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Joseph A. Zizzi, Sr., M.D.

~ Regular Meeting ~



ERIE COUNTY MEDICAL CENTER CORPORATION

Tuesday, October 29, 2013

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

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



Mission

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

Vision

ECMC WILL BE A LEADER IN AND RECOGNIZED FOR:

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

The difference between
healthcare and true care™





Core Values

ACCESS

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

EXCELLENCE

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

DIVERSITY

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

FULFILLING POTENTIAL

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

DIGNITY

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

PRIVACY

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

FAIRNESS and INTEGRITY

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

COMMUNITY

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

COLLABORATION

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

COMPASSION

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

STEWARDSHIP

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

The difference between
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AGENDA

REGULAR MEETING OF THE BOARD OF DIRECTORS
ERIE COUNTY MEDICAL CENTER CORPORATION
TUESDAY, OCTOBER 29, 2013

- | | | |
|-------|---|-------|
| I. | CALL TO ORDER: KEVIN M. HOGAN, ESQ., CHAIR | |
| II. | APPROVAL OF MINUTES OF SEPTEMBER 24, 2013 REGULAR MEETING OF THE BOARD OF DIRECTORS | 5-19 |
| III. | APPROVAL OF MINUTES OF SEPTEMBER 30, 2013 SPECIAL MEETING OF THE BOARD OF DIRECTOR | 21-21 |
| IV. | RESOLUTIONS MAY BE DISTRIBUTED TO THE BOARD OF DIRECTORS DURING THE MEETING ON OCTOBER 29, 2013 | |
| V. | BOARD PRESENTATION:
STEVEN KROLL – HANYS VP GOVERNMENT AFFAIRS & EXTERNAL RELATIONS
SUE ELLEN WAGNER- EXECUTIVE DIRECTOR FOR HEALTHCARE TRUSTEES OF NYS | |
| VI. | REPORTS FROM STANDING COMMITTEES OF THE BOARD: | |
| | EXECUTIVE COMMITTEE: KEVIN M. HOGAN, ESQ. | ---- |
| | BUILDINGS & GROUNDS COMMITTEE: RICHARD BROX | 23-27 |
| | FINANCE COMMITTEE: MICHAEL A. SEAMAN | 28-30 |
| | QI PATIENT SAFETY COMMITTEE: MICHAEL A. SEAMAN | ---- |
| VII. | REPORTS FROM SENIOR MANAGERS OF THE CORPORATION: | |
| | A. CHIEF EXECUTIVE OFFICER | 32-36 |
| | B. CHIEF OPERATING OFFICER | 37-42 |
| | C. CHIEF FINANCIAL OFFICER | 43-50 |
| | D. SR. VICE PRESIDENT OF OPERATIONS | 51-54 |
| | E. CHIEF MEDICAL OFFICER | 55-58 |
| | F. CHIEF SAFETY OFFICER | ---- |
| | G. SENIOR VICE PRESIDENT OF NURSING | 59-60 |
| | H. VICE PRESIDENT OF HUMAN RESOURCES | ---- |
| | I. CHIEF INFORMATION OFFICER | 61-63 |
| | J. SR. VICE PRESIDENT OF MARKETING & PLANNING | 64-66 |
| | K. EXECUTIVE DIRECTOR, ECMCC LIFELINE FOUNDATION | ---- |
| VIII. | REPORT OF THE MEDICAL/DENTAL STAFF: SEPTEMBER 23, 2013 | 69-77 |
| XI. | OLD BUSINESS | |
| X. | NEW BUSINESS | |
| XI. | INFORMATIONAL ITEMS | 78-89 |
| XII. | PRESENTATIONS | |
| XIII. | EXECUTIVE SESSION | |
| XIV. | ADJOURN | |

Minutes from the



Previous Meeting

ERIE COUNTY MEDICAL CENTER CORPORATION

MINUTES OF THE REGULAR MEETING
OF THE BOARD OF DIRECTORS

TUESDAY, SEPTEMBER 24, 2013

STAFF DINING ROOM

Voting Board Members Present:	Kevin M. Hogan, Esq. Bishop Michael A. Badger Douglas H. Baker Richard F. Brox Ronald A. Chapin K. Kent Chevli, M.D.	Kevin E. Cichocki, D.C. Sharon L. Hanson Anthony M. Iacono Dietrich Jehle, M.D. Thomas P. Malecki, CPA Michael A. Seaman
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Voting Board Member Excused:	Michael Hoffert Frank B. Mesiah	Joseph Zizzi, Sr., M.D.
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Non-Voting Board Representatives Present:	Jody L. Lomeo Ronald Bennett, Esq.	Kevin Pranikoff, MD
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Also Present:	Donna M. Brown Richard Cleland Anthony Colucci, Esq. Peggy Cramer, RN Janique Curry Leslie Feidt Susan Gonzalez Richard Hall, MD James Kaskie	Ronald Krawiec Michael Manka, MD Brian Murray, M.D. Donna Oddo, R.N. Thomas Quatroche Michael Sammarco Karen Ziemianski Bella Mendola, CSEA
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I. CALL TO ORDER

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

II. APPROVAL OF MINUTES OF AUGUST 27, 2013 REGULAR MEETING OF THE BOARD OF DIRECTORS.

Moved by Bishop Michael Badger and seconded Michael Seaman to approve the minutes of the August 27, 2013 regular meeting of the Board of Directors as presented.

Motion approved unanimously.

III. ACTION ITEMS

A. Approval of Medical/Dental Staff Credentials, Resignations, Appointments and Re-appointments for September 3, 2013.

Moved by Kevin Cichocki, D.C. and seconded Douglas Baker.

Motion Approved Unanimously. Copy of resolution is attached.

IV. BOARD COMMITTEE REPORTS

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

Motion approved unanimously.

V. PRESENTATION- MICHAEL MANKA, M.D. – EMERGENCY DEPARTMENT PERFORMANCE IMPROVEMENT 2013

Dr. Michael Manka provided an overview of the plan to have a consistent response to the high volume of patients entering the Emergency Department. "Left without being seen" statistics are under 2% so far this year compared to 5% last year. The plan was developed by the Emergency Department Interdisciplinary QI committee and led by the Emergency Department Nurse Manager and charge nurses.

VI. REPORTS OF CORPORATION'S MANAGEMENT

- A. Chief Executive Officer
- B. Chief Operating Officer
- C. Chief Financial Officer
- D. Sr. Vice President of Operations
- E. Chief Medical Officer
- F. Chief Safety Officer
- G. Sr. Vice President on Nursing
- H. Vice President of Human Resources
- I. Chief Information Officer
- J. Sr. Vice President of Marketing and Planning
- K. Executive Director, ECMCC Lifeline Foundation

1) Chief Executive Officer: Jody L. Lomeo

- A special Board of Director's meeting is scheduled September 30th to consider and vote on the proposed 2014 ECMCC operating budget.
- Summer season is winding down; the entire hospital continues to be busy. There was a small operating surplus for the month of August.

- We continue to work with Novia Consulting and have seen action and momentum throughout the hospital system.
- We currently are engaged in recruiting two physician practices.
- We opened our first 36-bed inpatient unit on the 5th floor September 3, 2013. Partial Hospitalization Program also opened September 3, 2013. This is our first Buffalo General Medical Center outpatient clinic that has transferred.
- Dr. Michael Cummings, Interim Vice President of Behavioral Health, is doing a great job as the program transitions.
- The new CPEP will be fully functional by mid-January 2014.
- Terrace View is 99% occupied. Terrace View has stabilized financially and has seen a small operating surplus.
- Great Lakes Health Board meeting included discussions surrounding transplant, market dynamics and university surgery probation issues.
- ECMC Lifeline Golf Tournament raised over \$100,000. A special thank you to Michael Seaman and Sue Gonzalez for an outstanding event.
- ECMC Lifeline Foundation Run for Hero's will be held at Delaware Park on Saturday, September 28th.

2) Chief Medical Officer: Brian Murray, M.D.

Dr Murray, Chief Medical Officer, updated the Board concerning Value-Based Purchasing Measures and Patient Experience Measures during the first two quarters of 2013. The Board also was updated on State reportable events for the first two quarters of 2013.

3) Chief Financial Officer: Michael Sammarco

A summary of the financial results through August 31, 2013 and a Quarterly Financial Statement and projected statement of Yearly Cash Flows are attached in the Board Book for review.

Moved by Douglas Baker and seconded by Sharon Hanson to receive and file the August 31, 2013 reports as presented by the Corporation's Management.

The motion was approved unanimously.

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

Moved by Douglas H. Baker and seconded by Kevin E. Cichocki, D.C. to enter into Executive Session at 5:00P.M. to consider matters made confidential by law, including certain compliance-related matters, strategic investments and business plans.

Motion approved unanimously.

ERIE COUNTY MEDICAL CENTER CORPORATION

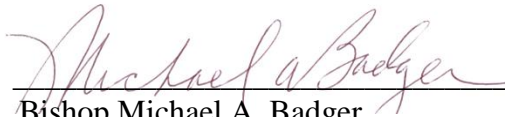
VIII. RECONVENE IN OPEN SESSION

Moved by Bishop Michael A. Badger and seconded by Michael Hoffert to reconvene in Open Session at 6:10 P.M.

Motion approved unanimously.

IX. ADJOURNMENT

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



Bishop Michael A. Badger
Corporation Secretary

CREDENTIALS COMMITTEE MEETING
September 3, 2013

Committee Members Present:

Robert J. Schuder, MD, Chairman
 Richard E. Hall, DDS PhD MD FACS (ex officio) Brian M. Murray, MD (ex officio)
 Christopher P. John, PA-C Nirmitt D. Kothari, MD
 Susan Ksiazek, RPh, Director of Medical Staff Quality and Education

Medical-Dental Staff Office and Administrative Members Present:

Jeanne Downey, Appointment Specialist Emilie Kreppel, Practice Evaluation Specialist
 Elizabeth O'Connor, Reappointment Specialist

Members Not Present (Excused *):

Yogesh D. Bakhai, MD* Timothy G. DeZastro, MD *
 David G. Ellis, MD* Gregg I. Feld, MD *
 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 6, 2013 were reviewed and accepted. One new appointment endorsed at the August meeting was subsequently deferred at the August MEC meeting for further administrative review.

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:

Shannon P. Calhoun, DO	Teleradiology	8/14/2013
Linda M. Blaizer, ANP	Internal Medicine	9/8/2013
Patricia C. Hammond, PA-C	Internal Medicine	9/12/2013

FOR INFORMATION

CHANGE IN STAFF CATEGORY

- Emergency Medicine**
 Carolyn A. Wiech, MD Active Staff to Courtesy Staff, *Refer & Follow*
- Neurosurgery**
 Ryan P. Den Haese, MD Courtesy Staff, *Refer & Follow* to Active
- Radiology/Imaging Services**
 Amina Akhtar, MD Courtesy Staff, *Refer & Follow* to Emeritus
- Surgery**
 Joseph R. Gerbasi, MD Active Staff to Emeritus

FOR OVERALL ACTION

CHANGE IN COLLABORATING / SUPERVISING ATTENDING

- Internal Medicine**
 Kristin Webb, PA-C **From** Dr. Michael Sitrin **To** Dr. Andrew Talal
- Orthopaedic Surgery**
 James J. Mikulsky, PA-C **From** Dr. Philip Stegemann **To** Dr. Mark Anders

SPECIFIC PRIVILEGE ADDITION OR REVISION

Family Medicine

Joseph V. Mure, MD Active Staff

- Methadone maintenance treatment*
- Suboxone prescribing*

**FPPE N/A; these are existing privileges now delineated separately on the revised Family Medicine privilege form*

Internal Medicine

Nauman Tahir, MD Active Staff

- Oral/Nasal Intubation
- Tracheostomy Tube Replacement
- Paracentesis

Christopher John, PA-C Allied Health Professional

Supervising MD: Dr. Nancy Ebling

- Femoral Vein CVP Placement*

**FPPE satisfied with supervised case summary submitted with privilege request*

Ophthalmology

Daniel M. Cotter, MD Associate Staff

- Strabismus – Vertical
- Posterior Segment – Removal of Foreign Body
- Posterior Segment - Endophthalmitis Management, injection of intraocular antibiotics and vitreous biopsy
- Oculoplastics – Orbit-exploration
- Oculoplastics – Orbital floor fracture

Otolaryngology

Mark A.C. Hoepfner, MD Associate Staff

- Excision of pinna*
- Direct laryngoscopy*

**FPPE waived; per COS these represent core privileges and MD already possesses like cluster privileges*

Plastic & Reconstructive Surgery

Chandra G. Agro, ANP Allied Health Professional

Collaborating MD: Dr. Thom Loree

- Surgical First Assist – Level I Core

Radiology/Imaging Services

Jonathan T. Marshall, DO Active Staff

- Specialty Interventional Privileges
 - Therapeutic Vascular Intervention
 - Radiofrequency Ablation/Cryoablation (VNUS)
 - Bile stone extraction, stenting
 - Urinary drainage system stenting
 - Percutaneous Gastrostomy
 - Embolizations & Thrombolysis (chemical or mechanical)
 - Endoluminal stents (excluding carotid & aortic)

Radiology/Imaging Services – Teleradiology*

John A. Gambino, MD Active Staff

- Neuroradiology
- In vivo diagnostic procedure
- In vitro diagnostic procedure

Christine A. Lamoureux, MD Active Staff

- Neuroradiology
- In vivo diagnostic procedure
- In vitro diagnostic procedure

Adina I. Sonners, MD Active Staff

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- Neuroradiology
 - In vivo diagnostic procedure
 - In vitro diagnostic procedure
- Ira M. Tyler, MD Active Staff
- Magnetic Resonance
 - Neuroradiology
 - In vivo diagnostic procedure
 - In vitro diagnostic procedure
- Sumeet Verma, MD Active Staff
- Neuroradiology
 - In vivo diagnostic procedure
 - In vitro diagnostic procedure

**FPPE N/A; represent core privileges for all board certified radiologists on staff*

Urology

- Brian D. Rambarran, MD Associate Staff
- Implantation of male urethral sling

FOR OVERALL ACTION

SPECIFIC PRIVILEGE WITHDRAWAL

Orthopaedic Surgery

- Jeffrey M. Park, PA-C Allied Health Professional
- Supervising MD: Dr. George Blessios***
- Surgical First Assist

- Kristen Salvamoser, PA-C Allied Health Professional
- Supervising MD: Dr. Philip Stegemann***
- Surgical First Assist

Radiology/Imaging Services

- Jonathan T. Marshall, DO Active Staff
- Sialography
 - In vivo therapeutic procedure

FOR OVERALL ACTION

APPOINTMENTS AND REAPPOINTMENTS

- A. Initial Appointment Review (14)
- B. Initial Dual Dept. Appointment (0)
- C. Reappointment Review (32)
- D. Reappointment Dual Dept. Review (1)

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

APPOINTMENT APPLICATIONS, RECOMMENDED

A. Initial Appointment Review (14)

Dentistry

- Glenn Horrigan, II, DDS Active Staff

Emergency Medicine

- Crystal Butski, FNP Allied Health Professional
- Collaborating Physician: Dr. Ronald Moscatti***
- Deana Stefko, FNP Allied Health Professional
- Collaborating Physician: Dr. Ronald Moscatti***

