BOARD OF DIRECTORS

~ Regular Meeting ~

ERIE COUNTY MEDICAL CENTER CORPORATION

Tuesday, March 27, 2012

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 healthcare and true care™

AGENDA FOR THE
MARCH 2012 REGULAR BOARD MEETING
BOARD OF DIRECTORS

TUESDAY, MARCH 27, 2012

Minutes from the

Previous Meeting

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

TUESDAY, FEBRUARY 7, 2012

ECMCC STAFF DINING ROOM

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

I. CALL TO ORDER

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

II. APPROVAL OF MINUTES OF THE JANUARY 10, 2012 BOARD OF DIRECTORS REGULAR MEETING

Moved by Douglas H. Baker and seconded by Anthony Iacono to approve the minutes of the January 10, 2012 Board of Directors Regular meeting as presented.

Motion approved unanimously.

III. ACTION ITEMS

Resolution of the Board of Directors Approving the Corporate Resolutions for Corporate Account

Motion approved unanimously: Copy of resolution attached.

Approval of January 3, 2012 Medical/Dental Staff Appointments and Re-Appointments.
Motion approved unanimously: Copy of resolution attached.

IV. BOARD COMMITTEE REPORTS

Moved by Frank Mesiah and seconded by Douglas H. Baker to receive and file the reports as presented by the Corporation's Board committees. All reports, except that of the performance Improvement Committee, shall be attached to these minutes.
Motion approved unanimously.

V. REPORTS OF CORPORATION'S MANAGEMENT

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

1) Chief Financial Officer: Michael Sammarco

A summary of the financial results through December 31, 2011 and a Quarterly Financial Statement and projected statement of Yearly Cash Flows are attached in the Board Book for review.

Moved by Anthony Iacono and seconded by Richard F. Brox receive and file the December 31, 2011 reports as presented by the Corporation's Management.

VI. RECESS TO EXECUTIVE SESSION - MATTERS MADE CONFIDENTIAL BY LAW

Moved by Anthony Iacono and seconded by Douglas H. Baker to enter into Executive Session at 6:05 P.M. to consider matters made confidential by law Including certain compliance-related matters, strategic investments and business plans.
Motion approved unanimously.

VII. RECONVENE IN OPEN SESSION

Moved by Michael A. Seaman and seconded by Anthony Iacono to reconvene in Open Session at 6:55 P.M.

Motion approved unanimously.

VIII. ADJOURNMENT

Moved by Douglas H. Baker and seconded by Michael Seaman to adjourn the Board of Directors meeting at 6:56 P.M.

Bishop Michael A. Badger, Corporation Secretary

Corporate Resolutions for Corporate Account

MorganStanley SmithBarney

Account Number				
Branch	Account	T	C	FA
619	45703		10	563

Name of Corporation
Erie County Medical Center Co

State of Incorporation
NY

The Corporation certifies that the Secretary of the Corporation named above (the "Corporation"), whose name appears beneath the Secretary's Certification (below), has been duly elected to and now holds that office and that the signature appearing opposite his or her name is his or her true signature.

Print Name of President/CEO
Jody L. Lomeo

Signature of President/CEO ▶

Dated
02/07/12

Note: If the Secretary is empowered to act by the following resolutions, the President/CEO of the Corporation must execute this supplemental certification.

I, being the President/CEO of the Corporation, do hereby certify that the Secretary, whose signature appears below, is empowered to act on behalf of the Corporation in accordance with the following resolutions.

Signature of President/CEO ▶

CERTIFICATION

I hereby certify that I am the Secretary of the Corporation named above, a corporation duly organized and existing under the laws of the State of incorporation, that the Corporation is in good standing and qualified to do business in this state. I further certify that the following is a true, correct and complete copy of resolutions duly adopted at a meeting of the Board of Directors of the Corporation held on the date specified below, at which meeting a quorum was present and voting; that such resolutions are in accordance with the charter and by-laws of the Corporation, are in full force and effect and have not been amended, modified or rescinded.

IN WITNESS WHEREOF, I have hereunto affixed my hand (and the seal of the Corporation) this 7th day of 2012.

Name of Secretary (Print)
Michael A Badger

Signature of Secretary ▶
Michael A Badger

Date of Meeting of Board of Directors 2-7-12

RESOLVED:

FIRST, that the individuals named in the spaces below ("Authorized Person") be and each of them hereby is, authorized and empowered to the fullest extent possible, to act on behalf of the Corporation, to establish and maintain a cash account, margin account, Business Financial Management Account℠ ("BUSINESS FMA"), commodities account or other account deemed necessary, proper or appropriate (each, a "Securities Account") with Morgan Stanley Smith Barney and its applicable affiliates ("SB") for the purpose of purchasing, investing in, or otherwise acquiring, selling (including short selling), possessing, transferring, exchanging, borrowing, pledging or otherwise disposing of and generally dealing in and with cash and any and all forms of securities, including, but not limited to shares, stocks, bonds, debentures, notes, scrip, participation certificates, rights to subscribe, options, warrants, commodities, commodity futures and/or options on futures, certificates of deposit, mortgages, evidences of indebtedness, commercial paper, and interests of any and every kind and nature whatsoever, secured and unsecured, whether represented by trust, participating and/or other certificates or otherwise.

SECOND, that, on behalf of the Corporation, any Authorized Person shall have the fullest authority with respect to the Securities Account including, but not limited to, authority to

Continued on page 2

* 2 1 0 5 *

1) give written or oral instructions to SB with respect to any securities in, or transaction or service offered in connection with, the Securities Account,

2) deposit money, securities and other property of the Corporation in the Securities Account,

3) borrow money from SB and secure payment thereof with the property of the Corporation,

4) bind the Corporation to any contract, arrangement or transaction, which shall be entered into by any Authorized Person with or through SB,

5) make payments related to the Securities Account by checks and/or drafts drawn upon the funds of the Corporation,

6) deliver money or securities or accept delivery of money or securities,

7) endorse any securities in order to pass ownership thereof or for any other purpose,

8) direct the sale or exercise of any rights with respect to securities therein,

9) sign releases and powers of attorney and enter into contracts and agreements, including, but not limited to an SB Client Agreement, BUSINESS FMA Agreement, and documentation relating to any debit or credit card, the checkwriting privilege, online services, electronic fund transfers and other services which are or may be offered in connection with the Securities Account, as such documents may be modified from time to time, and any documentation permitted or contemplated by such agreements, products and services, and to affix the corporate seal to same,

10) direct SB to surrender securities to the proper agent or party for the purpose of effecting any exchange or conversion, or otherwise,

11) take any and all action in connection with the Securities Account deemed necessary or desirable by any Authorized Person.

THIRD, that any Authorized Person may appoint any person(s) ("Designated Person") to 1) conduct trading in the Securities Account, 2) endorse any securities, or to make, execute and deliver, under the corporate seal of the Corporation or otherwise, any instrument of assignment and/or transfer necessary or proper to pass title to such securities, 3) sign checks (in which event, the signature of the Designated Person shall promptly be provided on any applicable signature card upon request by SB), 4) use any associated debit or credit card or 5) provide instructions to effect electronic fund transfers.

FOURTH, that each Authorized Person is empowered and authorized to do all things each deems necessary or desirable to implement the foregoing resolutions.

FIFTH, that SB may deal with any and all of the persons directly or indirectly empowered by the foregoing resolutions as though they are dealing with the Corporation directly.

SIXTH, that the Secretary of the Corporation is hereby authorized and empowered to certify to SB, under the seal of the Corporation or otherwise:

(a) a true, correct and complete copy of these resolutions;

(b) specimen signatures of each Authorized Person and each Designated Person empowered by these resolutions, if so requested by SB;

(c) a certificate (which, if required by SB, shall be supported by an opinion of the general counsel of the Corporation, or other counsel satisfactory to SB) that the Corporation is duly organized and in good standing, that the corporate charter authorizes the action or business described in these resolutions, and that no provision in the charter, by-laws or other governing document of the Corporation limits the power of the Board of Directors to pass these resolutions.

SEVENTH, that the fact that any person hereby empowered ceases to be an officer of the Corporation or becomes an officer under another title, shall not affect the powers hereby conferred. In the event of any change in the office or powers of persons hereby empowered, the Secretary shall certify such changes to SB in writing, addressed to the branch or other representative office through which the Securities Account is opened. Such notification, when received, shall terminate the powers theretofore authorized, and empower the persons thereby substituted.

EIGHTH, that SB may rely upon any certification furnished to SB in accordance with these resolutions and that the foregoing resolutions and the certificates furnished to SB are in full force and effect and irrevocable until receipt by SB of written notice of revocation or modification by the Corporation, addressed to the branch or other representative office through which the Securities Account is opened. The dispatch or receipt of any other form of notice shall not constitute a waiver of this provision.

Print Name and Title, if Applicable	Signature
Michael J. Sammarco, Chief Financial Officer	Michael J Sammarco

Account Number				
Branch	Account	T	C	FA
619	45703		10	563

Morgan Stanley Smith Barney LLC. Account carried by Citigroup Global Markets Inc.

CREDENTIALS COMMITTEE MEETING
January 3, 2012

Committee Members Present:

Robert J. Schuder, MD, Chairman
Brian M. Murray, MD (ex officio)
David G. Ellis, MD (ex officio)
Gregg I. Feld, MD
Richard E. Hall, DDS PhD MD FACS
Andrew J. Stansberry, RPA-C

Medical-Dental Staff Office and Administrative Members Present:

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

Members Not Present (Excused *):

Yogesh D. Bakhai, MD (ex officio) *
Timothy G. DeZastro, MD *
Dietrich V. Jehle, MD (ex officio) *
Joseph M. Kowalski, MD (ex officio) *
Philip D. Williams, DDS *

CALL TO ORDER

The meeting was called to order at 3 PM by Dr. Robert J. Schuder. The proceedings from the previous meeting of December 6, 2011 were reviewed and accepted with the following clarification. Subsequent to the 12/6/11 meeting, the status of Kathleen Barone, NP was noted to be a change in employment and collaborating physician. It was therefore recommended to the Medical Executive Committee at its December 19, 2011 meeting to remove Kathleen Barone, NP from the listed resignations and to endorse her scheduled move from provisional to permanent. Both were endorsed by the MEC.

RESIGNATIONS

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

A. Resignations

Gayatri Salwan, RPA-C	Internal Medicine	as of December 8, 2011
Richard B. T. Cowan, MD	Neurology	as of December 14, 2011
Kathleen Mylotte, MD	Internal Medicine	as of December 16, 2011
Erica Ann J. Patino, CNP	Internal Medicine	as of December 19, 2011
Miriam Inhelder, RPA-C	Orthopaedic Surgery	as of December 19, 2011

James Norconk, MD	Teleradiology	as of December 21, 2011
Joanne Pantano, ANP	Neurosurgery	as of December 23, 2011
Faisal Sami, MD	Teleradiology	as of December 31, 2011

CHANGE IN STAFF CATEGORY

Neurosurgery

James G. Egnatchick, MD — Active Staff to Courtesy, *Refer & Follow*

Internal Medicine

Aparna Batlapenumarthy, MD — Active Staff to Courtesy, *Refer & Follow*

Glenn T. Leonard, MD — Associate Staff to Courtesy, *Refer & Follow*

Rodolfo L. Villacorta, MD — Courtesy, *Refer & Follow* to Emeritus

Pathology

Dianne R. Vertes, MD — Associate Staff to Courtesy, *Refer & Follow*

Radiology

Harold Tanenbaum, MD — Active Staff to Courtesy, *Refer & Follow*

CHANGE IN DEPARTMENT

Richard D. Blondell, MD — Psychiatry to **Family Medicine**

CHANGE IN COLLABORATING / SUPERVISING ATTENDING

Surgery

Kathleen M. Barone, FNP — Allied Health Professional (Nurse Practitioner)

Collaborating MD: Dr. Mark Laftavi

ADDITIONAL SUPERVISING ATTENDING

Internal Medicine

Timothy C. Knight, RPA-C — Allied Health Professional (Physician Assistant)

Supervising MD: Dr. Ravi Desai

Andrew Stansberry, RPA-C — Allied Health Professional (Physician Assistant)

Supervising MD: Dr. Ravi Desai

PRIVILEGE ADDITION/REVISION

Cardiothoracic Surgery

Brian Regan, RNFA, ANP — Allied Health Professional (Nurse Practitioner)

Collaborating MD: Dr. Stephen Downing

- Performing as first or second assistant during an operation

Rehabilitation Medicine – *Chiropractic*

FPPE waived for requests below following verification of current competence within initial Chiropractic core privilege training.

Steven J. Celotto, DC — Allied Health Professional

- High Volt Galvanism
- Low Volt Galvanism
- Micro-Current Therapy
- Short Wave Diathermy
- Sine Wave Therapy
- Russian Stimulation
- Paraffin Bath
- Hydrotherapy
- Origin Insertion Technique
- Neurovascular and Neurolymphatic Stimulation
- Spray and Stretch Techniques

Ali M. Jafari, DC — Allied Health Professional

- Static/Intermittent Traction
- Interferential Therapy
- Trigger Point Therapy
- Soft Tissue Massage

Surgery

FPPE waived based on criteria for wound care credentialing and verification of current competence.

Richard D. Bloomberg, MD

- Debridement, Non-Selective
- Debridement, Selective
- Infection, Incision and Drainage
- Debridement of Skin, partial
- Debridement of Skin, full
- Debridement of Skin, subcutaneous
- Decubitus Ulcer

Gregory S. Cherr, MD

- Wound Care (Level I-A Privileges)

Joseph R. Gerbasi, MD

- Wound Care (Level I-A Privileges)

Alan R. Posner, MD

- Wound Care (Level I-A Privileges)

Sharon B. Occhino, ANP — Allied Health Professional (Nurse Practitioner)

Collaborating MD: Dr. William Flynn — ***FPPE satisfied with completion of competency training/assessment by mentor after initial appointment***

- All Entry Level Procedures except: Placement of Naso-entero Tube with Guide Wire
- Chest Tube Placement
- I&D Abscess
- Insertion of Percutaneous Arterial Catheter
- Subclavian Puncture for CVP Placement

FOR OVERALL ACTION

APPOINTMENTS AND REAPPOINTMENTS

A. Initial Appointment Review (12)
B. Reappointment Review (56)

Twelve initial appointment and fifty-six reappointment requests were presented to the Credentials Committee for review. The dossiers were found to be in order and are endorsed to the Medical Executive Committee for its approval with comments (if any) as indicated.

APPOINTMENT APPLICATIONS, RECOMMENDED

A. **Initial Appointment Review (12)**

Emergency Medicine

Lance Guyett, ANP	Allied Health Professional (Nurse Practitioner)
Collaborating MD: Dr. Michael Manka	

Family Medicine

Rita Sawyer, FNP	Allied Health Professional (Physician Assistant)
Collaborating MD: Dr. Richard Blondell	

Internal Medicine

Scott Clark, ANP	Allied Health Professional (Nurse Practitioner)
Collaborating MD: Dr. Yahya Hashmi	
Khalid Mahran, MD	Active Staff

Neurosurgery

James Bell, RPA-C	Allied Health Professional (Physician Assistant)
Supervising MD: Gregory Castiglia	

Radiology – *Teleradiology*

Jean-Paul Dym, MD	Active Staff
Christine Lamoureux, MD	Active Staff
Eric Postel, MD	Active Staff
Martin Ruocco, MD	Active Staff
Richard Toothman, MD	Active Staff
James Turner, MD	Active Staff
Sumeet Verma, MD	Active Staff

FOR OVERALL ACTION

REAPPOINTMENT APPLICATIONS, RECOMMENDED

B. **Reappointment Review (56)**

Anesthesiology

Erik J. Jensen, MD	Active Staff
Scott N. Plotkin, MD	Active Staff
Andrew J. Sacks, MD	Active Staff
Robert P. Sands, Jr., MD	Active Staff
Robert J. Schuder, MD	Active Staff

Cardiothoracic Surgery

Robert Gambino, RPA-C	Allied Health Professional (Physician Assistant)
Supervising MD: Dr. Janerio Aldridge	***Withdrawn privileges noted (associated w ACLS requirement)***
Kurt VonFricken, MD	Active Staff
	Per COS, FPPE warranted, with low volume (military leave)

Emergency Medicine

Samuel D. Cloud, DO	Active Staff

Family Medicine

Karen H. Binis, ANP Practitioner)	Allied Health Professional (Nurse
Collaborating MD: Dr. David Eubanks	
Richard D. Blondell, MD	Active Staff
Jacquelyn A. Botticelli, ANP Practitioner)	Allied Health Professional (Nurse
Collaborating MD: Dr. David Eubanks	
Cele S. Cacho, ANP Practitioner)	Allied Health Professional (Nurse
Collaborating MD: Dr. David Eubanks	
Janet M. Dreyer, ANP Practitioner)	Allied Health Professional (Nurse
Collaborating MD: Dr. David Eubanks	
Tania Lawniczak, ANP Practitioner)	Allied Health Professional (Nurse
Collaborating MD: Dr. David Eubanks	
Elizabeth L. Kyger, MD	Associate Staff ***Clarification of Staff Category and Covering Staff member in process***
Beverly Seib, ANP Practitioner)	Allied Health Professional (Nurse
Collaborating MD: Dr. David Eubanks	
Suzanne E. Toland, ANP Practitioner)	Allied Health Professional (Nurse
Collaborating MD: Dr. David Eubanks	
Lisa M. Wheeler, ANP Practitioner)	Allied Health Professional (Nurse
Collaborating MD: Dr. David Eubanks	

REAPPOINTMENT APPLICATIONS, RECOMMENDED, CONTINUED

Internal Medicine

Evan Calkins, MD	Courtesy, *Refer & Follow*
Marguerite L. Coppens, MD	Courtesy, *Refer & Follow*

Eugene E. Cunningham, MD	Active Staff
Neil Dashkoff, MD	Active Staff
Ali A. El-Solh, MD MPH	Courtesy, *Refer & Follow*
Aijaz A. Gundroo, MD	Active Staff
Chee H. Kim, MD	Active Staff
Mofid N. Khalil-Ibrahim, MD	Active Staff
Claudia J. Lee, MD	Courtesy, *Refer & Follow*
Claude G. Sy, MD	Courtesy, *Refer & Follow*
Brian D. Snyder, MD	Courtesy, *Refer & Follow*
Laboratory Medicine	
Daniel Amsterdam	Active Staff
Neurology	
Ralph H.B. Benedict, PhD	Allied Health Professional
Obstetrics & Gynecology	
Kunle O. Odunsi, MD PhD	Courtesy, *Refer & Follow*
Otolaryngology	
William J. Belles, MD	Active Staff
Pathology	
Dianne R. Vertes, MD	Courtesy, *Refer & Follow*
Psychiatry	
Rajendra D. Badgaiyan, MD	Active Staff
Steven L. Dubovsky, MD	Active Staff
Jeffrey D. Kashin, MD	Associate Staff ***Clarification of Covering Staff member in process***
Joy L. Kreeger, MD	Courtesy, *Refer & Follow*
Daniel S. Mangold, MD	Courtesy, *Refer & Follow*
Radiology	
Joseph Morrell, MD	Active Staff
Rehabilitation Medicine	
John G. Baker, PhD	Allied Health Professional ***Consultative privileges previously granted renewed; privilege form revised to add specificity to said privilege***
Daniel M. Salcedo, MD	Active Staff ***Verification of Covering Staff member in progress Baclofen Pump credentialing criteria being updated and waived by Chief of Service with current privilege endorsement.***
Mary R. Welch, MD	Active Staff
Rehabilitation Medicine – *Chiropractic*	
Steven J. Celotto, DC	Allied Health Professional
Stephen A. Grande, DC	Allied Health Professional
Ali M. Jafari, DC	Allied Health Professional
Surgery	
Shirley A. Anain, MD	Active Staff
Richard D. Bloomberg, MD	Active Staff
Gregory S. Cherr, MD	Active Staff
Joseph R. Gerbasi, MD	Active Staff

Audrey A. Hoerner, ANP	Allied Health Professional (Nurse Practitioner)	
Collaborating MD: Dr. William Flynn		
Eamon J. McCallion, RPA-C	Allied Health Professional (Nurse Practitioner)	
Collaborating MD: Dr. James Lukan		
Sharon B. Occhino, ANP	Allied Health Professional (Nurse Practitioner)	
Collaborating MD: Dr. William Flynn		
Alan R. Posner, MD	Active Staff	
Urology		
Gerald Sufrin, MD	Active Staff	***Chief of Service review in progress***
Richard N. Gilbert, MD	Associate Staff	***Chief of Service review in progress***

FOR OVERALL ACTION

PROVISIONAL APPOINTMENT REVIEW, RECOMMENDED

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

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

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

January 2012 Provisional to Permanent Staff Expires	**Provisional Period**
Anesthesiology	
Mapes, Renee, M., DO 01/11/2012	Active Staff
Kortman, Amy, Joy, MS CRNA 01/11/2012	Allied Health Professional
Family Medicine	
Yates, Charles, W., MD 01/11/2012	Active Staff
Internal Medicine	
Pone, Entela, MD 01/11/2012	Active Staff
Pierce, Kimberly, A., MS ANP 01/11/2012	Allied Health Professional

Collaborating MD: Dr. Jenia Sherif, Internal Medicine
Collaborating MD: Dr. Mary Welch Rehabilitation Medicine

Orthopaedic Surgery - *Podiatry*

Hurley, John, P., DPM 01/11/2012	Active Staff

Psychiatry

Sokoloff, Mark, Jay, PhD 01/11/2012	Allied Health Professional

Radiology - *Teleradiology*

Doyle, Kate, Taylor, MD 01/11/2012	Active Staff
Hynes, Michael, Loren, MD MBA 01/11/2012	Active Staff

FOR OVERALL ACTION

AUTOMATIC MEMBERSHIP CONCLUSION, RECOMMENDED

None

FUTURE MEMBERSHIP CONCLUSION, UNDER CONSIDERATION

Expiring in April 2012 **For information only**

Family Medicine

David M. Holmes, MD	Active Staff
Emmanual Packianathan, MD	Courtesy, *Refer & Follow*

Internal Medicine

Jennie Hom, MD	Active Staff
David A. Milling, MD	Active Staff
A. John Ryan, Jr., MD	Active Staff
Sarah G. Thompson, MD	Active Staff
Rajiv K. Jain, MD	Courtesy, *Refer & Follow*
Eugene A. Steinberg, MD	Courtesy, *Refer & Follow*

Orthopaedic Surgery

Dale R. Wheeler, MD	Associate Staff

Psychiatry

Marcelle Ann Mostert, MD	Active Staff

Reappointment Expiration Date: April 1, 2012
Planned Credentials Committee Meeting: February 7, 2012
Planned MEC Action date: February 27, 2012
Last possible Board confirmation by: March 6, 2012
Next Board Meeting: April 3, 2012 too late
FOR INFORMATION ONLY

OLD BUSINESS

Liability Coverage

Appointment of two new applicants was deferred at previous meetings due to matters involving liability insurance coverage. The committee awaits input from legal counsel, risk management and administration. This will remain an open issue on the Credentials Committee agenda until resolved.

Internal Medicine – Privilege Forms by Subspecialty
Final drafts of individual Internal Medicine privilege selection forms divided by subspecialty were submitted to the Chief of Service for review. An additional Infectious Disease Wound Care privilege addition also awaits review. A status update will be obtained for the February meeting.

New Wound Care Center Providers
A new Internal Medicine Infectious Disease staff member is scheduled to begin Wound Care services on Wednesday 1/4/2012. Verbal approval of delineated privileges has been received from both the IM and Surgery Chiefs of Service. While the formal privilege form awaits MEC and Board approval, the Credentials Committee endorses the granting of temporary privileges pending final approval of privileges by the Board of Directors.

One of the current podiatry providers has obtained hyperbaric certification. Currently, this privilege is not extended to podiatrists. The matter is being evaluated by the clinical and administrative leaders of the Wound Care Center.

New Podiatry Privileges
The revision and addition of the Kaleida privilege set to the ECMC Podiatry delineation form has been endorsed by the Orthopaedic Chief of Service and no opposition voiced by the Surgery Chief of Service. The proposed Podiatry Privilege Form Draft is attached below.

Cardiothoracic Privilege Form Data
Additional discussion followed regarding the possible modification of the Cardiothoracic Surgery form, which requests a listing of the volume cardiac procedures performed in the past 24 months at ECMCC and other hospitals. Particular objection to the ECMCC form seems to center about the level of detail requested. information required. It was suggested that perhaps the form can be streamlined while still satisfying the DOH requirements. In an effort to determine if there is a community standard for collecting this data, contact will be made with the Kaleida Medical Staff Office.

Internal Medicine - Exigence Midlevel Training
The committee continues to monitor the completion of additional training for the administration of deep sedation and propofol for airway intubation by Exigence midlevel providers. A second training session has been completed for 14 mid-level practitioners. A copy of the didactic competency and verification of the cadaver training has been requested for the files of each of the current trained applicants. This will then be utilized as competency criteria for any new midlevels seeking this privilege.

Cardiology Coverage
Regarding the development of supervising physician assignment for cardiac coverage, particular liability accountability issues are still in need of resolution. It was recommended that another contact be made on behalf of the Credentials Committee to bring this matter to closure.

Moderate Sedation Monitoring Requirements

Last month, the committee explored the ASA position statement regarding the addition of capnography to assess ventilation during non-intubated procedures requiring moderate sedation. The Anesthesiology Chief of Service was consulted and recognized potential benefits, particularly with deep sedation and the use of propofol. He deferred on a present recommendation for endtidal-CO_2 monitoring for moderate sedation until Joint Commission standards are defined. In the interim, an inventory endtidal-CO2 monitoring devices will be performed for those locations in the hospital known to perform moderate sedation.

Temporary Privilege Expirations during Pending Initial Applications

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

OVERALL ACTION REQUIRED

NEW BUSINESS

Staff Office Optimizing Efficiencies

Reappointment Volumes

The growth of our medical-dental staff membership, while celebrated, has posed challenges for the MDSO given its fixed staffing resources. For example, 100-reappointments were due for this meeting, as well as a larger than usual number of new appointments. The MDSO staff also continues to spend an inordinate amount of time following up on outstanding applications.

Re-appointments have since 2010 been completed two months in advance to ensure timely Board action. This afforded the flexibility to complete as many (56) of the 100 re-appointments this month as possible, and complete the remaining (44) at next month's meeting and still be within the required 24 month window. All agreed that this creative option was necessary.

The calendar for the next 24 months was reviewed. Given the fixed resources, spacing re-appointments more evenly would be helpful. Staggering initial re-appointments into less massive reappointment months would be helpful. Birth date synchronization, while logical and completely random, has been rejected by not only our MDSO staff, but other staff offices as well. These options will be weighed by the MDSO team, and reviewed with ECMC legal counsel before seeking formal BOD guidance.

In an effort to better quantify the scope of this issue, data is currently being compiled on the Medical-Dental Staff growth pattern over the past 5 years. Susan Ksiazek will bring the data to the February meeting for review and discussion.

Expireables

The amount of time spent on follow-up communication and documentation of expireable documents has become prohibitive. It has become necessary to prioritize which membership categories receive the more thorough outreach from the MDSO to ensure that dossiers are complete and current. With no privileges granted or procedures performed, the Courtesy Refer and Follow group posed the lowest liability risk and have therefore been triaged to a lower priority level. Though documents will continue to be pursued, the committee acknowledges that a less aggressive approach to select items such as Infection Control, Hx and Px and Liability Insurance documentation is necessary.

NP Certification

Current credentialing procedure calls for verification of member primary source specialty certification. As an economic move, Nurse Practitioner verification offices have instituted as much as a $30-$50 charge per documentation. A significant total results from the re-verification of the 75 Nurse Practitioner every two years. The committee felt that initial certification could be verified via primary source verification and that subsequent documentation could be accepted via the member's attestation at re-appointment. This approach will be confirmed by benchmarking MDSO standards prior to implementation.

Temporary Privileges – Teleradiology

In an effort to manage workload and remain true to the spirit of the Credentials Procedures, the committee was asked to support that granting of temporary privileges to our teleradiologists will be done only with evidence that such is "necessary for the on-going care of patients serviced" {Credentials Manual p.27). With about 40 teleradiologists on staff, and approval by the BOD of the appointment of another 7 this month, the committee agreed that new appointments of such future teleradiology applicants would proceed through the regular appointment process unless extenuating circumstances were cited and validated by the Radiology Chief of Service. A recommendation was made to inform Vrad of the committee's consensus.

Revisions to the ECMCC Appointment Application

It has been agreed that until practitioners are credentialed under the single entity of GLH, combining the ECMC and KH forms pose little advantage to providers credentialed at both organizations. Currently, the two are very similar and the differences are specific to the organization. This does though remain a long term plan of the two Medical-Dental Staff Offices.

The more substantial benefit at this time is providing a pre-populated re-appointment form. This is currently in process. To facilitate this, it is proposed to combine the MD and AHP forms. Differences will be aligned and defined for the specific member groups within a draft form for presentation at the February meeting, as the mapping of the paper form into the software is a necessary step and it thought best that with the current resources, this amount of lead time would be necessary for a launch of the pre-populated re-appointment form by early spring.

Baclofen Pump Management Credentialing Criteria

It was requested that the Credentials Committee review the current Baclofen Pump Management credentialing criteria. These were established in May 1999 by Rehabilitation Medicine when the technology was new and may no longer be applicable. Attestation, vendor in-service and monitoring requirements have become outdated and may be supplanted by current residency/fellowship core privileging training and pain specialty certification. The committee recommends the revision of the criteria and until completed, with the approval of the Interim Chief of Rehabilitation Medicine, to waive the current Baclofen Pump requirements for applicants who provide sufficient evidence of training and competency.

Suboxone Prescribing

Diligent quality review has produced a suggestion to verify appropriate DEA certificate drug category selection to be used in conjunction with Suboxone (buprenorphine / naloxone) and Methadone therapy. Verification checks will be performed for the respective privileges requested and documented in the corresponding sections of the Psychiatry and Family Medicine privilege forms.

Nurse Practitioner Appointments for ECH coverage

The Medical-Dental Staff Office has again experienced a steady stream of Nurse Practitioner applicants from Family Choice to support the staffing coverage model at the ECH. Clinical

activity for most is nil. Though the vendor has been very cooperative with the necessary OPPE documentation, completing on-site FPPEs has been a challenge. The committee supports reaching out to the vendor again to discuss options.

OVERALL ACTION REQUIRED

OTHER BUSINESS

Open Issues Tracking Form

The committee still awaits a response from certain applicants for a request for the documentation of the completion of credentialing requirements. The committee recommended final communication with the applicants, emphasizing the need for documentation and in the event of a non-response, the consequent automatic withdrawal of the privilege request.

