BOARD OF DIRECTORS

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Bishop Michael A. Badger
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Richard F. Brox
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Vice Chair

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K. Kent Chevli, M.D.

Michael H. Hoffert
Anthony M. Iacono
Dietrich Jehle, M.D.

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

~ Regular Meeting ~

ERIE COUNTY MEDICAL CENTER CORPORATION

Tuesday, November 1, 2011

4:30 P.M.
Staff Dining Room, 2nd Floor - ECMCC

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

AGENDA FOR THE NOVEMBER 2011 REGULAR MEETING OF THE BOARD OF DIRECTORS

TUESDAY, NOVEMBER 1, 2011

Minutes from the

Previous Meeting

ERIE COUNTY MEDICAL CENTER CORPORATION

MINUTES OF THE MARCH REGULAR MEETING
OF THE BOARD OF DIRECTORS

TUESDAY, OCTOBER 4, 2011

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. Dietrich Jehle, M.D. Thomas Malecki, C.P.A. Frank B. Mesiah Michael A. Seaman
Voting Board Member Excused:	Richard F. Brox Anthony M. Iacono	Joseph A. Zizzi, Sr., M.D.
Non-Voting Board Representatives Present:	Ronald P. Bennett, Esq. Jody L. Lomeo	Michael H. Hoffert Kevin Pranikoff, M.D.
Also Present:	Mark C. Barabas Donna M. Brown Richard Cleland Anthony Colucci, III, Esq. Janique S. Curry Leslie Feidt John R. Fudyma, M.D. William Gajewski Bonnie Glica Claudia Bigham Danny Castro	James Kaskie Joseph Kowalski, M.D Ronald J. Krawiec Kathleen O'Hara Thomas Quatroche, Ph.D. Michael Sammarco ~ via conference call Christopher Connelly Bryan Lucca Beth Bossler Kogut Reverend M. Bruce McKay

I. CALL TO ORDER

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

II. APPROVAL OF MINUTES OF THE AUGUST 30, 2011 BOARD OF DIRECTORS REGULAR MEETING

Moved by Douglas H. Baker and seconded by Kevin M. Hogan, Esq. to approve the minutes of the August 30, 2011 Board of Directors Regular meeting as presented.

Motion approved unanimously.

III. ACTION ITEMS

Resolution Providing Funding to Grider Community Gardens

Motion approved unanimously: Copy of resolution attached.

Resolution Approving a Time Warner Easement
Mr. Colucci explained that the granting of an easement was no longer being requested.

Resolution Approving the Standardization of Certain Equipment
Motion approved unanimously: Copy of resolution attached.

Approval of September 6, 2011 Medical/Dental Staff Appointments/Re-Appointments.
Motion approved unanimously: Copy of resolution attached.

IV. BOARD COMMITTEE REPORTS

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

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 Executive Officer: Jody L. Lomeo

Mr. Lomeo reported on the following items:

- The implementation of recommendations made by Deloitte, relating to back office efficiencies for ECMCC and Kaleida is proceeding apace. Although Deloitte identified approximately $10.3 million in supply chain related efficiencies, ECMCC and Kaleida have identified $21 million in potential supply chain savings, all of which are being implemented. Approximately $4 million in supply chain savings should be realized by ECMCC.

- Behavioral health care in Western New York is now being recognized as a community challenge, not merely an institutional one. Thus, ECMCC intends to work with Kaleida and other behavioral health care community partners (including New York State) to meet the challenges presented.

- Kaleida and ECMCC are exploring the opportunity to bring some of the services offered by the Women's and Children's hospital of Buffalo to the Grider Street Health Campus.

2) Chief Financial Officer: Michael Sammarco

A summary of the financial results from August 31, 2011 and a Quarterly Financial Statement and projected statement of Yearly Cash Flows are available on the board and public web sites.

Moved by Bishop Michael A. Badger and seconded by Frank B. Mesiah receive and file the August 31, 2011 reports as presented by the Corporation's Management.

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

Moved by Douglas H. Baker and seconded by Dietrich Jehle, M.D. to enter into Executive Session at 5:20 P.M. to consider matters made confidential by law, including certain compliance-related matters, strategic matters and business plans.
Motion approved unanimously.

VII. RECONVENE IN OPEN SESSION

Moved by Kevin E. Cichocki and seconded by Douglas H. Baker to reconvene in Open Session at 6:20 P.M.
Motion approved unanimously.

VIII. ADJOURNMENT

Moved by Michael A. Seaman and seconded by Frank B. Mesiah to adjourn the Board of Directors meeting at 6:21 P.M.

Bishop Michael A. Badger,
Corporation Secretary

A Resolution of the Board of Directors Authorizing the Transfer of Funds to Grider Community Gardens, LLC

Approved October 4, 2011

WHEREAS, Erie County Medical Center Corporation [the "Corporation"] is the sole member of Grider Community Gardens, LLC [the "Company"]; and

WHEREAS, the Company is the owner of real property and improvements located at 425 Grider Street, Buffalo, New York 14215 [the "Property"]; and

WHEREAS, as sole member of the Company, the Corporation previously determined that it was in the best interests of the Company and the Corporation to demolish the improvements located on the Property, which demolition project is now complete; and

WHEREAS, the Corporation wishes to transfer funds to the Company in an amount sufficient to cover the costs of the demolition project.

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

1. Upon the recommendation of the Chief Financial Officer, the Corporation is authorized to transfer Thirty-Three Thousand Dollars [$33,000] to the Company for purposes of paying the invoice associated with the demolition of improvements located at 425 Grider Street, Buffalo, New York 14215.

2. This resolution shall take effect immediately.

Bishop Michael A. Badger
Corporation Secretary

Resolution Authorizing Certain Standardized Equipment and Related Components Pursuant to General Municipal Law §103(5)

Approved October 4, 2011

WHEREAS, Erie County Medical Center Corporation [the "Corporation"] was created by New York Public Authorities Law Article 10-C, Title 6 [the "Act"] and is subject to General Municipal Law Section 103; and

WHEREAS, it is in the best interests of the Corporation for purposes of efficiency and economy that certain medical equipment, systems and related supplies to be procured through the competitive bidding process, are as nearly identical as possible to existing medical equipment, systems and supplies currently utilized by the Corporation, so that new equipment and systems are compatible with existing equipment, systems and software, spare parts and supplies may be used interchangeably and procured economically, maintenance may be performed in the most efficient and economical manner, and training costs may be reduced; and

WHEREAS, pursuant to General Municipal Law Section 103(5), for purposes of efficiency and economy the Corporation may adopt a standardization resolution pursuant to which particular makes, models and brand named items may be specified in bid documents; and

WHEREAS, it has come to the attention of the Corporation that the Corporation's existing mycobacterial growth indicator tube ["MGIT"] system requires replacement and the Corporation's existing blood gas equipment will be discontinued by the manufacturer and no longer serviced after 2012; and

WHEREAS, the Corporation has determined that, for purposes of economy and efficiency, it is in the best interests of the Corporation to standardize the procurement of the Corporation's MGIT system and blood gas equipment, so that new systems and equipment are similar to and compatible with existing systems and equipment able to interface with existing software, and require minimal training and transition; and

WHEREAS, to provide benefits of economy and efficiency to the Corporation, the systems and equipment specified in Exhibit A should be standardized for purchase.

NOW THEREFORE, BE IT RESOLVED:

1. The uniformity and compatibility of the medical systems and equipment specified in Exhibit A is of paramount importance to the efficient and economical operation of the health care facilities located at the Corporation's Grider Street campus.

2. To ensure that the systems and equipment listed on Exhibit A to be purchased and installed on the campus are compatible with and similar to existing systems and equipment, the specifications attached hereto as Exhibit A shall be used in the competitive bidding process.

3. This resolution shall take effect immediately.

Bishop Michael A. Badger
Corporation Secretary

CREDENTIALS COMMITTEE MEETING
September 6, 2011

Committee Members Present:

Robert J. Schuder, MD, Chairman
Timothy G. DeZastro, MD
Yogesh D. Bakhai, MD (ex officio)
Richard E. Hall, DDS PhD MD FACS
Brian M. Murray, MD (ex officio)
Andrew J. Stansberry, RPA-C

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) *
Dietrich V. Jehle, MD (ex officio) *
Gregg I. Feld, MD *
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 August 2, 2011 were reviewed and accepted with the following change: two staff members had been listed for possible future membership conclusion because of an incorrectly listed reappointment expiration date. Sufficient time actually exists to complete reappointment processing at the October Credentials and Medical Executive meetings.

RESIGNATIONS

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

A. Deceased — None

B. Application Withdrawn — None

C. Resignations

Stephen T. Zador, MD, FAAC	Internal Medicine	As of August 7, 2011
Cathleen M. Niedermayer, FNP	Internal Medicine	As of August 11, 2011
John R. Thomas, MD	Radiology - *Teleradiology*	As of August 31, 2011

D. Automatic Membership Conclusion — None

APPLICATION PROCESSING CONCLUSION

Surgery

John Gibbs, MD — ***Despite multiple information and documentation requests, the 180 day window for application processing defined in the Credentials Manual has been exceeded. The committee recommends conclusion of application processing.***

CHANGE IN DEPARTMENT

None

CHANGE IN COLLABORATING / SUPERVISING PHYSICIAN

Internal Medicine

Brian M. Hill, RPA-C — Allied Health Professional
Supervising MD: Dr. Neil Dashkoff

PRIVILEGE ADDITION/REVISION

Internal Medicine

Timothy C. Knight, RPA-C — Allied Health Professional
- Moderate Sedation/Analgesia
Supervising MD: Dr. Nancy Ebling
Training and attestation completion satisfy FPPE.
OVERALL ACTION REQUIRED

PRIVILEGE WITHDRAWAL

Emergency Medicine

Cristine M. Adams, MD — Active Staff
- withdraw Swan-Ganz Catheter Insertion

Radiology

Yunus Barodawala, MD — Active Staff
- withdraw Sialography request

Surgery

Michael A. Pell, MD — Active Staff
- withdraw Sentinel node biopsy for melanoma (lymphangiography and lymph node biopsy)

Urology

Richard N. Gilbert, MD — Associate Staff
- withdraw request for Transcutaneous Placement of Sacral Cord Neuromodulation Electrodes

A restatement of privileges occurred with the June 2011 change in staff category to Associate Staff. This additional privilege was also originally requested in April 2010 with action deferred for more documentation. It was now withdrawn on June 6, 2011. (The next reappointment cycle begins April 2012.)

OVERALL ACTION REQUIRED

APPOINTMENTS AND REAPPOINTMENTS

A. Initial Appointment Review (12)
B. Reappointment Review (4)

Twelve initial appointments and no reappointment requests were presented to the Credentials Committee for review. The dossiers were found to be in order and are endorsed to the Medical Executive Committee for its approval with comments (if any) as indicated.

APPOINTMENT APPLICATIONS, RECOMMENDED

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

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

Anesthesiology

Michael J. Petsch, CRNA — Active Staff

Dentistry

Damian Jones, DDS — Active Staff
(FPPE waived. Completed residency at ECMCC; competency assessments in departmental files)

Emergency Medicine

Christa Switzer, RPA-C — Allied Health Professional
Supervising MD: Dr. Dietrich Jehle
(Will discuss the plan for FPPE with ED COS; practitioner on staff as of less than one year ago)

Family Medicine
Merry Lyn Green, ANP — Allied Health Professional
Collaborating MD: Dr. David Eubanks

Neurosurgery
Elad I. Levy, MD* — Active Staff
Adnan H. Siddiqui, MD* — Active Staff

****Brain Death Determination requested; completed attestation satisfies FPPE.***

Obstetrics and Gynecology
Christian B. Dolensek, MD — Active Staff
Arminda Mauricio, MD — Active Staff
Henry E. Reyes, MD — Active Staff
(Confirm with COS waiving of FPPE; graduates of UB residency program)

Ophthalmology
Hoon C. Jung, MD — Active Staff

Psychiatry

Daniel Antonius, PhD — Allied Health Professional

Surgery (Plastic & Reconstructive Surgery)

Chanda Agro, FNP — Allied Health Professional

Collaborating MD: Dr. Thom Loree
The Credentials Committee awaits the review of a new Nurse Practitioner privilege delineation form for Plastic and Reconstructive Surgery.

OVERALL ACTION REQUIRED

REAPPOINTMENT APPLICATIONS

Reappointment Review (3) - For reappointments effective December 2011

Ophthalmology
Daniel M. Cotter, MD — Associate Staff

Radiology/Teleradiology
Shwan Kim, MD — Active Staff

Urology
Kathleen Z. Glass, ANP — Allied Health Professional
Supervising MD: Dr. Kevin Pranikoff

Dual Reappointment (1)
Sara Hines Nash, RPA-C — Allied Health Professional
Collaborating MD: Dr. Nancy Ebling — *Internal Medicine*

PROVISIONAL APPOINTMENT REVIEW, RECOMMENDED

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

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

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

September 2011 Provisional to Permanent Staff

Anesthesiology		**Provisional Period Expires**
Gawron, Nicole, M., DO	Active Staff	09/07/2011
Internal Medicine		
Farry, James, K., MD	Active Staff	09/07/2011
Pendyala, Prashant, MD	Active Staff	09/07/2011
Neurology		
Assad, Refat, MD	Active Staff	09/07/2011
Ophthalmology		
Fernando, Sandra, M., MD	Active Staff	09/07/2011
Orthopaedic Surgery		
Rachala, Sridhar, R., MD	Active Staff	09/07/2011
Surgery		
Chopko, Michael, MD	Active Staff	09/07/2011

OVERALL ACTION REQUIRED

AUTOMATIC MEMBERSHIP CONCLUSION, RECOMMENDED

None

Planned Credentials Committee Meeting: September 6, 2011
Planned MEC Action date: September 26, 2011
Subsequent Board confirmation date: October 4, 2011
Next Board Meeting would be: November 1, 2011

FUTURE MEMBERSHIP CONCLUSION, PLANNED

None

Planned Credentials Committee Meeting: October 4, 2011
Planned MEC Action date: October 24, 2011
Subsequent Board confirmation date: November 1, 2011

OLD BUSINESS

Department of Dentistry
The revised privilege form was approved by the Board of Directors at its August 30, 2011 meeting and will expand privilege requests to be used by Dental Staff members working with the Plastic and Reconstructive Surgery service.

Dental Resident Training
The Department of Dentistry anticipates a new staff new member who would proctor within the scope of a dentist and thus assist the training of dental residents. The Chief of Oral Maxillofacial Surgery has endorsed the request.

Plastic and Reconstructive Surgery – NP Form
The committee awaits Chief of Service review and approval of the Plastic and Reconstructive Surgery Nurse Practitioner privilege request form. The three surgeons appointed to the department have been requested to complete the approved physician form for the department.

Internal Medicine – Privilege Forms by Subspecialty
Progress continues with the development of new subspecialty forms within Internal Medicine. It is anticipated that the form drafts can be finalized with one additional meeting with the Credentials Chair, the Chief of Service and Director of Medical Staff Quality and Education.

Department of Emergency Medicine
The committee has completed design of privilege delineation forms for Emergency Medicine, incorporating core procedures and levels of privileging. Attached herein, the format harmonizes with that utilized by Kaleida Health, advancing the Great Lakes Health initiative. Having the approval of the Chief of Service, the committee recommends adoption to the Medical Executive Committee.

Credentialing Documentation
The committee was pleased to receive a response from a staff member which made substantial progress toward completing credentialing requirements. One area still needs to be addressed. The committee recommended prompt follow-up communication from the Chief Medial Officer to encourage compliance.

vRad Contract
Implementation of the Teleradiology vRad external credentialing contract awaits return from legal review.

Cardiac Unit Transition
The committee continues its dialogue to discuss what paper form changes might be made to reflect the transitions in cardiac care/coverage. Migrating from the nomenclature "CCU" to "Intensive Care – Cardiac" has been entertained. The complexity of two different supervising physicians may entail privilege form revision and division specific privileging for mid-level practitioners with both cardiologists and hospitalists within the same departmental appointment.

Pacemaker and Cardioverter Lead Extraction
The committee continues to clarify the documentation of competence for a staff member seeking laser assisted lead removal privileges. A review of credentialing standards distinguishes between simple removal (lead explant) and removal of lead involving more complex procedures (lead extraction).

The committee seeks definition of credentialing criteria from the Chief of Service plus a thoughtful outline of experience or volume requirements for the initial granting and maintenance of privileges for a complex procedure with low potential frequency. This will be explored further with the applicant.

Credentialing Software Transition at Kaleida & ECMCC
The Medical-Dental Staff Office has accomplished live implementation of its new IntelliCred credentialing software. In addition to integrating ECMCC and Kaleida databases onto the same software platform, back office processes and forms are standardized as much as is feasible and practicable. Evaluation of a single appointment application form was conducted, with the two offices determining that total harmonization may not be necessary

until a single medical-dental staff appointment under Great Lakes Health is realized. This matter will be further discussed at the October Credentials Committee meeting.

Urology privilege documentation
At the August Credentials Committee meeting, a particular privilege action deferral was recommended within three appointment applications. The committee recommended communication follow-up to close the outstanding documentation of competency. A previously deferred action for the privilege of Laparoscopy: Reconstructive Procedures, remains deferred pending receipt of additional volume data.

The committee is encouraged that the move toward core and cluster privilege forms will allow for a review and update of the criteria for the more detailed urologic procedures.

Chemical Dependency
Arrangements have been made to provide collaborating physician coverage for the Chemical Dependency by midlevel practitioners through the department of Family Medicine. The Chemical Dependency service will revert back from Behavioral Health to Family Medicine. Once the plan is solidified, the Medical-Dental Staff office will assist the Credentials Committee in identifying those practitioners for whom a department re-assignment will be warranted, as well as the coordination of revisions to the BH and FM privilege forms.

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

Urology Privilege Form Additions
The committee reviewed potential "additions" to the Urology privilege form suggested by a recent staff applicant. The committee recommends that a formal request for additions come from the Chief of Service and be approved through the process designated in the bylaws.

A procedure for the *Harvest of buccal mucosa* appears to overlap with an existing department and needs clarification. Credentialing criteria should also be included for all privileges. These define training requirements (core vs. special procedures), experience or volume figures for initial and reappointment considerations and methods to ensure current competence (professional references, etc.).

In the spirit of ongoing procedural quality control, the Director of Medical Staff Quality and Education will review proper procedures for requesting new privileges at the September 8th Chief of Service meeting, and issue a written memorandum.

New Wound Care Providers
The Director of Medical Staff Quality and Education received notification from the Wound Care Center that the addition of infectious disease specialists to their interdisciplinary team is being entertained. Wound Care and Hyperbaric Privileges have therefore been suggested for the Internal Medicine privilege form. This will be pursued through the IM Chief of Service and the current credentialing criteria the Surgery Department suggested for use, to ensure consistency across the specialties.

Wellcare Delegated Credentialing Audit
The Medical-Dental Staff Office was informed of an upcoming audit to occur on September 21, 2011. A review of twenty dossiers and organizational documents will occur during the on-site visit.

Advanced Midlevel Airway Training

The committee received an update regarding the status of specialized airway training for midlevel practitioners in order to provide airway intubation services utilizing deep sedation. Practitioner specific documentation of the completion of the didactic and practical training was

requested for their dossiers as per the plan previously detailed.

OVERALL ACTION REQUIRED

OTHER BUSINESS

Open Issues (Correspondence) Tracking

Anoscopy training for the three IM attending physicians remains in process. The Medical-Dental Staff Office will reach out to them again for a status report.

FPPE-OPPE Report

FPPEs were successfully completed in the following departments:

Family Medicine (1 MD, 1 ANP)
Neurology (1 MD)
OB/GYN (1 MD)
Radiology (2 MDs)
Radiology, Teleradiology (7 MDs)

OPPEs were successfully completed for the department of Psychiatry (34 MDs, 1 PhD and 1 PNP).

The department of Anesthesiology OPPEs have been successfully completed (18 MDs, 10 CRNAs).

Exigence OPPEs are complete and awaiting sign-off from the Internal Medicine Chief of Service.

It is anticipated that Radiology OPPEs will be completed next week after their internal PI data is forwarded to the Medical-Dental Staff Office for incorporation into the practitioner specific profiles.

PRESENTED FOR INFORMATION ONLY

ADJOURNMENT

With no other business, a motion to adjourn was received and carried. The meeting was adjourned at 4:50 PM.

Respectfully submitted,

Robert J. Schuder, MD,
Chairman, Credentials Committee

Minutes from the

Special Board Meeting

Minutes
Erie County Medical Center Corporation
Board of Directors Special Meeting
October 28, 2011

Present: Bishop Michael Badger
Douglas Baker
Richard Brox
Ronald Chapin
Kent Chevli, M.D.
Kevin Cichocki, D.C.
Sharon Hanson
Dietrich Jehle, M.D.
Thomas Malecki
Frank Messiah
Michael Seaman

Also Attending: Jody Lomeo, Kevin Pranikoff, M.D., Michael Hoffert, James Kaskie, Michael Sammarco, A.J. Colucci, III.

I. Call to Order: The special meeting was called to order by Ms. Hanson at 7:32 A.M. and a quorum of those identified above as being present was declared following a Roll Call.

II. Action Item

Approval of 2012 Operating Budget. Ms. Hanson introduced the purpose of the special meeting and asked Mr. Lomeo to provide some background. Mr. Lomeo reminded the board that the deadline for filing the 2012 budget with New York State was rather early, September 30, 2011, and that several new business initiatives delayed management's completion of budget work. Though the budget assumptions are aggressive, Mr. Lomeo noted that the proposed budget is reasonable and that approval was recommended by the Finance Committee. Mr. Sammarco then provided the board with an overview of the 2012 operating budget and identified several new revenue assumptions and the assumption that the 2012 workforce would be reduced by 62 FTEs at ECMC and 82 FTEs at the Erie County Home.

Upon motion duly made (Messiah) and seconded (Cichocki), the 2012 operating budget was approved as presented by unanimous vote.

III. Discussion

Ms. Hanson requested the status of any other matter that should be addressed before the forthcoming board regular meeting. Mr. Lomeo discussed the current status of the corporation's evaluation of outpatient chemical dependency and behavioral health, noting that internal discussions are continuing.

IV. Adjournment

Upon motion duly made (Baker) and seconded (Brox), the special meeting was adjourned at 7:48 A.M.

Executive Committee

Minutes from the

Buildings & Grounds Committee

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS
MINUTES OF THE BUILDING & GROUNDS COMMITTEE MEETING
OCTOBER 11, 2011

ECMCC STAFF DINING ROOM

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

I. CALL TO ORDER

Richard F. Brox called the meeting to order at 9:56 A.M.

II. RECEIVE AND FILE AUGUST 9, 2011 MINUTES

Moved by Richard F. Brox and seconded by Frank B. Mesiah to receive and file the Buildings and Grounds Committee minutes of August 9, 2011 as presented.

III. PRESENTATION OF SKILLED NURSING FACILITY COLOR SCHEME BY CANNON DESIGN

Representatives from Cannon Design provided a presentation to the committee detailing the color scheme for the new Skilled Nursing Facility. They provided various samples for the committee to view. Doug Flynn and representatives previously visited Niagara Hospice to view their facility.

