mix improved to 1.83 compared to the prior month.
- Inpatient surgical cases were 53 over June 2012 and 79 over the prior year-to-date
- Outpatient surgical cases were 9 over June 2012 and just 6 over the prior year-to-date.
- The Hospital had an operating surplus of \$28,000 for the month compared to a loss of \$539,000 in June 2012.
- Terrace View had an operating loss of \$95,000 compared to the prior month loss of \$237,000.
- The consolidated year-to-date operating loss currently remains at \$5.6 million

The Executive Team continues to implement the cost reduction and revenue enhancement plan that was presented to the Board at the March meeting. We have asked Novia Consulting to come in and assess our operations and help us implement new strategies as we prepare for the changes in healthcare going forward. The Novia engagement will include initiatives for; case management, length of stay, coding, billing, revenue cycle etc. The process with Novia is estimated to take up to (12) months for full implementation. As part of this engagement, Novia will be tracking changes, monitoring and evaluating process changes, training, and developing our staff to sustain performance for future years. We are committing our organization to a plan that will help us better capture revenue but also reduce cost throughout the organization and better align and prepare us for the changes in healthcare that are coming through the Affordable Care Act .

PATIENT EXPERIENCE

As I mentioned in previous reports, the patient experience journey has gained serious momentum and we are seeing the positive impact to our patients, their families and visitors to the ECMC campus. With a multidisciplinary approach, the patient experience has shown improvement in most of the scores. A great example of this is the tremendous work on 7z1 under the leadership of Judy Haynes, Unit Manager. Over the last year there have been significant and sustained improvements in all of the Key Driver components as identified by CMS. Of the 16 Key Driver components, 14 have exceeded the National NRC Picker average by as much as 10 percentage points. As discussed previously, we have decided to impact the patient experience on an individual basis. We have brought in four Patient Advocates/Ambassadors that work on certain inpatient units and we have seen dramatic positive changes to the scores on those units. Michelle Wienke is with us today to highlight a few initiatives that are underway on various units. We are hopeful that this is a sustainable trend and will continue to use this strategy throughout the hospital with our next potential area being the Emergency Department. A special thank you to all involved in the patient experience and believing that we can “move the needle” and deliver the best possible care and experience to the patients we serve.

BEHAVIORAL HEALTH

As you can see, the physical campus is changing each and every day and there is no greater example of that than the new CPEP that is nearing completion in the previous doctor's parking lot. The project continues to be on budget and on time and the facility cannot come fast enough. Kaleida Health made a decision in June to no longer accept behavioral health inpatients; therefore, all patients will be handled at the ECMC campus. We are working very closely with Kaleida with not only the planning of the program but the care of the patients. Our teams are working together to best deal with the closure of the Kaleida program and the surge of patients that have been coming to the ECMC campus. We are working very closely with our physicians and the University in particular to develop a world class program that this community will be proud of. We are very close to naming interim leadership to the behavioral health program and have hired a number of new physicians and staff members to help us as we continue to grow the program. Again, thank you to all involved for their support and commitment to the patients they serve.

TERRACE VIEW

We are seeing tremendous, positive changes to the Terrace View culture which has resulted in a positive experience for the residents at the new facility. Our census is high and we continue to tweak the staffing model and watch expenses as we continue to get more comfortable with the program being here on Grider Street. Consultant, Jeannine Brown Miller has been doing a great job in working with our leadership team, employees and residents in creating a "new culture" that focuses on excellence, quality, customer service and support ECMC's mission. The leadership team has presented this plan to begin this implementation and overall they have done a great job in a short time.

GREAT LAKES HEALTH

A quick update on the super lab, consolidation that continues to move forward. We are a few months away from a start date. The teams at Kaleida and ECMC meet weekly regarding finalizing the plans for the essential service lab here at ECMC as well as what tests will be

performed at ECMC and which ones will be sent out. The physicians have been engaged in the process and have worked with us to implement the super lab and ensure very little disruption in how tests are delivered.

PHYSICIAN RECRUITMENT

We have been very fortunate over the past few years to have successfully recruited new and highly talented physicians/surgeons to the ECMC family. We are currently in the process of finalizing a few other additions that we will hopefully be able to announce in the August meeting. For us to be successful in any recruitment to ECMC, we will need the continual involvement of our Physician Leadership team as well many others throughout the organization. I am thankful for the support we receive from our physicians as they have been instrumental in telling our story to others in the community and welcoming them into our family.

RPCI

We continue to have discussions with Roswell Park with the hopes of forming a joint venture with RPCI and ECMC as it relates to medical oncology. The recent discussions have been positive and we remain hopeful that an agreement can be reached that is fair and equitable to both Roswell and ECMC. Most importantly, such an agreement would be most beneficial to the patients of both organizations.

In closing, I appreciate all your support, guidance and wisdom as we continue to grow and transform ECMC.

Jody



Chief Operating Officer

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

EXECUTIVE MANAGEMENT-HOSPITAL OPERATIONS

We are planning for a summer Joint Commission survey and everyone in the organization is preparing. Charlene Ludlow has done a great job in keeping the organization focused and ready for the survey.

The EM team has developed several significant goals for the 3rd quarter of 2013. Twenty-one (21) key initiatives have been identified and underway (see last page of report).

We currently have identified over \$10 million in revenue improvement and/or expense savings for 2013(and beyond). Many of these initiatives focus on efficiency and improve operational efficacy.

Submitted over \$300 million in requests to New York State Department of Health for 1115 Waiver (DSHRP) initiatives for years 2013-2018. DSHRP is being utilized in NY State to help “safety-net” providers who are at a disadvantage and are at risk with the Affordable Care Act. Many of these requests are for current and future health programs that target populations lacking significant health care. Funding requests will reimburse ECMC for these specific programs and also for efficiency improvements implemented over the (5) year period. California and Texas are two states that had significant success with 1115 waivers.

Novia Consulting has completed Phase I and Phase II of their assessment. Overall they identified significant opportunities in case management, revenue cycle and clinical documentation. Impact ranges between \$6.8 million and \$12 million annually. As we sort through this assessment, we will structure an agreement with Novia that would bring them on board for an 8-10 month engagement. This engagement will be developed so that they “lead” the initiative. This will insure we are successful in securing the opportunity(\$). We are looking to a mid August start up.

A Grant Writer position has been added to ECMC. We are currently recruiting for this key position. Our thoughts are that we should be able to tap into many various opportunities that exist (federally and state wide) and bring in needed funding for specific areas and programs.

BEHAVIORAL HEALTH CENTER OF EXCELLENCE

Activity remains very active in the consolidation of our behavioral health programs under the HEAL-21 program. We continue to work with our partners at Kaleida Health/BGMC in an expedited fashion. We look to bring in (36) new inpatient beds by September 1, 2013 (5-south) and an additional (36) inpatient beds by December 1, 2013(5-north). This help offset BGMC inpatient program closure which has taken place in June. The new CPEP building will be completed by January 1, 2014. Our plan to consolidate the outpatient programs will take effect by October 3, 2013. This includes moving the Partial Hospitalization Program from 1010 Main Street to ECMC effective September 3, 2013. This will assist with CPEP congestion along with expanding use of the program. We are

also working with our partners at Kaleida in a sub lease of the 1010 Main Street site so that those remaining outpatient clinics transferring from BGMC to ECMC can remain at the same location.

In late July the chemical dependency clinic Down Town Clinic currently at 1280 Main Street will be relocating into a new site at 1285 Main Street(across the street). This new and technologically efficient location is well over due and will be our new home for many years. We like to thank our leadership team Roxanne Welsh and Dr. Gunther in bringing this to reality and also to Ellicott Development Corporation for developing an absolute gem for ECMC.

TERRACE VIEW

Both Charles Rice-Interim Administrator and Jennifer Cronkhite continue to show great leadership in their new roles at Terrace View. Over the past few months things have stabilized and have seen improvement over a wide range of areas including operational finances, growth of the rehabilitation program, occupancy (99%), morale and customer service to our residents. Consultant Jeannine Miller Brown continues to work with the leadership team in developing a “strategic management plan” which will be used to continue operational and cultural transformation and excellence. ECMC Lifeline has been successful in securing though a grant Terrace View’s own resident wheel chair van. This will allow for more outside activities and trips and save us money on rental charges. We thank both Michelle Samol-Activities Director and Susan Gonzalez for their hard work in making this a true success for our organization.

TRANSITIONAL CARE UNIT(TCU)

Our new unit has taken some major “jumps” in operational excellence in such a short time. We have currently expanded into the Medicare Managed Care area and has seen daily census jump from 8 to 16. This has had significant impact on our Medicare and Managed Medicare length of stay reducing it through mid July down to 6.1(from 8)and 5.9(from 7.5). This will help significantly with patient through put and improve efficient admissions from the ER.

CASE MANAGEMENT

Anoma Mullegama – Vice President of Systems and Integrated Care began on June 10, 2013. She is in the process of developing a “restructuring plan” of the department which includes in addition to case management, utilization review, social work and discharge planning. Anoma will be working very closely with the team at Novia to implement several significant items identified and included in their assessment.