Internal Medicine

- Manav Batra, MD Active Staff
- Luis Bent-Shaw, MD Active Staff
- Ravi Chinthakindi, MD Active Staff
- Nitesh Kuhadiya, MD Active Staff
- Rebecca Russell, PA-C Allied Health Professional

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Supervising Physician: Dr. Misbah Ahmad

Kristie Szarpa, ANP Allied Health Professional

Collaborating Physician: Dr. Christopher Jacobus

Siva Yedlapati, MD Active Staff

Neurology

Amit Kandel, MD Active Staff

Psychiatry

Rebekah Brownstein, PNP Allied Health Professional

Collaborating Physician: Dr. Yogesh Bakhai

Matthew Ruggieri, MD Active Staff

Sourav Sengupta, MD Active Staff

FOR OVERALL ACTION

REAPPOINTMENT APPLICATIONS, RECOMMENDED

C. Reappointment Review (32)

Anesthesia

Anna M. Kwaizer, CRNA Allied Health Professional

Cardiothoracic Surgery

Kurt Von Fricken, MD Active Staff

Emergency Medicine

Ronald M. Moscati, MD* Active Staff

**Returning from Leave of Absence. Follow up as defined per policy in process; relevant documentation in Credentials file*

Lance C. Guyett, ACNP Allied Health Professional

Collaborating Physician: Dr. Michael Manka

Family Medicine

Calogero M. Ippolito, MD Active Staff

Joseph V. Mure, MD Active Staff

Jennifer Boyce, FNP Allied Health Professional

Collaborating Physician: Dr. Richard Blondell

Ruth E. Schap, GNP Allied Health Professional

Collaborating Physician: Dr. Stephen Evans

Kara A. Woods, PA-C Allied Health Professional

Supervising Physician: Dr. Stephen Evans

Internal Medicine

Alan T. Aquilina, MD Courtesy Staff, Refer & Follow

Henry M. Meltser, MD Associate Staff

Monika Niemiec, MD Active Staff

Nauman Tahir, MD Active Staff

John C. Tangeman, MD Associate Staff

Neurosurgery

Melanie E. Noon, PA-C Allied Health Professional

Supervising MD: Dr. Gregory Castiglia

Ophthalmology

Daniel M. Cotter, MD Associate Staff

Rafael R. Medina, MD Active Staff

Oral & Maxillofacial Surgery

Andrew T. Bracci, DMD Active Staff

Orthopaedic Surgery

Zair Fishkin, MD Active Staff

Otolaryngology

Mark A.C. Hoepfner, MD Associate Staff

Psychiatry

Brian S. Joseph, MD Courtesy Staff, Refer & Follow

Beth A. Smith, MD Active Staff

Radiology/Imaging Services

Charles Tirone, MD Active Staff

Radiology/Imaging Services - Teleradiology

John A. Gambino, MD Active Staff

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Christine Lamoureux, MD Active Staff
 Adina Sonners, MD Active Staff
 Ira M. Tyler, MD Active Staff
 Sumeet Verma, MD Active Staff
Rehabilitation Medicine
 Mark A. LiVecchi, MD Active Staff
 S. David Miller, MD Courtesy Staff, *Refer & Follow*
Urology
 Brian D. Rambarran, MD Associate Staff
 John M. Rutkowski, MD Active Staff

D. Dual Reappointments (1)

Internal Medicine

Sara H. Nash, PA-C Allied Health Professional

Supervising MD: Dr. Monika Niemiec

Rehabilitation Medicine

Sara H. Nash, PA-C Allied Health Professional

Supervising MD: Dr. Dr. Tat Fung

FOR OVERALL ACTION

PROVISIONAL APPOINTMENT REVIEW, RECOMMENDED

The following members of the Provisional Staff from the 2012 period are presented for movement to the Permanent Staff in 2013 on the date indicated.

September 2013 Provisional to Permanent Staff

Provisional Period Expires

Emergency Medicine

Bart, Joseph, A., DO Active Staff 09/25/2013

Hull, Chris, MS ANP Allied Health Professional 09/25/2013

Collaborating Physician: Gerald P. Igoe, MD

Ibrahim, Ameer, Fouad, MS MD Active Staff 09/25/2013

Thompson, Jeffrey, J., MD Active Staff 09/25/2013

Wiech, Carolyn, MD Courtesy Staff 09/25/2013

Wilson, Juliana, Elizabeth, DO Active Staff 09/25/2013

Family Medicine

Wiktor, Kyle, Andrew, MS FNP Allied Health Professional 09/25/2013

Collaborating Physician: Dr. Mohammadreza Azadfar

Internal Medicine

Grimm, Kathleen, T., MD Active Staff 09/25/2013

Jacobus, Christopher, Michael, MD Active Staff 09/25/2013

Talal, Andrew, Henry, MD MPH Active Staff 09/25/2013

Neurology

Elrich, Susam, Maria, MD Active Staff 09/25/2013

Mattern, Ruth, MD Active Staff 09/25/2013

Orthopaedic Surgery

Violante, Nicholas, J., DO Active Staff 09/25/2013

Orthopaedic Surgery - Podiatry

Hoeger, Carl, Jason, DPM Active Staff 09/25/2013

Psychiatry

Adragna, Michael, S., MD Active Staff 09/25/2013

Ghosh, Biswarup, M., MBBS Active Staff 09/25/2013

Masci, Jarod, Stephen, MD Active Staff 09/25/2013

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Misir, DeviNalini, MD	Active Staff	09/25/2013
Radiology/Imaging Services		
Marshall, Jonathan, Terry, DO	Active Staff	09/25/2013
Rehabilitation Medicine		
LiVecchi, Mark, MD	Active Staff	09/25/2013

The future November 2013 Provisional to Permanent Staff list was also compiled now for Chief of Service and Collaborating/ Supervising physician review 60 days before endorsement to the Medical Executive Committee.

FOR OVERALL ACTION

AUTOMATIC MEMBERSHIP CONCLUSION, RECOMMENDED

Expiring in December 2013
NONE

FUTURE MEMBERSHIP CONCLUSION, UNDER CONSIDERATION

Expiring in January 2014

Family Medicine

Richard A. Carlson, MD Associate Staff

Internal Medicine

Jack P. Freer, MD Active Staff

Cyril Gunawardane, MD Active Staff

David A. Milling, MD Active Staff

A. John Ryan, MD Active Staff

Ann M. Sweet, PA-C Allied Health Professional

Supervising Physician: Dr. Gerald Logue

Pathology

Dianne R. Vertes, MD, PhD Courtesy Staff, *Refer & Follow*

Psychiatry

Rajendra D. Badgaiyan, MD Courtesy Staff, *Refer & Follow*

Claudia F. Michalek, MD Courtesy Staff, *Refer & Follow*

Marcelle A. Mostert, MD Active Staff

Surgery

Alan R. Posner, MD Active Staff

Urology

Gerald Sufrin, MD Active Staff

Reappointment Expiration Date: January 1, 2014

Planned Credentials Committee Meeting: October 1, 2013

Planned MEC Action date: October 28, 2013

Planned Board confirmation by: November 2013

Last possible Board confirmation by: December 2013

OLD BUSINESS

Cardiology Mid Levels

The committee awaits any new information regarding changes to the Cardiology service as they are affected by integration with the GVI; will again reach back to Risk Management.

Internal Medicine: Proposed Midlevel Training Program

The midlevel training program format continues to undergo review. Recommendations have been made to consider including communication skills development as well as some type of intensivist oversight of the non-intensivist MDs who apply for MICU privileges. Additional discussions will take place with the Chief of Service.

Delegated Credentialing Audit

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The Medical-Dental Staff Office has received notification of full compliance with the Corvel delegated credentialing audit. This is the third of three delegated credentialing agreements in place with ECMCC. Full compliance with all standards has been noted with each of the three insurers' annual audits. Kudos were extended to the office staff for their diligent work and effective outcomes.

Privilege Form Revisions

FIRST ASSIST PRIVILEGE FORM

The new form has been issued to each practitioner possessing FA privileges, with an informational cover letter and request for return with signatures. The return of these forms will be tracked by the Medical-Dental Staff Office until 100% return or voluntary withdrawal of FA privileges is received.

INTERNAL MEDICINE

The draft of an integrated Allied Health Professional (Physician Assistant-Nurse Practitioner) continues to undergo comment and discussion. A reference book from an established consulting firm has been purchased to assist with the re-design of the AHP forms.

UROLOGY

A rough privilege form draft has been submitted to the Chief of Service for review and revision. No progress to date.

ORTHOPAEDICS

The committee awaits further feedback from the Chief of Service on the most recent form revision.

RADIOLOGY/IMAGING SERVICES

The Chief of Service will report on a follow up with the interventional radiologist to confirm that Sialography will not be an offering at ECMCC, and if so, it will be deleted from the form as a specific delineated privilege.

SURGERY

ATLS clarification for Surgery Peritoneal Lavage

The committee awaits confirmation from Chief of Service regarding the retention of ATLS for Open Peritoneal Lavage for Trauma Hemoperitoneum diagnostic privileges and not requiring ATLS for Intraoperative Peritoneal Lavage-Irrigation.

Surgery Needle Biopsy Additions

Following a recent request and approval by the Chief of Service, the committee endorses the addition of kidney and pancreas to the Supplementary Procedures section describing needle biopsy of superficial tissue:

- c) Needle biopsy of superficial tissue
(testes, thyroid, breast, kidney, pancreas) Page 3

Internal Medicine and Surgery Discussion

Interventional Nephrologist Privileges

Clarification has been requested regarding an expansion of privileges for an interventional nephrologist to include advanced vascular access procedures.

Credentialing Recommendations

Nephrology program standards were reviewed for best practices and competency assessment for Nephrologist operated Ultrasound Guided Kidney Biopsy. There are no universally endorsed criteria. Based on the available information, the Credentials Committee consensus was to require completion of an Interventional Nephrology fellowship or equivalent training and a 25 initial case volume number.

The following changes are recommended:

Init/Reap	Physician Recommend			
Volume	Request	Y	N	Requirements

ERIE COUNTY MEDICAL CENTER CORPORATION

Nephrologist operated Ultrasound Guided Kidney Biopsy	25 initial cases				Completion of Interventional Nephrology or equivalent training
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Temporary Privilege expirations during Pending Initial Applications

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

OVERALL ACTION REQUIRED

NEW BUSINESS

PRIVILEGE FORM REVISIONS

Emergency Medicine – Moderate Sedation

The Chief of Service has suggested a change in the credentialing criteria for Moderate Sedation applicants. Currently, the criteria for exemption from Moderate Sedation training for ED and Otolaryngology is Board Certification in the respective specialty. To be consistent, the committee endorses a change in the criteria to add board eligibility for both Emergency Medicine and Otolaryngology. The following form revisions are presented:

Proposed changes: Add Board Eligible or Board Eligibility

Moderate Sedation – See Credentialing Criteria p. 12

For Board Certified / Board Eligible Emergency Medicine applicants

(Non Board Certified / Non Board Eligible Emergency Medicine applicants require a current training certificate)

Medical-Dental Staff Office use: Board Certification / Board Eligibility Emergency Medicine verified Date: _____
For Non Board Certified / Non Board Eligible applicants: Medical-Dental Staff Office use: Current Training Certificate Date: _____ for non Board Certified / non Board Eligible applicants if Non Board Certified / Non Eligible – Resubmit certificate every four years

Deep Sedation – See Credentialing Criteria p. 12 Board Certified / Board Eligible Emergency Medicine applicants	See p. 12				
Medical-Dental Staff Office use: Board Certification / Board Eligibility Emergency Medicine verified Date: _____					

MODERATE SEDATION CREDENTIALING CRITERIA

-EMERGENCY MEDICINE: Board Certified / **Board Eligible** Emergency Medicine applicants are exempt from the requirement for Moderate Sedation and Rescue training course completion.

-OTOLARYNGOLOGY: Board Certified / **Board Eligible** Otolaryngology applicants are exempt from the requirement for Moderate Sedation and Rescue training course completion.

MODERATE SEDATION CREDENTIALING CRITERIA FOR EMERGENCY MEDICINE (Board Certified / Board Eligible Physicians) AND DEEP SEDATION CREDENTIALING CRITERIA FOR EMERGENCY MEDICINE (Board Certified / Board Eligible Physicians)

A standardized form will be utilized (the Sedation Record) for patient assessment prior to sedation, for physiologic monitoring during sedation and appropriate recovery and patient assessment after sedation.

-The practitioner must read the ECMCC policy on Moderate Sedation included in the hospital Rules and Regulations.

-Primary credentialing criteria for the use of Moderate (or Deep) Sedation by physicians within the Department of Emergency Medicine has been determined. These shall include Board Certification / **Board Eligibility** in Emergency Medicine and privileges in emergency airway management, i.e. rapid sequence induction / intubation. The Credentials Committee endorsed approval of the criteria for Emergency Department physicians.

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Emergency Medicine – Cluster grouping clarification

The ED Privilege Form is designed as core privileges that would be expected for any board certified/board eligible physician, organized as clusters of like privileges. For added clarity and consistency, the ED privilege form will be revised to treat each cluster of privileges as a separate request and approval. The Buffalo VAMC adopted the ECMC form, but with the above listed format change.

Proposed change:

	Extend Cluster Lines:			
	Request	Rec	Y / N	Comments
I. History and Physical Exam for diagnosis and treatment plan				
II. Airway Management: Basic and advanced life support for the adult and pediatric population including airway assessment, differential diagnosis, and initial management. Skills include: mouth to mask ventilation, bag-valve ventilation, insertion of oral & nasopharyngeal airways, orotracheal intubation, nasotracheal intubation, laryngeal mask airway placement, cricothyrotomy, direct / indirect laryngoscopy, rapid sequence intubation and mechanical ventilation.				
III. Resuscitation Management: Basic and advanced life support for the initial evaluation, management, and stabilization of the adult or pediatric emergency patient. Skills include: CPR, cardiac massage (open) *, cardioversion, defibrillation, pericardiocentesis, pericardiotomy *, intracardiac injection, chest tube placement, transcutaneous cardiac pacing, transvenous cardiac pacing *, cardiorrhaphy *, thoracotomy *, Senkstaken-Blakemore tube placement *, spinal immobilization, arterial puncture/cannulation, vascular access techniques by peripheral, central (subclavian, internal/external jugular, femoral), cut-down, & intraosseous routes, and umbilical arterial/venous catheterization.				Procedures highlighted w asterisk *May be performed in emergency situations when the appropriate specialist is not immediately available.
IV. Diagnostic Skills: Appropriate for the interpretation of ED laboratory studies, imaging modalities, and electrocardiograms. The appropriate performance of anoscopy, paracentesis, peritoneal lavage, suprapubic bladder aspiration, thoracentesis, lumbar punctures, IV contrast injection, and bedside ultrasonography (limited studies).				

And so on for the sections V. – IX. following

Behavioral Health CPEP - Code of Conduct Attestation

Effective this year, a law through the Justice Center has mandated an attestation be signed to acknowledge *yearly* the following of a Code of Conduct to ensure the well-being of vulnerable patients as defined below:

Who is protected by the Justice Center and what programs does it oversee?