IV. UPDATE – PENDING CAPITAL INITIATIVES

UPDATE – PENDING CAPITAL INTIATIVES

Chilled Water Plant Improvements

- Beyond the replacement of (2) existing Chillers and the addition of (1) new Cooling Tower being part of the current renovations, we are in the process of developing a supplemental bid package for the replace our aged Cooling Tower infrastructure. Current incentives programs (National Grid) make the timing of these desired replacements attractive. If all goes according to plan these additional change outs would dove-tail into current Boiler/Chiller Plant work this winter through the spring of 2012. Estimated cost @ $4.7 million, with annual energy savings forecasted at $141K, with incentives forecasted @ $365K.

Transitional Care Unit @ 6 Zone 1

- A project is being developed which would renovate 6 Zone 1 into a "Transitional Care Unit". An updated plan and cost estimate are being established for resubmission to the NYSDOH.

CPEP EOB Unit @ 4 Zone 3

- A phased project is being developed which would renovate 4 Zone 3 into a CPEP EOB Unit, which is intended to alleviate patient load pressure @ the 1st floor CPEP. Plans and estimates being developed for submission to NYSDOH & OMH.

Orthopaedic Center @ Dialysis Bldg MOB Space Concept

- The alternate concept (option B) for the envisioned Orthopaedic Center of Excellence is being further developed, including a proposed Ambulatory Surgery Unit at the 1st floor level of the New Dialysis Bldg, a dedicated In-Patient Zones on a fully renovated main building 5th floor, expanded Orthopedic office space in DKMiller, and expanded Orthopedic Exam space at the main building ground floor. Finalized conceptual design shall be followed by financial analysis, leading to a planned CON submission late this year.

Patient Lift RFP

- RFP responses received and the successful vendor has been identified, Prism Medical who shall be providing Waverly-Glen Lift systems. The RFP covers required installations on both the Dialysis/Transplant Project and Skilled Nursing Facility Project and also includes unit pricing for future installations. Going forward the intent would be to identify the successful lift manufacturer as an ECMCC standard through a related Board Resolution.

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

- Renovation bids taken last week, with the contract vetting process underway. Awards expected shortly with renovation work scheduled to begin by the end of the month. Project to be a phased renovation Phase 1 / OR3 scheduled for November thru January, Phase 2 / OR4 planned for February thru April.

ECMCC Guest House

- Current concept remains renovating the 359 Grider Residence in to the envisioned "Guest Living Quarters". Last meeting held in mid August, follow up meeting yet to be scheduled.

Restoration of Defunct Water Main @ Access Bridge

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

MOB Fit-Out @ Dialysis Bldg

- This design process to resume as the Orthopedic Option B scenario solidifies.

Furniture, Fixtures, & Equipment @ Capital Projects

- Dialysis & Transplant – all FF&E contracts have been awarded, with all item orders released.
- Skilled Nursing Facility – development of the FF&E requirements is set begin. A recent site visit to the Niagara Hospice House has provided several concepts which may benefit these future efforts.

Campus Site & Parking Modifications

- The Architect/Engineer (Clark Patterson Lee) continues developing the redesign of the Grider Side of the Campus, both parking lot reconstruction and main drive relocation. The impact of this global plan is being absorbed into each of the sitework scopes on the Dialysis and SNF projects, in an effort to avoid conflicting designs. This concept includes the addition of two NFTA bus stops along our new main campus drive, a positive measure for all, patients, visitors, and staff.

Signage & Wayfinding Project

- Schematic level design concepts have been developed and presented to the Patience Experience Committee resulting in positive support and feed-back. A follow-up presentation to the Executive Management Committee yet to be scheduled.

V. UPDATE – IN PROGRESS CAPITAL PROJECTS

UPDATE – IN PROGRESS CAPITAL PROJECTS

2009 Capital Projects – Lab Building

- Phase 3 / New Anesthesia Office – renovations to begin in mid November after ED staff relocates to their newly renovated space in Suite 116 (former Radiology Offices).

2009 Capital Projects - Surgical Department

- Phase 2 / Renovation of Anesthesia & Pathology Work Rooms in progress, completion expected by the end of the month.

2009 Capital Projects – Emergency Department

- Phase 2 / With Trauma season cooling off the postponed Reception Desk relocation is set to begin within the next few days.
- Phase 3 / Occupational Health Suite, renovation to be complete by early-mid November.

2010 Capital Projects – Dialysis / Transplant

- New Building, construction enters final quarter with occupancy planned for January 1st (+/-). New 2nd floor Mechanical Room and Generator work substantially complete. DOH pre-occupancy inspection for 10 Zone 1 / Inpatient Dialysis Unit & VAC scheduled for 10/17/11 with occupancy to follow thereafter. 10 Zone 4 renovations in progress with completion expected mid winter. New DKMiller Parking expected to be complete by 12/01/11.

JC Statement of Conditions / Plans For Improvements

- 2010 PFI(s) / Ground floor sprinkler work complete, testing this week. Tunnel level storage area construction nearing completion. Dead End Corridor @ Radiology, detailed plans being prepared.

425 Grider Street Residence Demolition

- Since our last meeting this abatement and demolition contract has been completed.

First Floor Roofing Concerns

- Bid process completed, successful contractor identified and initial work began late last week. Project completion expected early to mid November. The roof in question being that which is over the 1st floor Emergency and Radiology Departments.

Skilled Nursing Facility

- Excavation work substantially complete, foundation work progressing, with structural steel erection underway as of last week.

VI. OTHER

Mr. Mesiah made the recommendation that it should taken into consideration ways we can enhance the front entrance to be more "inviting" to our customers.

OTHER / MISCELLANEOUS CONCERNS

Kaleida SNF Tour

- Present Cannon Design representatives suggested that a future tour of the new Kaleida SNF be toured by interested ECMCC parties. Cannon to advise on same at a future date.

Consideration of Carpeting @ Skilled Nursing Facility

- During Cannon's presentation of the new SNF color & finish schemes the Committee members questioned the rationale behind not utilizing carpeting. Cannon explained that based on feed original feed-back of involved staff and past infection control stigma surrounding the use of carpeting in a Health Care environment it was eliminated from consideration. Cannon suggested that based on current carpeting technologies these concerns have been greatly minimized and ECMCC if it so desired could reconsider usage at this stage. The Committee concluded that the project should at least request pricing on the substitution of carpet tiles for currently scheduled vinyl flooring @ corridor locations, for further consideration.

SNF Furniture Fixtures & Equipment

- Again during Cannon's presentation the topic of the recent trip to the Niagara Hospice House was raised. The intent being that our future SNF FF&E efforts should utilize a similar planning philosophy that could benefit both budget and ambiance levels of the space. This being accomplished through the elimination of unnecessary restrictions, opening up a greater number of options and variety of potential furnishings.

Main Building Entrance / Lobby Reconstruction Project

- Committee Members questioned whether there was a current concept being developed for the reconstruction of the main building lobby and entrance. DF advised that although Task #1 of the Campus Parking & Recirculation design accommodates an expended frontage between the existing main entrance and the new intended roadway curb, this pending project does not include the reconstruction the entrance, which has been recognized as a future and succeeding potential project.

Next Building & Grounds Meeting

- Next meeting to be scheduled for December 13th, 2011 @ 9:30 am.

VII. 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

SEPTEMBER 27, 2011

ECMCC BOARD OF DIRECTORS CONFERENCE ROOM

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

I. CALL TO ORDER

The meeting was called to order at 8:30 A.M., by Michael Seaman, in the absence of Chairman Cichocki.

II. RECEIVE AND FILE MINUTES

Motion was made by Mr. Sammarco and unanimously approved to accept the minutes of the Finance Committee meeting of August 23, 2011.

III. AUGUST 2011 FINANCIAL SUMMARY

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

Total discharges in the month of August were over budget by 23, and acute care discharges were 46 over budget. Total year-to-date discharges were 482 under budget and 34 under prior year. Year-to-date acute discharges were 125 under budget and 221 above prior year.

Observation cases were 128 for the month and 1,070 year-to-date. Average daily census was 354 for the month of August compared to 353 for July, and 335 year-to-date. Average length of stay was 6.7 for the month versus 6.2 budgeted. Medicare and Non-Medicare case mix was 1.76 and 2.25 for the month, respectively.

Inpatient surgical cases were 433 for the month, which is 1 over budget, while year-to-date inpatient cases were 74 under budget and 217 more than the prior year. Outpatient surgical cases were 644 for the month, 14 less than budget and 4 less than the prior year. Year-to date cases were 51 below budget and 144 over the prior year.

Emergency Department visits were 6,062 for the month of August, and 1,786 or 4.4% over prior year-to-date.

Hospital FTEs were at 2,346 for the month, 49 less than the month of June, 2011. Home FTEs were 381 for the month, compared to a budget of 424.

Hospital net patient service revenue was over budget by $1.1 million, or 3.5% for the month, due primarily to increased volume. Operating expenses for the Hospital were over budget by $800,000, or 2.5%, due primarily to physician fees and prosthesis supply expense related to surgical volumes. The hospital experienced a $1.25 million operating income, compared to a budgeted loss of $533,000 and a prior year loss of $719,000. The Home experienced a $379,000 operating loss in the month of August, as downsizing of the nursing units continues.

The consolidated operating income was $871,000.

The year-to-date consolidated operating loss was $7.1 million. Net patient service revenue was under budget by $16.1 million, or 6.2%, due to decreases in volume, case mix, exempt unit revenue and the Home downsizing.

Expenses were $4.2 million, or 1.3%, over budget, attributed primarily to salaries and physician fees.

Days operating cash on-hand was 131.6, compared to 136.2 the prior month. Days in accounts receivable were at 40.1.

IV . SUPPLY CHAIN UPDATE:

Mr. Sammarco reported that the supply chain savings initiative is slightly behind target, but is expected to meet the savings goal by mid 2012. To date, implemented annual savings is $942,000.

V. BUDGET STATUS:

Mr. Sammarco reported a significant deficit in the 2012 draft budget. Management continues to work on solutions to close the deficit to a break-even operating margin.

VI. MANAGED CARE UPDATE:

Mr. Sammarco reported that the New York State Department of Corrections contract has been extended for 6 months, through March 31, 2012.

VII. ADJOURNMENT

The meeting was adjourned at 9:45 AM by Mr. Seaman.

ECMCC Management Team

Chief Executive Officer

President & Chief Operating Officer

ERIE COUNTY MEDICAL CENTER CORPORATION

REPORT TO THE BOARD OF DIRECTORS
MARK C. BARABAS, PRESIDENT AND CHIEF OPERATIONS OFFICER
NOVEMBER 1, 2011

U.B. ENGINEERING STUDY

ECMC has agreed to participate in a decision support system engineering study with the U.B. Department of Architectural Engineering. They are working with Penn State University and Hershey Medical Center in this study which will analyze facility-related healthcare associated infections in hospitals. We are most pleased for this opportunity. (Letter attached.)

COMMUNITY HEALTH CENTER UPDATE

At the time of writing this report, we are still trying to verify the departure date for the Community Health Center as November 4, 2011. Plans are being made to rename the facility "The Grider Family Health Center" with ECMC providing primary care services and Children's Hospital providing an OB/GYN clinic.

TRANSPLANT CONSOLIDATION PROGRESS REPORT

10zone1, the Inpatient Dialysis Center and the Vascular Access Center were inspected by the Department of Health on October 17th and approved for occupancy. New spaces were occupied the last week in October. We are most pleased this was accomplished several weeks ahead of schedule. A copy of our latest HEAL Progress Report is attached. It is dated October 21, 2011. I am also pleased to report that all related HEAL grant components have been billed to HEAL New York. (See attached spreadsheet.)

We have two finalists for the Vice President of Transplant Services position scheduled for the first week in November. One is from Boston's Tufts University hospital system and the other from Syracuse.

Our new medical office/dialysis building continues to be on schedule as we look forward to the next steps in our program.

HOME HEMODIALYSIS TRAINING AND SUPPORT CON

Attached is correspondence from the Department of Health acknowledging our application to provide this component of a comprehensive dialysis program which will include home hemodialysis training and support.

PARKING DECK FOUNDATION PICTURES

Please see the attached pictures which show the progress made laying the foundation for a new parking deck located behind the axle corridor.

E C M C

ERIE COUNTY
MEDICAL CENTER
CORPORATION

September 26, 2011

Dr. Chimay Anumba PhD DSc PE
Department Head and Professor of Architectural Engineering
The Pennsylvania State University
104 Engineering Unit A
University Park, PA 16802

Re: A Decision Support System to Help Minimize Facility-Related Healthcare Associated Infection
AHRQ R18 proposal

Dear Dr. Anumba,

As Director of Plant Operations at the Erie County Medical Center (ECMC), I am writing to confirm our participation and commitment to your project, named above. ECMC is committed to continuous improvement in all that we do. Healthcare associated infections are an important issue for us, and we understand the important role of facility operations and maintenance in this area.

ECMC is a medium sized facility in an urban environment. In 2008, it discharged 16,500 patients and provided care through 54,768 emergency room visits and 11,971 surgical cases. The center has 550 inpatient beds, 156 skilled nursing home beds and 3100 employees. My department is responsible for the daily operation and maintenance of buildings and infrastructure for the whole ECMC campus.

We fully commit to working with you over the course of this 3-year project to develop and pilot a decision support system that can provide proactive support in the operation and maintenance of our healthcare facility to minimize healthcare-associated infections. My staff will cooperate with your research team in their efforts to collect the needed data, and to pilot the new system. To compensate for staff time that will be expended in supporting data collection, the hospital will receive $13,500 in each year of the study.

I look forward to working with you and your team on this important study.

Sincerely,

David J. Winkler
Director of Plant Operations

Erie County Medical Center Corporation

DJW/la

462 Grider Street
Buffalo, New York
14215
716.898.3000
www.ecmc.edu

Erie County Medical Center
Erie County Home
Cleve-Hill Family Health Center

The Erie County Medical Center Corporation is affiliated with the University at Buffalo School of Medicine and Biomedical Sciences.

ECMC 462 GRIDER STREET | BUFFALO, NEW YORK 14215
(716) 898-3000 | (716) 898-5178 FAX
ECMC.EDU

Mar 12

October 21, 2011

Heather Pokrzywka
New York State Department of Health
HEAL, Workforce Development and Capital Investment Unit
Empire State Plaza
Corning Tower, Room 1084
Albany, NY 12237

Attn: HEAL NY

Dear Ms. Pokrzywka

Please find enclosed the quarterly progress report for HEAL NY 11, Capital Restructuring Initiative #3, for the Erie County Medical Center, Renal Management and Transplant Consolidation Project, Contract C025911.

Included is the voucher and expenditure report for the funds expended through this time period under the grant.

Should you have any questions or need further information, please contact me.

Sincerely,

Mark Barabas
President and Chief Operating Officer
Erie County Medical Center Corporation
462 Grider Street
Buffalo, New York 14215

ERIE COUNTY MEDICAL CENTER CORPORATION

Heal NY 11
Capital Restructuring Initiatives #3
Erie County Medical Center Corporation
C025911
Renal Management and Transplant Consolidation Project

Narrative Summary

The Renal Management and Transplant Consolidation Project continued during the 3rd quarter of 2011. The project includes the remodeling of the 10th Floor of the Erie County Medical Center Corporation Hospital to include a new Renal and Transplant Outpatient Clinic, a 22-bed inpatient renal and transplant unit, a vascular access center, and a six-station inpatient dialysis unit. The remodeling will accommodate the consolidation of the two transplant programs in Buffalo into one Center of Excellence, located at the Erie County Medical Center Corporation. An additional goal of the project is the relocation of the current 14-station dialysis unit on the 10th floor and creating a new 36-station freestanding outpatient dialysis facility on the campus of the Erie County Medical Center. This project is the result of collaboration between Buffalo General Hospital, Erie County Medical Center, and the University of Buffalo, under the leadership of the Great Lakes Health System of Western New York.

The relocation of various functions on the 10th floor was started and was complete in the first quarter of 2011. Renovation work was started on the 10th floor of ECMC to encompass the Transplant Clinic, In-patient Dialysis, and the Vascular Access Center. The new Transplant Clinic spaces have been occupied. Occupancy of the In-patient dialysis unit and the Vascular Access Center will occur by the end of October. At that time, the renovation for the 22 bed in-patient unit will be started. The construction of the 36 station dialysis unit has started and is on schedule.

The consolidation task force under the leadership of Mr. Mark Barabas, President and Chief Operating Officer of Erie County Medical Center and Dr. Merril Dayton, Chairman, Department of Surgery, University of Buffalo has continued to meet on a regular basis. The Transplant leadership is currently working on the consolidation of policies and procedures and implementing the patient transition plan.

Implementation meetings for non-construction related objectives are ongoing. These include planning for Information Technology enhancements, medical record consolidation, expanding the living kidney donor pool of patients, and discussions regarding the impact to employees at Buffalo General Hospital, as well as Erie County Medical Center. The transition of Transplant patients from Buffalo General Hospital will start in the forth quarter. The transition of Dialysis patients from Buffalo General Hospital will be complete early in the first quarter of 2012.

Objectives Completed
3rd Quarter 2011

A. 6. Complete new Transplant Clinic
A. 7. Secure Certificate of Occupancy and Open Transplant Clinic

Objectives expected to be completed
4th Quarter 2011

B. 1-5 Consolidate Outpatient Transplant Pro gram
D. 5-6 Complete renovation for Vascular Access Center, secure certificate of occupancy and open
F. 1-2 Complete Dialysis P&P and Staffing Plan
G. 1-4 Start transition of ECMC patients to new Dialysis building
H. 1-4 Start transition of ECMC patients to new Dialysis building
L. 1-5 Start transition of BGH Transplant program

Statistical/Qualitative Report

The following data is presented for the statistical report of the Renal Services Division at the Erie County Medical Center.

	2009	**2010**	**2011 (a)**
Hemodialysis Treatments	11,044	12,186	15,623
Patient Visits-Transplant & Renal Clinics	4,448	4,608	5,109
Transplants	42	35	21
Vascular Access Procedures	1,047	995	871

AC 92 (Rev. 6/94)

SEE INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING

STATE OF NEW YORK

STANDARD VOUCHER

Voucher No.

1 Originating Agency	Orig. Agency Code	Interest Eligible (Y/N)	2 P-Contract
NYS Department of Health			

Payment Date (MM) (DD) (YY)	OSC Use Only	Liability Date (MM) (DD) (YY)

3 Payee ID	Additional	Zip Code	Route	Payee Amount	MIR Date (MM) (DD) (YY)
830382654					

4 Payee Name (Limit to 30 spaces)	IRS Code	IRS Amount
Erie County Medical Center Corporation		

Payee Name (Limit to 30 spaces)	Stat. Type	Statistic	Indicator-Dept.	Indicator-Statewide

Address (Limit to 30 spaces)	5 Ref Inv. No. (Limit to 20 spaces)
462 Grider Street	HEAL 09/30/11
Address (Limit to 30 spaces)	Ref/Inv. Date (MM) (DD) (YY)
	09 30 11

City (Limit to 20 spaces) (Limit to 2 spaces) → State	Zip Code
Buffalo NY	14215-3098

6 Purchase Order No. and Date	Description of Material/Service (If items are too numerous to be incorporated into the block below, use Form AC 93 and carry total forward.)	Quantity	Unit	Price	Amount
	Requesting reimbursement for expenses for the attached Budaget Expenditure Report Contract C025911 July 1, 2011 - September 30, 2011				332,767 18

7 Payee Certification:
I certify that the above bill is just, true and correct; that no part thereof has been paid except as stated and that the balance is actually due and owing, and that taxes from which the State is exempt are excluded.

→ Pamela Manki — Payee's Signature in Ink
Sr Healthcare Financial Analyst — Title
10/17/11 — Date
Erie County Medical Center Corporation — Name of Company

Total	332,767.18
Discount %	
Net	332,767.18

FOR AGENCY USE ONLY

Merchandise Received — Date — Page No. — By

I certify that this voucher is correct and just, and payment is approved, and the goods or services rendered or furnished are for use in the performance of the official functions and duties of this agency.

Authorized Signature — Date — Title

STATE COMPTROLLER'S PRE-AUDIT

Verified — Audited — Special Approval (as Required)

Certified For Payment of Net Amount — By

Expenditure								Liquidation			
Cost Center Code				Object	Accum		Amount	Orig. Agency	PO/Contract	Line	F/P
Dept.	Cost Center Unit	Var	Yr		Dept.	Statewide					

OSC

☐ Check if Continuation form is attached.

HEAL NY Grant Budget Timelines

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

ACTUAL	Budget	3rd 2010	4th 2010	1st 2011	2nd 2011	3rd 2011	Total	Remaining
New Construction	$ 2,970,000		$ 419,617	$ 1,585,930	$ 964,453		$ 2,970,000	$ -
Equipment	$ 1,100,000	$ 124,449			$ 913,435	$ 60,000	$ 1,100,000	$ -
Renovation	$ 2,200,000			$ 1,863,540	$ 336,460		$ 2,200,000	$ -
Design	$ 554,400	$ 554,400					$ 554,400	$ -
Engineering	$ 92,400			$ 92,400			$ 92,400	$ -
Legal	$ 92,400		$ 2,000	$ 90,400			$ 92,400	$ -
Management	$ 92,400		$ 33,235	$ 59,165			$ 92,400	$ -
Other (EMR)	$ 330,000	$ 7,500	$ 29,048	$ 10,700	$ 67,101	$ 215,651	$ 330,000	$ -
Medical Records	$ 55,000					$ 55,000	$ 55,000	$ -
	$ 7,486,600	$ 686,349	$ 483,900	$ 3,702,135	$ 2,281,449	$ 330,651	$ 7,486,600	$ -

cc R Krawiec
K Rojas
Dr. Murray
B. Kelly
D. Walters
K. O'Hara
L. Feldt

NEW YORK
state department of
HEALTH

Nirav R. Shah, M.D., M.P.H.
Commissioner

Sue Kelly
Executive Deputy Commissioner

August 23, 2011

Mark Barabas
Chief Operating Officer
Erie County Medical Center
462 Grider Street
Buffalo, NY 14215

Re: Erie County Medical Center
ESRD
PFI: 210
CCN: 332350

Dear Mr. Barabas:

The New York State Department of Health has received notification of your facility's intent to provide Home Hemodialysis Dialysis Training and Support at the site referenced above.

Please be advised that pursuant to Title 10 of the New York State Codes, Rules and Regulations section 710.1 (c)(3)(i)(v):

A facility approved to provide only chronic renal dialysis shall be deemed approved to provide:

(1) all modalities of chronic renal dialysis; and

(2) chronic renal dialysis services to patients at home, provided that a facility shall give the appropriate area office of the department at least 15 days' written notice prior to commencing or terminating the facility's program for the provision of chronic renal dialysis services to patients at home.

However, in order to obtain approval from CMS to add the service as a Medicare Provider -- and to receive Medicare reimbursement for home dialysis training and support -- a successful federal onsite survey is required.