NEW CONSTRUCTION/RENOVATION PROJECTS

Construction has started at the Renal Center of Excellence on the four (4) new ambulatory operating rooms (1st floor) and both the Medical Office Building and Outpatient Article 28 (Head/Neck/Plastics, Oral Maxillofacial Dental, Oncology, and Breast Health). All renovations in these areas will be completed by mid to late December 2013. The 3rd floor Medical Office Building (non-article 20 space) will be the site for the UB Practice plans will be completed by March of 2014.

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

Goals	Responsible Party	Completed



Chief Financial Officer

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Internal Financial Reports
For the month ended June 30, 2013

Erie County Medical Center Corporation

Balance Sheet June 30, 2013 and December 31, 2012

(Dollars in Thousands)

	June 30, 2013	Audited December 31, 2012	Change from December 31st
ASSETS			
Current assets:			
Cash and cash equivalents	\$ 34,774	\$ 20,611	\$ 14,163
Investments	1,849	3,112	(1,263)
Patient receivables, net	52,450	42,548	9,902
Prepaid expenses, inventories and other receivables	39,514	49,459	(9,945)
Total Current Assets	128,587	115,730	12,857
Assets Whose Use is Limited:			
Designated under self-Insurance programs	94,134	93,151	983
Designated by Board	25,000	25,000	0
Restricted under debt agreements	27,131	32,479	(5,348)
Restricted	23,352	25,436	(2,084)
	169,617	176,066	(6,449)
Property and equipment, net	261,136	247,113	14,023
Deferred financing costs	3,017	3,091	(74)
Other assets	4,364	4,621	(257)
Total Assets	\$ 566,721	\$ 546,621	\$ 20,100
LIABILITIES AND NET ASSETS			
Current Liabilities:			
Current portion of long-term debt	\$ 7,120	\$ 6,936	\$ 184
Accounts payable	25,764	29,369	(3,605)
Accrued salaries and benefits	18,506	18,661	(155)
Other accrued expenses	33,629	17,386	16,243
Estimated third party payer settlements	29,863	27,651	2,212
Total Current Liabilities	114,882	100,003	14,879
Long-term debt	177,956	180,354	(2,398)
Estimated self-insurance reserves	55,795	56,400	(605)
Other liabilities	103,577	99,827	3,750
Total Liabilities	452,210	436,584	15,626
Net Assets			
Unrestricted net assets	103,442	98,968	4,474
Restricted net assets	11,069	11,069	0
Total Net Assets	114,511	110,037	4,474
Total Liabilities and Net Assets	\$ 566,721	\$ 546,621	\$ 20,100

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Erie County Medical Center Corporation

Statement of Operations

For the month ended June 30, 2013

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net Patient Revenue	\$ 32,955	\$ 34,827	\$ (1,872)	\$ 31,254
Less: Provision for bad debts	(1,924)	(1,944)	20	(1,796)
Adjusted Net Patient Revenue	31,031	32,883	(1,852)	29,458
Disproportionate Share/IGT Revenue	4,396	4,396	-	4,702
Other Revenue	1,938	2,086	(148)	1,892
Total Operating Revenue	37,365	39,365	(2,000)	36,052
Operating Expenses:				
Salaries / Wages / Contract Labor	14,346	13,220	(1,126)	12,627
Employee Benefits	7,858	9,032	1,174	9,054
Physician Fees	4,502	4,340	(162)	3,892
Purchased Services	2,828	2,700	(128)	2,924
Supplies	5,158	5,701	543	4,985
Other Expenses	(226)	1,209	1,435	1,222
Utilities	580	455	(125)	454
Depreciation & Amortization	1,671	1,648	(23)	1,446
Interest	714	715	1	433
Total Operating Expenses	37,431	39,020	1,589	37,037
Income (Loss) from Operations	(66)	345	(411)	(985)
Non-operating gains (losses):				
Grants - HEAL 21	1,180	833	347	-
Interest and Dividends	257	-	257	293
Unrealized Gains/(Losses) on Investments	(1,416)	267	(1,683)	1,540
Non-operating Gains(Losses), net	21	1,100	(1,079)	1,833
Excess of (Deficiency) of Revenue Over Expenses	\$ (45)	\$ 1,445	\$ (1,490)	\$ 848
Retirement Health Insurance	783	1,352	(569)	1,469
New York State Pension	2,081	2,078	2	1,780
Total impact on operations	\$ 2,864	\$ 3,430	\$ (567)	\$ 3,249

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Erie County Medical Center Corporation

Statement of Operations

For the six months ended June 30, 2013

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net Patient Revenue	\$ 199,888	\$ 202,665	\$ (2,777)	\$ 190,052
Less: Provision for bad debts	(11,683)	(11,343)	(340)	(11,214)
Adjusted Net Patient Revenue	188,205	191,322	(3,117)	178,838
Disproportionate Share/IGT Revenue	26,375	26,375	-	28,211
Other Revenue	11,833	12,503	(670)	11,042
Total Operating Revenue	226,413	230,200	(3,787)	218,091
Operating Expenses:				
Salaries / Wages / Contract Labor	84,756	77,893	(6,863)	76,842
Employee Benefits	51,587	53,960	2,373	52,583
Physician Fees	25,361	25,853	492	24,998
Purchased Services	16,638	16,199	(439)	16,298
Supplies	33,167	33,780	613	31,753
Other Expenses	3,098	7,245	4,147	6,900
Utilities	3,617	2,744	(873)	2,772
Depreciation & Amortization	9,844	9,747	(97)	8,688
Interest	4,022	4,016	(6)	2,625
Total Operating Expenses	232,090	231,437	(653)	223,459
Income (Loss) from Operations	(5,677)	(1,237)	(4,440)	(5,368)
Non-operating Gains (Losses)				
Grants - HEAL 21	8,180	5,000	3,180	-
Interest and Dividends	1,528	-	1,528	2,106
Unrealized Gains/(Losses) on Investments	1,017	1,598	(581)	3,418
Non Operating Gains (Losses), net	10,725	6,598	4,127	5,524
Excess of (Deficiency) of Revenue Over Expenses	\$ 5,048	\$ 5,361	\$ (313)	\$ 156
Retirement Health Insurance	5,842	8,080	(2,238)	8,814
New York State Pension	12,527	12,454	73	12,812
Total impact on operations	\$ 18,369	\$ 20,534	\$ (2,165)	\$ 21,626

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Erie County Medical Center Corporation

**Statement of Changes in Net Assets
For the month and six months ended June 30, 2013**

(Dollars in Thousands)

	<u>Month</u>	<u>Year-to-Date</u>
<u>UNRESTRICTED NET ASSETS</u>		
Excess (Deficiency) of Revenue Over Expenses	\$ (45)	\$ 5,048
Other Transfers, Net	(93)	(574)
Contributions for Capital Acquisitions	-	-
Net Assets Released from Restrictions for Capital Acquisition	-	-
	<hr/>	<hr/>
Change in Unrestricted Net Assets	(138)	4,474
	<hr/>	<hr/>
<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	-	-
	<hr/>	<hr/>
Change in Temporarily Restricted Net Assets	-	-
	<hr/>	<hr/>
Change in Total Net Assets	(138)	4,474
	<hr/>	<hr/>
Net Assets, Beginning of Period	114,649	110,037
	<hr/>	<hr/>
NET ASSETS, End of Period	\$ 114,511	\$ 114,511
	<hr/>	<hr/>

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Erie County Medical Center Corporation

Statement of Cash Flows

For the month and six months ended June 30, 2013

(Dollars in Thousands)

	Month	Year-to-Date
<u>CASH FLOWS FROM OPERATING ACTIVITIES</u>		
Change in net assets	\$ (138)	\$ 4,474
Adjustments to Reconcile Changes in Net Assets to Net Cash Provided by (Used in) Operating Activities:		
Depreciation and amortization	1,671	9,844
Provision for bad debt expense	1,924	11,683
Net Change in unrealized (gains) losses on Investments	1,416	(1,017)
Transfer to component units	93	574
<u>Changes in Operating Assets and Liabilities:</u>		
Patient receivables	(7,294)	(21,585)
Prepaid expenses, inventories and other receivables	(5,327)	9,945
Accounts payable	933	(3,605)
Accrued salaries and benefits	1,560	(155)
Estimated third party payer settlements	(354)	2,212
Other accrued expenses	3,461	16,243
Self Insurance reserves	(2,249)	(605)
Other liabilities	433	3,750
Net Cash Provided by (Used in) Operating Activities	(3,871)	31,758
<u>CASH FLOWS FROM INVESTING ACTIVITIES</u>		
Additions to Property and Equipment, net		
Campus expansion	(4,406)	(18,064)
Routine capital	(101)	(5,729)
Use of bond proceeds for campus expansion	115	6,451
Decrease (increase) in assets whose use is limited	1,007	(2)
Purchases (sales) of investments, net	(2,282)	2,280
Investment in component units	(93)	(574)
Change in other assets	-	257
Net Cash Provided by (Used in) Investing Activities	(5,760)	(15,381)
<u>CASH FLOWS FROM FINANCING ACTIVITIES</u>		
Principal payments on long-term debt	(372)	(2,214)
Net Cash Provided by (Used in) Financing Activities	(372)	(2,214)
Increase (Decrease) in Cash and Cash Equivalents	(10,003)	14,163
Cash and Cash Equivalents, Beginning of Period	44,777	20,611
Cash and Cash Equivalents, End of Period	\$ 34,774	\$ 34,774