FPPE-OPPE Report

FPPEs were successfully completed in the following departments:

Cardiothoracic Surgery (1 ANP, 1 RPA-C)
Internal Medicine, Exigence (1 MD)
Orthopaedic Surgery (1 MD)
Plastic and Reconstructive Surgery (3 MDs)
Surgery (1 MD)

OPPE for Cardiothoracic Surgery is near completion with 3 providers outstanding.

Internal Medicine and Neurosurgery OPPEs are in progress.

Additional feedback was received from a Cardiothoracic Surgery group in regards to the amendment of the Cardiothoracic privilege form. (See discussion in the Old Business section above)

PRESENTED FOR INFORMATION ONLY

ADJOURNMENT

With no other business, a motion to adjourn was received and carried. The meeting was adjourned at 4:20 PM.

Respectfully submitted,

Robert J. Schuder, MD,
Chairman, Credentials Committee

att.

Minutes from the

Special Board Meeting

MINUTES OF THE SPECIAL BOARD TELECONFERENCE MEETING
TUESDAY, MARCH 6, 2012
ECMCC STAFF DINING ROOM

Voting Board Members Present or Attending by Conference Telephone:	Kevin M. Hogan, Esq., Chair Sharon L. Hanson Douglas H. Baker Richard F. Brox Ronald A. Chapin K. Kent Chevli, M.D	Kevin E. Cichocki,D.C. Anthony M. Iacono Dietrich Jehle, M.D. Frank B. Mesiah Michael A. Seaman Thomas P. Malecki
Voting Board Members Excused:	Bishop Michael A. Badger Frank Mesiah	Joseph A. Zizzi, Sr., MD
Non-Voting Board Representatives Present:	Michael Hoffert James Kaskie	Jody L. Lomeo
Also Present:	Anthony Colucci, III, Esq. Mark Barabas Ronald Krawiec	Brian M. Murray, M.D. Michael Sammarco

I. CALL TO ORDER

The Chair Kevin M. Hogan, called the meeting to order at 4:32 p.m.

Mr. Hogan announced that the Board of Director's regular board meetings will move to the last Tuesday of each month at 4:30pm. Finance and Executive committees will meet the Tuesday prior to the board meetings.

II. ACTION ITEM

Board Counsel Anthony J. Colucci, III and CEO Jody Lomeo provided details relative the to the following actions items and answered any questions presented.

A. Approval of the ECMC Operating Room Expansion Project

Moved by Richard F. Brox, and seconded by Douglas Baker
Motion approved unanimously. Copy of resolution is attached.

B. Approval of the Issuance of a Negative Declaration for the Parking and Circulation Improvements Project

Moved by Anthony Iacono and seconded by Richard F. Brox
Motion approved unanimously. Copy of resolution is attached.

C. Approval of the February 7, 2012 Medical/Dental Staff Appointments/Reappointments.

Moved by Michael A. Seaman, and seconded by Douglas Baker
Motion approved unanimously. Copy of resolution attached.

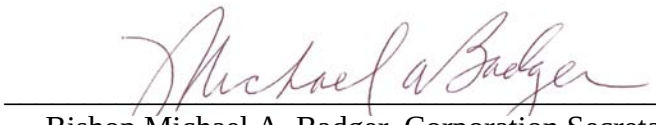
III. OTHER

Mr. Lomeo conveyed to the board that the Behavioral Health consolidation has been received very well by all. The employees and physicians and all involved have been asked to start a letter writing campaign to the Department of Health to reinforce the importance of this funding and the broad support that the request has.

Dr. Brian Murray stated to the board that the Department of Health completed an inspection of the new inpatient transplant unit on the tenth floor and the unit will open on Monday, March 12, 2012.

IV. ADJOURNMENT

Moved by Richard F. Brox and seconded by Anthony Iacono to adjourn the Board of Directors meeting at 4:55 p.m.



Bishop Michael A. Badger, Corporation Secretary

ECMC Operating Room Expansion Project
Executive Summary

Erie County Medical Center (ECMC) Corporation is proposing to build two new operating rooms, with expansion space and related recovery and surgical services space, in a recently constructed building adjacent and connected to the main inpatient hospital building. This new building presently houses the new kidney dialysis center on the first floor and was intended to house tenant medical office space on the second through fourth floors. With only 12 operating rooms, ECMC is requesting this expansion due to an increase in surgical volume specifically related to an increase in emergency room volume, a consolidation of the Transplantation programs of ECMC and Buffalo General on the ECMC campus, and an increase in surgical volume related to the recruitment of new surgeons, most notably in Plastics and Reconstructive and Orthopedics. At present, these 12 operating rooms are running at capacity.

The present 12 operating rooms are "land locked" in the current space and expansion in the current operating suite would require extensive relocation of services as well as costly retrofitting of existing space. The current vacant space in the new building provides for an opportunity to provide a more efficient and patient centered setting for outpatient procedures and elective inpatient procedures for Orthopedics. Presently, these cases are often competing and rescheduled with patients who need emergent care from a very busy emergency room, Trauma service, and regional transplant program. It also should be noted that as a Regional Trauma Center, ECMC is required to have surgical capacity immediately for Trauma patients. The result of this requirement is that we keep one operating room out of use for other surgical procedures to accommodate Trauma and Transplant patients.

In 2011 alone, ECMC's surgical volume increased from 8,970 cases to 9,675 cases. With an already 80% utilization, ECMC has had to increase operating room time on Saturdays to accommodate the volume. It is anticipated that by 2015, ECMC will see an increase of 1922 new elective cases that will require a total of 825.5 operating days or the equivalent of 3 new operating rooms (825.5 operating days/260 week days). This is with an anticipated reduction of 60 elective cardiac cases. ECMC and Kaleida are presently developing a plan to develop one cardiac program at two sites in collaboration with the Gates Vascular Institute (GVI). A letter requesting that the minimum cardiac volume requirement be waived to shift these cases to the GVI has been requested of the Department of Health. This shift will not affect the financial plan outlined in this certificate of need because ECMC and Kaleida have agreed to enter into an agreement to address revenues generated by these cases.

ECMC is requesting that two new operating rooms be built with two as "shells" for growth in future years. We are also requesting that this inpatient volume remain in the existing operating rooms and that we move some of the existing outpatient volume and

elective inpatient orthopedic procedures to the newly requested operating rooms. The following is a summary of new anticipated volume:

Additional volume	2012	2013	2014	2015	
Transplant volume	77	20	20	10	
Orthopedic volume growth	284	434	382	258	
Plastic/reconstructive	336	168	73	40	
Cardiac volume shifted	0	-60	-60	-60	
New case volume	697	562	415	248	1922

Operating days increase	2012	2013	2014	2015	
Transplant volume Center of Excellence	43	12	12	6	
Orthopedic volume growth	124	190	167	113	
Plastic/reconstructive	147	74	32	18	
Cardiac days shifted	0	-37.5	-37.5	-37.5	
OR days needed	314	238.5	173.5	99.5	825.5

Each of these areas' growth is comprised of different contributing factors:

Regional Center of Excellence for Transplantation and Kidney Care

In 2011, Erie County Medical Center and Buffalo General Hospital joined their Transplant and kidney dialysis programs together to create a Center of Excellence on

the ECMC campus. Historically, the programs have performed about 100 cases. In 2011, through a period of transition, the ECMC program performed 27 transplants and the Buffalo General program performed 52 transplants. The new Regional Center for Transplantation and Kidney Care program is expected to perform 104 Transplants in 2012.

Orthopedic Volume Growth

In 2010, ECMC and the Kaleida Health System retained Accelero HealthPartners, a firm that specializes in the service line growth and operational improvement of orthopedic service lines in health systems in the United States and abroad, to perform a study of the existing market and the facility needed to serve that growth. In that study, Accelero Health Partners anticipated that ECMC would need an additional 3 operating rooms in 2014 to meet the market growth needs of existing services. Subsequent and in addition to the volume noted in that analysis, the two main orthopedic practices at ECMC have two added surgeons that have brought additional surgical volume. Also, in 2012, two more new orthopedic surgeons will be starting and will be solely operating at ECMC.

New Plastics and Reconstructive Surgery Department

In 2011, ECMC began the new department and program of Plastics and Reconstructive surgery. This program performs major reconstructive inpatient surgery and outpatient surgery. This Department includes two new full time surgeons and one part-time surgeon employed by ECMC. In 2011, this new program performed 224 surgeries and is expected to increase its volume to 560 cases in 2012.

This new service which involves the performance of highly complex and time consuming operations will displace current outpatient volume and some elective inpatient orthopedic volume that will be performed in the proposed operating rooms. Initially, the volume that will be moved to these new operating rooms is outpatient orthopedics and outpatient breast surgery. In 2011, ECMC performed 1935 outpatient orthopedic procedures and 665 outpatient breast surgeries.

In addition to growth in these areas, ECMC continues to see surgical growth from its emergency room. In 2011, ECMC had 63,269 emergency room visits, which generated 2,381 surgical cases - up 9% from the previous year. This number is expected to grow and the following is a summary of historical emergency room growth:

2007 49,685 visits
2008 52,754 visits
2009 55,478 visits
2010 59,724 visits
2011 63,269 visits

This expansion is critical to the continued growth and financial success of the Erie County Medical Center Corporation. Most importantly, it is critical to the Medical Center's ability to meet the needs of patients in the Western New York community. We respectfully request approval of this project from the Department of Health to begin construction in January of 2013.

A Resolution of the Board of Directors
Authorizing the Issuance of a Negative Declaration
for the Parking and Circulation Improvements Project.

Approved March 6, 2012

WHEREAS, Erie County Medical Center Corporation [the "Corporation"] has determined that it is appropriate and in the public interest that the Corporation modify and upgrade surface parking areas and access roads at its medical campus located at 462 Grider Street in the City of Buffalo, Erie County, New York to improve traffic circulation and provide improved and additional parking [the "Action"]; and

WHEREAS, the proposed improvement will include the reconstruction and reconfiguration of existing parking lots (known as lots A, B, C and D) and other modifications to improve traffic and pedestrian circulation along internal roadways; and

WHEREAS, the Corporation determined that it would serve as Lead Agency pursuant to the State Environmental Quality Review Act ["SEQRA"] with respect to the Action; and

WHEREAS, the Corporation, as Lead Agency, in making a Determination of Significance with respect to the Action, has considered the Action, examined the completed Environmental Assessment Form, coordinated the review of the Action and discussed each criterion for determining significance set forth in Part 617.7 of the SEQRA Regulations.

NOW THEREFORE, BE IT RESOLVED:

1. Based upon a consideration of the Action, an examination of the completed Environmental Assessment Form, a review and discussion of each criterion for making a Determination of Significance set forth in Part 617.7 of the SEQRA regulations, and such further investigation of the Action and its environmental impacts, if any, the Corporation has deemed appropriate, the Corporation makes the following findings with respect to the Action:

    a. No potentially large impacts on the environment from the Action are identified in the Environmental Assessment Form.

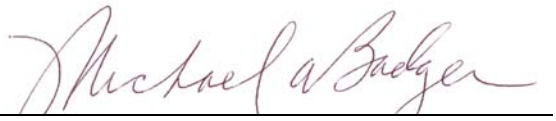
    b. The Action is not expected to trigger any significant adverse impacts, including those examples of impacts listed in Part 617.7 of the SEQRA Regulations.

2. Based upon the foregoing investigation of the potential environmental impacts of the Action and considering both the magnitude and importance of each potential environmental impact, the Corporation makes the following determinations:

a. The Action will not have a significant adverse impact on the environment and an environmental impact statement will not be prepared with respect to the Action; and

b. ECMCC hereby authorizes the preparation of a Notice of Determination of Non-Significance ["Negative Declaration"] and the execution and filing of such Negative Declaration and any appropriate notices of this determination in accordance with the requirements of SEQRA and the SEQRA regulations.

3. This resolution shall take effect immediately.



Bishop Michael A. Badger
Corporation Secretary

CREDENTIALS COMMITTEE MEETING
February 7, 2012

Committee Members Present:

Robert J. Schuder, MD, Chairman
Brian M. Murray, MD (ex officio)
Timothy G. DeZastro, MD
Richard E. Hall, DDS PhD MD FACS

Medical-Dental Staff Office and Administrative Members Present:

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

Members Not Present (Excused *):

Yogesh D. Bakhai, MD (ex officio) *
Jeanne Downey *
David G. Ellis, MD (ex officio) *
Gregg I. Feld, MD *
Dietrich V. Jehle, MD (ex officio) *
Joseph M. Kowalski, MD (ex officio) *
Andrew J. Stansberry, RPA-C *
Philip D. Williams, DDS *

CALL TO ORDER

The meeting was called to order at 3 PM by Dr. Robert J. Schuder. The proceedings from the previous meeting of January 3, 2012 were reviewed and accepted with one correction: Kathleen Mylotte, MD had requested membership category change from Courtesy Refer and Follow to Emeritus.

WITHDRAWALS/RESIGNATIONS

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

A. Applications Withdrawn
   Lio Yu, MD Urology (Application Withdrawn by candidate)

B. Resignations
   Magdalene S. Tukov, ANP Family Medicine (Per Family Choice, as of January 26, 2012)

CHANGE IN STAFF CATEGORY

Family Medicine
Elizabeth L. Kyger, MD — Active Staff to Courtesy, *Refer & Follow*
Internal Medicine
Sara G. Thompson, MD — Active Staff to Courtesy, *Refer & Follow*
Obstetrics & Gynecology
Kunle O. Odunsi, MD, PhD — Associate Staff to Courtesy, *Refer & Follow*
Orthopaedic Surgery - *Podiatry*
Leon Ber, DPM — Active Staff to Courtesy, *Refer & Follow*
Michael T. Grant, MD — Associate Staff to Courtesy, *Refer & Follow*
Psychiatry
Claudia F. Michalek, MD — Active Staff to Associate Staff
Robert Whitney, MD — Active Staff to Emeritus

PENDING
Internal Medicine
Evan Calkins, MD — Courtesy, *Refer & Follow* /Emeritus
Clarification of membership category in process

CHANGE IN DEPARTMENT

Psychiatry to **Family Medicine**
Zena S. Hyman, ANP — Allied Health Professional (Nurse Practitioner)
Collaborating MD: Dr. Richard Blondell

CHANGE IN COLLABORATING / SUPERVISING ATTENDING

Internal Medicine
Janice M. Valencourt, ANP — Allied Health Professional (Nurse Practitioner)
Collaborating MD: Dr. Larisa Meras

PRIVILEGE ADDITION/REVISION

Internal Medicine
Aijaz A. Gundroo, MD — Active Staff
Reappointed to the Active Staff at the January 2012 meeting
Additional clarification now requested
regarding CCU-MICU
privileges
Thomas C. Mahl, MD — Active Staff
- Moderate Sedation
  FPPE criteria satisfied with completion of approved competency based training course and policy review attestation

Janice M. Valencourt, ANP — Allied Health Professional (Nurse Practitioner)
Collaborating MD: Dr. Larisa Meras
- Limited Interpretation of EKG

Surgery
Mark R. Laftavi, MD — Active Staff
- Moderate Sedation
  FPPE satisfied with completion of approved competency bases training course and policy review attestation

FOR OVERALL ACTION

APPOINTMENTS AND REAPPOINTMENTS

A. Initial Appointment Review (6)
B. Reappointment Review (36)

Six initial appointment and thirty six reappointment requests were presented to the Credentials Committee for review. The dossiers were found to be in order and are endorsed to the Medical Executive Committee for its approval with comments (if any) as indicated.

APPOINTMENT APPLICATIONS, RECOMMENDED

A. **Initial Appointment Review (6)**

Family Medicine

Andrew Symons, MD	Active Staff

Internal Medicine

Matthew Antalek, MD	Active Staff
Fadi Bdair, MD	Active Staff
Susan McLanahan, RPA-C	Allied Health Professional (Physician Assistant)
Supervising MD: Dr. Jenia Sherif	
Tomi Shisler, FNP	Allied Health Professional (Nurse Practitioner)
Collaborating MD: Dr. Oleh Pankewycz	

Oral & Maxillofacial Surgery

Amandip Kamoh, DDS	Active Staff

FOR OVERALL ACTION

REAPPOINTMENT APPLICATIONS, RECOMMENDED

B. **Reappointment Review (36)**

Emergency Medicine

Richard S. Krause, MD	Active Staff
Melissa Fincher-Mergi, FNP	Allied Health Professional (Nurse Practitioner)
Collaborating MD: Dr.David Hughes	

Family Medicine

David M. Holmes, MD	Active Staff
Zena S. Hyman, ANP	Allied Health Professional (Nurse Practitioner)
Collaborating MD: Dr. Richard Blondell	

Internal Medicine

Aparna Batlapenumarthy, MD	Courtesy, *Refer & Follow*
Richard A. Carlson, Jr., MD	Active Staff
Eugene E. Cunningham, MD	Active Staff ***Clarification requested for CCU-MICU privileges***
Ronald P. Emerson, Jr., MD	Associate Staff
Mark D. Fisher, MD	Active Staff ***Clarification requested regarding the need for Hospitalist ICU admitting privileges***
Fatai A. Gbadamosi, MD	Associate Staff (Courtesy, Refer & Follow preferred by Chief***)*** ***Clarification of appropriate membership category in process***
Cyril Gunawardane, MD	Active Staff
Jennie Hom, MD	Active Staff ***Clarification requested for CCU-MICU privileges***
Saleem A. Khan, MD	Associate Staff

REAPPOINTMENT APPLICATIONS, RECOMMENDED (CON'D)

Thomas C. Mahl, MD	Associate Staff
David A. Milling, MD	Active Staff
A. John Ryan, MD	Active Staff
Michael D. Sitrin, MD	Active Staff
Nagaraja R. Sridhar, MD	Active Staff
Eugene A. Steinberg, MD	Courtesy, *Refer & Follow*
Ann M. Sweet, RPA-C	Allied Health Professional (Physician Assistant)
Supervising MD(s): Dr. Gerald Logue – Active Staff	
(Dr. Rajwinder Dhillon listed on application – Courtesy, R&F: category ineligible to supervise)	
Donald F. Switzer, MD	Active Staff
Sarah G. Thompson, MD	*Courtesy, Refer & Follow*
Janice M. Valencourt, FNP	Allied Health Professional (Nurse Practitioner)
Collaborating MD: Dr. Larisa Meras	
Lisa A. Venuto, RPA-C	Allied Health Professional (Physician Assistant)
Supervising MD: Dr. Rocco Venuto	
Oral & Maxillofacial Surgery	
Edward M. Boyczuk, DMD	Active Staff
Michael P. Boyczuk, DDS	Active Staff
Orthopaedic Surgery	
Michael T. Grant, MD	Courtesy, *Refer & Follow*
Dale R. Wheeler, MD	Associate Staff
Psychiatry	
Jeffrey L. Anker, MD	Active Staff
Claudia F. Michalek, MD	Associate Staff
	RM seeking clarification of out of state insurance carrier requirements
Marcelle Ann Mostert, MD	Active Staff
Balwant S. Nagra, MD	Active Staff
	Licensure unrestricted as of 9/11; now eligible to apply for Board Certification (due by 9/15 per Bylaws)
Michael J. Zborowski, PhD	Allied Health Professional (Psychologist)
	RM seeking clarification of out of state insurance carrier requirements
Radiology – *Teleradiology*	
Steven E. Ciabattoni, MD	Active Staff
Thomas B. Jones, MD	Active Staff
Stephanie H. Swope, MD	Active Staff

FOR OVERALL ACTION

PROVISIONAL APPOINTMENT REVIEW, RECOMMENDED

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

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

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

February 2012 Provisional to Permanent Staff	**Provisional Period Expires**
Anesthesiology	
Yanulevich, Joseph, A., CRNA	Allied Health Professional 02/01/2012
Internal Medicine	
Curtis, Anne, B., MD	Active Staff 02/01/2012
Min, Inkee, MD	Active Staff 02/01/2012
Thomas, Eunice, L., NP	Allied Health Professional 02/01/2012

Collaborating MD: Dr. Nagarajah Sridhar

FOR OVERALL ACTION

AUTOMATIC MEMBERSHIP CONCLUSION, RECOMMENDED

Expiring in April 2012

Family Medicine	
Emmanual Packianathan, MD	Courtesy, *Refer & Follow*
Internal Medicine	
Rajiv K. Jain, MD	Courtesy, *Refer & Follow*

Reappointment Expiration

Date: April 1, 2012

Planned Credentials Committee Meeting: February 7, 2012
Planned MEC Action date: February 27, 2012
Next Board Meeting: March 27, 2012 too late

FOR OVERALL ACTION

FUTURE MEMBERSHIP CONCLUSION, UNDER CONSIDERATION

Expiring in June 2012		**Last Board Approval Date**
Dentistry		
Holmer, Jennifer, A., DDS	Active Staff	06/01/2010
Emergency Medicine		
Carter, John, M., MD	Active Staff	06/01/2010
Pierce, David, L., MD	Active Staff	06/01/2010
Internal Medicine		
Banas, Michael, D., MD	Courtesy, *Refer & Follow*	06/01/2010
Forte, Kenton, E., MD	Active Staff	06/01/2010
John, Christopher, P., RPA-C	Allied Health Professional	06/01/2010
Supervising MD: Dr. Nancy Ebling		
Rich, Ellen, P., MD	Active Staff	06/01/2010
Scrocco, Mary, C., FNP	Allied Health Professional	06/01/2010
Collaborating MD: Dr. Robert Glover, Dr. Neil Dashkoff		
Steinagle, Gordon, C., DO MPH	Courtesy, *Refer & Follow*	06/01/2010
Neurosurgery		
Guterman, Lee, R., MD	Active Staff	06/01/2010
Obstetrics & Gynecology		
Brar, Mandeep, MD	Active Staff	06/01/2010
Smith, Kirsten, A., RN MSN CNP	Allied Health Professional	06/01/2010
Collaborating MD: Dr. Lawrence Gugino		
Psychiatry		
Gokhale, Vinayak, S., MD	Active Staff	06/01/2010
Radiology-*Teleradiology*		
Holt, Peter, D., MD (concluding)	Active Staff	06/01/2010
Rehabilitation Medicine - *Chiropractic*		
Dunevitz, Benjamin, S., DC	Allied Health Professional	06/01/2010
Surgery		
Lindfield, Vivian, L., MD	Active Staff	06/01/2010

Reappointment Expiration Date: June 1, 2012
Planned Credentials Committee Meeting: March 6, 2012
Planned MEC Action date: March 26, 2012
Last possible Board confirmation by: March 27, 2012
Next Board Meeting: April 24, 2012 too late

FOR INFORMATION ONLY

OLD BUSINESS

Liability Coverage
Two deferred appointments remain due to outstanding issue of liability insurance coverage. The committee awaits next steps by Legal Counsel, Risk Management and Administration. An additional ad hoc meeting with the CMO, Credentials Committee representative and Chief of Service was suggested as a means to stimulate resolution.

Internal Medicine – Privilege Forms by Subspecialty
The final review and revision of the Internal Medicine and subspecialty privilege forms with the Chief of Service have been completed. The committee requests that the revised sub-specialty delineations be reviewed with the respective division heads before placing on this meeting agenda next month.

Cardiology Coverage
This remains an open issue primarily due to liability carrier limits on the number of extenders that can be named by each supervising cardiologists. A meeting has been scheduled with the involved stakeholders to prompt timely resolution.

MDSO Volumes and Efficiencies
The Medical-Dental Staff Office continues to work at supra-maximum capacity. Staff membership has increased from 346 in 2006 to just over 750 at the end of 2011. Midlevel members with dual/triple department appointments and the continued need to make multiple requests of practitioners for outstanding paperwork and documentation continue to pose a challenge. The e-mail alert feature of the new credentialing software has had a positive impact on the receipt of expirable documents. Next month, a strategic plan for moving some of these expirables away from paper and solely electronic will be presented for the committee's approval. The committee also endorsed the development of a plan to distribute initial re-appointment dates of new appointees moving forward to low volume months, therefore providing a more manageable and consistent monthly re-appointment volume.

OPPEs continue to be more manual than desired, as the Crimson software is not yet fully populated with sufficiently robust data to automate the process. The MDSO continues to work with the Crimson IT resource to validate relevant data. For no to low volume practitioners, a manual mailing process as recommended by the JC remains in place. Moving these practitioners to the Courtesy, Refer and Follow category is suggested and is supported in the Bylaws as being under the purview of the department chiefs of service to initiate.

Chief of Service Duties
The Medical-Dental Staff Office and Credentials Committee express gratitude to the Chiefs of Service for their involvement with the credentialing and competency process. We also issue a plea for the timely review of reappointment dossiers and their work on privilege form conversion to a core level and cluster structure.

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

OVERALL ACTION REQUIRED

NEW BUSINESS

Revisions to the ECMCC Appointment Application

Drafts (attached) of a unified (physician and AHP) initial appointment and re-appointment application forms have been drafted for the committee's consideration. Once approved through the Medical Executive Committee and the Board of Directors, these streamlined forms will be mapped into the new credentialing software. Once accomplished, pre-populated forms will be generated for practitioners up for re-appointment. It is anticipated that this will result in improved member satisfaction with the re-appointment process and more timely turnaround of the application packet. Implementation of this new functionality is slated for the second quarter of 2012.

Rehabilitation Medicine - Baclofen Pump Criteria

The original Baclofen Pump credentialing criteria were established in 1999 and are no longer relevant. The following change to the Baclofen Pump credentialing criteria was requested by the Interim Chief of Service:

MANAGEMENT OF INTRATHECAL BACLOFEN PUMP CREDENTIALING CRITERIA

Physicians who are granted this privilege will need to meet the following criteria:

1. Physicians shall possess competency in the form of post graduate training or pain specialty certification.

GFT requirements for Nephrology ICU Admitting Privileges

The committee felt the issue GFT requirements in Nephrology needs clarification from the Internal Medicine Chief and the Nephrology Division Chief. The appropriateness of ICU admission privileges and the consultative role should be discussed. This will be done as the Nephrology privilege form is reviewed with the Division Chief.

Board Certification

The ECMC Bylaws and Credentials manual infer that board certification is to be maintained current, but do not address appropriate steps when such certification has expired. This is an extremely infrequent occurrence. It was suggested therefore that more specific wording be incorporated into the next set of bylaws revisions. Until then, it was recommended that as appropriate, occurrences shall be addressed with a certified letter to the involved practitioner, cc'd to the Chief Medical Officer, Chief of Service and Medical-Dental Staff President, asking for a defined remediation plan and timeline.

Brain Death Policy Revisions

The committee was informed of upcoming revisions to the Brain Death Determination policy. The Medical-Dental Staff Office will coordinate the distribution of the policy and all attachments to each practitioner granted or applying for this privilege. Confirmation of receipt, review and understanding will be verified via the return of a signed attestation, to be kept in the practitioner's credentials file.

OVERALL ACTION REQUIRED

OTHER BUSINESS

FPPE-OPPE Report
FPPEs were successfully completed in the following departments:

Internal Medicine (3 MDs)
Internal Medicine, Exigence (1 MD, 1 RPA-C)
Orthopaedic Surgery (1 DPM, 1 RPA-C)
Plastic and Reconstructive Surgery (2 FNPs)

OPPE for Cardiothoracic Surgery was successfully completed for a total of 21 medical-dental staff members (11 MDs and 10 AHPs).

Internal Medicine OPPEs were successfully completed for a total of 125 practitioners (101 MDs and 24 AHPs). An appropriate course of action for the 4 practitioners who did not fully respond to the request for OPPE data is being explored through the Chief of Service

Ophthalmology OPPEs were successfully completed for 15 MDs.

Oral and Maxillo-Facial Surgery OPPE is complete with the exception of 2 MDs, whose files will be ready for review at the March Credentials Committee meeting

Neurosurgery OPPE is in process.

An OPPE conversation with the Emergency Medicine Chief of Service is anticipated this week.

PRESENTED FOR INFORMATION

ADJOURNMENT

With no other business, a motion to adjourn was received and carried. The meeting was adjourned at 4:40 PM.

Respectfully submitted,

Robert J. Schuder, MD,
Chairman, Credentials Committee

Action Items

For Approval

Action Items

Performance Improvement Committee

CREDENTIALS COMMITTEE MEETING
March 6, 2012

Committee Members Present:

Robert J. Schuder, MD, Chairman
Timothy G. DeZastro, MD
Andrew J. Stansberry, RPA-C
Yogesh D. Bakhai, MD (ex officio)
Brian M. Murray, MD (ex officio)
Philip D. Williams, DDS

Medical-Dental Staff Office and Administrative Members Present:

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

Members Not Present (Excused *):

David G. Ellis, MD (ex officio) *
Richard E. Hall, DDS PhD MD FACS *
Joseph M. Kowalski, MD (ex officio) *
Gregg I. Feld, MD *
Dietrich V. Jehle, MD (ex officio) *

CALL TO ORDER

The meeting was called to order at 3 PM by Dr. Robert J. Schuder. The proceedings from the previous meeting of February 7, 2012 were reviewed and accepted with one update. Madeline S. Tukov, ANP had rescinded her resignation shortly after the February Credentials Committee meeting. Her request to remain on staff was presented to the Medical Executive Committee via the consent calendar and approved.