The Western Regional Office of the New York State Department of Health will conduct an onsite survey, at which time you will be asked to complete a Form CMS-3427, Part I, and to furnish updated Policies and Procedures for provision of the Home Hemodialysis Training and Support, for review. These policies and procedures may be requested by the Area Office for off-site review prior to the on-site visit.

Should you have questions, you may contact the Western District Regional Office in Buffalo at (716) 847-4505.

Sincerely

Mary Ellen Hennessy
Director
Division of Certification and Surveillance

cc: Kathy Owens
Nancy Nusca
Michelle Cefferillo
Rosemarie Miller

CANNONDESIGN

Field Visit Report
No. S0001

2170 Whitehaven Road
Grand Island, NY 14072

Phone: 716-773-6800
Fax: 716-773-5909

Project: ECMC Parking Garage

Day: Wednesday

Sky:

Precipitation:

Temperature:

Wind:

Date: 10/12/2011

Cannon Project No.: 03503.01

Reported By: Valerie Sirianni

Custom Code:

ACTIVITY

During a walk of the site, the following progress was observed:
- Excavation to bedrock and backfill was underway over most of the site
- Footings and piers along Gridline A were underway (Photo 1)
- Elevator pit walls were underway (Photo 2)
- Stone was being delivered and wetted

There were no issues at this time.

Signed: _____

By: _____

Date: _____

Expedition ®

Chief Financial Officer

Erie County Medical Center Corporation

Internal Financial Reports

For the month ended September 30, 2011

Prepared by ECMCC Finance

Erie County Medical Center Corporation

For the month ended September 30, 2011

TABLE OF CONTENTS

Erie County Medical Center Corporation
Financial Dashboard
September 30, 2011

STATEMENT OF OPERATIONS:

	Month	YTD	YTD Budget
Net patient service revenue	$ 30,201	$ 272,698	$ 290,708
Other	7,849	62,553	50,852
Total revenue	38,050	335,251	341,560
Salary and benefits	21,063	192,006	188,949
Physician fees	3,943	33,425	29,551
Purchased Services	2,724	23,427	24,987
Supplies and other	6,549	61,278	61,097
Depreciation and amortization	1,363	11,396	11,068
Interest	442	4,017	4,013
Bad Debt expense, net of recoveries	1,871	16,718	17,524
Total expenses	37,955	342,267	337,189
Operating income (loss)	95	(7,016)	4,371
Non-operating gains (losses)	(4,077)	(3,153)	2,102
Change in net assets	$ (3,982)	$ (10,169)	$ 6,473
Operating margin	0.2%	-2.1%	1.3%

CASH FLOW SUMMARY:

	Month	YTD
Net cash provided by (used in):		
- Operating activities	$ 19,050	$ 36,179
- Investing activities	9,274	(103,791)
- Financing activities	14	97,187
Increase/(decrease) in cash and cash equivalents	28,338	29,575
Cash and cash equivalents - beginning	16,377	15,140
Cash and cash equivalents - ending	$ 44,715	$ 44,715

BALANCE SHEET:

Assets:	
Cash & short-term investments	$ 59,855
Patient receivables	44,430
Assets whose use is limited	226,612
Other assets	209,191
	$ 540,088
Liabilities & Net Assets:	
Accounts payable & accrued expenses	$ 120,249
Estimate self insurance reserves	46,039
Other liabilities	90,022
Long-term Debt (including short-term borrowings)	194,014
Net assets	89,764
	$ 540,088
Current ratio (target > 1.5)	1.3
Debt to capitalization (target <60%)	82.1%

KEY STATISTICS:

		Month	YTD	YTD Budget
Discharges:				
- Acute		999	9,057	9,207
- Behavioral health, medical and alcohol rehab		272	2,296	2,684
Patient days:				
- Acute		6,211	56,041	54,800
- Behavioral health, medical and alcohol rehab		4,022	35,603	40,453
Average Daily Census:	Hospital	341	336	349
	Hospital-based SNF	133	131	131
	Erie County Home	401	442	431
Average length of stay, acute		6.2	6.2	6.0
Case mix index	MS DRG - CMI	1.53	1.50	1.54
	APR DRG - SIW	1.73	1.70	1.76
Emergency room visits, including admissions		5,630	47,962	47,256
Ambulatory surgeries		644	5,856	5,923
Days in patient receivables		44.5		

Erie County Medical Center Corporation

Balance Sheet
September 30, 2011 and December 31, 2010

(Dollars in Thousands)

	September 30, 2011	Audited December 31, 2010	Change from Prior Year End
ASSETS			
Current assets:			
Cash and cash equivalents	$ 44,715	$ 15,140	$ 29,575
Investments	15,140	72,658	(57,518)
Patient receivables, net	44,430	40,951	3,479
Prepaid expenses, inventories and other receivables	58,063	54,407	3,656
Total Current Assets	162,348	183,156	(20,808)
Assets Whose Use is Limited:			
Designated under self-Insurance programs	49,464	42,500	6,964
Designated by Board	52,589	48,829	3,760
Restricted under debt agreements	101,577	10,294	91,283
Restricted	22,982	21,849	1,133
	226,612	123,472	103,140
Property and equipment, net	145,875	95,730	50,145
Deferred financing costs	3,258	2,442	816
Other assets	1,995	1,345	650
Total Assets	$ 540,088	$ 406,145	$ 133,943
LIABILITIES AND NET ASSETS			
Current Liabilities:			
Current portion of long-term debt	$ 3,645	$ 2,250	$ 1,395
Accounts payable	38,397	24,563	13,834
Accrued salaries and benefits	15,808	15,714	94
Other accrued expenses	21,829	32,197	6,646
Estimated third party payer settlements	35,708	23,077	4,124
Total Current Liabilities	115,387	97,801	26,093
Long-term debt	190,369	94,900	95,469
Estimated self-insurance reserves	46,039	38,850	7,189
Other liabilities	90,022	74,979	15,043
Total Liabilities	441,817	306,530	143,794
Net Assets			
Unrestricted net assets	42,409	52,260	(9,851)
Temporarily restricted net assets	47,355	47,355	0
Total Net Assets	89,764	99,615	(9,851)
Total Liabilities and Net Assets	$ 540,088	$ 406,145	$ 133,943

Erie County Medical Center Corporation

Statement of Operations

For the month ended September 30, 2011

(Dollars in Thousands)

	Actual	Budget	Variance	Prior Year
Operating Revenue:				
Patient Revenue				
Inpatient Services	$ 39,995	$ 41,668	$ (1,673)	$ 41,095
Outpatient Services	22,698	21,960	738	22,554
Gross Patient Revenue	62,693	63,628	(935)	63,649
Less:				
Contractual Allowances	(31,246)	(30,787)	(459)	(33,630)
Charity Care	(1,246)	(774)	(472)	(621)
Total Contractual Allowances & Charity Care	(32,492)	(31,561)	(931)	(34,251)
Net Patient Revenue	30,201	32,067	(1,866)	29,398
Disproportionate Share/IGT Revenue	5,734	3,850	1,884	4,530
Other Revenue	2,115	1,356	759	961
Total Operating Revenue	38,050	37,273	777	34,889
Operating Expenses:				
Salaries / Wages / Contract Labor	12,626	12,468	(158)	12,403
Employee Benefits	8,437	8,296	(141)	8,153
Physician Fees	3,943	3,274	(669)	3,254
Purchased Services	2,724	2,746	22	2,659
Supplies	4,429	4,841	412	4,894
Other Expenses	865	625	(240)	577
Utilities	658	667	9	674
Insurance	597	582	(15)	383
Depreciation & Amortization	1,363	1,230	(133)	1,163
Interest	442	441	(1)	450
Provision for Bad Debts	1,871	1,939	68	1,867
Total Operating Expenses	37,955	37,109	(846)	36,477
Income (Loss) from Operations	**95**	**164**	**(69)**	**(1,588)**
Non-operating gains (losses):				
Interest and Dividends	275	-	275	443
Unrealized Gains/(Losses) on Investments	(4,352)	234	(4,586)	(746)
Non-operating Gains(Losses), net	(4,077)	234	(4,311)	(303)
Excess of (Deficiency) of Revenue Over Expenses	$ (3,982)	$ 398	$ (4,380)	$ (1,891)

Erie County Medical Center Corporation

Statement of Operations

For the nine months ended September 30, 2011

(Dollars in Thousands)

	Actual	Budget	Variance	Prior Year
Operating Revenue:				
Patient Revenue				
Inpatient Services	$ 360,660	$ 375,240	$ (14,580)	$ 375,597
Outpatient Services	203,223	202,172	1,051	196,040
Gross Patient Revenue	563,883	577,412	(13,529)	571,637
Less:				
Contractual Allowances	(281,896)	(279,642)	(2,254)	(291,489)
Charity Care	(9,289)	(7,062)	(2,227)	(6,094)
Total Contractual Allowances & Charity Care	(291,185)	(286,704)	(4,481)	(297,583)
Net Patient Revenue	272,698	290,708	(18,010)	274,054
Disproportionate Share/IGT Revenue	40,325	34,652	5,673	37,111
Other Revenue	22,228	16,200	6,028	11,540
Total Operating Revenue	335,251	341,560	(6,309)	322,705
Operating Expenses:				
Salaries / Wages / Contract Labor	115,722	113,453	(2,269)	110,055
Employee Benefits	76,284	75,496	(788)	71,491
Physician Fees	33,425	29,551	(3,874)	30,676
Purchased Services	23,427	24,987	1,560	25,446
Supplies	43,474	44,051	577	42,883
Other Expenses	6,621	5,685	(936)	5,823
Utilities	5,803	6,068	265	5,859
Insurance	5,380	5,293	(87)	3,353
Depreciation & Amortization	11,396	11,068	(328)	10,476
Interest	4,017	4,013	(4)	4,096
Provision for Bad Debts	16,718	17,524	806	16,784
Total Operating Expenses	342,267	337,189	(5,078)	326,942
Income (Loss) from Operations	**(7,016)**	**4,371**	**(11,387)**	**(4,237)**
Non-operating Gains (Losses)				
Settlements with Erie County	(1,011)	-	(1,011)	-
Interest and Dividends	2,701	-	2,701	2,762
Unrealized Gains/(Losses) on Investments	(4,843)	2,102	(6,945)	1,877
Non Operating Gains (Losses), net	(3,153)	2,102	(5,255)	4,639
Excess of (Deficiency) of Revenue Over Expenses	$ (10,169)	$ 6,473	$ (16,642)	$ 402

Erie County Medical Center Corporation

Statement of Changes in Net Assets

For the month and nine months ended September 30, 2011

(Dollars in Thousands)

	Month	Year-to-Date
UNRESTRICTED NET ASSETS		
Excess (Deficiency) of Revenue Over Expenses	$ (3,982)	$ (10,169)
Other Transfers, Net	136	(5)
Contributions for Capital Acquisitions	14	323
Net Assets Released from Restrictions for Capital Acquisition	-	-
Change in Unrestricted Net Assets	(3,832)	(9,851)
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	(3,832)	(9,851)
Net Assets, Beginning of Period	93,597	99,616
NET ASSETS, End of Period	**$ 89,765**	**$ 89,765**

Erie County Medical Center Corporation

Statement of Cash Flows

For the month and nine months ended September 30, 2011

(Dollars in Thousands)

	Month	Year-to-Date
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	$ (3,832)	$ (9,851)
Adjustments to Reconcile Changes in Net Assets to Net Cash Provided by (Used in) Operating Activities:		
Depreciation and amortization	1,363	11,396
Provision for bad debt expense	1,871	16,718
Net Change in unrealized (gains) losses on Investments	(4,352)	(4,843)
Transfer to component unit - Grider Initiative, Inc.	(136)	5
Capital contribution - Erie County	(14)	(323)
Changes in Operating Assets and Liabilities:		
Patient receivables	(2,267)	(20,197)
Prepaid expenses, inventories and other receivables	12,602	(3,656)
Accounts payable	211	13,834
Accrued salaries and benefits	(2,593)	94
Estimated third party payer settlements	2,720	4,124
Other accrued expenses	10,935	6,646
Self Insurance reserves	813	7,189
Other liabilities	1,729	15,043
Net Cash Provided by (Used in) Operating Activities	19,050	36,179
CASH FLOWS FROM INVESTING ACTIVITIES		
Additions to Property and Equipment, net		
Campus expansion	(7,072)	(42,850)
Routine capital	(212)	(19,507)
Decrease (increase) in assets whose use is limited	6,158	(103,140)
Purchases of investments, net	10,264	62,361
Investment in component unit - Grider Initiative, Inc.	136	(5)
Change in other assets	-	(650)
Net Cash Provided by (Used in) Investing Activities	9,274	(103,791)
CASH FLOWS FROM FINANCING ACTIVITIES		
Capital contributions	14	323
Proceeds from issuance of long-term debt	-	96,864
Principal payments on long-term debt	-	-
Net Cash Provided by (Used in) Financing Activities	14	97,187
Increase (Decrease) in Cash and Cash Equivalents	28,338	29,575
Cash and Cash Equivalents, Beginning of Period	16,377	15,140
Cash and Cash Equivalents, End of Period	$ 44,715	$ 44,715

Erie County Medical Center Corporation

Statistical and Ratio Summary

	Current Year Nine months ended September 30, 2011	*Prior Year* December 31, 2010	ECMCC 3 Year Avg. 2008 - 2010
Liquidity Ratios:			
Current Ratio	1.3	1.9	2.1
Days in Patient A/R - Net of Advances	44.5	41.2	42.1
Days Expenses in Current Liabilities	101.1	84.8	79.9
Days Operating Cash Available - all sources	150.9	156.2	161.1
Cash to Debt	95.3%	184.4%	175.4%
Capital Ratios:			
Long-Term Debt to Fixed Assets	130.5%	99.1%	122.8%
Assets Financed by Liabilities	83.4%	75.5%	73.1%
EBIDA Debt Service Coverage (Covenant > 1.1)	1.2	2.8	2.2
Capital Expense	2.3%	1.8%	1.9%
Debt to Capitalization	82.1%	65.0%	55.6%
Average Age of Plant	16.9	22.2	22.6
Debt Service as % of NPSR	2.5%	2.1%	2.1%
Capital as a % of Depreciation	376.0%	229.5%	142.7%
Profitability Ratios:			
Operating Margin	-2.1%	0.5%	-0.5%
Net Profit Margin	-3.7%	0.8%	-0.5%
Return on Total Assets	-2.5%	0.7%	0.3%
Return on Equity	-15.1%	2.9%	0.4%
Productivity and Cost Ratios:			
Total Asset Turnover	0.8	1.1	1.1
Total Operating Revenue per FTE	$161,840	$151,244	$ 144,557
Personnel Costs as % of Total Revenue	57.3%	53.6%	54.6%

Erie County Medical Center Corporation

Key Statistics

Period Ended September 30, 2011

Current Period					Year to Date			
Actual	**Budget**	**% to Budget**	**Prior Year**		**Actual**	**Budget**	**% to Budget**	**Prior Year**
				Discharges:				
999	1,024	-2.4%	957	Acute	9,057	9,207	-1.6%	8,794
202	210	-3.8%	200	Psych	1,748	1,952	-10.5%	1,855
40	47	-14.9%	41	Rehab	269	328	-18.0%	311
30	45	-33.3%	46	Alcohol Rehab	280	404	-30.7%	401
1,271	1,326	-4.1%	1,244	Total Acute Discharges	11,354	11,891	-4.5%	11,361
				Patient Days:				
6,211	6,062	2.5%	6,065	Acute	56,041	54,800	2.3%	55,073
2,811	2,657	5.8%	2,647	Psych	23,739	24,530	-3.2%	24,510
739	1,056	-30.0%	1,012	Rehab	6,509	8,028	-18.9%	7,843
472	832	-43.3%	857	Alcohol Rehab	5,355	7,895	-32.2%	7,843
10,233	10,607	-3.5%	10,581	Total Acute Days	91,644	95,253	-3.8%	95,269
				Average Daily Census:				
207	202	2.5%	202	Acute	205	201	2.3%	202
94	89	5.8%	88	Psych	87	90	-3.2%	90
25	35	-30.0%	34	Rehab	24	29	-18.9%	29
16	28	-43.3%	29	Alcohol Rehab	20	29	-32.2%	29
341	354	-3.5%	353	Total Acute ADC	336	349	-3.8%	349
				Average Length of Stay:				
6.2	5.9	5.0%	6.3	Acute	6.2	6.0	4.0%	6.3
13.9	12.7	10.0%	13.2	Psych	13.6	12.6	8.1%	13.2
18.5	22.5	-17.8%	24.7	Rehab	24.2	24.5	-1.1%	25.2
15.7	18.5	-14.9%	18.6	Alcohol Rehab	19.1	19.5	-2.1%	19.6
8.1	8.0	0.6%	8.5	Average Acute Length of Stay	8.1	8.0	0.8%	8.4
3,986	3,918	1.7%	3,878	SNF Days	35,890	35,674	0.6%	35,816
133	131	1.7%	129	SNF ADC	131	131	0.6%	131
				Occupancy:				
62.0%	64.3%	-3.5%	64.1%	% of acute licensed beds	61.0%	63.4%	-3.8%	63.4%
83.4%	81.7%	2.1%	82.2%	% of acute available beds	82.1%	80.6%	1.9%	81.0%
85.1%	85.8%	-0.9%	85.0%	% of acute staffed beds	83.7%	84.7%	-1.1%	84.5%
				Case Mix Index:				
1.53	1.54	-0.3%	1.58	MS DRG - CMI	1.50	1.54	-2.4%	1.58
1.73	1.76	-1.7%	1.83	APR DRG - SIW	1.70	1.76	-3.7%	1.83
138	149	-7.4%	139	Observation Visits	1,208	1,386	-12.8%	1,295
412	437	-5.7%	366	Inpatient Surgeries	3,582	3,681	-2.7%	3,319
644	660	-2.4%	641	Outpatient Surgeries	5,856	5,923	-1.1%	5,709
26,505	26,435	0.3%	25,626	Outpatient Visits	255,215	252,614	1.0%	245,087
5,630	5,394	4.4%	5,139	Emergency Visits	47,962	47,256	1.5%	45,685
44.5	45.0	-1.1%	39.0	Days in A/R	44.5	45.0	-1.1%	39.0
6.4%	6.4%	0.0%	6.6%	Bad Debt as a % of Net Revenue	6.4%	6.4%	0.2%	6.5%
2,375	2,417	-1.7%	2,442	FTE's	2,388	2,417	-1.2%	2,395
3.08	3.11	-0.8%	3.14	FTE's per adjusted occupied bed	3.14	3.11	0.9%	3.14
$ 12,531	$ 12,831	-2.3%	$ 12,419	Net Revenue per Adjusted Discharge	$ 12,432	$ 12,833	-3.1%	$ 12,679
$ 15,312	$ 14,609	4.8%	$ 14,900	Cost per Adjusted Discharge	$ 15,306	$ 14,654	4.4%	$ 14,827
Erie County Home:								
12,036	14,905	-19.2%	14,468	Patient Days	120,596	117,563	2.6%	136,502
401	497	-19.2%	482	Average Daily Census	442	431	2.6%	500
68.5%	84.8%	-19.2%	82.3%	Occupancy - % of licensed beds	75.4%	73.5%	2.6%	85.3%
387	424	-8.8%	442	FTE's	419	424	-1.1%	458

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
NOVEMBER 1, 2011

LONG TERM CARE-ERIE COUNTY HOME/ECMC SNF:

Erie County Home has completed the downsizing of 200 beds and is currently looking to close down unit S by November 30, 2011. This would complete the entire East building.

Construction of the new nursing home is underway (see the attached photos).

Charles Rice has been selected the Administrator of the SNF. He will be starting October 3, 2011. Charles is currently the Administrator of Genesee County Nursing Home and has over 25 years of nursing home and hospital management experience.

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

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

Our annual OMH inpatient adolescent and adult survey took place July 6, 2011- July 8, 2011. The plan of correction has been submitted and we are currently monitoring its progress.

ECMC did complete both the OMH EZ PAR and the DOH Limited Architectural Review to relocate the CPEP-EOB beds to the 4th floor. Cost is estimated to be about $575,000. This should help reduce congestion and overcrowding.

CPEP congestion and efforts to reduce overcrowding and unsafe conditions is priority. We will be developing a "Fast Track" assessment area to help with reducing overcrowding by mid November. We have also reached agreements with two outside organizations for crisis beds;

Outpatient Chemical Dependency Clinics assessment outcome will be communicated shortly and put into action by early November;

Family Medicine has returned and will be the medical group leading the clinical care. Dr. King has been appointed Clinical Director;

REHABILITATION SERVICES:

Outpatient budget volumes exceeding budget by 5%;

Implemented collection of both self-pay and poverty level patients in May, this continues to be very effective;

Barb Rosen, Director of Outpatient Rehabilitation Services will be retiring December 1, 2011. We wish Barb good luck in her future endeavors. We are currently working on a succession plan.

Dr. Labi will begin November 1, 2011. We are all very excited about her returning to ECMC.

HYPERBARIC/WOUND CENTER (HWC):

During the month of September, center had active patients

- 50 New patients;
- 349 Encounters;
- 81 Hyperbaric treatments;
- 94% patient satisfaction rating;

DCS sponsored a speaker, Dr. Kathleen Oszvath – Regional Medical Director / Vascular Surgeon from Albany, for the annual WNY Podiatry Conference to promote the ECMC Center.

TRANSITIONAL CARE UNIT (TCU):

The TCU was approved in May and planning sessions are currently underway. We are appointing Jennifer Cronkite-ADON Erie County Home as Project Champion.

We have completed a revised architectural design floor plan and have forwarded to the Department of Health.

Currently scheduling site visits to two current TCU's to see how they are integrated within their hospital's operations. We are still targeting a late 3rd quarter 2012 start up. This timeframe is required since we will need to vacate one of the SNF units and renovate.

SECURITY/POLICE:

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

Currently phasing in Security Assistants and phasing out USS Security Officers;

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;


AMTHOR
STEEL
ERIE, PA

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
November 1, 2011

PHARMACEUTICAL SERVICES – RANDY GERWITZ

The Department of Pharmaceutical Services (DPS) is currently dedicating a large amount of resources to preparatory work related to computerized physician order entry (CPOE). These efforts are to ensure that ECMC meets all requirements related to Phase I of meaningful use. It is estimated that nearly 3,000 man-hours will be required for this and related projects.

This project impacts four Meditech dictionaries and a conversion from one formulary service vendor (FSV) to another. The FSV provides monthly updates to the Pharmacy and related dictionaries for the maintenance of drug interactions, allergy checking and dose range checking. Significant changes have occurred since our original pharmacy module, installed nearly 13 years, forcing a complete overhaul. The dictionary influences what the providers will experience when entering medication orders electronically with particular attention being paid to nomenclature and drug look-ups. Order strings, predefined parameters for common doses, frequencies and routes of administration must be built for each drug for both inpatient and outpatient order types. These strings can then be incorporated into evidence based order sets, groups of orders that improve consistency and efficiency. Order sets span disciplines and can include orders for medications, labs, radiology, nursing, diet and so on.

The Meditech module that will drive outpatient ordering, including electronic prescribing directly to retail pharmacies, is a new entity that will require a ground up build. This module alone is projected to require in excess of 500 man hours to optimize.