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Erie County Medical Center Corporation

Key Statistics

Period Ended June 30, 2013

Current Period				Year to Date				
Actual	Budget	% to Budget	Prior Year	Actual	Budget	% to Budget	Prior Year	
923	995	-7.2%	893	Discharges:				
137	121	13.2%	120	Acute	5,579	5,882	-5.2%	5,564
22	27	-18.5%	29	CD - Detox	779	769	1.3%	757
188	207	-9.2%	199	CD - Rehab	154	167	-7.8%	158
42	50	-16.0%	42	Psych	1,233	1,232	0.1%	1,202
22	41	-46.3%	-	Rehab	211	258	-18.2%	229
				TCU	59	124	-52.4%	-
1,334	1,441	-7.4%	1,283	Total Discharges	8,015	8,432	-4.9%	7,910
				Patient Days:				
6,084	5,922	2.7%	5,394	Acute	37,236	35,010	6.4%	34,320
454	387	17.3%	403	CD - Detox	2,658	2,461	8.0%	2,414
477	515	-7.4%	515	CD - Rehab	3,072	3,185	-3.5%	3,090
2,699	2,708	-0.3%	2,709	Psych	15,907	16,115	-1.3%	16,259
972	1,192	-18.5%	788	Rehab	4,799	6,148	-21.9%	4,776
248	492	-49.6%	-	TCU	702	1,488	-52.8%	-
10,934	11,216	-2.5%	9,809	Total Days	64,374	64,407	-0.1%	60,859
				Average Daily Census:				
203	197	2.7%	180	Acute	206	193	6.4%	189
15	13	17.3%	13	CD - Detox	15	14	8.0%	13
16	17	-7.4%	17	CD - Rehab	17	18	-3.5%	17
90	90	-0.3%	90	Psych	88	89	-1.3%	89
32	40	-18.5%	26	Rehab	27	34	-21.9%	26
8	16	-49.6%	-	TCU	4	8	-52.8%	-
364	374	-2.5%	327	Total ADC	356	356	-0.1%	334
				Average Length of Stay:				
6.6	6.0	10.7%	6.0	Acute	6.7	6.0	12.1%	6.2
3.3	3.2	3.6%	3.4	CD - Detox	3.4	3.2	6.6%	3.2
21.7	19.1	13.7%	17.8	CD - Rehab	19.9	19.1	4.6%	19.6
14.4	13.1	9.7%	13.6	Psych	12.9	13.1	-1.4%	13.5
23.1	23.8	-2.9%	18.8	Rehab	22.7	23.8	-4.6%	20.9
11.3	12.0	-6.1%	-	TCU	11.9	12.0	-0.8%	-
8.2	7.8	5.3%	7.6	Average Length of Stay	8.0	7.6	5.1%	7.7
				Occupancy:				
90.7%	83.5%	8.6%	79.6%	% of acute staffed beds	88.3%	85.1%	3.7%	81.0%
				Case Mix Index:				
1.69	1.66	1.5%	1.64	Medicare	1.83	1.73	5.6%	1.74
1.83	2.02	-9.1%	2.02	Non-Medicare	1.81	2.08	-13.1%	2.15
191	133	43.6%	149	Observation Visits	1,044	734	42.2%	797
461	435	6.0%	408	Inpatient Surgeries	2,581	2,563	0.7%	2,476
624	645	-3.3%	615	Outpatient Surgeries	3,772	4,047	-6.8%	3,766
27,355	30,477	-10.2%	29,005	Outpatient Visits	172,205	183,056	-5.9%	174,202
5,481	5,692	-3.7%	5,402	Emergency Visits Including Admits	31,436	33,394	-5.9%	31,712
47.6	40.0	19.0%	34.1	Days in A/R	47.6	40.0	19.0%	34.1
6.6%	6.2%	6.6%	6.6%	Bad Debt as a % of Net Revenue	6.5%	6.2%	4.8%	6.4%
2,365	2,372	-0.3%	2,428	FTE's	2,384	2,334	2.1%	2,384
3.74	3.85	-2.8%	3.95	FTE's per adjusted occupied bed	3.83	3.59	6.7%	3.95
\$ 11,571	\$ 11,972	-3.4%	\$ 11,413	Net Revenue per Adjusted Discharge	\$ 11,850	\$ 11,723	1.1%	\$ 12,184
\$ 13,836	\$ 14,060	-1.6%	\$ 14,404	Cost per Adjusted Discharge	\$ 14,347	\$ 13,971	2.7%	\$ 14,521
Terrace View Long Term Care:								
11,468	11,466	0.0%	9,676	Patient Days	62,708	65,266	-3.9%	63,036
382	370	3.4%	323	Average Daily Census	346	361	-3.9%	346
439	441	-0.6%	323	FTE's	362	412	-12.2%	331
6.4	6.7	-3.8%	5.9	Hours Paid per Patient Day	6.5	7.1	-8.5%	5.9



**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 30, 2013

LABORATORY – JOSEPH KABACINSKI

Kaleida Health-ECMCC Lab Integration

Great progress is being made as we continue efforts to implement the ECMCC and Kaleida Health integrated laboratory service strategy. The transition for Anatomic Pathology will occur on July 29 with the remainder of the Lab following on September 30. These dates are dependant on successful interfacing and integration of the Kaleida and ECMCC Laboratory and hospital information systems.

Four joint ECMCC-KH workgroups meet on a weekly basis. They are Anatomic Pathology; Logistics and Sample Transfer; Technology; Production and Service Levels; and Information Systems. The Anatomic Pathology transition will use Kaleida Health's Cerner Millenium information system for pathology. Our pathologists, histotechnologists and transcription staff are undergoing Cerner training simultaneous to system testing and validation.

The ECMCC Human Resources Department and Laboratory leadership continue to plan for the staff "transition" that will occur including retrenchment and bumping according to Civil Service rules and the CSEA contract.

A new in-house assay for mycophenolic was introduced in July that is critical to our transplant program. ECMCC Lab can now provide the assay at a reduced cost when compared with our reference lab cost generating substantial cost savings. ECMC is performing tacrolimus assays for a study conducted by Drs. Venuto and Tornatore that will assist in an important research initiative and will generate additional revenue for ECMCC Laboratory.

A UNYTS blood drive is scheduled for Thursday, August 22, 2013 in the overflow cafeteria. All are welcome to donate.

PHARMACEUTICAL SERVICES – RANDY GERWITZ

The Department of Pharmaceutical Services (DPS) is pleased to announce that the two open pharmacist positions have been tentatively filled alleviating our acute staffing challenge. Both are excellent candidates with experience in oncology and as an emergency department pharmacist, an area of need for the DPS.

The 2013 financial performance of the ECMC pharmacy compares well to national standards of similar institutions. Pharmacies in hospitals similar to ECMC commonly

run in the neighborhood of 6% of total hospital spend. The chart below indicates that in 2013 the DPS was 0.12% or \$85,750 below the March 2012 mark and budget goal of 4.32% of total operational expense.

Expense		Mar 2013	Mar 2012	Budget Mar 2013
5200	PHARMACY-R	1,435,792.27	1,521,543.02	1,479,126.00
Totals		34,175,523.38	35,195,353.72	34,245,710.00
		4.20%	4.32%	4.32%

Computerized Physician Order Entry (CPOE): The DPS is working toward a decentralized pharmacist staffing model in conjunction with CPOE. By moving the pharmacists from Central Pharmacy to the nursing units they will be more available to support the medical teams for CPOE and clinically.

IMAGING – ERIC GREGOR

A statistical recap of June indicates that overall procedures are up 3.16% over June 2012. More important are the reduction in inpatient procedures by 2.79% from June 2012 and the increase in outpatient procedures 7.36% from June 2012. Inpatient testing is part of the DRG reimbursement and does not generate additional revenue like each outpatient procedures will.

Other key financial improvements in radiology include overtime at a low of 1.05% of total hours worked, down .38% from of 2012. Late Charges through June 2013 were at 1.55% of total charges, down from 2.71% from 2012. Denials in the first six months of 2013 were down \$49,872 while total radiology charges through June are up \$2,125,336 from 2012.



Chief Medical Officer

ERIE COUNTY MEDICAL CENTER CORPORATION
REPORT TO MEDICAL EXECUTIVE COMMITTEE
BRIAN M. MURRAY, MD, CHIEF MEDICAL OFFICER
JULY 2013

UNIVERSITY AFFAIRS

PROFESSIONAL STEERING COMMITTEE

Next meeting will be in September..

MEDICAL STAFF AFFAIRS

See separate report by Sue Ksiazek for full details.

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

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

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

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

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

CLINICAL ISSUES

CARDIAC SERVICES TRANSITION

The transition of Cardiothoracic, Interventional Cardiology and Cardiac Electrophysiology services to the Gates Vascular Institute is now complete.

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

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

NEW YORK STATE PRESCRIPTION MONITORING PROGRA

Access to the Prescription Monitoring Program Registry – Unlicensed Professionals

The NYS Department of Health's Health Commerce System (HCS) allows access to important applications such as the Prescription Monitoring Program (PMP) Registry. Effective August 27, 2013, all prescribers will be required to consult the PMP before prescribing a controlled substance. For more information regarding the PMP please visit the Bureau of Narcotic Enforcement's website at www.nyhealth.gov/professionals/narcotic.