RESIGNATIONS

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

Resignations

Vani Singh, MD	Family Medicine	as of February 7, 2012
Kathleen Glass, ANP	Urology	as of January 9, 2012
Kevin McGee, DO	Emergency Medicine	as of February 1, 2012
Faraz Qureshi, MD	Psychiatry	as of February 6, 2012
Benjamin S. Dunevitz, DC	Chiropractic	as of February 21, 2012
Peter Holt, MD	Radiology/Teleradiology	as of February 27, 2012
Leslie Manohar, MD	Orthopaedic Surgery	as of March 1, 2012
Jeanette N. Keith, MD	Internal Medicine	as of March 7, 2012

CHANGE IN STAFF CATEGORY

Emergency Medicine	
Heidi N. Suffoletto, MD	Active Staff to Courtesy Staff, *Refer & Follow*
Internal Medicine	
Michael Banas, MD	Active Staff to Courtesy Staff, *Refer & Follow*
Richard J. Corbelli, MD	Active Staff to Associate Staff
Oral & Maxillofacial Surgery	
Robert **A.** Engl, DMD	Active Staff to Courtesy Staff, *Refer & Follow*
Orthopaeadic Surgery	
Leon Ber, DPM	Active Staff to Courtesy Staff, *Refer & Follow*
Rehabilitation Medicine	
Carl V. Granger, MD	Courtesy Staff, *Refer & Follow* to Emeritus

CHANGE IN DEPARTMENT

Vivian L. Lindfield, MD — Surgery to **Plastic and Reconstructive Surgery**

Sharon M. Galbo, FNP — Internal Medicine to **Family Medicine**
Collaborating MD: Dr. Antonia Redhead

Nancy C. Prospero, FNP — Internal Medicine to **Family Medicine**
Collaborating MD: Dr. Antonia Redhead

Karen S. Konikoff, FNP — Internal Medicine to **Family Medicine**
Collaborating MD: Dr. Antonia Redhead

CHANGE IN COLLABORATING / SUPERVISING ATTENDING

Family Medicine

Sharon M. Galbo, FNP — Allied Health Professional (Nurse Practitioner)
Collaborating MD: Dr. Antonia Redhead

Nancy C. Prospero, FNP — Allied Health Professional (Nurse Practitioner)
Collaborating MD: Dr. Antonia Redhead

Karen S. Konikoff, FNP — Allied Health Professional (Nurse Practitioner)
Collaborating MD: Dr. Antonia Redhead

PRIVILEGE WITHDRAWALS

Internal Medicine

Christopher P. John, RPA-C — Allied Health Professional (Physician Assistant)
Supervising MD: Dr. Nancy Ebling

- Abdominal Paracentesis
- Arterial Catheter Insertion, Percutaneous
- Femoral Vein CVP Placement
- Pneumothorax Management, including emergency needle
- Tracheostomy Tube Replacement
- Ventilator Management

Privilege form annotated accordingly

PRIVILEGE ADDITION/REVISION

Family Medicine

Mark D. Fisher, MD — Active Staff

- ROUTINE Management of Substance Abuse and Chemical Dependence
- Management of COMPLEX Substance Abuse and Chemical Dependence

Internal Medicine

Yahya Hashmi, MD — Active Staff

- Placement Arterial and Central Venous Lines*

**FPPE waived; per Chief of Service, this is further delineation of existing privileges*

Christopher P. John, RPA-C — Allied Health Professional (Physician Assistant)
Supervising MD: Dr. Nancy Ebling

- Privileges requested for Cardiac Care Unit (CCU)

Arthur E. Orlick, MD — Active Staff

- External Pacer Placement
- Tilt Table Testing

**FPPE waived; per Chief of Service, this is further delineation of existing cardiology privileges*

Neurosurgery
Lee R. Guterman, MD — Active Staff
- Decompression other peripheral nerve (Neuroplasty)*

FPPE waived; per Chief of Service, this is further delineation of existing privileges

Orthopaedic Surgery-*Podiatry*
David M. Davidson, DPM
- Podiatry Level I Procedural Privileges
- Podiatry Level II Procedural Privileges
- Podiatry Level III Procedural Privileges
- Decompression / Neurolysis intermetatarsal nerve w/wo endoscope (Fluoroscopy)
- Small Fragment Set/ AO-Osteosynthesis, forefoot

FOR OVERALL ACTION

APPLICATION WITHDRAWLS

None

APPOINTMENTS and REAPPOINTMENTS

A. Initial Appointment Review (8)
B. Reappointment Review (35)

Eight initial appointment and thirty-five reappointment requests were presented to the Credentials Committee for review. The dossiers were found to be in order and are endorsed to the Medical Executive Committee for its approval with comments (if any) as indicated.

APPOINTMENT APPLICATIONS, recommended

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

Anesthesiology
Edna Stercula, CRNA — Allied Health Professional (Nurse Anesthetist)

Dentistry
Maureen Sullivan Nasca, DDS — Active Staff
Liability insurance documentation received.

Internal Medicine
Linda Blazier, ANP — Allied Health Professional
Collaborating MD: Misbah Ahmad, MD
Jeffrey Goldstein, MD — Active Staff
Kristen Webb, RPA-C — Allied Health Professional (Physician Assistant)
Supervising MD: Michael Sitrin. MD

Neurology
Gil Wolfe, MD — Active Staff

Oral & Maxillofacial Surgery
Basel Sharaf, MD, DDS — Active Staff

Rehabilitation Medicine
John Bialecki, DC — Allied Health Professional (Chiropractic)

FOR OVERALL ACTION

REAPPOINTMENT APPLICATIONS, recommended

B. **Reappointment Review (35)**

Cardiothoracic Surgery

Stephen W. Downing, MD — Active Staff

Emergency Medicine

Steven J. Krolczyk, RPA-C — Allied Health Professional (Physician Assistant)
Supervising MD: Dr. Michael Manka

Michael A. Manka, Jr., MD — Active Staff

David L. Pierce, MD — Active Staff

Family Medicine

Joanne Hemme, FNP — Allied Health Professional (Nurse Practitioner)
Collaborating MD: Dr. David Eubanks

Kevin L. Hennessy, ANP — Allied Health Professional (Nurse Practitioner)
Collaborating MD: Dr. David Eubanks

Shannon D. Marzullo, ANP — Allied Health Professional (Nurse Practitioner)
Collaborating MD: Dr. David Eubanks

Internal Medicine

Michael D. Banas, MD — Courtesy Staff, *Refer & Follow*

Richard J. Corbelli, MD — Associate Staff

Patricia A. Dauer, FNP — Allied Health Professional (Nurse Practitioner)
Collaborating MD: Dr. Nelda Lawler

Judy L. Dobson, FNP — Allied Health Professional (Nurse Practitioner)
Collaborating MDs: Dr. Chee Kim & Dr. Nancy Ebling
****Completion of Moderate Sedation course in process***

Kenton E. Forte, MD — Active Staff

David E. Gunther, MD — Courtesy Staff, *Refer & Follow*

Nadeem Ul Haq, MD — Active Staff

Yahya J. Hashmi, MD — Active Staff

Christopher P. John, RPA-C — Allied Health Professional (Physician Assistant)
Supervising MD: Dr. Nancv Ebling

Arthur E. Orlick, MD — Active Staff

Mandip Panesar, MD — Active Staff

Ellen P. Rich, MD — Active Staff

James L. Rycyna, MD — Active Staff

Mary Carol Scrocco, FNP — Allied Health Professional (Nurse Practitioner)
Collaborating MDs: Dr. Robert Glover & Dr. Neil Dashkoff

Cynthia A. Skalyo, ANP — Allied Health Professional (Nurse Practitioner)
Collaborating MD: Dr. Nancy Ebling

Gordon C. Steinagle, DO, MPH — Courtesy Staff, *Refer & Follow*

Raghupathy Varavenkataraman, MD — Courtesy Staff, *Refer & Follow*

Neurosurgery

Ryan P. DenHaese, MD — Courtesy Staff, *Refer & Follow*

Lee R. Guterman, MD — Active Staff

Obstetrics & **Gynecology**

Kirsten A. Smith, WHNP — Allied Health Professional (Nurse Practitioner)
Collaborating MD: Dr. Lawrence Gugino

Ophthalmology

Donald J. Armenia, MD — Courtesy Staff, *Refer & Follow*

Orthopaedic Surgery

Leon Ber, DPM — Courtesy Staff, *Refer & Follow*

REAPPOINTMENT APPLICATIONS, recommended (con'd)

Jeffrey A. Daoust, RPA-C	Allied Health Professional (Physician Assistant)
Supervising MD: Dr. Christopher Ritter	
Mark T. Orlowski, RPA-C	Allied Health Professional (Physician Assistant)
Supervising MD: Dr. Paul Paterson	
Plastic & Reconstructive Surgery	
Vivian L. Lindfield, MD	Active Staff
Psychiatry	
Yogesh D. Bakhai, MD	Active Staff
Dori R. Marshall, MD	Active Staff
Linda Pessar, MD	Active Staff
Rehabilitation Medicine	
Lisa A. Keenan, PhD	Allied Health Professional (Psychologist)

FOR OVERALL ACTION

PROVISIONAL APPOINTMENT REVIEW, recommended

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

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

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

March 2012 Provisional to Permanent Staff		**Provisional Period Expires**
Internal Medicine		
Kohli, Ramesh K., MD	Active Staff	02/29/2012
Radiology – *Teleradiology*		
Harshman, Leanne, K., MD	Active Staff	02/29/2012
Shin, Patrick, C., MD	Active Staff	02/29/2012

FOR OVERALL ACTION

AUTOMATIC MEMBERSHIP CONCLUSION, recommended

Expiring in June 2012		**Last Reappointment Date**
Dentistry		
Holmer, Jennifer, A., DDS	Active Staff	06/01/2010
Emergency Medicine		
Carter, John, M., MD	Active Staff	06/01/2010
Obstertrics & Gynecology		
Brar, Mandeep, MD	Active Staff	06/01/2010
Psychiatry		
Gokhale, Vinayak S., MD	Courtesy Refer and Follow	06/01/2010

Reappointment Expiration Date: June 1, 2012
Planned Credentials Committee Meeting: March 6, 2012
Planned MEC Action date: March 26, 2012
Last possible Board confirmation by: April 24, 2012
Subsequent Board Meeting: May 22, 2012

FOR OVERALL ACTION

FUTURE MEMBERSHIP CONCLUSION, under consideration

Expiring in June 2012	**For information only**	**Last Board Approval Date**
Cardiothoracic Surgery		
Ashraf, Mohammad H., MBBS FRC	Associate Staff	07/01/2010
Hill, Brian, M., RPA-C	Allied Health Professional	07/01/2010
Supervising MD: Dr. Stephen Downing		
Internal Medicine		
Hill, Brian, M., RPA-C	Allied Health Professional	07/01/2010
Supervising MD: Dr. Jenia Sherif		
Zeches, Stacy, J., ANP	Allied Health Professional	07/01/2010
Collaborating MD: Dr. Jenia Sherif		
Orthopaedic Surgery – *Podiatry*		
Anain Jr., Joseph, M., DPM	Active Staff	07/01/2010
Surgery		
Miller, Paula, M., RPA-C	Allied Health Professional	07/01/2010
Supervising MD: Dr. Daniel Leary		

Reappointment Expiration Date: July 1, 2012
Planned Credentials Committee Meeting: April 3, 2012
Planned MEC Action date: April 23, 2012
Last possible Board confirmation by: May 22, 2012
Subsequent Board Meeting: June 26, 2012

FOR INFORMATION ONLY

OLD BUSINESS

Dentistry
With the receipt of documentation of medical liability insurance coverage, the committee moved to extend its endorsement to the Medical Executive Committee for a recommendation for staff appointment of Maureen Sullivan Nasca, DDS.

Liability Coverage
Action was deferred at the November 2011 Credentials Committee meeting regarding the staff appointment of Dr. Nestor Rigual until matters involving liability insurance coverage were resolved. The MDSO has reached out to the practitioner to clarify if appointment remains sought. If so, an updated signed application will be obtained.

Internal Medicine – Privilege Forms by Subspecialty
The final review of individual Internal Medicine privilege forms divided by subspecialty has been conducted by the Chief of Service and respective subspecialty chiefs or reviewers. The Credentials Committee also endorses the attached new Internal Medicine forms to the Medical Executive Committee for its approval.

Medical-Dental Staff Office Efficiency Report
The Medical-Dental Staff Office team continues to introduce improvements to facilitate the appointment / reappointment process. With the next re-appointment packet mailing, the previous blank re-appointment applications will be replaced with forms pre-populated with information housed in the credentialing software. This is anticipated to result in enhanced customer satisfaction.

Effective April 1st, the Medical-Dental Staff Office will begin its journey toward a paperless process. The MDSO Team has identified a defined set of documents that will be scanned into the credentialing software obviating the need to store paper copies. These items include: License renewals, DEA registration renewals, Liability Insurance, History and Physical, and PPD results. This will be expanded to other select exprirables such as Infection Control and Moderate Sedation course documentation. Until completely paperless, the credentials files will be a hybrid mix of electronic and paper. Any dossier with electronically stored documents with no paper back up will be flagged with a sticker. This will alert of the need to access the electronic record for documents upon an accreditation or regulatory survey. Procedures are also in place to ensure against loss of electronically stored data.

In an effort to better manage increased staff volumes with existing resources, the potential of staggering the first re-appointment date to months with low numbers is being explored. This will afford a more even distribution of re-appointments, smoothing out the spikes currently experienced. A review of the Medical-Dental Staff Bylaws and accompanying documents finds nothing that would prohibit this approach, as long as any re-appointment period does not exceed 2 years. The MDSO Team will plot out the suggested course and present to the Credentials Committee at the April meeting.

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

OVERALL ACTION REQUIRED

NEW BUSINESS

Board of Directors Meeting Date Change
The committee was informed that as of March 2012, the monthly Board of Directors meeting will be held on the fourth Tuesday of the month. The committee agreed that no change in its processes need to be made as a result.

Moderate sedation for Physician Assistants in the Department of Surgery
The Medical-Dental Staff Office has received an inquiry for Moderate Sedation privileges delineation for Physician Assistants within the Department of Surgery. Currently, moderate sedation by PA's is only offered in Emergency Medicine and Internal Medicine. This request was forwarded to the Surgery Chief of Service for endorsement. The committee has received approval from the Surgery Chief of Service and so requests the same of the Medical Executive Committee.
Draft:
Department of Surgery
Moderate Sedation for Surgery Physician Assistants

DEPT. ACTION			
Recommended under General Supervision	**Recommended under Direct Supervision**	**Recommended under Personal Supervision**	**Not Recommended**

xx. Moderate Sedation/Analgesia See Credentialing Criteria page x.
Performed under the direction of a supervising physician in the proximal area who must also be a privileged in moderate sedation.
Attach training certificate every four years and current ACLS.
The Chief of Service shall indicate the level of supervision for each privilege requested.

Medical Staff Office use:
Current Moderate Sedation Training Certificate date: _____ (must be within last 4 years)
ACLS Expiration date: _____
Supervising Physician possesses Moderate Sedation Privileges Y / N

Fluoroscan Privilege Request Form
Dan Bednarek, PhD, Radiation Safety Officer, was asked to review the existing Fluoroscan request form to ensure procedure and contact information are current. Revisions will be presented to the Credentials Committee at the April meeting.

Moderate Sedation Training
The committee received a request from a current NP member re-appointee asking for other recognized training (ATLS, nursing competencies) to substitute for the moderate sedation course requirement. After thoughtful review and discussion, it was determined that the moderate sedation course requirement needed to be applied consistently across all requesters regardless of other more advanced training, unless as defined as approved exceptions to the Moderate Sedation credentialing criteria.

Chief of Service Dossier Review Procedure
The Medical-Dental Staff Office staff remains available to all Chiefs of Service during the dossier review process. Applications and privilege forms are flagged with any changes or privilege requests requiring additional documentation. Every effort is made to obtain information and reconcile discrepancies before the dossier is presented to the Chief of Service. It is helpful when the Chiefs of Service engage the staff in the review process, especially when deferrals or change in staff category are recommended. This allows for further follow up with the practitioner before the date of the Credentials Committee meeting.

OVERALL ACTION REQUIRED

OTHER BUSINESS

Open Issues Correspondence
The committee was pleased to receive notice of the completion and resolution of multiple open issues involving particular credentialing questions. Most notable from last month was the review of criteria for "out of state" insurance policies by RM; all was reported in order. Continued vigilance is necessary to ensure closure.

The committee was informed of a previous communication with a staff member regarding the deferral of action on selected privileges. Additional clarification is needed. The chairman will draft correspondence if necessary.

FPPE-OPPE Report

FPPE

FPPEs were successfully completed in the following departments:

Internal Medicine (1 MD)
Neurosurgery (2 RPA-Cs)

There are six outstanding FPPEs in the department of Rehabilitation Medicine for AHPs that have not been completed because the practitioners have not yet delivered care in the MRU. Of the six, four were initiated over a year ago. The remaining two were initiated in May of 2011.

The committee agreed that it would be appropriate to seek clarification from the practice as to plans for MRU coverage. It may be possible that given the amount of time that has elapsed with no activity, MRU privileges may be voluntarily withdrawn for some of these AHPs.

OPPE

Oral and Maxillo-Facial Surgery OPPE was successfully completed for 17 practitioners.

Dentistry OPPE has been completed for 6 dentists with the Chief of Service still outstanding.

Radiology OPPE is completed with 1 radiologist outstanding.

Neurosurgery OPPE is complete with the exception of one MD. The Chief of Service will follow up.

Emergency Medicine, Family Medicine, Orthopaedic Surgery and Urology OPPEs are in process.

PRESENTED FOR INFORMATION

ADJOURNMENT

With no other business, a motion to adjourn was received and carried. The meeting was adjourned at 4:20 PM.

Respectfully submitted,

Robert J. Schuder, MD,
Chairman, Credentials Committee

Executive Committee

Minutes from the

Audit Committee

ERIE COUNTY MEDICAL CENTER CORPORATION

Board of Directors
Minutes of the Audit Committee Meeting

Thursday, January 5, 2012

ECMCC Board of Directors Conference Room

Voting Board Members Present or Attending by Conference Telephone:	Kevin M. Hogan, Chair BISHOP MICHAEL A. BADGER THOMAS P. MALECKI, CPA	Frank B. Mesiah
Voting Board Members Excused:	Kevin E. Cichocki, D.C. Michael Seaman	
Also Present:	Mark C. Barabas Anthony J. Colucci, III John Eichner Paul Huefner	Jody L. Lomeo Michael Sammarco
Guests:	Maryann O'Brien, Corporate Compliance Officer Ann Victor Lazarus, Risk Manager Alan Gracie, Freed Maxick Christopher Eckert, Freed Maxick Robert Glazer, Freed Maxick, via conference line	

I. Call to Order

Chairman Kevin M. Hogan, Esq. called the Audit Committee meeting to order at 7:30 a.m.

II. Receive and File Minutes

Motion was made by Kevin Hogan and accepted to approve the minutes of the Audit Committee meeting of September 27, 2011.

III. Quarterly Risk Update - Ann Victor-Lazarus, Risk Manager

Ann Victor-Lazarus, Vice President of Patient Advocacy/Risk Management gave a report on the Patient Advocacy/Risk Management Joint Commission Standard P1.1.10 that the hospital utilizes to monitor performance. Ms. Victor-Lazarus also presented information on Patient Advocacy and Monitoring of Ethics, Guardianship, Medical Malpractice, Workers Compensation, Insurance Renewals, and Risk Management initiatives accomplished during the year.

IV. 2011 AUDIT PLAN

Auditors Alan Gracie and Christopher Eckert of Freed, Maxick & Battaglia presented the 2011 audit plan for ECMCC and related entities. The audit plan was discussed, along with the audit timeline and anticipated issues and challenges.

IV. Quarterly Compliance Update – Maryann O'Brien, Corporate Compliance Director

Director of Corporate Compliance, Maryann O'Brien provided an update on:

- Corporate Compliance Audits to date: Department of Justice (DOJ) and Office of Medicaid Inspector General (OMIG) currently reviewing self disclosure reports regarding overpayments due to professional post-operative surgical clinic visits.
- 2011 Updates/Revisions to ECMCC Corporate Compliance Program: Memo dated 10/3/11 shall be presented for Board of Directors approval at the next scheduled Board meeting per Legal Counsel.
- Update on Corporate Compliance Activities: Internal Compliance audit conducted on Comprehensive Psychiatric Emergency Program (CPEP) Extended Observation Bed (EOB) services is ongoing.
- Physician/Health Care Practitioner Fraud, Waste and Abuse Compliance training: 92% returned training certification forms.
- Medicare RAC Activity to date reported.
- Office of Inspector General (OIG): Work Plan new topics/risk areas for Hospitals/Nursing Homes/Other Providers discussed.

V. Michael Sammarco provided an update on fiscal year 2011 internal audit activity.

VI. Adjournment:

The meeting was adjourned at 8:25 AM by Chairman Hogan.

Minutes from the

Buildings & Grounds Committee

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS
MINUTES OF THE BUILDING & GROUNDS COMMITTEE MEETING
FEBRUARY 14, 2012

ECMCC STAFF DINING ROOM

BOARD MEMBERS PRESENT OR ATTENDING BY CONFERENCE TELEPHONE:	RICHARD F. BROX, CHAIR JODY L. LOMEO MARK BARABAS	DIETRICH JEHLE, M.D. FRANK MESIAH
EXCUSED:	JOSEPH A. ZIZZI, SR., M.D.	
ALSO PRESENT:	DOUGLAS FLYNN RICHARD C. CLELAND CHARLENE LUDLOW	CANNON DESIGN REPS: CHRISTINE SOTO

I. CALL TO ORDER

Richard F. Brox called the meeting to order at 9:35A.M.

II. RECEIVE AND FILE DECEMBER 13, 2011 MINUTES

Moved by Richard F. Brox and seconded by Frank B. Mesiah to receive and file the Buildings and Grounds Committee minutes of December 13, 2011 as presented.

III. SKILLED NURSING FACILITY – CARPETING OPTION PRESENTATION

Christine Soto from Cannon Design provided a presentation to the committee detailing the carpet selections/options for the new Skilled Nursing Facility. She provided samples for the committee to view. Ms. Soto stated that there would be no additional cost with the carpet option.

IV. UPDATE – PENDING CAPITAL INITIATIVES

UPDATE – PENDING CAPITAL INTIATIVES / PROJECTS

CPEP Fast Track Initiative

- Escalating complications with the number of CPEP patients has Behavioral Health looking for overflow patient care space and diversionary care options to alleviate current CPEP unit congestion. The current intent is to explore options of converting the former Occupational Health Suite into a CPEP Fast Track Unit. An initial plan has been developed, further discussion on same with applicable Physician pending.

Emergency & Laboratory Departments / Staff Lounges

- The CPEP Fast Track Initiative has displaced the planned new ED Staff Lounge from its originally intended location of the former Occupational Health Suite. Space on the first floor of the Lab Building has been foot-printed as an alternate location for the new ED Staff Lounge and another as an enlarged Lab Department Lounge. Renovation details are being drawn up with contractor price solicitation to follow.

CPEP EOB Unit @ 4 Zone 3

- Both DOH CON & OMH PAR applications have been approved with related construction documents forecasted for completion by the end of February. Contracting plan shall be a single Prime Contract (aka General Contractor Project) planned to be bid and awarded prior to the end of March. Plant Operations shall look to purchase long lead time requirements in advance of the GC package to 1) ensure earliest possible delivery and 2) maximize efforts to ensure that contracted costs remain under the $500K threshold permitting the single prime contract option.

Transitional Care Unit

- ECMCC reconsidering the desired location for the new patient care service line. Originally envisioned @ 7 Zone 4, then 6 Zone 1, neither is currently seen as ideal. Administration pursuing better location options.

Orthopaedic Center @ Dialysis Bldg MOB Space Concept

- ECMCC completing a financial analysis of the Orthopaedic Center of Excellence project, which includes a two versus three operating room scenario. Administration is expecting to make a related decision shortly which shall lead to a few follow-up prerequisites prior to the applicable NYSDOH CON submission. This version of the project includes an Ambulatory Surgery Unit at the 1st floor level of the New Renal Center Bldg, dedicated In-Patient Zones on the 6th floor, expanded office space in DKMiller, & expanded Exam space on the hospital ground floor. Estimated order of magnitude cost of project being $30 million (+/-)

Employee Fitness Center Project

- Phase 1 of this In-House project is underway, the reconstruction / relocation of existing Soiled Linen Hold & Housekeeping Storage Rooms; design of Phase 2, the Fitness Center itself is essentially complete with finish selections and equipment requirement confirmations awaited from the Fitness Center Committee. A related Equipment RFP is reportedly in development. Final electrical design dependent upon equipment requirement confirmations.

Furniture, Fixtures, & Equipment @ Capital Projects

- Skilled Nursing Facility – FF&E coordination effort underway with first of multiple rounds of requirement identification complete, next round scheduled for the end of this week.

MOB Fit-Out @ Dialysis Bldg / Floors 2 & 3

- Space programming of these levels is nearly complete, with envisioned occupants to include a) 2nd flr - Head & Neck (& Drs. Bellis & Linfield), Oncology, & Dr. Sperry; b) 3rd flr - Cardio-thoracic, Cardiology, Department of Medicine (AMS / GIM), & Urology Private Practice. 2nd flr level being Article 28 functions and 3rd flr being tenant occupancies. CON scenarios under legal review.

Campus Site & Parking Modifications

- Design Development level documents complete which is currently being reviewed and estimated. The preconstruction schedule would have the project being bid later this spring with an anticipated construction phase start on or about May 1st with completion late fall 2012. This shall be a multi-phase reconstruction effort which shall required close coordination and clear communication to ensure full understanding of the rerouted traffic flows and relocated parking space availabilities.

- Related SEQR submission has been issued to multiple interested parties with the exception of being in position to request a Board Resolution on a related Negative Declaration during the March meeting.

- Envisioned Signage & Wayfinding modifications to the site are being developed, improvements in these areas shall need to be closely coordinated to maximize the effectiveness of the dual initiative.
- Conceptual modifications to the Main Hospital Lobby are also being developed. This site reconstruction project offers a few opportunities and benefits to such a future lobby reconstruction, the extent of which need to be identified in the near future .

Signage & Wayfinding Project

- New standardized Room ID signage installed @ the ground floor of the Renal Center. A 2nd signage fabrication package is being developed for the entire 10th, expected to be complete within the next month. Similar efforts to follow in the months to come for the new Skilled Nursing Facility.

Financial Counseling / Gift Shop Project

- A related Architectural / Interior Design Service contract has reached finalization and shall be forwarded for CEO signature shortly. Design work to resume directly thereafter. Project related costs shall be shared between ECMCC and the Volunteer Board.

Security Camera & Access Control Systems

- A multi Department initiative has begun toward the improvement of our security camera and access control systems; to include the integration of our Kronos system(s). Involved ECMC departments include Police, HIS, Plant Ops, and Finance. Progress on this effort is critical to the completion of desired systems at the Renal Center Building and the Skilled Nursing Facility, as well as any other area looking for such related systems.

V. UPDATE – IN PROGRESS CAPITAL INITIATIVES/PROJECTS

UPDATE – IN PROGRESS CAPITAL INTIATIVES / PROJECTS

2009 Capital Projects – Lab Building

- Phase 3 / Anesthesia Offices – this phase completed and occupied last month which brings this a project to full completion.

2009 Capital Projects - Surgical Department

- Phase 3 / OR Entry Corridor & Control Office; both occupied last week which in turn brings this last phase and the project to final completion.

2009 Capital Projects – Emergency Department

- Phase 3 / Triage Reception Desk – usage planned to begin this week. Renovation of 2nd of 2 Quiet Rooms completed last week, usage to begin this week. Staff Toilet upgrades to be completed by end of Feb.

2010 Capital Projects – Dialysis / Transplant

- Miscellaneous post occupancy work on-going within the new building; 10/4 DOH inspection confirmed for 03/06/12, temp relocation of 9/3 to 9/4 complete which shall facilitate expedited plumbing roughin completion; 10/3 demolition nearing completion. Full project completion expected on time, June 2012.

Skilled Nursing Facility

- Structural Steel erection completed last week, with detailing to be complete by early March, concrete slab prep & pours continues, both temp bldg enclosure and permanent enclosure on-going @ different sections of the building, temp roofing in progress, Mechanical, Electrical and Plumbing roughin has begun and is in varying stages of progress a multiple areas, fireproofing and interior framing in progress.

SNF Parking Garage

- Precast placements complete, follow-up work in progress, completion forecast remains May 2012.

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

- Phase 1 / OR#3 complete & in use for past week, Phase 2 / OR#4 work began Monday 02/06/12 complete expected by end of April.

Chilled Water Plant Improvements

- Project contracts have been awarded with Phase 1 demolition work set to begin next week. This phase shall replace half of our existing Cooling Tower infrastructure this Winter / Spring and the balance, Phase 2 next Winter / Spring. This project is pursuing a current incentive program offered through National Grid. Annual energy savings forecasted at $141K, with incentives forecasted @ $365K.

Building #7 / Pre Occupancy Improvements

- Various preoccupancy upgrades within building #7 are complete @ the Family Medicine & Instacare areas, which are to be open for business later this week. Similar work on going at areas to be occupied by Womens & Children's service (Kaleida awaiting CON approval).

VI. ADJOURNMENT

Moved by Richard F. Brox and seconded Frank B. Mesiah to adjourn the Board of Directors Building and Grounds Committee meeting at 11:55a.m.

Minutes from the

Finance Committee

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS
MINUTES OF THE FINANCE COMMITTEE MEETING

JANUARY 31, 2012

ECMCC BOARD OF DIRECTORS CONFERENCE ROOM

VOTING BOARD MEMBERS PRESENT OR ATTENDING BY CONFERENCE TELEPHONE:	MICHAEL A. SEAMAN RICHARD F. BROX	KEVIN M. HOGAN, ESQ
VOTING BOARD MEMBERS EXCUSED:	KEVIN E. CICHOCKI, DC DOUGLAS H. BAKER DIETRICH JEHLE, MD	
ALSO PRESENT:	JODY L. LOMEO ANTHONY J. COLUCCI, III MICHAEL SAMMARCO RONALD KRAWIEC RICHARD CLELAND	JOHN EICHNER PAUL HUEFNER THOMAS MALECKI BISHOP MICHAEL A. BADGER
NON-VOTING MEMBERS EXCUSED:	MARK R. BARABAS	

I. CALL TO ORDER

The meeting was called to order at 8:35 A.M., by Kevin M. Hogan, Esq., in the absence of Chairman Kevin Cichocki.

II. RECEIVE AND FILE MINUTES

Motion was made and accepted to approve the minutes of the Finance Committee meeting of January 5, 2012.

III. DECEMBER 2011 & YEAR-END FINANCIAL SUMMARY

Michael Sammarco provided a summary of the financial results through December 31, 2011, which addressed volume, income statement activity and key financial indicators.

Total discharges in the month of December were up by 67, 115 over budget and 102 over the prior year. Acute care discharges were 101 over budget and 561 over the prior year. Total year-to-date discharges were 414 under budget and 229 over the prior year.

Observation cases were 107 for the month and 1,551 year-to-date, down 5% from the prior year. Average daily census was 337 for the month, compared to 344 budgeted. Average length of stay was 5.7 for the month, 6.1 budgeted and 6.2 year-to-date. Non-Medicare case mix was at 2.09 for the month, 2.34 budgeted and 2.14 year-to-date. Medicare case mix was 1.78 for the month and 1.85 year-to-date.

Inpatient surgical cases were 381 for the month, 18 under budget and 15 over the prior year. Year-to-date inpatient surgical cases were 38 under budget and 420 over the prior year, an increase of 9.5%. Outpatient surgical cases were 612 for the month of December. Year-to-date outpatient surgical cases were 183 under budget and 67 over the prior year.

Emergency Department visits were over budget year-to-date by 1.3%, and 5.0% over the prior year. Total visits were 63,166.

Hospital FTEs were 2,388 for the month, compared to a budget of 2,417, and 2,404 the prior year. Home FTEs were 367 for the month, compared to a budget of 424, and 419 year-to-date.

Year-to-date, the Hospital experienced favorable volume increases: acute discharges 4.8%, inpatient surgeries 9.5%, outpatient visits 4.3%, and emergency room visits 5.0%, which were offset by an 8.5% decrease in non-Medicare case mix. Expenses were .5% over budget. The Home experienced a loss of patient days due to the planned downsizing in this year of transition for long-term care services.