To meet our timelines while providing a high quality product, collaboration will be required across nearly all clinical staffs plus IT. Several consultants will be utilized providing both expertise and added labor resources. To minimize consultant costs, pharmacy will lean on additional PT pharmacist talents as well as that of our existing staff. We are excited to face these new challenges.

LABORATORY – JOSEPH KABACINSKI

The Pathology Department's Surgical Pathology Suite is moving to a new area in the operating room as part of the operating room construction project. The Plant Operations Department is coordinating with the Chief of Service in Pathology and his staff to insure smooth, uninterrupted surgical pathology during the move.
The Department of Laboratory Medicine is negotiating new lease agreements to upgrade in-lab and point-of-care blood gas analyzers for the Chemistry lab, OR and TICU from Siemens Diagnostics. Upon review, ECMCC legal determined a standardization

resolution was necessary and was approved by the Board last month. Current analyzers are nine years old and will not be supported by the manufacturer after 2012. In addition, the Laboratory is developing an in-house assay for B-K Virus quantification PCR testing. The new assay is pending FDA approval. This is a complex assay and we plan to have the test on board by January 1, 2012.

Laboratory information system – information technology projects:
Lab is assisting the ECMCC IT Department to implement hospital-wide clinical physician order entry (CPOE) in the Meditech HIS. An audit of order entry dictionaries in the "test" environment of Meditech is in process. This is a large project from the Lab perspective. We are working to complete aliases, customer defined screens and order sets by November 4. We have a target to complete order entry/physician order management rules by December 2. The Lab has completed a LOINC code dictionary for the Meditech meaningful use project. The codes have been moved from the "test" to the "live" environment in Meditech.

The effort to automate delta-checking and auto-verification of lab results in Chemistry and Hematology lab sections is still in process. Two service requests are being pursued with Meditech regarding calculations and multiple comment issues. Comprehensive rules are being designed and written.

The status connect interface for blood gas point-of-care analyzers in Emergency Department will be acquired and installed with the upgrade of in-Lab and point-of-care blood gas analyzers.

IMAGING – ERIC GREGOR

Department volumes in September were very strong compared to last year.
The modality breakdown is below indicating the increase/decrease from 2010:

2011 SEPTEMBER STATS FINAL

Compared to 9/2010:

MODALITY	Inpatient PROC	Inpatient %	Outpatient PROC	Outpatient %	TOTAL PROC
ANGIO	-3	-5.36%	6	6.82%	3
CT	8	0.05%	73	4.41%	81
Diagnostic	9	0.02%	508	9.04%	517
Mammography	2	100.00%	-12	-8.17%	-10
MRI	3	1.90%	67	39.89%	70
Nuclear Medicine	-7	-7.14%	-38	-13.62%	-45
Ultrasound	-24	-11.88%	16	5.44%	-8
TOTALS:	-12	-0.02%	620	8.01%	608

Some key indicators that show other departmental operational improvements are:

- Total departmental OT in September was at 1.165% of Total Hours Worked and 8.68% less than that of September 2010.
- Year to date the Department of Imaging Services was only $5,164 above budget, or less than .05%. This is with significant increases in volumes.
- PC Collections from Saturn Radiology PPLC in September were the highest ever, $450,348.42 which is a result of the continued surveillance and pressure put on the billing company.
- Currently, the Department's staff productivity is 9.20% above the industry norm set by the American Healthcare Radiology Administrators (AHRA).

Department Management is currently working with ECMC PR/Marketing and an external marketing firm on a new Radiology Brochure/Way-Finding Package. The goal is for the new communication piece to be completed by the end of the year.

AMBULATORY SERVICES – KATRINA KARAS

The Cleve-Hill family medicine clinic is awaiting the Allscripts EMR 45 day "healthcheck", which is scheduled to occur on November 15 and 16th. An Allscripts representative will come onsite for two days to assess the utilization of the EMR to date and to provide recommendations for further optimization of the system. The staff and providers are looking forward to this critical optimization event. In October, ECMC received the grant monies from HEAL 10 for the implementation of the EMR at Cleve-Hill.

The Department of Ambulatory Services is undergoing interdepartmental planning efforts for the anticipated opening of Grider Family Health Center in December. This new family medicine clinic, located in the building currently occupied by the Community Health Center of Buffalo, will contribute to growth on Grider and expand the primary care network to increase downstream referrals to ECMC diagnostic, specialty and inpatient services.

The Center of Excellence for Transplantation and Renal Services continues to experience important milestones with both the opening of 10 zone 1 on October 24th, which houses the new Vascular Access Center and Inpatient Dialysis unit, and the purchase of the chronic dialysis EMR software. The many facets of this project are now converging at a rapid pace and illustrate true change and realization of a shared Great Lakes vision.

Ambulatory clinics are experiencing huge demand for services and are working to identifying ways to meet the increasing demand. Multidisciplinary groups of staff and providers are working to create operational efficiencies that will increase capacity without adding expense. Detailed discussions regarding clinic throughput, patient scheduling templates, and varying staffing levels occur on a daily basis to improve operations. Detailed reviews of revenue streams and efficiencies are in progress.

SUPPORT SERVICES – JUAN SANTIAGO

The department is trialing a new touchless cleaning and disinfection unit to assist with a terminal cleaning program for public and patient restrooms. This unit will first be tested in the Operating Rooms to improve productivity of staff and increase frequency of terminal cleaning.

Environmental Services is in the process of developing a cleaning and inspection program for all public restrooms to insure they are maintained and presentable throughout our service hours.

The new Employee Rewards Program (NEAT) will be rolled out this week. The program will provide rewards to the patients' units that obtain the highest cleanliness scores determined by inspection by various revolving judges from administration.

Juan Santiago was one of nine medical professionals honored on October 5, 2011 in recognition of Hispanic Heritage Month. A ceremony, "Saluting Hispanics in the Medical and Health Care Fields," was held in City Hall.

Mayor Byron Brown presents award to Juan Santiago.

Chief Medical Officer

ERIE COUNTY MEDICAL CENTER CORPORATION

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

UNIVERSITY AFFAIRS

ANNUAL PLAN

The GMEC Committee in September reserved a decision on the creation of 17 new resident positions : 1 Cytopathology @RPCI (approved), 4 Emergency Medicine @Kaleida (approved), 1 Internal medicine cardiology@Kaleida(approved), 2 neurosurgery @Kaleida (approval pending), 8 General Surgery (6 @Kaleida, 2 @ECMC) (approval pending), 1 Pediatric Dentistry (Children's) (Approval pending).

At the October GMEC meeting, each department presented the rationale for why these additional positions beyond the cap were needed. The Committee endorsed all suggested additions as being educationally sound. However the affected hospitals must agree to accept the additional resident lines before they can be officially incorporated into the Annual Plan.

NEUROLOGY CHAIR RECRUITED

The Dean has just announced the appointment of Dr Gil. Wolfe, MD, as the Irvin and Rosemary Smith Professor and Chair of the Department of Neurology at the University at Buffalo School of Medicine and Biomedical Sciences. Following a comprehensive national search, Dr. Wolfe rapidly emerged as our top candidate possessing the administrative, scientific, clinical, leadership, and visionary skills needed to move the Department forward, expand the Department's basic and clinical research programs to fulfill UB2020's strategic goals, enhance the excellence of the Department's graduate medical education and mentored research training programs, and best develop and align a comprehensive clinical program at Great Lakes Health, Roswell Park Cancer Institute, and our community. This appointment will be effective on or before January 1, 2012. (see attached bibliography)

PROFESSIONAL STEERING COMMITTEE

The next scheduled meeting will be in December.

MEDICAL STAFF AFFAIRS

See separate report by Sue Ksiazek for full details.

CLINICAL ISSUES

UTILIZATION REVIEW	July	August	September	YTD vs.2010
Discharges	920	940	897	up 4.0%
Observation	107	102	127	down 1.2%
LOS	6.6	7.0	6.6	down1.2%
CMI	2.04	2.09	2.02	down8.3%
Surgical Cases	853	859	780	up7.3%
Readmissions (30d)	9.1%	11.8%		

Year to date discharges are up 4.0% over 2011 and length of stay is down 0.1 days (6.5 vs 6.6) .The value for August was 6.6. WE continue to have a high number of ALC days (332) , improved from over 500 in August. LOS excluding ALC was 5.9. CMI continues to run 8% lower than 2010 .General Surgeries are up 7%.

VERBAL ORDERS

We are still awaiting clarification from JC on this issue.

MEDICARE LAUNCHES BUNDLING INITIATIVE TO ENCOURAGE COORDINATED CARE.

In an effort to nudge the health care industry toward more cost cutting and efficiency, Medicare is testing a new way of reimbursing doctors, hospitals, therapists and other providers through bundled payments intended to prompt more coordinated care. Under the plan, providers will receive a lump payment for the various treatments given during an 'episode' of care, such as a heart bypass or hip replacement. During last week's announcement Health and Human Services Secretary Kathleen Sebelius explained, "The bundled payments initiative will encourage doctors, nurses and specialists to coordinate care." In response, "hospitals, which would collect the bundled payments and distribute them among the various providers, applauded the program," while "physicians...are more wary”

RADIOLOGY

In house attending radiologist coverage has been extended to 12 midnight beginning 10/1 in an effort to better serve the physician community of ECMC. Coverage hours are 8a-12mn 7 days a week including holidays.

HANYS READMISSION ANALYSIS FOR ECMC

In 2013 CMS will be readjusting hospital reimbursement rates based on each hospitals' readmission rates for 3 conditions (heart failure, acute MI and pneumonia) and how they compare with national risk-adjusted readmission rates for those 3 conditions. The measurement period for this performance incentive will be from July 1, 2008 to June 30, 2011. HANYS has just provided an analysis to ECMC of how our reimbursement might be impacted by this measure based on readmission data collected from July 1 2007- June 30 2010 (see attached full report) . Our readmission rates for all 3 conditions are close to national averages so that the negative impact would be minimal ($36,000).

BIOGRAPHY OF DR GILBERT WOLFE

A native of New York City, Dr. Wolfe received his undergraduate degree from Princeton University and his MD degree University of Texas (UT) Southwestern Medical School in Dallas. He completed an internal medicine internship and trained as a neurology resident and neuromuscular/electromyography fellow at the University of Pennsylvania Medical Center in Philadelphia.

Following completion in 1994 of his specialty and subspecialty training, Dr. Wolfe joined the faculty of UT Southwestern as an assistant professor of neurology. He currently is the Dr. Bob and Jean Smith Foundation Distinguished Chair in Neuromuscular Disease Research and professor of neurology and neurotherapeutics at the UT Southwestern Medical School. He serves as clinical vice-chair of the department of neurology and chief of the neuromuscular division. He is director of the neuromuscular medicine fellowship program and has directed the neurology residency and neurophysiogy fellowship programs at UT Southwestern. He also serves as Co-Director of the Muscular Dystrophy Association Clinics and Director of the Peripheral Neuropathy Clinic at UT Southwestern.

Gil is an outstanding physician-scientist and educator. His main research interests include idiopathic and immune-mediated peripheral neuropathies and myasthenia gravis. He has authored or co-authored over 80 research papers and 15 chapters on neuromuscular disorders. His research has been sponsored by the Muscular Dystrophy Association, Myasthenia Gravis Foundation of America, Food & Drug Administration and NIH/NINDS. He is certified by the American Board of Psychiatry and Neurology in neurology, neuromuscular medicine and clinical neurophysiology. He was elected to membership in the American Neurological Association in 2004 and is a Fellow of the American Academy of Neurology.

He has lectured nationally and internationally, serves on editorial boards of leading medical and scientific journals in his field, and holds leadership positions in several professional societies. He serves on the medical advisory boards for the Myasthenia Gravis Foundation of America, currently holding the office of Chair, Neuropathy Association, and Charcot-Marie-Tooth Association. He has received the Trephined Cranium Award for excellence in residency teaching on several occasions.

Healthcare Association of New York State

Medicare Readmissions Reduction Program

Estimated Impact Analysis of the Federal Fiscal Year (FFY) 2013 Program

Erie County Medical Center

		Calculation of Excess Payments Due to Readmissions		
		Heart Attack	*Heart Failure*	*Pneumonia*
	Number of Patients	141	206	108
	Number of Readmissions	28	51	21
A	Hospital 30-Day Readmission Rate	20.0%	24.7%	19.7%
B	U.S. 30-Day Readmission Rate	19.8%	24.8%	18.4%
C	Excess Readmission Ratio *[A / B]*	1.01	1.00	1.07
D	Excess Readmission Factor *[C - 1, if C is > 1]*	0.01	0.00	0.07
E	Medicare Inpatient Operating Payments by Condition (MedPAR FFY 2010)	$810,700	$944,800	$401,200
F	***Estimated Excess Payment [D * E]***	***$8,200***	***$0***	***$28,300***

		Calculation of Readmissions Payment Adjustment Factor
G	Total Estimated Excess Payments *[Sum of F]*	$36,500
H	Total Medicare Inpatient Operating Payments (MedPAR FFY 2010)	$25,312,800
I	***Uncapped Payment Adjustment Factor [G / H]***	***0.14%***

		FFY 2013 Program Impact Analysis
J	Capped Payment Adjustment Factor *[I Capped at 1.0%]*	0.14%
K	Estimated FFY 2013 Medicare Inpatient Operating Payments	$26,542,500
	Estimated Impact [J * K]	***($38,300)***

Sources:

-Quality Measures: Hospital quality measure databases provided by the Centers for Medicare and Medicaid Services (CMS) on its Hospital Compare Web site.

-Readmission Data: All readmissions data (patients, number of readmissions, readmission rate, and U.S. 30-day readmission rate) reflect aggregated data for the three-year period July 1, 2007 through June 30, 2010. These are the most recent data available on the Hospital Compare Web site (second quarter 2011 update). As adopted by CMS, the actual FFY 2013 readmissions payment policy will use three years of data (discharges from July 1, 2008 through June 30, 2011).

-Medicare Inpatient Operating Payments: Total Medicare Inpatient Prospective Payment System (IPPS) operating payments and operating payments by condition used to calculate the Uncapped Payment Adjustment Factor are from the FFY 2010 Medicare inpatient claims database (MedPAR). Individual claims assigned to the conditions evaluated under the program are based on the International Classification of Diseases, Ninth Revision (ICD-9) condition codes as outlined in the supporting documentation on the Hospital Compare Web site. Payments used to calculate the hospital-specific Uncapped Payment Adjustment Factor reflect base operating inpatient payments excluding outliers, Indirect Medical Education (IME), or Disproportionate Share Hospital (DSH) payments.

-Estimated FFY 2013 Medicare Inpatient Operating Payments: Based on hospital payment data provided by CMS in the FFY 2012 IPPS final rule impact File. IPPS dollars are based on estimated base operating inpatient payments excluding outliers, IME, and DSH payments. Also, as mandated by the Affordable Care Act (ACA), payment reductions under this program to Medicare Dependent Hospitals and Sole Community Hospitals are based upon their federal rate calculation, regardless of whether they are actually paid at a hospital-specific rate. Estimated 2012 payments were updated by a marketbasket percentage of 2.8% to estimate FFY 2013 payments.

Healthcare Association of New York State

Medicare Hospital Readmissions Reduction Program Analysis

September 2011

Analysis Description

The Medicare Hospital Readmissions Reduction Program Analysis is intended to provide hospitals with a first look at the potential impact of the federal fiscal year (FFY) 2013 readmissions payment policy on hospital Medicare inpatient fee-for-service (FFS) payments based on program rules adopted by the Centers for Medicare and Medicaid Services (CMS) and currently available data. Implementation of a Medicare readmissions payment policy is required by the Affordable Care Act (ACA) of 2010.

The first year program will evaluate hospital readmission rates of Medicare FFS patients as calculated by CMS and published on the Hospital Compare Web site as part of the Hospital Inpatient Quality Reporting (IQR) Program for three conditions: heart attack (HA), heart failure (HF), and pneumonia (PN). The program will be expanded to additional conditions in future years.

The Readmissions Reduction Program will reduce payments for every discharge under the Inpatient Prospective Payment System (IPPS) to hospitals with higher than expected 30-day risk-adjusted readmission rates. For the FFY 2013 program, IPPS payments will be reduced by the lower of a hospital-specific readmissions payment adjustment factor or a capped payment adjustment factor of 1.0%. The cap will increase over time.

The names of payment factors and ratios that appear on your report are italicized below.

Methods

To determine which hospitals have higher than expected risk-adjusted readmission rates and will therefore be subject to the ACA readmission payment policy, CMS will compare a hospital's risk-adjusted readmission rate to the unadjusted/raw U.S. average rate (both currently reported on the Hospital Compare Web site). The result of this calculation will be an *Excess Readmission Ratio*. If a hospital performs worse than average, the ratio will be greater than 1.0 and the hospital will be subject to a payment penalty.

For each of the three conditions modeled in this analysis, 1.0 is subtracted from the calculated *Excess Readmission Ratio* to develop an *Excess Readmission Factor*. If the *Excess Readmission Factor* is greater than zero, Medicare inpatient operating payments for the condition are multiplied by the factor to calculate *Estimated Excess Payments* related to the readmissions. *Estimated Excess Payments* for the three conditions are summed to calculate *Total Estimated Excess Payments*.

Then, an *Uncapped Payment Adjustment Factor* is calculated by dividing *Total Estimated Excess Payments* for the three conditions subject to the payment policy by *Total Medicare Inpatient Operating Payments* for all conditions.

The payment adjustment factor ultimately used to adjust IPPS payments is the lesser of the *Uncapped Payment Adjustment Factor* (calculated as described above) or a cap -1.0% for FFY 2013. The estimated impact of the Medicare readmissions payment policy is calculated by multiplying *Estimated FFY 2013 Medicare Inpatient Operating Payments* by the *Capped Payment Adjustment Factor*.

The analysis includes a lettering scheme that describes how the excess readmission ratio, payment adjustment factors, and impacts are calculated.

Data Sources

This analysis utilizes the hospital quality measure databases provided by CMS on its Hospital Compare Web site.

All readmissions data (patients, number of readmissions, readmission rate, and U.S. 30-day readmission rate) reflect aggregated data for the three-year period July 1, 2007 through June 30, 2010. These data are the most recent available on the Hospital Compare Web site (second quarter 2011 update). As adopted by CMS, the actual FFY 2013 readmissions payment policy will use three years of data (discharges from July 1, 2008 through June 30, 2011). Readmission measures with fewer than 25 discharges are excluded from the program.

Total Medicare IPPS operating payments and operating payments by condition (HA, HF, PN) used to calculate the *Uncapped Payment Adjustment Factor* are from the FFY 2010 Medicare inpatient claims database (MedPAR). Individual claims assigned to the conditions evaluated under the program are based on the International Classification of Diseases, Ninth Revision (ICD-9) condition codes as outlined in the supporting documentation on the Hospital Compare Web site. Payments used to calculate the hospital-specific *Uncapped Payment Adjustment Factor* reflect base operating inpatient payments excluding outliers, Indirect Medical Education (IME), or Disproportionate Share Hospital (DSH) payments.

Estimated FFY 2013 Medicare Inpatient Operating Payments used to calculate the impact of the readmissions payment policy are based on hospital payment data provided by CMS in the FFY 2012 IPPS final rule Impact File. IPPS dollars are based on estimated base operating inpatient payments excluding outlier, IME, or DSH payments. Also, as mandated by ACA, payment reductions under this program to Medicare Dependent Hospitals and Sole Community Hospitals are based upon their federal rate calculation, regardless of whether they are actually paid at a hospital-specific rate. Estimated 2012 payments were updated by a marketbasket percentage of 2.8% to estimate FFY 2013 payments.

Associate Medical Director

ERIE COUNTY MEDICAL CENTER CORPORATION

REPORT TO BOARD OF DIRECTORS
DIETRICH JEHLE, MD, ASSOCIATE MEDICAL DIRECTOR
OCTOBER 24, 2011

CLINICAL ISSUES

Overhead Paging

We are working to make the hospital less noisy at night time. One initiative is to reduce overhead paging. Stroke team pages are only going overhead during daylight hours. We are working with the hospital operators on additional initiatives. We will trial a digital paging system that should be significantly faster than the current dial up group pages. This may allow us to reduce the hours of overhead paging for the rapid response team. Alarms and floor noise are also being addressed.

Operating Room

Operating room volumes are up 7.4 % for the year and first case on time starts have gone from a low of close to 20% to almost 70% over a period of 9 months.

Transfer Center

We will start marketing the transfer center information to outlying hospitals.

Throughput

A committee is looking at ways of expanding our MICU service and making it more efficient. We hope to cohort patients much better by service when the renal floor opens. We are working on reducing ALC patients in the hospital. A number of initiatives are being evaluated/ implemented to improve CPEP and psychiatric inpatient throughput: fast track, short form in CPEP, weekend discharges, EOB/ALC floor, use of extenders in psychiatry, reduction in LOS and work with outlying agencies to improve placement.

CLINICAL INFORMATICS

New Initiatives

ED RN documentation will go electronic during the beginning of November. The medical directors have undergone "Crimson" training and will be rolling this out to the clinical chiefs in the near future.

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 Oct 11th 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
November 1 , 2011

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

MEDICAL-SURGICAL NURSING CERTIFICATION REVIEW COURSE HELD

ECMC Nursing Department hosted a two day preparatory course on September 27 and 28, 2011 at Salvatore's Banquet Facility to assist ECMC and area RNs to attain the credential of *Certified Medical-Surgical Nurse (CMSRN).* Forty-one RNs participated in the conference along with several health care vendors. Such credentialing validates advanced clinical knowledge in medical-surgical nursing and has been correlated to positive patient care outcomes. To earn this credential, a RN must have practiced two calendar years as a RN in a medical-surgical setting working a minimum of 2000 hours in a clinical, management or education setting.

The following individuals' leadership and support have made the program a success: Dawn Walters, RN, MS – ADON, Karen Ziemianksi, RN, MS – ADON, Lynn Whitehead RN – NIED, Clinical Teacher, Liz Weiss – Senior Medical Secretary, Jennifer Maloney, RN – Charge Nurse 8 Zone 2, Jessica Savage, RN – 6z2, Melissa Montileone, RN – 7z3, Melissa Perkins, RN – 12z2 and Katie Nevinger RN – 7z1.

NURSING LEADERSHIP ACADEMY PROGRAMMING FOR 2011 CONCLUDED

The last session of a four part series leadership program presented by The Advisory Board Company concluded on October 12, 2011 wherein approximately 60 managers and front line staff from various specialty areas (ED, ICUs, Medical Surgical, Behavioral Health, Peri-operative, Ambulatory Services, Social Work) were engaged in interactive didactic sessions focused on *Coaching to Full Potential: Applying Coaching Skills for Improved Department Performance.* The programming was well received as noted by staff participation and engagement. Future interdepartmental on-site programming will occur over the next year with respect to a throughput initiative targeted to decrease length of stay and enhance specific patient-related operations.