Licensed prescribers that have a Health Commerce System account automatically have access to the PMP application. Effective August 27, 2013, prescribers will be able to give a licensed professional or an unlicensed professional permission to access the PMP Application on their behalf. The designee, if unlicensed, will need to work with the HCS coordinator from their facility or medical practice to establish their own HCS account. Practitioners may choose to designate the same individual(s) put in the role to order NYS Official Prescriptions. Please note: Only one HCS account per person is necessary to access all HCS applications.

Possible designees may be: Medical Residents, Limited Permit Physicians, Medical Assistants, and Administrative Staff. Please click on the link below for instructions to request a Health Commerce System User account for an unlicensed professional:

http://www.health.ny.gov/professionals/narcotic/docs/hcs_unlicensed_professionals.pdf

If you are experiencing difficulty applying for a HCS account for an unlicensed professional, please contact the Commerce Account Management Unit at 1-866-529-1890, Option 2.

How a Practitioner gives a designee access to the PMP Application:

1. Designee obtains a HCS account user ID – A HCS Director/coordinator or licensed practitioner may assist

2. Once a designee's HCS account is established, the practitioner logs into the HCS with their own user ID and password
3. Practitioner opens the PMP application (large button in the middle of the page)
4. Once in the PMP application, click on the Designation tab at the top of the screen.
5. Practitioner enters the HCS user ID of the designee
6. Click "search" and then "designate"

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

Hospital Outpatient, ASCs to Get Payment Increase from Medicare

Hospital outpatient payments from Medicare would increase 1.8 percent in calendar year 2014, under proposed regs released last week by CMS. Ambulatory Surgery Center rates would increase 0.9 percent.

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

CMS Proposes Numerous Changes to Physician Payment Rules

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

CMO Memorandum

To: BOARD OF DIRECTORS
CC: MEDICAL EXECUTIVE COMMITTEE
From: BRIAN M. MURRAY, MD, CMO
Date: July 22, 2013
Re: New Appointment/Revision to Current APPOINTMENTS/REAPPOINTMENTS CHIEF OF SERVICE AND ASSOCIATE CHIEF OF SERVICE

APPOINTMENT OF CHIEF OF SERVICE AND ASSOCIATE CHIEF OF SERVICE

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

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

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

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

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

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

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



Senior Vice President of Nursing

ERIE COUNTY MEDICAL CENTER CORPORATION

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

June, 2013

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

- Cheryl Nicosia, RN, Surgical Case Manager and President-Elect of the WNY Chapter of the American Association of Critical Care Nurses, announced that Lindsay Ozanne, an ECMC Registered Nurse in Critical Care and the Emergency Department, will succeed Cheryl as AACN President beginning in July, 2014. Cheryl's term will begin in July, 2013. The announcement was made at the Chapter's monthly program held on June 13th. Congratulations go out to Cheryl and Lindsay!
- Unit Manager Pamela Riley and the staff on 12 zone 2, were treated to an appreciation lunch on June 13th. The lunch was in recognition of the highest number of patient discharges before noon.
- Paula Quesinberry, RN, ECMC's Stroke Program Coordinator, provided stroke information at the annual Juneteenth Festival at the Martin Luther King Park on June 15th.
- On June 18, 2013, Sr. Vice President of Nursing, Karen Ziemianski, RN, and Assistant Director of Nursing, Vi-Anne Antrum, RN, attended a conference on "Successfully Navigating Health Care Reform". The conference was hosted by The American College of Healthcare Executives, and featured a keynote speaker who is a nationally-recognized expert on healthcare payment and delivery reform.
- Linda Schwab, MS, RN, Trauma Program Coordinator, reported that the Department of Surgery and Trauma Services held ATLS and ATCN courses for incoming residents and existing nursing staff on June 19-20. Twenty-four residents and nine nurses attended the two-day course which prepares doctors and nurses to care for trauma patients in the immediate stage of care. This is most appropriate to prepare for the busy trauma season.
- Michael Ackerman, RN, Assistant Director of Nursing for Critical Care, presented at the American Association of Nurse Practitioners meeting held June 19th through the 22nd in Las Vegas. His presentations were on the topics of "Thoracic Procedures" and "Advanced Case Studies".
- The Commission on Accreditation of Rehab Facilities (CARF) held a training program this month in Houston, Texas, which was attended by Dawn Walters, RN, Vice President of Nursing & Rehab Services and Peggy Cieri, RN, 8 North Unit Manager.



Vice President of Human Resources

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS

MINUTES OF THE HUMAN RESOURCES COMMITTEE MEETING

TUESDAY, JULY 9, 2013

ECMCC STAFF DINING ROOM

VOTING BOARD MEMBERS PRESENT OR ATTENDING BY CONFERENCE TELEPHONE:	BISHOP MICHAEL BADGER, CHAIR MICHAEL HOFFERT	FRANK MESIAH JODY LOMEO RICHARD BROX
BOARD MEMBERS EXCUSED:	JOSEPH ZIZZI, SR., M.D.	
ALSO PRESENT:	KATHLEEN O'HARA CARLA DICANIO-CLARKE BELLA MENDOLA NANCY TUCKER	BEN LEONARD KAREN HORLACHER NANCY CURRY JENNIFER CRONKHITE JEANNINE BROWN MILLER

I. CALL TO ORDER

Chair Bishop Michael Badger called the meeting to order at 9:35 a.m.

II. RECEIVE & FILE

Moved by Frank Mesiah and seconded by Michael Hoffert to receive the Human Resources Committee minutes of the March 13, 2013 meeting.

III. NYSNA NEGOTIATIONS

Next negotiations date is July 23, 2013. Carla DiCanio-Clarke reported that the goal is to finish minute points and then wages, health insurance, and overtime/comp time are left to discuss.

IV. WELLNESS/BENEFITS

Nancy Tucker reported that due the CSEA contract change, there was significant movement with regards to health insurance. Many employees moved to the Value plan or went to single coverage. 28 ECMCC employees attended ECMC Day at the Biggest Loser Resort at Beaver Hollow for a day of fitness and wellness activities. Pension statements will be distributed in the near future to employees.

V. TERRACE VIEW REPORT

Jeannine Brown Miller has been hired as a consultant to Terrace View to assist in problem analysis and determining goals to handle problems to resolve current issues. Ms. Miller described her plan which is to speak with employees to see how they view their work life. Formal plans will be created including a mission statement and timeline to reach goals. Items to work on include; Communication, Team Building, Respect, Conflict Resolution, Leadership Coaching, Work Processes and Role Clarification. Improvement in morale is the expected outcome and Nancy Curry reported that there are positive changes happening presently at Terrace View.

VI. RECRUITMENT ACTIVITIES

James Kawalec is the new Recruiting Coordinator in Human Resources.

VII. CONSOLIDATION OF SERVICES

Kathleen O'Hara reported that discussions are ongoing with Kaleida Health regarding Laboratory medicine consolidations.

ERIE COUNTY MEDICAL CENTER CORPORATION

VIII. WORKERS COMPENSATION REPORT

The workers compensation report was distributed.

IX. EMPLOYEE TURNOVER REPORT

The employee turnover report was distributed. Turnover for the hospital is 8% and stable.

X. NURSING TURNOVER REPORT

April Hires – 13.5 FTES & 3 PT, 11.5 FTES Med/Surg, 2 FTES Behavioral Health
YTD = 28 FTES & 5 PT hired

(3.0 LPN FTE hired Med/Surg, 9.5 LPN FTES hired YTD)

April Losses – 2.5 FTES – 1 FTE Utilization Review, 1 Critical Care, 1 Clinic. 3.0 resigned
YTD = 22 FTES

Turnover Rate .33% (.60% without retirees)

Quit Rate .33% (.33% without retirees)

Turnover Rate YTD 2.9% (2.54% without retirees)

Quit Rate YTD 2.9% (2.54% without retirees)

May Hires – 6 FTES & 1 PT, 5 FTES Med/Surg, 1 FTE Behavioral Health.

YTD = 34 FTES & 6 PT hired

(2.5 LPN FTE hired. 2 Med/Surg, .5 Behavioral Health 12 FTES hired YTD)

May Losses – 6.5 FTES – 4.5 Med/Surg, 1.0 Behavioral Health, 1.0 Dialysis. 6.5 resigned
YTD = 28.5 FTES

Turnover Rate .8% (.60% without retirees)

Quit Rate .8% (.33% without retirees)

Turnover Rate YTD 3.8% (3.40% without retirees)

Quit Rate YTD 3.8% (3.40% without retirees)

June Hires – 12.5 FTES & 4 PT 12.5 FTES Med/Surg .5 FTE Behavioral Health.

YTD = 46.5 FTES & 10 PT hired

(2.5 LPN FTE hired. 2.5 Med/Surg 14.5 FTES hired YTD)

June Losses – 6 FTES – 2 Med/Surg, 3 ED, 1 Behavioral Health 6.0 resigned
YTD – 34.5 FTES

Turnover Rate .80% (.60% without retirees)

Quit Rate .80% (.33% without retirees)

Turnover Rate YTD 4.6% (4.20% without retirees)

Quit Rate YTD 4.4% (4.08% without retirees)

XI. WORKPLACE VIOLENCE/DOMESTIC VIOLENCE

Carla DiCanio-Clarke explained that the clothesline project was on display during the week of July 10th. Participants were able to design T-shirts in honor of those affected by Domestic Violence.