The Justice Center is responsible for ensuring the safety and well-being of adults and children who receive services at residential facilities and day programs operated, certified, or licensed by the following state agencies:

- Office of People With Developmental Disabilities (OPWDD);
- Office of Mental Health (OMH);
- Office of Alcoholism and Substance Abuse Services (OASAS); and
- Office of Children and Family Services (OCFS).

The Medical-Dental Staff Office has sent this out to all BH and CD practitioners and will track return. The forms will be filed in the credentials dossier. A collaborative plan with BH and CD will be developed to coordinate the annual compliance with this law.

OMIG/OIG/MC/MA/OPTOUT Due Diligence

The staff office currently employs a manual process to verify that staff members have not been cited with OMIG/OIG/MC/MA/Optout violations. The web navigation methodology is not staff specific, making the process time

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consuming and leaving vulnerability to errors of omission. In the past, vendor contract to perform this activity was deemed by the organization to be cost prohibitive. With the transition of the Corporate Compliance and Medical-Dental Staff offices, it may be time to re-evaluate the risk vs. cost assessment, as this service could be conducted for all licensed professionals providing service at ECMC, not just the medical-dental staff. S.Ksiazek will reach out to N. Mund to discuss next steps.

New CMS Ruling regarding Residents and Admitting Privileges

S. Ksiazek distributed some preliminary information regarding a CMS proposed ruling on admitting privileges. It is very likely that the CMS ruling will undergo considerable changes, but the information was provided to alert the Credentials Committee of a matter that may be coming to a future meeting. As new information is available, it will be shared with the committee.

OVERALL ACTION REQUIRED

OPEN ISSUES

Surgery – Scope of Privileges for Dr. Patel

The applicant is currently out of town; the matter is tabled until the next meeting.

OTHER BUSINESS

FPPE (Focused Professional Practice Evaluation)

- Internal Medicine, Exigence (1 ANPs, 1 DO, 4 PA-Cs)
- Rehabilitation Medicine (1 PA-C)

OPPE (Ongoing Professional Practice Evaluation)

- Cardiothoracic Surgery OPPE has been successfully completed for 12 practitioners (1 ANP, 9 MDs and 2 PAs). Two physicians and two midlevels did not return the requested documents.
- Internal Medicine OPPE is nearing completion with the department expected to be presented at the next Credentials Committee meeting.

PRESENTED FOR INFORMATION

ADJOURNMENT

With no other business, a motion to adjourn was received and carried with adjournment at 4:15 PM.

Respectfully submitted,



Robert J. Schuder, MD,
Chairman, Credentials Committee

Minutes from the



Special Board Meeting

MINUTES OF THE SPECIAL BOARD TELECONFERENCE MEETING
MONDAY, SEPTEMBER 30, 2013
ECMCC EXECUTIVE CONFERENCE ROOM

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

The Chair Kevin M. Hogan, called the meeting to order at 7:35 a.m.

II. ACTION ITEM

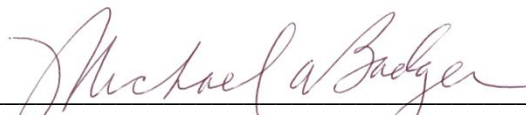
A. Consideration and Approval of 2014 Operating Budget.

Moved by Michael Seaman and seconded by Douglas Baker.

Motion Approved Unanimously.

III. ADJOURNMENT

Moved by Michael Seaman and seconded by Frank Mesiah to adjourn the Board of Directors meeting at 7:45 a.m.



Bishop Michael A. Badger, Corporation Secretary



Executive Committee

Minutes from the



Buildings & Grounds Committee

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS
MINUTES OF THE BUILDING & GROUNDS COMMITTEE MEETING
OCTOBER 8, 2013
ECMCC STAFF DINING ROOM

BOARD MEMBERS PRESENT:	RICHARD F. BROX, CHAIR FRANK MESIAH	MICHAEL HOFFERT DIETRICH JEHLER, M.D.
EXCUSED:	RONALD CHAPIN JODY L. LOMELO	JOSEPH A. ZIZZI, SR., M.D.
ALSO PRESENT:	RICHARD C. CLELAND DOUGLAS FLYNN	CHARLENE LUDLOW MICHAEL SAMMARCO

I. CALL TO ORDER

Frank Mesiah called the meeting to order at 9:35A.M.

II. RECEIVE AND FILE AUGUST 13, 2013 MINUTES

Moved Frank Mesiah and seconded by Michael Hoffert to receive and file the Buildings and Grounds Committee minutes of August 13, 2013 as presented.

III. UPDATE – RECENTLY COMPLETED CAPITAL INITIATIVES/PROJECTS

Chilled Water Plant Improvements

- Phase 2 / With Control & Commissioning work complete this project will officially close within the next reporting period.

IV. UPDATE – IN PROGRESS CAPITAL INITIATIVES/PROJECTS

Behavioral Health Center of Excellence Project (HEAL21)

- New Building:
 - General: Permanent power now on line, with temporary heating to be available this week in anticipation of approaching temperature changes
 - Ground Flr: finish-out of floor in full swing at varying stages; drywall finishing & priming,
 - First Floor: MEP rough-ins progressing, ceiling devices installations progressing
 - Sitework: asphalt pavement in progress, site lighting being installed.
- Renovations: 5th Floor / 5Z1 & 5Z2 – painting, ceiling, flooring and millwork installation all in full swing, w/cleaning scheduled to start this week with FF&E installations to follow in mid October, with final clean late October, prior to DOH/OMH inspection, now confirmed for 10/31/13.

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- Renovations: 4th Floor / 4Z6 – OT/PT renovations on-going.

Ambulatory Outpatient Center (aka OR & MOB Fit-Outs)

- 1st Floor / Axial Corridor – with new masonry & roofing work complete, the existing first level roofing can now be removed, followed by window installations and interior fit-out work.
- 1st Floor / Ambulatory Surgery Center – finishes in full swing at varying stages across the floor, including work in OR#3 current work includes ceiling devices, wall protection, flooring and millwork installations.
- 2nd Floor – priming & painting wrapping up, above ceiling roughin continuing, ceiling grid substantially complete; flooring and millwork installations to begin this week.
- 3rd Floor – stud framing substantially complete, in wall roughin in progress, with drywall work underway.
- All levels remain on schedule for occupancies @
1st Floor – 12/26/13, 2nd Floor – 01/06/13, and 3rd Floor – 04/01/13.

Gift Shop Renovation

- This In-House renovation is approximately 75% complete. Progress continues at ceiling installations while the deliveries of key materials are anticipated, including the flooring, light fixtures, doors and frames. The originally planned completion of mid-November remains the goal for re-occupancy by the Volunteer and Cashiers Groups.

V. UPDATE – PENDING CAPITAL INITIATIVES/PROJECTS

GI Lab Renovations

- Since our last Buildings & Grounds meeting the balance of A/E services has been retained, with two design development level meetings since held, the next planned for 10/11/13. Rough project budgeting has the total forecast in the \$650-750K range.

Orthopedic COE Initiative / Phase 2 - In Patient Beds

- Since our last Buildings & Grounds meeting the balance of A/E services has been retained, with one meeting since held, which revisited the previously established schematic plan. The Architect shall develop multiple options including 24 vs. 22 beds; consider a Central Nurse Station vs. individual Nurse Stations, each of which shall be presented at the next meeting scheduled for 10/15/13. Current project plan would have an applicable CON submitted by the end of the calendar year. Current scope would renovate approximately 60% of the existing 6th floor (6Z3, 6Z4 & parts of 6Z5) into dedicated Orthopedic In-Patient zones, full project cost forecasted at \$10 million.

Signage & Wayfinding Project – Campus Site

- Exterior / Site Signage – the development of the awaited site signage bid package is in progress with bidding documents scheduled to be on the street later this fall. Actual permanent signage installations would occur in the spring which would be preceded by the shop drawing process, material receipt and signage fabrication.

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- Interior / Signage – the intent of vetting a “trial” pathway has been resurrected, which would have the wayfinding concept applied to a single highly traveled interior route. The selected path for this trial runs from the 1st floor elevator corridor to the Emergency Department. Once this trial concept is applied, the path is intended to be traveled and critiqued by a panel of patients, visitors, and select staff members, in an effort to capture related insights, which shall lead to a finalized wayfinding concept.

Electrical Infrastructure Improvements

- As noted last meeting one of our original six Life Safety (LS) generators is beyond repair & is currently non-functional, with a rental unit in place which has been maintaining LS compliance since. This unit shall remain until the permanent replacement is on-line. A final scope review is set for later this week. This scope shall replace the existing 500kw generator with a new one in the same location. Pricing will be requested on the replacement of the adjacent 900kw unit, this being identified as a bid alternate.
- This pending bid package shall include a second subcontract for campus wide improvements to our existing Fire Alarm system. This scope is intended to standardize and unify alarm reporting protocols.
- This Project to be bid and awarded late fall with installations expected next spring.

Central Sterilization Renovations

- Since our last Buildings & Grounds meeting A/E Schematic Design & Estimating Services have been retained. This project would provide for the replacement of aged and over-sized conveyor sterilization washers with new compact efficient models at the ground floor Central Sterilization Unit. The initial budget forecast has the Design Team revisiting the scope in an effort to value engineer it into an acceptable range.

Education & Training Center

- Since our last Buildings & Grounds meeting A/E Schematic Design & Estimating Services have been retained, with our first design meeting held last week. This meeting included participation by Nursing In-Service Representatives. Further thought and consideration of the initially established space program for this project is desired by these Representatives. This input shall be vetted during the next design meeting scheduled for 10/16/13.

Administrative Suite Renovation

- Since our last Buildings & Grounds meeting A/E Schematic Design & Estimating Services have been retained, with our first design meeting held last week. This project intends to relocate Nursing In-Service to the pending Education & Training Center, this available square footage permitting for the renovation of office space including Administration, Patient Safety, Chief Medical Staff, and the creation of new conference and reception space.

Medical ICU Renovation

- Since our last Buildings & Grounds meeting a qualified A/E has been recommended and selected from our multiple 2013 A/E RFP candidates. ECMC awaits an applicable Schematic Design & Estimating Services proposal for this conceptual 12th floor renovation. Once an applicable contract is executed, related design discussions involving the A/E shall commence.

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415 & 497 Grider Street

- Quotes for the abatement and demolition of these Grider Street properties are due the end of this week. After identification of successful candidate a contract shall be awarded with the expectation of having this work completed before the onset of winter conditions.

Cafeteria & Kitchen Renovation

- Morrison's project team chaired a design development review meeting here on site yesterday. A full set of DD documents shall be available for check estimating purposes within the next couple of days, the resulting estimate expected to be available for review & reconciliation within the next 2 weeks. Any necessary value engineering to occur thereafter, with full construction documents complete by mid November. The bid & award phase for this project planned for the month of December.
- Renovation scheduled to begin in early January and is forecasted to complete by late April 2014. Plant Ops will be involved in the enabling project phase, consolidating the computer training centers within Conference Room C or D, demolishing the vacated training centers and using the resulting square footage for the temporary Servery and dining areas, followed by the full abatement of the main dining and kitchen spaces prior to the start of contracted renovation activities.

Immuno Clinic Relocation @ GFHC

Resumed interest in developing this concept has a related meeting scheduled for later today. Concept will now need to consider additional tenant space as well as other miscellaneous circumstances since this project was last considered.

VI. ADJOURNMENT

Moved by Michael Hoffert to adjourn the Board of Directors Building and Grounds Committee meeting at 10:20 a.m.

Next Building & Grounds meeting – December 10, 2013 at 9:30 a.m. - Staff Dining Room

Minutes from the



Finance Committee

BOARD OF DIRECTORS
MINUTES OF THE FINANCE COMMITTEE MEETING
SEPTEMBER 24, 2013

ECMCC BOARD OF DIRECTORS CONFERENCE ROOM

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

I. CALL TO ORDER

The meeting was called to order at 3:05 p.m. by Michael A. Seaman, Chair.

II. RECEIVE AND FILE MINUTES

Motion was made and accepted to approve the minutes of the Finance Committee meeting of August 20, 2013.

III. AUGUST 2013 FINANCIAL STATEMENT REVIEW

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

Total discharges were under budget by 140 for the month of July, and 47 under the prior year. Year-to-date discharges were over the prior year by 74. Acute discharges were under budget by 135 for August, 73 under the prior year, and 89 under the prior year to date. Observation cases were 205 for the month and the average daily census was 356. Average length of stay was 6.6 compared to a budget of 6.0. Non-Medicare case mix was 1.91 for the month compared to 1.89 in July, and a budget of 2.28. Medicare case mix was 1.71, compared to 1.58 in July, and a budget of 1.69. Inpatient surgical cases were under budget for the month by 46 and 67 ahead of the prior year to date. Outpatient surgical cases were under budget by 139 for the month, and behind the prior year to date by 32. Emergency Department visits were under budget for the month by 349, and 50 behind the prior year.

Hospital FTEs were 2,373 in August, compared to a budget of 2,395. Terrace View FTEs were 429 for the month of August, compared to a budget of 420.

The Hospital had a modest operating surplus for the month of \$3,000, compared to a budgeted surplus of \$551,000 and a \$1.05 million surplus the prior year. Terrace View had an operating surplus of \$28,000 in August, compared to a \$39,000 budgeted loss and a prior year loss of \$603,000. The consolidated year to date operating loss was \$3.8 million, compared to a prior year to date loss of \$1.3 million.

Days operating cash on-hand for the month of August was 20.2, obligated cash on hand 115.2, and days in accounts receivable were 48.7.

IV. 2014 OPERATING BUDGET:

Mr. Sammarco reviewed the details of the draft 2014 operating budget with the Committee. Review and approval by the Board of Directors is required by September 30th.

V. ADJOURNMENT:

The meeting was adjourned at 4:15 p.m. by Michael Seaman, Chair.



ECMCC Management Team



Chief Executive Officer

ERIE COUNTY MEDICAL CENTER CORPORATION

REPORT TO THE BOARD OF DIRECTORS
JODY L. LOMELO, CHIEF EXECUTIVE OFFICER
OCTOBER 29, 2013

I hope everyone is enjoying the beautiful fall season that is upon us. As always, I am appreciative of the time and effort our busy Board members spend to make certain ECMCC continues to grow and thrive.

HOSPITAL OPERATIONS As the season changes, we are reminded of the cyclical nature of trauma season. We are officially out of the summer surge of patients that we see every year. Having said that, we are still seeing a slight increase in volume over the prior year but still remain under budget in key areas. The following highlights are for September 2013:

- Total discharges were about the same as last September, but are up 155 year over year.
- Acute discharges were up 8 in the month of September, but down 49 from last year.
- Our length of stay decreased from 6.6 to 6.1 in September.
- Medicare case mix increased to 1.77 and non-Medicare case mix was 1.90.
- Inpatient surgical cases were down 27 from the previous month, but are up 61 from last year.
- Outpatient surgical cases were up 38 from the previous month, but down 21 from last year.
- The Hospital had an operating loss of \$27,000.
- Terrace View had an operating surplus of \$51,000.
- The consolidated year-to-date operating loss is 3.8 million

We are gaining significant momentum in our engagement with the NOVIA consulting group. Over the past month, we have developed a staffing plan and coverage for care coordination and case management. We have engaged our physicians and many of our staff throughout the consulting process. In addition, our first Steering Committee is scheduled for the last week of October. The Steering Committee will provide key over sights and insure we achieve goals of the engagement. We will continue to update the Board with our progress and the significant opportunities that have been identified, such as revenue cycle and clinical documentation.