P2 COLLABORATIVE REGIONAL TRANSFORMATION OF CARE AT THE BEDSIDE PRESENTATIONS

ECMC's Regional TCAB units participated in the P2 Collaborative's Annual Conference held on October 13, 2011. Each of the units shared the progress they were making using the TCAB conceptual framework and tools known as "Rings of Knowledge" that outline implemented strategies and relative outcomes. Some of the projects shared included: "Addy's Closet" which was an outreach initiative implemented to provide Behavioral Health patients with needed clothing items by establishing a process to intake donations (monetary and/or clothing donations via a clothing drive)and manage access and inventory; Staff development for new standards related to ECMC's new Head and Neck program, and a patient safety initiative related to discharge planning and the provision of support to patients and families unable to cope.

Participants in the P2 Collaborative included: Karen Ziemianksi, RN, MS – ADON, Laurie Carroll RN, MS – Unit Manager 4Z4, Jackie Wisienewski – ACC, Pam Kaminska – Social Work, Linda Jefferson – Hospital Aide, Joann Wolfe RN – Unit Manager 7Z2, Julie Reinhardt, RN – Charge Nurse 7Z2, and Renee Delmont RN – Charge Nurse 7Z2.

Vice President of Human Resources

Erie County Medical Center Corporation
Board of Directors
Human Resources Department
November 1, 2011

I. Nursing Turnover Report (Hospital Only

August Hires – 5.5 FTES & 1 Per Diem, 2.5 in Med/Surg, 3 FTES in Critical Care & 1 Per Diem in Staffing Office. 61 FTES hired YTD (3 LPN FTES hired, all in Med/Surg, 29 LPN FTES hired YTD)

August Losses – 9 FTES, 4 FTES in Med/Surg (1 FTE travel nursing, 1 FTE overwhelmed, 1 FTE relocated & 1 FTE returned to school), 3 FTES in Critical Care (1 FTE travel nursing, 1 FTE relocated) 1 FTE in ED (health problems) & 1 FTE in Behavioral Health (overwhelmed) 4.5 FTES lost YTD.

Turnover Rate 1.2%
Quit Rate 1.2%
Turnover Rate YTD 5.92% (4.71% without retirees) 5.07% 2010
Quit Rate YTD 4.93% (3.71% without retirees) 4.44% 2010

September Hires – 4.5 FTES, 1.5 FTES in Med/Surg, 2 FTES in Behavioral Health & 1 FTE in Critical Care. 65.5 FTES hired YTD. (2.5 LPN FTES hired, 1.5 FTES in Behavioral Health & 1 FTE in Med/Surg. 31.5 LPN FTES hired YTD.

II. Employee Turnover (Hospital Only)

	1-Aug	15-Aug	29-Aug	Total Aug 2011
Deceased	0	0	0	0
Disability Retirement	0	0	1	1
Failed Probation	0	0	0	0
Laid Off	1	0	0	1
Removed	6	5	7	18
Resigned	3	6	11	20
Retired	1	0	0	1
Term (Temp)	0	0	0	0
Terminated	0	0	0	0

1 yr Leave w/o Pay	0	0	0	0
Total Separations	11	11	19	41

	1-Aug	15-Aug	29-Aug	Total Aug 2011
*Turnover ratio	0.44%	0.44%	0.77%	0.55%
# Emp. Mid month	2483	2492	2475	2483

III. Benefits

Open enrollment for health and dental insurance and flexible benefits is October 14 – November 16, 2011.

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

IV. Training

ECMC Staff Development Workshops - Customer Service Series

●October 27, 2011 10:30am-12:00pm **or** 1:30pm-3:00pm

Professional Manner and Improved Customer Service

Topics to include: Body Language; Phone Etiquette; Peer Relationships; Cell phone and Social media use; Tone and Inflection; Assisting the wandering customer

●October 28, 2011 10:30am-12:00pm **or** 1:30pm-3:00pm

Handling Customer Complaints

Topics to include: Empathizing; Understanding; Addressing; Resolving; Reducing.

All workshops will be **presented by Kim Jansen Willer,** Program Coordinator for Palladian EAP.

Ann Marie Kopf, Personnel Specialist, presented training on "Employee Performance Evaluations" at Management Council on Oct. 13, 2011.

Carla DiCanio Clarke, Employment Law Specialist, conducted training on "Employee Performance Improvement: Handling Problematic Evaluations & action Plans" at Management Council.

Chief Information Officer

ECMC
ERIE COUNTY MEDICAL CENTER CORPORATION

HEALTH INFORMATION SYSTEM/TECHNOLOGY

October 2011

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

Clinical Automation

Pentex EndoPro System –GI Interface. October was the go live for interfacing the Pentax EndoPro System report and images directly to the hospitals main Healthcare Information System (HCIS), Meditech. Go live also included the streamlining of the administrative support workflow by automating the patient demographics from the Meditech HCIS to directly to the Pentax EndoPro System. This eliminated redundant manual data entry of data while also making the final report more readily accessible to all clinicians.

Emergency Room Automation – Nursing Documentation. The organization is preparing for the go live for the first phase of its ER automation scheduled for November 2, 2011. This phase includes nursing documentation focusing on nursing interventions and assessments and electronic medication administration record (eMAR). The Nursing and IT Departments are collaborating to execute training, support and communication plan. Phase two of this project includes automating the collection and display of patient vital signs.

Computerized Physician Order Entry. Pharmacy and IT have finalized the project plan to optimize ECMC's current physician order management process. First phase includes the rebuilding of the supporting pharmacy dictionaries which support medication reconciliation, e-prescribing, allergy management and script printing and streamlining the ordering process of ancillary services including Radiology and Laboratory. A physician driven operating committee and order set team will be developed to oversee the re-design of the application and process to manage electronic order sets. A go live for ED Physician Order Management is targeted for April of 2012.

Allscripts Ambulatory Electronic Health Record (EHR). The team continues to work with the Clevehill staff in effectively manage the workflow change and to address residual issues from the go live. An Allscripts '45 Health Check' to validate workflows and configuration is scheduled by Allscript for November. The core team is also focused on the following objectives; system development for the Grider Family Health Center and InstaCare, development of the Continuity of Care Record (CCR) and Order Hold Queue between Meditech and Allscripts and the ARRA Meaningful Use Stimulus Set. This will allow us to attest Meaningful Use Stage 1 for Clevehill Family Practice.

Outpatient Dialysis Electronic Medical Record and Billing Solution. A cross-functional team has been developed to begin the development of a project plan to implement the MIQS Ambulatory Dialysis EMR. A detail plan including resources, task list and timeline will be forthcoming. The core team is in the process of interviewing final candidates for the dedicated resource to administer the Dialysis and Transplant applications.

Meditech Long Term Care Electronic Medical Record. Working with Mark Barabas and Rich Cleland, the hospital has selected Meditech's Long Term Care (LTC) solution as its main LTC electronic medical record for. Its integration with the hospitals inpatient electronic medical record will assist with supporting a one patient one record concept. The team is working with Meditech to finalize contract.

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
November 1, 2011

Marketing

Materials being printed for marketing of new Regional Center of Excellence in Transplantation and Kidney Care
Press conference scheduled for November
New ECMC Re-branding "True Care" campaign on air with full media through November

Planning and Business Development

Assisting with orthopedic floor initiatives and new pre-education surgery program started
Coordinating Accelero Orthopedic and General Surgery margin initiative
Orthopedic and Bone Health Center progressing, physician planning sessions held to revisit plans
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 1000 patients and ancillary business had significant referrals
Meetings held with Don Boyd, VP of Business development from Kaleida, to discuss collaborations

Media Report

- **WGRZ-TV, Channel 2: Former Buffalo Bill center Kent Hull dies of a gastrointestinal bleed.** Erie County Medical Center doctor Dr. Samuel Cloud describes a gastrointestinal bleed and its causes.
- **The Buffalo News; Buffalo Healthy Living; WBFO-FM, Radio 88.7: Erie County Medical Center 5k Run and Healthwalk to honor WNY's First responders, Firefighters, Police Officers, ECMC Physicians and Nurses**. Funds raised from the event will benefit the medical center's Adult Regional Trauma Center.
- **Buffalo Healthy Living: Spotlight on area hospitals: ECMC.** There are many myths surrounding ECMC that the hospital is trying to dispel, including their patient population, their neighborhood and the services they provide. Jody Lomeo quoted.
- **Western New York Heritage Magazine: Take a look at the Gazebo on the campus of Erie County Medical Center.** Found on a 1951 aerial photo-map of Buffalo, it has been suggested that the structure was one of four originally built on campus and used as a gatehouse for the hospital.
- **The Buffalo News: Financial concerns cause Erie County Medical Center to contemplate possible closure of two long-standing drug and alcohol clinics.** Rising costs, cuts in Medicaid and inadequate reimbursement from health care coverage is forcing ECMC to reduce spending. Tom Quatroche quoted.
- **The Buffalo News: Nursing home project to cost more.** Contractors working on the $103 million project to build a new nursing home on the Erie County Medical Center campus discovered a unexpected concrete foundation from an incinerator that once operated on the site. Tom Quatroche quoted.

Community and Government Relations

Press Conference held for Foundation "heros" walk /run
Meetings held with Buffalo Firefighters Federation to rectify concerns and public relations issues
Meeting with County officials to discuss budget concerns
Meeting with WNY State Delegation scheduled to discuss mental health issues in WNY

Executive Director, ECMC Lifeline Foundation

ECMC Lifeline Foundation Report
For ECMC Board of Directors
Submitted by
Susan M. Gonzalez, Executive Director
November 1, 2011

Staff

- The Lifeline Foundation Executive Committee selected Susan M. Gonzalez as the new Executive Director. Susan joined the Foundation in mid October.

Events

- WNY Runs for Heroes 5K Race & Health Walk
    - Rescheduled from Saturday, October 15, 2011 to Saturday, October 22, 2011 at Parkside Lodge/Delaware Park due to heavy winds and rain and concern for safety of our participants and volunteers
    - Robert Holliday, AT&T, Event Chair
    - Event Sponsorship totaled - $32,750
    - 2011 Participant count 361 up 30% from 2010
    - Race Day featured 6 Heroes awards being presented
    - Committee evaluating events of the day & gathering ideas for 2012

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

- Initial meeting between new Executive Director and Campaign Chair, Jonathan Dandes has formulated an aggressive schedule advancing the campaign from the strategizing stage to implementation of major gift acquisition.
- Eric Mower to design internal communications plan.

Employee Campaign

- The Foundation's pledge forms in conjunction with the United Way campaign has started to come in. Pledges to date total: $19,387.

Other

- 2010 Audit completed and approved by the Foundation Executive Committee and Board.
- ECMC Lifeline Foundation received donation of $1480 from the Professional Firefighters Annual Golf Tournament held in September.

NEW BUSINESS

OLD BUSINESS

Medical-Dental Executive Committee

MEDICAL EXECUTIVE COMMITTEE MEETING
MONDAY, SEPTEMBER 26, 2011 AT 11:30 A.M.

Attendance (Voting Members):

D. Amsterdam, PhD	W. Flynn, MD	
Y. Bakhai, MD	R. Hall, MD, DDS	
W. Belles,MD	J. Kowalski, MD	
G. Bennett, MD	K. Malik, MD	
S. Cloud, DO	K. Pranikoff, MD	
H. Davis, MD	R. Schuder, MD	
R. Desai, MD	P. Stegemann, MD	
T. DeZastro, MD		
N. Ebling, DO		
R. Ferguson, MD		

Attendance (Non-Voting Members):

B. Glica, RN	L. Feidt	W. Gajewski
J. Fudyma, MD	R. Gerwitz	K. Gazda, RN
D. Jehle, MD	C. Ludlow, RN	
J. Lomeo	A. Victor-Lazarus, RN	
M. Barabas	R. Krawiec	
M. Sammarco	R. Cleland	

Excused:

A. Arroy, MD	C. Gogan, DDS	R. Venuto, MD
A. Chauncey, PA	T. Loree, MD	J. Woytash, MD
N. Dashkoff, MD	M. Manka, MD	
S. Downing, MD	B. Murray, MD	

Absent:

J. Izzo, MD		
J. Lukan, MD		
R. Makdissi, MD		

I. CALL TO ORDER

A. Dr. DeZastro called the meeting to order at 11:40 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.

III. BYLAWS COMMITTEE REPORT – Susan Ksiazek

A. Susan Ksiazek provided report on the current changes of the ECMC Bylaws. Two primary objectives for the committee were to reconfigure the bylaws and continue work of harmonization with Kaleida's medical staff policies and procedures.

B. Standard MS.01.01.01

- Modifications presented as follows: Element of Performance (EPs) previously allowed to reside in associated medical staff policies need

to now be part of the bylaws proper. It was necessary, therefore, to move 12 of the 36 required elements into the bylaws proper from other elements in the Medical Staff policies. All changes needed were outlined in detail for the members.

-
- Minor changes to the following elements were defined: EP 11, EP 13, EP 14, EP 16, EP 26 & 27. EP 28-35 (Collegial Intervention) is designated as "part II" of the bylaws to pull into the bylaws proper.
-
- EP 36, a list of duties for the Chief of Service, exceeded the Joint Commission requirement. It remained unchanged but for two elements in this list of details. One of which lists the following –
-
- ***"Perform such duties commensurate with his office as may from time to time be reasonably requested of him by the President of the Medical/Dental Staff, the Medical Executive Committee or the Chair of the Board; -***
-
- **MOTION: Approve all changes as presented listed above to items Erie County Medical Staff Bylaws, Sec. EP 11, 13, 14, 16, 26 and 27.**

MOTION UNANIMOUSLY APPROVED.

- **MOTION: ECMC Medical Dental Staff Bylaws, Sec. EP 36, wording as follows will remain unchanged.**
  "Perform such duties commensurate with his office as may from time to time be reasonably requested of him by the President of the Medical/Dental Staff, the Medical Executive Committee or the Chair of the Board"

VOTE:
14 In favor
1 Opposed
MOTION APPROVED.

C. COLLEGIAL INTERVENTION

The Bylaws Committee undertook a complete overhaul of the document and it is now the same document used by Kaleida Health. It has been reviewed by hospital counsel and has met her approval. Concepts are the same as our existing document, but more concise and consistent.

The entire document will be posted on the Medical Dental staff intranet page for review and ultimate vote. The changes will be presented at the October 19, 2011 Annual Medical Dental Staff meeting and voting ballot will follow to all medical staff eligible to vote with a summary of the proposed changes. Results will be presented to the Medical Dental Staff meeting in

November 2011 and final resolution to the Board of Directors in December 2011.

IV. ONGOING PROFESSIONAL PERFORMANCE EVALUATION – S. Ksiazek

As per Joint Commissions standard MS.08.01.03, EP 2, the type of data to be collected by individual departments for OPPE is to be approved by the organized medical staff. ECMCC's bylaws allow for the MEC to act on behalf of the organized medical staff. Consistent with the above, the following is proposed:

MOTION to Approve the Following:

A. Individual departments continue to determine the appropriate metrics governing the skill sets of Patient Care, Medical Knowledge, Practice Based Learning and Professionalism
B. For the category of Interpersonal/Communication Skills, the value of reporting on Disruptive Events and Compliments merits continuation of both metrics across all clinical departments
C. For the category of Systems-Based Practice, referral to OPMC for medical record delinquencies will continue to be applied for all departments to ensure that compliance with medical record documentation remains a focus for all clinical departments

MOTION UNANIMOUSLY APPROVED.

V. CEO/COO/CFO BRIEFING

(1) CEO REPORT - Jody Lomeo

A. **Mental Health Crisis Press Conference -** Mr. Lomeo thanked the physician leadership for their support during a joint press conference with NYSNA last week discussing the mental health crisis in our community and the safety of patients and staff.
B. **2012 Budget** – ECMC is required to have their 2012 budget submitted to New York State by September 30, 2011. Administration and the Board of Directors are working to submit a conservative, responsible budget. Mr. Lomeo shared some of his strategies and concerns and cautioned that some current services may need to be sacrificed. Further Federal and State cuts currently proposed were stated as "devastating".
C. **Administrative Presentation** – Mr. Lomeo requested 15 minutes of each Medical Executive Committee to provide a presentation on a relevant issue to obtain feedback and provide information to the physician leadership. The topic would be pre-approved by the CMO and Medical Staff President. Discussion ensued and overall opinion was in favor of allowing this time to the hospital leadership for the purpose stated.

D. **Great Lakes Health Update** – The Great Lakes Health leadership met last week and update was provided. Joint recruitment and project management is on-going. It was agreed that there is still a role for the Physician Steering Committee as a key advisor to the GLH. Dr. Bone is the current chair and will turn that role over to the new Kaleida representative, not yet named, in normal rotation.

(2) FINANCIAL REPORT – Michael Sammarco, CFO

A. **Budget Update –** August volumes are up and case mix index was up slightly though Medicaid continues to be low. The hospital and Erie County Home combined had an operating surplus of $875,000 total for the month with a year to date loss of $7.1 million. Discharges exceeded budget for the month. Early numbers show September trending a little lighter.

Federal cuts proposed in the President's deficit spending plan are not yet clearly defined but will most likely effect Medicare and Medicaid which will make a significant impact on ECMC. Other federal funding threatened would potentially make it impossible for ECMC to remain open should it be eliminated. Mr. Sammarco will provide literature on the plan as soon as it becomes available and encouraged everyone to educate themselves on the effect of these proposals.

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

A. UNIVERSITY AFFAIRS

ANNUAL PLAN

The GMEC Committee presented to the hospitals the first draft of the Annual Plan for residents for the Academic Year 2012 - 2013. This is preliminary and must be approved by the hospitals and the GMEC.

The plan calls for the creation of 17 additional resident positions : 1 Cytopathology @RPCI (approved), 4 Emergency Medicine @Kaleida (approved), 1 Internal medicine cardiology@Kaleida(approved), 2 neurosurgery @Kaleida (approval pending), 8 General Surgery (6 @Kaleida, 2 @ECMC) (approval pending), 1 Pediatric Dentistry (Children's) (Approval pending).

Under the proposed plan ECMC's total complement of residents would go from the current figure of 164.50 163.32 with the following adjustments:

Anesthesiology	+0.5FTE
Anesthesiology prelim	+0.8FTE
Emergency medicine	-1.0FTE
Cardiology	+0.5FTE
Hematology/Oncology	+1.0FTE
Infectious Diseases	+0.50FTE

Psychiatry	+1.0FTE
Surgery	+2.0FTE
Vascular Surgery	-0.5FTE
Urology	-0.5FTE

Of note, the University Medical School received two large donations recently. A $1 million gift was received from Mr. Ralph Wilson to the Department of Orthopaedics to expand and grow orthopaedic services and a $40 million anonymous donation to be used for physician recruitment and retention. Much more will be discussed as to the use of these extraordinary gifts in future months.

B. **PROFESSIONAL STEERING COMMITTEE**

The Professional Steering Committee met 9/12/11. Updates were presented on the Transplant, orthopedics and Primary care Initiatives. The next scheduled meeting will be in December.

C. **MEDICAL STAFF AFFAIRS**

See separate report by Sue Ksiazek for full details.

D. CLINICAL ISSUES

UTILIZATION REVIEW	June	July	August	YTD vs.2010
Discharges	939	920	949	up3.8%
Observation	113	107	102	down 1.0%
LOS	6.2	6.6	7.0	down1.0%
CMI	2.04	2.04	2.09	down8.4%
Surgical Cases	853	853	859	up7.9%
Readmissions (30d)	12.7%	9.1%		

Year to date discharges are up 3.8% over 2011 and length of stay is down 0.1 days (6.5 vs 6.6) though the value for August was 7.0. Part of this was due to ALC patients as we had a very number of ALC days(554) such that LOS excluding ALC was 6.2. CMI continues to run 8% lower than 2010 though the value for August was the highest so far this year perhaps related to trauma season.. General Surgeries are up 8%.

VERBAL ORDERS

We are still awaiting clarification from JC on this issue.

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

A. CLINICAL ISSUES

Transfer Center

We have initiated the transfer center for transfers from outlying hospitals and direct admits by ECMC physicians (1-866-961-6888). We will start marketing the transfer center information to outlying hospitals.

Throughput

We continue to have challenges in getting admissions out of the Emergency Department and CPEP during this busy summer season. Throughput has improved somewhat the later part of this month. A committee is looking at ways of expanding our MICU service and making it more efficient. We hope to cohort patients much better by service when the renal floor opens. We are working on reducing ALC patients in the hospital. A number of initiatives are being evaluated/ implemented to improve CPEP and psychiatric inpatient throughput: fast track, short form in CPEP, weekend discharges, EOB/ALC floor, use of extenders in psychiatry, reduction in LOS and work with outlying agencies to improve placement.

Pharmacy Issues

The pharmacy is happy to report that annualized activated factor VII usage has dropped by over $100,000 per year. There have been some issues related to drug dosing as we go to a more electronic ordering/dispensing format. This will need to be considered as we go forward with CPOE.

Overhead Paging

We are working to make the hospital less noisy at night time. One initiative is to reduce overhead paging. Stroke team pages are only going overhead during daylight hours. We are working with the hospital operators on additional initiatives. Alarms and floor noise are also being addressed.

B. CLINICAL INFORMATICS

CPOE

The ED CPOE project continues in planning the phase with the startup in the near future.

C. 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 Sept 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.

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

A. **MEDICAL STAFF MEETING** – The next medical staff meeting is scheduled for **October 19, 2011 at 6:00 P.M.**

IX. LIFELINE FOUNDATION – Thomas Quatroche

A. 5K Run and Walk – October 15, 2011 – Dr. Willliam Flynn and Donna Oddo, RN have been selected to be honored as part of the Lifeline event. "My hero is" signs are available for purchase for $100 each to help support the event.

X. CONSENT CALENDAR

	MEETING MINUTES/MOTIONS	ACTION ITEMS
A.	MINUTES OF THE Previous MEC Meeting: August 22, 2011	Received and Filed
B.	CREDENTIALS COMMITTEE: Minutes of September 6, 2011	Received and Filed
	- Resignations	Reviewed and Approved
	- Appointments	Reviewed and Approved
	- Reappointments	Reviewed and Approved
	- Dual Reappointment Applications	Reviewed and Approved
	- Provisional to Permanent Appointments	Reviewed and Approved
	- Emergency Department Privilege Form	Reviewed and Approved
C.	HIM Committee – (No meeting)	Received and Filed
	1. Continuous Renal Replacement Therapy Orders	Reviewed and Approved
	2. Continuous Renal Replacement Therapy Flowsheet	Reviewed and Approved
		Reviewed and Approved
D.	P & T COMMITTEE – Minutes of Meeting September 7, 2011	Reviewed and Approved
	1. Antibiotic Subcommittee Minutes	Reviewed and Approved
	2. Fidaxomicin (Dificid®) – RESTRICTED TO ID CONSULTS – add to Formulary	Reviewed and Approved
	3. Etonogestrel (Implanon®) – add to Formulary	Reviewed and Approved
	4. Chlordiazepoxide (Librium®) – add to Formulary restricted to SIU	Reviewed and Approved
	5. Suboxone ® (Buprenorphine and naloxone) 2-0.5; 8-2 mg tablets & film sublingual – add to Formulary	Reviewed and Approved
	6. Buprenorphine (Subutex®) 8 mg – add as a line extension	Reviewed and Approved
	7. Meropenem – make Formulary carbapenem	Reviewed and Approved
	8. Doripenem – remove from the Formulary	Reviewed and Approved
	9. TI-17 Dose Adjustment based on Renal Function – approve revisions	Reviewed and Approved
	10. TI-44 Extended Infusions – approve revisions	Reviewed and Approved

	MEETING MINUTES/MOTIONS	ACTION ITEMS
	11. TI-50 Fenofibrate –approve	Reviewed and Approved
E.	TRANSFUSION COMMITTEE – Minutes of Meeting August 4, 2011	Reviewed and Approved

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

MOTION UNANIMOUSLY APPROVED.