The Theater for Change put on a performance that addressed the impact of domestic violence in the workplace. During the Question and Answer sessions the actors stayed in character.

On September 17, 2013 trainers from New York State will be at ECMC to educate participants on Domestic Violence in the Workplace.

XII. NEW INFORMATION

Richard Brox asked about the progress of ECMCC becoming its own civil service administrator. Kathleen O'Hara reported that the civil service rules are near finalization and will be presented to the State and the personnel administrator will be on board in August.

XII. ADJOURNMENT

Moved by Bishop Michael Badger to adjourn the Human Resources committee a 10:25am. Motion seconded by Michael Hoffert.



Chief Information Officer



HEALTH INFORMATION SYSTEM/TECHNOLOGY

July 2013

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

Clinical Automation/Strategic Initiatives.

Great Lakes Health Care System - Lab Integration. We are in the final stages of completing phase 1 of the Super Lab Project. This includes the transition of all Anatomical Pathology testing to the Kaleida Cerner Pathnet solution. Tasks remaining include final configuration, testing/validation and training. Go live date is scheduled for Monday July 29, 2013. The team will then proceed to developing the 'reference model' solution which focuses on the remaining laboratory units (i.e. microbiology, chemistry, etc.). In addition, we will be completing the installation of redundant fiber between ECMC and Kaleida Health system the week of August 1, 2013.

Allscripts Ambulatory Clinic Electronic Medical Record. We continue to make progress with the transition from a paper to electronic health record for the Immunodeficiency clinic. Work teams continue to meet to analyze impact and resource plan for automating professional billing component. Anticipated completion date is August 16. I am happy to inform you of our recent hire of Cheryl Mekarski as a HealthCare Business Analyst to assist with the IT management and implementation of the ambulatory module.

ARRA Meaningful Use (MU) - Inpatient and Outpatient Report Card. Continue to monitor MU stage 1 for inpatient through the Clinical Informatics Steering Committee. In preparation for Meaningful Use Stage 2 we are focusing on the following initiatives

- Continue to work with our business owners to perform unit and integrated testing of the Meditech 5.66 upgrade. Our go live date is scheduled for 8/21/2013. Organization will experience a small outage during the time of upgrade. We will work with system business owners to develop down time and communication plans.
- Successfully engaged our Physician Advisory Committee (PAC) with our first committee meeting. Participates include Dr. Stegemann, Dr. Livecchi, Dr. Manka, Dr. Hall, Dr. Fudyma, Dr. Flynn and Dr. Bakhi. Their role includes representing the ECMC physician needs during the design and development of the inpatient electronic order entry, medication reconciliation and problem list and to align physician activities with the strategic vision and business goals of the organization. This committee will be meeting on a bi-weekly basis.
- Patient Portal. Giving patients access to their health information—and providing them with tools to electronically communicate with their clinical care team—is critical to making health care more patient-centered (PCMH). For physicians and other clinicians participating in meaningful use, patient engagement for Meaningful Use Stage 2 also includes bi-directional, secure email with patients. Realizing that this tool may prove to be an essential means of reaching out to our patients and improving our patient

experience, we have put together a small committee to assist with the vendor selection process and implementation of our patient portal. The goal of this committee is to development of an RFP, vendor review and selection and implementation by end of 1st quarter 2014.

Operational Efficiencies

Hardware upgrades. We are in the process of upgrading both our ancillary Storage Area Network (SAN) which supports approximately 180 servers in addition to our main SAN supporting our healthcare information system (Meditech) both due to out of warranty and aging equipment. The later upgrade will significantly improve end user performance. Target date for completion is September 1, 2013 and November 1, 2013 respectfully.

Continue to work with our 3rd party vendor, HP, to align our organization on a managed print strategy with the goal to improve end user efficiencies; reliability of the services provided and takes advantage of cost efficiencies. A completion date of September 30th has been identified.



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 30, 2013

Marketing

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

Planning and Business Development

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

Media Report

- **The Buffalo News; Buffalo Business First; WGRZ-TV, Channel 2; WIVB-TV, Channel 4; WNLO-CW; WKBW-TV, Channel 7; YNN; Legal Newsline; Niagara Frontier Publications; Grand Island Dispatch: ECMC to pay NYS on Medicaid overpayment.** The New York State Attorney General’s office reached an agreement with Erie County Medical Center to recover more than \$268,000 in excess Medicaid payments on claims for dental services over a period of five-plus years.
- **The Buffalo News: New online tool displays what hospitals charge.** NerdWallet, a site that specializes in personal finance and price comparison tools, gives comparative data for Western New York hospitals that include Kaleida Health, Erie County Medical Center, Mercy Hospital and several rural hospitals across the region.
- **WGRZ-TV, Channel 2: Mighty Taco is coming to ECMC.** Patients and visitors at Erie County Medical Center will soon be able to walk down to the first floor and grab a taco, a burrito, even some nachos.
- **The Buffalo News; WKBW-TV, Channel 7: The safety net in Buffalo for the mentally ill is under strain.** Erie County Medical Center’s psychiatric emergency room ‘s June traffic increased by 200 patients over the previous month, in part because Kaleida closing Buffalo General Medical Center’s 47-bed “behavioral health” unit June 14th. Rich Cleland is quoted.
- **Buffalo Business First: ECMC, Kaleida team on Behavioral health treatment.** With its inpatient behavioral medicine program at Buffalo General Medical Center shutting down six months ahead of schedule, Kaleida Health is working with Erie County Medical Center to provide services until the opening of 2014 of a new facility. Jody Lomeo is quoted.
- **WIVB-TV, Channel 4: June 27th is National HIV testing day.** Testing centers are located across the county, including the department of health on William Street in Buffalo, ECMC, and planned parenthood sites.

- **WGRZ-TV, Channel 2: An increase in legionella pneumonia raises questions:** The EC Health Department saw a 50% increase in legionella pneumonia in the county and across Southern Ontario. Dr. John Fudyma is interviewed.

Community and Government Relations

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

CLINICAL DEPARTMENT UPDATES

Surgical Services

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

Oncology

- Visit volume January 1 – July 12, 2013 3,336
 - Will be looking at more detailed visit data collection moving forward
 - Number of new patients monthly
 - Number of no show patients
 - Breakdown of Hematology/Oncology patients
- New Director of Service Lines started June 25th
- Recruitment of full time physician in process
- Continue with fine tuning department for Joint Commission survey
- New building space progressing, walk through completed on July 16th

Head and Neck / Plastic and Reconstructive Surgery

- Visit Volume January 1 – July 12 2013 - 1800
- Working with the provision of care chapter to prepare department for JCAHO assessment
- Department continues to move forward with move to Transplant building
- Have reinstated multidisciplinary nurse manager meetings to improve patient care and satisfaction through improved communication amongst all departments involved in providing care to our patients.

Other Clinical

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



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 David R. DiMatteo
 Christopher B. Eckert
 John R. Fudyma, MD
 Susan M. Gonzalez
 Michael Hoffer
 Dan Ingersoll
 Jody L. Lomeo
 Joan F. Lillis
 Joseph Kaczmarczyk
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Michael A. Seaman
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ECMC Lifetime Foundation
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Monday, August 12
 PARK COUNTRY CLUB



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Monday, August 12
PARK COUNTRY CLUB
4949 Sheridan Drive, Williamsville, New York

MORNING FLIGHT

7:00 AM Registration
Clubhouse Breakfast
Gift Pickup
Practice Range

8:00 AM Shotgun Start

Beverages on Course
Food Stations on Course

12:30 PM Clubhouse Lunch

AFTERNOON FLIGHT

11:30 AM Registration
Clubhouse Lunch
Gift Pickup
Practice Range

12:00 PM Clubhouse Lunch

1:00 PM Shotgun Start
Beverages on Course
Food Stations on Course

**6:00 PM Terrace
Cocktail Reception**

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Please respond by July 19, 2013 (See back panel for golfer information)

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BRONZE SPONSOR: \$5,000

CONTEST/GAME SPONSOR: \$2,500

CONTEST/GAME SPONSOR WITH AM GOLF: \$3,500

LUNCH SPONSOR: \$1,500

LUNCH SPONSOR WITH AM GOLF: \$2,500

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RECEPTION SPONSOR WITH AM GOLF: \$2,500

BEVERAGE SPONSOR: \$500

HOLE SPONSOR: \$250

TEE SPONSOR: \$150

FOURSOME:

\$2,000 AM ROUND

\$3,500 PM ROUND

60 of 82

GOLF INDIVIDUAL: \$500 AM ROUND

COCKTAIL RECEPTION ONLY: \$75.00 per person NUMBER ATTENDING: _____

NEW BUSINESS

OLD BUSINESS



Medical-Dental Executive Committee

MEDICAL EXECUTIVE COMMITTEE MEETING MONDAY, JUNE 24, 2013 AT 11:30 A.M.