The Hospital experienced an operating surplus of $6.7 million for the year and the Home generated an operating loss of $5.5 million for the same period, for a combined operating surplus of $1.2 million.

Non-operating revenue/expense was ($3.0) million due to the excess operating support obligation to Erie County, offset by the Erie County capital commitment for the long-term care facility project.

V. ADJOURNMENT:

The meeting was adjourned at 9:45 AM by Kevin Hogan, Esq.

Minutes from the

Human Resources Committee

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

TUESDAY, MARCH 13, 2012
ECMCC STAFF DINING ROOM

VOTING BOARD MEMBERS PRESENT OR ATTENDING BY CONFERENCE TELEPHONE:		JODY L. LOMEO FRANK B. MESIAH RICHARD F. BROX
BOARD MEMBERS EXCUSED:	JOSEPH ZIZZI, SR., M.D.	BISHOP MICHAEL A. BADGER, CHAIR
ALSO PRESENT:	KATHLEEN O'HARA CARLA CLARKE JANET BULGER	MARK BARABAS KAREN HORLACHER NANCY TUCKER

I. CALL TO ORDER

Acting Chair Richard F. Brox called the meeting to order at 9:30 a.m.

II. RECEIVE & FILE

Moved by Richard F. Brox and seconded by Frank Mesiah to receive the Human Resources Committee minutes of the January 17, 2012 meeting.

III. CSEA NEGOTIATIONS

A meeting was held with CSEA last week and dates were set to continue negotiations. The next meeting with CSEA will be held at the end of March.

IV. NYSNA NEGOTIATIONS

NYSNA has demanded negotiations and dates will be set up for the future.

V. 2011 ANNUAL PHYSICALS COMPLETION RATES

Kathleen O'Hara reported that the compliance rate for 2011 was over 90%. The goal was met as Joint Commission requires a 90% compliance rate.

VI. TURNOVER RATES

Turnover for ECMCC has continued to be very low. 2011 ended with an 8.6% turnover rate.

VII. WELLNESS/BENEFITS UPDATE

Nancy Tucker distributed a summary of Benefits related activities that took place in 2011. Additional seminars will be held in 2012 on various Wellness topics, including smoking cessation. Ms. Tucker reported the need of a process on how to collect retiree Dental premiums more efficiently. Discussion ensued regarding volunteers participating in Wellness Activities.

VIII. WORKERS COMPENSATION UPDATE

A Workers Compensation report for January 2012 was distributed. 2012 is comparable to 2011 data. Calendar days lost for 2012 is higher due to employees not being cleared to return to work generally because of where in the hospital they work.

IX. TRAINING

Ongoing training includes Workplace Violence and Customer Service. HR recently held a training regarding discipline and discharge for supervisors and managers. There were about 40 in attendance. Upcoming training includes Civil Service and the Taylor Law.

X. INFORMATION/OTHER

The 2011 EEO Report was distributed.

Jody Lomeo reported that Janet Bulger, Kathleen O'Hara, Rich Cleland and himself visited Erie County Home recently to answer questions regarding the move to the Grider Street Campus.

XI. ADJOURNMENT

Moved by Richard Brox to adjourn the Human Resources Committee meeting at 10:05am

ECMCC Management Team

Chief Executive Officer

ERIE COUNTY MEDICAL CENTER CORPORATION

REPORT TO THE BOARD OF DIRECTORS
JODY L. LOMEO, CHIEF EXECUTIVE OFFICER
MARCH 27, 2012

Hopefully everyone is enjoying the summer like weather; hard to believe that we are already into the Easter holiday season. The past two months have moved quickly and we are pleased at how ECMC is performing both from a quality and financial perspective.

I would like to highlight several of the project priorities that we are currently working on.

BOARD LEADERSHIP

As you are aware, we welcome Kevin Hogan, Esq. as our new Board Chair and thank Sharon L. Hanson our immediate past Chair for her dedication and support for the patients and employees of ECMC. We appreciate all of the efforts of our Board members and our especially sensitive to the time and commitment that is required to be fiduciaries to our organization. I have met with Mr. Hogan several times over the past month to discuss the organization as well as the makeup/content of our board meetings. Our board meetings will now consist not only of the financial report and the CEO report but will also be focused on a monthly quality report and a "Topic of the Month." This month's topic will be on "Patient Satisfaction and Patient Experience" presented by Donna Brown and Dr. John Fudyma.

BEHAVIORAL HEALTH

We are anticipating a decision from the Department of Health regarding our HEAL application very shortly. We are hopeful that the State will partner with us and participate in a Center of Excellence in Behavioral Health on the ECMC campus which is much needed for our entire community. This regional approach should provide our patients and community with a more efficient program that will benefit all of the counties of Western New York. My sincere appreciation and thanks for all who have written letters to the Department of Health as well as our employees who have established a postcard campaign to ask the Commissioner and State for their support for this very important initiative. This collaboration with Kaleida is exactly the type of approach this community needs and should come to expect from its hospital systems.

ORTHOPEDIC/OR EXPANSION

Orthopedics continues to be a driver for the quality and growth of elective care that we deliver at ECMC. We have submitted a CON to the Department of Health to ask for approval two additional operating room suites in our new building as well as two shell suites. As we have discussed in previous meetings, we are extremely busy in the operating rooms and it has become increasingly more difficult for our surgeons to get block time. The need for additional OR suites has become obvious. We have seen increases in our breast program, reconstructive surgery program, orthopedic program as well as our transplant program. We need this expansion to continue to drive our vision of growth and maintain our commitment to our physicians, surgeons and patients.

PHYSICIAN RECRUITMENT AND IMPLEMENTATION

We continue to work with existing physicians and others in the community to recruit physicians to the ECMC Health System. We are in discussions with several physicians in the area. As soon as contracts have been offered, I will be able to disclose names of these individuals.

GREAT LAKES HEALTH

We had a meeting with GLH and continue to find ways to work with Kaleida. One obvious example is the Behavioral Health collaboration. We continue to implement the Deloitte study and have realized significant savings. As I mentioned last month, we are in discussions with Kaleida on the next step for integration and what that may look like. The GLH Professional Steering Committee has done fantastic work on service line planning and has been instrumental in how we organize care in this community and deliver it in the most cost effective way with the highest quality to the patients involved.

We submitted a waiver to the Department of Health that asks the State to consider ECMC and Kaleida partnering under the GVI to develop one program servicing two sites. We have put a request in to waive the minimum surgical numbers so that we are judged solely on the program and not the physical site. We will be operating one program at two sites and bringing the clinical leadership teams from both organizations together in terms of program oversight, quality outcomes and efficient operations. We have requested that the New York State Department of Health grant a waiver that will allow us to integrate some cases to the GVI and continue a cardiac catherization and cardiac surgery program at ECMC to ensure necessary cardiac care related to the trauma program, emergency room and ECMC's new Regional Center of Excellence for Transplantation and Kidney Care. We have not yet received any response from the Department but I will continue to update the Board. We also wish our partners at Kaleida Health

much success in their transition next month to the closure of Millard Gates Circle to the GVI downtown. We support them in any way we can and are here to help them in this difficult transition.

Both Kaleida and ECMC have worked together to revise a Binding Agreement that was signed in June 2008. The new restated Binding Agreement which the ECMC Board will vote on this month is a more reflective document that details what the parties are "actually doing." This document has been recommended by the Great Lakes Health Board and is an improved document from the original binding agreement that clarifies our goals and objectives. It also allows for others in the community to join GLH and participate in our shared vision.

Robert Gioia has spearheaded an initiative to find ways for the hospital systems in Western New York to better collaborate with Roswell Park while encouraging Roswell Park to redefine how they currently operate. We have worked closely with Mr. Gioia and support this initiative and stand ready to not only participate but also collaborate where appropriate. I would like to thank Kevin Hogan and Sharon Hanson for their input as well as time spent with the other board chairs from the other hospital systems.

MEDICAL ONCOLOGY

On March 12th ECMC finalized its agreement with Dr. Zale Bernstein to purchase the medical oncology practice on the ECMC campus. This is an important initiative for the hospital and the patients we serve. It is with much sadness that I report that on March 21st Dr. Bernstein passed away. Many of us have been touched and impacted by Dr. Bernstein as a colleague and friend and he will be greatly missed. Most importantly he will be missed by the patients he served and the community he represented. We are working with his staff to ensure a coordinated and organized transition to the ECMC program. We have also signed a Letter of Intent with Roswell Park to both invest in the program as well as provide physician coverage to the program. We are working with them to construct an agreement that works for all parties.

LIFELINE FOUNDATION

I would like to thank all of you for your support of the Lifeline Foundation and the upcoming events both in May and August. Our physician honoree is Dr. Philip Stegemann, Chief of Service Orthopedics ECMC and nursing honoree Rita Rivers, RN, BSN, CNOR, Nursing In-service Instructor-OR. In May, we will be having our Springfest Gala with the headline act, Motown Legends, the Commodores. I would like to thank the Lifeline Foundation and the women who put together a fabulous luncheon a few weeks ago to help support Springfest and the initiatives here at ECMC. Over 120 women

attended the luncheon and many new faces were in the audience. As I spoke to them to let them know where their dollars are being utilized, I gave them the example of the Mammography Bus. Other examples of where Lifeline dollars are being invested include not only the Mammography Bus but also the Employee Fitness Center and Free TV Initiative that is currently underway.

FINANCIAL PERFORMANCE

Last year January, February and March started extremely slow at ECMC. Our volumes and revenue were down significantly with expenses over budget. As you are well aware, we were in a significant hole in the early part of 2011 and spent much of the remainder of the year digging ourselves out. I am pleased to tell you that although we budget for a loss for the early months of 2012, we have realized a significantly smaller loss than we had over the prior year. We are continually looking at ways to reduce cost, increase efficiencies and drive revenue. Please see attached the key statistics for the first two months of 2012 as compared to budget as well as prior year.

NYSNA/CSEA

We are currently formulating our strategy as we enter into negotiations with both NYSNA and CSEA. As I have mentioned in previous meetings I have spoken with the County Executive on the importance of a fair contract and he has given his word that the County will incorporate our needs into any proposals. Our teams have been dialoguing with the County and with our team we are hopeful that we can continue to enjoy a stable relationship with our partner in labor and complete a contract for each union that is fair to all involved.

Thank you again for your support. As you know and can see, we are extremely busy with a lot happening on the ECMC health campus. As always I am grateful for your time, energy and passion that you put forward and continuing to transform ECMC and the patients we serve. Thank you again.

Jody L. Lomeo

Erie County Medical Center
Period Ended February 29, 2012
Key Statistices - Year to Date

	Actual	Budget	% to Budget	Prior Year	% to Pr Yr
Discharges:					
Acute	1,898	1,807	5.0%	1,796	5.7%
CD - Detox	125	192	-34.9%	134	-6.7%
CD - Rehab	50	70	-28.6%	74	-32.4%
Psych	391	368	6.3%	370	5.7%
Rehab	52	52	0.0%	56	-7.1%
Total Discharges	2,516	2,489	1.1%	2,430	3.5%
Patient Days:					
Acute	12,681	10,809	17.3%	10,969	15.6%
CD - Detox	445	661	-32.7%	514	-13.4%
CD - Rehab	945	1,404	-32.7%	1,330	-28.9%
Psych	5,325	5,009	6.3%	4,991	6.7%
Rehab	1,503	1,319	13.9%	1,609	-6.6%
Total Days	20,899	19,202	8.8%	19,413	7.7%
Average Daily Census:					
Acute	211	180	17.3%	186	13.7%
CD - Detox	7	11	-32.7%	9	-14.9%
CD - Rehab	16	23	-32.7%	23	-30.1%
Psych	89	83	6.3%	85	4.9%
Rehab	25	22	13.9%	27	-8.1%
Total ADC	348	320	8.8%	329	5.9%
Average Length of Stay:					
Acute	6.7	6.0	11.7%	6.1	9.4%
CD - Detox	3.6	3.4	3.4%	3.8	-7.2%
CD - Rehab	18.9	20.1	-5.8%	18.0	5.2%
Psych	13.6	13.6	0.1%	13.5	1.0%
Rehab	28.9	25.4	13.9%	28.7	0.6%
Average Length of Stay	8.3	7.7	7.7%	8.0	4.0%
SNF Days	7,483	7,838	-4.5%	7,689	-2.7%
SNF ADC	125	131	-4.5%	130	-4.3%
Occupancy:					
% of acute licensed beds	65.8%	58.2%	13.1%	59.8%	10.0%
% of acute available beds	86.6%	76.6%	13.1%	76.3%	13.5%
% of acute staffed beds	88.3%	76.6%	15.3%	79.7%	10.8%
Case Mix Index:					
Medicare	1.88	1.80	4.2%	1.76	6.9%
Non-Medicare	1.91	2.19	-12.6%	2.15	-10.8%
Observation Visits	238	291	-18.2%	265	-10.2%
Inpatient Surgeries	818	762	7.3%	711	15.0%
Outpatient Surgeries	1,268	1,286	-1.4%	1,256	1.0%
Outpatient Visits	54,155	56,379	-3.9%	53,352	1.5%
Emergency Visits Including Admits	9,997	10,091	-0.9%	9,315	7.3%
Days in A/R	39.0	45.0	-13.3%	50.6	-22.9%
Bad Debt as a % of Net Revenue	5.9%	5.9%	0.6%	6.6%	-10.1%
FTE's	2,426	2,274	6.6%	2,445	-0.8%
FTE's per adjusted occupied bed	3.03	2.93	3.3%	3.34	-9.4%
Net Revenue per Adjusted Discharge	$ 13,113	$ 13,003	0.8%	$ 11,994	9.3%
Cost per Adjusted Discharge	$ 15,084	$ 14,899	1.2%	$ 15,763	-4.3%
Erie County Home					
Patient Days	21,756	21,347	1.9%	27,879	-22.0%
Average Daily Census	363	356	1.9%	473	-23.3%
Occupancy - % of licensed beds	61.9%	60.7%	1.9%	80.6%	-23.3%
FTE's	419	333	26.0%	430	-2.4%

President & Chief Operating Officer

ERIE COUNTY MEDICAL CENTER CORPORATION

REPORT TO THE BOARD OF DIRECTORS

MARK C. BARABAS, PRESIDENT AND CHIEF OPERATING OFFICER

MARCH 27, 2012

10 ZONE 4 PRIVATE ROOMS OPEN MARCH 12, 2012

I am pleased to announce after a successful Department of Health inspection our first eleven private rooms on 10zone4 for the Transplant/Renal service were opened on March 12, 2012. Employees were permitted to walk through the unit the week before opening. Needless to say, there is a lot of excitement

FITNESS CENTER

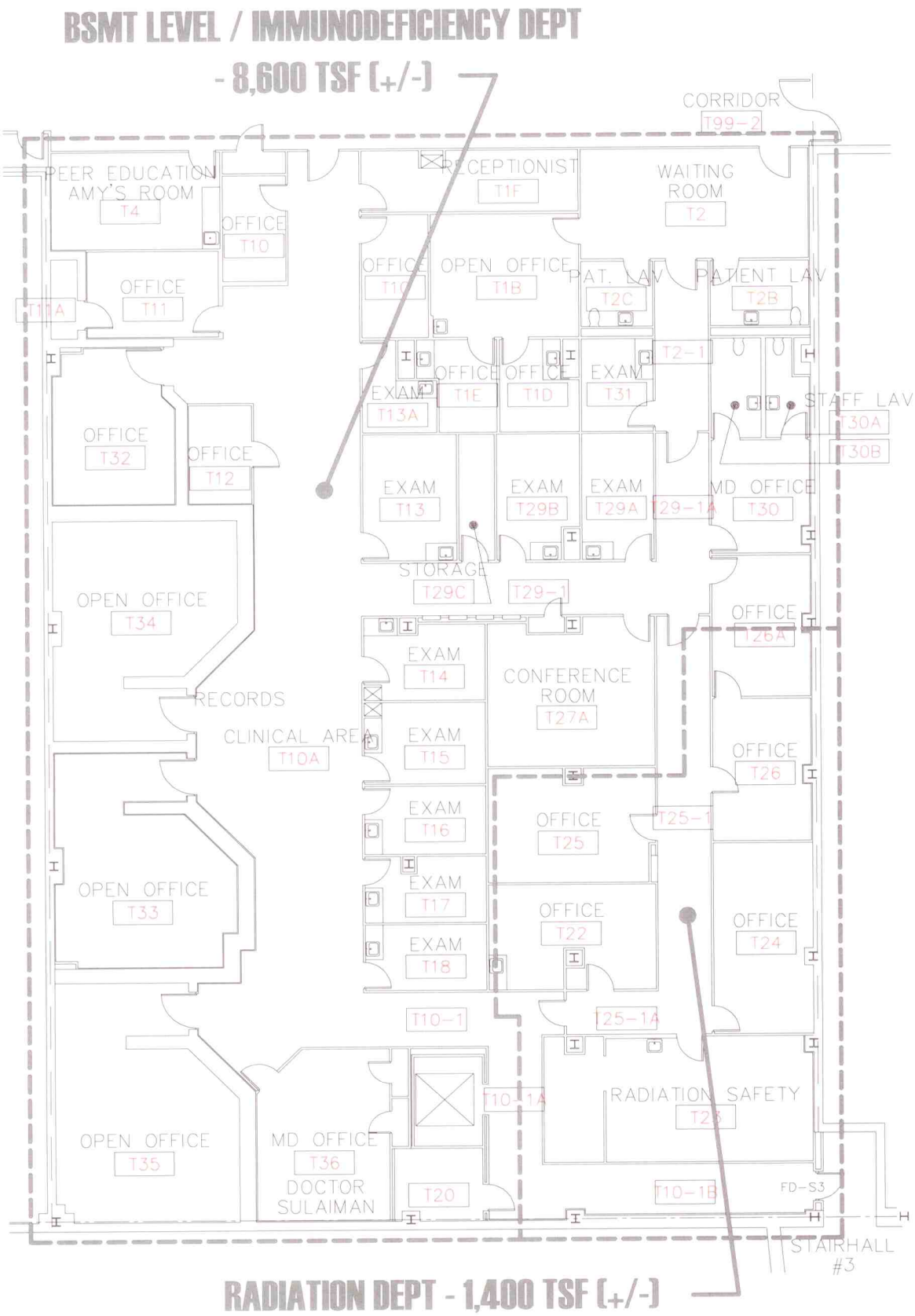
The Fitness Center build out started last month when the Grider Family Health Center work was completed. The build out is being performed by our in-house Plant Operations staff which we hope will instill a sense of pride and ownership in the Fitness Center.

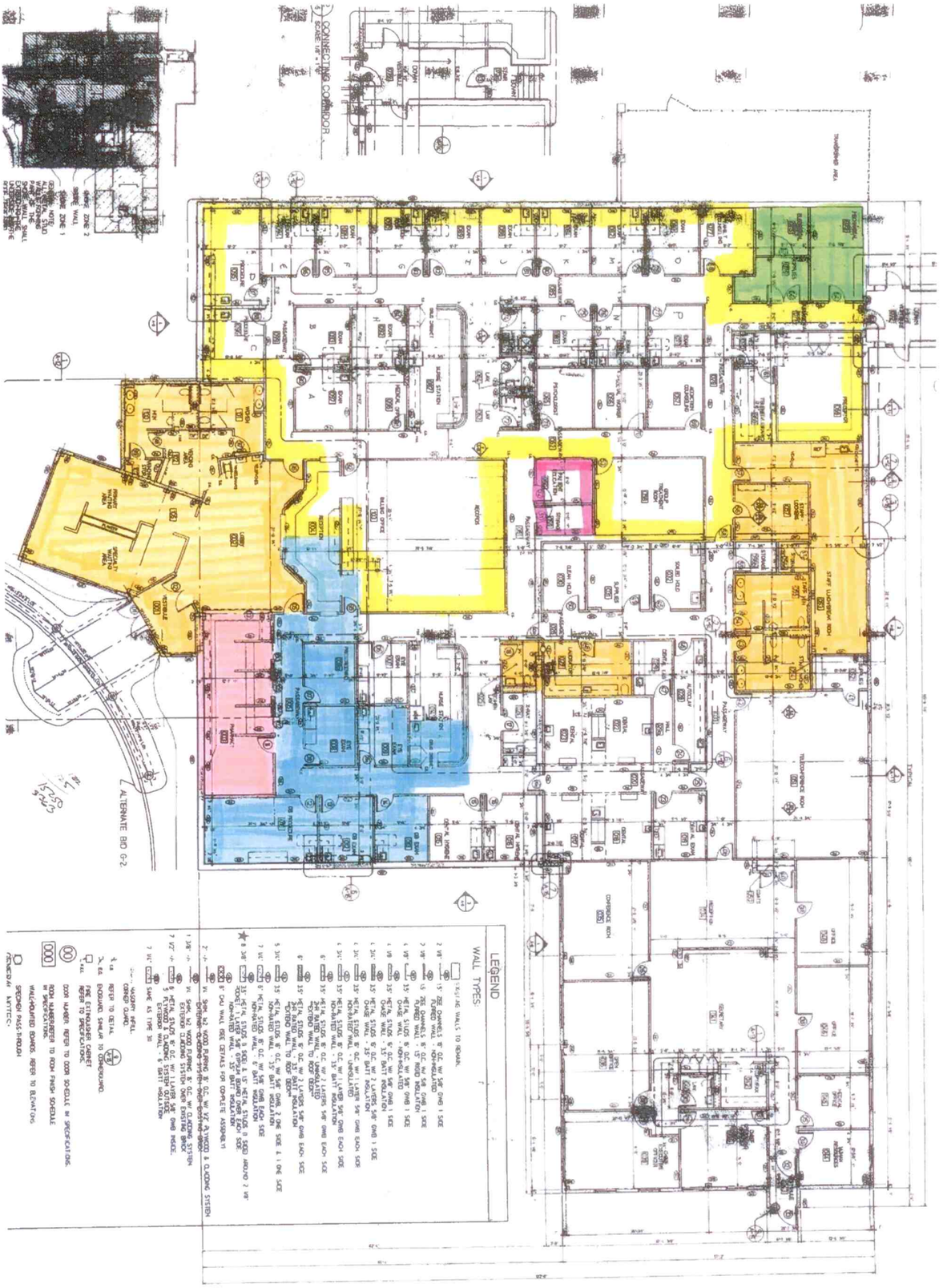
IMMUNODEFICIENCY TASK FORCE TO MEET LATER THIS MONTH

A Task Force charged with evaluating the feasibility of reconfiguring the remaining space in the old Community Health Center building to serve the needs of our Immunodeficiency Clinic is meeting later this month. For your information, our immunodeficiency clinic is housed in the basement of our main building and occupies 8,000 sq. ft. where we have approximately 6,000 sq. ft. remaining in the Community Health Center building after it has been occupied by Grider Family Health and the Women's and Children's OB/GYN clinic. Copies of the existing basement floor plan and a footprint of the Community Health Center building are attached to this report.

PARKING DECK

The parking deck completion is on schedule and should be ready for occupancy during the month of May. We have been evaluating the opportunity to upgrade our electronic parking gates in the accordance of the opening of the deck in reconfiguration of parking on our campus in phase I of our parking project.


BSMT LEVEL / IMMUNODEFICIENCY DEPT
- 8,600 TSF (+/-)
CORRIDOR
T99-2
PEER EDUCATION
AMY'S ROOM
T4
OFFICE
T10
RECEPTIONIST
T1F
WAITING
ROOM
T2
OFFICE
T11A
OFFICE
T11
OFFICE
T1C
OPEN OFFICE
T1B
PAT. LAV
T2C
PATIENT LAV
T2B
T2-1
OFFICE
T32
OFFICE
T12
EXAM
T13A
OFFICE
T1E
OFFICE
T1D
EXAM
T31
STAFF LAV
T30A
T30B
EXAM
T13
EXAM
T29B
EXAM
T29A
T29-1A
MD OFFICE
T30
STORAGE
T29C
T29-1
OPEN OFFICE
T34
OFFICE
T26A
EXAM
T14
CONFERENCE
ROOM
T27A
RECORDS
CLINICAL AREA
T10A
EXAM
T15
OFFICE
T26
EXAM
T16
OFFICE
T25
T25-1
OPEN OFFICE
T33
EXAM
T17
OFFICE
T22
OFFICE
T24
EXAM
T18
T10-1
T25-1A
T10-1A
RADIATION SAFETY
T28
OPEN OFFICE
T35
MD OFFICE
T36
DOCTOR
SULAIMAN
T20
T10-1B
FD-S3
STAIRHALL
#3
RADIATION DEPT - 1,400 TSF (+/-)



Renovation & Addition to the "K" Building Annex for the COMMUNITY HEALTH CENTER OF BUFFALO, INC.

ERIE COUNTY MEDICAL CENTER
462 GRIDER STREET
BUFFALO, NEW YORK 14215

stievater + associates: architects
255 Porter Street
Buffalo, N.Y. 14201

drawing
FIRST FLOOR PLAN

date
REV: APRIL 2, 2000

scale AS NOTED

project no. 99-22

Chief Financial Officer

Erie County Medical Center Corporation

Internal Financial Reports

For the month ended January 31, 2012

Prepared by ECMCC Finance

Erie County Medical Center Corporation

Balance Sheet

January 31, 2012 and December 31, 2011

(Dollars in Thousands)

	January 31, 2012	Unaudited December 31, 2011	Change from Prior Year End
ASSETS			
Current assets:			
Cash and cash equivalents	$ 18,931	$ 38,222	$ (19,291)
Investments	47,978	46,306	1,672
Patient receivables, net	37,760	39,217	(1,457)
Prepaid expenses, inventories and other receivables	56,312	57,500	(1,188)
Total Current Assets	160,981	181,245	(20,264)
Assets Whose Use is Limited:			
Designated under self-Insurance programs	52,760	52,200	560
Designated by Board	52,509	52,226	283
Restricted under debt agreements	93,264	93,412	(148)
Restricted	23,517	23,354	163
	222,050	221,192	858
Property and equipment, net	171,333	163,015	8,318
Deferred financing costs	3,224	3,233	(9)
Other assets	1,873	1,873	0
Total Assets	$ 559,461	$ 570,558	$ (11,097)
LIABILITIES AND NET ASSETS			
Current Liabilities:			
Current portion of long-term debt	$ 4,249	$ 4,249	$ -
Accounts payable	39,639	39,138	501
Accrued salaries and benefits	17,785	17,908	(123)
Other accrued expenses	45,341	59,398	(14,057)
Estimated third party payer settlements	28,211	28,211	0
Total Current Liabilities	135,225	148,904	(13,679)
Long-term debt	187,065	187,290	(225)
Estimated self-insurance reserves	48,285	47,700	585
Other liabilities	89,701	88,566	1,135
Total Liabilities	460,276	472,460	(12,184)
Net Assets			
Unrestricted net assets	65,421	64,334	1,087
Temporarily restricted net assets	33,764	33,764	0
Total Net Assets	99,185	98,098	1,087
Total Liabilities and Net Assets	$ 559,461	$ 570,558	$ (11,097)

Erie County Medical Center Corporation

Statement of Operations

For the month ended January 31, 2012

(Dollars in Thousands)

	Actual	Budget	Variance	Prior Year
Operating Revenue:				
Net Patient Revenue	$ 30,530	$ 31,675	$ (1,145)	$ 30,067
Less: Provision for bad debts	(1,871)	(2,025)	154	(1,890)
Adjusted net patient revenue	28,659	29,650	(991)	28,177
Disproportionate Share/IGT Revenue	4,702	4,702	-	3,850
Other Revenue	1,835	2,024	(189)	2,237
Total Operating Revenue	35,196	36,376	(1,180)	34,264
Operating Expenses:				
Salaries / Wages / Contract Labor	13,384	12,924	(460)	13,259
Employee Benefits	8,431	8,509	78	8,223
Physician Fees	4,416	4,120	(296)	3,627
Purchased Services	2,292	2,653	361	2,523
Supplies	4,729	5,042	313	5,011
Other Expenses	529	667	138	700
Utilities	564	664	100	719
Insurance	527	653	126	599
Depreciation & Amortization	1,442	1,467	25	1,238
Interest	447	440	(7)	457
Total Operating Expenses	36,761	37,139	378	36,356
Income (Loss) from Operations	**(1,565)**	**(763)**	**(802)**	**(2,092)**
Non-operating gains (losses):				
Interest and Dividends	-	-	-	-
Unrealized Gains/(Losses) on Investments	2,716	172	2,544	1,367
Non-operating Gains(Losses), net	2,716	172	2,544	1,367
Excess of (Deficiency) of Revenue Over Expenses	$ 1,151	$ (591)	$ 1,742	$ (725)

Erie County Medical Center Corporation

Statement of Operations

For the one month ended January 31, 2012

(Dollars in Thousands)

	Actual	Budget	Variance	Prior Year
Operating Revenue:				
Net Patient Revenue	$ 30,530	$ 31,675	$ (1,145)	$ 30,067
Less: Provision for bad debts	(1,871)	(2,025)	154	(1,890)
Adjusted net patient revenue	28,659	29,650	(991)	28,177
Disproportionate Share/IGT Revenue	4,702	4,702	-	3,850
Other Revenue	1,835	2,024	(189)	2,237
Total Operating Revenue	35,196	36,376	(1,180)	34,264
Operating Expenses:				
Salaries / Wages / Contract Labor	13,384	12,924	(460)	13,259
Employee Benefits	8,431	8,509	78	8,223
Physician Fees	4,416	4,120	(296)	3,627
Purchased Services	2,292	2,653	361	2,523
Supplies	4,729	5,042	313	5,011
Other Expenses	529	667	138	700
Utilities	564	664	100	719
Insurance	527	653	126	599
Depreciation & Amortization	1,442	1,467	25	1,238
Interest	447	440	(7)	457
Total Operating Expenses	36,761	37,139	378	36,356
Income (Loss) from Operations	**(1,565)**	**(763)**	**(802)**	**(2,092)**
Non-operating Gains (Losses)				
Interest and Dividends	-	-	-	-
Unrealized Gains/(Losses) on Investments	2,716	172	2,544	1,367
Non Operating Gains (Losses), net	2,716	172	2,544	1,367
Excess of (Deficiency) of Revenue Over Expenses	$ 1,151	$ (591)	$ 1,742	$ (725)

Erie County Medical Center Corporation

Statement of Changes in Net Assets

For the month and one months ended January 31, 2012

(Dollars in Thousands)

	Month	Year-to-Date
UNRESTRICTED NET ASSETS		
Excess (Deficiency) of Revenue Over Expenses	$ 1,151	$ 1,151
Other Transfers, Net	(64)	(64)
Contributions for Capital Acquisitions	-	-
Net Assets Released from Restrictions for Capital Acquisition	-	-
Change in Unrestricted Net Assets	1,087	1,087
TEMPORARILY RESTRICTED NET ASSETS		
Contributions, Bequests, and Grants	-	-
Net Assets Released from Restrictions for Operations	-	-
Net Assets Released from Restrictions for Capital Acquisition	-	-
Change in Temporarily Restricted Net Assets	-	-
Change in Total Net Assets	1,087	1,087
Net Assets, Beginning of Period	98,098	98,098
NET ASSETS, End of Period	**$ 99,185**	**$ 99,185**