X. OLD BUSINES

NONE

XI. NEW BUSINESS

A. ECMCC MEDICAL LIBRARY REQUEST – MOTION to approve request of $31,100 in financial support to the purchase of medical materials for the Erie County Medical Center Medical Library for the 2012 calendar budget.

MOTION UNANIMOUSLY APPROVED.

B. STROKE ORDERING AND REPORTING CRITERIA - .ECMC is a designated Stroke Center which requires adherence to stroke guidelines for evaluation and care. Dr. Ferguson and Dr. DeZastro outlined some of the requirements including timeframes required for imaging studies. There is a discrepancy when an inpatient presents with symptomatic changes and CT studies may be ordered but report beyond the outlined time guidelines as the study is not ordered "stat". The way to meet the requirement is to order all CT images of the head due to an acute change be ordered STAT upon onset of symptom. Also required by our Stroke Designation will be a Verify page from the Radiologist whether the study is positive or negative so please anticipate this change.

INFORMATIONAL

XII. ADJOURNMENT

There being no further business, a motion was made, seconded and unanimously approved to adjourn the meeting at 1:00 p.m.

Respectfully submitted,

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

Reading Material

From the Chief Executive Officer

spotlight on area

hospitals

what's special about ecmc?

by Annette Pinder

First in a series of articles about the diversity of expertise available at area hospitals.

Ask area residents what Erie County Medical Center (ECMC) is known for and what you'll likely hear is trauma and burn care. Classified as an adult regional trauma center, each year thousands of Western New Yorkers are treated at ECMC if they have been in a serious accident. But did you know the same surgeons saving lives, are also performing many complex elective surgeries? Elective surgeries are those planned in advance, rather than in an emergency situation.

There are many myths surrounding ECMC that the hospital is trying to dispel, including their patient population, their neighborhood, and the services they provide. "Just because we treat trauma, doesn't mean that it has to be traumatic to come here, and the fact that we treat gunshot wounds, doesn't mean we're a war zone," says CEO Jody Lomeo, who realizes people are often afraid to venture out to areas of the city with which they are unfamiliar. Lomeo adds, "Patients and visitors are always surprised at how comfortable they feel here. They also like the fact that they don't have to park in a garage. Instead, we have a surface lot right on the hospital property that's well-lit and staffed with 24 hour security."

What Lomeo wants Western New Yorkers to know is that ECMC is a leading hospital system with numerous primary and specialty care services and care centers, including:

Breast Care. Specialist and surgeon, Dr. Vivian Lindfield sees patients at her suburban office on Sheridan Drive as well as at ECMC, where she performs their surgery.

Cardiac Care. Open 24 hours a day, 7 days a week, the cardiac center offers services for every type of heart care including angiograms, angioplasty, pacemakers and defibrillators, heart-valve replacement, and bypass surgery.

Foot and Ankle Care. Patients are treated for many conditions, including congenital deformities, complications as a result of diabetes, occupational and sports injuries, and total ankle replacement.

Head and Neck Care. Nationally renowned, Thomas Loree, M.D. brings a whole new area of expertise to ECMC focusing on advanced care for head and neck cancers, and facial, plastic and reconstructive surgeries.

Orthopedic and Musculoskeletal Care. Total joint replacement, reconstructive hip, knee, foot, ankle, hand, elbow and shoulder are some of the elective surgeries provided. Because physicians are associated with UB and Excelsior Orthopedics, they are up-to-date in the latest studies and techniques, and have access to state-of-the-art technology and facilities.

Renal Disease and Transplant Center. The new Kidney Transplant Center is part of a five-year $150 million project that will strengthen care in this important area, and benefit surrounding neighborhoods.

Spine Center. Repairing damage, minimizing discomfort, and pain management is a key area of focus in treating those suffering back and neck injuries.

Wound Care and Hyperbaric Medicine. Specialized care and treatment of chronic and non-healing wounds allow physicians to use aggressive treatment techniques and prevent amputation.

Lomeo adds, "There is a lot going on at ECMC. We continue to expand with the goal of transforming our institution into a world class facility!"

To learn more about extensive services available to patients visit www.ecmc.edu.

ANOTHER LOOK

The Mysterious Gazebo at ECMC

By Clarence C. Picard

Driving along the Kensington Expressway towards downtown Buffalo, there is a slightly visible gazebo overlooking the road from the Erie County Medical Center campus just before the Scajaquada Expressway interchange. Innocuous at first sight, with the cedar-shingle roof and concrete foundation showing signs of decay, a closer look reveals a well-designed structure that baffles many modern observers as to its original purpose. Sturdily built of brick, limestone and sandstone, the building's highlight is the copper cupola adorning the roof, which has caught the eye of many a curious passerby.

The gazebo is surrounded by ECMC parking lots, sitting on a service road connecting Kensington Avenue on the north side of Route 33 and the ECMC lots on the south side. Google Maps offers a virtual look at the building, showing the lonely gazebo in a sea of concrete. At *Western New York Heritage*, staff members and subscribers alike have often inquired as to the reason for this pavilion's existence. For such a small and isolated structure, it is well built with stone and brick, and beautifully capped with a birdhouse-like cupola, the most visible feature of the gazebo.

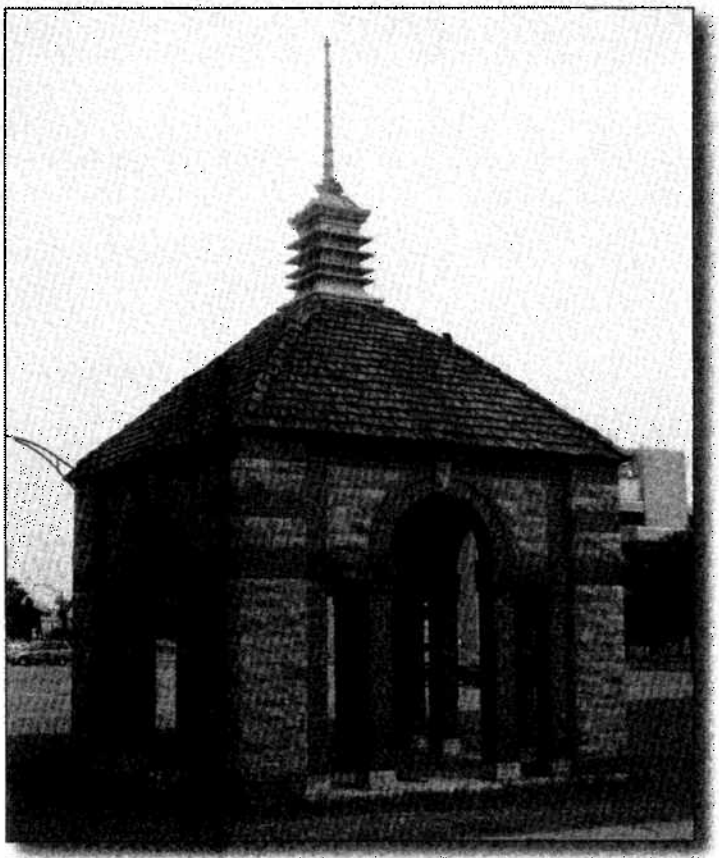
About ECMC

The origins of ECMC date back more than a century to the Municipal Hospital, built on East Ferry Street in 1905. As demand grew, the new Buffalo City Hospital was built at 462 Grider Street around 1912. In 1939, the facility was renamed for hospital co-founder Dr. Edward J. Meyer, who served the people of Buffalo from 1912 into the 1930s. Meyer helped develop the hospital into one of the leading teaching facilities of its time. During the early-1970s a modern hospital was built and renamed ECMC.

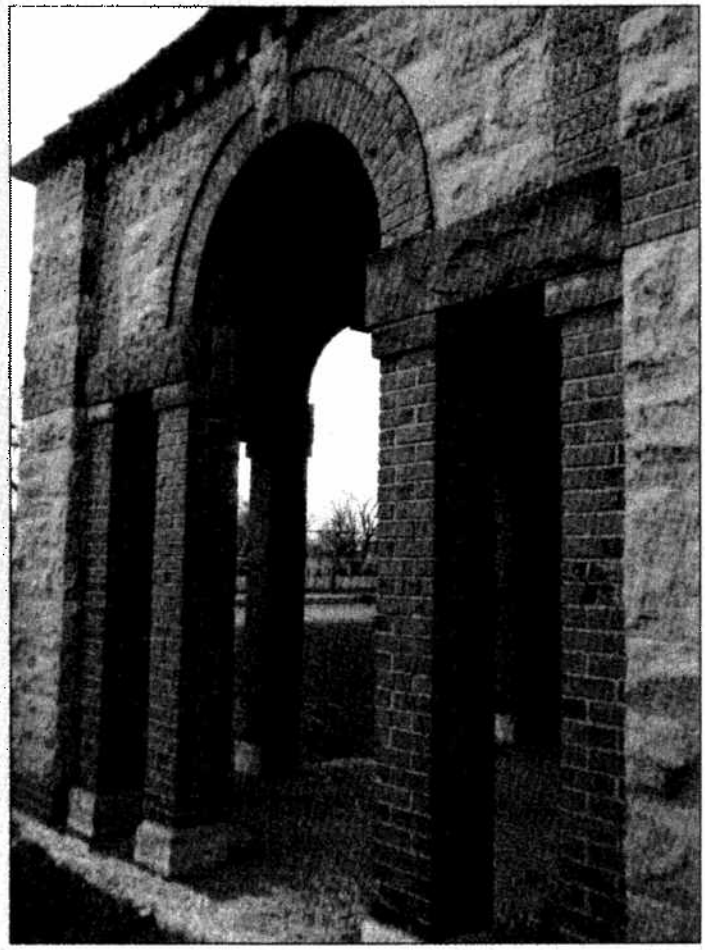
What is it?

Thanks to the efforts of Dean Gowen, Chuck LaChiusa, Mike Schalk and a post on *Buffalo Rising*, some details of the gazebo's history have been uncovered. But as is often the case with history, we have a better idea of what it is not, rather than what it is.

Through research and personal interviews, Schalk has started to piece some details together. The gazebo was once one of four gazebos around the hospital grounds, built of the same material but with different overall appearances. Schalk theorizes that the limestone may be the same as that used to construct the nearby St. Bartholomew Church at 335 Grider Street, built in 1931. One of the four was apparently purpose-built as a bus shelter, but there is no documentation to back this up. Along with the gazebo overlooking the Kensington Expressway, the other three gazebos were at the center of the complex, on the western edge near the high-rise apartments on Glenny Drive and on the southern edge behind the current site of Seneca Vocational High School.



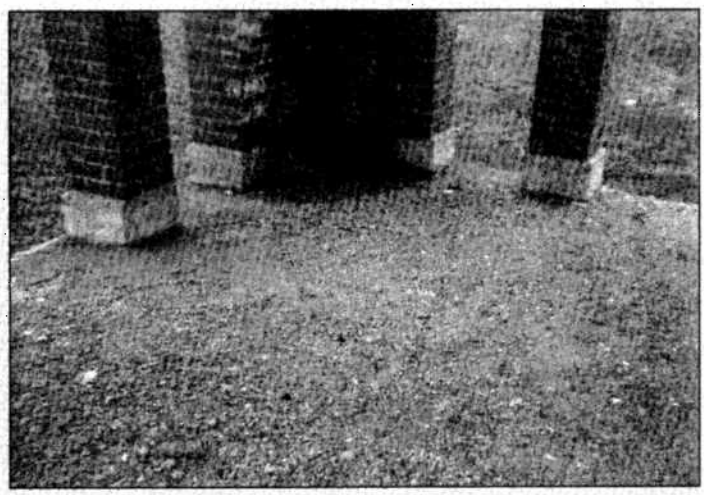
The gazebo, whose origins are unknown, stands with Erie County Medical Center in the background. PHOTO BY DEAN GOWEN



The brick, sandstone and limestone used to construct the building create a solid design. PHOTO BY DEAN GOWEN

Although the architecture style seems to date it to the late 1920s or early 1930s, the 1927 Erie County aerial survey does not show the buildings. Schalk previously interviewed his late grandmother who grew up in the neighborhood from 1908 to 1913, the late Al Kerr who grew up there in the 1920s and the late Sister Marie Anthony Van Dick who also grew up there in the 1920s, and none could recall the structures. A postcard of the Meyer Hospital grounds, apparently from the 1930s, also shows well-kept grounds but no gazebos.

While the brick is starting to show its age, the gazebo is in remarkably good shape despite the lack of attention it received over the last 30-plus years. PHOTO BY DEAN GOWEN



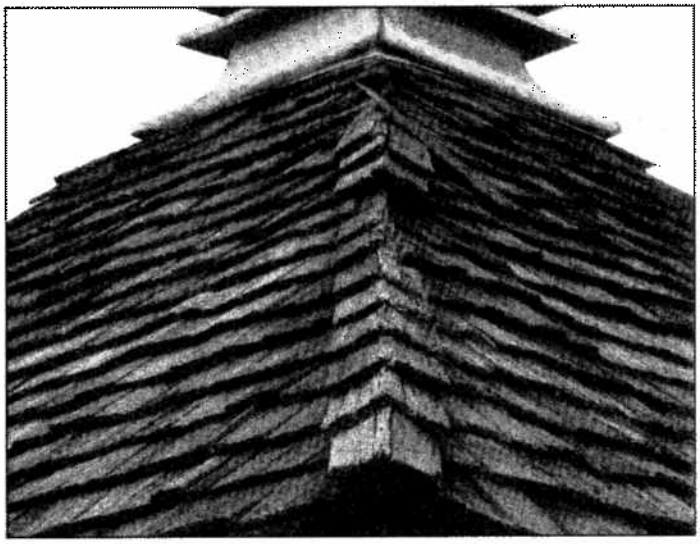
Though the cement foundation shows decay, preservationists believe it could still be moved if that were determined to be the best course of action. PHOTO BY DEAN GOWEN

Schalk found the gazebo on a 1951 aerial photo-map of Buffalo, which suggested the structure was once used as a gatehouse for the hospital. Posts on *Buffalo Rising* seem to confirm its usage as a gatehouse.

According to Schalk, by the mid-1960s grass and brush had begun to overgrow the four buildings, with the largest one, located in the center of the complex, showing roof deterioration. He states that the buildings were still standing in 1971 as the new ECMC was developed, and they were torn down in the late 1970s to make way for the final design of the medical campus. The three buildings closer to the new facility were lost forever, but our subject gazebo, possibly protected by its remote location at the edge of a parking lot, was saved from the proverbial wrecking ball.

The Gazebo's Future

With its three sister gazebos long gone, one must wonder when the fourth one will meet a similar fate. Preservationists like Schalk and Gowen have mentioned moving the gazebo to



The cedar roof needs repair, but remains mostly intact. PHOTO BY DEAN GOWEN

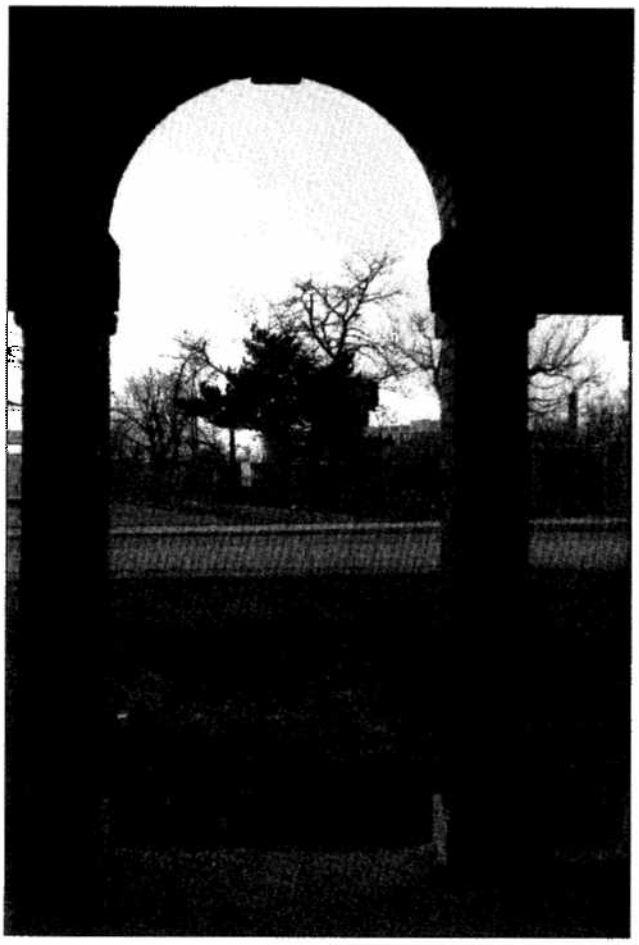
Spray paint mars one side's pillars. PHOTO BY DEAN GOWEN

a more favorable site, one where the building can be appreciated and well protected. Others argue that it would be wrong for the East Side to lose another architectural gem, even if it is mostly hidden from the public eye.

While there is concern that the gazebo could just disappear, as it is not a protected landmark on any governmental or historic list, it is not in any immediate danger. ECMC is reportedly monitoring the building's condition, removing trash and debris and making plans to incorporate the gazebo in its expansion project.

When Gowen originally approached *Western New York Heritage* about the gazebo a couple years ago, we had no information to provide. Thanks to the efforts of the preservation community, we have begun to uncover the history of this unique Buffalo landmark. Now, it is your turn. If you have information on this distinctive building, please contact our offices by phone, email or post, and help us continue to unravel this piece of Buffalo history.

Clarence Picard works in the communications department at his alma mater, St. Bonaventure University, where he studied journalism and history. Clarence formerly worked as associate editor at Western New York Heritage Press for five years.



A view from inside the gazebo. PHOTO BY DEAN GOWEN

BuffaloNewscom

Cash woes threaten 2 ECMC clinics

Workers petition to avert closings

By **Jay Rey**

Published:October 2, 2011, 12:00 AM
1 Comment

Tweet

Updated: October 2, 2011, 8:47 AM

Financial belt-tightening at Erie County Medical Center is raising fears the hospita close the doors at two long-standing drug and alcohol clinics.

Workers, patients and agencies that rely on the hospital's Downtown Alcoholism C at 1280 Main St., and Northern Erie Clinical Services, at 2282 Elmwood Ave. in Kenmore, have started a petition drive to rally support for the two outpatient clini pre-emptive effort to avoid their closing.

While the hospital has not announced it will shut down either one, workers at both clinics have been getting strong signals that they're on the chopping block, particu after ECMC closed its Southern Erie Clinical Services in Hamburg in May.

The two clinics together lost $1 million this year and are projected to lose even mo 2012, according to a hospital spokesman. Administrators have told the Civil Servic Employees Association, which represents clinic staff, that changes are in store.

An ECMC board of directors meeting is scheduled for Tuesday, but it's unclear wh

http://www.buffalonews.com/city/communities/erie-county/article578905.ece

the board will take up the issue.

Meanwhile, union representatives are hoping to talk privately with hospital administrators and board members prior to Tuesday's public meeting in order to get more details and recommend some cost-saving measures.

"We're willing to sit down with the hospital and board of directors to find a way to make the clinics stay open," said Lynn Miller, a spokeswoman for the CSEA.

No decision has been made about the drug and alcohol clinics, said Thomas J. Quatroche Jr., senior vice president of marketing and planning at ECMC.

But Quatroche acknowledged the hospital is looking at all areas of its operation as it prepares its 2012 budget.

Rising costs, cuts in Medicaid and inadequate reimbursement from patient health care coverage is forcing ECMC to reduce spending, Quatroche said.

"We've been very, very busy, but we're not seeing the reimbursement come through for the services we provide for the patients," Quatroche said.

"We are looking at the entire organization and how we can do business differently," Quatroche said. "We cannot continue to provide services as we are today and continue to survive."

That could mean a few different options for the Downtown and Northern Erie clinics, Quatroche said, ranging from closing to reorganizing to bringing in someone from the outside to operate the clinics.

"We're looking at it from top to bottom," Quatroche said, "and we haven't made a decision yet."

The two clinics have provided outpatient treatment services for people addicted to drugs and alcohol for more than 25 years, and are considered a mainstay in the recovery community.

The Kenmore clinic has about a dozen people on staff, while there are about 20 workers at the Main Street location, including Spanish-speaking employees to serve the Hispanic community.

The clinics have contracts with such agencies as the Salvation Army, and receive referrals from numerous entities, including Erie County probation and parole, Child Protective Services, the Buffalo City Mission and from judges presiding over drug courts throughout the county.

The two clinics combined serve an average of 600-plus clients a month, and had more than 25,000 clinical visits during the first six months of the year, said Kim Drozdz, a supervisor at the Northern Erie Clinic.

"We help people turn their lives around," Drozdz said. "We get them jobs and back into school. I can tell you story after story of people who have come in and are still

sober today."

There are other local agencies that provide similar services, Miller said, but the ECMC clinics accept people without health coverage and begin treatment while they're waiting to qualify for Medicaid.

"That can be a 45-to 90-day wait," Miller said, "and when you have an addiction issue, you need help now. You can't wait three months."

jrey@buffnews.com

Comments

SORT: NEWEST FIRST | OLDEST FIRST

With all the construction going on at ECMC how broke are they?Doesn't look like they need more money. They just need to priortize on where they money they already get is going!

WARREN WILKES, AKRON, NY on Sun Oct 2, 2011 at 10:25 AM

FLAG AS INAPPROPRIATE

Add your comment

BuffaloNews.com

ERIE COUNTY MEDICAL CENTER

Nursing home project to cost more

By **Denise Jewell Gee**

Published: September 23, 2011, 12:00 AM
0 Comments

Recommend

1

Updated: September 23, 2011, 7:11 AM

Contractors working on a $103 million project to build a new nursing home on the Erie County Medical Center campus got a surprise when they started digging in August.

A concrete foundation from an incinerator that once operated on the site had never been removed.

The hospital estimates it will cost $750,000 to remove the foundation before the nursing home project can move forward. The additional cost will be absorbed by a $3.7 million contingency line included in the project's $86 million budget for construction.

"We have this contingency for things like this, but we're also hoping as the project goes forward to save money wherever we can," said Thomas J. Quatroche Jr., the medical center's senior vice president of marketing and planning.

Quatroche does not expect the removal of the foundation to affect the targeted January 2013 opening date of the new nursing home.

"Everything is still on track," he said.

The hospital broke ground for the 390-bed nursing home on the hospital's Grider Street campus in July.

Contractors completed bore tests on the land to determine soil depth but did not discover the leftover foundation until excavation work began in August, Quatroche said.