Attendance (Voting Members):

Daniel Amsterdam, PhD	Nancy Ebling, DO	Kevin Pranikoff, MD
Yogesh Bakhai, MD	Richard Ferguson, MD	Robert Schuder, MD
Vanessa Barnabei, MD	William Flynn, MD	Philip Stegemann, MD
William Belles, MD	Catherine Gogan, DDS	Rocco Venuto, MD
Gregory Bennett, MD	Richard Hall, MD	
Samuel Cloud, DO	Joseph Izzo, MD	
Neil Dashkoff, MD	Joseph Kowalski, MD	
Howard Davis, MD	Mark LiVecchi, MD	
Ravi Desai, MD	Khalid Malik, MD	
Timothy DeZastro, MD	Mandip Panesar, MD	

Attendance (Non-Voting Members):

Andrew Stansberry, RPA-C	Randy Gerwitz	
Richard Cleland	Ron Krawiec	
Susan Ksiazek	Ann Victor-Lazarus, RN	
John Fudyma, MD	Michael Sammarko	
Jody Lomeo	Nadine Mund	
Arthur Orlick, MD		

Excused:

M. Azadfard, MD		
S. Downing, MD		
T. Loree, MD		
J. Reidy, MD		
B. Murray, MD		
K. Ziemianski, RN		

Absent:

None		

I. CALL TO ORDER

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

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

- A. The Seriously Delinquent Records report was included as part of Dr. Hall's report. Please review carefully and address with your staff. Additionally, a thank you letter was read from the Lifeline Foundation acknowledging the \$10,000 gift provided to the Jackie Wisniewski Memorial Fund by the Medical Dental Staff.

III. INFORMATION TECHNOLOGY PRESENTATION –

- A. ORDER SETS** – Michael Kalita – IT Pharmacist; Susan Lizauckas – IT Clinical Analyst provided a brief update on the order sets project. The structure of the project will include a physician advisory committee to ensure the process is physician-led. Volunteers to serve on the physician advisory committee are needed and anyone interested should submit their intentions to Lisa Nelson.

IV. CEO/COO/CFO BRIEFING

- A. CEO REPORT - Jody Lomeo**
- 1. FINANCIALS** – The hospital experienced a small surplus in the month of May and discharges are up slightly. Inpatient surgical cases are slightly over last year. Outpatient is also up from last year. Mr. Lomeo reports that there have been some management changes at Terrace View and volumes are increasing. There is still a significant loss but it is improving.
 - 2. MEMORIAL SERVICE FOR JACKIE WISNIEWSKI** – A memorial service was held on June 13, 2013 and Mr. Lomeo thanked everyone for their support.
 - 3. GREAT LAKES HEALTH** – Updates will be provided by Dr. Bakhai regarding meeting of this committee.
 - 4. KALEIDA HEALTH CONTRACT SETTLEMENT** – The staff has agreed to a new union contract at Kaleida Health and will be going to vote shortly.
- B. COO REPORT – Richard Cleland, COO**
- a. BEHAVIORAL HEALTH CONSOLIDATION** – Mr. Cleland reports that Kaleida has closed a number of their behavioral health beds and the process of consolidation is moving faster than expected. Approval of additional beds for ECMC is expected in September.
 - b. CONSTRUCTION UPDATE** - Ambulatory surgical center construction is on schedule and the behavioral health building is progressing on schedule.

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

A. Dr. Murray provided the following written report which was distributed.

1. UNIVERSITY AFFAIRS

Searches continue for new Chairs in the department of Orthopedics, Neurosurgery and Family Medicine. The week of June 24th is Incoming resident Orientation Week.

2. PROFESSIONAL STEERING COMMITTEE

Dr Bakhai provided an update and advised that the behavioral health consolidation is on schedule. Cardiovascular consolidation update was provided and advised that Dr. Downing is moving to Mercy Hospital in a new position with the Catholic Health System. On going search for his replacement is underway. The laboratory consolidation is on schedule to go live in September. They are working on IT matters to ensure a smooth transition. Dr. Rosenthal provided a presentation regarding primary care and recruitment efforts underway to expand primary care services.

3. MEDICAL STAFF AFFAIRS

See separate report by Sue Ksiazek for full details.

4. UTILIZATION REVIEW	March	April	May	YTD vs. 2013 Budget
Discharges	949	874	989	-4.8%
Observation	160	168	178	+40.9%
LOS	6.8	6.8	6.0	+9.2%
ALC Days	408	397	373	-18.8%
CMI	1.85	1.93	1.71	-11.2%
Surgical Cases	850	834	966	-6.2%
Readmissions (30d)	NA	NA		

5. CLINICAL ISSUES

Short Stay Admissions

We had a recent visit by the CMS Mobile Unit who reviewed the charts of 20 short stay patients (<48 hours) that ECMC billed as hospital admissions. Nineteen of the 20 were ruled inappropriate admissions that should have been triaged to Observation status and therefore will lead to the admission being denied, no reimbursement for the hospital which has essentially dispensed free care. CMS is increasing its auditing of short-stay admissions through RAC audits. The

reviewers commented that most of the cases were patients with transient problems e.g chest and abdominal pain, post procedural complications which were “admitted” often for monitoring or additional diagnostic testing rather than for a valid diagnosis requiring admission and advised that such patients should in future be “observed;’ until they either recover and discharge or develop clear-cut indications for admission. Usually this should be clear by 48 hours (the two midnight rule). It is always preferable to observe first and then switch to an admission (which requires a simple order) than to admit and then have to backtrack to Observation which requires not only a Physician order but also a discussion between the attending physician and the UR physician both of whom must document in separate notes in the chart the reasoning for switching back to Observation.

Hospital Readmit Rates Showing Improvement

A new analysis from CMS shows progress on reducing hospital readmission rates. CMS found all-cause, 30-day readmissions for Medicare patients dropped to 18.4 percent in 2012 from 19 percent during the previous five years. That means hospitals saw about 70,000 fewer readmissions during last year.

VII. ASSOCIATE MEDICAL DIRECTOR REPORT – John Fudyma, MD

A. No report.

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

A. No report.

IX. LIFELINE FOUNDATION – Susan Gonzalez

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

X. CONSENT CALENDAR

	MEETING MINUTES/MOTIONS	ACTION ITEMS	
A.	MINUTES OF THE Previous MEC Meeting: May 20, 2013	Received and Filed	
1.	CREDENTIALS COMMITTEE: Minutes of June 4, 2013	Received and Filed	
	- Resignations	Reviewed and Approved	
	- Appointments	Reviewed and Approved	
	- Reappointments	Reviewed and Approved	
	- Dual Reappointment Applications	Reviewed and Approved	
	- Provisional to Permanent Appointments	Reviewed and Approved	
	DEPT OF SURGERY: *Rajeev Sharma, MD Active Staff <i>The applicant does not possess Board Certification and is not board eligible. The committee advises the Chief of Service to provide justification and petition the Medical</i>	Reviewed and Approved	Extracted for Discussion

MEETING MINUTES/MOTIONS		ACTION ITEMS	
	<i>Executive Committee for an exception and defers action until clarified. Placed on the Consent Calendar for discussion.</i>		
1.	HIM Committee: Minutes of May 23, 2013	Received and Filed	
	1. MRI Outpatient History and Screening Form	Reviewed and Approved	
	2. Behavioral Health Physician Discharge Order Form	Reviewed and Approved	
	3. Changes to Abbreviations – See Complete List (Please note: “R” and “L” have been removed – must write Right and Left)	Reviewed and Approved	
	4. Anesthesia Consent Form (Dr. Davis)	-----	TABLED
2.	P & T Committee Meeting – June 5, 2013 Minutes	Receive and File	
	1. Apixaban (Eliquis®) – add to Formulary	Reviewed and Approved	
	2. Aripiprazole injection, extended release (Abilify Maintena™), restricted to Outpatient Behavioral Health– add to Formulary	Reviewed and Approved	
	3. Fulvestrant - add to Formulary	Reviewed and Approved	
	4. Trastuzumab – add to Formulary	Reviewed and Approved	
	5. Ixabepilone 15 mg kit, 45 mg kit – add to Formulary	Reviewed and Approved	
	6. Romiplostim (nPlate®) 500 mcg injection – add to Formulary	Reviewed and Approved	
	7. Leuprolide injection, 7.5 mg, 22.5 mg – approve line extension	Reviewed and Approved	
	8. Factor VIIa (Recombinant)(NovoSeven®) 8 mg – approve line extension	Reviewed and Approved	
	9. Argatroban injection 50 mg/50 mL – approve line extension	Reviewed and Approved	
	10. Phenylephrine injection 50 mg/5 mL – approve line extension	Reviewed and Approved	
	11. Penicillin VK 250 mg – approve line extension	Reviewed and Approved	
	12. Ibuprofen suspension, 100 mg/5 mL, 60 mL – approve deletion	Reviewed and Approved	
	13. F-28 Topical and Oral Cytotoxic and Biotherapeutic Agents – approve Policy	Reviewed and Approved	
	14. Dabigatran / Rivaroxaban Guideline for Management of Bleeding – approve Guideline	Reviewed and Approved	
3.	OR Committee – April 24, 2013 Minutes	Received and Filed	

X. CONSENT CALENDAR, CONTINUED

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

MOTION UNANIMOUSLY APPROVED.