2014 OPERATING BUDGET

Let me express my sincere appreciation for the work that was done on the 2014 Operating Budget by the Executive Management team, and in particular, Rich Cleland and Mike Sammarco. I also would like to thank the Board for their insight into the budget and their support for the key initiatives that we have presented. As I stated last month, the budget is a responsible budget showing a small operating surplus and an increase in volume throughout the system. We are implementing a new budget monitoring strategy that will provide timely feedback on performance against budget on a departmental level. The strategy will engage front-line staff monthly in meetings with myself, COO Rich Cleland and CFO Mike Sammarco as another means of measuring our performance and progress.

BEHAVIORAL HEALTH

Consolidation of the BGMC behavioral program into the ECMCC program has, understandably, increased volume. This transition to a consolidated program has not been without challenges. The ECMCC staff is doing wonderful work, and is meeting the challenge presented by the pace at which services are being consolidated. For this, all of us should be proud and appreciative.

SVP—Nursing Karen Ziemianski has graciously agreed to assume a leadership role over behavioral nursing services, at my request. Karen has demonstrated her commitment to the patients we serve and her determination to apply those efforts to the behavioral services we provide is good news for our community. While Karen has agreed to assume these new responsibilities, I have committed our entire team to support her other efforts, as well.

Dr. Cummings is doing wonderful work in his new role and we will continue to challenge the healthcare delivery model and improve the ways we can better the experience for our patients. The ECMCC behavioral health program is now the largest in New York State and our goals remain the same, to be a center of excellence and provide the highest possible quality care to the patients we serve.

Consultant Jeannine Brown Miller will work with leadership, physicians and staff to create a program that is a “center of excellence”. Jeannine has and continues to cultivate the culture at Terrace View and will work in a similar capacity in behavioral health.

HEAD & NECK/DENTAL ONCOLOGY

Effective January 2014, the new oral dental oncology service line will be coming on board at ECMC. Under the leadership of Dr. Maureen Sullivan, this service line will work closely with ECMCC head and neck surgeons and other clinical areas. The Dental Oncology clinical area will be adjacent to new head and neck clinical space in the Medical Office Building.

We have asked Roswell Park Cancer Institute to consider collaborating with ECMCC in delivering this service to the community. Roswell Park has declined to do so. ECMCC remains committed to collaborating where appropriate, and would welcome Roswell Park as a collaborative partner in the future.

CONSTRUCTION/CAMPUS UPDATE

We are nearing completion of the new CPEP in the former doctor's parking lot. The CPEP will be fully operational in January 2014, and you soon will be invited to tour the building. Two outpatient operating rooms also are close to completion and will be fully operational by the end of December 2013. We have surgeons committed to operating there and have a workgroup handling the transition of outpatient cases from the tower to the new operating suites. In March 2014, the new medical office building will be completed and a number of offices will be moved there. You should expect a presentation in the forthcoming months concerning these moves and how they will effect where clinical and administrative services are delivered.

The campus is changing outwardly and inside, as well. We are looking forward to welcoming our wonderful volunteers to a new lobby gift shop before the holidays. The renovation on 5-south will be complete on November 4 and will begin construction on the sixth floor orthopedic unit as well as renovation of the 12th floor MICU the urology suite. More detail and tours will be provided in the next few months.

ECMC LIFELINE FOUNDATION

The Run for Hero's was held on September 28th and it was an overwhelming success. It was a beautiful day in Delaware Park and I would like to thank all the volunteers as well as the Lifeline Foundation team for all of their hard work. A special thank you to Jim Dentinger for chairing the event and I look forward to it continuing to grow each and every year.

The Lifeline Foundation has been nothing short of remarkable in their ability to grow with ECMC and raise awareness for our hospital and the care that is delivered. A few weeks ago I received some news that was both good and bad. Bob Holliday, Chair of ECMC Lifeline Foundation and Vice President/General Manager of AT&T North East, informed me that he is retiring and would no longer be able to chair the Board of the Lifeline Foundation. Although I am very happy for Bob and his wife that they can spend time together, I am sad because we are losing a great volunteer and supporter of the foundation and the greater community. Bob has done phenomenal work for ECMC and the foundation has flourished under his leadership. Please join me in wishing Bob and his wife the best of health and happiness and also thank Bob for his vision, leadership, and most of all his ability to “care” for the patients ECMC serves.

As always, I appreciate all of your support and guidance as we continue to grow. Thank you.

Jody



Chief Operating Officer

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

EXECUTIVE MANAGEMENT (EM) - HOSPITAL OPERATIONS

Novia Update

Several significant milestones have already been achieved including:

- Creation of Communication Plan (Branding of Project);
- Care Coordination/Case Management – development of staffing plan and coverage;
- Care Redesign – selection of Medical Project champions; selection of Surgical Project champions; data assessment and analysis;
- Revenue Cycle – identified \$4.2 million in denials (need to determine reasons and whether they are avoidable or unavoidable write offs, developing subcommittee to further review and determine write off reasons);
- Clinical Documentation Initiative – average pick up \$1,800 per review. Training completed and a system in place for tracking results. Everything is going very smoothly;
- Emergency Department Operations Assessment – underway and in early stages

2014 Operating Budget

Flash reports and productivity reports in process of being created. This will insure that as 2014 starts we will have monitoring piece in place to insure budget success. Significant changes in healthcare business (i.e. – A.C.A), reimbursement, quality, new service lines, etc. adding to the amount of complexity and need for precision. Currently developing a CEO, CFO, COO monthly review forum which will assist in monitoring 2014 operating results and keep things on track.

4th Quarter 2013 Executive Management Goals

4th Quarter Goals are completed and attached at end of my report. Overall, our goal is to finish the 4th quarter of 2013 strong in all areas. This will assist us in starting 2014 strong and meet the challenges that next year will bring.

BEHAVIORAL HEALTH CENTER OF EXCELLENCE

There have been several significant developments over the past month.

- We submitted vouchers and were reimbursed for \$11.9 million of the HEAL-21 grant. The remaining funds of the \$15 million will be used by end of the 3rd quarter.
- 5-South will open on November 4, 2013; the second (36) bed unit transferring over from Buffalo General Medical Center. This will mean adding (8) additional beds.

- Buffalo General Medical Center transferred remaining behavioral health outpatient clinics at 1010 Main Street and Broadway/Depew on October 14, 2013.
- Implementation of a very effective CPEP “surge” plan. This has been extremely successful in addressing the reduced number of regional beds and meeting patient care needs.
- CPEP and Outpatient Center construction is progressing and remains on budget and on schedule. Opening in January 2014.

TERRACE VIEW

Jeannine Brown Miller continues to work with the leadership team in developing a “strategic management plan” which will be a centerpiece in transforming operational and cultural excellence.

The leadership team created its own “strategic plan” to address cultural integration and self direction as it continues to “take ownership” for Terrace View. This plan was presented to Jody Lomeo, CEO, and Rich Cleland, COO in early September.

Census remains above 98% and demand for a bed is very high. Several departments have been integrated with ECMC departments. This includes:

- Bio Med
- Plant Operations and Maintenance
- Environmental Services and Laundry
- Admissions
- Case Management and Workers’ Compensation

We continue to look at other opportunities so that we can reduce costs and share services. Financially, Terrace View is breaking even, which is much better than expected.

TRANSITIONAL CARE UNIT (TCU)

Our new unit continues to grow. Average daily census is 15. Our overall Medicare LOS reduced to 6.5 days in September. Chuck Rice, Administrator, continues to oversee TCU in addition to his duties as Administrator at Terrace View.

CONSTRUCTION/RENOVATION PROJECTS

Two new outpatient operating rooms are set to be completed December 2013. In addition, the Medical Office Building (MOB) will be completed and open in March of 2014 and the outpatient (Article 28 space) will be completed by the end of December 2013. The renovation of the gift shop will be completed by the end of October.

Several new projects have received approval to begin including:

- 12th floor MICU renovation
- GI renovation
- 6th floor orthopedic unit(CON submission by end of 2013)
- Renovation of the urology suite

- Relocation of HIV Clinic

New oral dental oncology service line will be coming on board at ECMC effective January 2014. This new service line will be located on the 2nd floor of the Medical Office Building.

**Executive Management
Goal Report – 4th Quarter
October 1, 2013**

Goals	Responsible Party	Completed
<u>2013 Fourth Quarter Goals:</u>		
1) Super Lab Completion of Integration <ul style="list-style-type: none"> a. Pathology agreement/transfer of service b. Anatomical c. Clinical Lab 	Krawiec	
2) Conditions of Participation(COP)CMS Survey	Ludlow	
3) Business Service Line Development(complete): <ul style="list-style-type: none"> a. Trauma/Burn/ER Services; b. Orthopedics; c. Behavioral Health/Chemical Dependency; d. Head, Neck and Breast; e. Transplant/Renal; f. LTC; g. Ambulatory Services/Clinics; h. Immunodeficiency; i. Rehabilitation Services; j. Dental Oral Oncology; k. Bariatric 	Ziemianski Quatroche Cleland Quatroche Henry Cleland Krawiec Krawiec Cleland Cleland Quatroche	
4) Submit CON – Ortho (Phase II & Phase III)	Quatroche	
5) Novia <ul style="list-style-type: none"> a. Establish Steering Committee b. Establish Physician Advisory Committee c. Begin Implementation of the Strategic Plans <ul style="list-style-type: none"> 1. Care Coordination 2. Care Redesign 3. Revenue Cycle 4. Quality Documentation 5. ER Operational Assessment 6. Redesign, restructure CM, UR, SW + DC 	Quatroche Cleland	
6) Reorganization of the medical services office	Murray	
7) Be at <u>least</u> break even financial status (profitability is goal) by end of 2014.	Everyone	
8) Develop Comprehensive Physician Plan to address: <ul style="list-style-type: none"> → Recruiting (a Physician Strategic Plan) <ul style="list-style-type: none"> ▪ i.e. – ACS recommendations (Trauma), Neurosurgery, etc., address where shortages are on the horizon → Liaison/Concierge Service (on boarding) 	Murray	
9) Automate Switchboard – Implement including online phone directory	Brown	

Goals	Responsible Party	Completed
10) Level III Observation – Sitter Service Implement /Policy change for Med-Surg population and QI audit for behavioral physicians	Ziemianski	
11) Implement Purchasing Assessment	Sammarco	
12) Develop dashboard for core measures	Ludlow	
13) Grow Terrace View SAR to 44 patients	Cleland	
14) Patient Experience Plan/Review - a. Areas that did not submit for 2013	Brown	
15) Bariatric Service	Quatroche/Ziemianski	
a. Policy Development		
b. Equipment review		
c. Staff education		
d. Physician on-boarding		
16) Develop plan for WNY Occupational Health Center in conjunction w/ Dr. Hailoo and Union leadership (Mike Hoffert). Submit Grant request 4 th qtr 2013 start April 2014.	Krawiec	
17) Review expanded relationship with D’Youville College Chiropractic and Primary Care clinics.	Krawiec	
18) Finalize UB Pathology Agreement to combine all Pathologists under one contract.	Krawiec	
19) Establish a 3 year Imaging capital expenditure/improvement plan. This will be BIG dollars and need of special attention and fiscal planning.	Krawiec	
20) Complete Imaging salary adjustment.	Krawiec	
21) Security – Identify visitor management system and develop timeline to implement.	Ludlow	
22) Infection Control – Collaborate with Pharmacy and IT to design an antibiotic stewardship program. Establish timeline to implement.	Ludlow	
23) Plant Operations – Design and develop timeline to provide generator power to CT scanner.	Ludlow	
24) External Way Finding installed	Ludlow	
25) Budget 2014 - Operational Budget Review Plan	Cleland, Feidt, Sammarco	
a. Flash Reports specific to 2014 budget volumes		
b. Fixed overtime budgets		
c. Discharge monitoring barometer		
d. Monthly service line + department review with CEO, COO, CFO		
26) Updated ECMC Strategic Plan	Quatroche/Cleland	
27) ECMC Civil Service Department created	O’Hara/Colucci	
28) Finish re-write of M/C annual competencies	O’Hara	



Chief Financial Officer

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Internal Financial Reports
For the month ended September 30, 2013

Erie County Medical Center Corporation

Balance Sheet September 30, 2013 and December 31, 2012

(Dollars in Thousands)

	September 30, 2013	Audited December 31, 2012	Total change in 2013
Assets			
Current Assets:			
Cash and cash equivalents	\$ 3,437	\$ 20,611	\$ (17,174)
Investments	22,519	3,112	19,407
Patient receivables, net	55,618	42,548	13,070
Prepaid expense, inventory and other receivables	57,637	49,459	8,178
Total Current Assets	139,211	115,730	23,481
Assets Whose Use is Limited:			
Designated under self-insurance programs	96,404	93,151	3,253
Designated by Board	25,000	25,000	0
Restricted under debt agreements	22,462	32,479	(10,017)
Restricted	23,473	25,436	(1,963)
Total Assets Whose Use is Limited	167,339	176,066	(8,727)
Property and equipment, net	279,216	247,113	32,103
Deferred financing costs	2,977	3,091	(114)
Other assets	4,381	4,621	(240)
Total Assets	\$ 593,124	\$ 546,621	\$ 46,503
Liabilities & Net Assets			
Current Liabilities:			
Current portion of long-term debt	\$ 7,063	\$ 6,936	\$ 127
Accounts payable	35,375	29,369	6,006
Accrued salaries and benefits	16,660	18,661	(2,001)
Other accrued expenses	40,765	17,386	23,379
Estimated third party payer settlements	27,983	27,651	332
Total Current Liabilities	127,846	100,003	27,843
Long-term debt	176,890	180,354	(3,464)
Estimated self-insurance reserves	58,167	56,400	1,767
Other liabilities	106,674	99,827	6,847
Total Liabilities	469,577	436,584	32,993
Net Assets:			
Unrestricted net assets	112,478	98,968	13,510
Restricted net assets	11,069	11,069	0
Total Net Assets	123,547	110,037	13,510
Total Liabilities & Net Assets	\$ 593,124	\$ 546,621	\$ 46,503

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Erie County Medical Center Corporation

Statement of Operations

For the month ended September 30, 2013

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net patient revenue	\$ 33,056	\$ 34,878	\$ (1,822)	\$ 30,900
Less: Provision for uncollectable accounts	(1,896)	(1,947)	51	(1,921)
Adjusted net patient revenue	31,160	32,931	(1,771)	28,979
Disproportionate share / IGT revenue	5,846	4,396	1,450	5,413
Other revenue	1,999	2,427	(428)	2,716
Total Operating Revenue	39,005	39,754	(749)	37,108
Operating Expenses:				
Salary & wages / Contract labor	13,944	13,516	(428)	13,084
Employee benefits	8,823	9,028	205	8,510
Physician fees	4,646	4,323	(323)	4,298
Purchased services	2,562	2,699	137	2,618
Supplies	4,981	5,647	666	4,865
Other expenses	1,278	1,179	(99)	1,503
Utilities	383	455	72	577
Depreciation & amortization	1,653	1,648	(5)	1,446
Interest	711	715	4	433
Total Operating Expenses	38,981	39,210	229	37,334
Income/(Loss) from Operations	24	544	(520)	(226)
Non-operating Gain/(Loss):				
Grants - HEAL 21	1,283	833	450	-
Interest and dividends	416	-	416	501
Unrealized gain/(loss) on investments	1,609	267	1,342	548
Total Non-operating Gain/(Loss)	3,308	1,100	2,208	1,049
Excess of (Deficiency) of Revenue over Expenses	\$ 3,332	\$ 1,644	\$ 1,688	\$ 823
Retiree health insurance	1,576	1,349	227	1,469
New York State pension	2,094	2,062	32	1,764
Impact on Operations	\$ 3,670	\$ 3,411	\$ 259	\$ 3,233