Erie County Medical Center Corporation

Statement of Cash Flows

For the month and one months ended January 31, 2012

(Dollars in Thousands)

	Month	Year-to-Date
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	$ 1,087	$ 1,087
Adjustments to Reconcile Changes in Net Assets to Net Cash Provided by (Used in) Operating Activities:		
Depreciation and amortization	1,442	1,442
Provision for bad debt expense	1,871	1,871
Net Change in unrealized (gains) losses on Investments	2,716	2,716
Transfer to component unit - Grider Initiative, Inc.	64	64
Capital contribution to/from Erie County	-	-
Changes in Operating Assets and Liabilities:		
Patient receivables	(414)	(414)
Prepaid expenses, inventories and other receivables	1,188	1,188
Accounts payable	501	501
Accrued salaries and benefits	(123)	(123)
Estimated third party payer settlements	-	-
Other accrued expenses	(14,057)	(14,057)
Self Insurance reserves	585	585
Other liabilities	1,135	1,135
Net Cash Provided by (Used in) Operating Activities	(4,005)	(4,005)
CASH FLOWS FROM INVESTING ACTIVITIES		
Additions to Property and Equipment, net		
Campus expansion	(7,671)	(7,671)
Routine capital	(2,080)	(2,080)
Decrease (increase) in assets whose use is limited	(858)	(858)
Purchases (sales) of investments, net	(4,388)	(4,388)
Investment in component unit - Grider Initiative, Inc.	(64)	(64)
Change in other assets	-	-
Net Cash Provided by (Used in) Investing Activities	(15,061)	(15,061)
CASH FLOWS FROM FINANCING ACTIVITIES		
Principal payments on long-term debt	(225)	(225)
Capital contribution to/from Erie County	-	-
Net Cash Provided by (Used in) Financing Activities	(225)	(225)
Increase (Decrease) in Cash and Cash Equivalents	(19,291)	(19,291)
Cash and Cash Equivalents, Beginning of Period	38,222	38,222
Cash and Cash Equivalents, End of Period	$ 18,931	$ 18,931

Erie County Medical Center Corporation

Key Statistics

Period Ended January 31, 2012

Current Period					Year to Date			
Actual	**Budget**	**% to Budget**	**Prior Year**		**Actual**	**Budget**	**% to Budget**	**Prior Year**
				Discharges:				
921	960	-4.1%	923	Acute	921	960	-4.1%	923
120	105	14.3%	103	CD - Detox	120	105	14.3%	103
26	32	-18.8%	37	CD - Rehab	26	32	-18.8%	37
210	198	6.1%	199	Psych	210	198	6.1%	199
23	27	-14.8%	29	Rehab	23	27	-14.8%	29
1,300	1,322	-1.7%	1,291	Total Discharges	1,300	1,322	-1.7%	1,291
				Patient Days:				
6,260	5,745	9.0%	5,830	Acute	6,260	5,745	9.0%	5,830
438	440	-0.5%	391	CD - Detox	438	440	-0.5%	391
474	601	-21.1%	739	CD - Rehab	474	601	-21.1%	739
2,848	2,694	5.7%	2,610	Psych	2,848	2,694	5.7%	2,610
662	682	-2.9%	884	Rehab	662	682	-2.9%	884
10,682	10,162	5.1%	10,454	Total Days	10,682	10,162	5.1%	10,454
				Average Daily Census:				
202	185	9.0%	188	Acute	202	185	9.0%	188
14	14	-0.5%	13	CD - Detox	14	14	-0.5%	13
15	19	-21.1%	24	CD - Rehab	15	19	-21.1%	24
92	87	5.7%	84	Psych	92	87	5.7%	84
21	22	-2.9%	29	Rehab	21	22	-2.9%	29
345	328	5.1%	337	Total ADC	345	328	5.1%	337
				Average Length of Stay:				
6.8	6.0	13.6%	6.3	Acute	6.8	6.0	13.6%	6.3
3.7	4.2	-12.9%	3.8	CD - Detox	3.7	4.2	-12.9%	3.8
18.2	18.8	-2.9%	20.0	CD - Rehab	18.2	18.8	-2.9%	20.0
13.6	13.6	-0.3%	13.1	Psych	13.6	13.6	-0.3%	13.1
28.8	25.3	13.9%	30.5	Rehab	28.8	25.3	13.9%	30.5
8.2	7.7	6.9%	8.1	Average Length of Stay	8.2	7.7	6.9%	8.1
4,142	4,110	0.8%	4,025	SNF Days	4,142	4,110	0.8%	4,025
134	133	0.8%	130	SNF ADC	134	133	0.8%	130
				Occupancy:				
62.7%	59.6%	5.1%	61.3%	% of acute licensed beds	62.7%	59.6%	5.1%	61.3%
82.4%	78.4%	5.1%	78.4%	% of acute available beds	82.4%	78.4%	5.1%	78.2%
84.0%	78.4%	7.2%	81.1%	% of acute staffed beds	84.0%	78.4%	7.2%	81.7%
				Case Mix Index:				
1.82	1.97	-7.6%	1.94	Medicare	1.82	1.97	-7.6%	1.94
1.89	2.14	-11.6%	2.10	Non-Medicare	1.89	2.14	-11.6%	2.10
108	135	-20.0%	119	Observation Visits	108	135	-20.0%	119
441	402	9.7%	391	Inpatient Surgeries	441	402	9.7%	391
639	697	-8.3%	666	Outpatient Surgeries	639	697	-8.3%	666
27,840	29,985	-7.2%	28,431	Outpatient Visits	27,840	29,985	-7.2%	28,431
5,271	5,325	-1.0%	5,016	Emergency Visits Including Admits	5,271	5,325	-1.0%	5,016
38.3	45.0	-14.9%	56.9	Days in A/R	38.3	45.0	-14.9%	56.9
6.6%	6.4%	2.6%	6.7%	Bad Debt as a % of Net Revenue	6.6%	6.4%	2.6%	6.7%
2,426	2,309	5.1%	2,455	FTE's	2,426	2,309	5.1%	2,455
3.23	3.09	4.6%	3.25	FTE's per adjusted occupied bed	3.23	3.09	4.6%	3.25
$ 12,635	$ 12,623	0.1%	$ 12,029	Net Revenue per Adjusted Discharge	$ 12,635	$ 12,623	0.1%	$ 12,029
$ 16,004	$ 15,301	4.6%	$ 15,066	Cost per Adjusted Discharge	$ 16,004	$ 15,301	4.6%	$ 15,066
Erie County Home:								
11,251	11,104	1.3%	14,764	Patient Days	11,251	11,104	1.3%	14,764
363	358	1.3%	476	Average Daily Census	363	358	1.3%	476
61.9%	61.1%	1.3%	81.3%	Occupancy - % of licensed beds	61.9%	61.1%	1.3%	81.3%
358	332	7.8%	430	FTE's	419	332	26.5%	430

Sr. Vice President of Operations
- Richard Cleland -

ERIE COUNTY MEDICAL CENTER CORPORATION

REPORT TO THE BOARD OF DIRECTORS
RICHARD C. CLELAND, MPA, FACHE, NHA
SENIOR VICE PRESIDENT OPERATIONS
MARCH 27, 2012

LONG TERM CARE-ERIE COUNTY HOME/ECMC SNF:

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

Created the Long Term Care Steering Committee to oversee, plan and carry out:

- Remaining downsizing initiative;
- The new care delivery model(person-centered care);
- Operational components (labor, new positions, policy & procedures etc.);
- The move of 390 patients into the new facility;
- Impact negotiation session (AFSCME, CSEA, NYSNA)follow-up items;
- Appropriate exit(clear out and clean up)of the EC Home;
- Implementation of EMR and integration of the nursing home on ECMC Campus;

Meetings are held weekly and an aggressive agenda is covered.

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

The Behavioral Health Steering Committee has continued to meet monthly and bring about great improvement to the overall programs and services that we provide;

ECMC received both DOH and OMH approval for relocation the CPEP-EOB beds to the 4th floor. Cost is estimated to be about $575,000. This should help reduce congestion and overcrowding. We are optimistic that we will have project done by May;

ECMC/Kaleida will be closely monitoring the DOH HEAL-21 awards which should be known by end of March. $25 million has been requested to consolidate programs and services here at ECMC to create the Behavioral Health Center of Excellence;

CPEP Fast Track Plan nearly completed. We are looking at May 1, 2012 start up;

The Outpatient Chemical Dependency Clinic Steering Committee has been developed. This will include CSEA, Board of Director's, and employees of the outpatient clinics. Their task will be to develop a comprehensive plan by March 24, 2012. This plan will come up with strategies and actions that will improve operational operations and improve the financial viability of the program;

REHABILITATION SERVICES:

Marie Johnson OTR, consultant has been appointed interim director. We are currently working on a succession plan;

We are currently interviewing clinical director candidates from Rochester, Phoenix and Michigan. We hope to have a clinical director on board by this summer;

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

HYPERBARIC/WOUND CENTER (HWC):

The center continues to slowly and incrementally grow volumes. We currently are running full day schedules Monday through Friday. We currently have a waiting list of patients (6) and should give some consideration to adding a 3rd chamber.

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

Monthly score card includes:

- 51 new referrals;
- 289 HBO Segment treatments;
- 88% healed(6% below benchmark);
- 37 days to heal(at benchmark);
- 95% Press Gainey(benchmark);

TRANSITIONAL CARE UNIT (TCU):

Transitional Care Unit (TCU) location has been determined. The TCU will be located on the 6th floor zone 2. We are looking to get access for construction in early July. We are also currently working on all CMS 855A applications and regulatory requirements which allow ECMC to operate. Tentative schedule will probably put us somewhere in October for opening. This is tentative and is contingent upon the approval and construction;

A leadership team will be visiting Binghamton TCU on March 23, 2012. We will be able to obtain a significant amount of valuable knowledge to help us get our program developed and ready to enhance revenues, shorten hospital LOS, and open up some acute beds for better patient through put;

FOOD AND NUTRITIONAL SERVICES:

Brian Haley is working very closely with Donna Brown and the Customer Experience Committee. The focus is on modifying menus, providing healthy meals, and meeting patient's requests and reducing complaints;

By request from our customers, the cafeteria has expanded hours, food items and health selections for both the second and third shifts;

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
March 27, 2012

PHARMACEUTICAL SERVICES – RANDY GERWITZ

Drug shortages have become increasingly common the past few years. These shortages affect our delivery of care and ability to maintain our budgets. Our GPO (Group Purchasing Organization) Novation works to mitigate the effects of these shortages. One benefit ECMC enjoys from Novation is the GPO's private label NovaPlus. Only Novation members can purchase these products. Several products impacted by recent shortage have been only available via the NovaPlus label, effectively sheltering ECMC from shortages impacting others. To maintain active status within the NovaPlus program we are required to consistently stay above 80% compliance. In the fourth quarter of 2011, ECMC Pharmacy was 93% compliant with the program.

Novation also provides, at no charge to the organization, a service entitled the Failure to Supply Reimbursement Program. This program pursues monies on our behalf from companies that sign failure to supply agreements with the members. When we are forced to purchase off-contract due to the companies inability to provide contracted items they are required to reimburse the difference in price. For 2011 ECMC received $32,127 from this program.

AMBULATORY SERVICES – KATRINA KARAS

Katrina Karas, Director of Ambulatory Services, will be leaving her role at ECMC toward the end of March. She and her family are relocating to Rochester. We are undergoing recruitment efforts for a replacement and have several qualified candidates. An internal interim director will be named and will be assisting with Katrina's former responsibilities until a replacement is on board to ensure a smooth transition.

Cleve-Hill Family Health Center was the first clinic to utilize Allscripts and has been operating on the EMR since implementation in August 2011. Members of the executive administration team visited on February 29 to view and celebrate the success of the EMR. The staff was very pleased to be recognized and the visit had a positive impact on morale.

Grider Family Health Center has completed its first full month in business and is very successful. Dr. Antonia Redhead has seen over 200 patients and the Instacare Nurse Practitioners have seen over 150 in the first month. This site was opened paperless, meaning that the EMR is fully implemented. All staff was trained prior to the starting date.

LABORATORY – JOSEPH KABACINSKI

The Laboratory, working with Rita Hubbard- Robinson (ECMC Director of Community Health Education and Outreach), recently donated ten surplus microscopes from Lab storage to the Buffalo Public Schools. The microscopes were no longer functional for clinical Lab purposes, but are useful for teaching and classroom activities. We received a thoughtful "Thank You" letter from the Buffalo Public School acknowledging our donation.

The Lab is working with a number of departments to improve the service to our patients. We assisted administrative and clinical staff at the Grider Family Health and Instacare to establish a Lab specimen collection and point-of-care testing program at that location prior to their opening. We will soon assist with early morning blood draws in the Observation Unit on 12Z1. We are working with Dr. Blondell and the DTC and NEC staff in a cost reduction effort for these clinics.

The Laboratory has completed the CPOE Lab test directory to assist ECMCC IT Department to implement hospital-wide clinical physician order entry (CPOE) in the Meditech HIS. This includes developing a new rules package for Lab order entry to help reduce possible overutilization / redundancy of Lab testing.

We held a very successful UNYTS Blood Drive in February with 57 units of blood being collected. The next UNYTS Blood Drive at ECMCC is scheduled for Thursday, April 19.

IMAGING – ERIC GREGOR

FEBRUARY 2012 Radiology Volumes:

2012 FEBRUARY STATS FINAL

Compared to February 2011

MODALITY	Inpatient PROC	Inpatient %	Outpatient PROC	Outpatient %	TOTAL PROC	TOTAL %
ANGIO	-31	-52.00%	0	0.00%	-31	-23.48%
CT	221	17.77%	181	13.01%	402	15.26%
Diagnostic	121	3.67%	-68	-1.48%	53	0.07%
Mammography	-4	-300.00%	-32	-22.38%	-36	-24.16%
MRI	-6	-3.95%	52	28.11%	46	13.65%
Nuclear Medicine	-6	-5.26%	25	11.57%	19	5.76%
Ultrasound	41	27.89%	5	2.03%	46	11.70%
TOTALS:	336	6.35%	163	2.32%	499	4.06%

Operational improvements are indicated with departmental late charges being down by 4% from 2011 resulting in an increase of $432,000 in billable charges. Radiology staff productivity through February 2012 is 4.54% higher than the industry average. Saturn Radiology PC Collections in February were up by 51% ($134,000) from 2011.

The Radiology Phase II Renovations are once again on track and preliminary discussions have been held to determine timeframes, designs, and associated costs.

TRANSPLANTATION & KIDNEY CARE CENTER - JOHN HENRY

The Transplantation & Kidney Care Center of Excellence has been running high tempo operations for the 1st quarter 2012. All aspects of the operation (business operations, financial management, human resources, information management & technology, governance & quality care) are being assessed and refined.

TRANSPLANTATION
March 6th marked the opening of the first 11 transplant inpatient beds on 10 North. The remaining eleven beds are on track to open in mid-May. Currently the nursing staff has been cross-covering the remaining open beds on other floors. When all 22 inpatient beds are opened we will begin using the multi-acuity beds for direct post-op admissions for all renal transplants.

March has also been a time of growth for our pre-transplant living donor efforts. Last year ECMCC completed 7 living donor transplants in total. Currently we have 8 living donor transplants scheduled between March and June with another 10 close to scheduling. The goal remains to transplant a minimum of 30 living donors in 2012. Pre-transplant evaluations went from 118 in January to 167 in February reflecting our push to consolidate the pending referrals and generally grow the size of the waiting list. We expect to average 40 referrals per month.

Additional efforts are focused on re-vitalization of our Paired Kidney Exchange programs (both national and internal to ECMC). It is no longer acceptable to meet national averages for time until transplant when we know paired exchange programs are indeed showing a much shorter window on waiting time until transplant. There is a strong support group in the Western NY region and that will be a valuable resource as we build this program going forward. Dr. Pankewycz and John Henry both participated in the local support group meeting in March which was well received and an important milestone as we work through the our transition. ECMCC (in conjunction with UNYTS) has initiated steps this month to formalize relations with the Northeast Kidney Alliance with Barbara Breckenridge serving as the local liaison. This is a result of the sudden closure of the local Western NY chapter of the National Kidney Foundation last August.

OUTPATIENT DIALYSIS CENTER
We currently have a census of 118 patients running three shifts for our 36 chair unit. With additional staffing we will continue to fill dialysis chairs. The Peritoneal Dialysis Training Program started as of March 2012. We have outstanding staff with experience

in PD dialysis and have 3 patients since the program was initiated. Next steps include a major marketing effort at promoting all aspects of the Center of Excellence to include PD dialysis services. The home hemodialysis service program continues in planning stages with an expected go-live date in June 2012.

Chief Medical Officer

ERIE COUNTY MEDICAL CENTER CORPORATION

REPORT TO MEDICAL EXECUTIVE COMMITTEE
BRIAN M. MURRAY, MD, CHIEF MEDICAL OFFICER
MARCH 2012

UNIVERSITY AFFAIRS

At the GME Committee meeting of March 20th the UB Department of Neurology presented a review of its neurology program as well as plans for the future. The latter included the decision to discontinue the resident on the inpatient consultation service as of July 1st as well as no longer providing a resident for after hours coverage. The rationale was based on questions of service load, adequate teaching and supervision. After extensive discussion the Committee decided to table a vote on the proposal rending an in-depth review by the Internal Review Committee Chair Dr Braen of recent resident experiences at ECMC compared to other sites.

PROFESSIONAL STEERING COMMITTEE

Meeting was held on Monday march 12th. I will provide a verbal update.

MEDICAL STAFF AFFAIRS

See separate report by Sue Ksiazek for full details.

CLINICAL ISSUES

UTILIZATION REVIEW	December	January	February	YTD vs.2011
Discharges	914	919	852	up 0.1%
Observation	105	108	130	down 5.4%
LOS	6.1	6.8	6.9	up 5.4%
CMI	2.02	1.95	1.99	up 0.8%
Surgical Cases	785	843	793	up 4.0%
Readmissions (30d)	13.0%	14.0%		

Improving Surveillance for Ventilator-Associated Events in Adults

Centers for Disease Control and Prevention (CDC)

What is the National Healthcare Safety Network (NHSN)?

- NHSN is the CDC's healthcare-associated infections (HAI) surveillance system (www.cdc.gov/nhsn). NHSN uses standard methodology and definitions to collect data from U.S. healthcare facilities. More than 5000 healthcare facilities in all 50 states now participate in NHSN. Most participating facilities report data on device-associated HAIs, including ventilator-associated pneumonia (VAP). Many states require hospitals to report HAIs using NHSN.

How is VAP surveillance currently conducted in NHSN?

- NHSN's current pneumonia (PNEU) definitions were last updated in 2002, and were designed to be used for surveillance of all healthcare-associated pneumonia events, including (but not limited to) VAP.
- Three components make up the current PNEU definitions: an "X-Ray" component (required), a "Signs and Symptoms" component (required), and a "Laboratory" component (optional).
- VAP is specifically defined as a PNEU event that occurs at the time a ventilator is in place, or within 48 hours after a ventilator has been in place. There is currently no required duration that the ventilator must be/have been in place for a PNEU to qualify as a VAP.

Why is the CDC changing the way VAP surveillance is done in NHSN?

- The current PNEU definitions are useful for internal quality improvement purposes, but are limited by their subjectivity and complexity. It is necessary to have objective, reliable surveillance definitions for use in public reporting and inter-facility comparisons of event rates and federal pay-for-reporting and -performance programs.

What is the CDC's process for improving NHSN VAP surveillance?

- The CDC's Division of Healthcare Quality Promotion (DHQP) is collaborating with the CDC Prevention Epicenters (http://www.cdc.gov/hai/epicenters), the Critical Care Societies Collaborative (CCSC, http://ccsconline.org), other professional societies and subject matter experts, and federal partners.
- DHQP initiated a collaboration with the CCSC in September 2011, and convened a **VAP Surveillance Definition Working Group**, consisting of representatives from several organizations with expertise in critical care, infectious diseases, healthcare epidemiology and surveillance, and infection control

What progress has the Working Group made?

- The Working Group has proposed a new surveillance definition algorithm to detect VAEs in adult patients. It is not designed for use in the clinical care of patients. The Working Group anticipates that the new definition algorithm will continue to be refined, based on the results of field experience and additional research. The definition algorithm refinement process is, and will continue to be iterative, and will require the ongoing engagement of the critical care, infection prevention, infectious diseases and healthcare epidemiology communities.

What is the new, proposed NHSN surveillance definition algorithm?

- The definition algorithm (presented on page 3) is only for use with the following patients:
  - Patients ≥ 18 years of age;
  - Patients who have been intubated and mechanically ventilated for at least 3 calendar days; and
  - Patients in acute and long-term acute care hospitals and inpatient rehabilitation facilities.
- NOTE: Patients receiving rescue mechanical ventilation therapies (e.g., high-frequency ventilation, extracorporeal membrane oxygenation, or mechanical ventilation in the prone position) are excluded from surveillance using the new, proposed definition algorithm.

How is the new surveillance definition algorithm different from the current PNEU definitions?

- The new algorithm: 1) will detect ventilator-associated conditions and complications, including (but not necessarily limited to) VAP; 2) requires a minimum period of time on the ventilator; 3) focuses on readily-available, objective clinical data; and 4) does not include chest radiograph findings.

Why are chest radiographs not included in the new surveillance definition algorithm?

- Evidence suggests that chest radiograph findings do not accurately identify patients with VAP. Furthermore, the variability in radiograph ordering practices, technique, interpretation, and reporting make chest radiograph findings less well-suited for inclusion in an objective, reliable surveillance definition algorithm to be used for public reporting and inter-facility comparisons of event rates and pay-for-reporting and -performance programs.

How will I find cases using the new algorithm?

- CDC is working on operational guidance to help healthcare facility staff implement the new algorithm for electronic or manual event detection, once it is ready for deployment in NHSN. A possible method to make VAE surveillance more efficient is to organize data elements in a flow sheet at the patient's bedside. In the example below, the shaded area highlights the period during which a possible VAP event is detected.

Associate Medical Director

ERIE COUNTY MEDICAL CENTER CORPORATION

REPORT TO BOARD OF DIRECTORS
DIETRICH JEHLE, MD, ASSOCIATE MEDICAL DIRECTOR
MARCH 26, 2012

CLINICAL ISSUES

Smoking Policy for Patients

We will be looking for physician input in drafting and activating a smoking policy for our patients. There are a number of issues regarding number of occurrences prompting discharge, enforcement, smoking cessation counseling and provision of drug treatment of nicotine withdrawal (patch).

Surgery Resident Response to Codes

The surgery resident will no longer automatically respond to codes. If the code team needs the surgery resident for an emergency central line or surgical airway, they can page the surgery resident overhead as: Surgery STAT to _ Zone _. They will also be paged electronically.

Pediatric Patient Policy

We have taken input from physician and nursing staff to put together a new hospital pediatric policy. We will be drafting a new transfer agreement with Children's Hospital and Kaleida.

ALC (Alternative Level of Care) Patients

The total numbers of ALC days were up significantly in the beginning of this year, averaging approximately 20 ALC patients per day. This negatively impacts on length of stay and hospital profitability. We are partnering with nursing homes with lower occupancy rates for potential solutions. We have made some improvements in March, averaging 11.4 ALC patients per day.

Emergency Department Throughput

Total ED visits have increased by 7.9% for 2012 year to date and hospital admissions from the emergency department are up by 4.7% compared with 2011. MFG closes completely March 30th.

Operating Room Utilization

The operating room volume for 2012 year to date is up by 4.6% compared to 2011 (despite running one room short of 2011 due to renovations). Operating room on-time starts have improved dramatically from 26% to 60-70% of cases. We provided gift cards for surgeons that are on time for 100% of their cases and letters to those with four or more late starts.

PERFORMANCE IMPROVEMENT

The Board PI meeting has been restructured to incorporate hospital QI so that all clinical and support departments report twice annually to this body. A summary of the March 13th Board PI meeting will be provided in executive session during the QI part of the meeting. We will also present issues identified through Quantros and the HOT Team.

Senior Vice President of Nursing

ERIE COUNTY MEDICAL CENTER CORPORATION
NURSING SERVICES
REPORT TO THE BOARD OF MANAGERS
March, 2012

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

WESTERN NEW YORK REGIONAL WORKFORCE COLLABORATIVE POSTER PRESENTED AT THE NATIONAL NDNQI CONFERENCE IN LAS VEGAS

On January 26 and 27, 2012, a poster from The Western New York Center for Nursing Workforce and Quality (WNY CNWQ), a community based collaborative that provides nursing unit-level database from 119 nursing units in 9 hospitals from the WNY area, was presented at the National Annual NDNQI meeting. The poster was an outcome of the Collaborative's Steering Committee activities whose goals for 2011 were to develop a sustainable governance and operations model and to develop a web-based portal to provide data collection and statistical analysis tools to compare patient outcomes and nurse-sensitive measures. A pilot research study to test innovations will be implemented in 2012.

The following individuals were authors of the poster:
Sung-Heui Bae, PhD, MPH, RN, School of Nursing, University at Buffalo The State University of New York, Buffalo, NY, Maureen Kelly, MS, BSN, Roswell Park Cancer Institute, Buffalo, NY, Bonnie Ann Glica, MS, BSN, Erie County medical center, Buffalo, NY, Alexandra Spencer, CNS, BSN, Catholic Healthcare System, Cheektowaga, NY and Jennifer Jennings, DNP, MS, FNP-BC, BSN, Kaleida Health, Buffalo, NY.

Bonnie Ann Glica, MS, BSN – Senior VP of Nursing, Dawn Walters, MS, BSN – ADON and Maria Pinti BSN – Patient Safety Office participated in the symposium along with Sung-Heui Bae, PhD, MPH, RN from UB's School of Nursing.

ORTHOPAEDIC TEACHING TOOLS AND PATIENT EDUCATIONAL MEETINGS INITIATED

In January 2012, revised, contemporized hip pre-operative education sessions for patients and their families were initiated. A multidisciplinary team under the clinical leadership of Judy Haynes RN, BSN – Unit Manger 7z1 revised the educational pamphlets and structured the didactic content of the teaching sessions. Other participants included: Karen Ziemianski MS, RN – ADON; Lynn Golombek Charge RN 7z1; Lynn Whitehead RN – Nursing Education; Debbie Magrum – Respiratory Therapy; Kitty Gazda – Utilization Review and Discharge Planning; Mike Abrams – Physical Therapy; Dr. Stegman Mutty; Dr. Stoeckl; Dr. Duqin and Dr. Ritter. The team also completed revisions to ECMC's Knee teaching pamphlets and corresponding pre-operative educational sessions began in February 2012. Newly authored Shoulder teaching pamphlet and corresponding educational classes started March 22, 2012.

ECMC RECEIVES GWTG HEART FAILURE GOLD AWARD

For clinical outcomes achieved for heart failure care 1/1/11 – 12/31/11, ECMC has met the American Heart Association's requirements for recognition of the Get With The Guidelines (GWTG) Heart Failure Gold Award. ECMC had attained a Silver Award in 2010. Enhancements in care processes led by the following leadership team: Karen Ziemianski RN, MS, ADON – Project Leader, Sandy Beauchamp RN, Dr. Art Orlick, Beth Moses RN – Unit Manager 12 Zone 2, and Donna Carr RN. ECMC is scheduled to be recognized for this achievement in an upcoming edition of US News and World Report.

AF4Q Reducing Readmissions
Twelve-Month Hospital Data Report

This data report presents the data submitted by your hospital for *Reducing Readmissions* through February 3, 2012. This report consists of two sections:

I. Hospital Specific Graphs: October 2010- September 2011
Hospital specific graphs show hospital and group trend lines. Group trend lines show the trends for all hospitals that are similar in characteristics, excluding your hospital, by size and teaching status.

A. Heart Failure Measure of Ideal Care (HF-MIC) by month
B. Heart Failure Measure of Ideal Care (HF-MIC) by quarter
C. 30-Day Heart Failure All-Cause Readmission rates by month
D. Number of 30-Day All-Cause Readmissions by month
E. 30-Day Heart Failure All-Cause and HF-HF Readmission rates baseline and by quarter

II. Data Tables: All months in which data has been submitted stratified by race, ethnicity and language.
A. Baseline: 30-day All-Cause and HF-HF for October 2009-March 2010
B. Heart Failure Measure of Ideal Care (HF-MIC)
C. 30-Day Readmission Rates: All Cause (HF-All Cause) and Heart Failure (HF-HF)

What should you do with this report?

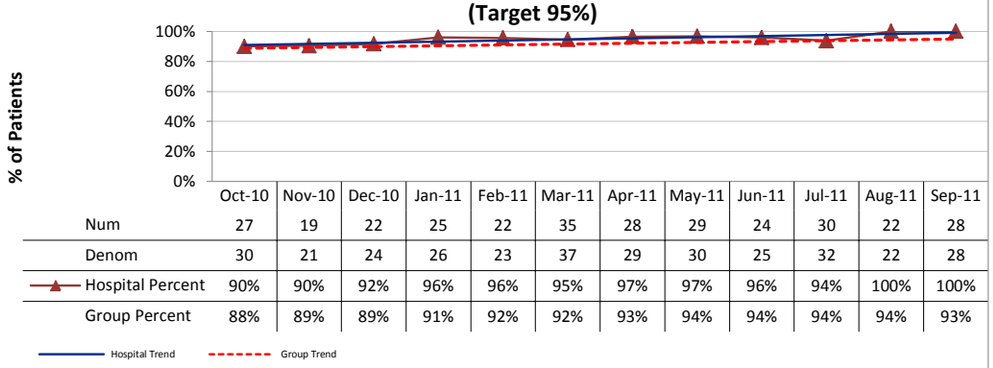
Review this report carefully to ensure that your data are correct. If changes need to be made, upload corrected data to the AF4Q Website at www.forces4quality.org

Share the information with your senior leadership and your Reducing Readmissions team.