The project is part of a $150 million expansion at the medical center that includes the construction of a new kidney transplant and dialysis facility, as well as a parking ramp, and the expansion of orthopedic services.

The expansion plans also include the demolition of eight buildings on the ECMC

campus.

The new nursing home on Grider will replace the 80-year-old county home in Alden, as well as long-term care beds now located in the hospital.

The hospital, a public-benefit corporation, borrowed $98 million for the nursing home project through financing arranged by the Erie County Fiscal Stability Authority. The state-appointed control board can borrow money at a lower interest rate than the hospital.

Ninety percent of the project cost is reimbursed by Medicaid, Quatroche said.

The county also allocated $11.5 million toward the construction of the new nursing home under a settlement agreement ECMC reached with the county in 2009.

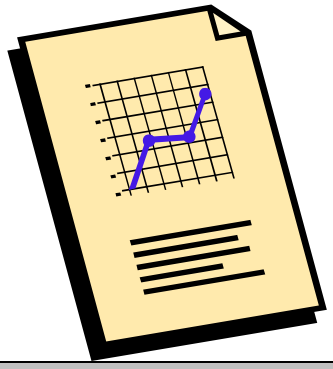
djgee@buffnews.com

Comments

There are no comments on this story.

Add your comment

Presentation



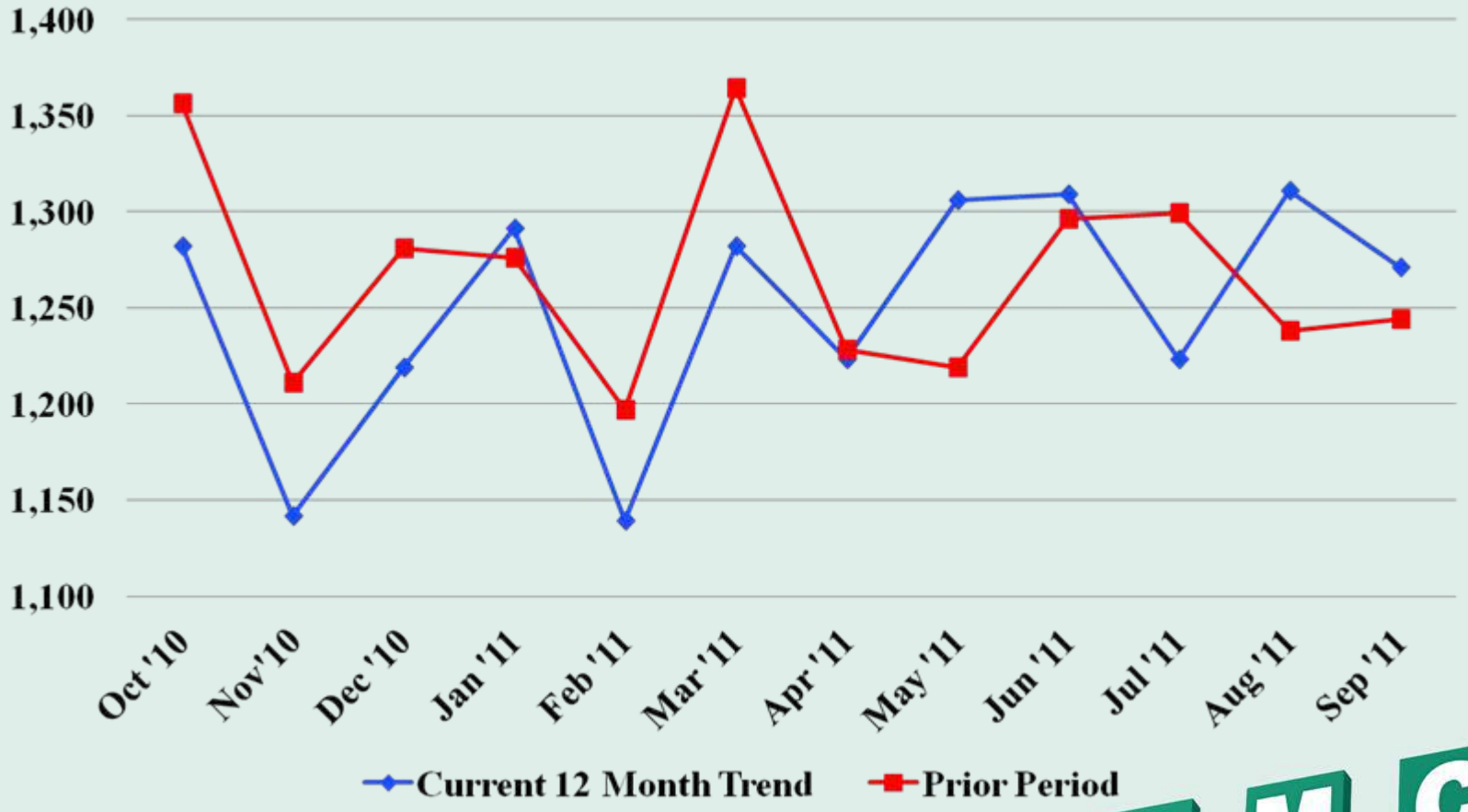
From the Chief Financial Officer

Erie County Medical Center Corporation

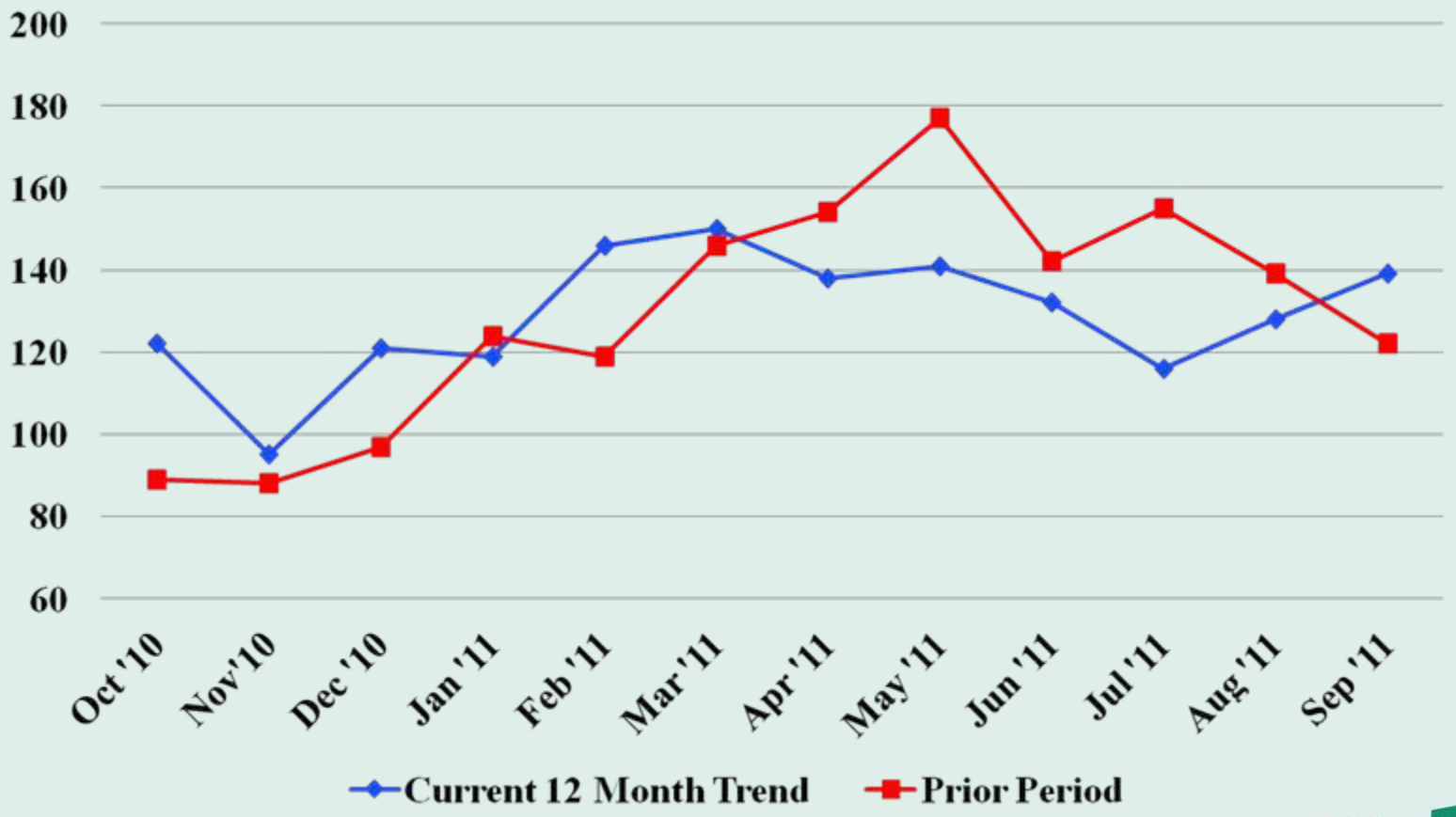
Financial Overview

September 2011

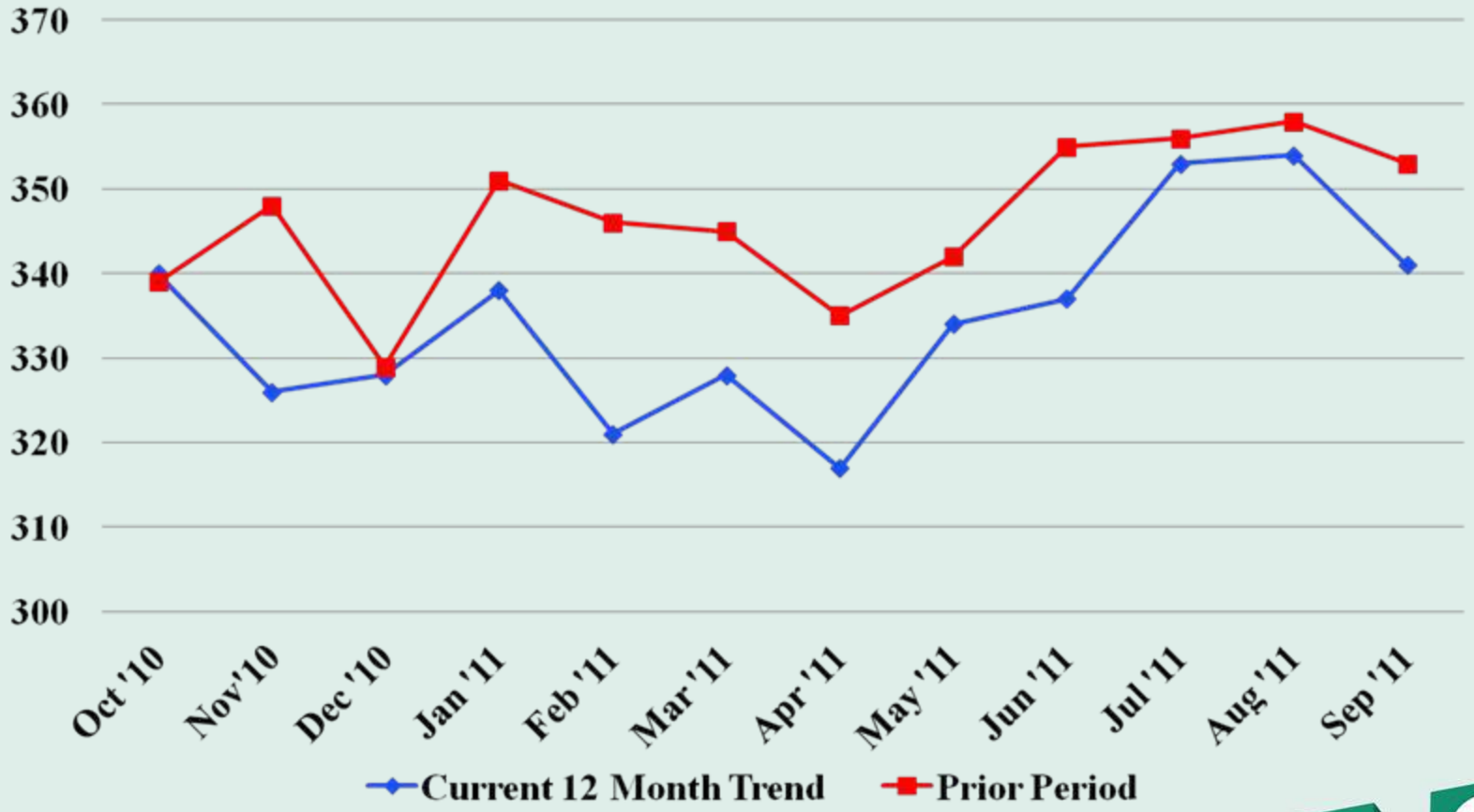
Total Discharges
(excludes SNF)



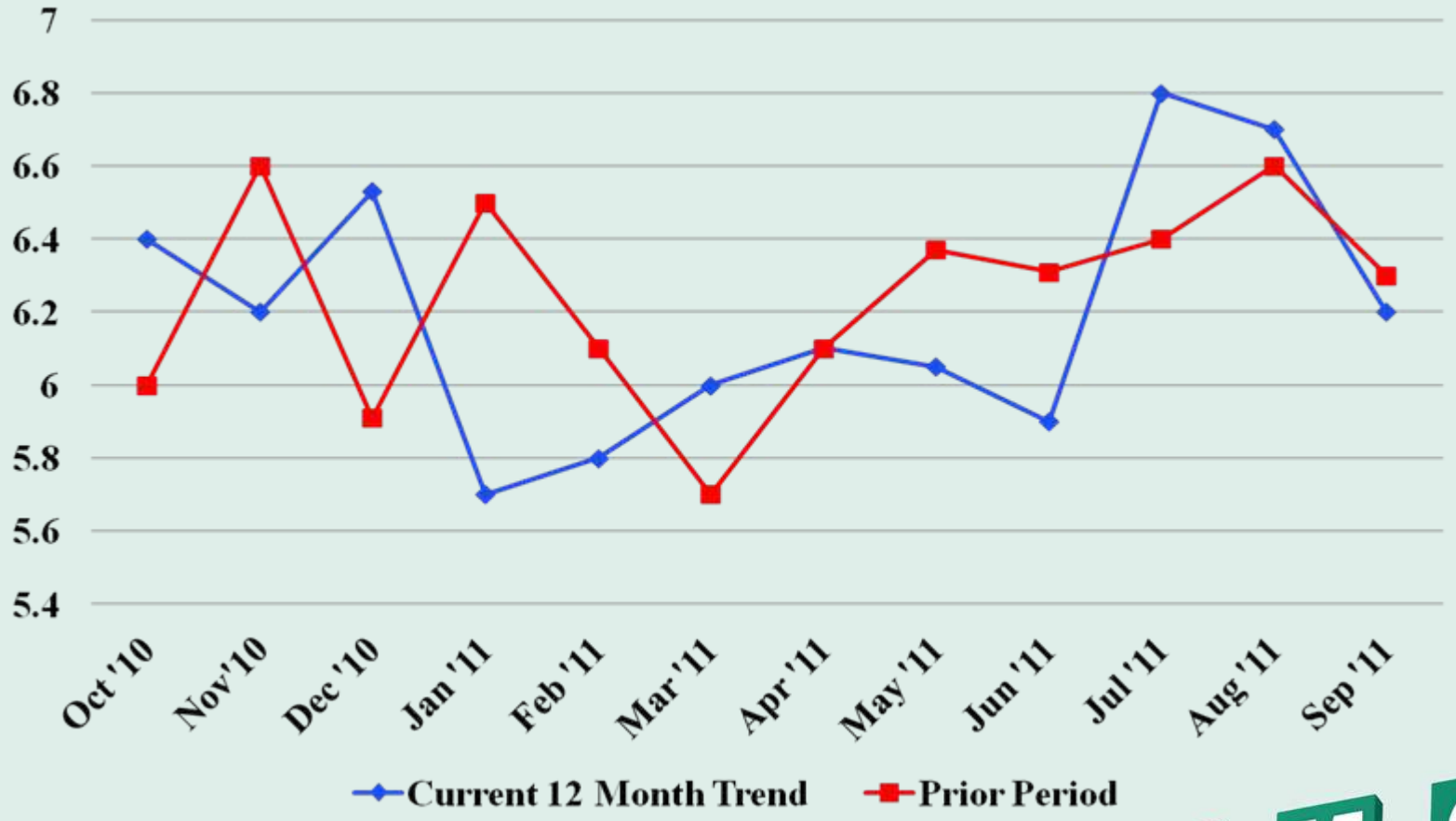
Observation Cases



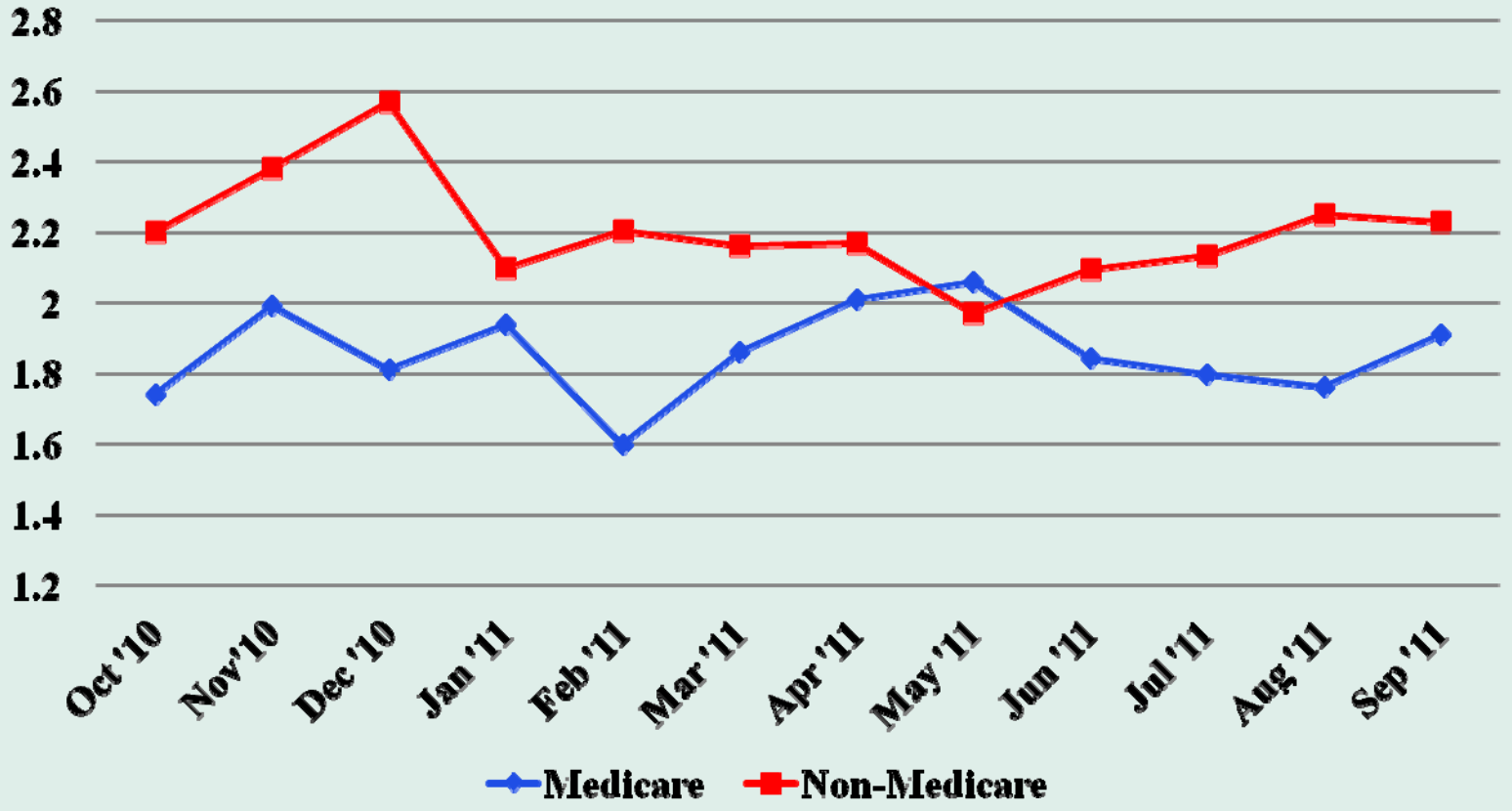
Average Daily Census
(excludes SNF)



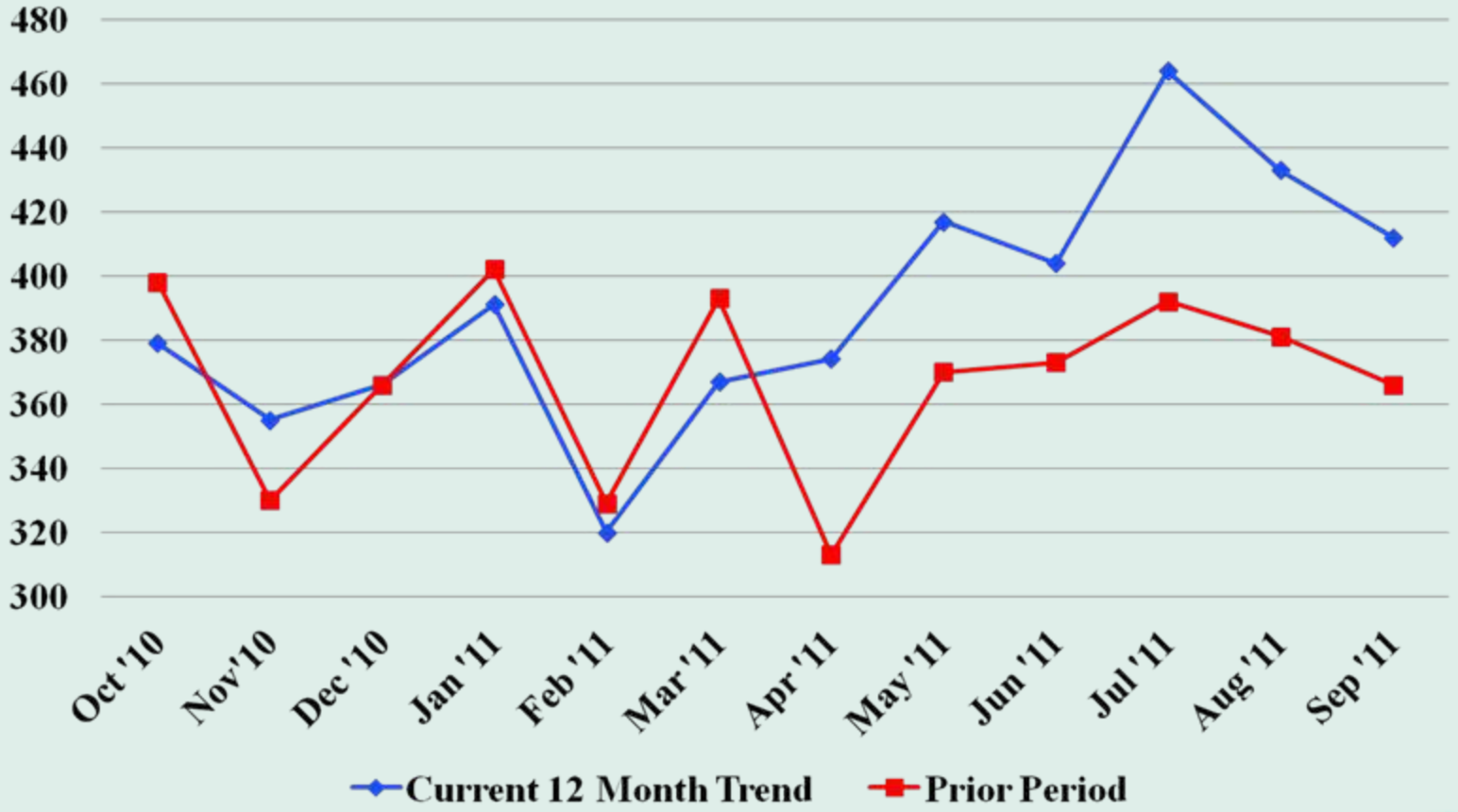
Average Length of Stay
(Acute Care)