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Erie County Medical Center Corporation

Statement of Operations

For the nine months ended September 30, 2013

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net patient revenue	\$ 302,813	\$ 308,771	\$ (5,958)	\$ 292,288
Less: Provision for uncollectable accounts	(17,657)	(17,265)	(392)	(17,286)
Adjusted net patient revenue	285,156	291,506	(6,350)	275,002
Disproportionate share / IGT revenue	41,012	39,562	1,450	43,028
Other revenue	18,210	19,752	(1,542)	17,158
Total Operating Revenue	344,378	350,820	(6,442)	335,188
Operating Expenses:				
Salary & wages / Contract labor	126,850	119,094	(7,756)	116,933
Employee benefits	76,258	81,514	5,256	79,322
Physician fees	39,176	39,061	(115)	38,320
Purchased services	25,346	24,311	(1,035)	24,492
Supplies	47,831	51,016	3,185	48,428
Other expenses	6,421	10,788	4,367	10,948
Utilities	5,315	4,136	(1,179)	4,442
Depreciation & amortization	14,847	14,692	(155)	13,027
Interest	6,186	6,163	(23)	3,954
Total Operating Expenses	348,230	350,775	2,545	339,866
Income/(Loss) from Operations	(3,852)	45	(3,897)	(4,678)
Non-operating Gain/(Loss):				
Grants - HEAL 21	12,770	-	12,770	-
Interest and dividends	2,446	-	2,446	3,107
Unrealized gain/(loss) on Investments	3,002	9,898	(6,896)	6,192
Total Non-operating Gain/(Loss)	18,218	9,898	8,320	9,299
Excess of (Deficiency) of Revenue Over Expenses	\$ 14,366	\$ 9,943	\$ 4,423	\$ 4,621
Retiree health insurance	9,985	12,195	(2,210)	13,221
New York State pension	17,479	18,743	(1,263)	15,907
Impact on Operations	\$ 27,464	\$ 30,938	\$ (3,473)	\$ 29,128

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Erie County Medical Center Corporation

<p>Statement of Changes in Net Assets For the month and nine months ended September 30, 2013</p>

(Dollars in Thousands)

	Month	Year-to-Date
Unrestricted Net Assets:		
Excess (Deficiency) of Revenue Over Expenses	\$ 3,332	\$ 14,366
Other transfers, net	(93)	(856)
Contributions for capital acquisitions	-	-
Net assets released from restrictions for capital acquisition	-	-
	3,239	13,510
Temporarily Restricted Net Assets:		
Contributions, bequests and grants	-	-
Other transfers, net	-	-
Net assets released from restrictions for operations	-	-
Net assets released from restrictions for capital acquisition	-	-
	-	-
Change in Temporarily Restricted Net Assets	-	-
Change in Net Assets	3,239	13,510
Net Assets, beginning of period	120,308	110,037
Net Assets, end of period	\$ 123,547	\$ 123,547

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Erie County Medical Center Corporation

Statement of Cash Flows

For the month and nine months ended September 30, 2013

(Dollars in Thousands)

	Month	Year-to-Date
Cash Flows from Operating Activities:		
Change in net assets	\$ 3,239	\$ 13,510
Adjustments to Reconcile Changes in Net Assets to Net Cash Provided by/(Used in) Operating Activities:		
Depreciation & amortization	1,653	14,847
Provision for bad debt expense	1,896	17,657
Net change in unrealized (gain)/loss on investments	(1,609)	(3,002)
Transfer to component units	93	856
<u>Changes in Operating Assets and Liabilities:</u>		
Patient receivables	(3,406)	(30,727)
Prepaid expense, inventory and other receivables	(3,299)	(8,178)
Accounts payable	2,161	6,006
Accrued salaries and benefits	(512)	(2,001)
Estimated third party payer settlements	125	332
Other accrued expenses	3,075	23,379
Self-insurance reserves	788	1,767
Other liabilities	1,227	6,847
Net Cash Provided by/(Used in) Operating Activities	5,431	41,293
Cash Flow from Investing Activities:		
Additions to property & equipment, net:		
Campus expansion	(9,669)	(40,918)
Routine capital	(652)	(5,918)
Use of bond proceeds for campus expansion	6,451	13,133
Decrease/(increase) in assets whose use is limited	(1,943)	(4,406)
Sales/(purchases) of investments, net	890	(16,405)
Investment in component units	(93)	(856)
Change in other assets	-	240
Net Cash Provided by/(Used in) Investing Activities	(5,016)	(55,130)
Cash Flows from Financing Activities:		
Principal payments on long-term debt	(376)	(3,337)
Increase/(Decrease) in Cash and Cash Equivalents	39	(17,174)
Cash and Cash Equivalents, beginning of period	3,398	20,611
Total Cash and Cash Equivalents, end of period	\$ 3,437	\$ 3,437

Erie County Medical Center Corporation

Key Statistics

Period Ended September 30, 2013

Current Period				Year to Date				
Actual	Budget	% to Budget	Prior Year	Actual	Budget	% to Budget	Prior Year	
Discharges:				Discharges:				
928	974	-4.7%	889	8,400	8,956	-6.2%	8,449	
238	218	9.2%	221	1,919	1,856	3.4%	1,860	
122	115	6.1%	121	1,181	1,148	2.9%	1,160	
25	29	-13.8%	28	229	251	-8.8%	242	
39	54	-27.8%	45	339	393	-13.7%	347	
32	40	-20.0%	-	145	251	-42.2%	-	
1,384	1,430	-3.2%	1,304	12,213	12,855	-5.0%	12,058	
Patient Days:				Patient Days:				
5,623	5,797	-3.0%	5,997	55,072	53,306	3.3%	53,198	
3,246	2,851	13.9%	2,482	24,881	24,277	2.5%	23,937	
406	369	10.0%	382	3,947	3,677	7.3%	3,714	
389	553	-29.7%	355	4,319	4,787	-9.8%	4,433	
875	1,287	-32.0%	953	7,309	9,366	-22.0%	7,549	
485	480	1.0%	-	2,014	3,012	-33.1%	-	
11,024	11,337	-2.8%	10,169	97,542	98,425	-0.9%	92,831	
Average Daily Census:				Average Daily Census:				
187	193	-3.0%	200	202	195	3.3%	194	
108	95	13.9%	83	91	89	2.5%	87	
14	12	10.0%	13	14	13	7.3%	14	
13	18	-29.7%	12	16	18	-9.8%	16	
29	43	-32.0%	32	27	34	-22.0%	28	
16	16	1.0%	-	7	11	-33.1%	-	
367	378	-2.8%	339	357	361	-0.9%	339	
Average Length of Stay:				Average Length of Stay:				
6.1	6.0	1.8%	6.7	6.6	6.0	10.2%	6.3	
13.6	13.1	4.3%	11.2	13.0	13.1	-0.9%	12.9	
3.3	3.2	3.7%	3.2	3.3	3.2	4.3%	3.2	
15.6	19.1	-18.4%	12.7	18.9	19.1	-1.1%	18.3	
22.4	23.8	-5.9%	21.2	21.6	23.8	-9.5%	21.8	
15.2	12.0	26.3%	-	13.9	12.0	15.7%	-	
8.0	7.9	0.5%	7.8	8.0	7.7	4.3%	7.7	
Occupancy:				Occupancy:				
75.3%	84.4%	-10.7%	80.3%	% of M/S - Acute staffed beds	88.3%	81.2%	8.7%	82.0%
Case Mix Index:				Case Mix Index:				
1.77	1.81	-2.6%	1.85	Medicare (Acute)	1.79	1.73	3.0%	1.75
1.90	2.27	-16.4%	2.37	Non-Medicare (Acute)	1.82	2.12	-14.1%	2.18
180	136	32.4%	149	Observation Status	1,578	1,136	38.9%	1,237
430	445	-3.4%	436	Inpatient Surgeries	3,941	3,978	-0.9%	3,880
622	669	-7.0%	611	Outpatient Surgeries	5,604	6,089	-8.0%	5,625
26,240	29,687	-11.6%	28,231	Outpatient Visits	256,065	274,714	-6.8%	261,093
5,606	5,644	-0.7%	5,372	Emergency Visits Including Admits	48,843	51,213	-4.6%	48,668
50.1	40.0	25.3%	41.3	Days in A/R	50.1	40.0	25.3%	41.3
6.4%	6.2%	2.8%	6.8%	Bad Debt as a % of Net Revenue	6.5%	6.2%	5.5%	6.5%
2,389	2,365	1.0%	2,441	FTEs	2,381	2,340	1.8%	2,405
3.69	3.72	-0.9%	3.95	FTEs per adjusted occupied bed	3.77	3.63	3.8%	3.95
\$ 11,498	\$ 12,228	-6.0%	\$ 11,286	Net Revenue per Adjusted Discharge	\$ 11,658	\$ 11,758	-0.9%	\$ 13,472
\$ 14,155	\$ 14,417	-1.8%	\$ 14,106	Cost per Adjusted Discharge	\$ 14,105	\$ 13,966	1.0%	\$ 16,170
Terrace View Long Term Care:				Terrace View Long Term Care:				
11,421	11,466	-0.4%	8,834	Patient Days	97,745	100,428	-2.7%	90,882
381	382	-0.4%	294	Average Daily Census	358	368	-2.7%	332
431	441	-2.2%	297	FTEs	429	422	1.6%	322
6.7	6.8	-1.8%	6.0	Hours Paid per Patient Day	7.0	6.7	4.4%	5.7



**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
October 29, 2013

LABORATORY – JOSEPH KABACINSKI

KH-ECMCC Lab Integration

Implementation of the ECMCC and Kaleida Health integrated laboratory service strategy continues to progress. The Anatomic Pathology transition has begun. Bone marrow, prostate, and GI biopsies are now sent to the KH Pathology production lab at Buffalo General Medical Center. All ECMCC autopsies are now performed at BGMC. Our pathologists, histotechnologists and transcription staff are undergoing training in the Cerner Millennium PathNet system; and system testing and validation continues. We are also doing “dummy” runs of test cases to insure logistics and turn-around-time for delivery and slide preparation at the KH production lab are acceptable to ECMCC’s Pathologists. Tentative “full” transition for Pathology is scheduled for November 4.

For the general lab, a reference lab model will be used. As staff turnover, we are managing our workload with the help of agency staff. The ECMCC Human Resources Department and Lab Leadership continue to plan for the staff “transition” that will occur including retrenchment and “bumping” according to Civil Service rules and the CSEA contract.

Chief Pathologist, Dr. James Woytash, is leaving his position effective October 31 and a replacement is being recruited by Dr. John Tomaszewski, Chairman of the UB Medical School Department of Pathology and President of UB Pathologists, Inc., the clinical practice plan. UB Pathology provides professional physician and clinical oversight of pathology services at ECMCC and Kaleida Health. We are working on a contract amendment and extension with University at Buffalo Pathologists, Inc. to recognize the changes in service and method of reimbursement necessary to integrate the anatomical pathology departments.

The ECMC / Kaleida Health consolidation of Behavior Health services has created the need to develop additional Lab services. We have assisted in establishing Laboratory services to meet needs of the behavioral health clinics at the 1010 Main Street and Broadway locations that have transitioned from KH to ECMCC. We began providing Phlebotomy coverage for the new Partial Hospitalization program established by Behavioral Health this past week.

AMBULATORY SERVICES – BONNIE SLOMA

Ambulatory Care continues to evolve with significant changes to the compliment of staff that makes up each clinic. The process of transitioning staff into the scope of their job

descriptions and strengthening the oversight of each clinic is mid way in implementation. We continue to work on flow and throughput for an improved patient experience, through effective scheduling of patients and staff. The Fiscal dashboards have been completed, in collaboration with Finance, better defining many aspects of the operations of the clinics' service lines. Clinic Management continues to define and address both professional and technical billing issues to ensure that we receive the largest reimbursement available. We are also meeting with insurers and reviewing the various incentives that are available to ECMCC.

SD Solutions joined Ambulatory Care with a scheduled kick off of Lean Six Sigma training in November. We will begin to work on projects utilizing Performance Improvement Initiatives through training and education.

Management has stabilized in Wound Care and Hyperbaric. We will continue to work closely with Healogics Management to monitor the strategic plan and fiscal outcomes. A clearly defined marketing plan has been developed. A Wound Care Symposium was held at ECMCC on Oct 5th that was successful in bringing providers from throughout the WNY region to Erie County Medical Center. This should improve our reputation and referrals in Wound Care.

Several new initiatives and reviews are occurring:

- The development of a Dermatology clinic with UB|MD
- A Suboxone clinic within Internal Medicine
- Establishing a Coumadin clinic with an NP model under Cardiology to meet the demands of the clinic and improve fiscal responsibility
- Development of Primary Health Clinics in the Behavior Health building and 1010 Main Street
- A review of Chiropractic and primary care services with D'Youville College

Allscripts EMR was successfully implemented in Immunodeficiency in September with Patient Centered Medical Home standards and work flow in place. Allscripts is in the process of being rolled out in ER with training for discharge planners, radiology and in patient areas throughout the tower. Next go live for suites 130, 132, and the specialty clinics. Cleve-Hill Family Health Center, Grider Family Health Center, and Internal Medicine Clinics are installed and are being optimized.

PHARMACEUTICAL SERVICES – RANDY GERWITZ

The Director of Pharmaceutical Services, Randy Gerwitz, recently authored an article entitled **Mobile Medication Management, Compliance in a Highly Regulated Environment**. We are proud to announce that it will be published in the November issue of Health Management Technology.

The Director of Pharmaceutical Services has also been asked to present at the VHA Navigation to Excellence meeting in April of 2014. The presentation will be part of a panel discussion and will focus on the linkage between quality outcome and cost when evaluating value.

The latest 340-B contract pharmacy services RFP was released on time. We are now awaiting responses for evaluation. Our goal is complete selection and contracting by the next HRSA enrollment window, January 15, 2014. The 340-B programs at ECMC have developed large new revenue streams for the institution that contribute to balancing our budget the past few years.



Chief Medical Officer

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

UNIVERSITY AFFAIRS

Dr William Flynn , Chief of Surgery at ECMC has been named Interim Chair of the Department of Surgery following the retirement of Dr. Merrill Dayton. UB has instituted a national search for a new Chair. The Search Committee is headed by Dr Anne Curtis, Chair of Medicine.