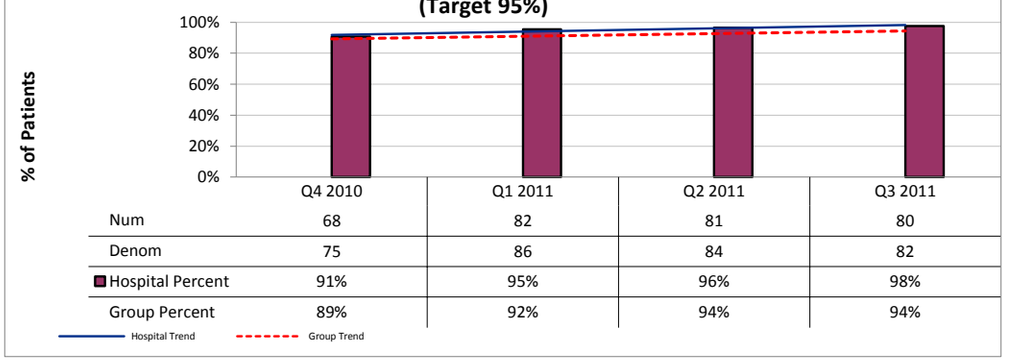
Act on the data and determine next steps. Are your interventions leading to improvement?

If you have any questions or would like a copy of the excel file that generated the enclosed graphs, please contact us at hqn-readmissions@forces4quality.org or call Melissa Henry at (202) 994-4286 or Vickie Sears at (202) 994- 8621.

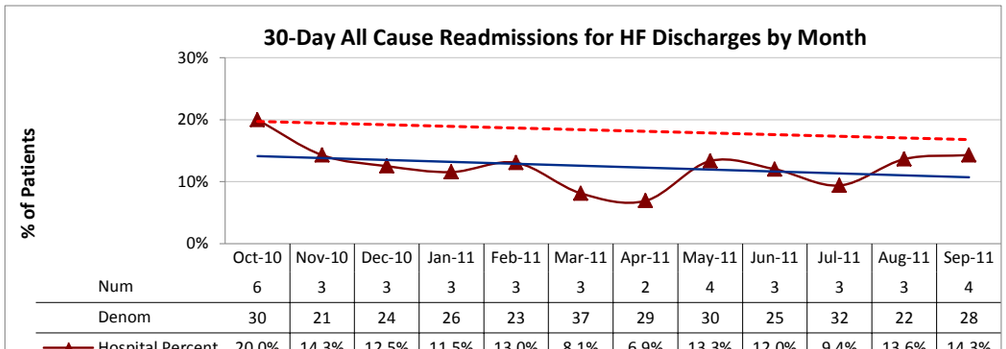
Hospital Quality Network: Reducing Readmissions
Erie County Medical Center Corporation
Western New York



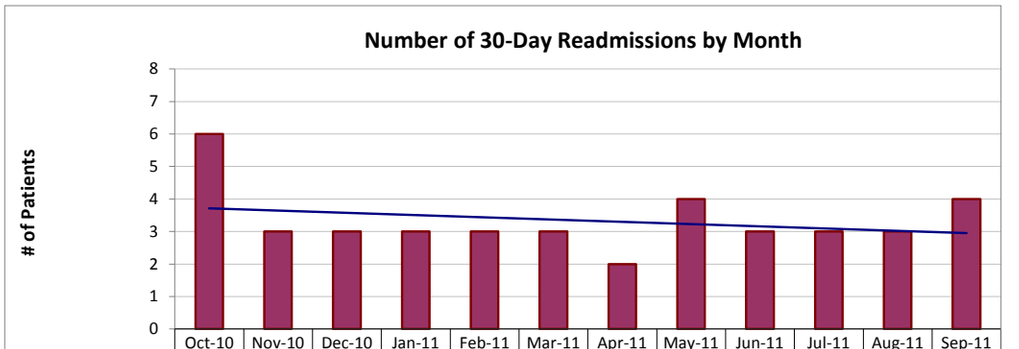
	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11
Num	27	19	22	25	22	35	28	29	24	30	22	28
Denom	30	21	24	26	23	37	29	30	25	32	22	28
Hospital Percent	90%	90%	92%	96%	96%	95%	97%	97%	96%	94%	100%	100%
Group Percent	88%	89%	89%	91%	92%	92%	93%	94%	94%	94%	94%	93%



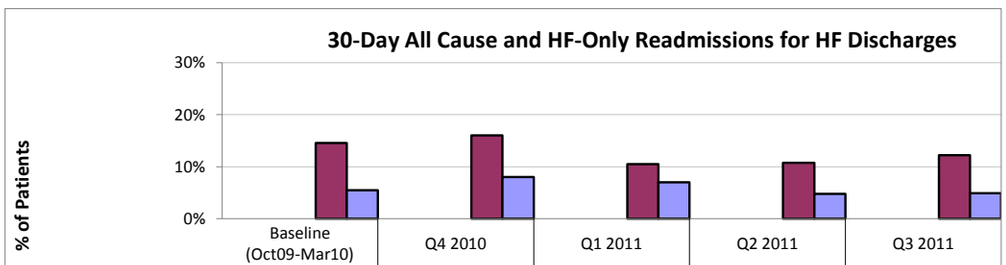
	Q4 2010	Q1 2011	Q2 2011	Q3 2011
Num	68	82	81	80
Denom	75	86	84	82
Hospital Percent	91%	95%	96%	98%
Group Percent	89%	92%	94%	94%



	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11
Num	6	3	3	3	3	3	2	4	3	3	3	4
Denom	30	21	24	26	23	37	29	30	25	32	22	28
Hospital Percent	20.0%	14.3%	12.5%	11.5%	13.0%	8.1%	6.9%	13.3%	12.0%	9.4%	13.6%	14.3%
Group Percent	17.9%	18.4%	19.9%	19.2%	18.6%	20.3%	19.4%	17.9%	18.7%	18.0%	16.0%	14.7%



	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11
# Readmissions	6	3	3	3	3	3	2	4	3	3	3	4



	Baseline (Oct09-Mar10)	Q4 2010	Q1 2011	Q2 2011	Q3 2011
HF-All Cause Num	24	12	9	9	10
HF-HF Num	9	6	6	4	4
HF Discharges Denom	165	75	86	84	82
HF-All Cause %	14.5%	16.0%	10.5%	10.7%	12.2%
HF-HF %	5.5%	8.0%	7.0%	4.8%	4.9%

Group Characteristics -----	
Size:	Large
Teaching Hospital:	YES

Note: The group trendlines depict data for all hospitals that are similar in characteristics, excluding your hospital data. The group characteristics are determined by the hospital's teaching status and size.

HF-All Cause Total number of persons readmitted for any reason (numerator) / total number of HF discharges (denominator)
HF-HF Total number of persons readmitted for HF (numerator) / total number of HF discharges (denominator)

Measure	*Black*	*White*	*Asian*	*AI/AN*	*NHPI*	*Multiracial*	*Declined*	*Unavailable*	*Total*	*Total %*
HF-All Cause										
Oct-09	3 / 17	0 / 10	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	3 / 27	11.1%
Nov-09	1 / 11	2 / 13	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	3 / 24	12.5%
Dec-09	1 / 16	1 / 10	0 / 0	0 / 1	0 / 0	0 / 0	0 / 0	0 / 0	2 / 27	7.4%
Jan-10	2 / 15	6 / 16	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	8 / 31	25.8%
Feb-10	2 / 19	0 / 4	0 / 1	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	2 / 24	8.3%
Mar-10	4 / 18	2 / 13	0 / 0	0 / 0	0 / 0	0 / 1	0 / 0	0 / 0	6 / 32	18.8%
Total	13 / 96	11 / 66	0 / 1	0 / 1	0 / 0	0 / 1	0 / 0	0 / 0	24 / 165	14.5%
HF-HF										
Oct-09	1 / 17	0 / 10	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	1 / 27	3.7%
Nov-09	0 / 11	0 / 13	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 24	0.0%
Dec-09	0 / 16	0 / 10	0 / 0	0 / 1	0 / 0	0 / 0	0 / 0	0 / 0	0 / 27	0.0%
Jan-10	1 / 15	2 / 16	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	3 / 31	9.7%
Feb-10	2 / 19	0 / 4	0 / 1	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	2 / 24	8.3%
Mar-10	3 / 18	0 / 13	0 / 0	0 / 0	0 / 0	0 / 1	0 / 0	0 / 0	3 / 32	9.4%
Total	7 / 96	2 / 66	0 / 1	0 / 1	0 / 0	0 / 1	0 / 0	0 / 0	9 / 165	5.5%

HF-All Cause Total number of persons readmitted for any reason (numerator) / total number of HF discharges (denominator)
HF-HF Total number of persons readmitted for HF (numerator) / total number of HF discharges (denominator)

Measure	*Hispanic*	*Not Hispanic*	*Declined*	*Unavailable*	*Total*	*Total %*
HF-All Cause						
Oct-09	0 / 0	0 / 0	0 / 0	3 / 27	3 / 27	11.1%
Nov-09	0 / 0	0 / 0	0 / 0	3 / 24	3 / 24	12.5%
Dec-09	0 / 0	2 / 27	0 / 0	0 / 0	2 / 27	7.4%
Jan-10	0 / 0	8 / 31	0 / 0	0 / 0	8 / 31	25.8%
Feb-10	0 / 0	2 / 24	0 / 0	0 / 0	2 / 24	8.3%
Mar-10	0 / 3	6 / 29	0 / 0	0 / 0	6 / 32	18.8%
Total	0 / 3	18 / 111	0 / 0	6 / 51	24 / 165	14.5%
HF-HF						
Oct-09	0 / 0	0 / 0	0 / 0	1 / 27	1 / 27	3.7%
Nov-09	0 / 0	0 / 0	0 / 0	0 / 24	0 / 24	0.0%
Dec-09	0 / 0	0 / 27	0 / 0	0 / 0	0 / 27	0.0%
Jan-10	0 / 0	3 / 31	0 / 0	0 / 0	3 / 31	9.7%
Feb-10	0 / 0	2 / 24	0 / 0	0 / 0	2 / 24	8.3%
Mar-10	0 / 3	3 / 29	0 / 0	0 / 0	3 / 32	9.4%
Total	0 / 3	8 / 111	0 / 0	1 / 51	9 / 165	5.5%

HF-All Cause Total number of persons readmitted for any reason (numerator) / total number of HF discharges (denominator)
HF-HF Total number of persons readmitted for HF (numerator) / total number of HF discharges (denominator)

Measure	*English*	*Spanish*	*Other*	*Declined*	*Unavailable*	*Total*	*Total %*
HF-All Cause							
Oct-09	3 / 27	0 / 0	0 / 0	0 / 0	0 / 0	3 / 27	11.1%
Nov-09	3 / 24	0 / 0	0 / 0	0 / 0	0 / 0	3 / 24	12.5%
Dec-09	2 / 27	0 / 0	0 / 0	0 / 0	0 / 0	2 / 27	7.4%
Jan-10	8 / 31	0 / 0	0 / 0	0 / 0	0 / 0	8 / 31	25.8%
Feb-10	2 / 24	0 / 0	0 / 0	0 / 0	0 / 0	2 / 24	8.3%
Mar-10	6 / 31	0 / 1	0 / 0	0 / 0	0 / 0	6 / 32	18.8%
Total	24 / 164	0 / 1	0 / 0	0 / 0	0 / 0	24 / 165	14.5%
HF-HF							
Oct-09	1 / 27	0 / 0	0 / 0	0 / 0	0 / 0	1 / 27	3.7%
Nov-09	0 / 24	0 / 0	0 / 0	0 / 0	0 / 0	0 / 24	0.0%
Dec-09	0 / 27	0 / 0	0 / 0	0 / 0	0 / 0	0 / 27	0.0%
Jan-10	3 / 31	0 / 0	0 / 0	0 / 0	0 / 0	3 / 31	9.7%
Feb-10	2 / 24	0 / 0	0 / 0	0 / 0	0 / 0	2 / 24	8.3%
Mar-10	3 / 31	0 / 1	0 / 0	0 / 0	0 / 0	3 / 32	9.4%
Total	9 / 164	0 / 1	0 / 0	0 / 0	0 / 0	9 / 165	5.5%

HF Measure of Ideal Care (HF-MIC): Total number of patients that received Measure of Ideal Care (numerator) / total number of patients eligible (denominator)

Measure	*Black*	*White*	*Asian*	*AI/AN*	*NHPI*	*Multiracial*	*Declined*	*Unavailable*	*Total*	*Total %*
HF-MIC										
Oct-10	17 / 19	10 / 11	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	27 / 30	90%
Nov-10	10 / 10	9 / 11	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	19 / 21	90%
Dec-10	13 / 14	9 / 10	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	22 / 24	92%
Jan-11	17 / 18	8 / 8	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	25 / 26	96%
Feb-11	14 / 14	8 / 9	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	22 / 23	96%
Mar-11	20 / 22	14 / 14	0 / 0	0 / 0	0 / 0	1 / 1	0 / 0	0 / 0	35 / 37	95%
Apr-11	22 / 23	6 / 6	0 / 0	0 0	0 / 0	0 / 0	0 / 0	0 / 0	28 / 29	97%
May-11	17 / 17	12 / 13	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	29 / 30	97%
Jun-11	13 / 13	11 / 12	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	24 / 25	96%
Jul-11	16 / 18	14 / 14	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	30 / 32	94%
Aug-11	10 / 10	12 / 12	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	22 / 22	100%
Sep-11	16 / 16	12 / 12	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	28 / 28	100%
Oct-11	13 / 14	6 / 6	0 / 0	1 / 1	0 / 0	0 / 0	0 / 0	0 / 0	20 / 21	95%
Nov-11	18 / 19	10 / 11	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	28 / 30	93%

HF Measure of Ideal Care (HF-MIC): Total number of patients that received Measure of Ideal Care (numerator) / total number of patients eligible (denominator)

Measure	*Hispanic*	*Not Hispanic*	*Declined*	*Unavailable*	*Total*	*Total %*
HF-MIC						
Oct-10	0 / 0	27 / 30	0 / 0	0 / 0	27 / 30	90%
Nov-10	0 / 0	19 / 21	0 / 0	0 / 0	19 / 21	90%
Dec-10	2 / 2	20 / 22	0 / 0	0 / 0	22 / 24	92%
Jan-11	0 / 0	25 / 26	0 / 0	0 / 0	25 / 26	96%
Feb-11	0 / 0	22 / 23	0 / 0	0 / 0	22 / 23	96%
Mar-11	0 / 0	35 / 37	0 / 0	0 / 0	35 / 37	95%
Apr-11	0 / 0	28 / 29	0 / 0	0 / 0	28 / 29	97%
May-11	0 / 0	29 / 30	0 / 0	0 / 0	29 / 30	97%
Jun-11	0 / 0	24 / 25	0 / 0	0 / 0	24 / 25	96%
Jul-11	0 / 0	30 / 32	0 / 0	0 / 0	30 / 32	94%
Aug-11	0 / 0	22 / 22	0 / 0	0 / 0	22 / 22	100%
Sep-11	0 / 0	28 / 28	0 / 0	0 / 0	28 / 28	100%
Oct-11	0 / 0	20 / 21	0 / 0	0 / 0	20 / 21	95%
Nov-11	0 / 0	28 / 30	0 / 0	0 / 0	28 / 30	93%

HF Measure of Ideal Care (HF-MIC): Total number of patients that received Measure of Ideal Care (numerator) / total number of patients eligible (denominator)

Measure	*English*	*Spanish*	*Other*	*Declined*	*Unavailable*	*Total*	*Total %*
HF-MIC							
Oct-10	27 / 30	0 / 0	0 / 0	0 / 0	0 / 0	27 / 30	90%
Nov-10	19 / 21	0 / 0	0 / 0	0 / 0	0 / 0	19 / 21	90%
Dec-10	22 / 24	0 / 0	0 / 0	0 / 0	0 / 0	22 / 24	92%
Jan-11	25 / 26	0 / 0	0 / 0	0 / 0	0 / 0	25 / 26	96%
Feb-11	22 / 23	0 / 0	0 / 0	0 / 0	0 / 0	22 / 23	96%
Mar-11	35 / 37	0 / 0	0 / 0	0 / 0	0 / 0	35 / 37	95%
Apr-11	28 / 29	0 / 0	0 / 0	0 / 0	0 / 0	28 / 29	97%
May-11	29 / 30	0 / 0	0 / 0	0 / 0	0 / 0	29 / 30	97%
Jun-11	24 / 25	0 / 0	0 / 0	0 / 0	0 / 0	24 / 25	96%
Jul-11	30 / 32	0 / 0	0 / 0	0 / 0	0 / 0	30 / 32	94%
Aug-11	22 / 22	0 / 0	0 / 0	0 / 0	0 / 0	22 / 22	100%
Sep-11	28 / 28	0 / 0	0 / 0	0 / 0	0 / 0	28 / 28	100%
Oct-11	20 / 21	0 / 0	0 / 0	0 / 0	0 / 0	20 / 21	95%
Nov-11	28 / 30	0 / 0	0 / 0	0 / 0	0 / 0	28 / 30	93%

HF-All Cause Total number of persons readmitted for any reason (numerator) / total number of HF discharges (denominator)
HF-HF Total number of persons readmitted for HF (numerator) / total number of HF discharges (denominator)

Measure	*Black*	*White*	*Asian*	*AI/AN*	*NHPI*	*Multiracial*	*Declined*	*Unavailable*	*Total*	*Total %*
HF-All Cause										
Oct-10	3 / 19	3 / 11	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	6 / 30	20.0%
Nov-10	2 / 10	1 / 11	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	3 / 21	14.3%
Dec-10	2 / 14	1 / 10	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	3 / 24	12.5%
Jan-11	3 / 18	0 / 8	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	3 / 26	11.5%
Feb-11	2 / 14	1 / 9	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	3 / 23	13.0%
Mar-11	2 / 22	1 / 14	0 / 0	0 / 0	0 / 0	0 / 1	0 / 0	0 / 0	3 / 37	8.1%
Apr-11	2 / 23	0 / 6	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	2 / 29	6.9%
May-11	3 / 17	1 / 13	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	4 / 30	13.3%
Jun-11	2 / 13	1 / 12	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	3 / 25	12.0%
Jul-11	2 / 18	1 / 14	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	3 / 32	9.4%
Aug-11	2 / 10	1 / 12	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	3 / 22	13.6%
Sep-11	3 / 16	1 / 12	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	4 / 28	14.3%
Oct-11	2 / 14	1 / 6	0 / 0	0 / 1	0 / 0	0 / 0	0 / 0	0 / 0	3 / 21	14.3%
Nov-11	1 / 19	2 / 11	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	3 / 30	10.0%
HF-HF										
Oct-10	0 / 19	1 / 11	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	1 / 30	3.3%
Nov-10	1 / 10	1 / 11	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	2 / 21	9.5%
Dec-10	2 / 14	1 / 10	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	3 / 24	12.5%
Jan-11	3 / 18	0 / 8	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	3 / 26	11.5%
Feb-11	2 / 14	1 / 9	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	3 / 23	13.0%
Mar-11	0 / 22	0 / 14	0 / 0	0 / 0	0 / 0	0 / 1	0 / 0	0 / 0	0 / 37	0.0%
Apr-11	1 / 23	0 / 6	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	1 / 29	3.4%
May-11	2 / 17	0 / 13	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	2 / 30	6.7%
Jun-11	1 / 13	0 / 12	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	1 / 25	4.0%
Jul-11	0 / 18	1 / 14	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	1 / 32	3.1%
Aug-11	0 / 10	1 / 12	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	1 / 22	4.5%
Sep-11	1 / 16	1 / 12	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	2 / 28	7.1%
Oct-11	1 / 14	0 / 6	0 / 0	0 / 1	0 / 0	0 / 0	0 / 0	0 / 0	1 / 21	4.8%
Nov-11	0 / 19	1 / 11	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	1 / 30	3.3%

HF-All Cause Total number of persons readmitted for any reason (numerator) / total number of HF discharges
HF-HF Total number of persons readmitted for HF (numerator) / total number of HF discharges (denominator)

Measure	*Hispanic*	*Not Hispanic*	*Declined*	*Unavailable*	*Total*	*Total %*
HF-All Cause						
Oct-10	0 / 0	6 / 30	0 / 0	0 / 0	6 / 30	20.0%
Nov-10	0 / 0	3 / 21	0 / 0	0 / 0	3 / 21	14.3%
Dec-10	0 / 2	3 / 22	0 / 0	0 / 0	3 / 24	12.5%
Jan-11	0 / 0	3 / 26	0 / 0	0 / 0	3 / 26	11.5%
Feb-11	0 / 0	3 / 23	0 / 0	0 / 0	3 / 23	13.0%
Mar-11	0 / 0	3 / 37	0 / 0	0 / 0	3 / 37	8.1%
Apr-11	0 / 0	2 / 29	0 / 0	0 / 0	2 / 29	6.9%
May-11	0 / 0	4 / 30	0 / 0	0 / 0	4 / 30	13.3%
Jun-11	0 / 0	3 / 25	0 / 0	0 / 0	3 / 25	12.0%
Jul-11	0 / 0	3 / 32	0 / 0	0 / 0	3 / 32	9.4%
Aug-11	0 / 0	3 / 22	0 / 0	0 / 0	3 / 22	13.6%
Sep-11	0 / 0	4 / 28	0 / 0	0 / 0	4 / 28	14.3%
Oct-11	0 / 0	3 / 21	0 / 0	0 / 0	3 / 21	14.3%
Nov-11	0 / 0	3 / 30	0 / 0	0 / 0	3 / 30	10.0%
HF-HF						
Oct-10	0 / 0	1 / 30	0 / 0	0 / 0	1 / 30	3.3%
Nov-10	0 / 0	2 / 21	0 / 0	0 / 0	2 / 21	9.5%
Dec-10	0 / 2	3 / 22	0 / 0	0 / 0	3 / 24	12.5%
Jan-11	0 / 0	3 / 26	0 / 0	0 / 0	3 / 26	11.5%
Feb-11	0 / 0	3 / 23	0 / 0	0 / 0	3 / 23	13.0%
Mar-11	0 / 0	0 / 37	0 / 0	0 / 0	0 / 37	0.0%
Apr-11	0 / 0	1 / 29	0 / 0	0 / 0	1 / 29	3.4%
May-11	0 / 0	2 / 30	0 / 0	0 / 0	2 / 30	6.7%
Jun-11	0 / 0	1 / 25	0 / 0	0 / 0	1 / 25	4.0%
Jul-11	0 / 0	1 / 32	0 / 0	0 / 0	1 / 32	3.1%
Aug-11	0 / 0	1 / 22	0 / 0	0 / 0	1 / 22	4.5%
Sep-11	0 / 0	2 / 28	0 / 0	0 / 0	2 / 28	7.1%
Oct-11	0 / 0	1 / 21	0 / 0	0 / 0	1 / 21	4.8%
Nov-11	0 / 0	1 / 30	0 / 0	0 / 0	1 / 30	3.3%

HF-All Cause Total number of persons readmitted for any reason (numerator) / total number of HF discharges (denominator)
HF-HF Total number of persons readmitted for HF (numerator) / total number of HF discharges (denominator)

Measure	*English*	*Spanish*	*Other*	*Declined*	*Unavailable*	*Total*	*Total %*
HF-All Cause							
Oct-10	6 / 30	0 / 0	0 / 0	0 / 0	0 / 0	6 / 30	20.0%
Nov-10	3 / 21	0 / 0	0 / 0	0 / 0	0 / 0	3 / 21	14.3%
Dec-10	3 / 24	0 / 0	0 / 0	0 / 0	0 / 0	3 / 24	12.5%
Jan-11	3 / 26	0 / 0	0 / 0	0 / 0	0 / 0	3 / 26	11.5%
Feb-11	3 / 23	0 / 0	0 / 0	0 / 0	0 / 0	3 / 23	13.0%
Mar-11	3 / 37	0 / 0	0 / 0	0 / 0	0 / 0	3 / 37	8.1%
Apr-11	2 / 29	0 / 0	0 / 0	0 / 0	0 / 0	2 / 29	6.9%
May-11	4 / 30	0 / 0	0 / 0	0 / 0	0 / 0	4 / 30	13.3%
Jun-11	3 / 25	0 / 0	0 / 0	0 / 0	0 / 0	3 / 25	12.0%
Jul-11	3 / 32	0 / 0	0 / 0	0 / 0	0 / 0	3 / 32	9.4%
Aug-11	3 / 22	0 / 0	0 / 0	0 / 0	0 / 0	3 / 22	13.6%
Sep-11	4 / 28	0 / 0	0 / 0	0 / 0	0 / 0	4 / 28	14.3%
Oct-11	3 / 21	0 / 0	0 / 0	0 / 0	0 / 0	3 / 21	14.3%
Nov-11	3 / 30	0 / 0	0 / 0	0 / 0	0 / 0	3 / 30	10.0%
HF-HF							
Oct-10	1 / 30	0 / 0	0 / 0	0 / 0	0 / 0	1 / 30	3.3%
Nov-10	2 / 21	0 / 0	0 / 0	0 / 0	0 / 0	2 / 21	9.5%
Dec-10	3 / 24	0 / 0	0 / 0	0 / 0	0 / 0	3 / 24	12.5%
Jan-11	3 / 26	0 / 0	0 / 0	0 / 0	0 / 0	3 / 26	11.5%
Feb-11	3 / 23	0 / 0	0 / 0	0 / 0	0 / 0	3 / 23	13.0%
Mar-11	0 / 37	0 / 0	0 / 0	0 / 0	0 / 0	0 / 37	0.0%
Apr-11	1 / 29	0 / 0	0 / 0	0 / 0	0 / 0	1 / 29	3.4%
May-11	2 / 30	0 / 0	0 / 0	0 / 0	0 / 0	2 / 30	6.7%
Jun-11	1 / 25	0 / 0	0 / 0	0 / 0	0 / 0	1 / 25	4.0%
Jul-11	1 / 32	0 / 0	0 / 0	0 / 0	0 / 0	1 / 32	3.1%
Aug-11	1 / 22	0 / 0	0 / 0	0 / 0	0 / 0	1 / 22	4.5%
Sep-11	2 / 28	0 / 0	0 / 0	0 / 0	0 / 0	2 / 28	7.1%
Oct-11	1 / 21	0 / 0	0 / 0	0 / 0	0 / 0	1 / 21	4.8%
Nov-11	1 / 30	0 / 0	0 / 0	0 / 0	0 / 0	1 / 30	3.3%

Vice President of Human Resources

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

TUESDAY, MARCH 13, 2012
ECMCC STAFF DINING ROOM

VOTING BOARD MEMBERS PRESENT OR ATTENDING BY CONFERENCE TELEPHONE:		JODY L. LOMEO FRANK B. MESIAH RICHARD F. BROX
BOARD MEMBERS EXCUSED:	JOSEPH ZIZZI, SR., M.D.	BISHOP MICHAEL A. BADGER, CHAIR
ALSO PRESENT:	KATHLEEN O'HARA CARLA CLARKE JANET BULGER	MARK BARABAS KAREN HORLACHER NANCY TUCKER

I. CALL TO ORDER

Acting Chair Richard F. Brox called the meeting to order at 9:30 a.m.

II. RECEIVE & FILE

Moved by Richard F. Brox and seconded by Frank Mesiah to receive the Human Resources Committee minutes of the January 17, 2012 meeting.

III. CSEA NEGOTIATIONS

A meeting was held with CSEA last week and dates were set to continue negotiations. The next meeting with CSEA will be held at the end of March.

IV. NYSNA NEGOTIATIONS

NYSNA has demanded negotiations and dates will be set up for the future.

V. 2011 ANNUAL PHYSICALS COMPLETION RATES

Kathleen O'Hara reported that the compliance rate for 2011 was over 90%. The goal was met as Joint Commission requires a 90% compliance rate.

VI. TURNOVER RATES

Turnover for ECMCC has continued to be very low. 2011 ended with an 8.6% turnover rate.

VII. WELLNESS/BENEFITS UPDATE

Nancy Tucker distributed a summary of Benefits related activities that took place in 2011. Additional seminars will be held in 2012 on various Wellness topics, including smoking cessation. Ms. Tucker reported the need of a process on how to collect retiree Dental premiums more efficiently. Discussion ensued regarding volunteers participating in Wellness Activities.

VIII. WORKERS COMPENSATION UPDATE

A Workers Compensation report for January 2012 was distributed. 2012 is comparable to 2011 data. Calendar days lost for 2012 is higher due to employees not being cleared to return to work generally because of where in the hospital they work.

IX. TRAINING

Ongoing training includes Workplace Violence and Customer Service. HR recently held a training regarding discipline and discharge for supervisors and managers. There were about 40 in attendance. Upcoming training includes Civil Service and the Taylor Law.

X. INFORMATION/OTHER

The 2011 EEO Report was distributed.

Jody Lomeo reported that Janet Bulger, Kathleen O'Hara, Rich Cleland and himself visited Erie County Home recently to answer questions regarding the move to the Grider Street Campus.

XI. ADJOURNMENT

Moved by Richard Brox to adjourn the Human Resources Committee meeting at 10:05am

Chief Information Officer

ERIE COUNTY MEDICAL CENTER CORPORATION

HEALTH INFORMATION SYSTEM/TECHNOLOGY

March 2012

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

ARRA Meaningful Use Inpatient Report Card. ECMC continues to strive towards completing Meaningful Use Stage 1 by 2nd quarter of 2012. This includes Clevehill Family Practice and Grider Health Family Practice and Inpatient. Attestation for compliance will take place prior to October 1st, 2012.

Computerized Physician Order Entry. The team continues to work towards streamlining the ordering process for all clinical areas including Radiology, Laboratory, Nursing and ancillary clinical areas. For example, the Laboratory sub-committee has reduced the amount of orderable laboratory test s from over eleven hundred tests to approximately five hundred. Continue the upgrade of the current formulary vendor to First Data Bank with a target go live for the end February. Next phase include finalizing the clinical workflow, continuation of the ED order sets and training and communication plan. Target go live is slated for mid to end of April, 2012. Meeting this goal will fulfill the CPOE objective placed by the ARRA Meaningful Use Stage 1.

Allscripts Ambulatory Electronic Health Record (EHR). The team has finalized setup and configuration of the Grider Health Family Practice. End user training is scheduled for February 6, 2012 followed by go live date of February 15th with the opening of the clinic. Continue to work on the requirements for Meaningful Use Stage 1, alignment of the current support model and Clevehill Family Practice optimization.

Microsoft Exchange System (Email) Upgrade. Working with executive management, a team is developing a plan to implement electronic email to all nursing staff by April 1, 2012. This will include a system wide upgrade to the current email system to the latest release of Microsoft Exchange, review of current policy and procedures and development of a communication and training plan for all end users. Once completed, the team will focus on developing tools that will support ECMC's communication process.

Chemical Dependency Clinic Automation Project. Working with Revenue Cycle Department, performed an assessment identifying the projects (including resources, timeline and cost) required to successfully automate the Chemical Dependency Clinic and therefore improving throughput and operational efficiencies , increase reimbursement, and improve quality of care. Most processes at this clinic are manually accomplished via written documentation, with the exception of a registration process. The team proposed the following projects to be initiated (1) Charge Process Review (2) Intake Process, i.e. Registration re-design, (3) Scheduling and (4) EMR Development. The Chemical Dependency Steering Committee has approved the team to move forward all projects with the exception of the EMR Development which will follow the corporation strategic plan.