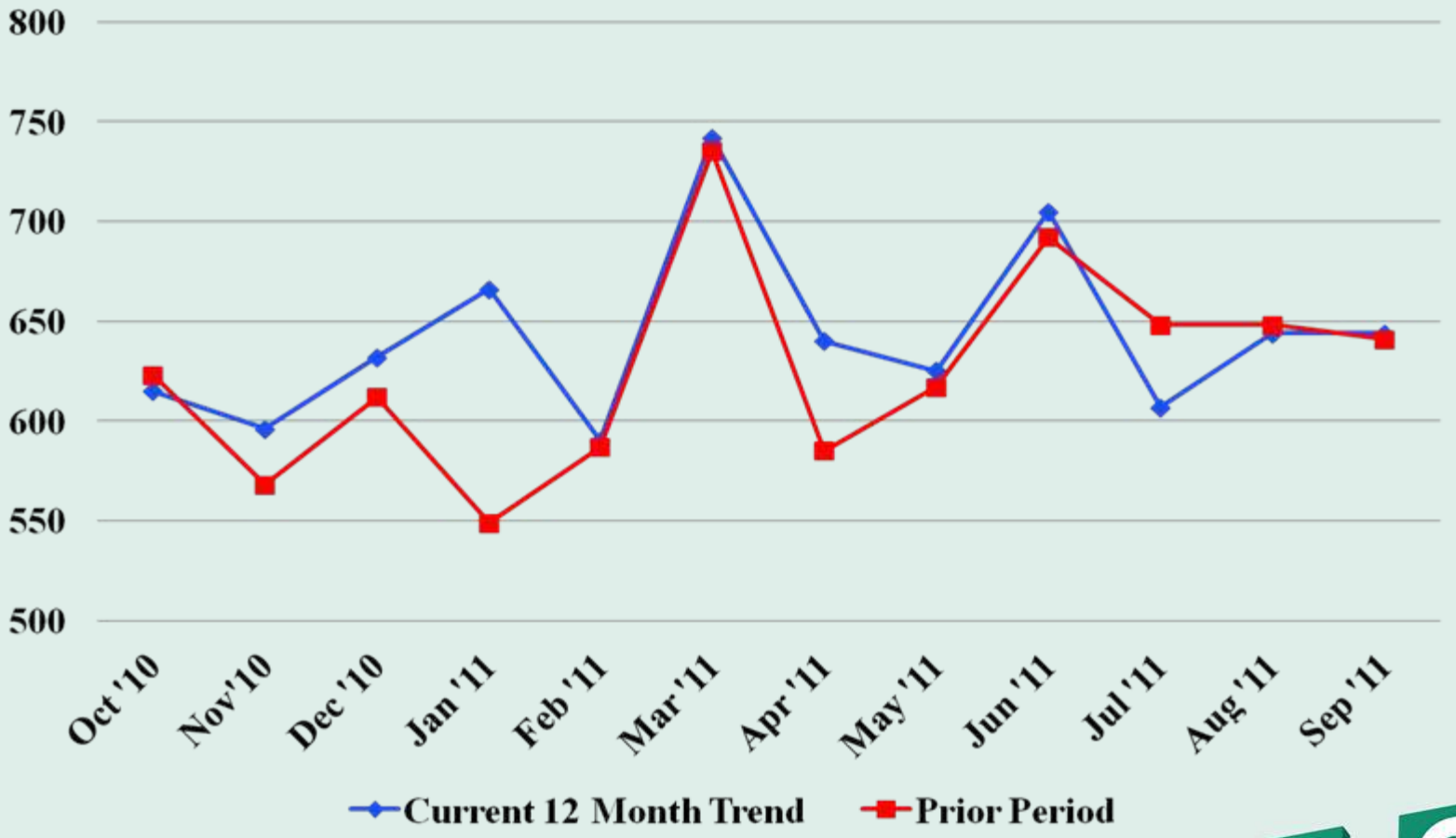
Case Mix


2.8
2.6
2.4
2.2
2
1.8
1.6
1.4
1.2
Oct '10
Nov'10
Dec '10
Jan '11
Feb '11
Mar '11
Apr '11
May '11
Jun '11
Jul '11
Aug '11
Sep '11
Medicare
Non-Medicare

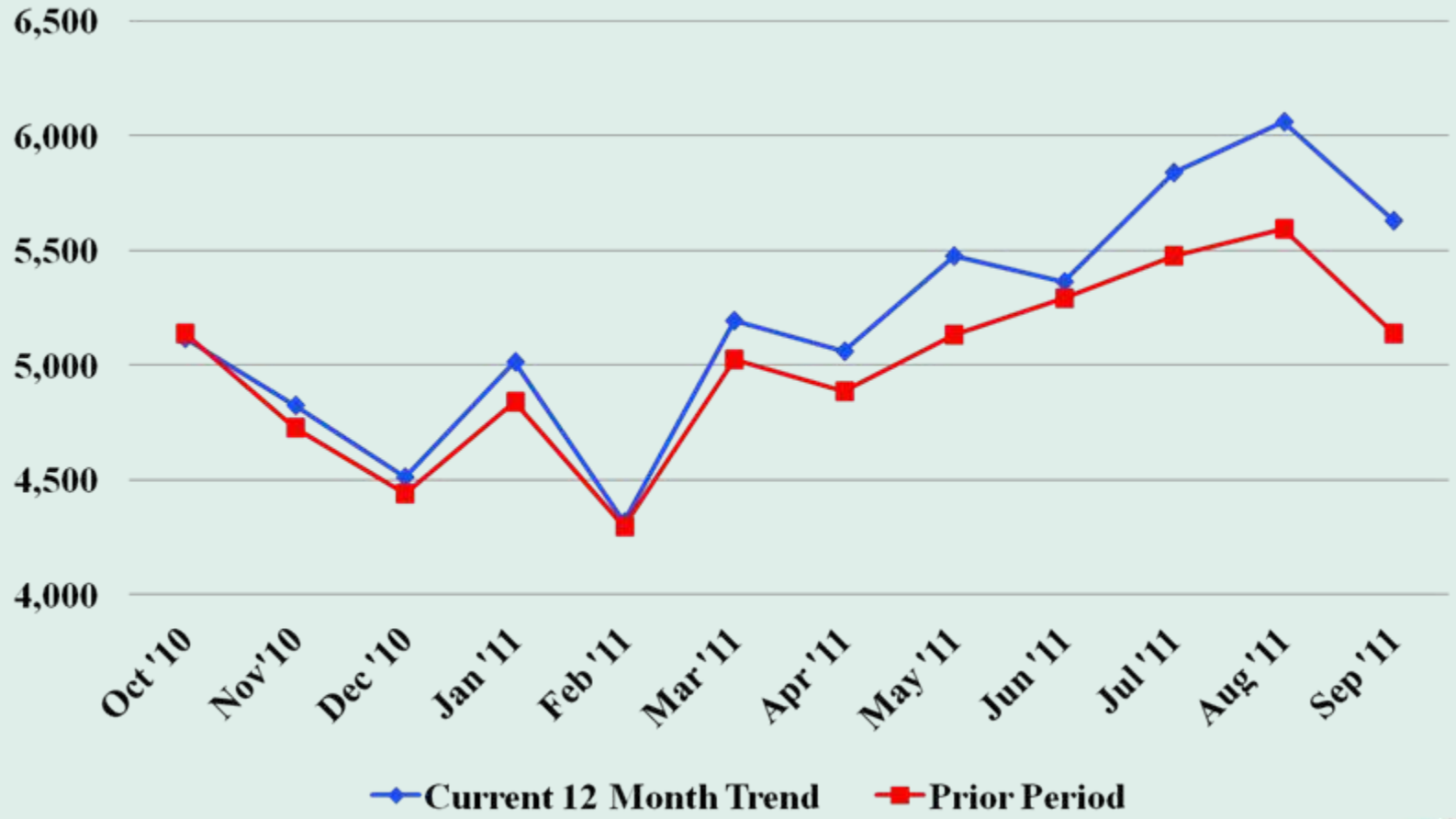
Inpatient Surgical Cases



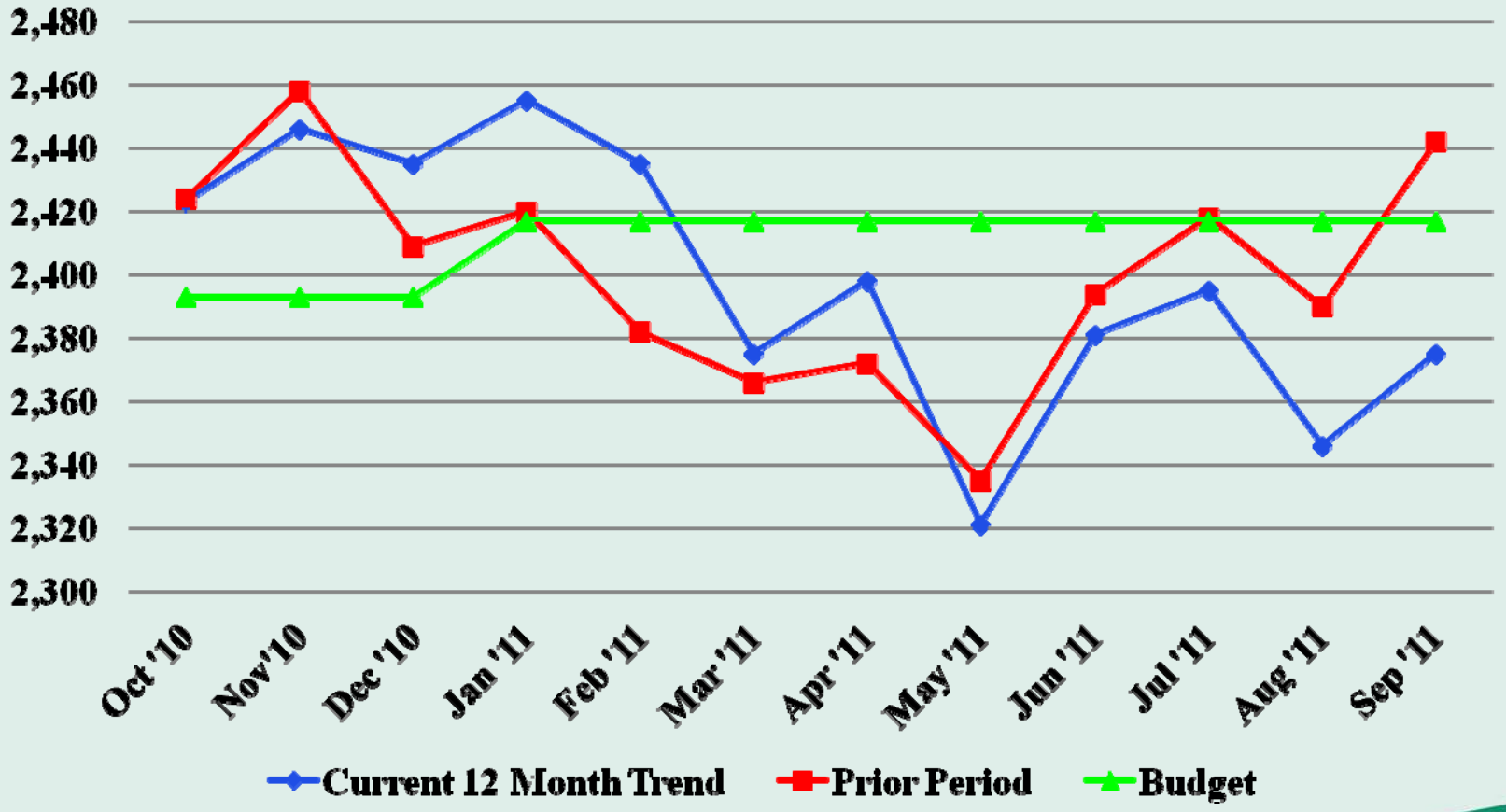
Outpatient Surgical Cases



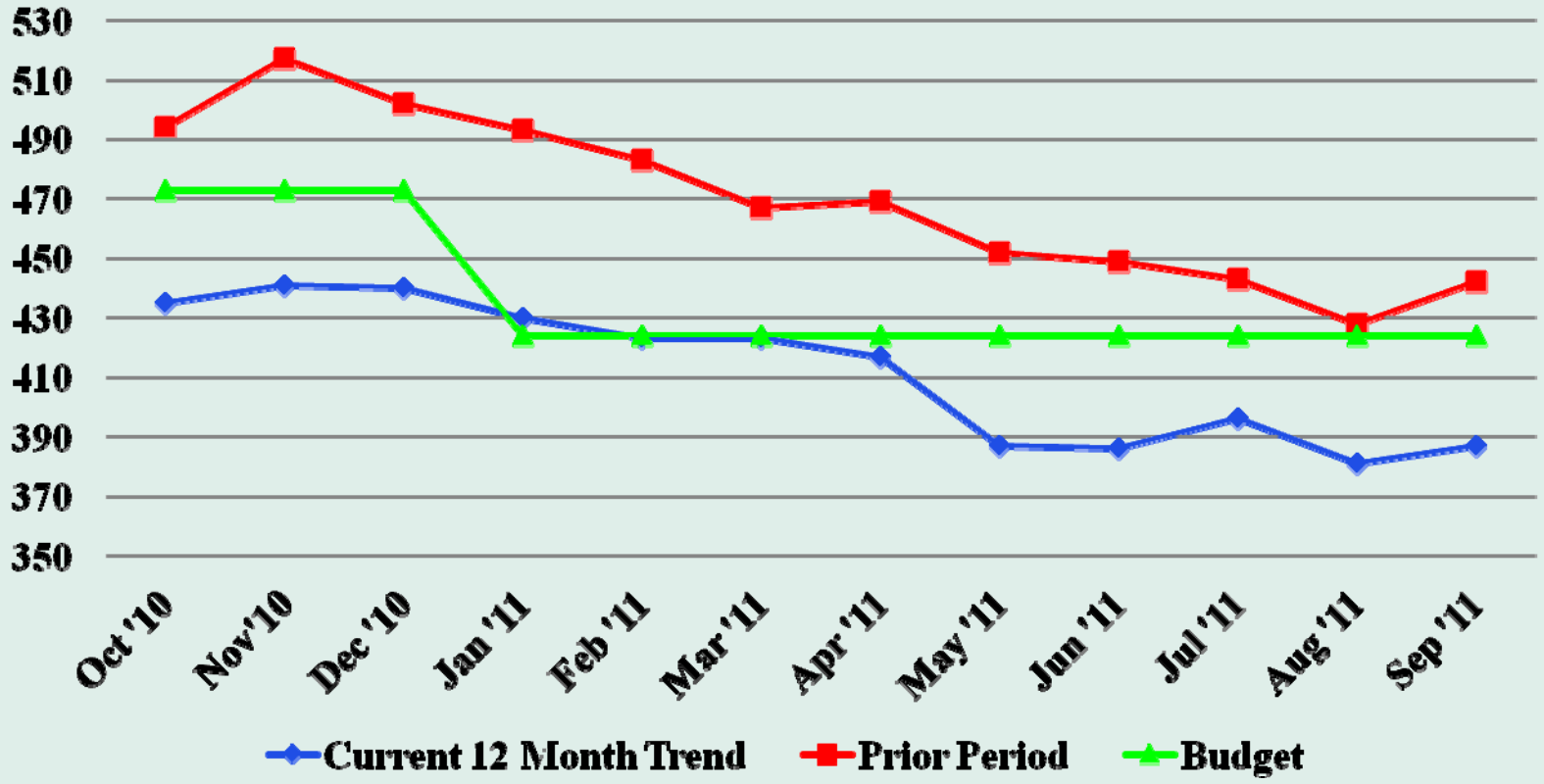
ER Visits


6,500
6,000
5,500
5,000
4,500
4,000
Oct '10
Nov '10
Dec '10
Jan '11
Feb '11
Mar '11
Apr '11
May '11
Jun '11
Jul '11
Aug '11
Sep '11
Current 12 Month Trend
Prior Period

Hospital FTEs



Home FTEs


530
510
490
470
450
430
410
390
370
350
Oct '10
Nov '10
Dec '10
Jan '11
Feb '11
Mar '11
Apr '11
May '11
Jun '11
Jul '11
Aug '11
Sep '11
Current 12 Month Trend
Prior Period
Budget

Month
Hospital

($ in Thousands)

	Actual	Budget	Prior Yr
Net Patient Service Revenue	**27,959**	**29,271**	**27,054**
Other Operating Revenue	**7,141**	**4,232**	**4,893**
Operating Expense	**34,162**	**33,327**	**32,461**
Operating Income (Loss)	**938**	**176**	**(514)**

Month
Home

($ in Thousands)

	Actual	Budget	Prior Yr
Net Patient Service Revenue	**2,242**	**2,795**	**2,344**
Other Operating Revenue	**707**	**975**	**598**
Operating Expense	**3,792**	**3,782**	**4,016**
Operating Income (Loss)	**(843)**	**(12)**	**(1,074)**

Month Consolidated

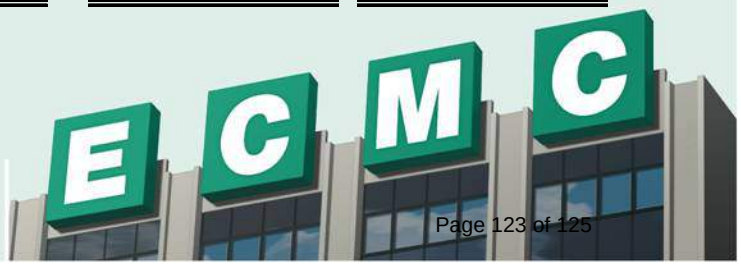
($ in Thousands)

	Actual	Budget	Prior Yr
Net Patient Service Revenue	30,201	32,067	29,398
Other Operating Revenue	7,849	5,206	5,491
Operating Expense	37,955	37,109	36,477
Operating Income (Loss)	95	164	(1,588)
Non-Operating Revenue	(4,077)	234	2,258
Excess Revenue Over Expense	(3,982)	398	670

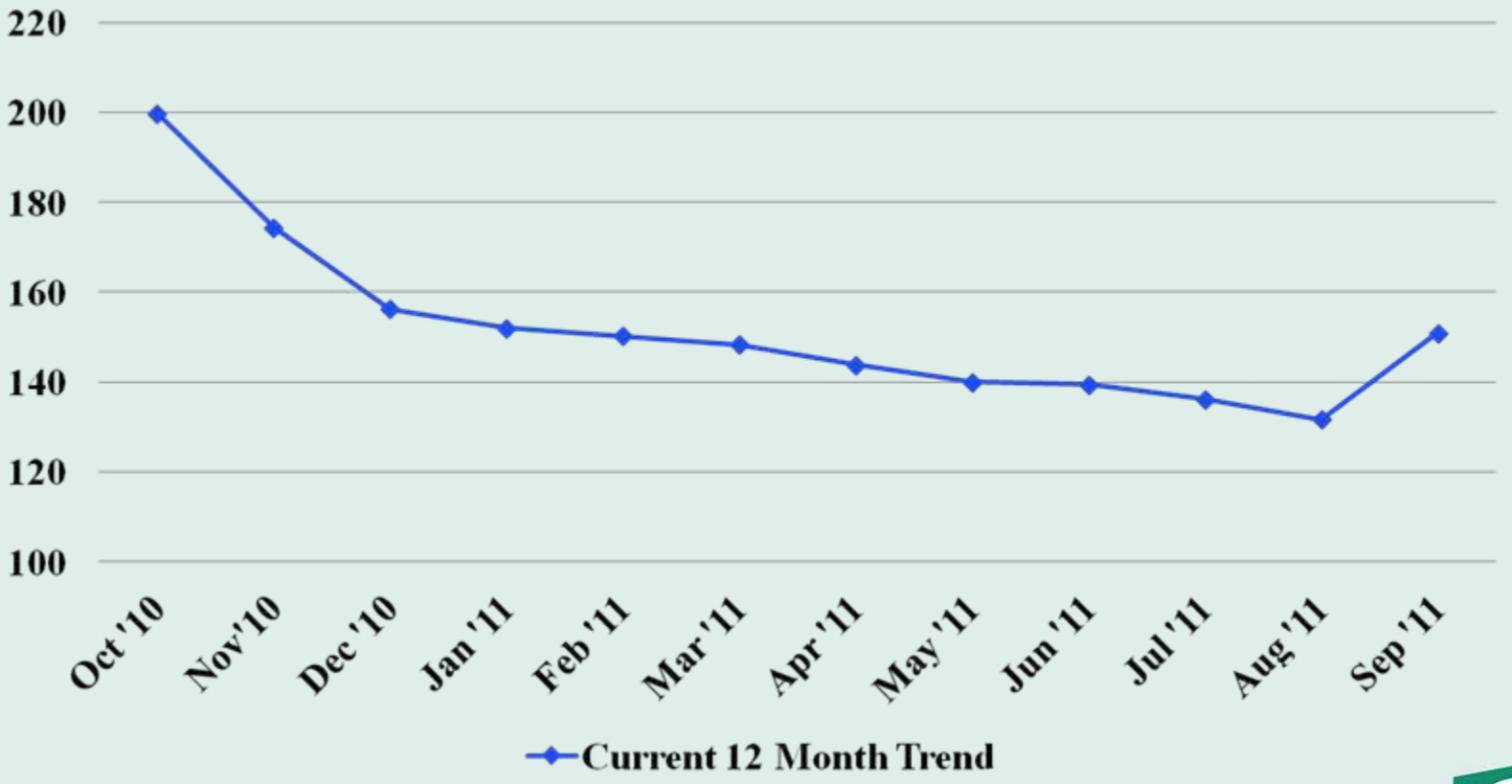
Year to Date Consolidated

($ in Thousands)

	Actual	Budget	Prior Yr
Net Patient Service Revenue	272,698	290,708	274,054
Other Operating Revenue	62,553	50,852	48,651
Operating Expense	342,267	337,189	326,942
Operating Income (Loss)	(7,016)	4,371	(4,237)
Non-Operating Revenue	(3,152)	2,102	4,639
Excess Revenue Over Expense	(10,168)	6,473	402



Days Operating Cash on Hand



Days in AR
(Net – 3 Month Rolling Average)