Carroll McWilliams (Mac) Harmon, MD, PhD, an internationally recognized leader in minimally invasive surgery and the treatment of adolescent obesity, has been named professor and chief of pediatric surgery in the Department of Surgery.

David P. Hughes, MD '95, has been named inaugural senior associate dean for clinical affairs at the UB School of Medicine and Biomedical Sciences, part of a groundbreaking role designed to enhance clinical academic performance and health care quality.

Richard D. Blondell, MD, vice chair for addiction medicine and professor of family medicine, will direct a new national center aimed at training physicians to address addiction through early intervention and prevention.

PROFESSIONAL STEERING COMMITTEE

Next meeting is in December.

MEDICAL STAFF AFFAIRS

See separate report by Sue Ksiazek for full details.

UTILIZATION REVIEW	July	August	September	YTD vs. 2013 Budget
Discharges	977	919	928	-6.2%
Observation	149	205	179	+36.9%
LOS	6.2	6.7	6.1	+10.9%
ALC Days	409	316	212	-19.7%
CMI	1.84	1.78	1.82	-11.9%
Surgical Cases	891	874	863	-8.3%
Readmissions (30d)	NA	NA		

August activity consistent with recent volume trends. Not quite able to live up to budget expectations. LOS has dropped back.

Outpatient surgical volume missed target by same one surgery per day.

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

CLINICAL ISSUES

2 MIDNIGHT RULE

The FY 2014 Inpatient Prospective Payment System (IPPS) final rule gave us a definition of an “appropriate” inpatient admission—when a patient stays at your hospital for at least two midnights.

CMS wants to limit the use of observation status to reduce its financial burden on Medicare beneficiaries. Observation stays result in greater out-of-pocket expenses for beneficiaries and do not count toward the three-day eligibility requirement for Medicare skilled nursing facility (SNF) coverage. CMS is particularly concerned about the growth in long-stay observation cases (those greater than 48 hours) which have increased from 3% of all observation cases in 2006 to 8% in 2011.

The final rule addresses this problem on two fronts. First, CMS revised its guidance on inpatient admissions by stating that an admission is appropriate if the stay requires duration of at least two midnights.

Secondly, CMS removed some of the previous financial disincentive for inpatient admission (such as a potential short-stay payment denial) by allowing hospitals to rebill a retrospectively determined inappropriate admission as an outpatient visit under Part B. Hospitals can do so for up to one year from the point of service.

However, the IPPS final rule leaves many questions unanswered, particularly regarding how the two-midnight rule will be interpreted and applied.

Cleveland Clinic, IBM Making Progress on Watson Supercomputer

A year after starting work with IBM to develop ways for the Watson supercomputer to support medical training and serve as a doctor’s assistant, the Cleveland Clinic has issued a progress report that includes two new technologies.

The clinic and IBM have developed WatsonPaths, a new process to train the supercomputer to interact with clinicians in a way that is more natural, enabling them to understand the data sources that Watson consulted and how it made recommendations.

WatsonPaths will support medical students by having them use Watson to try to resolve hypothetical clinical simulations, helping the students learn how to navigate content, consider hypotheses and find evidence to support answers, diagnoses and treatment options, while also grading Watson’s ability. The expectation is that students will learn how to focus on critical thinking skills and leveraging information tools, while Watson will get smarter at medical language and assembling chains of evidence from available content.

IBM and Cleveland Clinic also are testing Watson EMR Assistant with the goal of having deep, real-time and user-friendly clinical decision support in electronic health records systems. Electronic records can hold vast amounts of information over long periods of time and EMR Assistant will filter through the data to find relevant information that likely won't be found today, such as a relevant blood test from several years ago.

“Working with de-identified EMR data provided by Cleveland Clinic, Watson EMR Assistant is able to collate key details in the past medical history, generate a problem list of clinical concerns that may require care and treatment, highlight key lab results and medications that correlate with the problem list, and classify important events throughout the patient's care presented within a chronological timeline,” the organizations explain.



Senior Vice President of Nursing

ERIE COUNTY MEDICAL CENTER CORPORATION

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

September, 2013

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

- Nursing Alumna, Ebony McKnight, who was an RN in the ECMC Trauma Step-Down Unit from 2009 to 2012, was recently featured in a nationwide promotional video for the Emmy Award-winning CBS Television show, “*The Doctors*”. Ebony is currently a Family Nurse Practitioner for CVS Pharmacy in Burbank, California, and credits ECMC Neurosurgeon Dr. Gregory Bennett with mentoring her in the Nursing profession.
- September was a busy month for the Trauma Outreach Program, which accomplished the following:
 - ✓ A Traumatic Brain Injury training course for EMS providers was held in Batavia on September 9th;
 - ✓ Courses on Advanced Trauma Life Support and Advanced Trauma Care for Nurses were held on October 14th and 15th. Forty participants attended from as far away as Chicago. The courses were coordinated by Linda Schwab, MS, RN, Trauma Program Manager and Cheryl Nicosia, RN, MS, Clinical Nurse Specialist for Critical Care. The course director was Dr. Michael Chopko.
 - ✓ Beth Moses, RN, MS and Physical Therapist Theresa Liffiton performed Fall Prevention and Balance Screening at the Second Baptist Church in Lackawanna on September 19th. The screening was repeated in the ECMC Lobby on September 23rd in recognition of “Fall Prevention” Day.
 - ✓ RNs Beth Moses and Audrey Hoerner gave two Burn presentations to EMS and staff at Wyoming County Community Hospital on September 25th;
 - ✓ On September 27th, Lockport Memorial Hospital Emergency Department staff were updated on changes to the trauma system, as well as transferring trauma and burn patients to ECMC;
 - ✓ A Fall Safety Booth was stationed at the ECMC Hero’s Run on September 28th;
 - ✓ Lastly, two Medical-Surgical Concepts classes were held at ECMC on September 30th.
- Vi-Anne Antrum, Assistant Director of Nursing for the Medical-Surgical areas, was invited by the American College of Healthcare Executives to serve as a panelist at their 2013 Chapter Leaders Conference on September 30th in Rosemont, Illinois. Vi-Anne’s topic was, “Cultivate the Next Generation: Engage Early Careerists”.



Chief Information Officer



HEALTH INFORMATION SYSTEM/TECHNOLOGY October 2013

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

Clinical Automation/Strategic Initiatives.

Great Lakes Health Care System - Lab Integration. We continue to work with the clinical owners to complete the end user testing of the Anatomical Pathology solution and schedule the go live, hence completion of phase 1 of this project. After this, the team has agreed to support a staggered go strategy starting with Hematology and completing with the Immunology and Virology areas. The targeted completion for this project is the second week in December. In addition, we have transitioned from a VPN connectivity strategy to dedicated fiber connectivity between the two organizations.

Allscripts Ambulatory Clinic Electronic Medical Record. The team successfully completed the EMR automation project in the Immunodeficiency clinic. This included the Jamestown remote clinic. We are preparing for an Allscripts upgrade to support MU Stage 2 and ICD-10 regulatory requirements, continue to develop next phase of the roll out in medical and surgical ambulatory clinics and begin working on Immunodeficiency grant for interface development. We are continuing to work with the Behavioral Health and Chemical Dependency Leadership to develop automation strategy for their work areas. ,

ARRA Meaningful Use (MU). We are preparing our final attestation for MU Stage 1 full year attestation by November 30th. This will allow ECMC to receive the second Medicare and Medicaid payment. In preparation for Meaningful Use Stage 2, we are focusing on the following initiatives

- **Electronic Medication Reconciliation.** We are focusing on a Qtr. 1, 2013 go live for house wide electronic medication reconciliation process. To accomplish this project, we have finalized medication reconciliation workflow for physicians and clinical staff and waiting final approval from Physician Advisory Committee and Med/Dent staff. During this time we will begin development of a pilot project to fine tune workflow, roles and responsibilities and changes in policies.
- **Physician Order Management.** Continue to work with clinical staff and physicians to fine tune workflow for physician order management, standardize procedure dictionaries and develop physician order sets. Begun addressing training and support model for go live and post go live.
- **Voice Recognition Strategy.** Developed RFP to select a voice recognition tool and strategy for both inpatient and ambulatory clinics. This will support adoption of the automation strategy and improve physician efficiencies.
- **Patient Portal.** Continue to work with our business owners to define business requirements for our enterprise patient portal. Expected to submit RFP by end of the month.

1010 Main Street/Lancaster Depew Clinic Implementation

Working with Behavioral Health and Chemical Dependency management and other support areas, successfully supported the transition to Kaleida based BH and Chemical Dependency clinics to ECMC network and telecommunication infrastructure. In addition, we transitioned their clinical and business entire workflow to ECMC's systems. We continue to provide transition support to the staff and new management team. I am very proud of the team work and dedication from the staff allowing us to complete this project and welcome the new staff to the organization.

Operational Efficiencies

Working with Information Desk, we are designing a process to maintain and up to date phone directory that is accessible to the ECMC workforce. This will directly support the Parlance automated attendant project and improve operational efficiencies.

Implemented the Vaccine software program to improve the with the data collection and reporting capability needed to manage ECMC; s immunization program.



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
October 29, 2013

Marketing

Marketing around October Breast Cancer Awareness
All Medical Minute on WGRZ-TV featured breast health segments
ECMC sponsorship of Billie weekend
ECMC sponsorship of Sabres Cancer Awareness
New PSA released regarding texting
ECMC It's happening campaign still in market
New campaign under development for specific service lines

Planning and Business Development

Service line development and margin analysis underway and have developed metrics and business plans
Operation room expansion construction to be completed in December
Medical Office Building construction and planning underway
Planning underway for Orthopedic Floor
Coordinating integration of cardiac services with GVI
Working with Professional Steering Committee
Developing primary care and specialty strategy and have had multiple confidentiality agreements signed
Primary care practices growing and specialty physicians seeing patients at locations

Media Report

- **The Buffalo News; WKBW-TV, Channel 7; YNN; WNYpapers.com; Niagara Frontier Publications; Grand Island Dispatch; Hard Rock Café partners with the Buffalo Bills, ECMC, ECMC Lifeline Foundation and KISS 98.5 to raise money and awareness for the fight against breast cancer.** Proceeds benefiting the American and Canadian Cancer Society and the ECMC Lifeline Foundation- organizations that combine an unyielding passion with nearly a century of experience to save lives and end suffering from cancer.
- **The Buffalo News: High school football teams in the pink for breast cancer awareness.** Pink gear donated by ADPRO Sports goes to schools that pledge to raise funds that go entirely to support Erie County Medical Center's Mobile Mammography Unit, a coach bus-sized vehicle equipped with two digital mammography systems.
- **Buffalo Business First: State awards ECMC doctor with grant.** Dr. Scott Stewart, project manager for a program at Erie County Medical Center to improve care for hospitalized patients with alcohol dependence, received a grant of \$150,000.
- **WGRZ-TV, Channel 2: Kidney transplant recipient donates gold medals to ECMC, UNYTS.** Former patient Barb Breckenridge gives her World medals to the two institutions which saved her life.
- **The Buffalo News: Abuse of DMX prompts state to clamp down on sale of cold medications to minors.** DMX is found in some cold medications and is now becoming more popular among minors, states Dr. Mark Gunther, assistant Vice President of Behavioral Health at ECMC.
- **Buffalo Business First: ECMC, Jamestown health projects approved.** Erie County Medical Center received administrative approval from the State Health Department to expand services at its outpatient clinic.
- **Niagara Wheatfield Tribune: Ceretto to sponsor mammogram screenings in Niagara Falls.** Assemblyman John Ceretto, along with ECMC Lifeline Foundation, Western New York Breast

Health and the National Witness Project are sponsoring a mammogram screening event at Mount Zion Missionary Baptist Church in Niagara Falls on October 26, 2013.

- **South Cheektowaga Source: Dr. Scott Covington spoke at ECMC Wound Care Symposium.** On October 5, Erie County Medical Center and the ECMC Lifeline Foundation held its second annual “Wound Care Symposium: A Multidisciplinary Approach to Wound Healing.”
- **YNN: AT&T joined with the Sabres to raise money for ECMC Lifeline Foundation.** With every “cheer” card bought by fans, AT&T will donate one dollar to the Lifeline Foundation to support the ECMC Mobile Mammography vehicle, up to five thousand dollars.
- **The Buffalo News; WGRZ-TV, Channel 2; WKBW-TV, Channel 7; WNYO-WB, Channel 49; YNN; Twitter: ECMC Lifeline Foundation’s Heroes 5 K Run, Chase and Healthwalk raises money to honor first responders.** The annual event brought together area police, fire, emergency medical technicians and scores of supporters wanting to give back for their lifesaving efforts.

Community and Government Relations

Lifeline Foundation Mobile Mammography Unit has screened over 1,500 women; one year anniversary celebrated

CLINICAL DEPARTMENT UPDATES

Surgical Services

- Volume increase YTD of 105 elective total joints
- New surgeons recruited in orthopedics and other service areas

Oncology

- Visit volume 2013 YTD 4674 increase of 1339 visits
 2012 YTD 3335
- Recruitment of full time physician in process – interviews pending

Head and Neck / Plastic and Reconstructive Surgery

- Visit Volume 2013 YTD 2103 decrease of 345 visits
 2012 YTD 2448
- Surgeries 2013 YTD 298 increase of 62
 2012 YTD 236
- Application process for a Plastic Surgery residency program at ECMCC continues, targeting 2014 for submission.

Other Clinical

Contracts in negotiations with UB Department of Surgery and Orthopedics

NEW BUSINESS

OLD BUSINESS



Medical-Dental Executive Committee

**MEDICAL EXECUTIVE COMMITTEE MEETING
MONDAY, SEPTEMBER 23, 2013 AT 11:30 A.M.**

Attendance (Voting Members):

D. Amsterdam, PhD	T. DeZastro, MD	M. Panesar, MD
M. Azadfard, MD	N. Ebling, DO	K. Pranikoff, MD
Y. Bakhai, MD	W. Flynn, MD	R. Schuder, MD
V. Barnabei, MD	C. Gogan, DDS	P. Stegemann, MD
W. Belles, MD	R. Hall, MD, DDS, PhD	R. Venuto, MD
G. Bennett, MD	J. Izzo, MD	
M. Chopko, MD	J. Kowalski, MD	
S. Cloud, DO	M. LiVecchi, MD	
H. Davis, MD	T. Loree, MD	
R. Desai, MD	M. Manka, MD	

Attendance (Non-Voting Members):

B. Murray, MD	L. Feidt	A. Mullegama
R. Cleland	R. Gerwitz	J. Lomeo
J. Fudyma, MD	R. Krawiec	
S. Ksiazek	A. Victor-Lazarus, RN	
A. Orlick, MD	M. Sammarco	
K. Ziemianski, RN	N. Mund	

Excused:

N. Dashkoff, MD	J. Woytash, MD	
R. Ferguson, MD		
M. Jajkowski, MD		
K. Malik, MD		
J. Reidy, MD		
A. Stansberry, RPA-C		

Absent:

None		

I. CALL TO ORDER

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

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

- A. The Seriously Delinquent Records report was included as part of Dr. Hall's report. Please review carefully and address with your staff.