RAJEEV SHARMA, MD – Dr. Sharma is a new member of the Department of Surgery, Transplantation and is not board eligible. His approval of membership will require a vote that would allow an exception of the Bylaws requirement. He completed his residency outside of the United States. He is endorsed by Dr. William

Flynn, Chief of Service, General Surgery for membership as fully qualified and Dr. Flynn requests approval of his membership.

MOTION: Approve exception of the board eligibility requirement for the appointment of Dr. Rajeev Sharma to the Department of Surgery, Transplantation.
MOTION UNANIMOUSLY APPROVED.

PHYSICIAN ASSISTANT FOR PSYCHIATRY – Credentials Committee presents a credentials form for use for a P.A. from the department of psychiatry.

MOTION: Approval of the newly developed P.A. credentials form as presented.
MOTION UNANIMOUSLY APPROVED.

B. MOTION: Policy Approval: Lethality Precautions (ADM-004).
MOTION UNANIMOUSLY APPROVED.

C. MOTION: Policy Approval: Level III Observation (NUR-086).
MOTION UNANIMOUSLY APPROVED.

D. MOTION: Policy Approval: Universal Protocol for All Consented Invasive Procedures (ADM-005).
MOTION UNANIMOUSLY APPROVED.

E. MOTION: Policy Approval: Explanted Hardware
MOTION UNANIMOUSLY APPROVED.

F. MOTION: Approve Laboratory – Commercial Suppliers: Reference lab Testing & Blood Products – As per document submitted by Dr. Amsterdam, Chief of Service, Laboratory.

- **Lab Corporation of America (LCA) – Prime Vendor**
- **Other Reference Laboratories and Consultants as noted on submitted document.**
- **Blood & Blood Products**
 - UNYTS and Memorial Blood Centers of Minnesota
 - American Red Cross, NY/PA Region

MOTION UNANIMOUSLY APPROVED.

XI. OLD BUSINESS

A. None

XII. NEW BUSINESS

A. None

XIII. ADJOURNMENT

There being no further business, a motion was made to adjourn to Executive Session, seconded and unanimously approved to adjourn the regular session of the Medical Executive Committee meeting at 1:20 p.m.

Respectfully submitted,



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

**ECMC MEDICAL EXECUTIVE COMMITTEE
APPROVED ITEMS
JULY 22, 2013 MEETING**

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

MOTION: Approve all items as presented in the Consent Calendar dated July 22, 2013.

MOTION UNANIMOUSLY APPROVED.

Reading Material



**From the
Chief Executive Officer**

ECMC to pay NYS on Medicaid overpayments



David Bertola

Buffalo Business First Reporter- *Business First*

[Email](#) | [Twitter](#) | [Google+](#)

The New York State Attorney General's office reached an agreement with Erie County Medical Center to recover more than \$268,000 in excess Medicaid payments on claims for dental services over a period of five-plus years.

Medicaid regulations authorize reimbursements for teeth cleanings once during a six-month period, unless there is a medical necessity for more frequent cleanings and notations in patient charts. According to the AG's office, in some cases, ECMC's dental clinic had billed Medicaid in violation of this rule for patients who received cleanings more than once in six months. In other cases, the dental clinic billed for services it provided that were not properly documented in patient files, other services provided more frequently than permitted, and services for which Medicaid does not allow for reimbursement — all in violation of Medicaid regulations.

The inquiry covered looked at payments from Jan. 1, 2006 through Sept. 30, 2012.

The excess payments were revealed during an audit of the ECMC's dental clinic performed by the Attorney General's office, following the hospital's own internal audit last fall. After reviewing ECMC's disclosure report, the Attorney General's Office requested ECMC to generate a series of billing reports, which showed overpayments of \$210,646.41 during the audit period. The Attorney General's Office then performed its own review concerning patient chart documentation and discovered further overpayments to the hospital of \$57,849.09.

David Bertola covers small business, energy and marketing

Thursday, July 25, 2013

TheBuffaloNews.com

REFRESH

New online tool reveals what hospitals charge

on July 20, 2013 - 12:18 AM

By Cameron Huddleston

Kiplinger Personal Finance

Figuring out how much hospitals charge for various procedures just got a lot easier.

NerdWallet, a site that specializes in personal finance and price-comparison tools, recently created a “How Much Hospitals Charge” tool (nerdwallet.com/health/hospitals) that lets consumers see the price of the 100 most common inpatient services at more than 3,200 hospitals across the country.

The site gives comparative data for Western New York hospitals that include Kaleida Health, Erie County Medical Center, Mercy Hospital and several rural hospitals across the region.

Angioplasty, heart attack, stroke, hip and joint replacement, and mental health services are among the categories listed.

“Consumers never had this information before,” says Christina LaMontagne, vice president of health for NerdWallet. “You went to the hospital with a blindfold on.”

NerdWallet’s data are based on a study by the Centers for Medicare and Medicaid Services. The tool not only shows what hospitals charge but also the average amount the government’s Medicare program pays those hospitals for each of the 100 procedures. LaMontagne says there are several ways people can benefit from this information.

People who are uninsured or underinsured might benefit most from being able to find out which nearby hospital charges the least for a procedure they need and will have to pay for out of pocket. They also can use the price data to negotiate lower charges for services they receive.

For each procedure, the tool shows the number of patient cases at all of the hospitals. So if you're concerned that the procedure you need has only been performed a few times at the lowest-priced hospital in your area, you still can go into a pricier facility armed with rate information that you can use to get that hospital to lower its price.

The information about what Medicare pays for services also can be a powerful bargaining tool. Those who have health insurance policies with high deductibles or co-insurance, which requires policyholders to pay a percentage of their bills, also can use the price information to find the most affordable hospital. The lower the cost of a procedure, the less they, too, will have to pay.

Remember, however, that the rates listed on the NerdWallet tool are what hospitals charge on average. Your insurer likely has negotiated prices with network providers that might be lower than the average rate a hospital charges.

Thursday, July 25, 2013

TheBuffaloNews.com

CITY & REGION

- *City & Region*

The safety net in Buffalo for the mentally ill is under strain

Kaleida's move takes 47 beds out of use

The new behavioral health center being constructed on the ECMC campus will feature a greatly expanded psychiatric emergency room. The free-standing facility is expected to open in January. Robert Kirkham/Buffalo News

By Matthew Spina | News Staff Reporter
on July 20, 2013 - 8:29 PM
, updated July 20, 2013 at 8:30 PM

The safety net for people with a serious mental illness was at its breaking point in the middle of June.

About 90 people were packed into the psychiatric emergency room at Erie County Medical Center, a space that grows crowded with half that number.

Patients waited for hours to be assessed and admitted. People were sprawled on the floor, and the staff was overwhelmed, said one visitor, who watched 12 hours pass before his daughter was given a bed.

ECMC's psychiatric emergency room is already one of the state's busiest. But its June traffic jumped by some 200 patients over the previous month, in part because Kaleida Health closed what was left of Buffalo General Medical Center's 47-bed "behavioral health" unit June 14.

Kaleida closed off its beds months before its officials unveil the new behavioral health center they will operate with ECMC on the ECMC campus.

Kaleida said it had no choice. Its employees, were transferring out of a unit slated to close, and there were too few people left to provide care.

But the Kaleida decision stripped away one out of every three inpatient psychiatric beds that the two hospitals offered, and an important option for people with a serious mental illness.

Meanwhile, the bedlam at ECMC invited comparisons to jails, which double as psychiatric centers in today's mental health system, though some said jails are typically calmer than ECMC was back in June.

"One of the families said to me, 'At least when you go to the Holding Center, you get a bed and a phone call,'" said Jenny Laney, who supports families through her post with the Mental Health Association of Erie County.

Families in the mental health system have long complained that it is dispersed and inadequate. A mentally ill person who needs help right away often meets a network moving at its own pace, with a shortage of both beds and psychiatrists.

"New York State has a serious mental health epidemic, and unfortunately the state is in full-blown denial," James Seifert of Orchard Park told Erie County's Community Corrections Advisory Board earlier this year. "... It turns out that it is functionally illegal to have certain types of mental disorders. The de facto solution for the current mental health crisis is a park bench or prison."

Seifert and his family tried for years to have one of his sons, diagnosed with schizophrenia, placed into an institution. Today he is in the Erie County Holding Center.

The state recently announced that it will expand the Buffalo Psychiatric Center starting next year, but there will be no net gain in state-provided beds for Erie County because the Buffalo expansion is part of a statewide consolidation that removes beds from the Children's Psychiatric Center in West Seneca.

New York's Office of Mental Health says it cannot afford to run 24 psychiatric centers. But people who watch the system believe there should be thousands more beds for people who are severely mentally ill.

"New York State is short 4,300 beds for people with serious mental illness, and that assumes we have perfect community services, and we don't," said D.J. Jaffe, who runs a think tank in New York City about the mental health system. "The largest psychiatric facility in New York is Rikers Island, and when they close these centers, they will probably have to make that one bigger."

A shock to the system

Buffalo General's move shocked the system locally. More beds have been added elsewhere to soften the blow. But again, there will be no meaningful local increase.

"We were in a challenging situation even before those beds were taken out of the system," said Kenneth Houseknecht, the Mental Health Association's executive director. "Then you take those beds out of the system and that challenge just becomes exacerbated."