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
March 27, 2012

Marketing

New ECMC Re-branding "True Care" and "Expansion" marketing campaign for 2012 in development
New marketing materials developed for all new service lines
Internal communications efforts enhanced in response to employee survey

Planning and Business Development

Operation Room expansion filed
Coordinating Accelero Orthopedic and General Surgery margin initiative
Coordinating planning for Great Lakes Health Strategic and Community Planning Committee meetings
Working with Professional Steering Committee and assisting all subcommittees
Managing CON processes
Developing primary care and specialty strategy and have had multiple confidentiality agreements signed
Dr. Howard Sperry practice has over 1500 patients and ancillary business has had significant referrals
Two large Southtown primary care physicians underway
Another large primary care practice in development
In discussions with four large specialty practices looking to affiliate with ECMC
Presentations made to two rural hospitals for affiliations

Media Report

- **Western New York Health: ECMC opens Transplant and Kidney Care Center.** Erie County Medical Center opened the new $27 million Regional Center of Excellence for Transplantation & Kidney Care at the hospital's Health Campus that experts hailed as an impressive national model in the transplantation and kidney care health.
- **The Buffalo News; Buffalo Business First; Western New York Health Magazine: Grant eyed to consolidate two key services at ECMC.** Erie County Medical Center and Kaleida Health are applying for a $25 million state HEAL NY grant for a proposed Regional Behavioral Health Center of Excellence which would combine services to create a new psychiatric emergency program and new inpatient facilities. Dr. Yohesh Bakhai and Richard Cleland are quoted.
- **www.mtmercy.org: A Parents Reflection.** A man looks back at a traumatic incident that near took his child's life but for the kindness and skill of certain individuals including the rehab experts at ECMC.
- **Evening Observer: Seneca Nation elects eight experts to Health Commission.** ECMC's Sharon Hanson, Tom Quatroche and Anthony Billittier were elected to the Seneca Nation of Indians Health System Commission Board.
- **Buffalo Health Living: Why are cars crashing into buildings?** Since last August, there have been more than 20 accidents involving cars crashing into buildings in the Buffalo area. Lisa Thorpe, MS, OTR, Occupational Therapist and Driver Rehabilitation Specialist at ECMC, is quoted.
- **WGRZ-TV, Channel 2; WBFO Radio 88.7 FM: Feature story on ECMC Associate Medical Director, Detrich Jehle.** Dr. Jehle's role in emergency medicine and his dedication are a direct result of the example his father set.
- **WGRZ-TV, Channel 2: Shannon Smith, an ECMC rehab patient, tells her story of recovery and inspiration after dealing with severe Sepsis.** ECMC occupational and physical therapists work with this incredible person.
- **WGRZ-TV, Channel 2: Senator pushes for ban on synthetic marijuana.** Ban is supported by ECMC's Chemical Dependency Unit doctor Richard Blondell, MD. Dr. Blondell is quoted.

Community and Government Relations

Mammography Bus being built for Spring of 2012
Meetings held with all community agencies that assist in breast cancer prevention
(Komen, Witness Project, etc.)
Discussed Behavioral Health plans and funding assistance with NYS and Congressional Delegation
Campaign for employees, community agencies, and community members underway for HEAL grant
Presentation made to Cheektowaga Chamber of Commerce on growth of ECMC
Attended HANYS Board meeting
Attended National Association of Public Hospitals advocacy day in Washington, DC
Attended HANYS advocacy day in Albany

Executive Director, ECMC Lifeline Foundation

ECMC Lifeline Foundation Report
For ECMCC Board of Directors
March 27, 2012

Submitted by
Susan M. Gonzalez, Executive Director

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

- Ongoing planning/strategy meetings with Campaign Chair, Jonathan Dandes continue biweekly and monthly Campaign Cabinet Member meetings are scheduled.

- Weekly Tours and meetings with prospective donors and campaign cabinet members are being conducted.

Event News

- **Springfest Gala 2012 - Saturday, May 12, 2012 at the Buffalo Niagara Convention Center**
  Sponsorships, Tables & Tickets are now being sold. The event will feature Motown legends, The Commodores, the Bobby Militello Quartet & Lance Diamond.

  The Lifeline Foundation has been honoring distinguished hospital personnel since 1989 and works tirelessly to support the lifesaving mission of ECMC. Distinguished Service Awards will be presented to 2012 honorees:

  Dr. Philip M. Stegemann, MD
  Chief of Service Orthopaedics, ECMC
  Assoc. Prof. of Clinical Orthopaedics, School of Medicine and Biomedical Sciences SUNYAB

  Rita Rivers RN, BSN, CNOR
  Nursing Inservice Instructor – Operating Room, ECMC

  The Annual Gift Gathering Luncheon held March 15th at the Buffalo Club was our largest with 120 guests. Hosts included Mrs. Mary Lomeo, Mrs. Theresa Jehle, Mrs. Jayne Murray, Mrs. Sheila Kowalski and Mrs. Barbara Tomasi.

  A Cocktail Reception Gift Gathering hosted by Jody & Mary Lomeo and held March 22nd at Russell's was very well attended.

  Sponsorship meetings are in process and just almost $220,000 have been secured as of report submission (3/16).

  Next Gala Committee meeting **Monday, April 2nd at 8:30** am in the 3rd floor Board of Directors room

  Watch for invitations the week of March 26th

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

NEW BUSINESS

OLD BUSINESS

Medical-Dental Executive Committee

MEDICAL EXECUTIVE COMMITTEE MEETING
MONDAY, JANUARY 23, 2012 AT 11:30 A.M.

Attendance (Voting Members):

D. Amsterdam, PhD	W. Flynn, MD	
Y. Bakhai, MD	C. Gogan, DDS	
W. Belles, MD	J. Izzo, MD	
G. Bennett, MD	J. Kowalski, MD	
A. Chauncey, PA	J. Lukan, MD	
S. Cloud, DO	K. Malik, MD	
R. Desai, MD	K. Pranikoff, MD	
T. DeZastro, MD	B. Rohrbacher, MD (for Dr. Stegemann)	
N. Ebling, DO	R. Venuto, MD	
R. Ferguson, MD	J. Woytash, MD, DDS	

Attendance (Non-Voting Members):

B. Glica, RN	M. Barabas	C. Gazda, RN
J. Fudyma, MD	C. Ludlow, RN	S. Siskin (for R. Gerwitz)
D. Jehle, MD	M. Sammarco	D. Walters, RN
B. Murray, MD	A. Victor-Lazarus, RN	
J. Lomeo	R. Krawiec	
S. Ksiazek	R. Cleland	

Excused:

A. Arroyo, MD	M. Manka, MD	
S. Downing, MD	J. Reidy, MD	
R. Hall, MD, DDS	R. Schuder, MD	
T. Loree, MD	P. Stegemann, MD	

Absent:

None		

I. CALL TO ORDER

A. Dr. DeZastro called the meeting to order at 11:42 a.m.

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

A. The Seriously Delinquent Records report was included as part of Dr. Kowalski's report. Continue attention to reduce the number of delinquent records, especially those that have been on the list for an extended period of time.

III. UNIVERSITY REPORT – Dean Cain, MD

A. Dr. Cain unable to attend today. Dr. Murray included updates as part of his report.

IV. CEO/COO/CFO BRIEFING

(1) CEO REPORT - Jody Lomeo

A. **EMPLOYEE SURVEY** – The results of the recently completed employee survey were discussed. Employees rate the hospital as a more paternal than collaborative organization. Communication is an issue by not involving employees as much as is needed. Employee groups are meeting with key administrative staff to find solutions. The most concerning issue is that there is a group of employees who feel they are dismissed and ideas not taken seriously. Mr. Lomeo feels he needs to be more visible in certain areas and inform employees of the organizational goals and review organizational performance. A series of discussions (STATE OF THE HOSPITAL addresses) have been scheduled in the coming weeks with employees to improve communication. It was requested that the Chief physicians attend these sessions if possible.

B. **PROGRAM UPDATES** – The organization is submitting a Heal Grant Application in February to establish a Behavioral Health Center of Excellence on this campus. A CON request on behalf of the orthopedic programs to establish 4 outpatient surgical suites and establish an orthopedic inpatient floor has been submitted. The new Skilled Nursing Facility is slated to be completed this year and transition of the Home will commence. The Employee Fitness Center should be completed in May and open for employee use.

C. **TELEVISION DONATION** - Mr. Russell Salvatore has generously stepped forward with a large gift that will be used to provide a new flat screen TV for every patient room. The hospital will provide TV service free of charge.

D. **COUNTY UPDATE** – Mr. Lomeo reports he will be meeting with newly elected County Executive Mark Polancarz to ensure positive on-going relations.

(2) FINANCIAL REPORT – Michael Sammarco, CFO

A. **Budget Update –** Year end 2011 figures are not yet finalized and will be reported next month. Statistically December 2011 was a good month with strong discharges and surgeries but the case mix index was down resulting in lower revenue. A more accurate financial report will be provided at the February 2012 meeting.

V. HOSPITAL PRESIDENT REPORT – Mark Barabas

A. **PROJECT UPDATE** – Mr. Barabas reports the Community Health Center, now that the former tenant has evacuated, renovation will begin shortly. Three primary health physicians have been contracted to provide service with the Family Medicine Department. Kaleida will participate in this venture with a maternity clinic. The CON is pending from the State for that portion of the clinic.
B. **WELCOME MR. JOHN HENRY** – New Sr. Vice President of Transplant Services will start on Monday, January 30, 2012.
C. **PARKING RAMP NEAR COMPLETION** – The new parking ramp for the SNF is on schedule for completion by May 2012.
D. **DIRECTOR OF REHABILITATION SERVICES** – A very strong candidate has been selected and offer made – awaiting acceptance. The addition of Dr. Labi has helped re-organize and grow the rehabilitation service. Outpatient services have been re-organized and they are now accepting patients. Additional changes are being implemented for inpatient rehabilitation services. The department will now work on a 6-day work week to add an extra day for patient admissions and discharges.

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

UNIVERSITY AFFAIRS

UB, BGH Cardiologist Leads Team in WNY's First Successful Aortic Valve Implant Surgeries

Vijay S. Iyer, MD, PhD, assistant professor of medicine at the University at Buffalo School of Medicine and Biomedical Sciences, and TAVR program director at Buffalo General Hospital, has successfully led a team of highly trained physicians to implant aortic valves in two patients last week. Iyer, a board-certified interventional cardiologist, is available to speak with media today about this new procedure.

These are the first such procedures to implant aortic valves performed in Western New York; Buffalo General Hospital is the only facility approved to implant these valves west of Albany in New York State. Both patients are doing well.

PROFESSIONAL STEERING COMMITTEE

Next meeting is scheduled for March 2012.

CLINICAL ISSUES

UTILIZATION REVIEW	October	November	December	YTD vs.2010	
Discharges		909	915	914	up 5.6%
Observation		110	97	105	down 10.6%
LOS		6.5	7.4	6.1	down 0.6%
CMI		2.03	1.97	2.02	down 7.5%
Surgical Cases		796	835	775	up 6.9%
Readmissions (30d)		12.6%	NA		

2012 ECMC Interdisciplinary Performance Improvement Teams

1. Pressure Ulcer Prevention
   Leader(s):Peggy Cramer and Bonnie Glica
2. Fall Prevention
   Leader(s):Dawn Walters and Ann Victor
3. Universal Protocol
   Leader(s):Jim Turner
4. Throughput Task Force
   Leader(s):Bonnie Glica
5. Infection Prevention
   Leader(s):Charlene Ludlow
6. Stroke Program Compliance
   Leader(s): Dr. Ferguson and Paula Quesinberry

- **New York State Partnership for Patients (NYSPFP)**

ECMC has recently committed to be part of the NYSPFP. This is a joint initiative of the healthcare Association of New York State (HANYS) and the Greater New York Hospital Association (GNYHA) who collectively represent all of the hospitals in new York State. CMS has identified 12 focus areas with a view to reducing hospital-based complications and avoidable readmissions: adverse drug events, catheter-associated urinary tract infections, central line-associated bloodstream infections, injuries from falls and immobility, obstetrical adverse events, pressure ulcers, readmissions, surgical site infections, venous thromboembolism, ventilator-associated pneumonia, culture and leadership.

NYSPFP has categorized these 12 focus areas into five core clinical domains>
-Nursing Centered Initiatives
-Infection Prevention Initiatives
-Building Culture Initiatives
-Preventable readmissions Initiatives
-Obstetrical Safety Initiatives

Each domain will be guided by a clinical workgroup comprised of clinical advisors, representatives from supporting organizations, and participating hospitals. NYSPFP will employ collaborative model or a learning network approach to assist

hospital's as they implement interventions and programs to address these clinical focus areas.

- **U.S. to Force Drug Firms to Report Money Paid to Doctors**

To head off medical conflicts of interest, the Obama administration is poised to require drug companies to disclose the payments they make to doctors for research, consulting, speaking, travel and entertainment. Many researchers have found evidence that such payments can influence doctors' treatment decisions and contribute to higher costs by encouraging the use of more expensive drugs and medical devices. Consumer advocates and members of Congress say patients may benefit from the new standards, being issued by the government under the new health care law. Officials said the disclosures increased the likelihood that doctors would make decisions in the best interests of patients, without regard to the doctors' financial interests. Manufacturers of prescription drugs and devices will have to report if they pay a doctor to help develop, assess and promote new products — or if, for example, a pharmaceutical sales agent delivers $25 worth of bagels and coffee to a doctor's office for a meeting. Royalty payments to doctors, for inventions or discoveries, and payments to teaching hospitals for research or other activities will also have to be reported.

- **PAYOR INCENTIVES FOR 2011**

Each year as part of our contracts with the 3 major payors (IHA, BC/BS and Univera) a portion of payments to the hospital is withheld on the basis of the Institution's performance on a number of quality metrics mutually agreed upon by the two entities. Below are the results of our performance for 2011 to date.

Also outlined are our results for two of the payors together with the proposed metrics for these two contracts for 2012. Data and metrics for IHS remain pending.

Payor	**Results**	**Estimated Value**
Blue Cross	Met 10 of 12 Measures (83.3%)	$835,000
Univera	Met 7 of 10 Measures (70%)	$126,000
Independent Health	Not Available	Not Available

Payor Metrics for 2012

Measure	Measurement Period	Target
UNIVERA		
AMI 1 Aspirin at arrival	10/1/11 – 6/30/12	97%
HF- 3 ACEI or ARB for LVSD	10/1/11 – 6/30/12	90%
PN Composite	10/1/11 – 6/30/12	89%
SCIP Composite	10/1/11 – 6/30/12	95%
Stroke Care – receive antithrombotics by hospital day 2	10/1/11 – 6/30/12	92%
Infection reduction – Class 1 surgical procedures	10/1/11 – 6/30/12	< 1.0/100
Total Hospital Readmissions	10/1/11 – 6/30/12	<11.6%
HCAHPS: Discharge Information	10/1/11 – 6/30/12	82%
BLUE CROSS BLUE SHIELD MEASURES	BENCHMARKS	2012 Goals
VAP-Trauma unit (2011 metric)	NHSN median: 4.3%	<4.3%
VAP- ICU Med-surg. Major teaching	NHSN median: 1.2%	<1.2%
VAP- Surgical-Cardiothoracic	NHSN median: 1.3%	<1.3%
Central Line Infection- MICU Major teaching (2011 metric)	NHSN median: 1.7%	<1.7%
Central Line Infection- Surgical-Cardiothoracic	NHSN median: 0.8%	<0.8%
Central Line Infection- Trauma unit	NHSN median: 2.0%	<2.0%
CAUTI- Trauma unit	NHSN median: 2.8%	<2.8%
CAUTI- Surgical-Cardiothoracic	NHSN median: 1.2%	<1.2%
CAUTI- ICU Med-surg. Major teaching	NHSN median: 1.9%	<1.9%
Readmission Rate Reduction:		full= <10.5% mid= 10.5%-12%
Hospital Compare (Jan 2010-June 2010): Urinary Catheters Removed 24-48 hours after surgery	NYS 90% NATIONAL 90% ECMC 85%	90%
*Hospital Compare (07/2009-06/2010): Pneumococcal Vaccination	NYS 92% NATIONAL 93% ECMC 74%	92%
*Hospital Compare (10/2009-03/2010): Influenza Vaccination contingent upon vaccine availability	NYS 90% NATIONAL 91% ECMC 91%	90%
*Hospital Compare (07/2009-06/2010): HF-3 ACE I/ARB	NYS 94% NATIONAL 94% ECMC 88%	94%
Hospital Compare Consumer Experience Metric: Discharge Instructions	NYS 80% NATIONAL 82% ECMC 80%	

- **STRATEGIC PLANNING FOR PHYSICIAN RECRUITMENT**

Dr. Murray advised that he will be seeking input from the Chiefs to better focus the organizational and practice needs.

VII. ASSOCIATE MEDICAL DIRECTOR REPORT - Dietrich Jehle, M.D.

CLINICAL ISSUES

Clinical Documentation Initiative

The physician response rate has remained high - 95% this past month - agreement rate of 91% (214 Queries).

Emergency Department Throughput

Total emergency department visits have increased by 5% for 2011 and hospital admissions from the emergency department are up by 4% compared with 2010. We worked on balancing the use of observation status versus hospital admission in 2011.

Operating Room Utilization

The operating room volume for 2011 was up by 7.2% compared to 2010. Operating room on-time starts have improved dramatically from 26% to 60- 70% of cases. There is room for improvement in terms of operating room turnover and some initiatives are in place to work on this. We initiated a program to call patients the day prior to surgery and no-show cancelations have dropped from 12% to 3-4% (significantly better than best performers nationally).

Laboratory Medicine

HIV Legislation

In 2011, more than 38 undiagnosed HIV patients were identified as a result of this voluntary testing program. The ECMC program has been one of the most successful in NY State.

Patient Satisfaction

Hospital Noise/Cleanliness

We are working to make the hospital less noisy. We are addressing overhead pages and the fire alarm pages to see how they can be modified. Patient alarms and floor noise are also being addressed. We have moved to the 25th percentile for the 4th

quarter from the 1st percentile n the 3rd quarter. Cleanliness scores have improved – 41.8% positive to 53% over 6 months – yet still significant room for improvement.

CLINICAL INFORMATICS

New Initiatives

The medical directors have undergone "Crimson" training and are rolling this out to the clinical chiefs.

PERFORMANCE IMPROVEMENT

The Board PI meeting has been restructured to incorporate hospital QI so that all clinical and support departments report twice annually to this body. A summary of the Jan 17th Board PI meeting is provided in executive session during the QI part of the meeting as well as issues identified through Quantros and the HOT Team.

VIII. ASSOC. MED DIRECTOR REPORT – John Fudyma, MD

A. Report from the Office of the Patient Experience

We reviewed the most recent Value Based HCAHPS Dash Board as well as ECMC's overall Stoplight Report and it shows we are improving in a number of domains, however, we continue to struggle with patient satisfaction with physician communication. According to the Dash Board we are currently at the 3rd percentile nationally for patients discharged since July 1, 2011. The Stoplight Report however shows continued improvement over subsequent quarters in 2011. Of concern though is our low score related to explaining things in a way that patients can understand.

We have completed clinical department presentations related to HCAHPS. We are in the process of meeting with clinical chiefs to review physician specific performance. We will also be reaching out to the University to assist us with resident education related to HCAHPS. We feel that a coordinated effort between hospitals and the GME office will be necessary to improve physician communication scores. We are also rolling out the AIDET communication tool that serves as a framework for communicating effectively with patients. We ask that you review AIDET with your attending physicians and your physicians in training.

AIDET stands for the following:

Acknowledge the patient and any visitors
Introduce yourself and your role
Duration of any wait times or length of procedures
Explanation of current condition and plan of care
Thank the patient for choosing ECMC

We have made significant improvement in several areas including nurse communication, responsiveness of staff, and pain management. However we continue to struggle with quietness and cleanliness. We currently have two task forces working on both of these areas.

As we look forward to 2012 we will be working on several additional initiatives that will hopefully improve the patient and family experience. There is an interdisciplinary group working on hospital throughput. Our feeling is that improved throughput will translate into a better experience for our patients. This group has the following working groups: ER throughput, Inpatient Rounding, Radiology scheduling, Utilization of MRI/Stress Testing and Inpatient Consultations.

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

A. Leadership Development – Sue reports that she has explored a couple of options to bring in a program to develop new leaders within the medical staff. Options are being explored based on feedback received in the past to provide what the Chiefs are looking for. She asks that the Chiefs begin looking at members within their department that they think could be groomed for leadership roles in the future.

B. Thank you for Poinsettias in the Skilled Nursing Facility – A thank you note was received from the Skilled Nursing staff for the generous donation of poinsettias for the residents this Christmas.

X. LIFELINE FOUNDATION – Susan Gonzalez

A. Written report received and filed. Additionally, Sue Gonzalez reports nearly $1 million was granted to the hospital and they are hoping to increase that level of support in the coming year. A capital campaign for the new renal center will begin shortly hoping to raise $3 million.

XI. CONSENT CALENDAR

	MEETING MINUTES/MOTIONS	ACTION ITEMS
A.	MINUTES OF THE Previous MEC Meeting: December 19, 2011	Received and Filed
B.	CREDENTIALS COMMITTEE: Minutes of January 3, 2012	Received and Filed
	- Resignations	Reviewed and Approved
	- Appointments	Reviewed and Approved
	- Reappointments	Reviewed and Approved
	- Dual Reappointment Applications	Reviewed and Approved
	- Provisional to Permanent Appointments	Reviewed and Approved
	- Podiatry Appointment Application	Reviewed and Approved
C.	HIM Committee Meeting: Minutes of December 22, 2011	Received and Filed
	1. Single Treatment Hemodialysis Order Set	Reviewed and Approved
	2. IV Iron Order	Reviewed and Approved
	3. (Head and Neck) Nursing Evaluation Form Page 1 of 2	Reviewed and Approved

	MEETING MINUTES/MOTIONS	ACTION ITEMS
	4. (Head and Neck) Nursing Evaluation Form Page 2 of 2	Reviewed and Approved
	Forms below provided with revisions – Approved at Dec 2011 meeting:	
	5. Kidney Transplant Post Operative Orders	*Informational - Approved 12/2011*
	6. Kidney/Pancreas Transplant Post Operative Orders	*Informational - Approved 12/2011*
	7. Kidney Transplant Living Donor Recipient Admission Orders	*Informational - Approved 12/2011*
	8. Kidney Transplant Deceased Recipient Admission Orders	*Informational - Approved 12/2011*
	9. Transplant Services Immunosuppression Infusion Orders	*Informational - Approved 12/2011*
D.	P & T COMMITTEE – No Report	So noted.

A. **MOTION:** Approve all items presented in the consent calendar for review and approval with extractions and addendums noted. Informational items were received and filed.

MOTION UNANIMOUSLY APPROVED.

B. NEW BUSINESS

None.

X. OLD BUSINES

NONE

XI. NEW BUSINESS

A. New EEG Equipment Installed – Dr. Ferguson reports that new equipment is in place and fully operational bringing us up to a current technology in the lab.

XII. ADJOURNMENT

There being no further business, a motion was made, seconded and unanimously approved to adjourn the meeting at 12:55 p.m.

Respectfully submitted,

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

MEDICAL EXECUTIVE COMMITTEE MEETING
MONDAY, FEBRUARY 27, 2012 AT 11:30 A.M.

Attendance (Voting Members):

Y. Bakhai, MD	J. Izzo, MD	
W. Belles, MD	J. Kowalski, MD	
G. Bennett, MD	J. Lukan, MD	
A. Chauncey, PA	K. Malik, MD	
N. Dashkoff, MD	M. Manka, MD	
H. Davis, MD	K. Pranikoff, MD	
R. Desai, MD	J. Reidy, MD	
S. Downing, MD	R. Venuto, MD	
W. Flynn, MD		
R. Hall, MD, DDS, PhD		

Attendance (Non-Voting Members):

M. Barabas	A. Victor, RN	T. Quatroche
J. Lomeo	C. Ludlow, RN	R. Gerwitz
B. Glica, RN	S. Ksiazek	
B. Murray, MD	R. Krawiec	
D. Jehle, MD	R. Cleland	
J. Fudyma, MD	S. Gonzalez	

Excused:

D. Amsterdam, PhD	R. Ferguson, MD	P. Stegemann, MD
A. Arroyo, MD	C. Gogan, DDS	J. Woytash, MD, DDS
S. Cloud, DO	T. Loree, MD	
N. Ebling, DO	R. Schuder, MD	Dean Cain

Absent:

None.		

I. CALL TO ORDER

A. Dr. Kowalski called the meeting to order at 11:42 a.m. Due to an additional matter needing attention, Ms. Glica's presentation on Throughput will be tabled until next month.

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

A. The Seriously Delinquent Records report was included as part of Dr. Kowalski's report. Continue attention to reduce the number of delinquent records, especially those that have been on the list for an extended period of time.

III. UNIVERSITY REPORT – Dean Cain, MD

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

IV. EXECUTIVE SESSION

A. Due to an urgent matter needing attention of the Medical Executive Committee, the meeting was put into Executive Session by President Kowalski at 12:00 p.m. After conclusion of the discussion, the meeting returned to regular session at 1:15 p.m.

V. CEO/COO/CFO BRIEFING

(1) CEO REPORT - Jody Lomeo

A. **BEHAVIORAL HEALTH CENTER OF EXCELLENCE** – Application has been submitted to the Department of Health to consolidate this program here at ECMC with Kaleida. A request for $30 million has also been submitted competitively. Letters of support are requested and can be submitted via Tom Quatroche.

B. **KALEIDA APPLICATION SUBMITTED FOR MOVE OF WOMEN AND CHILDREN'S HOSPITAL** – Kaleida has submitted application for approval and financial support to move Children's Hospital to the downtown medical campus.

(2) FINANCIAL REPORT – Michael Sammarco, CFO

A. **Budget Update –** Final numbers not yet tabulated but a small loss is expected but not nearly the amount experienced in 2011 of $2 million. Reports will be provided when financial reports are available.

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

A. UNIVERSITY AFFAIRS

UB has reinstituted a search for a chair of OB/GYN and is expecting to interview candidates during the months of March and April. We met with the new Chair of Neurology who assumed his position just before Christmas. We had hoped that with the advent of a new Chair we could invigorate a joint recruitment strategy with UB in rebuilding Neurology at ECMC. Unfortunately the message we received is that the Chair is intent on rebuilding the department with a narrower focus on subspecialty rather than general neurology and therefore does not plan to place faculty at ECMC in the foreseeable future and indeed indicated that they will be asking the GMEC to reassign the inpatient consult fellow to Kaleida from ECMC, though they will continue to send residents to the outpatient neurology clinic.

An article outlining the new planned ACGME Accreditation Program was published in February 23nd edition of the new England Journal of Medicine and is available as a free download from their website.

B. PROFESSIONAL STEERING COMMITTEE

Next meeting is scheduled for March 2012.

C. MEDICAL STAFF AFFAIRS

Report provided by Sue Ksiazek.

D. CLINICAL ISSUES

UTILIZATION REVIEW	November	December	January	YTD vs.2011
Discharges	915	914	919	down 0.4%
Observation	97	105	108	down 5.6%
LOS	7.4	6.1	6.8	up 2.4%
CMI	1.97	2.02	1.95	down 5.9%
Surgical Cases	835	785	843	up 2.1%
Readmissions (30d)	NA	13.0%		

D. VANDERBILT MEDICAL CENTER AND NEUROSURGEON SETTLE CMP CASES

In a case that involved a patient's death, Vanderbilt University Medical Center and one of its physicians entered into separate monetary penalty settlements for alleged violations of the Emergency Medical Treatment and Labor Act (EMTALA). The OIG alleged that an on-call Vanderbilt neurosurgeon refused to accept the transfer of a patient from Caldwell County Hospital. Vanderbilt University Medical Center agreed to pay $45,000 to resolve its liability under the so-called patient dumping statute and neurosurgeon Matthew Pearson agreed to pay $35,000. The event that led to the settlements unfolded on April 8, 2008, when Caldwell County Hospital "appropriately" contacted Vanderbilt "to transfer G.K., an individual with an unstable emergency medical condition," according to the settlements. OIG alleges that Vanderbilt "refused to accept G.K. for neurosurgery evaluation and treatment when [it] had the capability and capacity to treat him."

E. PHYSICIANS ARE ON THE EMTALA HOOK

In the Pearson settlement, OIG alleged that while he was on call to provide neurosurgery services, Pearson declined to "accept G.K. for evaluation and treatment." Shortly after, OIG says, the patient was transferred to another hospital and died.

Physicians may not realize that an alleged EMTALA snafu may blow back on them as well as the hospital. "From an enforcement perspective, one thing we commonly see is that a lot of doctors don't understand they might have personal liability under the statute when they don't treat someone in the emergency department or when they are on call and are asked by another hospital to provide specialized services…but they refuse an appropriate request for assistance," Sandra Sands, OIG senior counsel, tells *RMC*.

Sands says OIG has a "constant flow of [EMTALA] cases," which stem from patient, hospital and other complaints. With the Vanderbilt incident, CMS investigated the complaint and "already determined there was a violation of the hospital's EMTALA obligation and sent it up for enforcement action," Sands says.

Vanderbilt declined to comment on the EMTALA case through its spokesman, John Howser. According to Vanderbilt's website, Pearson, who got his medical degree at Johns Hopkins, is an assistant professor of neurological surgery at Vanderbilt Medical Center. His clinical focus is pediatric neurosurgery. *RMC*'s calls to Pearson were referred to Howser, who didn't respond to follow-up calls requesting comment from Pearson.

"The unique thing about this is they actually obtained a civil money penalty settlement against the neurosurgeon on call at Vanderbilt" in addition to a settlement against the hospital, says Bob Anderson, with Krieg DeVault in Schererville, Ind. It's not unprecedented for physicians to get in trouble for this. An orthopedic surgeon taking call at a Chicago hospital settled a CMP case in 2009 for failing to show up at the emergency department to treat a patient with an open leg fracture that required surgery .

On-call Coverage Often Presents Problems

In a nutshell, EMTALA requires hospital emergency rooms to screen all incoming patients and to stabilize those with emergency medical conditions regardless of insurance or financial status. Emergency rooms must maintain a panel of on-call specialists 24/7, and patients can be transferred to other facilities only if there is a medical reason for the transfer.

On-call coverage is an EMTALA compliance predicament. If on-call physicians don't come in when summoned, they may put patients in danger, not to mention inviting malpractice lawsuits and EMTALA violations. At the same time, hospitals may not do a good job of educating their physicians about EMTALA and ensuring they have effective policies and procedures.