III. CEO/COO/CFO BRIEFING

- A. CEO REPORT - Jody Lomeo**
- 1. FINANCIAL REPORT** – Mr. Lomeo reports that the LOS went up slightly last month and the CMI is still trending lower. Inpatient surgical cases were down from last year but improving and outpatient is down slightly. The hospital and Terrace View had a small combined surplus with a year to date operating loss of \$3 million though it is hoped to break even by year end.
 - 2. BUDGET REPORT** – Mr. Lomeo reports that the budget will be presented to the Board of Directors at tomorrow's meeting and will be voted on by week's end. Some highlights provided include increases in behavioral health. Two new physician groups are joining the ECMC team and will be announced shortly. A higher CMI is predicted for next year based on the many strategies implemented. A decreased LOS is budgeted and a decrease in reimbursement is anticipated.
- B. COO REPORT – Richard Cleland, COO**
- a.** Mr. Cleland provided an update on behavioral health expansion and reports all is on schedule. More beds will open over the coming weeks and construction is still on schedule. Partial Hospitalization Clinic is now accepting patients and more Kaleida programs will transition shortly.
 - b. Ambulatory Surgery** – Will be open in December and the medical office building will be open in February.

V. VHA – Novia Strategies Presentation

- A. Barbara Keller, Director, Nancy Lakier and Barbara Vandegrift provided a presentation on this important project. Goals of the project include:
1. Decrease overall cost of care
 2. Implement balanced cost/quality evidence based practices
 3. Enhance reimbursement and diminish lost revenue
 4. Establish ECMC as a high quality low cost provider to enhance market expansion
 5. Achieve minimum of \$6 million in enhancement.
- B. LOS – currently beyond the target and needs improvement.
- C. Ways to achieve this goal:
1. Care Coordination, Case Management
 2. Care Redesign
 3. Clinical Documentation
 4. Revenue Cycle
 5. Predictable Patient Population and the Unpredictable Patient Population – how to be more efficient with each of these patients.

6. LOS/DRG CMI adjusted data will be provided with costs by physician and compared to other providers in the area.
7. Quality documentation improvement
 - a. Redesign the CDI program
 - b. Provide CDI training manuals for staff education
 - c. Develop data metrics monitoring system
 - d. Enhance physician advisor function for clinical documentation improvement program
 - e. Redesign CDI task force committee to include UR/case management and physician liaison
 - f. Provide physician education regarding QDI program quarterly and include physician specific data and practice variance.
8. A review of the assessment process and beginning implementation of improvements was provided.
9. Project structure was reviewed and will involve medical staff leadership. Subject matter experts will be engaged to guide the teams developed by ECMC.

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

A. UNIVERSITY AFFAIRS

On Friday October 11th President Tripathi will present his State of the University Address at 11am at Lippes Concert Hall, Slee Hall, North Campus.

Congratulations to Dr. Anne Curtis and Dr. Joseph Izzo who will be honored at UBs 10th Annual Celebration of Faculty and Staff Academic Excellence on October 9th.

The ANNUAL PLAN request for residents for 2013-2014 has been proposed and would result in a significant increase in residents assigned to ECMC causing us to exceed our “cap”. Some of this is due to the necessary transfer of psychiatry residents to ECMC due to the program consolidation.

In addition the following departments are requesting significant increases in their allotments

- Emergency Medicine: 15.5 to 18.5 FTEs
- Ob/Gyn: 1.0 to 1.5 FTEs
- IM/Endocrinology: 1.0 to 2.0 FTEs
- Orthopedics: 12.00 to 13.25 FTEs

B. Dean’s Report – Dean Cain

A. Dean Cain apologized for his recent absence and is happy his schedule has changed so he can attend today.

B. Ground Breaking of the New Medical School – Tuesday, October 8, 2013.

- C. Leadership Changes –
- Biomedical Informatics Chair is Dr. Peter Elkin
 - Neurosurgery Chair Dr. Elad Levy
 - Orthopedics Chair Dr. Les Bisson
 - Dr. Mac Harmon – Pediatric Surgery
 - Two additional active searches are underway in Family Medicine and Surgery.

B. PROFESSIONAL STEERING COMMITTEE

Meeting was held Monday September 9th. A verbal update was provided.

C. UTILIZATION REVIEW

	June	July	August	YTD vs. 2013 Budget
Discharges	921	977	919	-6.4%
Observation	191	149	205	+37.7%
LOS	6.9	6.2	6.7	+27.9%
ALC Days	386	409	316	-15.9%
CMI	1.80	1.84	1.78	-11.9%
Surgical Cases	870	891	874	-6.4%
Readmissions (30d)	NA	NA		

August activity consistent with recent volume trends. Not quite able to live up to budget expectations.

LOS has dropped back

Outpatient surgical volume missed target by same one surgery per day.

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

D. CLINICAL ISSUES

1. DISH PAYMENTS

- *TWO MIDNIGHT rule*

Observation versus Inpatient – effective Oct 1, 2013, CMS requires an anticipated two midnight hospital stay as the minimum time for a presumptively appropriate inpatient stay. The new rule is as follows: anytime it is anticipated at the time of inpatient admission that a patient will require a hospital stay of at least two midnights, the patient should be placed in inpatient status. **For those patients who are admitted to INPT, the Admitting physician H+P must document in detail the rationale/logic**

supporting medically necessary hospital stay of at least two midnights. In addition, the Attending progress notes on day #1 and #2 and the balance of the inpatient stay must support medical necessity. With regard to these documentation requirements, you must “think in ink.” If the admitting physician believes the medical necessity associated with the initial presentation does not support an inpatient stay of two or more midnights despite the need for continued monitoring, then the Order should be to “place in observation”. If acuity worsens, the Attending should “Admit to inpatient” and document regarding the medical necessity supporting the order. The post OBS admission decision may reference the initial outpatient stay. Clearly there will be a heavy burden on physician’s documenting the necessity of an admission or for ongoing hospitalization.

The new interpretations also indicate that the initial admitting order does not need to be written by the attending physician but can be written by a resident or extender after consultation with the attending.

Final Medicaid DSH Regulations Released by CMS

CMS on Friday issued the final rule gradually reducing Disproportionate Share Hospital payments to facilities that serve a high concentration of low-income patients. The reg adopts a proposal to ignore states’ decisions on the now-optional Medicaid expansion over the next two years when calculating DSH reductions. The cuts total \$1.1 billion. "State decisions to expand Medicaid will not affect the amount of reduction in DSH allotments," according to CMS.

A more detailed fact sheet on this regulation can be seen at :

<http://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-Sheets/2013-Fact-Sheets-Items/2013-09-13.html>

Government Shutdown Threats Could Impact Health Care Funds

The biggest news in Washington over the next two weeks will be whether there will be a government shutdown with the federal budget expiring October 1 and no replacement in sight - AND whether there will be additional Medicare payment cuts as part of any budget deal, if one emerges. Some in the GOP continue to call for a shutdown unless the Affordable Care Act is defunded or delayed. Others in the House GOP, particularly in leadership, are considering working with the Democratic minority to find the necessary votes to get a budget deal done.

VII. ASSOCIATE MEDICAL DIRECTORS REPORTS

- A. John Fudyma, MD – Associate Medical Director
Patient Experience – More accurate data from NRC Picker is available and Dr. Fudyma will be meeting with Chiefs to review.
- B. Arthur Orlick MD – Associate Medical Director
UR nurses are reviewing patients that do not meet the criteria of an inpatient stay (Code 44) and they will be contacting the admitting physician. Dr. Orlick is participating in this process.

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

- A. **I-Stop Legislation** – It is known that some providers have not been able to acquire their HPN accounts due to State unable to keep up with the volume. For those who have not, document that you do not have your account access as of now. The final regulations came out and it does require documentation attestation that the provider has checked the PMP. AllScripts has a box to check stating that the PMP has been accessed prior to prescribing. IT is looking to do the same within the Emergency Department. For those who are still using written reports, clipping the report acquired from the system to the record or a written note is required. Exclusions are also to be documented stating that the system was not accessed. Sue is working on an auto documentation upon admission and she is awaiting a decision from the State.
- B. **ANNOUNCEMENT: ANNUAL MEDICAL DENTAL STAFF MEETING** – Wednesday, October 23, 2013 – 6:00 p.m. Please attend in the Staff Dining Room.
- C. **RETIREMENT OF JEANNE DOWNEY** – Medical Staff Specialist. Retirement party is Friday, September 27, 2013 – please attend at The Saturn Club.

IX. LIFELINE FOUNDATION – Susan Gonzalez

- A. Written report was provided. 5K run is Saturday, September 28, 2013. Please attend.

X. CONSENT CALENDAR

MEETING MINUTES/MOTIONS		ACTION ITEMS
1.	MINUTES OF THE Previous MEC Meeting: August 26, 2013	Received and Filed
2.	CREDENTIALS COMMITTEE: Minutes of September 3, 2013	Received and Filed
	- Resignations	Reviewed and Approved
	- Appointments	Reviewed and Approved
	- Reappointments	Reviewed and Approved
	- Dual Reappointment Applications	Reviewed and Approved
	- Provisional to Permanent Appointments	Reviewed and Approved
3.	HIM Committee: Minutes of August 22, 2013	Receive and File
	1. Emergency Department Intubation Note	Reviewed and Approved
	2. Behavioral Health Physician Discharge Order Form	Reviewed and Approved
	3. MRI Outpatient History and Screening Form	Reviewed and Approved
	4. Procedure Template	Reviewed and Approved

MEETING MINUTES/MOTIONS		ACTION ITEMS
	5. Oncology & Hematology Label	Reviewed and Approved
	6. CPEP – AMA Note	Reviewed and Approved
	7. Oncology & Hematology Form	Reviewed and Approved
4.	P & T Committee Meeting – September 4, 2013 Minutes	Received and Filed
	1. 4-Factor Prothrombin Complex Concentrate – Add to Formulary	Reviewed and Approved
	2. Medium Chain Triglycerides – Add to Formulary	Reviewed and Approved
	3. Clotrimazole/Betamethasone Cream – Add to Formulary	Reviewed and Approved
	4. Clotrimazole/Betamethasone Cream – Therapeutically equivalent to nystatin/triamcinolone cream	Reviewed and Approved
	5. Dorzolamide 2% Ophthalmic Solution – Add to Formulary	Reviewed and Approved
	6. Paclitaxel, Vinorelbine – Add to Formulary	Reviewed and Approved
	7. Nimodipine oral solution 60 mg/20 mL – Add to Formulary	Reviewed and Approved
	8. Hydroxyethyl starch – Delete from Formulary	Reviewed and Approved
	9. Nimodipine capsules – Delete from Formulary	Reviewed and Approved
	10. Nystatin/Triamcinolone Cream and Ointment – Delete from Formulary	Reviewed and Approved
	11. Brinzolamide Ophthalmic Suspension – Delete from Formulary	Reviewed and Approved
	12. Dorzolamide 2%/Timolol 0.5% Ophthalmic Solution – Delete from Formulary	Reviewed and Approved
	13. IV - 09 Adult Standard IV Solutions – Approve revised Policy	Reviewed and Approved
	14. TI-10 Glaucoma Agents – Approve revised Policy	Reviewed and Approved
	15. F-08 Non-FDA Approved Uses – Approve revised Policy	Reviewed and Approved
5.	Clinical Informatics Minutes – July 22, 2013 Minutes	Received and Filed
6.	Transfusion Committee Minutes – June 6, 2013	Received and Filed

X. CONSENT CALENDAR, CONTINUED

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

MOTION UNANIMOUSLY APPROVED.

XI. OLD BUSINESS

A. None

XII. NEW BUSINESS

A. INFORMATIONAL ITEM – CMO Newsletter, Sept. 2013 ed. is included in the packet. Items are related to Joint Commission corrections needed as part of the recent survey. Please circulate to staff.

XIII. ADJOURNMENT

There being no further business, a motion was made to adjourn to Executive Session, seconded and unanimously approved to adjourn the regular session of the Medical Executive Committee meeting at 12:30 p.m.

Respectfully submitted,



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

Reading Material



**From the
Chief Executive Officer**



THE PUB
Lewiston
& Restaurant
840 Center
Lewiston
405-7017

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ISLAND DISPATCH

LEWISTON-PORTER

	LIFE STYLES	BUSINESS	AROUND WNY	SCHOOL-SPORTS	GALLERY	NFPTV
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Ask about Gluten Free & Sugar Free & Lactose Free

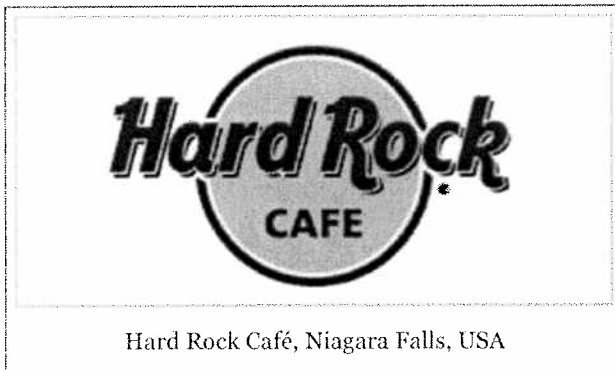
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Hard Rock Café drums up excitement for 'Pinktober' with special 'Living Ribbon,' outdoor concert

by jmaloni

Submitted

Thu, Sep 26th 2013 12:40 pm



Event to benefit American and Canadian Cancer Societies the ECMC Lifeline Foundation as part of 14th annual breast cancer awareness campaign

Hard Rock Café, Niagara Falls USA, is supporting breast cancer awareness through the 14th annual "Pinktober" campaign. As part of the program, Hard Rock is going beyond the pink ribbon this pink season with a special "Living Ribbon" event.

On Friday, Oct. 11, Hard Rock invites guests and survivors to gather across the Rainbow Bridge connecting the U.S. and Canada to symbolically join the fight against breast cancer. After the ceremony, Hard Rock will host a free outdoor concert with a performance by a Zac Brown Tribute Band (ZBTB). The event benefits the American and Canadian cancer societies and the ECMC Lifeline Foundation - organizations that combine an unyielding passion with nearly a century of experience to save lives and end suffering from cancer.

As part of "Pinktober," Hard Rock Cafe has partnered with the Buffalo Bills, ECMC, ECMC Lifeline Foundation and 98.5 to raise money and awareness for the fight against breast cancer. Hard Rock's "Living Ribbon" event will also support the Buffalo Bills and their "Billieve" breast cancer awareness campaign for the second consecutive year.

Hard Rock's "Pinktober" program encourages guests around the world to support breast cancer awareness by attending live music performances and pink-themed events at Hard Rock locations across the globe. Fans can visit their local Rock and rock out for the cause with concerts and special events to benefit local breast cancer charities.

Hard Rock also serves up sweet support this September and October with a special selection of pink menu items, including non-alcoholic strawberry basil lemonade, strawberry dream milkshake and strawberry cupcake dessert, with a portion of the retail price benefiting the Breast Cancer Research Foundation.

Fans can also get into the hottest color of the season with Hard Rock's 2013 "Pinktober" products, including a collection of limited edition pin, T-shirt, bracelet, tote, robe, scarf, pink sheets and more. All products will be sold exclusively at Hard Rock properties worldwide, including cafes, hotels, casinos and online at www.hardrock.com. Proceeds from the sale of "Pinktober" products will benefit BCRF and local breast cancer charities, with 75 percent of the retail price of each product and 15 percent of the retail price of other products going directly to the cause.