One woman, Gail, was among those affected. Her husband was in Buffalo General after a schizophrenic episode. He was released to her care days or weeks early, in her opinion, when Buffalo General closed its unit and discharged about 25 patients.

Gail, asking to be identified only by her middle name so as not to expose her emotionally fragile husband, said the hospital gave her a discharge plan that didn't work because it directed her husband to agencies that didn't offer the recommended services.

"This county is not prepared to care for its most vulnerable," she said. "Not only do we need places to take our loved ones, we need good care. ... To leave a vulnerable population with no place to go with their sickness, it makes us look like a Third World country."

Fragmented and costly

ECMC and Kaleida Health acknowledged the fractured state of the mental health system in Western New York when they announced back in February 2012 that they would combine their psychiatric care efforts on the ECMC campus. They would build a \$25 million center handling 180 psychiatric beds, fewer than they were licensed to offer separately.

"Mental health care in Western New York, like the rest of the state, is fragmented and costly to the state's Medicaid payment system," the entities said in a news release at the time. "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." It's now 185 beds at Buffalo Psychiatric Center.

The "crisis for mental health patients and their families" stems from a short supply of psychiatrists, downsizings and a lack of coordination among outpatient services, ECMC and Kaleida said.

They said that "mentally ill and chemically dependent patients in crisis are, many times, forced to find care in crowded hospital emergency rooms."

But complications in merging the two hospitals' psychiatric care efforts led to the recent shock to the mental health system and the crowded psychiatric emergency room at ECMC.

Outside Kaleida's control

Aware that the program inside their hospital was winding down, Buffalo General staff members began transferring to other Kaleida jobs. The hospital then announced that it was unable to "retain and attract staff."

After consulting with the state Office of Mental Health, Buffalo General closed the unit in the middle of June. Kaleida also told ambulance services to take people needing inpatient psychiatric care to other hospitals, some as far as Rochester, Olean, Jamestown and Warsaw.

"There are some issues we can't control," said Michael Hughes, a Kaleida vice president and spokesman. "We can control the planning perspective. We can control construction, and things like that. But the things we can't control, such as when a union member is allowed to

bump out of that service line and into a different location in the hospital or in the system, you have to adjust. And that's what we've done."

Hughes, however, knew of no similar interruptions in service when Buffalo General collaborated with ECMC to create the Gates Vascular Institute on the Buffalo Niagara Medical Campus or the Regional Center for Transplantation and Kidney Care at ECMC.

Further, he was unable to say whether Kaleida could have offered bonuses to employees to remain in the mental health unit until the new center could open: "The word 'bonus' in a union environment sometimes doesn't go over well. I don't know the answer to that," Hughes said.

"They wouldn't do this with any other disorder," said Marcy Rose, president of the Buffalo and Erie County chapter of the National Alliance on Mental Illness. "They are expanding cancer treatment. They are expanding heart treatment. And these are the very people who are cutting back on psychiatric treatment and saying, 'trust me.'"

Handling the overflow

ECMC saw Buffalo General's decision coming.

"We were included in the decision in terms of knowing that this decision was going to be made," said Richard C. Cleland, ECMC's chief operating officer.

"It's a tough situation for Kaleida," he added. "Employees are starting to look around and saying, 'Hey, there is not going to be a program here.' By rights employees can bid on other jobs in the organization."

ECMC soon added 10 psychiatric beds and the Office of Mental Health added seven at Buffalo Psychiatric Center. ECMC also hired someone to reach out to BryLin, Niagara Falls Memorial and Lake Shore hospitals to help handle overflow as needed, Cleland said.

As expected, the psychiatric emergency room at ECMC got busier.

Year round, it usually receives about one person every hour. In June, it averaged an additional seven people a day when compared with the previous month, he said. Year to date, admissions to psychiatric beds are up 11.7 percent over the prior year.

But Cleland, when asked about the ECMC emergency room being overrun with patients in the wake of the Buffalo General closure, said the emergency room has always had busy days.

"We do see days that are much more busy. But we have always seen that," he said. "I haven't seen anything outside of what we have seen in the past. Not that it is acceptable. We just don't have control with what is going on in the community."

He said days early in the week tend to be busy, and the hospital has a shortage of beds on Saturdays and Sundays because it's more difficult to discharge patients on weekends.

To bolster ECMC's argument that it prepared well for the rush of patients after Buffalo General's closure, Cleland offered a measure showing that patients throughout June

averaged shorter waits for a doctor's full assessment than in May. With the hospital's faster triage system, the average wait fell from 7.6 hours to 6 hours, he said.

As part of the new behavioral health effort, ECMC will open 36 psychiatric beds in its existing tower in September and 36 more in late November or early December, Cleland said. He expects the new freestanding building, which will contain a greatly expanded psychiatric emergency room, to open in January.

Following Buffalo General's decision in June, a number of mental health organization have been meeting to strategize.

"In a way, there might be a silver lining to this," said Houseknecht of the Mental Health Association. "And the silver lining might be that because the situation has become even more acute in the short run, I think it is provoking a conversation where we take a more systemic look, and we try to come up with more permanent solutions."

Among the topics: "Can we give families a better level of support? Can we provide more resources to them? Can we reduce the number of times that people are coming back again? Because if you leave someone in a compromised position at the end of a stay, you are enhancing the likelihood that you will see them again ...

"We are only going to do it if we work together," he said, "if we all acknowledge that what we've got right now is not acceptable, and if everybody is willing to cast aside a commitment to always doing things the way they were done."

email: mspina@buffnews.com

Jul 12, 2013, 2:51pm EDT

ECMC, Kaleida team on behavioral health treatment



Tracey Drury

Buffalo Business First Reporter- *Business First*

[Email](#) | [Twitter](#) | [LinkedIn](#) | [Google+](#)

With its inpatient behavioral medicine program at Buffalo General Medical Center shutting down six months ahead of schedule, Kaleida Health is working with Erie County Medical Center to provide services until the opening in 2014 of a new facility.

The two health providers are jointly developing a \$25 million Regional Behavioral Health Center of Excellence at ECMC through Great Lakes Health, the parent company for both Kaleida and ECMC.

The facility, which will expand ECMC's current emergency behavioral health facilities from 6,500 square feet to 16,000 square feet, will house consolidated mental health and drug dependency treatment programs. Funded in part by a \$15 million grant from the state Department of Health, plans call for creating a 180-bed inpatient psychiatric program, including a comprehensive psychiatric emergency program (CPEP).

Kaleida points to staffing issues for the premature closing of its unit. Though some staff are expected to apply for positions within the new center at ECMC, as Kaleida employees they had the right through their union to bump into other positions within that system, while others chose to retire.

"Staff were taking their options and bumping into other positions," said Mike Hughes, Kaleida vice president.

ECMC's existing program includes 132 licensed inpatient psychiatric beds, which serve about 2,300 patients annually, plus 57 inpatient rehabilitation/detoxification beds that see 1,600 patient discharges annually. Buffalo General Medical Center's program had 91 licensed inpatient beds, which served about 2,300 patients annually.

Jody Lomeo, CEO at ECMC, said the hospital hasn't had any trouble absorbing the additional patients, who can also choose to go to the Buff General emergency room.

“There’s a time gap between the closure at Kaleida and when we would be 100 percent ready, but we’re working with the Kaleida team really well so there’s no issues there,” he said. “The beds will open in phases, so we’re prepared.”

Richard Cleland, ECMC’s chief operating officer, said construction is about 50 percent complete on the 18,000-square-foot CPEP building, which sits atop the outpatient services facility. Inpatient beds will be housed on the fifth floor of ECMC in space that formerly housed a longterm care program.

Plans call for opening the first 36 inpatient beds by early September, with another 36 bed-unit to open by late December.

To accommodate the closure at Buff General, ECMC first opened up some additional beds in March. It is also working to transfer patients where necessary to inpatient beds at other hospitals in the region, including at Lake Shore Health Care Center in Irving, BryLin Hospital in Buffalo.

“So far it’s been managed quite well considering the loss of beds,” Cleland said. “We’ve beefed up and are fully operating our fast-track triage program, which is used to assess patients and refer them to services in the community and keep the pressure off the CPEP unit.”

Other tactics have included working with outpatient care providers in the community to reduce inpatient stays from 16 to 13 days on average. The hospital has also been coordinating services with help from the state Office of Mental Health and the Buffalo Psychiatric Center, which opened up beds for patients who required more long-term care.

“From a regional perspective, it’s gone well,” Cleland said.

Statistics on admissions show a total of 186 additional patients seen overall, year-to-date: Through July 2, the hospital recorded 1,281 admissions for inpatient psych programs, 69 more than last year, or an increase of 5.4 percent; while the CPEP emergency program saw a total of 4,890 patients during the same period, an increase of 109 over last year or 2.2 percent.

In the month after the Buff General program closed, the CPEP saw number increase by 7.4 percent, Cleland said.

“The changes we’ve seen so far with Buff Gen are pretty consistent with what we thought we would see,” he said. “We’ve put a whole team on this, not only on our facility but with OMH and other providers, and we’ve been able to weather the storm.”

Tracey Drury covers health/medical, nonprofits and insurance