Some hospitals are paying physicians to ensure they show up for call. Whether or not on-call physicians are paid, hospitals can discipline physicians for failure to treat emergency patients through medical staff bylaws, Anderson says. They can be reprimanded or face more serious action, culminating in a report to the National Practitioner Data Bank, he says. When hospitals pay physicians for on-call coverage, "you might have a breach-of-contract case" when they refuse to come in, Anderson says.

And of course, the physician and hospital could face OIG. When it considers pursuing a CMP case against either or both, Sands says, OIG takes into account a number of factors. For example, why didn't the patient receive a medical screening exam and stabilizing treatment? What were the circumstances of the transfer or failure to accept a transfer? Did the hospital have appropriate policies and procedures? Is the hospital's financial situation mitigating? Is there a previous history of violations, and if so, what were the nature and circumstances of the violations? "We look at the facts and circumstances of every case referred to us," Sands says. "We look for cases we think are more egregious or involve important issues in terms of the enforcement and compliance of doctors and hospitals under EMTALA."

D. CONGRESS PASSES 10-MONTH DOC FIX; USES PROVIDER FUNDING TO DO IT

The President is signing into law this week a 10-month Medicare payment extension for physicians. Current law was expiring February 29 and docs would have been hit with a 27% Medicare payment cut. To pay physicians, Congress mostly cut payments to hospitals, clinical laboratories, the public health prevention fund. It's the first time Congress has cut payments to providers to fix the physician payment formula. Physician payment rates are frozen through the end of 2012, which means Congress may have to revisit the issue during a Lame Duck session after the November election. Remember, the 2% across-the-board budget cut also goes into effect January 1, 2013.

E. CMS: ICD-10 TO BE DELAYED

CMS announced last week its intention to delay the implementation of ICD-10 codes. Exactly who will be allowed to postpone implementation and for how long are apparently still under development. Without a delay, ICD-10 is to be implemented by October 1, 2013. The American Medical Association had made the delay one of its policy priorities this year. Opposing the delay is HIMSS, health information professionals.

VII. ASSOCIATE MEDICAL DIRECTOR REPORT - Dietrich Jehle, M.D.

A. CLINICAL ISSUES

Pediatric Patient Policy

We have taken input from physician and nursing staff to put together a new hospital pediatric policy. We will need to review existing transfer policies with Children's Hospital to see if they need to be updated.

ALC (Alternative Level of Care) Patients

The total numbers of ALC days are up 5.2% year to date averaging approximately 20 ALC patients per day. This negatively impacts on length of stay and hospital profitability. We are looking at partnering with nursing homes with lower occupancy rates for potential solutions.

Emergency Department Throughput

Total emergency department visits have increased by 5.9% for 2012 year to date and hospital admissions from the emergency department are up by 0.7% compared with 2011.

Operating Room Utilization

The operating room volume for 2012 year to date is up by 1.8% compared to 2011 (despite running one room short of 2011 due to renovations). Operating room on-time starts have improved dramatically from 26% to 60-70% of cases. There is room for improvement in terms of operating room turnover and some initiatives are being put into place to work on this. We initiated a program to call patients the day prior to surgery and as a result no-show cancelations have dropped from 12% to 3-4%.

Restraint use in Alcohol Detox Patients

The Department of Health (through OASAS) has given us guidance to avoid the use of restraints on the Alcohol Service. Patients in alcohol withdrawal that may require restraints will need to be managed on the medical services. It is important to recognize inadequate medical treatment of withdrawal as cause of restraint use. Increased staff observation and distraction/redirection can also be effective in reducing use of restraints.

B. PERFORMANCE IMPROVEMENT

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

VIII. ASSOC. MED DIRECTOR REPORT – John Fudyma, MD

A. NRC PICKER DATA – Dr. Fudyma provided a copy of the most recent Picker data relating to physician communication and overall satisfaction. He also provided a written report that was received and filed.

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

A. DOCTORS DAY, MARCH 30, 2012 – In celebration of Doctors' Day, Sue invites all physicians to a breakfast on Friday, March 30, 2012 in the Staff Dining Room from 7:00 am – 11:00 am.

X. LIFELINE FOUNDATION – Susan Gonzalez

B. Written report received and filed.

XI. CONSENT CALENDAR

	MEETING MINUTES/MOTIONS	ACTION	EXTRACTIONS
A.	MINUTES OF THE Previous MEC Meeting: January 23, 2012	Received and Filed	
B.	CREDENTIALS COMMITTEE: Minutes of February 7, 2012	Received and Filed	
	• Resignations	Reviewed and Approved	EXTRACTION: Resignation Magdalene S. Tukov, ANP retracted.
	• Appointments	Reviewed and Approved	
	• Reappointments	Reviewed and Approved	
	• Dual Reappointment Applications	Reviewed and Approved	
	• Provisional to Permanent Appointments	Reviewed and Approved	
	• Medical Dental Staff Appointment and Reappointment Application	Reviewed and Approved	
C.	HIM Committee Meeting: Minutes of January 26, 2012	Received and Filed	
	1. Care and use of Your Gastrostomy Tube	Reviewed and Approved	
	2. Cardiothoracic Surgery Preoperative Orders – Inpatient	Reviewed and Approved	
	3. Cardiothoracic Surgery Preoperative Orders – Same Day Admit	Reviewed and Approved	
	4. Cardiothoracic Surgery Admission Orders	Reviewed and Approved	
	5. Cardiothoracic Surgery Post Operative	Reviewed and Approved	

	Orders		
	6. Cardiothoracic Surgery Transfer Orders	Reviewed and Approved	
D.	P & T COMMITTEE – Minutes of February 1, 2012	Received and Filed	
	1. Temporary Therapeutic Interchange for Ondansetron	Reviewed and Approved	
	2. Fenoldopam (Corlopam®) – add to Formulary	Reviewed and Approved	
	3. Triad® hydrophilic Paste – add to Formulary	Reviewed and Approved	
	4. Doxercalciferol 0.5 mcg, 2.5 mdg capsules – add	Reviewed and Approved	
	5. Testosterone Patch 2mg/24 hr – add to Formulary	Reviewed and Approved	
	6. Testosterone Patch 2.5 mg/24 hr – delete from Formulary	Reviewed and Approved	
	7. Dextroamphetamine 5 mg SR Capsule – add to Formulary	Reviewed and Approved	
	8. Dextroamphetamine 5 mg tablet – delete from Formulary	Reviewed and Approved	
	9. F-08 Non-FDA Approved Uses – approve revision	Reviewed and Approved	
	10. F-11 Standard Times of Administration Approve revisions as amended	Reviewed and Approved	
	11. TI-01 Proton Pump Inhibitors – approve revision	Reviewed and Approved	
	12. TI-51 Urinary Anticholinergics – approve new TI Formulary Policy	Reviewed and Approved	
	13. High Alert Medications – approve Xigris® Formulary deletion	Reviewed and Approved	
	14. Look-Alike Sound-Alike Listing – approve review	Reviewed and Approved	

A. **MOTION:** Approve all items presented in the consent calendar for review and approval with noted extraction and addendums noted under item B below.

B. **CONSENT CALENDAR ADDITIONS:**

A. HIM Committee – Addition –
Myocardial Infarction Physician Discharge Order Form
Reviewed and Approved

B. Clinical Informatics Committee –
Minutes of January 23, 2012 Meeting
Received and Filed

MOTION UNANIMOUSLY APPROVED.

XIII. OLD BUSINES

A. NONE

XIV. NEW BUSINESS

A. NONE

XV. ADJOURNMENT

There being no further business, a motion was made, seconded and unanimously approved to adjourn the meeting at 1:25 p.m.

Respectfully submitted,

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

Reading Material

From the Chief Executive Officer

ECMC opens Transplant and Kidney Care Center

Erie County Medical Center Corp. today cut the ribbon on a $27 million Regional Center of Excellence for Transplantation & Kidney Care at the hospital's Health Campus that experts hailed as an impressive national model in the transplantation and kidney care field.

It is the first tangible clinical combination since ECMC and Kaleida Health agreed to collaborate in June 2008.

The center is comprised of the 10th floor in the main hospital and an entire floor in the new free-standing building. The center will provide dialysis and transplant services, and vascular access surgical care. The $27 million center will handle all kidney-related services including in- and out-patient dialysis.

The project received $7.5 million in the Health Care Efficiency and Affordability Law for New York Phase II grant funding in 2010.

With the combination, it becomes the only kidney and pancreas transplant center in Western New York. State Health Department officials toured the center this week and it is expected to reach full operation in the coming weeks.

"The new transplant center is truly a state-of-the-art facility for kidney patient care and transplantation. The design of the facilities makes it an outstanding patient-focused center for patient ease of access and treatment," said Edward Y. Zavala, administrator of the Vanderbilt University Transplant Center. "There are 236 kidney transplant programs approved by the Organ Procurement and Transplant Network in the United States and this is among the newest and most comprehensive in the country."

The Regional Center of Excellence for Transplantation & Kidney Care is expected to handle 150 to 200 transplants a year. It features 36 modern hemodialysis stations; facilities for home dialysis training; out-patient and community outreach offices; clinical support spaces and room for additional dialysis stations to meet future growth needs.

In conjunction with the new building, the redesigned area dedicated to transplantation and vascular access on the hospital's 10th floor includes doctors' offices and patient and family reception areas; a new vascular access center for inpatients and outpatients that includes two operating rooms dedicated to vascular access procedures; a new inpatient dialysis center with six state-of-the-art stations; administrative and conference rooms.

The center is part of a five-year, $150 million growth plan on ECMC's Health Campus. When complete, the plan will provide good-paying jobs and health-focused economic development centered in a section of Buffalo that needs jobs.

"This is another tangible step in the transformation of health care in Buffalo, and the first clinical collaboration between ECMC and Kaleida, and we couldn't be more pleased," said Jody L. Lomeo, ECMC's CEO. "Opening this new transplant center is an historic accomplishment for the community. This also represents countless hours of physician-led effort in the last three years to ensure this project focused on excellence in patient care."

"Not too long ago, most people said this was impossible. Not anymore," Lomeo added.

With Kaleida and ECMC combining services and skilled personnel to staff this center, and because it is the only one in the region, discussions are underway with the Catholic Health System to refer patients here as well.

"This is a major milestone for our two boards, our doctors, nurses and staff, our neighbors, the Great Lakes Health board and the University at Buffalo," said Kaleida CEO James Kaskie. "This center brings two very good programs together into one great program. We now have a nationally recognized facility to help people from all over Western New York, Southern Ontario, and the United States, cope better with kidney and pancreatic disease."

The new center is a prime example of the effectiveness of collaborative efforts between ECMC and Kaleida Health.

The $150 million worth of work for the entire campus, financed in part by a capital improvements fund ECMC's board set aside in 2009, and a 2011 bond issue, is the largest investment in Buffalo's East Side in many years. ECMC already supports nearly 2,500 jobs here.

"I came here 26 years ago because I was told a unified kidney and pancreatic transplant center was imminent," said Dr. Brian M. Murray, chief medical officer of ECMC and transplant program director. "This entire community will benefit from this center, the work we'll do here, the research that will ensue here and the lives we'll save."

Transformation of the Health Campus, which now has 550 beds and expects to treat 65,000 ER patients in 2011, started 18 months ago. In June 2010, ECMC announced its expanded $2.9 million Emergency Department, with eight new trauma exam rooms and two new trauma surgical suites. The hospital performed 9,831 surgeries in 2009 and officials projected that to grow to 11,381 in 2011.

ECMC is home to the state's No. 1-rated Adult Regional Trauma Center and in May 2009 opened a refurbished 12th floor surgical wing with $725,000 worth of improvements.

With an estimated overall economic impact on the region of $750 million, ECMC had total revenues in 2009 of $440 million.

In February, ECMC opened a Wound Care and Hyperbaric Medicine Center that will speed healing for trauma, surgical, diabetes and other slow-healing wounds in a unique facility for Western New York with six surgeons and three podiatrists. The Wound Center, which the hospital built in response to closure and consolidation of facilities at Millard Fillmore Gates Circle, is a new, state-of-the-art facility with two hyperbaric chambers.

An orthopedics program, including a Women's Bone Health Center, will expand ECMC's capabilities and further enhance the coordination of services between all of the Great Lakes Health centers. The orthopedics program will be an expansion of services in the new freestanding building and existing space on the Health Campus and is in the planning stages. A Certificate of Need for this program is expected to be filed with the Health Department soon.

Another part of the overall project is moving the Erie County Home from Alden to the ECMC Health Campus. In July, ECMC Corp. broke ground for the new $103 million, 390-bed nursing home.

The new long-term care facility, which will open in December 2012, replaces the 80-year-old Erie County nursing home in Alden. It also combines in one location existing long-term care beds from Alden and ECMC.

Free Hugs

Check out local support groups and meetings in our healthy hook-ups section (Page 8)

BuffaloNewscom

Grant eyed to consolidate two key services at ECMC

By **Henry L. Davis**

Published: February 14, 2012, 12:00 AM
0 Comments

Tweet

Updated: February 14, 2012, 10:31 AM

Erie County Medical Center and Kaleida Health on Monday announced a $35 million plan to consolidate key mental health and chemical dependency services at ECMC.

They are applying for a $25 million state HEAL NY grant to help pay for the project.

The proposed Regional Behavioral Health Center of Excellence would combine services at ECMC and Kaleida Health's Buffalo General Medical Center— the new name for Buffalo General Hospital — to create a new psychiatric emergency program and new inpatient facilities, officials said.

Plans call for one 180-bed inpatient psychiatric program, as well as continuation of ECMC's current 22 detoxification beds and 20 inpatient chemical dependency rehabilitation beds.

ECMC's current emergency behavioral health facilities would expand from 6,500 square feet to 16,000 square feet.

In addition, the proposal envisions a continuation of the Main Street outpatient clinics operated by ECMC and Kaleida Health, as well as similar clinics in Lancaster and North Buffalo.

The state Health Department and

Dormitory Authority last year announced the availability of $450 million in grant funding under a new phase of the state's Health Care Efficiency and Affordability Law and the FederalLState Health Reform Partnership.

The money is targeted to initiatives that encourage collaborative projects between health care providers, such as shared services agreements, bed consolidations, joint governance arrangements and closings, according to the Health Department.

ECMC and Kaleida Health will fund the remaining $10 million of the project's cost, officials said. If all goes as planned, the new center will open in spring 2014.

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

Bakhai and Dr. Maria Cartagena, medical director of Buffalo General's Department of Inpatient Behavioral Health & Psychiatry, will serve as the lead physicians in the initiative.

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

Hospital executives touted the plan as one more example of their efforts to improve efficiency and quality.

The project also will allow ECMC to keep open two clinics — one on Main Street in downtown Buffalo and another on Elmwood Avenue in Kenmore — that had been the subject of possible closing, officials said.

"We plan to keep the clinics open and build the business," said Richard Cleland, senior vice president of operations. "We just need to put the right pieces together."

Both ECMC and Buffalo General have expertise in inpatient behavioral health services. ECMC, for instance, operates the Comprehensive Psychiatric Emergency Program, or CPEP, the region's only 24-hour psychiatric emergency program.

In outpatient services, ECMC is known more for chemical dependency treatment, and Kaleida Health for psychiatry, although there is overlap.

"The project is an exciting opportunity to make a really strong program, but it hinges on getting the grant," Cleland said.

The consolidated program will combine the current mental health outpatient business of 44,300 annual visits at ECMC and 68,829 annual visits at Kaleida Health, with services provided on site at ECMC and at the medical center's community- based locations.

Currently, ECMC has 132 licensed inpatient psychiatric beds, with 2,297 annual patient discharges in 2011, and 57 inpatient rehabilitation/detoxification beds, with 1,621 discharges in 2011.

hdavis@buffnews.com

Comments

Parent Reflection: Bill Gangloff

Thu, Feb 9th 2012 02:00 pm

Having just passed the two year anniversary of my daughters' involvement in a terrible automobile accident, I paused to reflect on how truly blessed we are to be where we are today. My children are healthy and normal (for teenagers),due in no small part to the actions and kindness of many in the Mercy community.

On that horrifying morning, a graduate of MMA,who happened to be one of my former students at the Mount, stopped to assist total strangers in a time of dire need! Susan O'Neill Lauber, and her husband Mark, showed compassion and bravery when my girls could afford nothing less! My family will be forever in their debt for what they did to help save the life of my youngest child.They gave of themselves to comfort the injured and dying, under the most trying of circumstances.

While recovering in ECMC, my daughter was cared for by talented rehab experts under the guidance of another graduate of Mount Mercy. I am ashamed to admit I remember her only as Erica, but she was kind,compassionate,and extremely professional each and every day. I have no doubt that my daughters' recovery was hastened by this outstanding young woman

Representing my child, in some legal affairs following the accident,was yet another Mercy grad,Cheryl Meyers Buth. Cheryl is another of my former students. She was also one of the finest softball players ever to wear the Mercy uniform! Cheryl is extremely well respected in the legal community,and is known for both her knowledge of the law and her decency in dealing with others. She handled our situation exactly the way we desired,with tact and respect for everyone involved. I cannot accurately express what her representation meant to my family,as well as to all parties involved.

I am so proud of the way these "Daughters of Mercy" have turned out! They are truly living the ideals set forth by Catherine McAuley many years ago. I have no doubt that these outstanding women are merely a minute sampling of the type of individuals MMA produces through the dedication of its faculty and staff. I know that they are exactly the kind of women I want my daughters to become.

I would be remiss if I didn't mention how supportive the students, faculty & staff of the Academy were in the months following the accident. There were numerous thoughtful incidents carried out daily by everyone within the walls of the school. We appreciated all of the kind prayers and deeds bestowed on us during the entire ordeal. That was amazing! That is Mercy!

Sincerely,
Bill Gangloff

News

02/09/12 Parent Reflection:

02/08/12 Mrs. Welch's Art E
Anatomy of a Sight Hound

01/25/12 Mount Mercy Aca
a Chance of a Lifetime

01/24/12 Teachers, Studen
in the Classroom

Events

Winter Break
February 20, 2012

Hamburg Gift Gatheri
February 25, 2012

McAuley Gala "Kentu
March 24, 2012

Quick Links

- Student Service Form
- 2011-12 Calendar
- Online Absence Form
- Course Catalog 2011-1
- NEW Course Catalog 2
- Health Appraisal Form
- Student Dental Form
- MMA's Wellness Policy
- Join MMA Email Newsl
- Merciette Winter 2011 I

Local/Region

- Page One
- Obituaries
- Community Notebook
- Area police
- Local/Region
- Business
- Election
- In honor and memory
- Entertainment
- Religion
- Around the Region
- NY News
- National News
- International News
- SUBMIT News

« Country will hold public forum

Award presentation»

Seneca Nation elects eight experts to Health Commission

February 23, 2012
The OBSERVER

ALLEGANY TERRITORY, SALAMANCA – The Seneca Nation of Indians has announced the election of eight new members to its Health System Commission Board, which oversees health services for the Nation's 8,000 enrolled members.

Board members will be responsible for managing the Seneca Nation Health System and its four divisions: clinical services; behavior health services; operations; and community health services. The Nation provides health services to its citizens and their families and the service population includes non-enrolled family members.

"I'm confident that this dedicated group will successfully oversee the Seneca Nation Health System and strive to improve the quality of life for our citizens," said President Robert Odawi Porter. "I look forward to working with this board of influential community members to further develop our nation's healthcare system."

2012-2013 Board members, as endorsed by the Nation's Council, include:

Jaye Lascelles-Nephew, Health Systems Specialist, Hearing Evaluation Services

With a master's degree in health systems administration from the Rochester Institute of Technology, Lascelles-Nephew is acknowledged for her long-term development abilities, improved systems performance and cost savings as the Health Systems Specialist for Hearing Evaluation Services.

David Silverheels, Facilities Manager, Seneca Nation, Cattaraugus Community Center

Silverheels brings more than 16 years of Seneca Nation work experience to the board. For 15 years, he served as facilities manager for the Seneca Nation Health System. During this time, he actively assisted and implemented various renovations and expansion projects of the Seneca Nation Health Centers. Silverheels is also a veteran of the U.S. Army.

Thomas Quatroche, Ph.D, Senior Vice President of Marketing, Planning & Business Development at Erie County Medical Center

Quatroche has been involved in marketing, strategic planning and government relations for 17 years, having worked in both higher education and healthcare. He participated on multiple healthcare and education committees and boards, including the State University of New York, the Healthcare Association of New York State, the Western New York Healthcare Association and Trocaire College.

Sharon L. Hanson, Director of Government Relations at Time Warner Cable

Well-recognized in the Western New York community, Hanson currently chairs the Board of Directors of the Erie County Medical Center Corp. Hanson is also a member of the Board of Trustees at Trocaire College, where she chairs the search committee for a new college president.

Anthony J. Billittier IV, MD, Immediate Past Commissioner of Health, Erie County

Dr. Billittier served as the commissioner of health in Erie County for more than 11 years. A board-certified fellow of the American College

News, Blogs & Events

I am looking for: SEARCH

in: News, Blogs & Events Web

of Emergency Physicians, Dr. Billittier graduated from the University at Buffalo School of Medicine. He's written and/or co-authored articles in more than 60 publications on emergency medicine and public health topics. He is also an assistant professor at the UB School of Medicine and School of Public Health and Health Professions.

Sandra Johnson, Ph.D, Assistant Professor, Empire State College

Johnson teaches community human services and human development courses at Empire State College. Although her Ph.D is in the field of adult learning, she also holds a master's degree in social work and clinical mental health psychology. Johnson has been published for her extensive knowledge regarding the impact of trauma on the developing brain and adult learning.

Sharon L. Jimerson, Licensed Clinical Social Worker

Jimerson has a master's degree in social work from the University at Buffalo. Her work experience includes roles as a social worker for the behavioral health unit at Lake Shore Hospital, counselor and coordinator for the mental health unit of the Seneca Nation Health Department and certified social worker and medical social worker for People, Inc.

Angel Williams, Seneca Nation of Indians

Williams, a member of the local community and the Nation, brings a direct and comprehensive understanding of the SNI Health System to the board.

Save | Post a comment |

why are cars crashing into buildings?

By Annette Pinder

It keeps happening and nobody seems to know why. Since last August there have been more than 20 accidents involving cars crashing into buildings in the Buffalo area. Cars have plowed into an apartment building, a deli, a senior care facility, a restaurant, a dollar store and a Wendy's. In October two college students died in a high-speed crash into a local market. There's even a Google map showing all the accident sites.

Lisa Thorpe, MS, OTR, Occupational Therapist and Driver Rehabilitation Specialist at Erie County Medical Center (ECMC), says "There are a number of factors contributing to these accidents, including age, driver distraction, and medical problems. They are rarely the result of vehicle malfunction."

"More people should be evaluated, particularly if there is a question about their ability to drive safely, or if they've had an illness or injury that is affecting their performance," says Lisa. "It's important to determine an individual's ability to begin or resume driving by understanding their limitations."

For a proper determination of driving ability, evaluations should be performed by an occupational therapist who has specialized training in driver rehabilitation. The therapist can make recommendations regarding the need for vehicle adaptations and training. For example, if a person was involved in a left-turn collision, they should be placed in left turn situations in multiple traffic scenarios during an in-vehicle evaluation to assess the problem. Typical vehicle modifications may involve such things as mirror placement, hand controls, or repositioning the gas pedal. Lisa says, "It isn't a matter of pass-fail. The goal is to make appropriate modifications so people can remain safe and independent."

Lisa has her own thoughts about why we've had so many unusual accidents, and she attributes part of it to our driving environment. She notices people driving too fast, being distracted, and using parking lots as roadways. She says people need to impose their own limitations based on their comfort levels, and refrain from driving at night or in heavy traffic if they aren't confident in these situations. Limiting distractions like the radio is also helpful.

Lisa says it's important to be open and honest. If you notice a relative or friend having difficulty driving she

encourages having a non-critical, non-threatening conversation about driving. "Our region's older driver population is growing significantly," says Lisa, "so it's important as a community to address the needs of older drivers and keep them on the road as long and safely as possible."

Help is available. One resource is Erie County's Older Driver Family Assistance Help Network Task Force. Their phone number is 858-8526. For help with alternative transportation call Charles Battaglia Erie County Senior Services at 858-8526.

To learn more about ECMC's Driver Rehabilitation Program, call 893-3225. Lisa or another certified ECMC driver rehabilitation specialist will be glad to answer your questions.

WNY Resource:
ECMC Driver Rehabilitation Program
462 Grider Street, Buffalo, New York 14215
898-3225
www.ecmc.edu

wgrz.com 2 On Your Side Buffalo, NY

A Sacred Mission: Dr. Dietrich Jehle

10:04 AM, Feb 14, 2012 | comments

Written by
Richard Kellman

FILED UNDER

By Rich Kellman, Senior Correspondent

You might remember that fiery crash on September 4, 2009. It was on the I-190 southbound at Hamburg Street . Six vehicles were involved, one of them with the driver and two children trapped inside. Ironworker Mike Byham, on his mostorcycle, almost plowed into the wreckage as it was happening. "I was praying there was nobody in the back seat," he recalls today.

More than a dozen motorists stopped to help, and just by chance, emergency room specialist Dr. Dietrich Jehle from ECMC was among them. "I was thinking, 'we gotta get that kid out of there," he said then.

"He's like, 'You're goin' through the back door, I'm gonna go up through the front door, and we're gonna pull until we get that kid free out of the car," Byham says.

They freed seven-year-old Asa Hill from the wreckage, but Asa died of his injuries t he next day. We recently talked with Dr. Jehle, two and a half years after the crash. "You sometimes say, well could you have moved things along faster, could things have happened differently," Jehle says, "but I have a sense that the cards were already dealt there."

Jehle is associate medical director at ECMC. He has worked in the emergency room for more than 20 years. "I was fortunate to go into emergency medicine where you see people really at the critical point in time," he says. "They put their trust in you, not knowing who you are. It is really an unusual privilege to have."

How did he become so dedicated to saving lives? To a great extent he credits his father. "Dad was one of my heroes," he says. For one thing, his father, Herbert Jehle was an accomplished pianist and composer. The son recalls, "Dad would get together with (Albert) Einstein, and Einstein played the violin, and dad would play the piano and they particularly liked old German composers, Bach in particular."

His father was born in Germany in Stuttgart, 1907. He became a physicist and

mathematician. That's how Herbert Jehle came to know the now-legendary Albert Einstein. "These are actually lecture notes of albert Einstein." He pages through Einstein's pamphlets. "Field theory, relativity... in fact there are two letters over there that are originals." Laid out on the kitchen counter in Jehle's home are letters from Einstein to Dietrich's father, warning of the dangers of nuclear war. "'If those who see the light do not stand honestly and courageously for the good," Jehle reads, "'the world will get deeper and deeper into the morass. With friendly greetings, yours, Albert Einstein."

There are other letters, too. From Dr. Herbert Hauptman of Buffalo, scientist Linus Pauling, who won the Nobel Prize for chemistry and peace. There's also a thank-you note from one of the world's greatest physicists, Richard Feynman. "He thanked my father for an insight he gave him during an informal conversation," says Jehle, "And that led to him receiving the Nobel Prize in physics."

Perhaps the most meaningful of all is a bible from German theologian Dietrich Bonhoeffer. "He he was one of Dad's good friends," says Jehle. "I was named after Dietrich Bonhoeffer."

Bonhoeffer spoke out against the Nazis. Herbert Jehle, refused to work on German weapons systems. Bonhoeffer was executed after taking part in a failed attempt to kill Hitler. Herbert Jehle was sent to a work camp as an enemy of the government.

He was able to leave Germany for the united states in 1941. Here, Herbert Jehle married and continued his work as a scientist. But he and his wife also listened to their conscience. "There was true segregation in the late 50's," Dietrich Jehle tells us. "The bathrooms were labeled 'colored' and 'white.' Growing up in Nazi Germany, my mom had vivid memories of Kristallnacht and riding her bicycle home and watching the Jewish shops burn."

So his mother and father took action. Dietrich remembers, "My parents were involved in integrating restaurants and civil rights marches and introduced me to Martin Luther King in 1963. My mom and dad thought it was very important we supported what America was, really, true rights for everybody."

The crash on the 190 two and a half years ago did take the life of a young boy. But Asa Hill's parents were thankful that two others in their family, in that car that day, were saved. And they were able donate Asa's organs, and save others in need.

We asked rescuer Mike Byham, "Do you ever think of the little boy, Asa Hill, from time to time?"

"Yeah," he replies, "every time I ride down the 190."

And in the emergency room at ECMC, you could say that the spirit of dietrich jehle's father and mother lives on in him. "mike: he's quite a guy, I have to say that much," says Mike.

But Dr. Jehle says he doesn't consider himself anything special. "Some of these o ther folks (like Mike), they're heroes. I'm d oing what I do for a living." But he'll tell you ... in confidence, that for him, it's a sacred mission. "It's really an unusual privilege to have," he says.

WKBW - TV Buffalo, New York
Print this article

Schumer Pushes for Ban on Synthetic Marijuana

Originally printed at http://www.wkbw.com/news/Schumer-Pushes-for-Ban-on-Synthetic-Marijuana-142384305.html

By Allen Leight
March 12, 2012

BUFFALO, NY (WKBW) - U.S. Senator Charles Schumer (D-NY) made a stop in Buffalo on Monday to push legislation he has co-sponsored that would ban the sale of all types of synthetic marijuana, regardless how they're marketed.

"Because by marketing it as K-2 or Spice and changing it slightly in terms of its chemical nature but not changing its effect, synthetic marijuana isn't regulated. That's completely unacceptable," said Schumer at a press conference outside of Erie County Court Monday afternoon.

Schumer was joined by Dr. Richard Blondell from Erie County Medical Center's Chemical Dependency Unit and Erie County Sheriff Tim Howard.

Synthetic marijuana is often packaged and sold as potpourri or incense and posts a warning against human consumption.

"Even when we're able to find some of the chemicals we don't really know what's in all of the mixture, and there's usually a mixture of chemicals that are sprayed on some leafy product to be smoked. So even the consumer is not quite sure what they're getting," said Dr. Blondell.

Synthetic marijuana has been tied to seizures, increased heart rate and blood pressure, hallucinations, erratic behavior and even death. It is often considered to be more dangerous to the body than natural marijuana.

According to Senator Schumer, calls to poison control centers concerning the use of synthetic marijuana have jumped from just 13 in 2009 up to more than 6,500 last year alone.

The ban has passed the House of Representatives, but is currently being held up in the Senate by Senator Rand Paul (R-KY), who says current federal drug penalties are out of whack and can keep someone in prison for 20 years.

A spokesman for Sen. Paul told The Lexington Herald-Leader that he believes "enforcement of most drug laws can and should be local and state issues."

Synthetic marijuana can often be purchased at small deli's and convenience stores, and has been known to be available for sale at reservation smoke shops.

On Saturday, the Seneca Nation Council voted to ban the sale of synthetic marijuana, bath salts and drug paraphernalia on all five nation territories.