What: Hard Rock Café, Niagara Falls, USA, hosts "Pinktober"

When: Friday, Oct. 11, beginning at 5:30 p.m.

Where: Hard Rock Café, Niagara Falls, USA, 333 Prospect St. (716-282-0007)

Admission: Free concert; "Living Ribbon" entry fee is \$30

To register for the "Living Ribbon" event, visit www.buffalobills.com/billieev. Indoor VIP tickets are \$100. To purchase tickets, visit www.ticketweb.com.

For additional event information, visit www.hardrock.com/niagarafalls. For additional information on the "Pinktober" program, visit www.hardrock.com.

October/'Pinktober' events

•**Oct. 4** - "Pinktober" free music Friday at 8 p.m. No cover. Featuring **Dave Constantino** with special guest **Mari Aurigema** also performing the **Aquatones**

•**Oct. 11** - International "Pinktober" "Living Ribbon" (organizers will turn the falls pink) and free outdoor concert featuring **ZBTB (Zac Brown Tribute Band)** and **West of the Mark**. Concert begins at 7 p.m., and will take place on O'Laughlin Drive. To register for the "Living Ribbon" across the Rainbow Bridge, visit www.buffalobills.com/billieev. Proceeds benefit the American and Canadian cancer societies. Registration for the "Living Ribbon" begins at 5 p.m. The event will take place at 6:30 p.m.

•**Oct. 18** - "Pinktober" free music Friday at 8 p.m. No cover. Featuring **k-RIDE** and **Dirty Smile**

•**Oct. 25** - "Pinktober" free music Friday at 8 p.m. No cover. Featuring the **Grace Stumberg Band** also performing **Sara Elizabeth**

•**Oct. 26** - **The Winery Dogs** also performing **SixxiS**. Doors at 8 p.m.; show at 9 p.m. Tickets are \$25 and available at www.ticketweb.com.

Categories: ~ Entertainment ~ Entertainment feature ~ NFP ~ On Stage ~

High school football teams in the pink for breast cancer awareness

By Keith McShea | News Sports Reporter | @KeithMcSheaBN | Google+

Many football fans have noticed how NFL teams have honored Breast Cancer Awareness month each October by the amount of pink they've seen on their televisions.

This month, get ready to see a lot of pink on Western New York's high school sidelines as well.

The WNY Football Bill-ieve Challenge, a collaborative effort by the Buffalo Bills, the Erie County Medical Center and ADPRO Sports, debuts this weekend at several high school games.

Pink gear donated by ADPRO Sports goes to schools that pledge to raise funds that go entirely to support Erie County Medical Center's Mobile Mammography Unit, a coach bus-sized vehicle equipped with two digital mammography systems.

The schools that raise the most money at their October home games – and other events – will receive prizes from the Buffalo Bills.

The gear that teams and fans will be sporting at home games in October include pink towels, headbands, wristbands, bracelets, hair ribbons for cheerleaders, pom-poms, T-shirts and hats – even pink “eye-black” stickers for players.

The school that raises the most money in October will receive a game-day experience at the Bills-Dolphins game on Dec. 22 at Ralph Wilson Stadium, including tickets, an on-field presentation and other items. The second-place school gets a special appearance by Buffalo Bills running backs Fred Jackson and C.J. Spiller. The third-place school wins ADPRO gear for its team and school.

Winners will be announced Nov. 12.

More information is available at a Bill-lieve page via buffalobills.com and through a letter the initiative sent to schools.

Among the games this weekend that will feature fund-raising is the Class AA showdown of Orchard Park at Lancaster at 7:30 tonight; the ECMC Mobile

Mammography Unit will be on hand at Foyle-Kling Field as Lancaster is participating in the event.

ECMC's mobile unit is described as "designed to take screening services to women who otherwise would not have access to this type of health care." The letter sent to schools for the WNY Bill-ieve Football Challenge states that in the year-plus that the mobile unit has been on the road, more than 1,400 women have been screened for breast cancer, more than 100 were flagged for more extensive testing, and in two cases women were diagnosed with breast cancer.

Among the other schools involved are: Alden, Bishop Timon-St. Jude, Canisius, Clarence, Depew, Hamburg, St. Francis, St. Joe's, St. Mary's, Springville, Sweet Home, West Seneca East, West Seneca West, Williamsville East and all seven Buffalo Public Schools teams: Burgard, Bennett, East, Riverside, McKinley, Hutch-Tech and South Park.

Some games that will feature plenty of pink and major fund-raising are among some of the top rivalry games, including West Seneca East at West Seneca West next week in Week Six (Friday, Oct. 11) and Lancaster at Depew in Week Seven (Friday, Oct. 18).

The Saturday, Oct. 12 game of Timon at Canisius will be a part of the Bills' Bill-ieve Weekend. The Sunday, Oct. 13, home game against Cincinnati is the Bills' major Bill-ieve game as it is the team's only home game in October. On Friday, Oct. 11, there is an event and concert in downtown Niagara Falls that features appearances by Bills players and a ceremonial pink lighting of the Falls.

There are also other schools and other sports programs getting involved in the initiative as well with their own in-house fund-raisers.

This year's initiative came together in the last few months. Organizers are hoping to have many more high schools involved next year.

email: kmc Shea@buffnews.com

From the Business First

:<http://www.bizjournals.com/buffalo/news/2013/10/17/buff-gen-gates-vascular-receive-12m.html>

Oct 17, 2013, 9:53am EDT

Buff Gen, Gates Vascular receive \$1.2M for doc training



Tracey Drury

Buffalo Business First Reporter- *Business First*

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

Two local hospitals received more than \$1 million in state grants to train physicians in clinical research and enhance health care.

The grants were among \$17 million awarded by Gov. Andrew Cuomo through the Empire Clinical Research Investigator Program. Funds are intended to help cover the cost of physicians in training fellowships and costs associated with conducting clinical research.

Kaleida Health's **Buffalo General Medical Center** and Gates Vascular Institute together received \$1.2 million. It was one of 12 center awards for teaching hospitals, each of which committed at least \$200,000 in direct matching funds.

Kaleida's grant will be used to develop a Center for Nanomedicine at Kaleida in collaboration with the **University at Buffalo**. The group, led by Dr. Stanley Schwartz and Dr. Adnan Siddiqui, will also develop a transdisciplinary physician-scientist fellowship training program in global vascular pathobiology, an outcomes-based database for epidemiological research and curriculum focused on medical ethics, health care economics and innovation.

Margaret Paroski, Kaleida's chief medical officer, lauded the program in a quote prepared for the state's announcement.

"This essential funding will help to continue to train our physicians as clinical researchers with the goal of advancing bioscience in Buffalo and Western New York," she said.

The state also awarded 19 institutions with \$150,000 grants to individual research fellows to be trained in specific research fields. One local grant was awarded: Dr. Scott Steward, project manager for a program at **Erie County Medical Center** to improve care for

hospitalized patients with alcohol dependence. Steward's project will examine biomarker prediction of severe alcohol withdrawal during medical hospitalizations.

Fellows in the Empire Clinical Research Investigator Program who have completed their training should be better prepared to apply for research funding through the **National Institutes of Health** and other federal resources. More than 100 physician researchers will be trained through this new round of funding over the next two years.

The program, launched in 2002, was created through the NYS Council on Graduate Medical Education.

Tracey Drury covers health/medical, nonprofits and insurance

Kidney Transplant Recipient Donates Gold Medals to ECMC, UNYTS



Submitted by [WGRZ Web Staff](#)
Thursday, October 17th, 2013, 2:24pm

BUFFALO, N.Y. - Running means a lot to one Buffalo native.

At 70-years-old, Barb Breckenridge has 30 medals in competitive track and field. And she wouldn't have had the victories she's won, without the help of a kidney transplant.

At least once a week, Breckenridge makes a stop at ECMC. And when she does, the Buffalo native is usually visiting patients who just had a kidney transplant or are getting dialysis.

14-years-ago Barb got a kidney transplant when she had a disease called lupus, which causes the immune system to turn against the body -- causing it to harm organs and tissues.

And a few years after the operation, Barb got on the world stage by winning in the U.S. and World Transplant Games, a tournament for those who have had a transplantation.

Barb shares her stories with the people she meets.

"It's very encouraging for newly transplanted people and also for people on dialysis because we have a lot of them waiting for organs and they can wait with the hope that they too can be like me," said Breckenridge, who has bronze, silver and gold medals.

"I got them in a little bag, and I don't display them, and I come home, it's fun winning them and I'm proud of them, but it's not about the medals and it's not about me," she said.

It's about showing appreciation to those who have helped.

And that's why she's donating a dozen of her medals to ECMC and UNYTS, which helped save her life.

"These medals could be some place to encourage people and to give people hope," Breckenridge said.

Barb still needs to manage the disease by eating well and exercising. She has seen the world by competing in countries like Australia, Sweden and South Africa. But, one thing that Barb would love to do is meet her organ donor.

She continues to send letters to UNYTS, which are then sent to the donor, to keep the donor's identity confidential.

Maybe one day they'll meet.

From the Business First

:http://www.bizjournals.com/buffalo/blog/morning_roundup/2013/10/ecmc-jamestown-health-projects-approved.html

Oct 14, 2013, 6:52am EDT

ECMC, Jamestown health projects approved



Tracey Drury

Buffalo Business First Reporter- *Business First*

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State health regulators have approved two projects in the past week to expand services at outpatient clinics in the region.

The first project comes at **Erie County Medical Center**, which received administrative approval from the State Health Department to expand services at its outpatient clinic in Amherst.

The extension clinic on Ridge Lee Road will add a range of services, including physical, occupational and speech language pathology outpatient therapy.

In Jamestown, the Resource Center was approved for a renovation and expansion of a clinic on East Second Street.

The clinic, certified as a diagnostic and treatment center, offers primary care services.

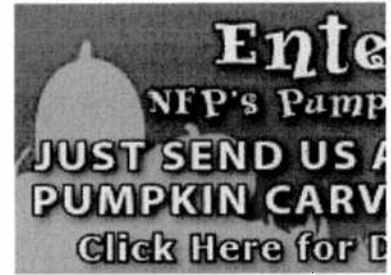
Two additional projects by other providers are under review at other clinic sites:

Mercy Hospital of Buffalo, part of Catholic Health filed plans to add prenatal outpatient service at its extension clinic on Franklin Street in Springville.

Horizon Health Services filed plans to certify chemical dependence rehabilitation outpatient services at its Sanborn Health Center on Inducon Drive.

All four projects come through the DOH certificate-of-need process.

Tracey Drury covers health/medical, nonprofits and insurance



NIAGARA-WHEATFIELD TRIBUNE

ISLAND DISPATCH

LEWISTON-PORTER

	ENTERTAINMENT	BUSINESS	AROUND WNY	SCHOOL/SPORTS	SPOTLIGHT
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Ceretto to sponsor Western New York breast health mammogram screenings in Niagara Falls

by jmaloni

Submitted

Fri, Oct 18th 2013 07:00 am

Assemblyman John Ceretto, along with ECMC Lifeline Foundation, Western New York Breast Health, and the National Witness Project, are sponsoring a mammogram screening event at Mount Zion Missionary Baptist Church in Niagara Falls from 8 a.m. to 1 p.m. Oct. 26. The screenings will be performed in Western New York Breast Health's mobile mammography coach. These screenings are specifically intended for people who may not otherwise be able to obtain a mammogram screening.

"Breast cancer is devastating to women and their families. However, it is also entirely treatable if caught early enough. Regular mammograms are a life-saving defense against breast cancer," Ceretto said. "Since it is Breast Cancer Awareness Month, I encourage any woman who needs a mammogram to call Western New York Breast Health and make an appointment."

"I am encouraged by the effort Assemblyman Ceretto is putting in to get the word out about our mobile breast cancer screenings. Early detection saves lives. Mammograms have proven to be very effective and valuable in decreasing deaths from breast cancer. We are grateful to be a part of a service that helps our community. I thank Assemblyman Ceretto and Mount Zion Missionary Baptist Church for being a gracious host for our screenings," said Kathleen Michienzi of Western New York Breast Health.

"It is an honor to service the people of the Niagara Falls community. I am grateful to the National Witness Project for their diligence in health and wellness in this area. We are more than happy to open our doors to the community, especially for a cause such as this. Far too many men and women die from breast cancer every year due to late detection.

It is our prayer that this screening will save lives," said Pastor Timothy J. Brown Sr. of Mount Zion Missionary Baptist Church.

To schedule a mammogram, call Western New York Breast Health at 716-632-7465. Screenings will be done by appointment only. Those without health insurance should still call, as Western New York Breast Health will help find coverage for the mammogram.

Categories: ~ NFP ~

Dr. Scott Covington spoke at ECMC Wound Care Symposium

On Saturday, Oct. 5, The Erie County Medical Center (ECMC) and the ECMC Lifeline Foundation held its second annual "Wound Care Symposium: A Multidisciplinary Approach to Wound Healing."

This year, ECMC was able to arrange for distinguished wound care specialist Dr. Scott Covington to address some 100 clinicians in attendance during this conference.

Covington, MD, is the executive vice president in charge of medical affairs of Healogics. Certified by the American Board of Surgery and a fellow in the American College of Surgeons, Covington was founder of the first multidisciplinary wound center in North Carolina's Wake County.

In addition to an extensive clinical experience in wound care, Covington is a certified hyperbaric and wound specialist (CHWS) with the American College of Hyperbaric Medicine.

Covington lectures frequently throughout the United States on wound care and serves as an industry advisor on wound-related issues. He is a member of the Wound Healing Society, the American College of Hyperbaric Medicine and the Undersea & Hyperbaric Medical Society.

Other Wound Care Symposium 2013 presenters included:

- Lynn Kordasiewicz, MSN, ANP, WOCN: Nurse practitioner for skin, wound and ostomy care, ECMC

- James Hassett, MD: Surgeon, Kaleida Health and ECMC; professor, University at Buffalo Medical School

- David Davidson, DPM: Staff member,

Sports Medicine Institute, S.U.N.Y. at Buffalo; assistant clinical professor, department of orthopaedics, University at Buffalo Medical School; chief, podiatry section, department of orthopaedics, Kaleida Health; practitioner, wound center at ECMC

- Matthew Antalek, DO: Infectious disease physician in private practice

- Raphael Blochle, MD: Vascular surgeon, ECMC/UBMD; clinical assistant professor, University at Buffalo Medical School

- Jennifer Gurske-Deperio, MD: Orthopedic surgeon, Kaleida Health and ECMC

The center for wound care and hyperbaric medicine at ECMC, managed by Healogics, Inc., provides specialized treatment for chronic or non-healing wounds, which are defined as sores or wounds that have not significantly improved from conventional treatments.

Associated with inadequate circulation, poorly functioning veins and immobility, non-healing wounds lead to lower quality of life and may lead to amputations.

When wounds persist, a specialized approach is required for healing. Typically, a wound that does not respond to normal medical care within 30 days is considered a problem or chronic wound.

Through a partnership with Healogics, Inc., ECMC is able to offer a new and comprehensive center providing specialized wound care and hyperbaric medicine.

The center for wound care and hyperbaric medicine is located on the ECMC Health Campus and can be reached by phone at 898-4800.